4th International Conference
Physiotherapy in Psychiatry and Mental Health

IC-PPMH

Roxburghe Hotel
Edinburgh, Scotland

8-10 February 2012
Welcome

Dear Participant,
It is with great pleasure we welcome you to the 4th International Conference of Physiotherapy in Psychiatry and Mental Health!
This fourth conference is building on the work started by Professor Michel Probst in Leuven, Belgium in 2006 and further developed by Liv Helvik Skjaerven, Bergen University College, Norway in 2008 and latterly Lund University 2010.

Only two years have passed since you voted for Edinburgh as the venue for the 4th Conference. A lot has happened in that time to highlight the position of mental health physiotherapy. The recognition of the new International Organisation of Physical Therapy in Mental Health (IOPTMH) as subgroup by the WCPT has been a long held aim of the organisation which came to fruition in June 2010 at the WCPT Congress. This event has put mental health physiotherapy on the map and provided us with the necessary backing for our continued development.

This conference has been established for physiotherapists working in the field of psychiatry and mental health who want to network in the development in areas of clinical practice, education, research and professional leadership.

It as been encouraging to note the positive response from colleagues across the world to calls for abstracts and the result has been that more than 80 abstracts have been received by the scientific committee. The programme planners have put together an exciting and representative programme that reflects the high standard of the field of mental health physiotherapy of today. We have also maintained the traditional forums you expect from the ic-ppmh, and the programme includes clinical approaches, research methods, educational issues and practical workshops. The conference promotes forums for informal talks in the Morning Round Table Discussions and also the opportunity for sharing and reflecting during a break or a meal.

Active participation has been the strength of the conference in the past and we hope you will make this conference into a forum that caters to your particular interests within mental health physiotherapy. We hope you will make the programme work for you in your choice of sessions.

In choosing a venue the committee took great care to listen to your feedback from previous conferences and found that the Roxburghe Hotel in the heart of Edinburgh was able to fulfil our needs for an inclusive setting. We hope you will be able to enjoy the facilities and also the opportunity to explore the city.

Finally we would like to thank the scientific committee, the members of the organising committee, the Executive of NHS Lothian, Royal Edinburgh Hospital Physiotherapy staff members, the web-master at NHS Lothian, and all co-workers at the conference. A special thank you to Harald Riisnaes, Travel Planners.

We wish all the participants a fantastic and memorable conference!
On behalf of the organising committee

Anne Parker
Project leader and editor of the abstract book
4th International Conference of Physiotherapy in Psychiatry and Mental Health

Organised by
Royal Edinburgh Hospital, Department of Physiotherapy
In collaboration with
Bergen University College, Faculty of Health and Social Sciences, Department of Physiotherapy
and
Katholieke Universiteit Leuven, Faculty of Kinesiology and Rehabilitation Sciences & University Centre Kortenberg, Belgium.

Supported by
NHS Lothian

Scientific Board
Michel Probst Belgium
Daniel Matamoros Spain
Amanda Lundvik Gyllensten Sweden
Monica Mattsson Sweden
Liv Helvik Skjærvén Norway
Marie Donaghy United Kingdom
Rosalind Johnstone United Kingdom
Anne Parker United Kingdom

Local organising committee
Anne Parker
Project leader ICPPMH 2012
Superintendent Physiotherapist,
Royal Edinburgh Hospital,
Edinburgh, Scotland

Jo Gordon
Advanced Physiotherapist
Midlothian Joint Mental Health Team
Scotland

Tracy Falconer
Physiotherapist,
Royal Edinburgh Hospital,
Edinburgh, Scotland

Rosalind Johnstone
CBT Therapist
Royal Edinburgh Hospital
Edinburgh, Scotland

Harald Riisnaes
Travel Planners of Scandinavia
Professional Conference Organiser for ICP-PMH 2012
# Programme overview

## Wednesday 8th of February

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.30</td>
<td>Conference registration</td>
</tr>
<tr>
<td>15.00-17.00</td>
<td><strong>Official Opening</strong>&lt;br&gt;• <em>Welcome to the Conference</em>&lt;br&gt;• <em>Physiotherapy in mental health: education, research and clinical practice. Implications for 2012-2015</em>&lt;br&gt;• <em>Keynote - Physiotherapy in mental health; needs and visions from an educational and curriculum point of view</em></td>
</tr>
<tr>
<td>17.00-18.00</td>
<td>Check in to the hotel</td>
</tr>
<tr>
<td>18.00-18.45</td>
<td>Welcome drink and canapes</td>
</tr>
<tr>
<td>18.45</td>
<td>Friendly local colleagues will be available to advise on eateries and places to visit</td>
</tr>
</tbody>
</table>

## Thursday 9th of February

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.00-8.00</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8.00-9.00</td>
<td>Morning Round Table discussions – groups 1-10</td>
</tr>
<tr>
<td>9.00-9.30</td>
<td>BREAK</td>
</tr>
<tr>
<td>9.30-10.30</td>
<td><strong>Plenary Sessions 2-3</strong>&lt;br&gt;2. Social anxiety in exercise participation in psychiatric patients: An explorative multicentre study&lt;br&gt;3. “There is more to it than talking” – physiotherapists’ experiences of physiotherapy for patients with generalized anxiety</td>
</tr>
<tr>
<td>10.30-11.00</td>
<td>BREAK</td>
</tr>
<tr>
<td>11.00-12.15</td>
<td><strong>Parallel sessions A-C</strong>&lt;br&gt;Parallel A: Eating Disorders&lt;br&gt;Parallel B: Clinical practice I&lt;br&gt;Parallel C: Basic Body Awareness Therapy</td>
</tr>
<tr>
<td>12.15-13.30</td>
<td>LUNCH</td>
</tr>
<tr>
<td>13.30-14.00</td>
<td><em>Poster – a guided tour 1-10</em></td>
</tr>
<tr>
<td>14.00-15.15</td>
<td><strong>Parallel sessions D-E</strong>&lt;br&gt;Parallel D: Chronic conditions&lt;br&gt;Parallel E: Norwegian Psychomotor Physiotherapy&lt;br&gt;Parallel F: Clinical Practice II</td>
</tr>
<tr>
<td>15.15-16.00</td>
<td>BREAK</td>
</tr>
<tr>
<td>16.00-17.00</td>
<td><strong>Workshops</strong>&lt;br&gt;WS I NPMP&lt;br&gt;WS II NPMP&lt;br&gt;WS III BBAT&lt;br&gt;WS IV Tai Chi&lt;br&gt;WS V Mindfulness&lt;br&gt;WS VI HOAC (1)/Anxiety</td>
</tr>
<tr>
<td>17.15-18.15</td>
<td>BOARD MEETING</td>
</tr>
<tr>
<td>19.30</td>
<td>DINNER</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8.00-9.00</td>
<td>Morning Round Table Discussion</td>
</tr>
<tr>
<td>9.00-9.30</td>
<td>Break</td>
</tr>
<tr>
<td>9.30-10.30</td>
<td><strong>Plenary session 4-5</strong></td>
</tr>
<tr>
<td></td>
<td>4. Disturbed bodily experiences in patients with first-episode schizophrenia – implications for physical therapy</td>
</tr>
<tr>
<td></td>
<td>5. Touched in sensation – moved by respiration. Embodied narrative identity – a treatment process</td>
</tr>
<tr>
<td>10.30-11.00</td>
<td>Break</td>
</tr>
<tr>
<td>11.00-12.15</td>
<td>Scientific Session</td>
</tr>
<tr>
<td></td>
<td>Parallel G</td>
</tr>
<tr>
<td></td>
<td>Parallel H</td>
</tr>
<tr>
<td></td>
<td>Parallel I</td>
</tr>
<tr>
<td></td>
<td>Clinical Practice III</td>
</tr>
<tr>
<td></td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Profession and research</td>
</tr>
<tr>
<td>12.15–13.15</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.15–13.45</td>
<td><em>Poster presentation - a guided tour 11-21</em></td>
</tr>
<tr>
<td>13.45-14.45</td>
<td>WS I</td>
</tr>
<tr>
<td></td>
<td>WS II</td>
</tr>
<tr>
<td></td>
<td>WS III</td>
</tr>
<tr>
<td></td>
<td>WS IV</td>
</tr>
<tr>
<td></td>
<td>WS V</td>
</tr>
<tr>
<td></td>
<td>WS VI</td>
</tr>
<tr>
<td></td>
<td>WS VII</td>
</tr>
<tr>
<td></td>
<td>ED</td>
</tr>
<tr>
<td></td>
<td>NPMP</td>
</tr>
<tr>
<td></td>
<td>NPMP</td>
</tr>
<tr>
<td></td>
<td>BBAT</td>
</tr>
<tr>
<td></td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>Mindfulness</td>
</tr>
<tr>
<td></td>
<td>HOAC(2)/Anxiety</td>
</tr>
<tr>
<td>14.45-15.00</td>
<td>Break</td>
</tr>
<tr>
<td>15.00-15.30</td>
<td>Poster Award</td>
</tr>
<tr>
<td></td>
<td>Closing the conference</td>
</tr>
</tbody>
</table>
The 4th International Conference of Physiotherapy in Psychiatry and Mental Health

Programme
Wednesday, February 8, 2012

1330-1500 CONFERENCE REGISTRATION
The Roxburghe Hotel, The Main Hall

1500-1700 OFFICIAL OPENING

WELCOME
Anne Parker, CPMH Scotland

Speakers
• Tim Montgomery, Director of Operations, Royal Edinburgh Hospital & Associated Services NHS Lothian
• Elaine Hunter, Allied Health Professional Advisor in Mental Health Scottish Government
• Tracy Bury, Director Professional Policy WCPT

PHYSIOTHERAPY IN MENTAL HEALTH: EDUCATION, RESEARCH AND CLINICAL PRACTICE.
IMPLICATIONS FOR 2012- 2015
Michel Probst – President IOPTMH

Keynote: PHYSIOTHERAPY IN MENTAL HEALTH – NEEDS AND VISIONS FROM AN EDUCATIONAL AND CURRICULUM POINT OF VIEW
Liv Helvik Skjærven Vice President IOPTMH

PLENARY SESSION 1
IOPTMH-CONSENSUS ON PHYSICAL ACTIVITY WITHIN MULTIDISCIPLINARY REHABILITATION PROGRAMMES FOR MINIMISING CARDIO-METABOLIC RISK IN PATIENTS WITH SCHIZOPHRENIA
Vancampfort D et al, University Psychiatric Centre Katholieke Universiteit Leuven, campus Kortenberg, Kortenberg, Department of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Sciences, Katholieke Universiteit Leuven, Belgium

1800 WELCOME DRINK AND CANAPES
1845 Evening programme of your choice — opportunity for exploring Edinburgh

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-V. Register for both days.

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 2030;
2: Chairs in the Scientific Sessions and Workshops: Meet at the registration-desk at 2100;
Thursday, February 9, 2012

0700 – 0800         BREAKFAST

0800 - 0900         MORNING ROUND TABLE DISCUSSION

Groups 1-9
0800-0900

GR 1: Research
Chair: Probst
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
Chair: Skjærven
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: Subsection of Physiotherapy in Mental health
Chair: Matamoros
How can we establish a subsection in PT and mental health in your country? What action strategies can be developed?

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

GR 5: Research Workshop
Chair: Gard/ Gyllensten
How are Physiotherapists in Mental Health using body awareness in their clinical work?

GR 6: PT 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: Communication with society
Chair: Gordon
How do we best showcase our value to the patient journey and ensure the contribution of physiotherapy continues to be seen by those with responsibility for developing services?

GR 8: Mindfulness
Chair: Rovner
How can we, as physiotherapists apply mindfulness in our way to meet and relate with our patient?

GR 9: Building therapeutic relationship
Chair: Sviland
On what phenomena do we build the therapeutic relationship, how can we develop our understanding of this relationship and what are the possibilities or disadvantages in the increasing demand for research and evidence?

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

0930-1030 PLENARY SESSIONS 2-3  
Chair: Gard

930-1000 SOCIAL ANXIETY IN EXERCISE PARTICIPATION IN PSYCHIATRIC PATIENTS:  
AN EXPLORATIVE MULTICENTRE STUDY  
De Herdt, A. Department of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Sciences,  
Katholieke Universiteit Leuven, Leuven, Belgium

1000-1030 “THERE IS MORE TO IT THAN TALKING” – PHYSIOTHERAPISTS’ EXPERIENCES OF  
PHYSIOTHERAPY FOR PATIENTS WITH GENERALIZED ANXIETY  
Louise Danielsson, MSc, registered physiotherapist, Primärvårdsrehab Gibraltar / Institute of neuroscience and  
physiology, University of Gothenburg, Sweden

1030-1100 BREAK  
Coffee, tea

1100-1215 PARALLEL SESSIONS A- C

PARALLEL SESSION A  
SUBJECT: Eating Disorders, Chair: Vancampfort

1100-1115:  
EXERCISE MANAGEMENT IN EATING DISORDERS – THE EDEN UNIT JOINT WORKING  
APPROACH IN PRACTICE  
Sandra Philip-Rafferty Highly Specialist Physiotherapist The Eden Unit Royal Cornhill Hospital Aberdeen.  
Bernadette Laidlaw Staff Nurse specialising in Eating Disorders The Eden Unit Royal Cornhill Hospital  
Aberdeen.

1115-1130:  
CHANGES IN BODY IMAGE DURING INPATIENT TREATMENT FOR EATING DISORDERS  
PREDICT OUTCOME  
Marit Danielsen, Specialist in psychiatric and psychosomatic physiotherapy  
Specialised unit for eating disorder patients, Department of psychiatry, Levanger Hospital

1130-1145:  
A PILOT STUDY ABOUT THE EFFECTIVENESS OF RESPIRATORY PHYSIOTHERAPY IN PATIENTS  
WITH EATING DISORDERS.  
Daniel Catalán Matamoros¹, PT, PhD; Marina López Túnez², PT; Antonia Gómez Conesa³, PT, PhD, Patricia  
Serranos de Andrés⁴, PT. Faculty of Health Sciences, University of Almería, Almería, Spain.
11.45-1200:
THE EFFECTIVENESS OF BODY AWARENESS THERAPY FOR HEALTH-RELATED QUALITY OF LIFE IN ANOREXIA NERVOSA PATIENTS
Eija Tyyskä, Senior Lecturer, MSc (physiotherapy), BSc (health and sport), PT.
Faculty of Health Care and Social Services, Saimaa University of Applied Sciences, Lappeenranta, Finland

1200-1215: AUDIENCE - Questions and reflections with the speakers

PARALLEL SESSION B
SUBJECT: Clinical Practice I, Chair: Danielsson

1100-1115:
PHYSIOTHERAPY INPUT INTO AQUATIC ENVIRONMENT ON MENTAL HEALTH
Varela, H. and Agapito, C.

1115-1130:
THE EXPERIENCES OF PEOPLE WITH SEVERE AND ENDURING MENTAL ILLNESS ENGAGED IN A PHYSICAL ACTIVITY PROGRAMME INTEGRATED INTO THE MENTAL HEALTH SERVICE

1130-1145:
HACETTEPE UNIVERSITY PHYSIOTHERAPY PROGRAM FOR IMPROVING QUALITY OF LIFE IN CANCER PATIENTS AND THEIR RELATIVES
Gül Sener¹, Naciye Vardar-Yaglı¹, Mintaze Kerem Günel¹, Semin Akei¹, Cemil Özaı¹, Tezer Kutluık² Emin Kansu² ¹Hacettepe University Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation 06100 Ankara/ Turkey

11.45-1200:
PHYSIOTHERAPY IN FORENSIC PSYCHIATRY
Søren Drivsholm¹, Lene Nyboe Søren Drivsholm², PT, Aarhus University Hospital, Risskov, Skovagervej 2 , 8240 Risskov, DK
Lene Nyboe, PT, MSc, Ph.D.Stud, Aarhus University Hospital, Risskov, Skovagervej 2 8240, Risskov, DK

1200-1215: AUDIENCE - Questions and reflections with the speakers

PARALLEL SESSION C
SUBJECT: BBAT, Chair: Ijntema

1100-1115:
DEVELOPING BASIC BODY AWARENESS THERAPY (BBAT) GROUP TREATMENT TO PATIENTS SUFFERING FROM SEVERE ANOREXIA NERVOSA (AN)
Susan Christensen PT, Psychiatric Centre Copenhagen, Blegdamsvej 9, 2100 København Ø, Denmark, and Kirsten Nissen PT, Psychiatric Centre Copenhagen, Blegdamsvej 9, 2100 København.
1115-1130:
**IN CONTACT WITH MYSELF - BASIC BODY AWARENESS THERAPY AS HEALTH ORIENTED GROUP INTERVENTION, DESCRIPTION OF A MOVEMENT AWARENESS LEARNING PROCESS.**
Student: Anita Jansson anita.jansson@akademiska.se
Tutor: Associate professor Liv Helvik Skjaerven
Bergen University College: Basic Body Awareness Methodology 2009-2011

1130-1145:
**A PHENOMENOLOGICAL STUDY OF EXPERT PHYSICAL THERAPISTS PROMOTING MOVEMENT QUALITY IN CLINICAL PRACTICE: THERAPEUTIC FACTORS AND THE MOVEMENT AWARENESS LEARNING CYCLE.**
Liv Helvik Skjaerven², Kristoffersen Kjell³, Gunvor Gard³
¹Department of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway. ²Faculty of Health and Sport, University of Agder, Norway. ³Department of Health Sciences, Lund University, Lund, Sweden

11.45-1200:
**RESEARCH ON BASIC BODY AWARENESS THERAPY (BBAT) –AN EXAMPLE**
Amanda Lundvik Gyllensten, Department of Health Sciences, Division of Physical Therapy, Lund University, Sweden and different co-authors (this is a synthesis of four different studies)

1200-1215: AUDIENCE - Questions and reflections with the speakers

1215-1330 LUNCH

1330-1400 POSTER PRESENTATION - A GUIDED TOUR 1-10

Presenter 1-5
*Clinical Practice I, Chair: Fordham*

1: **THE PATIENT SPECIFIC FUNCTIONAL SCALE – FIT FOR FUNCTION?**
Sandra Philip-Rafferty Highly Specialist Physiotherapist – The Eden Unit Royal Cornhill Hospital Aberdeen.

2: **PSYCHOMOTOR THERAPY IN THE TREATMENT OF EATING DISORDERS: SYSTEMATIC REVIEW**
Milena Adámková Ségard, Bela Hátlová, Michel Probst

3: **THE RELATIONSHIP BETWEEN ALEXITHYMIA, COGNITIVE DETERIORATION AND CHRONIC ILLNESS IN THE ELDERLY**
Antonia Gomez-Conesa, PT, PhD; Maria Virgilia Antón, PT, MSc; Daniel Jesús Catalán Matamoros, PT,PhD.

4. **EFFECTIVENESS OF FALLS PREVENTION PHYSIOTHERAPY INTERVENTIONS IN PATIENTS WITH ALZHEIMER DISEASE AND COGNITIVE IMPAIRMENT.**
Antonia Gomez-Conesa PhD, PT; Daniel Ángel-Garcia MCs, PT; Daniel Jesús Catalán Matamoros PhD, PT.

5. **HAND MASSAGE AS A THERAPEUTIC ACTIVITY FOR PEOPLE WITH DEMENTIA**
6. CASE REPORT: BASIC BODY AWARENESS IN A TEENAGED GIRL WITH SEVERE ANXIETY DISORDER. OUTCOME AFTER 10 SESSIONS
Gunhild Kjölstad, Region Skånes Åtstörningscentrum, Barn och ungdomar, Psykiatri Skåne, Lund, Sweden.

7. EFFECT OF BASIC BODY AWARENESS THERAPY IN A BREAST CANCER WOMEN GROUP.
Maite Cenoz Huarte, Liv Helvik Skjærven, Daniel Catalan-Matamoros & Antonia Gomez-Conesa. Contact information: maitecenozhuarte@gmail.com

8. THE EFFECTS OF BASIC BODY AWARENESS THERAPY FOR SLEEP DISTURBANCE IN UNIVERSITY STUDENTS
Taisei Yamamoto, Isao Nara, Sawori Takeuchi, Seiji Kaganoi
Course of Physical Therapy, Department of Medical Rehabilitation, Faculty of Rehabilitation,

9. “ME IN MY BODY” – EXPERIENCE FOR ADULT GROUP THERAPY WITH BODILY SYMPTOMS
Marko Kuukasjärvi, Hospital district of Helsinki and Uusimaa, PL 590, 00029 HUS, Finland. Phone: 358 – 50 – 4287352. e-mail: marko.kuukasjarvi@hus.fi

10. BBAT AND OCD - A QUALITATIVE STUDY OF HOW BBAT GROUP THERAPY WORKS IN RELATION TO OCD

1400-1515 PARALLEL SESSIONS D-F

PARALLEL SESSION D
SUBJECT: Chronic Conditions, Chair: Tyyska

1400-1415:
MINDFULNESS AND ACCEPTANCE-BASED REHABILITATION FOR PATIENTS WITH LONG-LASTING AND WIDESPREAD PAIN.
Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden. ACT on Pain, research, education and treatment, Gothenburg.

1415-1430:
COGNITIVE BEHAVIOURAL THERAPY BASED INTERVENTIONS IN PHYSIOTHERAPY FOR PREVENTION OF CHRONIC DISABILITY IN LOW BACK PAIN: A SYSTEMATIC REVIEW.
Emanuel Bruner (BSc), Philippe Minguet (MSc), Amber De Herdt (MSc) and Michel Probst (PhD)

1430-1445:
FATIGUE AND DEPRESSION IN FIBROMYALGIA- TWO SIDES OF THE SAME COIN? IMPLICATIONS TO PHYSIOTHERAPY
Merja Sallinen, MSc, Satakunta University of Applied Sciences, Maamiehenkatu 10 Pori, Finland
1445-1500: EXERCISE PROGRAMS FOR MYOFASCIAL / FIBROMYALGIA PATIENTS
Iris Weverman Reg.Pt 241 Cortleigh Blvd. Toronto, Ontario M5N 2P8 Canada

1500-1515: AUDIENCE - Questions and reflections with the speakers

PARALLEL SESSION E
SUBJECT: Norwegian Psychomotor Physiotherapy, Chair: Nyboe

1400-1415: WALKING USED IN NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY.
Elisabeth Møyner, Assistant professor
Faculty of Health Science, Oslo and Akershus University College of applied Sciences, Box 4, St. Olavs plass, 0130 Oslo N407 Norway

1415-1430: DEVELOPMENT OF A NEW NORWEGIAN QUESTIONNAIRE FOR MEASURING BODY EXPERIENCE.
Anne Christine Møller, Specialist psychomotor physiotherapy, the Norwegian Network of Personality –Focused Treatment Programs, Oslo University Hospital.

1430-1445: RESEARCH REPORT - MOTOR PROBLEMS IN CHILDREN WITH ADHD AND CLINICAL EFFECTS OF METHYLPHENIDATE (MPH) AS ASSESSED WITH MFNU

1445-1500: THE MOTION FACTOR OF FIRMNESS
Randi Bentzen MSc MNFF

1500-1515: AUDIENCE - Questions and reflections with the speakers

PARALLEL SESSION F
SUBJECT: Clinical Practice II, Chair: Ijntema

1400-1415: RELAXATION COURSE –HOW TO FIND THE RIGHT INDICATORS FOR EVALUATION?
Arja Kuivalainen, PT and Taija Liuhto, PT in co-operation with Soila Aaltonen, PT and Leena Slup, PT. City of Helsinki, Health Centre, Department of Psychiatry, Outpatient Services, Physiotherapy and Exercise Services.

1415-1430: A CREATIVE TREATMENT APPROACH FOR A PERSON WITH DISSOCIATIVE IDENTY DISORDER (DID): EVERY BODY MATTERS
Ann Childs MSc MCSP Physiotherapy Lecturer, Division of Physiotherapy Education, School of Nursing, Midwifery and Physiotherapy, University of Nottingham.
1430-1445: A PRELIMINARY STUDY TO CLASSIFY & IDENTIFY GAIT IMPAIEMENTS, IN SEVERE AND ENDURING MENTAL HEALTH SERVICE USERS.

1445-1500: THE ACCURACY OF JOINT REPOSITIONING DURING REPLICATION OF WHOLE BODY POSITIONS IN HEALTHY YOUNG ADULTS
Bev Sarin, Daniella Angotti, Laura Phillips, Kate Thompson, School of Healthcare Studies, Cardiff University, UK.

1500-1515: AUDIENCE - Questions and reflections with the speakers

1515-1600: BREAK
Coffee, tea

1600-1700 WORKSHOP I-VII

WORKSHOP I
BODY EXPERIENCE AND EXCESSIVE EXERCISE IN EATING DISORDERS, THE CORNERSTONES FOR A PHYSIOTHERAPEUTIC APPROACH.
M. Probst, PT, Ph.D
Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven,

WORKSHOP II
NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP), A CLINICAL PRESENTATION
Gudrun Øvreberg, specialist NPMP, private practice, Harstad, Norway. Gudrun Øvreberg

WORKSHOP III
MOVEMENT, QUALITY AND AWARENESS, FOUND ON NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) – A MOVEMENT SESSION
Berit Ianssen, specialist NPMP, private practice, Levanger, Norway.

WORKSHOP IV
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.

WORKSHOP V
A WORKSHOP IN TAI CHI CHUAN–MOVEMENTS FOR INNER AND OUTER HARMONY AND HEALTH, TAI CHI FOR ARTHRITIS.
Amanda Lundvik Gyllensten, Lund University, Dept. of Health Sciences, Div.Physiot., Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden
(Thursday only)
WORKSHOP VI

MINDFULNESS AND ACCEPTANCE-BASED PHYSIOTHERAPY. A BEHAVIORAL APPROACH TO CHRONIC PAIN.

Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden

NOTE: In order to best follow the workshop, we recommend that you attend Graciela’s oral presentation on Thursday 9th of February 14.00 – 14.15 where the scientific evidence and theory of the therapeutic processes are explained. These workshops will remain mainly experiential.

WORKSHOP VII

WORKSHOP: CLINICAL REASONING BASED ON THE HOAC (HYPOTHESIS ORIENTED ALGORITHM FOR CLINICIANS II) PART 1: ANXIETY.

Mayke Kummer, Paramedisch Advies Centrum Aalsmeer, Amsterdam, The Netherlands

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, the ic-ppmh/2014-15: Where?

1930

DINNER
Friday, February 10, 2012

0800 - 0900  MORNING ROUND TABLE DISCUSSION

Groups 1-10

0800-0900  MORNING ROUND TABLE DISCUSSION

**GR 1: Research**  
*Chair: Probst*  
*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**  
*Chair: Skjærvén*  
*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: Subsection of Physiotherapy in Mental health**  
*Chair: Matamoros*  
*How can we establish a subsection in PT and mh in your country? What action strategies can be developed?*

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

**GR 5: Research Workshop**  
*Chair: Gard/Gyllensten*  
*How are Physiotherapists in Mental Health using body awareness in their clinical work?*

**GR 6: PT 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: Communication with society**  
*Chair: Gordon*  
*How do we best showcase our value to the patient journey and ensure the contribution of physiotherapy continues to be seen by those with responsibility for developing services?*

**GR 8: Mindfulness**  
*Chair: Rovner*  
*How can we, as physiotherapists apply mindfulness in our way to meet and relate with our patient?*

**GR 9: Building therapeutic relationship**  
*Chair: Sviland*  
*On what phenomena do we build the therapeutic relationship, how can we develop our understanding of this relationship and what are the possibilities or disadvantages in the increasing demand for research and evidence?*

**GR 10: Dementia workshop**  
*Chair: Pope*  
*How can we establish a subgroup on dementia as part of IOPTMH? How can we share good practice, promote research and promote the role of physiotherapy in mental health?*

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

0930-1030 PLENARY SESSIONS 4-5  
Chair: Keskinen-Rosenqvist

DISTURBED BODILY EXPERIENCES IN PATIENTS WITH FIRST-EPISTODE SCHIZOPHRENIA – IMPLICATIONS FOR PHYSICAL THERAPY  
Lene Nyboe, Aarhus University Hospital, Centre of Psychiatric Research, Skovagervej 2, 8240 Risskov, DK

TOUCHED IN SENSATION – MOVED BY RESPIRATION.  
EMBODIED NARRATIVE IDENTITY – A TREATMENT PROCESS  
Randi Sviland, PhD Candidate, Physiotherapy Research Group, Department of Public Health and Primary Health Care, University of Bergen. Phone 47 55586187.

1030-1100 BREAK  
Coffee, tea

1100-1215 PARALLEL SESSIONS G - I

PARALLEL SESSION G

SUBJECT: Clinical Practice III, Chair: Matamoros

1100-1115:  
"A SETTLING EFFECT AT A DIFFICULT TIME OF THE DAY?" SHORT TERM EFFECTS OF TAI CHI FOR PEOPLE WITH DEMENTIA  
Rachael Beever, Physiotherapist  
The Princess Margaret Hospital, Private Bag 4710, Christchurch, New Zealand

1115-1130:  
AN ANALYTICAL REVIEW OF LOCAL AND NATIONAL FALL POLICY AND GUIDELINES BACK GROUND:  
Caroline Griffiths, Physiotherapist  
Fulbrook Centre, Oxford Health NHS Foundation Trust, UK.

1130-1145:  
A COMMUNITY-BASED EXERCISE GROUP FOR OLDER PEOPLE LIVING WITH A MENTAL HEALTH ILLNESS TO PROMOTE PHYSICAL ACTIVITY AND SELF-MANAGEMENT  
Jackie Hodge, Senior Physiotherapist, Day Services for Older Adult Mental Health  
Royal Edinburgh Hospital, Morningside Terrace, Edinburgh

11.45-1200:  
MOVEMENT AND MUSIC CLASSES IN INSTITUCIONALIZED PERSONS WITH CHRONIC MENTAL ILLNESS  
Marisa Rebelo, Portugal

1200-1215: AUDIENCE - Questions and reflections with the speakers
PARALLEL SESSION H:
SUBJECT: Education, Chair: Sallinen

1100-1115:
SPECIAL INTEREST REPORT
EVIDENCE BASE PRACTICE: HOAC II A SOLUTION IN EDUCATION?
Mr. Rutger IJntema MBA, Pt, Coordinator Master Physical Therapy in Mental Health, University of Applied Sciences Utrecht, The Netherlands

1115-1130:
PHYSIOTHERAPY STUDENTS’ SELF-EXPERIENCES OF MOVEMENT QUALITY AFTER AN ELECTIVE COURSE WITH BASIC BODY AWARENESS THERAPY AT THE BACHELOR DEGREE PROGRAM IN PHYSIOTHERAPY
Sirpa Ahola, PT, MSc, Senior Lecturer, Helsinki Metropolia of Applied Sciences, Welfare and Human Functioning, Helsinki, Finland.

1130-1145:
AN EDUCATIONAL MODEL OF BECOMING A TEACHER IN BASIC BODY AWARENESS THERAPY – PEDAGOGICAL CHALLENGES IN TEACHING MOVEMENT QUALITY FROM AN AWARENESS PERSPECTIVE.
LH Skjærven, PT, MSc, Associate Professor, Department of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway

1145-1215: AUDIENCE - Questions and reflections with the speakers

PARALLEL SESSION I
SUBJECT: Profession and Research, Chair: Sviland

1100-1115:
STRUCTURED BODILY FLEXIBILITY ASSESSMENT ON TSUNAMI SURVIVORS TWO YEARS AFTER THE DISASTER.

1115-1130:
A PRELIMINARY STUDY EXAMINING REFERRAL PATTERNS OF PARTICULAR MENTAL HEALTH CONDITIONS TO PHYSIOTHERAPY – ESTABLISHING WHERE NEED IS GREATEST.

1130-1145:
EVIDENCE STATEMENT FEAR-RELATED COMPLAINTS IN DUTCH PHYSIOTHERAPY
Dr. M.W. van Ittersum (Groningen University); C.A.H. de Jong MSc (Utrecht University); R.H.M. Boersma (Amsterdam, private practise); A. Mulder (Amsterdam, private practise) ; B. Oving (Den Helder, private practise) ; C. Stokkel (Leiden, private practise)

1145-1215: AUDIENCE - Questions and reflections with the speakers
1215-1315  LUNCH

1315-1345  POSTER PRESENTATION - A GUIDED TOUR 11-23

Presenter 11-15
Clinical Practice II, Chair: Gordon

11. INFORMATION PACKS IMPROVE SELF EFFICACY TO EXERCISE AMONG MENTAL HEALTH PATIENTS ATTENDING AN EXERCISE GROUP.
Reejo, John Paul

12. PHYSICAL ACTIVITY INTERVENTION PROGRAMME FOR PREVENTION AND TREATMENT OF METABOLIC SYNDROME AMONG YOUNG PEOPLE WITH SCHIZOPHRENIA - A PILOT PROJECT
Birgit Linnet Clemmensen, Lene Nyboe Jacobsen, Line Linde Munter, Kirsten Bjorn Andersen.

13. HISTORY OF THERAPEUTIC USE OF SPORTS ACTIVITIES IN PSYCHIATRIC TREATMENT IN CENTRAL EUROPE.
Běla Háťlová, Milena Adánková Ségard, Louková Tereza

14. PHYSICAL ACTIVITY-LEVELS IN PATIENTS WITH FIRST-EPIISODE SCHIZOPHRENIA
Lene Nyboe¹, PT, MSc, Ph.D.Stud; Poul Videbech, MD, Prof. Addresses:

15. FOOTBALL THERAPY IN MENTAL HEALTH
Gill McDonald, Physiotherapist, Ninewells Hospital, Dundee

Presenter 16-19
Profession/Research, Chair: Keskinen-Rosenqvist

16. BOOK PROJECT: BODY, MOVEMENT AND MENTAL HEALTH – A PHYSIOTHERAPY PERSPECTIVE.
Keskinen Rosenqvist, Riitta (MSc); Biguet, Gabriele (MSc); Levy Berg, Adrienne (PhD).

17. NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) PRESENTED IN THE BOOK “MOVEMENTS OF LIFE” – A POSTER PRESENTATION.
Ingeborg Hanssen, Co-author of this book, specialist NPMP, private practice

18. WHY ARE MENTAL HEALTH SERVICE USERS REFERRED TO PHYSIOTHERAPY – A PRELIMINARY STUDY OF REFERRALS.

19. AN ANALYTICAL REVIEW OF LOCAL AND NATIONAL FALL POLICY AND GUIDELINES
Caroline Griffiths, Physiotherapist. Fulbrook Centre, Oxford Health NHS Foundation Trust, UK.
Presenter 20-23

*Education In Mental Health, Chair: Ekerholt*

20. THE FLEMISH PHYSICAL THERAPY EDUCATION IN MENTAL HEALTH.
Michel Probst, DavyVancampfort, Cindy TeixeiraMota, Amber De Herdt.
KU Leuven, Department Rehabilitation Sciences, Belgium

21. BODY AWARENESS RATING SCALE – DEVELOPMENT, RELIABILITY AND VALIDITY
Liv Helvik Skjaerven, et al. PT, MSc,
Associate Professor, Department of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway

22. BASIC BODY AWARENESS METHODOLOGY – AN INTERNATIONAL, POSTGRADUATE STUDY PROGRAM (60 ECTS) FOR ENGLISH-SPEAKING PHYSIOTHERAPIST
Liv Helvik Skjærven, PT, MSc,
Associate Professor, Department of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway

23. NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY
Kirsten Ekerholt, Associate Professor, Oslo and Akershus University College of Applied Sciences,

1345-1445 WORKSHOPS I-VII

**WORKSHOP I**

*Chair: Christensen / Ahola*

**BODY EXPERIENCE AND EXCESSIVE EXERCISE IN EATING DISORDERS, THE CORNERSTONES FOR A PHYSIOTHERAPEUTIC APPROACH.**
M. Probst, PT, Ph.D
Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven,

**WORKSHOP II**

*Chair: Danielsen*

**NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP), A CLINICAL PRESENTATION**
Gudrun Øvreberg, specialist NPMP, private practice, Harstad, Norway.

**WORKSHOP III**

*Chair: Sarin / Childs*

**MOVEMENT, QUALITY AND AWARENESS, FOUNDEN ON NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) – A MOVEMENT SESSION**
Berit Ianssen, specialist NPMP, private practice, Levanger, Norway.

**WORKSHOP IV**

*Chair: Picton-Bentley / de Jong*

**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.

**WORKSHOP V - Only Thursday**
WORKSHOP VI
MINDFULNESS AND ACCEPTANCE-BASED PHYSIOTHERAPY. A BEHAVIORAL APPROACH TO CHRONIC PAIN.
Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden

NOTE: In order to best follow the workshop, we recommend that you assist to Graciela’s oral presentation on Thursday 9th of February 14.00 – 14.15 where the scientific evidence and theory of the therapeutic processes are explained. These workshops will remain mainly experiential.

WORKSHOP VII
WORKSHOP: CLINICAL REASONING BASED ON THE HOAC (HYPOTHESIS ORIENTED ALGORITHM FOR CLINICIANS II) PART 2: ANXIETY.
Mayke Kummer, Paramedisch Advies Centrum Aalsmeer, Amsterdam, The Netherlands

REGISTER: Register on a list, Wednesday evening, for the Workshop I-V, Thursday and Friday. Each group will be limited to 20-25 participants. If one group is full, you register in another.

1445-1500 BREAK
Coffee, tea

1500-1530 CLOSING OF CONFERENCE
Poster Award
Wednesday, February 8, 2012

PHYSIOTHERAPY IN MENTAL HEALTH: EDUCATION, RESEARCH AND CLINICAL PRACTICE. IMPLICATIONS FOR 2012-2015

Michel Probst
KU Leuven, Department of Rehabilitation Sciences & UPC-KU Leuven, campus Kortenberg
Michel.probst@faber.kuleuven.be

The field of mental health is currently an important policy issue. The World Health Organisation (WHO), the European commission, and different national governments are engaged in the prevention and treatment of mental health disorders. Today, one out of four people are faced with a mental dysfunction. Physiotherapy is a relatively new, small, but fast developing field in both the clinical and scientific area of mental health. The past ten years physiotherapists developed a wide range of clinical measures and treatment approaches to establish the role of physiotherapy in mental health. Currently there is sufficient evidence that physiotherapy, with its specific approach and therapeutic interventions, has a major contribution to wellbeing and mental health.

In mental health care, physiotherapists are focused on the biospsychosocial facets of the ‘body in action’. This bodily-directed approach is important within a psychiatric setting as pain and other somatic complaints are recurrent complaints in mental health disorders like depression, anxiety and posttraumatic disorders. Exercise, body awareness and relaxation are import issues in the treatment and rehabilitation process of these disorders. Physiotherapists are in the unique position to provide an extensive range of physical approaches that aim at symptom relief, confidence boosting and improvement of quality of life.

The “International Organization of Physiotherapy in Mental Health” state that they have implemented 10 out of the 12 recommendations of the declaration of the WHO in 2005 into their mission as a guideline for the future. If physiotherapists want to be successful as one of the mental health services, it is a condition sine qua non to further develop high quality and innovatory clinical practice, education, research in agreement with these recommendations. These recommendations translated into the field of physiotherapy are for the clinical practice, education and research respectively:

- Physiotherapists have (1) to improve physiotherapy mental health care and (2) organize specific physiotherapy care for different ages including children, adolescents and elderly and risk-related groups as persons with eating disorders, psychotic disorders,...Physiotherapists have (3) to ensure access to primary care for people with mental health problems and (4) provide treatment in community-based physiotherapy services for persons with severe mental health problems.

- In general, physiotherapy schools have (5) to disseminate quality information about mental health and (6) to promote mental health, because mental health and wellbeing are fundamental to the quality of life of all citizens. Physiotherapy students have (7) to be informed in regard of the combat against stigmatisation and discrimination of persons with mental health problems. Specialized education in physiotherapy has (8) to provide adequate and competent professionals in physiotherapy (9) that are able to participate and engage in a multidisciplinary approach.

- At least, physiotherapists have (10) to engage in evaluating the effectiveness of the physiotherapy care and promoting new evidence-based guidelines.

This presentation wants to reach some anchor points for professionalizing and developing physiotherapy in mental health in clinical practice, education and research.
Keynote speaker

PHYSIOTHERAPY IN MENTAL HEALTH – NEEDS AND VISIONS FROM AN EDUCATIONAL AND CURRICULUM POINT OF VIEW

Liv Helvik Skjærven
Department of Occupational Therapy, Physiotherapy and Radiography, Faculty of Health and Social Sciences, Bergen University College, Bergen Norway; lhs@hib.no

The International Organization of Physical Therapy in Mental Health, IOPTMH, was accepted as a subgroup in WCPT at the General Assembly, June Amsterdam 2011. IOPTMH’s key objectives are to encourage high standards of physiotherapy practice, research and education in line with the WCPT general policy statement for PT, on all professional entry level of education and in line with the need in society.

What are the characteristics of the field of physiotherapy in Mental Health? According to World Health Organization (WHO 2010) epidemiological studies show that mental disorder, affects millions people worldwide. A broad range of problems with different symptoms is generally characterized by a combination of disturbed thoughts, emotions, behavior, function and relationship with others. Patients with depression, anxiety, stress-related conditions, musculoskeletal disorders, body oriented symptoms, difficulties with breathing and concentration are seeking help from physiotherapists all over the globe.

What are the educational consequences for teaching and learning in the field of physiotherapy in Mental Health? Human movement and function is a principal component of physiotherapy programmes designed to increase health and well-being. New research is continually being produced to underpin the evidence for supporting a movement awareness approach. Bodily experiences create an understanding and orientation about ourselves; it contributes to an improved self-awareness. Physical and sensory experiences are fundamental for perception, being, acting and relating.

What are the educational principles to be included in the curriculum, on all entry levels? Little is described about the content and process of qualifying physiotherapists to teach specifically in the field of Mental Health in general, in the field of movement awareness in particular. The specialty of physiotherapy in mental health has developed over the last 60 years, in Europe and in the Scandinavian countries to meet the documented needs of society. Several countries, on different continents, show a strong and growing interest.

What are the future needs and visions? What are the educational models to include to build the future? Through history we know that different educational models exists. IOPTMH aims at developing and supporting member organisations in developing high quality education through the provision of curriculum guidelines, policies and a range of resources and opportunities. IOPTMH, and the established group of Education, invite to discussions from the members to involve in future curriculum planning, of educational models, teaching for a global perspective.
Plenary Session 1

IOPTMH-CONSENSUS ON PHYSICAL ACTIVITY WITHIN MULTIDISCIPLINARY REHABILITATION PROGRAMMES FOR MINIMISING CARDIO-METABOLIC RISK IN PATIENTS WITH SCHIZOPHRENIA

Vancampfort D, MSc1,2,*, De Hert M, MD, PhD1, Skjerven LV, MSc3, Gyllensten AL, PhD4, Parker A, MSc5, Mulders N, MSc6, Nyboe L, MSc1, Spencer F, MSc7, De Herdt A, MSc2, Probst M, PhD1,2

1 University Psychiatric Centre Katholieke Universiteit Leuven, campus Kortenberg, Kortenberg, Belgium
2 Department of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Sciences, Katholieke Universiteit Leuven, Leuven, Belgium
3 Bergen University College, Faculty of Health and Sciences, Department of Physiotherapy, Bergen, Norway
4 Lund University, Department of Health Sciences, Division of Physiotherapy, Lund, Sweden
5 Royal Edinburgh Hospital, Edinburgh, Scotland, UK
6 Dutch Society of Psychosomatic Physical Therapy, The Netherlands
7 Aarhus University Hospital, Centre of Psychiatric Research, Risskov, Denmark
8 Sydney Children’s Hospital, Sydney, Australia

*University Psychiatric Centre, Catholic University Leuven, campus Kortenberg, Leuvensesteenweg 517, B-3070 Kortenberg, Belgium. Tel.: +32 2 758 05 11; Fax: +32 2 759 9879. E-mail: Davy.Vancampfort@uc-kortenberg.be

Purpose: The excess cardiovascular morbidity associated with schizophrenia is attributed to an interplay between behavioural (physical inactivity, unhealthy diet, substance abuse), genetic and illness related factors, as well as the effects of antipsychotic treatment. The aim of this paper is to develop an evidence-based physical activity guideline for people with schizophrenia.

Relevance: Patients have limited access to physical healthcare with less opportunity for cardiovascular risk prevention and treatment programmes than the non-psychiatric population.

Participants: Patients with schizophrenia.

Methods and analysis: The development process consisted of: a) a systematic literature review on physical activity in schizophrenia in eight databases up to May 2010, b) a systematic literature review on existing national and international guidelines, c) consensus meetings, and d) formulation of the final consensus document.

Results: There is, although limited, evidence for the relative contribution of physical activity reducing cardio-metabolic risks in people with schizophrenia. Demographical, biological, psychological, cognitive-behavioural, emotional, social and environmental barriers for physical activity could be identified.

Conclusions: Although physical activity outcomes on cardio-metabolic parameters are still largely unknown, the benefits of physical activity as part of a multidisciplinary lifestyle programme are sufficient for the recommendation that persons with schizophrenia follow the 2008 U.S. Department of Health and Human Services Physical Activity Guidelines with specific adaptations based on disease and treatment-related adverse effects.

Implications: Physical therapists should be trained in recognising and adequately addressing symptoms of schizophrenia (including both positive and negative symptomatology), physical comorbidities and side-effects of antipsychotic medication when developing physical activity related rehabilitation programmes. Physical therapists would benefit from acquiring different cognitive behavioural and motivational skills (implementing stages of change, self-determination, motivational interviewing techniques) to assist them in delivering such programmes.

Keywords: physical activity, physical therapy, schizophrenia, guidelines. No funds.
2. SOCIAL ANXIETY IN EXERCISE PARTICIPATION IN PSYCHIATRIC PATIENTS: AN EXPLORATIVE MULTICENTRE STUDY

Author: De Herdt A, MSc, Beyens J., Knapen J, PhD, Vancampfort D MSc, De Hert M, MD, PhD, Probst M, PhD

1 University Psychiatric Centre Katholieke Universiteit Leuven, campus Kortenberg, Kortenberg, Belgium
2 Department of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Sciences, Katholieke Universiteit Leuven, Leuven, Belgium
* Corresponding author at: Department of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Sciences, Catholic University Leuven, Tervuursevest101 bus 1500, 3001 Heverlee, Belgium. Tel.: +32 498 21 81 07. E-mail address: amber.deherdt@gmail.com

Purpose: Although mental and physical health can be improved by increasing physical activity levels, adherence to physical activity programs in psychiatric patients is low. As social anxiety is common in psychiatric patients, this study aims to investigate the role of social anxiety as one of the barriers for physical activity participation.

Relevance: Psychiatric patients accumulate a lot of barriers for physical activity participation such as: the illness itself, low self-confidence, fatigue, lack of motivation, weight gain from medication and a weak physical fitness. The psychomotor therapist has a central role in screening for / anticipating the barriers for participation in physical activities.

Participants: The sample included 740 patients, recruited from 22 psychiatric centres. The major clinical diagnosis (DSM-IV, axis I) were Anxiety Disorders, Mood Disorders, Eating Disorders, Personality Disorders and Substance-related Disorders.

Methods and analysis: The Physical Activity and Sport Anxiety Scale (PASAS) was used to estimate the prevalence of social anxiety in exercise participation. Reliability for all psychological data was calculated by Cronbach’s alpha. Construct validity of the PASAS was examined by using the known groups method. A correlation analysis was performed to identify associations between the PASAS and other psychological variables. A stepwise multiple regression analysis was performed to explore which variables could explain social anxiety in exercise participation. Results: 61 % of the patients experienced moderate to high levels of anxiety. Females scored significantly higher than men (p< 0.001). PASAS showed significantly (p<0.05) moderate relations with other psychological variables. 39 % of the variance associated with social anxiety in exercise situations was explained by a combination of global self-esteem, body attitude, level of trait anxiety and appreciation of motor skills.

Conclusions: Present data are supportive that the Physical Activity and Sport Anxiety Scale (PASAS- NL) is a reliable and valid questionnaire to assess the level of social anxiety in PA participation in psychiatric patients. Results support the potential role of social anxiety as one of the barriers for physical activity participation. Health professionals should take into account social anxiety when trying to improve outcome and adherence of psychiatric patients to physical activity interventions. Implications: Social anxiety is a frequent co-morbid condition in people with mental illness, associated with marked reduction in quality of life and both social, educational and occupational domains. Health professionals should take into account social anxiety when trying to improve outcome and adherence of psychiatric patients to physical activity interventions. In everyday practice, the Physical Activity and Sport Anxiety Scale (PASAS) might be a useful evaluation tool to screen for individuals with social anxiety in PA settings.

Keywords: social anxiety, physical activity, exercise participation, mental illness. No funds.
3. “THERE IS MORE TO IT THAN TALKING” – PHYSIOTHERAPISTS’ EXPERIENCES OF PHYSIOTHERAPY FOR PATIENTS WITH GENERALIZED ANXIETY

1) Louise Danielsson, MSc, registered physiotherapist, Primärvårdsrehab Gibraltar / Institute of neuroscience and physiology, University of Gothenburg, Sweden
Marianne Hansson Scherman, associate professor, registered physiotherapist, Institute of neuroscience and physiology, University of Gothenburg, Sweden.

2) Louise Danielsson, danielssonlouise@gmail.com, +46 702 319907, Björkuddsgatan 1, 412 62 Göteborg, Sweden.

The purpose of this study was to describe experiences of physiotherapy for patients with generalized anxiety, from the physiotherapists’ perspective.

Relevance Since patients with generalized anxiety often suffer from physical discomfort, they frequently seek help from physiotherapists. International research has shown that physiotherapists often find it challenging to treat this group of patients. Hence, it is important for physiotherapists to reflect upon why and how they may contribute to improved health. On an educational level, this study may serve as an inspiration to discuss central issues within the professional paradigm.

Description Ten physiotherapists working in psychiatry or primary care were recruited by local physiotherapy coordinators. The strategic selection was aiming at varied ages, work experiences and work locations among the participants. Nine women and one man accepted the invitation to participate. They were between 31 and 51 years of age and had been working as physiotherapists between 7 and 20 years. Five worked in psychiatric out-patient clinics, two in psychiatric in-patient clinics and three worked in primary care.

A qualitative, phenomenographic approach was used. Data for this study was collected from semi-structured individual interviews, recorded and transcribed verbatim. The interviews started with an open question “What comes to mind when you think about physiotherapy for patients with generalized anxiety?” Follow-up questions were used to deepen descriptions relevant to the phenomenon. Nine interviews were conducted at the physiotherapist’s workplace, one in the home of the physiotherapist. The interviews lasted 29-48 minutes.

Ethical viewpoints were considered according to the principles of The World Medical Association Declaration of Helsinki.

Data was analyzed by a systematic seven-step model; 1) Familiarization; 2) Condensation; 3) Comparison; 4) Grouping; 5) Articulation; 6) Labeling and 7) Contrasting. The analysis ended in seven categories of description of which one was interpreted as more complex; overarching the remaining six categories.

A central, overarching category was labeled “Physiotherapy affects anxiety and thereby everyday life”. The following categories were: “Physiotherapy suggests lifestyle guidelines”, “Physiotherapy helps the patient to stand secure”, “Physiotherapy affects physiological processes”, “Physiotherapy increases body awareness”, “Physiotherapy changes the view on body sensations” and “Physiotherapy helps to see that you are and you have your body”.

The physiotherapists described different aspects of how physiotherapy is important for patients with generalized anxiety, reducing the impact of symptoms by more nuanced body experiences. They consider the shifting back and forth between; a) doing and reflecting and b) the subjective and objective body; as unique and beneficial features in their profession.

The results of this study articulate some of the tacit knowledge embedded in psychiatric physiotherapy and may inspire to professional reflection and discussion among clinical physiotherapists and students.
PARALLEL SESSION A

EXERCISE MANAGEMENT IN EATING DISORDERS – THE EDEN UNIT JOINT WORKING APPROACH IN PRACTICE

Authors Sandra Philip-Rafferty Highly Specialist Physiotherapist The Eden Unit Royal Cornhill Hospital Aberdeen. Bernadette Laidlaw Staff Nurse specialising in Eating Disorders The Eden Unit Royal Cornhill Hospital Aberdeen.

Purpose: 1. To describe and highlight a closed eight week Exercise/Activity Management Group) which has been devised by an Highly Specialist Physiotherapist and employed within the Eden Unit- (the first purpose built in-patient unit in NHS Scotland treating patients who reside in the North of Scotland). 2. To highlight the value of a joint working approach.

Relevance: Excessive exercise/activity has been acknowledged as a component of eating disorders and is highly prevalent in both anorexia and bulimia nervosa. Furthermore, excessive exercise/activity is now recognised as a significant factor in the aetiology, development and maintenance of eating disorders. Post recovery, compulsive exercise has been identified as a significant risk factor for relapse in anorexia nervosa and is associated with a chronic outcome.

Description: The group meets once every fortnight so that the Physiotherapist can see patients for group practice of exercise in the Swiss Ball Class. The aims of the group are to:-
• identify over activity/exercise and to understand attitudes, behaviours and motivating factors.
• increase and share knowledge relating to the physical and mental health benefits of exercise and to understand the detrimental effects on the body and mind as a result of over exercise/activity.
• explore stages of change and readiness to change.
• increase awareness of coping skills in the management of over exercise/activity.
• explore and to be more critically aware of messages in the media relating to over activity/exercise, weight and shape. There are also Nurse and Dietician led sessions.

Participants: All patients have completed a full Physiotherapy assessment which includes assessment for suitability for this work e.g. have an identified over exercise/activity component to their illness and are cognitively able to participate. The outcome measures used are 1. Physical Activity and Unrest Questionaire. 2. The obligatory Exercise Questionaire. Currently investigating the use of the Compulsive Exercise Test.

Methods: The programme is delivered and jointly facilitated by a Highly Specialist Physiotherapist and a Staff Nurse experienced in the treatment of eating disorders using Psycho-education, discussion, peer support, group work and feedback. It runs alongside individual Physiotherapy intervention in the Eden Unit.

Evaluation: This is currently ongoing and in early stages. Reflection: There are limitations due to a lack of funding for Physiotherapy hours in the Eden Unit. The work is limited to in-patients as there is no funding for Day Patient or Out Patient follow up, so vital transitional work cannot be done. However work so far in the In Patient Unit is encouraging, allowing initial education, sharing of experience and appearing to have an influence in a patient’s journey. Formal evaluation will be carried out this year.

Keywords: Compulsive Exercise/activity, eating disorders, exercise management, joint working.
RESEARCH REPORT

CHANGES IN BODY IMAGE DURING INPATIENT TREATMENT FOR EATING DISORDERS PREDICT OUTCOME

Authors
1) Marit Danielsen, Specialist in psychiatric and psychosomatic physiotherapy
Specialised unit for eating disorder patients, Department of psychiatry, Levanger Hospital
Health Trust Nord-Trøndelag, 7600 Levanger, Norway madaniels@gmail.com
Phone: +47 74 09 86 00, Fax: +47 74 09 73 07
2) Øyvind Rø, MD, PhD, Regional Eating Disorder Service, Oslo University Hospital, Ullevål,
Norway.Oyvind.Ro@oslo-universitetssykehus.no

Purpose: We wanted to investigate changes in body image during inpatient treatment in a trans-diagnostic sample of patients with eating disorders. In addition we wanted to investigate how changes in body image influenced on changes in eating disorder psychopathology, BMI, general psychopathology and personality measures during inpatient treatment. Relevance: Increased knowledge in this field is important for understanding how body image should be incorporated into effective treatment programmes of eating disorder patients. Participants: Forty-eight female and two male patients admitted to a specialized inpatient eating disorder unit in the period from February 2005 to October 2008 were included in the study. Indications for admission were that (1) outpatient treatment had been tried without satisfactory improvements, and (2) more intensive treatment was needed because of the severity of the symptoms. Methods: Patients were assessed at admission and discharge with self report questionnaires: Body Attitude Test (BAT), Symptom Check List 90 Revised (SCL-90R), Circumplex of Interpersonal Problems (CIP), Body Mass Index (BMI) and Eating Disorder Inventory 2 (EDI-2). Ethical considerations: The Regional Ethical Committee approved the study, and the patients provided written informed consent prior to participation. Analysis: The data were analysed using SPSS Version 15.0. Analyses: Cronbach’s alpha coefficient, t-tests, and one-way analyses of variance (ANOVA), Spearman’s correlation coefficients, and Linear multiple regression analyses. The significance level for this study was set at p<0.05. Results / findings: This study showed a statistically significant positive change in a trans-diagnostic sample from admission to discharge on BAT, EDI-2, BMI, CIP and SCL-90R. It also showed that subscale 2 in BAT was the strongest predictor for change of eating disorder symptoms. Conclusions: The results support the theory that body image is an essential part of eating disorders and that a change in body image is important for the recovery process. The study looks at the period from admission to discharge. In the future work it will be important to investigate the course of body image after discharge in a follow-up study.

Keywords:
Eating disorders, body image, inpatient treatment.

Funding acknowledgements:
This study was financed by a public research grant.
RESEARCH REPORT

A PILOT STUDY ABOUT THE EFFECTIVENESS OF RESPIRATORY PHYSIOTHERAPY IN PATIENTS WITH EATING DISORDERS.

Author(s): Daniel Catalán Matamoros¹, PT, PhD; Marina López Túnez², PT; Antonia Gómez Conesa³, PT, PhD, Patricia Serranos de Andrés⁴, PT.
¹ Faculty of Health Sciences, University of Almería, Almería, Spain.
² Association for disabled people “El Saliente” Almería, Spain.
³ Department of Physiotherapy, University of Murcia, Murcia, Spain.
⁴ Psychiatric Hospital Dr. R. Lafora, Madrid, Spain
Contact information: dcatalan@ual.es

Purpose: The purpose of this study was to analyse the effectiveness of a physiotherapy intervention, based in respiratory physiotherapy, in patients with eating disorders (ED) studying different variables: body satisfaction, body image and body experience, quality of life, etc.

Relevance: This study will show how patients with ED might benefit from physiotherapy using a respiratory based approach.

Participants: The selection criteria was: population with ED diagnosis according to ICD-10, F.50, over 18 years old and diagnosed period below 10 years. The final sample was composed by 10 women who were allocated to the experimental group (n=5) and to the control group (n=5).

Methods: A pseudoexperimental design was performed consisting in a controlled clinical trial of non-randomized parallel groups.

Ethical considerations: Participants were informed and invited to voluntarily participate in the intervention after signing the informed consent.

Analysis: The data analyses used were:
- A qualitative analysis to describe the participants’ profile.
- A quantitative analysis of differences between experimental and control groups using Student's t-test for two independent samples.
- A quantitative analysis of the differences between pretest and posttest measures in the experimental group using student t-test for two related samples.

Results / findings: Most of the studied variables showed a trend of greater improvement in the experimental group, however significant differences were not found.

Conclusions: We recommend further RCT’s with larger samples in order to provide further evidence on the effectiveness of physiotherapy in the ED using a respiratory based approach.

Implications: Physiotherapy using respiratory techniques might be effective in people suffering from ED.

Keywords: Physiotherapy, eating disorders, mental health.
Funding acknowledgements: None.
SPECIAL INTEREST REPORT

THE EFFECTIVENESS OF BODY AWARENESS THERAPY FOR HEALTH-RELATED QUALITY OF LIFE IN ANOREXIA NERVOSA PATIENTS

Author: Eija Tyyskä, Senior Lecturer, MSc (physiotherapy), BSc (health and sport), PT. Faculty of Health Care and Social Services, Saimaa University of Applied Sciences, Lappeenranta, Finland. email: eija.tyyska@saimia.fi, www.saimia.fi, tel. +358 40 484 2579, fax +358 2049 66588, Skinnarilankatu 36, FI-53850 Lappeenranta, Finland

Purpose: The main objective is to explore the effectiveness of Body Awareness Therapy (BAT) combined with the Treatment As Usual (TAU) for the Health Related Quality of Life of the patients with anorexia nervosa. The objective of special interest is to study the effect of BAT and TAU on the quality of movements and movement behaviour related to balance, posture, co-ordination and breathing i.e. the body awareness of anorexia nervosa patients. The secondary objectives are to explore the attitudes of the anorexia nervosa patients to their movements and body and to study experiences of the patients with anorexia nervosa practising BAT and TAU (regarding body experience, body image and self-efficiency).

Relevance: According to the Finnish Current Care guidelines eating disorders are diseases of body and mind. The evidence-based medicine (EBM) movement has increased the importance and quality of outcome measurement in health care. Health-related quality of life (HRQoL) tries to capture the aspects of QoL that health care can influence. In patients with anorexia nervosa(AN) body awareness is of interest and the connection between body awareness and self-esteem has been discussed. Body Awareness Therapy might well be offered as a therapeutic tool in establishing a realistic body image. In Finland patients with anorexia nervosa participate physiotherapy sessions according Scandinavian model. In Estonia psychiatric physiotherapy is unknown. Internationally there are few researches focused on the effectiveness of BAT in anorexia nervosa

Description: The design is Randomised Controlled Trial -Design. The experimental design will be used with 40 subjects randomly allocated to either treatment group or control group in the Unit of Eating Disorders in the Psychiatric Clinic of Tartu University in Estonia. The instruments are: BAS-Health (BAS-H) and BAS-Health Interview (BAS-I) assessments, Qualitative interview, Body Attitude Test, The RAND 36-Item Health Survey (Version 1.0).

Ethically the research permits are based on the statement of The Research Ethics Committee of the Tartu University.

Evaluation: In statistics will be used Analysis of variance (ANOVAs) repeated-measures design, including baseline, treatment termination, 3- and 6-month follow-up assessments with regard, BAS-H, BAS-I, BAT and The RAND 36 HS. The experiences of the patients will be analyzed by phenomenology-hermeneutical method. Between group comparisons at the different assessment points will be analyzed using Mann-Whitney U-Test. To compare categorical variables the chi-squared test or Fisher’s Exact test will be used.

Conclusions: The intervention is going on during 2011-2012. The first outcomes are presented in the spring 2012.

Implications: The expected results of this research will be published in internationally reviewed scientific journals.

Keywords: anorexia nervosa, Body Awareness Therapy, Health-related Quality of Life

Funding acknowledgements: William and Ester Otsakorpi Foundation (http://www.otsakorpi.fi/)
PARALLEL SESSION B

PHYSIOTHERAPY INPUT INTO AQUATIC ENVIRONMENT ON MENTAL HEALTH

Author(s): Varela, H. and Agapito, C.
catarina.agapito@sapo.pt; helenavarela10@hotmail.com

Purpose: Main objective of this study is to improve the quality of life of the patients, not only in physical rehabilitation but also psychological. An intervention focused perspective biopsychosocial. The following secondary objectives: to help patients restoring the perception and body awareness, improve functional capabilities and sense of body integration; increase self-esteem and consciousness of itself; release of aggression, decrease anxiety and promote the relaxation and wellbeing.

Relevance: The relevance of this study lies on the fact that although the role of physiotherapy in mental health (MH) is already defined and described in the literature there remain several understudied interventions on this area. Another significant aspect to justify this study concerns on the inexistence of evidences relating the treatment programs developed in water to individuals with impaired MH.

Participants: Two classes of three patients each, during 4 months of intervention. The duration of the classes was 40 minutes. All patients were female, aged between 35-63 years, with mental retardation (different levels of severity). Participants were selected through criterion of convenience.

Methods: Has been chose the unstructured observation technique. We constructed a grid of direct observation, unstructured in a diary basis.

Ethical considerations: It has been passed the informed consent for the legal guardians of the patients.

Analysis: According to this methods this is a qualitative research. The data have been treated according to a content analysis, where subjective categories were identified in the registration. Categories that have subsequently been tested to see if exists relationship between the various patient registers and outcomes. Results / findings: There were verified improvements in some key aspects concerning the quality of life, such as: autonomy, body awareness, relaxation, socialization and community integration. A better adaptation under the aquatic environment allowed an increase in concentration in the exercises and in the proposed activities, in a more peaceful, happy and effective way. There is also an improvement at the patient coordination and balance levels. Conclusions: Treatment programs developed in water to individuals with impaired MH improve aspects concerning the quality of life. Is necessary to conduct further studies to document the physical therapy intervention in the aquatic environment on MH. Implications: Contributing to develop an area where there is a lack in physiotherapy scientific intervention.

Keywords: aquatic; movement; MH Funding acknowledgements: This method is based on the independence and control of the body in the aquatic environment through an optimized mental adjustment. As well, on a stable and secure equilibrium, namely swimming (Cordovil, 2007). These physical and psychological components are essential to ensure an increase in confidence and self-esteem in an aquatic environment, reflecting into gains in the quality of life on the ground (Cole & Beckem, 2004; Campion, 2001).

**Objectives**

Regular physical activity can be beneficial for people with severe and enduring mental illness (SEMI). However there is little information about how this might be initiated and maintained. This work reports findings from qualitative research, the aim of which was to identify factors influencing adherence to an activity programme and the perceived effects of physical activity on well-being.

**Methods**

Seventeen people (18 - 65 years of age) with SEMI were recruited from several groups within an established physical activity programme (specifically designed for mental health service users). One-to-one semi-structured interviews were recorded with audio equipment, transcribed and member checked. Thematic analysis was adopted to extract perceptions about programme participation, its benefits and drawbacks.

**Results**

Results indicated that a combination of the mental illness and effects of medication were the main barriers to participation. The main enabling factors to participation were the support of the mental health staff and the organisation and structure of the physical activity sessions. Emerging themes illustrate the benefits of physical activity in enhancing mental wellbeing, physical health and in providing social opportunities.

**Conclusion**

This qualitative research demonstrates that a physical activity programme integrated into the mental health service and supported by partnership working can address several of the unique barriers faced by this population. Through the provision of opportunity, appropriate support and structure of the sessions, people with SEMI can take part in sustained regular physical activity. Outcomes indicate benefits to mental well-being which can assist in recovery of those with SEMI and help with adherence to the programme.

**Keywords**

Physical activity; schizophrenia; service development; partnership working; qualitative

For further information contact: margot.hodgson@awp.nhs.uk; heather.mcculloch@awp.nhs.uk
HACETTEPE UNIVERSITY PHYSIOTHERAPY PROGRAM FOR IMPROVING QUALITY OF LIFE IN CANCER PATIENTS AND THEIR RELATIVES

Gül Sener¹, Naciye Yardar- Yagli¹, Mintaze Kerem Günel¹, Semin Ake³, Cemil Özal¹, Tezer Kutluk²; Emin Kansu²

¹Hacettepe University Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation 06100Ankara/Turkey
²Hacettepe University Oncology Institute Ankara/Turkey
Corresponding author: fztgulsener@yahoo.com, 0532 473 00 42

Purpose: The purpose of this study is to outline a specific program to improve quality of life of cancer patients and their relatives carried out by a joint event designed by physiotherapy rehabilitation department of Health Sciences Faculty and Oncology Institute.

Relevance: When the evidence in prevention and treatment of cancer is searched, it can be seen that exercise is one of the most effective therapeutic approaches in reduction of the psychological symptoms through its well being effects. Besides our clinical study in Oncology Institute we implemented this specific program in to our physiotherapy curriculum to increase the awareness of the physiotherapy students.

Description: Body awareness therapy, yoga, pilates and general therapeutic exercises and recommendations are combined in group therapy sessions. The program is applied to the cancer survivors and their relatives once a week for six years. Oncology Institute maintained the basic facilities including the hobby room and all the exercise materials in the "hope home" which belongs to the institute.

Evaluation: Before we start the exercise session after a medical check-up, we used an evaluation set consisted of general physiotherapy assessments, body awareness scale and quality of life questionnaire specific for cancer patients.

Conclusions: We observed that physical and quality of life parameters showed an improvement besides the participants notes where they write their feelings about the program. They are enjoying themselves and the life and they requested to increase the number of the sessions. From the beginning of September 2011 we are applying the program twice a week. Master of Science degree physiotherapy students are also a part of the program since they are working related to community physiotherapy and health care programs.

Implications: This program can be also used in the other chronic illnesses such as metabolic syndrome, diabetes, osteoarthritis, psychiatric problems, fibromyalgia and the others leading to problems in mental health.

Keywords: hope home, exercise program, well being in cancer

Funding Acknowledgement: Oncology Institute maintained the basic facilities including the hobby room and all the exercise materials in the “hope home” which belongs to the institute.
SPECIAL INTEREST REPORT

PHYSIOTHERAPY IN FORENSIC PSYCHIATRY

Author(s): Søren Drivsholm¹, Lene Nyboe

Purpose: In Denmark there has been an increase in the number of patients in need for psychiatric, forensic treatment and rehabilitation. Patients in forensic psychiatry are often hospitalized for many years and their activities of daily life, comprising engagement in physical activities are often restricted. Overweight and metabolic syndrome as well as increased risk of cardiovascular disease is highly prevalent among patients in forensic psychiatry. Participation in physical activities does not only reduce cardio-metabolic risk, but can also moderate aggressive behavior and increase body awareness and general feeling of well-being.

Relevance: Physiotherapy, comprising both supervised physical activity as well as training of body awareness and psychomotor function is highly relevant for patients in forensic psychiatric treatment and rehabilitation.

Description: Physiotherapy is available for all patients in forensic psychiatry in Aarhus University Hospital, Risskov, Denmark, and the experiences from physiotherapy in forensic psychiatry will be presented. Both physical activities, body awareness therapy, and somatic rehabilitation are typical physiotherapeutic interventions.

Ethical considerations: Patients in forensic care are restricted in opportunities of expression and it is an ongoing ethical concern how to minimize stigmatization in these patients.

Evaluation: Each patient has a plan for rehabilitation also involving physiotherapeutic interventions, which are monitored and evaluated individually. In relation to physiotherapy physical health and lifestyle habits is assessed for all patients every 3-6 months.

Conclusions: Physiotherapy plays a significant role in the patient's general rehabilitation, not only improving cardio-metabolic profiles but also enhancing the patient’s body awareness, social behavior, and ability to adjust emotions.

Implications: Physiotherapy in forensic psychiatry is under development in a growing field within psychiatric treatment and rehabilitation.

Keywords: forensic psychiatry, physiotherapy, rehabilitation

Address:
Søren Drivsholm¹, PT, Aarhus University Hospital, Risskov, Skovagervej 2, 8240 Risskov, DK
Mail: soedri@rm.dk
Lene Nyboe, PT, MSc, Ph.D.Stud, Aarhus University Hospital, Risskov, Skovagervej 2 8240, Risskov, DK
DEVELOPING BASIC BODY AWARENESS THERAPY (BBAT) GROUP TREATMENT TO PATIENTS SUFFERING FROM SEVERE ANOREXIA NERVOSA (AN)

Author(s) Susan Christensen PT, Psychiatric Centre Copenhagen, Blegdamsvej 9, 2100 København Ø, Denmark, sus@nchristensen.net, +4535457605 and Kirsten Nissen PT, Psychiatric Centre Copenhagen, Blegdamsvej 9, 2100 København Ø.

Purpose: To make it possible for patients suffering from severe AN, to participate and benefit from BBAT group therapy.

Relevance: Through the last decade BBAT has become an important part of the physiotherapeutic treatment of patients suffering from AN in Psychiatric Centre Copenhagen. Patients seem to benefit from this treatment, which is offered both as individual and group therapy. It is however according to our experience, very challenging for these patients to stay aware and work with the body in a group.

Description: On this background we have combined the BBAT treatment with educative elements. We expected that adding an educative part to the treatment, giving the participants more cognitive knowledge about their total functioning, would help them to be able to stay more aware of their bodily sensations and help them benefit from the BBAT treatment. The patients were offered at least 10 weeks treatment, one session a week lasting 1½ hours. Each session would contain 20 min. presentation, followed by 1 hour of BBAT movements. The session would begin and end with a dialogue around the subject and the experiences during the session.

Ethical considerations: The participants were informed about the content in the treatment. They could withdraw at any time without any consequences.

Evaluation: The program has not been formally evaluated yet. Since the participants belong to group of patients suffering from severe AN, it is a very small and fragile population and it must be carefully considered how to evaluate the treatment. The immediate reaction, from those who have participated, has been mainly positive towards the hypothesis that the combination of BBAT and educative elements could help the participants to stay more aware of bodily sensations.

Conclusions: From the reactions so far it seems relevant to continue to offer this combined treatment. It would also be very relevant to formally describe and evaluate the treatment in the near future.

Implications: BBAT is a well described method, and combining it with a well described educative part, could help physiotherapist in their work with patients suffering from AN.

Keywords: BBAT, group therapy, Anorexia Nervosa

Funding acknowledgements: This work is unfunded
IN CONTACT WITH MYSELF - BASIC BODY AWARENESS THERAPY AS HEALTH ORIENTED GROUP INTERVENTION, DESCRIPTION OF A MOVEMENT AWARENESS LEARNING PROCESS.

Bergen University Collage: Basic Body Awareness Methodology 2009-2011
Final project October 2011

Student: Anita Jansson anita.jansson@akademiska.se
Tutor: Associate professor Liv Helvik Skjaerven

Purpose: The aim was to describe and to generate an understanding of a health oriented movement awareness process, during and after participation in a Basic Body Awareness Therapy group. Relevance: Working as a physiotherapist for many years, mainly in the field of psychiatry, it had become clear to the author how often it is stressed to look just at the symptoms or diagnosis related to a patient, instead of recognising and strengthening a patient’s own resources. Basic body awareness therapy (BBAT) is an evidence and experiential based physiotherapeutic resource and process oriented intervention, with a holistic human view. Participants: Ten women took part in a ten week BBAT course, attending a one and a half hour session once a week, at a preventive health care center for employees at Uppsala University hospital. Method: A qualitative design with a phenomenological approach was used. At the end of the BBAT course data describing the participants’ therapy process was collected via seven of the participants writing self-reports and one being interviewed by the author. Collected data also included the physiotherapist’s notes after each session, records of participant’s verbal reflections and the physiotherapist own reflections on the process. In this project ethical considerations were taken into account. Analyses: Two methods were used to analyse the data, a modified text condensing system according to Malterud and a theoretical frame of movement awareness learning cycle. Result: In this project the Movement awareness learning process applied to; Expectations and outcome; Group relating factors and The Future. Out of the results a new view of the Movement awareness learning cycle was configured. Conclusion: In this project the Movement awareness learning cycle was seen as both an action potential in promoting movement quality and from a patient oriented view a way of deepening the contact with the embodied identity. More research is needed. Implications: The process of movement awareness learning can be used in clinical work both to promote movement quality and as a way of synthesising the BBAT process more beneficially for patients, the guiding physiotherapist and society. The process and experience of completing this research has increased my belief of the high importance of emphasizing health perspectives in mental health Physiotherapeutic interventions; to see the whole person and not only symptoms and diagnosis. I also believe that BBAT has a place as a physiotherapeutic intervention in preventive healthcare.

Keywords: Basic body awareness therapy group, Movement awareness process, Preventive health care
RESEARCH REPORT

A PHENOMENOLOGICAL STUDY OF EXPERT PHYSICAL THERAPISTS PROMOTING MOVEMENT QUALITY IN CLINICAL PRACTICE: THERAPEUTIC FACTORS AND THE MOVEMENT AWARENESS LEARNING CYCLE.

Liv Helvik Skjaerven\textsuperscript{a}, Kristoffersen Kjell\textsuperscript{b}, Gunvor Gard\textsuperscript{c}
\textsuperscript{a}Department of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway. \textsuperscript{b}Faculty of Health and Sport, University of Agder, Norway. \textsuperscript{c}Department of Health Sciences, Lund University, Lund, Sweden

ABSTRACT

Background: In recent years physical therapists have paid greater attention to body awareness. Clinicians have witnessed the benefits of supporting their patients’ learning of movement awareness through promoting of their movement quality.

Objectives: The aim of this study was to investigate how physical therapist experts promote movement quality in their usual clinical settings.

Design: A phenomenological research design was devised. Using specific criteria, 6 lead physical therapists nominated a group of physical therapist experts from the fields of neurology, primary health care, and mental health. Fifteen informants, 5 from each field, agreed to participate.

Method: In-depth interviews were conducted with a semi-structured interview guide. The informants were invited to simply describe what they experienced to be successful therapeutic processes for promoting movement quality. Each interview was audio-taped and transcribed. The data analysis was based on a multistep model.

Result: Three main themes emerged from the data. First, the physical therapists’ embodied presence and movement awareness served as a precondition to and orientation for practice. Second, creating a platform for promoting movement quality revealed implementation of psychological attitudes. Third, action strategies for promoting movement quality suggested a movement awareness learning cycle and components for clinical use.

Conclusion: This study demonstrated specific attitudes and skills used by physical therapist experts to promote movement quality in their clinical practice. These results may serve as a therapeutic framework for promoting movement quality in clinical physical therapy, although further research is needed.

Keywords: Movement quality, Quality of Movement, Movement awareness, Movement Learning, Basic Body Awareness Therapy.

Funding: Bergen University College, Bergen, Norway.
RESEARCH REPORT

RESEARCH ON BASIC BODY AWARENESS THERAPY (BBAT) – AN EXAMPLE

Author: Amanda Lundvik Gyllensten, Department of Health Sciences, Division of Physical Therapy, Lund University, Sweden and different co-authors (this is a synthesis of four different studies)

Purpose. The effectiveness and evidence of BBAT in the short and long term is established for patients with depression, anxiety and personality disorders in psychiatric out-patient care in two randomized and controlled articles. In this research report the results are discussed with the focus on the meaning for the patients by using quotes from two qualitative studies focusing the experiences of BBAT. How can evidence-based practice be translated into meaningful experiences.

Relevance. BBAT is implemented into clinical practice in especially the Nordic countries and the effectiveness for and experienced meaning for the patients receiving BBAT in psychiatric care is of importance

Description. The knowledge gained from a randomized controlled study, investigating short and long-term effects will be compared with some qualitative data from interview studies about the meaning of BBAT for the targeted groups.

Ethical considerations. The Research Ethics Committee of the Medical Faculty of Lund University approved the studies.

Evaluation. The studies have been evaluated and reported. The randomized controlled study is reported in two articles and the qualitative studies are also reported in two articles. This is a mixed methods approach to treatment with BBAT

Conclusions. The BBAT is an effective intervention in psychiatric physical therapy with health promoting implications for the individual and it can also be understood as meaningful and a basis for empowerment and the development of an embodied identity.

Implications. The use of BBAT in psychiatric treatment is both effective and has personal meaning for the patients.

Key words. Basic Body Awareness Therapy, effectiveness, meaning

Funding acknowledgements. The study was funded by Vårdalstiftelsen, Sweden and the Medical Faculty at Lund University, Sweden
THE PATIENT SPECIFIC FUNCTIONAL SCALE – FIT FOR FUNCTION?

Author: Sandra Philip-Rafferty Highly Specialist Physiotherapist – The Eden Unit Royal Cornhill Hospital Aberdeen. Sandra.philiprafferty@nhs.net

Purpose: To highlight how the Patient Specific Functional Scale (PSFS) has been employed by the Highly Specialist Physiotherapist within the Eden Unit to help patients recognise and monitor their improvements on a regular basis as Body Mass Index (BMI) increases.

Relevance: It is frequently recognised that patients suffering from Eating Disorders tend to focus on Body Mass Index (BMI) and do not give consideration to improvements in normal everyday physical and mental function as recovery progresses. In order to help patients to appreciate the importance of function, it is necessary to have a validated tool to which patients can relate.

Description: The PSFS was created and published by Physiotherapist Professor Paul Stratford et al in 1995. In 2009, Gunhild Kjolstad and Marie-Louise Majewski both Physiotherapists at the Region Skanes Eating Disorders Centre – Lund, Sweden successfully piloted the scale in Child and Adolescent Psychiatry as part of their evaluation of the effects of Basic Body Awareness Therapy (BBAT).

The PSFS is an eleven Graded Likert Scale.

Participants: This is a single case study. The patient described is a female patient with a five year history of Anorexia Nervosa. At the time she was an in-patient in the Eden Unit (The first purpose built Eating Disorder Unit covering the North of Scotland).

Method: Following full clinical assessment, the patient was asked to select general Activities of Daily Living including Physiotherapy Treatment and to complete an initial PSFS. This was started at a BMI of 14 once she was allowed out of the wheelchair within the Eden Unit. The PSFS was repeated as BMI increased.

Evaluation: As BMI increased, the patient and the staff in the Multidisciplinary Team were able to see and record an improvement in function. The patient was able to make the connection between the advantages of an increased BMI and improved function. The patient said that she had more confidence to progress with recovery rather than viewing this as an increasing BMI number.

Reflection: Can the PSFS (a) help patients to feel less frightened of recovery? (b) Help to support recovery in a less numerical focussed way? (c) be a tool useful for the whole team as recovery progresses?

As already found by my colleagues in Sweden, the PSFS can be useful in evaluating the outcome of Physiotherapy intervention. I have also found this to be the case but in addition, I would extend this to all activities of daily living including mood and concentration. It allows the patient to rate these functions and to assess progress as BMI increases and recovery progresses. Further research is required to establish the effects on confidence and motivation for recovery. However work to date is positive and the PSFS is used with all patients as part of Physiotherapy assessment in the Eden Unit.

Key Words: Patient Specific Functional Scale, Body Mass Index, Eating Disorders, Function, Recovery
Poster # 2

**PSYCHOMOTOR THERAPY IN THE TREATMENT OF EATING DISORDERS: SYSTEMATIC REVIEW**

**Author(s)**
Milena Adámková Ségard, Bela Hátllová, Michel Probst
Milena.adse@psykolog.be

**Purpose:**
The goal of the present study is to structure and organize the knowledge of past researches on the use of Psychomotor Therapy in the treatment of Eating Disorders.

**Relevance:**
This study summarises information from studies testing body oriented and movement therapy at the clinical population of eating disorders. From the results information can be gleaned for physiotherapy on psychology practice, or for therapy management of hospitalized patients with eating disorders.

**Participants:**
Electronic databases as PsychInfo, EBSCO etc. and some 2000 articles (published since 1970) were researched. Of these 82 articles were analyzed in detail and 41 articles included as relevant.

**Methods:**
The design of the study is the qualitative design of Systematic Review.

**Ethical considerations:**
The study uses the design of Systematic Review, which does not require any special Ethical policy.

**Analysis**
The analysis used in this study is Systematic Review, in its qualitative form of design.

**Results / findings:**
All selected studies were divided into ten groups: Video confrontation; Mirror techniques; Relaxation techniques; Walking, Physical activity, exercise; Expressive therapies (dance, drama, improvisation); Massage; Mindfulness therapy; Combined techniques and Other. Their hierarchy of scientific evidence was found to be very good, the share of studies assessed as attaining upper middle evidence was 59 % of the total number. Results show an effect in Eating attitude, Body, body feeling, Psychological aspects, Physical activity and Laboratory findings.

**Conclusions:**
This research has revealed that movement and body oriented techniques in the treatment of eating disorders was tested and published since 1970. The reviewed techniques are popular therapeutic techniques and they take an important share in the recovery of persons with eating disorders and in their full return to a normal way of life.

**Implications:**
To have tested therapies at one’s disposal is highly important for patients and therapy management alike, to bring about improvement and for future research of the treatments.

**Keywords**
eating disorders, therapy, psychomotor-therapy, body, movement, exercise, body oriented techniques, movement oriented techniques, systematic review

**Funding acknowledgements:**
This study is carried out thanks to granted project GA UK No 2361/2007.
THE RELATIONSHIP BETWEEN ALEXITHYMIA, COGNITIVE DETERIORATION AND CHRONIC ILLNESS IN THE ELDERLY

Author(s): ANTONIA GOMEZ-CONESA, PT, PhD; MARIA VIRGILIA ANTÓN ANTÓN, PT, MSc; DANIEL JESÚS CATALÁN MATAMOROS, PT, PhD.

Department of Physiotherapy, Faculty of Medicine, University of Murcia, Murcia, Spain. Contact information: agomez@um.es

Purpose: To detect the presence of alexithymia and its possible connection to cognitive deterioration and the incidence of diagnosed chronic illnesses within a population of elderly persons.

Relevance: Alexithymia is a personality trait characterized by the difficulty to identify and express emotions. People suffering from alexithymia tend to interpret their emotions as symptoms of physical illness. It is considered a possible premorbid predictor, a maintaining factor of the disorder and prognostic indicator of the therapeutic response.

Participants: 224 elderly over age 65 (average age of 82.6; ranging from 65 to 94 age), 37.3% of which are males living in elderly care homes in Cuenca, Spain, who maintain the cognitive capacity necessary to respond to the interview and who can walk at least five metres with or without assistance.

This study has been supervised by the bioethics committee of the University of Murcia and approved by the local research committee. Before the assessment, informed consent of all participants and the directors committee of the centres were obtained, and all procedures were conducted in compliance with the Declaration of Helsinki.

Methods: A descriptive, analytical, observational and cross-sectional cohort study. An individual clinical interview and review of medical records was conducted to collect socio-demographic, health and chronic diseases data. The alexithymia in the elderly was examined by means of the Toronto Alexithymia Scale (TAS-20), and the cognitive state using the Pfeiffer test.

Analysis: Descriptive analysis of the total sample by sex, age, chronic diseases, cognitive state, and alexithymia were used. In order to test association between variables, the hypothesis test was applied. The significance level was established at 5% in all analyses.

Results: 9 subjects (4%) exhibit alexithymia and 30 (13.4%) demonstrate possible alexithymia. There were no differences found in the subjects’ alexithymia according to their age or sex. There is a statistically significant relationship between alexithymia and the presence of musculoskeletal disease ($p \leq 0.47$) and cognitive status ($p \leq 0.005$).

Conclusions: In this study, alexithymia was found to be related to musculoskeletal diseases and cognitive status. The more deterioration there was, the lesser was the alexithymia.

Implications: To consider the emotional factor in the therapeutic approach of the elderly with cognitive deterioration and musculoskeletal pathology.

Keywords: Alexithymia, Disease, Elderly,

Funding: This study was partially funded by the Health Care Research Centre of the University of Castilla La Mancha, Spain.

Acknowledgements: To the elderly patients and the directors of the elderly care centres that participated in this study.
Poster # 4

EFFECTIVENESS OF FALLS PREVENTION PHYSIOTHERAPY INTERVENTIONS IN PATIENTS WITH ALZHEIMER DISEASE AND COGNITIVE IMPAIRMENT.

Author(s):
Antonia Gomez-Conesa PhD, PT; Daniel Ángel-García MCs, PT; Daniel Jesús Catalán Matamoros PhD, PT.

Department of Physiotherapy, Faculty of Medicine, University of Murcia, Murcia, Spain

Contact information: agomez@um.es

Purpose: To identify and compare the various interventions currently available to physical therapy in order to reduce the falls in people with Alzheimer's, and evaluate their methodological quality.

Relevance: Falls in older people are a serious health problem, with the greatest impact when it comes to patients with Alzheimer Disease (AD). There have been physiotherapy interventions to reduce falls in older people with other types of dementia and cognitive impairment, but their effectiveness is unknown for patients with AD, and if the effectiveness of the intervention varies depending on the cognitive impairment.

Participants: The following criteria for study selection: at least one of the groups consisting of AD or cognitive impairment. Randomized and not randomized clinical trials, quasi-experimental trials, and meta-analysis, intervention and/or control group must consist of at least 5 participants, intervention in falls prevention within the field of physiotherapy, articles written in Spanish, English, Portuguese or Italian. Articles were excluded if the sample refers only to other dementias.

Design: A systematic review has been conducted, through the search in Scopus, MEDLINE, PubMed, IBECS, LILACS, Cochrane, Elsevier, Dialnet, PEDro and Medes, without date limit, and until February 2011.

Analysis: A quality analysis according to the PEDro scale was made, and an analysis of the studies results was made to determine its effectiveness and the differences among the treatments.

Description: 1044 results were found, of which 109 were selected for review. Of these, 32 full articles were analyzed to determine if met all inclusion criteria. Finally, 9 items were considered valid.

Results: Of the 9 articles, 7 are considered of good methodological quality. The 9 studies are controlled clinical trials, 8 of them with random assignment. Four studies included only AD, two only cognitive impairment, one cognitive impairment combined with AD and 2 with and without cognitive impairment. In 8 studies, the results were significant for treatment group, and in the ninth there was no difference. The studies show positive results in reducing falls and improving physical fitness and functionality in AD patients. The interventions are primarily group exercises and staff education in charge of patients.

Conclusions: Exercise and staff education in charge of AD patients can reduce the number of falls. Even so the studies have limitations and require longer interventions, with longer follow-up of the results and with larger samples only with AD.

Implications: Emphasizes the importance of physical therapy programs for the prevention of falls in AD. In addition to reducing falls and injuries and associated fractures, this intervention is also aimed at reducing social costs arising from this health problem.

Keywords: Alzheimer Disease, falls, prevention, cognitive impairment.

Funding acknowledgements: The study was conducted without external financial support.
HAND MASSAGE AS A THERAPEUTIC ACTIVITY FOR PEOPLE WITH DEMENTIA


Purpose: to implement a training program to provide staff with the skill to offer a therapeutic activity for people with advanced dementia. This had to be an activity that could practically be offered in an inpatient setting and would suit people presenting with symptoms of distress or agitation. The activity also aims to reach the people who are not able to engage in other activities due to impaired, vision, mobility or speech. There is evidence to indicate that basic massage techniques to the person’s hands can cause a relaxation effect, can offer tactile stimulation, improve rapport, induce feelings of wellbeing and reduce the use of sedative medication.

Relevance: dementia care mapping has indicated that people with dementia spend much time on wards not engaged in a meaningful and therapeutic activity. Staff surveys have also indicated that staff feel they are not provided with training in the skills to offer activity to people with advanced dementia, especially if they are agitated or distressed. Physiotherapists are qualified to provide massage however, do not have the role or resources to offer ad hoc activity on the wards. Physiotherapists are however, qualified to teach basic massage techniques to staff, if they are not targeting particular ailments.

Ethical considerations: one must consider the course content and the responsibility of the teacher and staff student. Issues of consent should be included.

Evaluation: the program has been running in Derbyshire Healthcare Foundation Trust and has been extremely popular. No repeat dementia care mapping or audit has been completed as the annual block of training is still running. Staff have provided positive feedback that it is a therapeutic activity that they can practically implement since it can be as little as five minutes and can be performed in flexible environments.

Conclusions: this has been a low cost project that has generated much interest. Nursing staff of all grades have found this a useful activity since it does not rely on verbal communication and offers protected therapeutic time.
POSTER PRESENTATION 6-10: Basic Body Awareness Therapy

Poster # 6

CASE REPORT: BASIC BODY AWARENESS IN A TEENAGED GIRL WITH SEVERE ANXIETY DISORDER. OUTCOME AFTER 10 SESSIONS

Author: Gunhild Kjölstad, Region Skånes Åtstörningscentrum, Barn och ungdomar, Psykiatri Skåne, Lund, Sweden. Gunhild.Kjolstad@skane.se, 0046-17 44 06.

Purpose: The purpose was to examine the outcome of treatment with only physiotherapy in a case of severe anxiety disorder with significant physical limitations.

Relevance: As time and resources are often limited, the outcome of a relatively short treatment period of an obvious interest.

Description: This single case report describes the progress of a fifteen year old girl with an anxiety disorder that has developed slowly since she was eleven years old. With increasing anxiety she experienced increased muscle tension especially in the flexion muscles, leading to i.e. walking difficulties. Treatment with Basic Body Awareness Therapy for ten individual sessions was evaluated with balance tests, GAS (Goal Attainment Scale) and observations of movement quality. The patient was instructed to practice BAT at home every day during the treatment period. The patient showed progress in all aspects that was evaluated.

Ethical considerations: The patient and her parents have completed an informed consent.

Evaluation: see 5

Conclusion: A serious disturbance in movement quality with consequences in life quality can be facilitated during a relatively short period.

Implications: For physiotherapy practice.

Keywords: Basic Body Awareness, anxiety, walking disabilities

Funding acknowledgments: The work was unfunded.
EFFECT OF BASIC BODY AWARENESS THERAPY IN A BREAST CANCER WOMEN GROUP.

Author(s): Maite Cenoz Huarte, Liv Helvik Skjærven, Daniel Catalan-Matamoros & Antonia Gomez-Conesa. Contact information: maitecenozhuarte@gmail.com

Purpose: The purpose of this study is to know how breast cancer woman group can benefit from Basic Body Awareness Therapy. Relevance: On this clinical experience, we can observe that psychological and physical problems of breast cancer women were improved thanks to attending BBAT group. And it presents with group therapeutic factors the most determinant for them.

Participants: The group was formed by four prototypical breast cancer women. They were contacted by the association of breast cancer and they freely accepted to get into the project. They had the prototypical profile of breast cancer woman after a surgery and with a little lymph-edema.

Methods: BBAT group was follow to create a safe place were all the personal unity could be get together again. The unity was piece by piece re-established and after united, experienced united again through two experiences to fix it; one in activity and another in passivity, just being. The data were collected through BARS, BAS-Interview and comments (individual interview comments and after session group comments).

Ethical considerations: All patients gave their personal signed confirmation for this experience; all ethical considerations were considered.

Analysis: A mixed method was used, a combination of a qualitative and quantitative method. The results of BARS, Bas-Interview were analysed as group comments and individual interviews comments too to have the best global perspective of how it was for them the experience.

Results / findings: The results show that it was a very positive experience for all members. Physically they gained body movement quality and psychologically they gained force and integrity. Their unity was reestablished again. Universality, group cohesion, existential factors and catharsis were pointed as the most determinant therapeutic factors.

Conclusions: In conclusion, BBAT could be an effective therapeutic tool to breast cancer fast recovery process, but more research is needed to have clinical evidence.

Implications: BBAT could be an economic way to accelerate the recovery process of breast cancer women. Keywords: BBAT, breast cancer, unity.

Funding acknowledgements: None
THE EFFECTS OF BASIC BODY AWARENESS THERAPY FOR SLEEP DISTURBANCE IN UNIVERSITY STUDENTS

Author: Taisei Yamamoto, Isao Nara, Sawori Takeuchi, Seiji Kaganoi
Course of Physical Therapy, Department of Medical Rehabilitation, Faculty of Rehabilitation, Kobe Gakuin University, Arise 518, Ikawadani-Cho, Nishi-Ku, Kobe, 651-2180, Japan. E-mail: taisei@reha.kobegakuin.ac.jp. Tel: 81 78 974 2276

Purpose: The purpose of this study was to clarify the effects of Basic Body Awareness Therapy (B BAT) for sleep disturbance in University students. Sleep is a very important role in maintaining health for most organisms. Decrease of attention and motivation caused by sleep disorder are influenced limitations for physical activity or movement quality in their life.

Relevance: It has been reported around 70’s that B BAT contributes to the maintenance and improvement of mental health. The effects of B BAT is shown previous studies in the field of psychiatry and mental health, but the effects of B BAT for sleep condition in nighttime have not been studied. Participant: The participants for this study were 15 females students, 7 students are complaint of sleep disturbance and 8 are not compliant of sleep disturbance. The subjects were consisted 8 students in grade 2 and 3, and 8 students in grade 4 (final grade). The mean age of participants is 20.8±0.7 years old. Informed consent was obtained from the subjects prior to this study. Method: All participants were assessed sleep questionnaire. Also they were assessed depression and anxiety conditions using State-Trait Anxiety Inventory STAI and Sense of Coherence (SOC) before baseline. All participants received B BAT for three consecutive days in a small group after three consecutive days of baseline. The focus of this study was how changes of sleep state compare with baseline term and B BAT intervention term. Sleep scan was used for complaint of sleep disorders to get a data in nighttime such as "time to sleep", "The number of rolling over", "the rate of deep sleep" and "total point of sleep". Ethics: The design of the study was approved by the Ethics Committee in Kobe Gakuin University, Kobe, Japan. Analysis: The data of sleep questionnaire (N=15) and sleep scan (N=7) were statistically analyzed by paired t-test. The data of STAI and SOC were also statistically analyzed unpaired t-test compare with complaint of sleep disturbance and not complaint of sleep disturbance. Result: Sleep questionnaire VAS data at pre score was 3.43±2.79cm (mean ± SD) and at post score (after B BAT) was 2.72±2.28cm (p=0.13) in "degree of sleep well", and 5.12 ± 3.38cm and at post test (after B BAT) was 3.20 ± 2.75cm (p<0.05) in "degree of refreshed". A significant decrease (became to better) in "degree of refreshed" was shown in this study. Sleep scan data, 1 "time to sleep" at pre test was 22.44 ± 30.03min and at post test was 8.13 ± 5.49min (p<0.05), 2 "the rate of deep sleep" at pre test was 29.80±13.80min and at post test was 38.81±16.06min (p<0.05). Other score or test was not recognized significant difference.

Conclusion: This study shows the effect of B BAT for sleep disturbance. The result also show better sleep states after B BAT. However, a further study will be necessary to provide more support for these results. Implication: The findings of the study indicate the effect of a B BAT as a therapeutic exercise for sleep disturbance. Sleep has an important role to ensure an active life. This study should be considered further develop to contribute for sleep disturbance. Keywords: Basic Body Awareness Therapy, Sleep disturbance, Sleep Scan, Physiotherapy Funding acknowledgements: The study was funded by KAKENHI in Japan.
Poster #9

“ME IN MY BODY” – EXPERIENCE FOR ADULT GROUP THERAPY WITH BODILY SYMPTOMS

Authors: Marko Kuukasjärvi, Hospital district of Helsinki and Uusimaa, PL 590, 00029 HUS, Finland. Phone: 358 – 50 – 4287352. e-mail: marko.kuukasjarvi@hus.fi

Purpose: Body and mind are equal, but many times in psychotherapy try to help clients mind and physiotherapy only bodily symptoms. Many clients on psychotherapy and group psychotherapy has also bodily symptoms. Fall 2010 physiotherapist and group psychotherapist found group for clients with bodily symptoms. Aim of this final project were start new kind form of group therapy in Espoo Church family council center. We also want information how cooperation whit two different professions can help clients. We also want know more about mind and body cooperation. Group get gather ones every week for 10 weeks. We had also one get together group session in winter 2011. In this group we wanted to unify group psychotherapy and physiotherapy of mental health methods. Participants: Participants were six women with family. All women game in this group for different reasons. Methods: This final project were functional study. I collected information observing on group and writing reflection diary. Analysis: This final project were qualitative study. Results / findings: Aim of the group was learn and understand about how body and mind work ass together. In group we find lot of oppositions and many times clients were difficult to talk about their feelings, emotions and bodily sensations. Mostly times clients bring shallow topic on conversations. Confidence in group were build slowly and we should had more confidence exercises. In this group we could not plan exercises advance. We plant next group session in same week. That way we knew what kind of exercise could clients. Clients on this group felt that this sessions were their own time and they learn new aspects about their body. Clients with bodily symptoms had difficult to discuss about their life and symptoms. End of the group many clients started own individual psychotherapy or example yoga where they could learn more about their body. Conclusions: Group psychotherapist and physiotherapist this was new way to work and we felt that this was good way to work and help clients. Trust had important role in our multi professional team work. We think that careful planning that group where important. We were thinking that 10 +1 group session was too short period. Implications: Both therapist learn lot about this group and this form of group can help clients whit bodily symptoms. This kind of group can be transfer different kind of clinical settings. New group started at fall 2001 and we had 12 group sessions and one get together session in winter 2012.

Keywords: psychomotor therapy, physiotherapy of mental health, therapeutic interaction, group therapy, bodily symptoms

Funding acknowledgements: Metropolia, Helsinki Metropolia University of Applied Sciences, The Finnish Association of Psychomotricity
Poster # 10

BBAT AND OCD - A QUALITATIVE STUDY OF HOW BBAT GROUP THERAPY WORKS IN RELATION TO OCD.

Author(s) Michael Gilling Timmermann, physiotherapist. Address: Region Hovedstadens Psykiatri. Psykiatrisk Center København. Psykoterapeutisk Klinik, Team for angst og OCD. Nannasgade 28, 2. sal. 2200 København N. Phone: (0045)35457605. Mail to: Michael.Timmerman@regionh.dk

Purpose: To examine; 1. Does BBAT group therapy provide a reduction in symptoms measured by YBOCS and 2. How do patients perceive their illness and BBAT group therapy in relation to their disease.

Relevance: BBAT is used as group therapy in treatment of patients within psychiatry as a supplement to CBT (cognitive behavioral therapy) and medical treatment. There are no studies that explains how BBAT works in relation to OCD.

Participants: The 3 participants were randomly selected. 2 patients were excluded. 1 because of other significant disorder and the other because he had attended BBAT group sessions shortly before.

Methods: This project is a qualitative study, where 3 semi-structured interviews describes how BBAT group therapy works in relation to OCD and patients’ understanding of the disorder. Treatment occurred once a week for outpatient treatment over 12 weeks. YBOCS score is done before and after group therapy to see if a change in score can be associated with the effect of BBAT.

Ethical considerations: The participants were informed about the project and gave written consent to participate. They could withdraw without any consequences.

Analysis: The analysis method used to the qualitative data is Malterud systematic text condensation. Originally it was planned to make methodological triangulation between YBOCS (quantitative data) and the semi-structured interviews (qualitative data), but this part had to be let out due to poor validity of the YBOCS data. Results / findings: YBOCS score suggests that there is a reduction in symptoms for 2 of the patients, while the latter has a smaller increase. The quality of this measurement is too poor to be used because it has been necessary to estimate the score in 2 of the 6 measurements. The interviews show that 2 patients had good benefit from BBAT over their compulsions, they use the meditative exercises as a tool to get calm. The third patient has had good support from group therapy. All 3 patients have completed treatment with a positive attitude towards treatment.

Conclusions: BBAT group therapy is a good complement to other clinic treatment with cognitive behavioral therapy. Patients have on their own particular used meditation exercises to their compulsions. The fact of the patients' disease severity should be considered for a future treatment to be divided into shorter and longer treatment courses BBAT group therapy. Another consideration is whether the BBAT groups must be mono diagnostic or be mixed with patients with panic disorder, social anxiety and OCD, similar to diagnostic groups in the team. There is a need for more studies to clarify this issue. Implications: The number of patients with anxiety disorders who need treatment is increasing. BBAT could be a good complement. Keywords: BBAT group therapy, OCD, qualitative study.

Funding acknowledgements: There are no funding acknowledgements in this study.
PARALLEL SESSION D

MINDFULNESS AND ACCEPTANCE-BASED REHABILITATION FOR PATIENTS WITH LONG-LASTING AND WIDESPREAD PAIN.

Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden. ACT on Pain, research, education and treatment, Gothenburg, Sweden.
E-mail: graciela.rovner@neuro.gu.se, Tel +46 709 743777, Sahgrenska Academy at Gothenburg University, Per Dubbsgatan 14, 3 vån, SE-413 45 GOTHENBURG, SWEDEN.

PURPOSE: to evaluate two rehabilitation-programs both based on Mindfulness and Contextual-Behavioral theories, implementing Acceptance and Commitment Therapy (ACT) in groups for patients with long-lasting musculoskeletal and widespread pain. One program offered only mindful-physiotherapy (mPT) and the other combined mPT with ACT (mPT+ACT). RELEVANCE: Mindful PT comprised movement training performed with body awareness and finding and enjoyable “quality of movement” to help the patient find their inner motivation and functional way to move and increase physical activity. Acceptance and Commitment Therapy, in this study adapted to the physiotherapeutic field, enhance the acceptance or willingness to have pain while engaging in activities and has shown to be an important factor in determining peoples’ ability to restore functioning. The main focus for this model was not to reduce pain intensity but, with an accepting attitude, increase vitality, meaning, and functional level. The mPT group met twice a week during six weeks in a gym and the mPT+ACT group participated to the same mPT group and in addition underwent ACT therapy: 2 individual assessment by the psychologist and 4 group therapy sessions led by both the physical therapist and the psychologist. METHODS: The design consisted of a pilot-study with repeated measures (mPT+ACT-group: N=6, mPT-group: N= 10) and non-parametrics tests were performed. All participants were referred to a specialty clinic by GPs and have had pain for more than 6 months. Therapeutic effects were registered by measures of anxiety (BAI and HAD), depression (BDI and HAD), pain acceptance (CPAQ), health outcome (EQ-5D) and life quality and satisfaction (SF-36 and LiSat-11). ETHICAL CONSIDERATIONS: All the patients agreed (singed an informed consent) to be part of this project and study, and they got feedback after the study. RESULTS: PT+ACT patients increased their quality of life and function in spite of almost unchanged pain intensity compared with the PT group. CONCLUSIONS: The results of this pilot study suggest that: 1) that ACT can be useful in the rehabilitation of patients with chronic pain, 2) multi-professional and well coordinated ACT-based treatment (i.e. physical therapy together with psychotherapy) might have better effectiveness than just one profession at the time, and 3) despite unchanged pain intensity level, it is possible to increase quality of life for patients with chronic pain, implementing ACT-based physiotherapy models. Randomized controlled studies are needed to empirically evaluate the effectiveness of this approach.

Keywords: Acceptance and Commitment Therapy; Contextual Behavioral Sciences Chronic Pain Quality of Life Mindfulness Multidisciplinary Pain Centers Pain/*psychology/*physical Therapy/ rehabilitation Treatment Outcome
COGNITIVE BEHAVIOURAL THERAPY BASED INTERVENTIONS IN PHYSIOTHERAPY FOR PREVENTION OF CHRONIC DISABILITY IN LOW BACK PAIN: A SYSTEMATIC REVIEW.

Emanuel Brunner (BSc)¹, Philippe Minguet (MSc)³, Amber De Herdt (MSc)²,³, and Michel Probst (PhD)²,³

Background: Psychosocial factors play a key role in the development of chronic disability due to nonspecific low back pain (LBP). Adequate pain management programmes for patients with acute/sub-acute LBP should be based on the biopsychosocial model, including interventions addressed at psychosocial factors. Physiotherapists are required to integrate psychosocial interventions in their routine pain management, in particular for patients at a high risk for developing chronic disability. Cognitive behavioural therapy (CBT) is a promising treatment concept for such a preventive psychosocial intervention. Multiple analyses from different health care disciplines observed the effect of CBT-based interventions for the prevention of chronic disability, whereby several treatment approaches were applied, mostly without theoretical justification of the intervention. Therefore, it needs to be elaborated how the concept of CBT could be integrated in a routine physiotherapy pain management.

Purpose: The primary objective is to identify CBT-based interventions applied for nonspecific, acute/sub-acute LBP. Secondary objective is to summarise and discuss the analysed interventions in regard of the theoretical justification and applicability in physiotherapy practice.

Relevance: Improvements of early psychosocial treatment approaches are urgently needed, since patients developing chronic disability due to LBP are associated with poor rehabilitation outcomes as well as high medical and socioeconomic costs.

Methods: Systematic review with a literature search obtained in four databases, PubMed, EMBASE, PsycINFO and Cochrane Central Register of Controlled trials. Selected are randomized controlled trials published at the earliest in 1992, including participants with nonspecific acute/sub-acute LBP, observed CBT-based interventions and assessed outcomes of symptoms, functional status, well-being or disability. One researcher checked the identified studies for inclusion. Three independent researchers will obtain the assessment of risk of bias and data extraction.

Results: The literature search detected 266 studies. Eight studies were included in the systematic review. Studies were excluded because of the study design (N=122), published before 1992 (N=30), chronic pain (N=60), different pain locations (N=25), participants underwent spinal surgery (N=12), and missing outcomes (N=9). The final results are expected for December 2011.

Implication: The results will support the design of future CBT-based interventions in physiotherapy and broaden the theoretical justification of early psychosocial interventions.

Founding source: The research report is a master thesis at K. U. Leuven, Belgium and did not receive any founding.

Key words: low back pain, cognitive behavioural therapy, physiotherapy

¹Presenting author: Master Student of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Science, K. U. Leuven, Tervuersevest 101 B-3001 Leuven – Heverlee, Belgium; E-mail: emanuel.brunner@student.kuleuven.be
²Departement of Rehabilitation Sciences, Faculty of Kinesiology and Rehabilitation Science, K. U. Leuven, Belgium and ³University Psychiatric Centre- K. U. Leuven, Campus Kortenberg, Leuvensesteenweg 517, B-3070 Kortenberg, Belgium
FATIGUE AND DEPRESSION IN FIBROMYALGIA- TWO SIDES OF THE SAME COIN? IMPLICATIONS TO PHYSIOTHERAPY

Authors: Merja Sallinen, MSc, Satakunta University of Applied Sciences, Maamiehenkatu 10 Pori, Finland

Relevance:
Both fatigue and depression can be seen as core symptoms in chronic widespread pain and fibromyalgia. Earlier research indicates that fatigue experienced by patients with fibromyalgia is substantially different from fatigue experienced by healthy subjects. Tiredness refers to a common short-lived physical experience that in most cases disappears with rest, whereas exhaustion is a long term experience and includes not only work related disability and alterations in endocrine functions but also depressive symptoms. Depression is often characterized with feelings of hopelessness and worthlessness, loss of energy and joy, low mood or sadness and lack of interest in activities.

Purpose:
The purpose of the study was to explore how fatigue and depression were experienced and explained in life stories of women with a long history with fibromyalgia.

Method and participants:
The data was drawn from the narrative interviews of twenty purposively chosen women (age 34-65 years) with a long history with fibromyalgia. In the analysis, ideas of episodic reading and paradigmatic analysis of narratives were used to find recurrent and repeated experiences of fatigue and/or depression from the data. The study design and methods were approved by the ethical committee of Päijät-Häme Central Hospital.

Results:
The experiences of fatigue and depression in fibromyalgia overlapped substantially. Five main themes concerning fatigue emerged from the data: sleepless nights, physical weakness, loss of mental energy, social withdrawal and overwhelming exhaustion. Depression was explained in terms of mood variations, changes in self-perception, body image issues, loneliness and overwhelming exhaustion.

Conclusions:
The narratives of the present study indicate that in fibromyalgia, both fatigue and depression are transient, extreme and intensive experiences, which causes major disability and distress, and which have consequences on every aspect of life. It is also possible that in fibromyalgia, depression, pain and fatigue are so tightly interwoven that they can no longer be perceived as separate experiences but as one entity. Moreover, our results suggest that depression among fibromyalgia patients may be insufficiently recognized and treated and the severity of the symptoms may be underrated or belittled by the professionals. Moreover, they may bias the identity and self-perception of patients with fibromyalgia, which in turn, may have a detrimental impact on their treatment compliance and exercise adherence.

Practical implications:
In physiotherapy we have tools to help these patients by combining exercise therapy with creative movement, body awareness exercises, dance or outdoor activities and thus, to increase elements joy and pleasure in their daily life. However, we must first understand what they are talking about when they talk about fatigue or depression. The study was funded by Finnish Cultural Foundation’s Regional Fund in Satakunta.

Keywords: fibromyalgia, narrative research
EXERCISE PROGRAMS FOR MYOFASCIAL / FIBROMYALGIA PATIENTS

Author: Iris Weverman Reg.Pt,
241 Cortleigh Blvd.Toronto, Ontario,M5N 2P8 Canada
wevermn@sympatico.ca

Purpose: An exercise protocol was developed for Myofascial/Fibromyalgia MPS/FMS patients which would allow them to exercise with little or no pain. The second objective was to have these patients enjoy and want to continue to exercise.

Relevance: Fibromyalgia is a complex and difficult condition to formulate a graded exercise program that allows the patient to want to continue their exercises.

Description: A program was developed that used motivational techniques specifically tailored to the individual patient. Eg. when, how, type of exercises.

Ethical considerations: The chief concept was to individualize their programs to suit their particular strengths and weakness.

Evaluation: Using a Fm assessment tool utilizing the FIQ. Fibromyalgia Impact Questionnaire. We noticed a reduction in their alldynia,...Improved activities of daily living..., increased flexibility..., improved tolerance and improved sleep hygiene.

Conclusion: At the end of the workshop participants will have a working knowledge and handouts to create an exercise program for the above patients. The exercises will include gentle aerobics, stretching, range of motion, posture re-education breathing and muscle conditioning and relaxation techniques.

Keywords: Individualized assessment and treatment, improved activities of daily living, sleep hygiene, motivation skills

Funding acknowledgements: Unfunded
PARALLEL SESSION E

WALKING USED IN NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY

Elisabeth Møyner, Assistant professor
Faculty of Health Science, Oslo and Akershus University College of applied Sciences,
Box 4, St. Olavs plass, 0130 Oslo N407 Norway
Phone +4722452508, Elisabeth.Moyner@hioa.no

Purpose: During my psychomotor physiotherapy (NPMP) practice, I observed that my patients could stand relaxed and with good postural balance at the end of a treatment session, yet walk out from the treatment room in their tense, habitual manner. My aim was to investigate if walking in a more conscious way could be the link in the treatment process to change the body tension patterns, and that the changes could become more permanent characters?

Relevance: It has been claimed as a principle of NPMP that the natural activities like walking and running “will come back by themselves” once the muscle tension relaxes. This opposes my experience from my clinical practice. Dysfunctional movement pattern can also be seen as being deeply interwove in a patient’s movement habits. I found it interesting to investigate if the patients gait would change if they got instructions to walk in a new manner.

Participants: A colleague and one of her patients. 24 patients in my own clinical practice

Methods: I interviewed a colleague with experience in gait instruction within her practice, and one of her patients. The study is based upon these interviews and experiences in gait instruction in my own clinical practice.

Ethical considerations: The practical experiences are anonymous. The two interviewed persons allowed me to use the data.

Analysis: Hermeneutical analysis. The data was analysed from both a biomechanical and a phenomenological perspective.

Results: Some persons could immediately feel that they walked more fluently and with better rhythm and less pain when they followed the instructions. But others found it difficult to change their gait. I found that the instructions of the physiotherapist could interfere by the lived experiences of the patients. By reflection on the meaning of their walking, the patients increased their self-understanding. During this process they got more involved in the treatment.

Conclusions: It is difficult for a physiotherapist to try to change another persons movement only from a biomechanical point of view. It is necessary to include the patients lived experiences.

Implications: Let the patients be involved in the exploring process, rather than giving the patients instructions how to move correctly. To reflect upon the meaning of the movement, enhances the possibility to change the movement habits.

Keywords: gait, lived body, reflection and meaning,

Funding acknowledgements: The work was unfunded.
DEVELOPMENT OF A NEW NORWEGIAN QUESTIONNAIRE FOR MEASURING BODY EXPERIENCE.

Authors
Anne Christine Moller, Specialist psychomotor physiotherapy, the Norwegian Network of Personality –Focused Treatment Programs, Oslo University Hospital.

Purpose:
The Norwegian Network of Personality -Focused Treatment Programs has for a long time indicated the need for a questionnaire which could mirror the aspects of the patients body experience in how this is reflected within patients with personality disorders (PD) Physiotherapists have for some time been employed within the Network, treating PD patients with body awareness therapy.

Relevance
The study is relevant in physiotherapy practice in the matter that body experience can be measured before and after the treatment and then presented for the patients to see any possible changes. It is also interesting in a longer perspective to see if the findings can relate to the patients psychiatric symptoms i.e anxiety or depression.

Description
Based on a factor analysis, 11 scales were constructed which in its content represented various aspects of body experience. The scales showed satisfying psychometric qualities and good individual variation concerning the patient selection. The last version of the questionnaire exist of 64 questions and is called Questionnaire about body experience.

Ethical considerations:
The questionnaire, and the written invitation to the treatment departments and to the patients, and the agreement declaration to the patients, were presented to the Regional Ethic Committee prior to the investigation. There was no objection to the investigation.

Evaluation:
The questionnaire is in use and has been constantly evaluated by the therapists using it. The results from the evaluation this autumn 2011 will be presented on the conference as well as the evaluation of the development of the questionnaire.

Conclusions:
The future work with the questionnaire will look upon how the findings can relate to other clinical aims and its capacity to mirror important changes.

Implications:
The questionnaire is available for use in the clinic. A data program for registration and graphical representation of the results have been developed.

Keywords
Questionnaire Bodyexperience New development.

Funding acknowledgements
The work is unfunded
RESEARCH REPORT - MOTOR PROBLEMS IN CHILDREN WITH ADHD AND CLINICAL EFFECTS OF METHYLPHENIDATE (MPH) AS ASSESSED WITH MFNU

Authors: Thesis Stray LL; Articles: Stray LL, Stray T, Iversen S, Ruud A, Ellertsen B, Tonnessen F.

Liv Larsen Stray, specialist in psychiatric and psychosomatic physiotherapy, PhD. 1,2* Torstein Stray Psychologist, PhD student, 1,2, Synnøve Iversen, Physiotherapist, PhD (dead)3, Anne Ruud, MD 1, Bjørn Ellertsen, Professor 2, Finn Egil Tønnessen, Professor 2

1. Department of Child and Adolescent Health, Sorlandet Hospital, Norway. 2. The reading Centre, Faculty of Education and Arts, University of Stavanger, Norway
*Corresponding author Email address: liv.l.stray@sshf.no Telephone: +4737075022 mobil: 04792861277

Purpose: The purpose of the Thesis (1) was I: To establish to what extent the ‘Motor Function Neurological Assessment’ (MFNU) (2) discriminates between children with ADHD and without ADHD (3). II: To investigate the effect of Methylphenidate (MPH) on motor problems in ADHD (4). III: To investigate to what extent motor problems are present in positive responders to MPH on their core behavioural problems of ADHD, compared to non-responders (5) Relevance: MFNU can be used as part of ADHD assessment.

Participants: I: 25 drug-naive boys, aged 8-12 years, recently diagnosed as ADHD-C/HKD F90.0, and 27 controls (all boys in the same age range). II: 25 drug-naive boys were randomly assigned into two groups within a double blind cross-over design. III: A retrospective study, 73 children diagnosed ADHD, aged 5–17 yrs, who had been assessed with parts of the MFNU and evaluated with regard to effect of MPH. Methods: I: Two assessments with MFNU. The subjects were assessed individually. Videotape was used for rating. II: A double-blind, placebo controlled crossover design was applied, using study capsules with 10 mg MPH or placebo. The children were randomly assigned into two groups. Group A received placebo on day 1, MPH on day 2. Group B received MPH on day 1, placebo on day 2. III: Retrospective data on medicine response, motor performance, gender and age were obtained from children assessed at the Birkeland Resource Centre, Norway. The group was divided into two sub-groups depending on medicine response: Positive medicine responders (MR-group) and Non-responders (NMR-group). Ethical considerations: Approved by the Regional ethical committee for research (REK) and by Norwegian Medicines Control Authority. Analysis: SPSS software was used for Descriptive statistics, Mann-Whitney U-test, Cronbach alpha analysis and Wilcoxon Signed Rank Test for related samples. Results / findings: I: The ADHD-group had significantly more motor problems than the control group p<.0001, Cohen’s d was 1.67. II: A Cohen’s d of 1.27 was found comparing MPH- and baseline trial. Percent of children with ADHD who displayed severe motor problem changed from 76% on baseline to 24% on MPH trial. III: Significantly (p<.0001) more motor problems were found in positive medicine responders on the ADHD symptoms compared to Non-responders. Conclusions: MFNU is a sensitive instrument in the assessment of motor inhibition and high muscle tone. Such problems are present in a very high percentage of children with ADHD. A single dose of MPH yields a significant improvement on motor problems as assessed by MFNU. The results suggest a close relationship between muscular regulation problems and the neurofunctional basis of ADHD, and that MFNU can be used as a predictor clinical MPH response. Further research: We are presently performing a study to investigate the presence of motor problems in adults with ADHD as measured by MFNU. Implications: MFNU can be used by physiotherapists and doctors both in the primary and in the specialist health care. Keywords: ADHD, MFNU, muscles. Funding acknowledgements: We are grateful to Sørlandet Resource Centre, Kristiansand, Norway for support and funding of the study and the Department of Child Psychiatry, Sørlandet Hospital, Norway.
SPECIAL INTEREST REPORT

THE MOTION FACTOR OF FIRMNESS

Author: Randi Bentzen MSc MNFF

Purpose: Being educated in Laban Movement Analysis (LMA) in England, as well as in psychomotor physiotherapy in Norway, I have been concerned with the motion factor of force/firmness in patients’ behaviour, physical movements and emotional states and reactions. I would like to share some of my findings and observations from my clinical practice of women and men with chronic fatigue syndromes.

Relevance: The issue of firmness has become an important part of my daily psychomotor physiotherapy.

Description: In LMA our functional movements consist of the motion factors of Time, Force/Firmness and Direction. But in our daily life there are continual changes in tension and relaxation with emotional reactions. The theory of LMA is a tool in understanding normal (not pathological eg. neither psychiatric nor neurological) reactions, especially when the motion factor of firmness is being replaced by increased control or bindedness.

It is a tool in the psychomotor treatment where relaxation is the aim, but where patients report to lose both a physical and a mental grip when lacking force. Practicing with force gives a vital counterbalance but also a mean to ease their mind by giving understanding of the coherence between physical factors and mental reactions.

Encouraging firmness is also a tool in promoting a more active and less defensive attitude to sickness and pain.

Ethical considerations: All my treatments, observations and reporting are carried out in accordance with the Helsinki Declaration.

Evaluation: The factor of firmness is a tool which causes considerable concern. For some it becomes a mean to relieve pain and reactions, for some it represents anger and can be threatening, and many have great reluctance and feel uneasy or uncomfortable initially. It is an important tool in the dosage of treatment.

Conclusions: The use of firmness seem to have a very positive recuperating effect on fatigue syndromes. Actions with force/firmness as part of the patients’ daily “rituals” seem to reduce the total length of treatment time, and those who practice it seem to obtain better results.

Implications: In physiotherapy.

Keywords: Firmness     Laban Movement Analysis     Psychomotor Treatment

Funding: No funding is received.
PARALLEL SESSION F

SPECIAL INTEREST REPORT

RELAXATION COURSE – HOW TO FIND THE RIGHT INDICATORS FOR EVALUATION?

Authors: Arja Kuivalainen, PT and Taija Liuhto, PT in co-operation with Soila Aaltonen, PT and Leena Slup, PT. City of Helsinki, Health Centre, Department of Psychiatry, Outpatient Services, Physiotherapy and Exercise Services.

Purpose: To study the benefits of the Relaxation Course, to be a self-evaluation and a developing tool. To find out if the indicators are sensitive enough to show any change during nine weeks.

Relevance: Relaxation Courses have been a part of our psychiatric physiotherapy practise for years. On a yearly basis approximately eight to ten courses are held by psychiatric physiotherapists, and about 80-100 psychiatric outpatients undergo this program. Courses consist of nine weekly meetings with a group of approximately 12 patients. The initial idea was to gather up anxiety disorders patients, but the scope was soon broadened to other patient groups in need as well. Course sessions have a psycho-educational touch consisting of theory and skills training such as being “here and now”, progressive relaxation, and studying one’s personal way of being and breathing. Courses have had a good clinical feedback concerning patient cases and their quality of life, sense of coherence and body awareness. The quality of life – questions have gained attention due to the comments and ideas we have received from our patients during and after courses.

Description: This clinical study consists of quantitative measures from questionnaires in the beginning and in the end of the course. The participants were 53 psychiatric outpatients from eight courses between 2010-2011. The first questionnaire includes open questions, VAS line concerning the degree of tension, and multiple choice questions concerning the symptoms of tension and anxiety. RAND-36 questionnaire includes 36 questions concerning the quality of life. In this clinical study we reflected on how sensible the RAND-36, VAS and the quantity of the symptoms are to show changes during nine weeks. The figures are averages on the sample. The change is calculated in percentage.

The Research Permit is permitted by Managing Director of the Health Centre.

Evaluation: Average figures on the group sample are: the degree of tension was decreased on average 22 %, the symptoms of tension and anxiety were eased on average 8 %. The quality of life was improved mostly by decreased role limitations caused by emotional problems (20 %) as well as improved general health perceptions (7 %) and better social functioning (7 %). Open questions haven’t been reported in this study, but are used to documentation in the case history.

Conclusions: The study indicated positive changes on the symptoms and quality of life. This encourages further ideas for studying. The direction and content of these changes of the quality of life will be more exact after a few years of follow-up. More clinical study is needed to see the permanence of the changes in the daily life. Also the effectiveness of the intervention for different patient groups is a part of further interest.

Implications: For physiotherapy practise / management

Keywords: Relaxation Course, Psychiatric Physiotherapy, Quality of life

Funding acknowledgements: -
SPECIAL INTEREST REPORT

A CREATIVE TREATMENT APPROACH FOR A PERSON WITH DISSOCIATIVE
IDENTITY DISORDER (DID): Every Body Matters

Author: Ann Childs MSc MCSP Physiotherapy Lecturer, Division of Physiotherapy
Education, School of Nursing, Midwifery and Physiotherapy, University of Nottingham.

Purpose: This took place as part of physiotherapy clinical practice, working in NHS mental
Health post. At the time, there was no known or evidenced physiotherapy treatment for this
condition either UK or internationally. Relevance: An innovative and creative approach to
DID which has been transferred to other service users experiencing PTSD, dissociation and
self harm Description: Development of communication approaches which do not re-
traumatise and build self efficacy. Manual interventions (traditional physiotherapy and
complementary therapy including Cranio-sacral therapy, acupressure, Acupuncture, Reflex
Therapy, Guided Imagery, Qi Gong) which facilitated self awareness, sensory perception,
propriception, and integration of body-mind experiences. Interventions were adapted to
promote sustainable recovery. Collaborative alliance by working alongside the person’s
personal meaning and experience the relevance of Interdisciplinary working. Balance and
mobility were affected by lack of proprioceptive feedback and anxiety. One of the successful
interventions has been the introduction of a ‘mental health therapy’ dog. Ethical
considerations: The subject has worked alongside me developing healthcare professional
teaching aids for the last 7 years and all presentation materials have evolved will be used
with the subjects' complete agreement. The subject has also published a paper including part
of the case study. Evaluation: The subject evaluated the outcomes by self drawn pictorial
representation. From a clinical/pragmatic perspective the outcomes are functionally positive
and have found to be transferable to other dissociative conditions. A similar presentation
(post) was well evaluated and confirmed as relevant at the holistic Psychotherapy
Conference 2011. Conclusions: Transferable teaching materials have been developed
including a CD of an exact representation of the voices experienced. There are implications
for further research and academic discussion as to how the body and mind re-integrate after
trauma based dissociation, alongside current understanding of interoception. There needs to
be further acknowledgement within clinical practice of the coping responses from past
trauma (often abuse) rather than psychiatric labelling, enabling the therapist to focus on an
individual; being truly person centred. Implications: Another perspective to support mind-
body integration in terms of self awareness, movement and function to further the discussion
of physical therapy intervention. Keywords: dissociation, sensitivity, awareness
Funding acknowledgements: There has been no specific funding. Treatment was carried
out whilst in the Mental Health Physiotherapy Service of Nottinghamshire Healthcare NHS
Trust.

email: ann.childs@nottingham.ac.uk phone: 07787562636 mail address: Ann Childs, 167 Big
Barn Lane, Mansfield, Notts, UK NG18 3LH
A PRELIMINARY STUDY TO CLASSIFY & IDENTIFY GAIT IMPAIRMENTS, IN SEVERE AND ENDURING MENTAL HEALTH SERVICE USERS.


Email: jean.picton-bentley@slam.nhs.uk, Tel: 02032285028, Fax: 02032282702


Professor Ray Tallis, Emeritus Professor of Geriatric Medicine University of Manchester

Linda Beck, Bromley healthcare Community Interest Company limited, Kent, England and Oxleas NHS Foundation Trust, Kent, England

Purpose: To identify the presence of patients with significant movement impairments within mental health physiotherapy services. Relevance: This study will contribute to answering the question of whether there is a specific need for physiotherapy within mental health settings. Participants: This preliminary study used a convenient sample of patients gathered over a 3 month period. Data was collected by 13 physiotherapists who responded to a request made through the membership of the Chartered Physiotherapists in Mental Healthcare (CPMH). All 13 physiotherapists worked within various mental health settings within the UK. A total of 72 service users were identified as having significant movement impairments during this period.

Methods: This was a preliminary study / scoping exercise. A working group was formed of people with a vested interest in mental health and between its members 10 key gait classifications were identified in this specialty (e.g. Parkinsonian gait). This list formed a survey that was distributed amongst the CPMH’s members of which there were 13 respondents. Each respondent physiotherapist collected data on gait pattern variations witnessed over a 3 month period in their particular physiotherapy service (during 2008). They then allocated the pattern to an appropriate category. Uncategorised movement patterns were listed as “other”. Ethical considerations: As no patient identifiable data was collected, ethical approval was not sought. Analysis: Qualitative data was collated via a survey.

Results / findings: 13 respondents completed a survey of service users they encountered within their individual mental health settings. 72 service users were identified as displaying one of 10 key gait abnormalities. Parkinsonian gait was the most prevalent and all 10 categories were identified.

Conclusions: This study identified the existence of significant movement impairments within the UK’s mental health environment. As a preliminary study this work paves the way for a larger trial to not only identify the presence of gait impairments but also to record the prevalence of such problems. Implications: The implications raised by this work are the need for physiotherapy input into mental health and the importance of mental health physiotherapists being aware of gait abnormalities and corrective techniques.

Keywords: Gait Impairments, Physiotherapy, Mental Health

Funding acknowledgements: No funding was received for this work.
THE ACCURACY OF JOINT REPOSITIONING DURING REPLICATION OF WHOLE BODY POSITIONS IN HEALTHY YOUNG ADULTS

Authors  Bev Sarin, Daniella Angotti, Laura Phillips, Kate Thompson, School of Healthcare Studies, Cardiff University, UK. sarinbj@cardiff.ac.uk

Purpose  To identify the accuracy of multijoint repositioning that occurs during the replication of a whole body position by healthy young adults.

Relevance  Proprioceptive awareness of joint positioning enables individuals to maintain an accurate picture of their body’s segmental alignment and position relative to the environment. It is necessary for accurate movement production, skill development and postural control enabling efficient engagement in functional and leisure activities. Identifying how accurate individual joint proprioception is within whole body sensory feedback enables us to provide a baseline of accuracy expectations to judge deviations.

Participants  20 Cardiff University students (18-35 years) consented to participate in this unfunded BSc Physiotherapy study. Exclusion criteria: history of head injury, joint injuries, balance or proprioceptive dysfunction. Ethical approval gained through Cardiff University.

Methods  An Experimental same-subject repeated measures design used digital video recording of positioning/repositioning of a whole body movement using SiliconCOACH video analysis software. Measurement targets were marked for shoulder, hip, knee and ankle joints. Participants performed a basic squat position, stood up, then replicated the 1st squat. Eyes were closed to eliminate visual cues and squat position was based on standardised instructions. The squat cycle was measured 3 times in total.

Analysis  Joint angles were measured for each squat cycle for the 4 joints. The differences between 1st and 2nd squat angles were calculated as the ‘Joint Repositioning Error’ (JRE) in degrees of joint range as a measurement of proprioceptive accuracy. The mean, standard deviations and range, Analysis of Variance (ANOVA) for repeated measures and Standard Error of Measurements (SEM) were calculated.

Results  JRE means, standard deviations (SD) and ranges in degrees were: Shoulder 2.622 (SD 1.056) 0.0-8.67; Hip 2.456 (SD 1.15) 0.0-9.67; Knee 2.456 (SD 1.15) 0.0-10.67; Ankle 2.183 (SD 1.15) 0.0-8.33. ANOVAs were non-significant. SEM (degrees) were: Shoulder 1.77; Hip 2.05; Knee 1.89; Ankle 1.81.

Conclusions/Implications  Healthy young adults are able to reproduce specific joint positions within whole body repositioning to within a few degrees. JRE variability within this cohort ranged from 0.0-10.67 degrees across the 4 joints, however means remain relatively low. Potential sources of errors were investigated. Tester/instrumental errors were eliminated by use of instrumentation with confirmed reliability for single rater assessment and protocol standardisation; ANOVAs showed there were no significant differences between the repeated measurements taken; and normal variability within the population was identified as between 1.77-2.05 degrees across the joints. Clinical acceptability of the degree of JRE should be judged against specific joint function and the accuracy needs of the task being undertaken. Further investigation using JRE could identify changes in proprioceptive accuracy due to age, mental health conditions, side-effects of medication as well as treatment intervention.

Keywords  Proprioception, Joint Repositioning Error.
Patients with eating disorders experience have an intense fear of gaining weight and present a negative body experience and a disturbed body perception (weight, circumference and form). 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.

The goal of this workshop is to present practical guidelines for physiotherapeutic management in eating disorder. This guidelines are based on the research literature and on more than 30 years of clinical and scientific experience in this field at the University Psychiatric Center - KULEuven, campus Kortenberg (Belgium).

The cornerstones for a physiotherapy approach in children, adolescents and adults will be proposed. A description of the possible goals/objectives such as reconstructing a realistic self-concept, curbing hyperactivity, learning how to enjoy the body will be discussed. Different therapeutic interventions aimed at improving the body experience in patients with eating disorders through the use of physiotherapy will be introduced. Attention will surely be paid to particular therapeutic techniques such as relaxation training (e.g. mindfulness, yoga, …), breathing exercises, physical activities, sensory awareness and self-perception (mirror exercises, body awareness, …), all of which are used in physiotherapy. Practical skills will be learned and therapeutic procedures will be discussed.

At the end two questions will be elaborated: “What kind of assessment can be used by physiotherapist working with eating disorders?” and “Do patients with eating disorders benefit from physiotherapy?”

The goals of the workshop
- To give a review of the literature concerning physiotherapy in eating disorders
- To propose and to experience “adapted physiotherapeutic exercises” based on our clinical experience
- To analyse the research data in regard of body experience and excessive exercise
- To discuss the pros and the cons, the therapeutic and practical implications

Key words: eating disorders, body experience, excessive exercise, physiotherapy, psychomotor therapy,
Workshop II

SPECIAL INTEREST REPORT

NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP),

A CLINICAL PRESENTATION

Author/Responsible lecturer: Gudrun Øvreberg, specialist NPMP, private practice, Harstad, Norway. Gudrun Øvreberg (1936–) is one of Norway’s leading psychomotor physiotherapists. The founder of NPMP, Aadel Bülow-Hansen, (1906-2001) coached Øvreberg from 1961 and onwards and the two co-operated throughout Bülow-Hansen’s life. As well as teaching and supervising she has been working clinically throughout her whole career. And she still is. Øvreberg has documented practice in the field of NPMP by producing a number of seminal DVDs, showing among other things: examination procedures, movements, individual tests and treatment. She has documented her work in the tradition of NPMP in textbooks and separate articles.

E-mail: gudrun@ovreberg.com  Mob: +47 901 82 878

Contributors: Berit Ianssen, specialist NPMP, private practice, Levanger, Norway
E-mail: berit.ianssen@ntebb.no Mob:+47 402 42 031

Alette Ottesen, specialist NPMP, private practice, Master of mental health care, Lillehammer, Norway E-mail: aletteo@hotmail.com  Mob: +47 477 57 258

Purpose: The lecture summarizes a clinical presentation of NPMP - how to examine/test and understand the interplay of the patient’s respiration, posture, muscular tension and movement.

Relevance: NPMP has a long tradition in Norway and is today a university based, well-founded and documented physiotherapy education. Our aim is to share some of this knowledge with colleagues outside Scandinavia.

Description: Gudrun Øvreberg will present a live demonstration of a body examination founded on NPMP principles. She will comment during the examination process in a way that lets the audience easily follow, and learn from the procedures and techniques demonstrated.

Ethical considerations: No ethical obstacles.

Implications: NPMP is a Norwegian well founded tradition in physiotherapy with an understanding in the field of physical and mental health. During the session the physiotherapist observes alterations of the individual patient’s breath, of stiffness and slackness in the musculoskeletal system, of qualities of movements related to gravity and grounding in sitting, standing and supine positions. This demands continuous adjustment according to the individual patient’s reactions rather than executing a strict methodical approach. Crucial points in NPMP are to develop the patient’s body awareness, as well as aiming to increase self-regulation in coping with the demands of individual daily living.

Keywords: Norwegian Psychomotor Physiotherapy (NPMP), body awareness, self-regulation.

Funding acknowledgements: None
Workshop III

SPECIAL INTEREST REPORT

MOVEMENT, QUALITY AND AWARENESS, FOUND ON NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) – A MOVEMENT SESSION

Authors:
Berit Ianssen, specialist NPMP, private practice, Levanger, Norway. E-mail: berit.ianssen@ntebb.no Mob: +47 402 42 031
Alette Ottesen, Master of mental health care, specialist NPMP, private practice, Lillehammer, Norway. E-mail: aletteo@hotmail.com Mob: +47 477 57 258

Background and purpose: Gudrun Øvreberg (1936- ) is one of Norway’s leading psychomotor physiotherapists. The founder of NPMP, Aadel Bülow-Hansen (1936-2001), coached Øvreberg from 1961 and onwards, and the two co-operated throughout Bülow-Hansen’s life. Øvreberg developed NPMP to include movements in groups. Ianssen and Ottesen represent the next generation supervised by and co-operating with Øvreberg. Since the 1980ies they have dealt with NPMP in groups as well as in individual treatment sessions. They both supervise students, and arrange courses/seminars under the administration of the Norwegian Physiotherapist Association, teaching movements, quality and awareness, founded on NPMP principles.
This movement session aims to present movements founded on NPMP principles. By being introduced to different kinds of movements, the participants are allowed to learn by own experience about movement, quality and awareness.

Relevance: NPMP, presented here in groups focusing on quality and awareness of movements, has a long tradition in Norway. NPMP is today a university based, well-founded and documented physiotherapy education. Our aim is to let colleagues outside Scandinavia experience some of this knowledge.

Description: Ianssen and Ottesen will present a movement session founded on NPMP-principles. During this movement session the audience can explore their breath, their stiffness and slackness in the musculoskeletal system and qualities of movements related to gravity and grounding in standing, sitting, and supine positions.

Implications: NPMP is a Norwegian well-founded tradition in physiotherapy with an understanding in the field of physical and mental health. NPMP in groups focuses on qualities of movement, body awareness and self-regulation, in coping with the demands of well-being and daily living.

Ethical considerations: No ethical obstacles.

Keywords: Norwegian Psychomotor Physiotherapy (NPMP) - movement - body awareness

Funding acknowledgements: None
Workshop IV

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 Eckuddsgatan 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 V

A WORKSHOP IN TAI CHI CHUAN–MOVEMENTS FOR INNER AND OUTER HARMONY AND HEALTH, TAI CHI FOR ARTHRITIS.

Authors: Amanda Lundvik Gyllensten, Lund University, Dept. of Health Sciences, Div.Physiot., 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 physiotherapy and in healthcare there is today an increasing need to find methods that emphasize awareness of the whole and to see man as one unit. Separation of body and mind creates problems within man such as tension and pain, organic disorders, psychological problems but also in relations and social situations. Tai chi chuan is one such method. Tai chi chuan has its roots in Chinese philosophy and eastern medicine where it is natural to see man as one unit kept together by Qi or life force. The aim of this workshop is to get an experience of Tai chi chuan. In this workshop we will work with the Sun-style and especially the shortform TCA, Tai chi for Arthritis, and some preparatory exercises to warm up the joints.

Description: There are many styles in Tai chi chuan but they all share common principles. To understand Tai chi chuan it is important to know a little about the principles of Tai chi. Chuan means fist and Tai chi chuan expresses through the body the principles of Tai chi. According to old Chinese Philosophy Tai chi stands for “the supreme ultimate” and the two forces Yin and Yang. These forces complement each other in a harmonious way and they rule the whole universe including man. They are different in character but play together and build one inseparable unit. In all living things there is a dynamic continuous change between Yin and Yang and to follow these changes in a natural way gives the best conditions for a life in harmony and health.

Tai chi chuan is a set of movements done slowly and continuous like water flowing in a river. It is important to keep the body upright to improve flow of Qi, to perform the set of movements in a relaxed yet focused way. Your mind should be kept quiet and calm. Tai chi chuan is also an art of self-defence and done with a partner this helps you find out how to handle different relational situations.

Relevance: 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 and flexibility. This is very important especially when you are getting older in order to prevent falling. You work with full awareness of yourself with a quiet mind and this helps you develop inner harmony. TCA has been thoroughly evaluated in several scientific studies and shown effective in falls prevention and to decrease depression and anxiety.

Keywords: Tai chi for Arthritis, health and harmony, safe movements-body/mind unity.

Funding acknowledgement: no funding
Workshop VI

MINDFULNESS AND ACCEPTANCE-BASED PHYSIOTHERAPY. A BEHAVIORAL APPROACH TO CHRONIC PAIN.

Author: Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden
E-mail: graciela.rovner@neuro.gu.se, Tel +46 709 743777, Sahlgrenska Academy at Gothenburg University, Per Dubbsgatan 14, 3 floor, SE-413 45 GOTHENBURG, SWEDEN.

Purpose: Acceptance and Commitment Therapy (ACT) is one of the latest developments within behavioral medicine for chronic pain conditions (after CBT). Pain acceptance has demonstrated to be a good predictor of pain intensity, disability, physical and vocational functioning as well as mental well-being.

Relevance: Acceptance, seen as a mindful and functional coping strategy, is correlated with decrease in disability, pain intensity, psychological distress and higher threshold and tolerance when pain was experimentally induced. The acceptance or willingness to have pain while engaging in valued activities has shown to be an important factor in determining peoples' ability to restore functioning and therefore has a predictive value in rehabilitation.

Description: This is an experiential workshop, where we will understand how the therapeutic processes in ACT work (such as mindfulness) and how to implement those into physiotherapy.

Ethical considerations: This is an experiential workshop where no private disclosures or sharing of therapeutical material are required.

Implications: It is recommended to presence Graciela’s presentation (see the program) in order to have good insight of the scientific evidence of ACT in the rehabilitation with patients suffering of chronic pain and other mental health conditions in the field or physiotherapy.

Keywords: Acceptance & Mindfulness-based physiotherapy. Behavioral physiotherapy.

Funding acknowledgements: this work (and its development) was partly founded by an EU-social founding, and this very presentation is founded by the Swedish Association of Physiotherapy.
Workshop VII

WORKSHOP: CLINICAL REASONING BASED ON THE HOAC (HYPOTHESIS ORIENTED ALGORITHM FOR CLINICIANS II) PART 1: ANXIETY.

Name of presenter: Mayke Kummer
Contact details:
Paramedisch Advies Centrum Aalsmeer (depending on funding: Hogeschool van Utrecht)
Amsterdam, The Netherlands   Email: maykekummer@paca.nu
Work phone: 0031-297-325976
This workshop will be presented in two (2) parts, the first (1) on Thursday, the second (2) on Friday.

Contents:
• Short introduction of the HOAC (hypothesis oriented algorithm for clinicians II) PART 1.
• I will present a hypothetical case of a patient suffering from anxiety and lead the participants through the HOAC PART 1 step by step, thus providing them with an example that can be used to facilitate their clinical reasoning in everyday practice.
• I will use a PowerPoint presentation. Every step will be discussed in groups.

Relevance: The purpose of this workshop is to introduce the HOAC, which is designed to aid physical therapists in clinical decision making and patient management. It consists of two parts. The first part, which will be used in the workshop, is a sequential guide to evaluation and treatment planning. The HOAC requires therapists to state hypotheses about why the problems exist and to generate criteria that can be used to test the hypotheses. The benefits of the HOAC are that therapists must clearly state problems in a consistent manner, generate and list hypotheses and test criteria, develop treatment strategies and methods based solely on the hypotheses, and systematically review treatment. The rationale for treatment is identified clearly in the algorithm, facilitating the identification of inappropriate treatments (ie, those not related to the hypotheses). In addition, the branching program is used to identify where in the treatment process failures may be occurring and when a therapist needs to make a referral or seek assistance from a colleague.

Additional information: Duration: 2 hrs
Funding: none
Statement concerning use of ethical considerations: the case that will be presented will be purely hypothetical.
Friday, February 10, 2012
Friday, February 10, 2012
Plenary Sessions 4 - 5

4. DISTURBED BODILY EXPERIENCES IN PATIENTS WITH FIRST-EPIISODE SCHIZOPHRENIA – IMPLICATIONS FOR PHYSICAL THERAPY

Author(s): Lene Nyboe

¹Aarhus University Hospital, Centre of Psychiatric Research, Skovagervej 2, 8240 Risskov, DK Tel +45 7847 1581 mailto: lene.nyboe@ps.rm.dk

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 Region of Midtjylland (Denmark) having an ICD-10 diagnosis of first –episode schizophrenia (18-40 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, cenespheric 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 Region Midtjylland, Denmark.

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

Results / findings: The prevalence of disturbed bodily experiences is prevalent in 75% patients with of first-episode schizophrenia. The study’s qualitative data on disturbed bodily experiences in these patients will be presented and the possible implications for physical therapy will be discussed.

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

Implications: The relevance of physical therapy comprising body awareness therapy and sensory-motor training in relation to disturbed bodily experiences in patients with first-episode schizophrenia will be elaborated and discussed. Keywords: Disturbed bodily experiences, schizophrenia. Funding acknowledgements: The study has so far been funded by The Danish Physiotherapy Association and The Psychiatric Research Fund in The Region of Midjylland.
5. TOUCHED IN SENSATION – MOVED BY RESPIRATION.
Embodied narrative identity – a treatment process

Authors:
Randi Sviland, PhD Candidate, Physiotherapy Research Group, Department of Public Health and Primary Health Care, University of Bergen. Phone 47 55586187. Mail: randi.sviland@isf.uib.no.
Kari Martinsen, Professor Harstad University College and Haraldsplass Deaconess University College, Bergen.
Målfrid Råheim, Professor, Physiotherapy Research Group, Department of Public Health and Primary Health Care, University of Bergen and Department of Health and Care Sciences, University of Tromsø.

Purpose: The aim is to contribute to a deeper understanding of core dimensions of change in long-term treatment processes in Norwegian Psychomotor Physiotherapy (NPMP) for patients suffering from musculoskeletal and psychosomatic conditions. The purpose is also to further develop theoretical underpinnings of this treatment approach.

Relevance: To elaborate on the theoretical foundation is relevant in order to make this physiotherapy practice more explicit, and may thus help communication, promotion and further development.

Participants: The study is based on a 10 yearlong treatment of one woman receiving NPMP. She suffered from severe tension, muscular pain, depression, anxiety and anorexia. Her treatment experience evolved into a story offering rich material on several phenomena at stake in NPMP, presenting a valuable source for analysis.

Methods: Based on narrative methodology the journal notes from the treatment process, written by her physiotherapist and researcher of this study, were developed into a narrative which served as raw material for the analysis.

Ethical considerations: A written informed consent was signed by the patient.

Analysis: A narrative approach was applied to this particular patent's experiences of the NPMP method. The theoretical perspective of the analysis is based on Braatøy's understanding of muscular functions, Løgstrup's phenomenology of sensation and Ricouer's narrative theory.

Results / findings: This analysis suggests that several muscular functions and sensation involve time in a narrative sense, and that changes in movement patterns may contribute to new experience in movement and sensation which may bring about restructuring of narrative time for the patient. NPMP can be seen to feed the fictional space and narrative fantasy with new experience in sensation thus help to support development of embodied narrative identity and also counteract delusional ideas.

Conclusions: With this study we argue that a narrative perspective may illuminate muscular functions as action in relation to context and time, and memory as both embodied resonance and repetitive action. Treating muscular and sensory aspects of embodied experience and memory, NPMP may contribute to new apprehension of the past and hope for future possibilities.

Implications: Limited to the experience of one patient this study suggests that a narrative perspective may be valuable to pursue in further exploration of NPMP.

Keywords: Sensation, movement, narrative identity

Funding acknowledgements: The Norwegian Fund for Post-graduate Training in Physiotherapy supported the study.
"A SETTLING EFFECT AT A DIFFICULT TIME OF THE DAY?" SHORT TERM EFFECTS OF TAI CHI FOR PEOPLE WITH DEMENTIA

**Author(s)** Rachael Beever, Susan Gee, Matthew Croucher, Gillian Bastion, and Nathan van Rij
Presenting author: Rachael Beever, Physiotherapist – rachael.beever@cdhb.govt.nz, Fax +6433378671
The Princess Margaret Hospital, Private Bag 4710, Christchurch, New Zealand

**Purpose:** This study evaluated the short-term effect of Tai Chi on behavioural disturbance amongst people with dementia.

**Relevance:** Challenging behaviours, especially agitation and aggression, are a common and significant problem for older people with dementia and their carers. There are few studies of the effect of physical activity on behavioural disturbance amongst people with dementia, despite increasing recognition of the potential advantages of nonpharmacological approaches. Tai Chi may be particularly beneficial as it is relaxing, purposeful, and socially engaging. The present study was, to our knowledge, the first to evaluate the effect of Tai Chi on behavioural disturbance amongst people with dementia.

**Participants:** Participants were 26 individuals with dementia with behavioural disturbances who participated in Tai Chi in an inpatient psychogeriatric ward.

**Methods:** We surveyed staff to gauge their perceptions of the Tai Chi sessions. We then conducted a randomised, controlled alternating-treatments study, comparing Tai Chi to two control conditions (standard care, music) for the same time of the day. An observer blind to condition rated agitation and affect for individual patients. In addition, the use of p.r.n. psychotropic medication and incidences of physical restraint was collated.

**Ethical considerations:** This study was approved by the Ministry of Health's Upper South A Regional Ethics Committee.

**Analysis:** Nonparametric Wilcoxon signed-rank tests were used to test the difference between the Tai Chi condition and each of the two control conditions.

**Results / findings:** Staff made positive comments about a settling effect of Tai Chi in surveys. There was slightly but significantly less use of p.r.n. medication and physical restraint (combined total) on days that people participated in Tai Chi compared to days they had received standard care alone. However the frequency of agitated behaviour or positive emotions was low overall in the brief observations and did not differ between Tai Chi and control days.

**Conclusions:** The results of the study were not conclusive, but suggest that Tai Chi may be a potentially valuable addition to dementia-care environments. Further research is recommended to establish whether a reduction in behavioural disturbance amongst older people with dementia can be added to the list of documented beneficial effects of Tai Chi.

**Implications:** The present study reinforces the feasibility of Tai Chi with individuals with cognitive impairment, and highlights the potential for physiotherapists to take a proactive role in addressing behavioural disturbance, helping to reduce the use of medication and restraint. **Keywords:** Tai Chi, older adults, dementia

**Funding acknowledgements:** This research was supported by the Canterbury Health Care of the Elderly Education Trust and the Alzheimer's New Zealand Charitable Trust.
The prevalence of falls in the United Kingdom is high with 1 in 3 people aged over 65, and 1 in 2 people over the age of 85 falling each year. The potential for older people to fall is exacerbated by mental health problems, such as impaired mental status, depression, dementia, and treatment with psychotropic medication. As such, the National Patient Safety Agency has recommended that NHS organisations understand and acknowledge the high risk of falls in older people using mental health services and use local reports of falls to target and assess their fall prevention strategies.

This study, funded by NIHR Research for Patient Benefit will:
- evaluate how fall prevention and management are understood and experienced, in inpatient mental health settings providing care for older people.
- analyse current local NHS Trust and national falls policy and guidelines specific to mental health settings.
- develop local policy, practice guidelines and patient and carer information.

This presentation outlines an analysis which is underway to explore the policy guidance issued by NHS Mental Health Trusts in England and Health Boards in Wales to support practitioners in preventing falls.

We will present an analysis of national falls policy and guidelines, aligned with corresponding documents from all Mental Health Trusts (n=56) in England and Wales which will be collated and analysed to enable extrapolation of factual information on how Trusts interpret and implement the evidence-base. Comparison between the Trusts will also be presented. The poster will also include data collected detailing specific processes that Trusts have implemented to reduce falls incidence. We will also present a 'content analysis', to identify specific themes or concepts 'tested' and 'defined' within and between the different documentation. This poster presents research in progress.
SPECIAL INTEREST REPORT

A COMMUNITY-BASED EXERCISE GROUP FOR OLDER PEOPLE LIVING WITH A MENTAL HEALTH ILLNESS TO PROMOTE PHYSICAL ACTIVITY AND SELF-MANAGEMENT

Jackie Hodge  
Senior Physiotherapist, Day Services for Older Adult Mental Health  
Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF  
Tel: (0131) 537 6367  
Email: jackie.hodge@nhslothian.scot.nhs.uk

Purpose:-  
To provide an opportunity for older people with a mental health illness to experience the positive effect of exercise in a community-based environment, in order to improve fitness; reduce long term risk of falls and help maintain/improve mental health and wellbeing. At the end of the programme, individuals were then supported in accessing and attending ‘main-stream’ community exercise groups.

Relevance:-  
Research states this patient group significantly benefits from taking regular exercise to help reduce risk of falling, increase confidence, encourage social inclusion and maintain independence at home by promoting self-management. However, clinical experience has shown that patients rarely access ‘main-stream’ community exercise groups due to low confidence, poor physical functioning and anxiety. This evidence based programme was designed to bridge the gap in service and provide a time-limited community-based exercise group to improve physical fitness and increase the uptake of main stream community exercise groups for these patients.

Description:-  
12 week exercise group incorporating resistance, aerobic and balance exercises and Tai Chi. Home exercises including strengthening and walking three times a week. At the end of the programme, participants met individually and suitable follow-on mainstream community exercise groups discussed with initial support provided in attending the groups.

Ethical considerations:-  
Patients were invited to attend the group and free to leave the programme at any time.

Evaluation:-  
Pre-post comparison of physical activity levels  
Confbal Scale  
Berg Balance Scale  
Evaluation form

Conclusions:-  
Attendance/completion rate high with the majority of participants moving on to main-stream exercise groups. Outcome measures show improved confidence, balance and physical activity levels.

Implications:-  
This self-management model enables older people with mental health problems to receive increased support in improving their physical fitness/confidence to then be able to access main-stream exercise groups and maintain a level of independence and social inclusion.

Keywords:-  
Exercise, Self Management, Mental Health

Funding Acknowledgements:- There was no additional funding for this work.
MOVEMENT AND MUSIC CLASSES IN INSTITUCIONALIZED PERSONS WITH CHRONIC MENTAL ILLNESS

Author(s): Marisa Rebele, Portugal

Purpose: The main objective is to present a program tailored for institutionalized persons with chronic mental illness in order to promote their physical well-being and mental health through a holistic approach, based on the clinical practice of a physiotherapist. As secondary objectives are: promoting quality of movement; improve sense of body integration, promote social interaction and reduce institutional behaviours.

Relevance: With this work we wish to contribute to the development of the profession in the field of psychiatry and mental health.

Description: Established a program for 12 people, aged between 50 and 78 years. This is a group with a diagnosis of schizophrenia and bipolar disorder. They are characterized by gait independence and the full or partial independence in activities of daily living. The main problems of these people are balance changes and the notion of body, changes in muscle tone, changes in posture and gait pattern, and changes in cognition. Each session lasted 50 minutes, twice a week. The class was structured in five stages: 1. Conducting of a therapeutic play, using the guidance therapy to reality 2. Exercise of global mobility 3. Practice of relaxation and awareness of the body schema, with a music with sounds of nature. A rhythmic song comes a long and time is marked with the extremities off the body and the use off an musical instrument 4. Moment of free interaction, with singing of popular songs to the sound of the string guitar 5. In this last phase of a return to calm, the individuals could share their feelings and emotions over the activities undertaken.

Ethical considerations: Informed consent was obtained from the technical direction of the institution and the people involved and were explained all procedures.

Evaluation: During the sessions people presented themselves motivated, with increasing involvement and attendance with visible improvement of group interaction.

Conclusions: This holistic approach suggests a beneficial effect in: body awareness, quality of movement and reduction of institutional behaviours. In future work, should be carried out a randomized clinical trial to assess the specific effects of this type of holistic approach.

Implications: We intend to promote and consolidate the important work of physiotherapist in a multidisciplinary team.

keywords: music; movement; wellbeing

Funding acknowledgements: Physiotherapists are commonly thought of as being rehabilitators of the body rather than the mind. Individuals with serious mental illness are more likely to be sedentary than the general population (Brown 1999; Davidson, 2001). When institutionalized schizophrenic patients are compared with noninstitutionalized schizophrenics, they show a progressive disability (Wiersma et al., 2000). The music is a bond to express ourselves physically and emotionally. Has great influence on self-esteem. Instrumental music activates a large bilateral neural network, such attention or memory (Sacks, 2007).
PARALLEL SESSION H

SPECIAL INTEREST REPORT
EVIDENCE BASE PRACTICE: HOAC II A SOLUTION IN EDUCATION?

Author: Mr. Rutger IJntema MBA, Pt, Coördinator Master Physical Therapy in Mental Health, University of Applied Sciences Utrecht, The Netherlands phone: 0031-088-4815124  e-mail: rutger.ijntema@hu.nl

Purpose: The master program physical therapy and mental health at the University of Applied Sciences Utrecht has adapted the HOAC II algorithm for clinical reasoning (including ICF coding) in complex cases since September 2009. The HOAC II is integrated in clinical practical lessons. Students evaluate these lessons with high rates. A discussion needs to be started about implementation of the HOAC II in physical therapy in mental health education programmes within Europe.

Relevance: The Physical therapy in mental health practice on master level aims at high complexity treatment in a multi professional setting. The need of the patient and the complexity of making the right use of available professionals, forces physical therapist to be clear in what problems they can handle and what problems need to be referred towards other professionals. The HOAC II provides a clear structure to act professionally as a physical therapist in mental health in a multi professional setting. Complex cases can be brought back to the essence. Clinical expertise, evidence and patient needs can be integrated (evidence based practice), resulting in a clear intervention and evaluation plan.


Evaluation: Evaluation is on 2 levels.1. Teachers report that with the HOAC II it is much easier to evaluate students' education products because of its clear structure and ICF language. 2. Students evaluate clinical lessons much higher since the HOAC II was introduced in the master program.

Conclusions: There is no final conclusion, but the presenter wants to start a discussion about integrating the HOAC II (including ICF coding) as a tool voor evidence based practice, in (master) education programs physical therapy in mental health within Europe.

Implications: For physiotherapy practice/ management/ education/ policy.

Funding acknowledgements: Unfunded. The author works for the master physical therapy at the University of Applied sciences Utrecht.

Keywords: HOAC II, education, implementation
PHYSIOTHERAPY STUDENTS´ SELF-EXPERIENCES OF MOVEMENT QUALITY AFTER AN ELECTIVE COURSE WITH BASIC BODY AWARENESS THERAPY AT THE BACHELOR DEGREE PROGRAM IN PHYSIOTHERAPY

Author: Sirpa Ahola, PT, M.Sc, Senior Lecturer, Helsinki Metropolia of Applied Sciences, Welfare and Human Functioning, Helsinki, Finland. sirpa.ahola@metropolia.fi Final Project BAM 2011.
Tutor: Liv Helvik Skjaerven, Associate Professor, Basic Body Awareness Methodology, Department of Physiotherapy, Faculty of Health and Social Sciences, Bergen University College, Bergen, Norway.

Purpose: The aim of this project was to describe physiotherapy students´ self-experiences of movement quality according to Basic Body Awareness Therapy (B BAT) principles after the nine week elective course at the bachelor degree program in physiotherapy.

Relevance: Physiotherapists are mostly educated to focus on physical training and they are mostly trained to attend to certain bodily aspects focusing on the particularity of separate joints and limbs. Educational approaches that involve learning through "being in" movement quality aspects have been remained outside the mainstream of teaching in physiotherapy. According to Skjaerven et al. (2010) the physiotherapist’s own movement awareness was considered a precondition for observing, understanding and promoting patients´ movement quality.

Participants: The elective course with B BAT was made as a pilot study. The course was one of the elective studies which students were free to choose. All participants were invited for a focus-group interview. Six PT students were freely signed in to participate after the elective course with B BAT. They were 20-28 years old, five of students were female and one was male. The elective course consisted of nine half-day sessions (27 hours), once a week. In this elective course the practical focus was daily life movements as lying, sitting, standing, walking movements focusing on self-experience and exploration of more functional and economical ways of moving. Movement and massage practice in group were used. After each movement practice session experiences were shared.

Methods: The data collection was done through the focus-group interview and were audiotaped and transcribed by the interviewee. The ethical issues were taken.

Analysis: Descriptive content analysis was based on the model of Giorgi.

Results: Based on the six PT students’ self-experiences of movement quality three main themes emerged: 1) increased contact with their own body and presence2) enhanced new, sensitive experiences of their movement practice learning process and 3) invited PT students to connect movement practice to their daily life and clinical practice with patients.

Conclusion: This project was as a pilot study to describe the PT students´ self-experiences of movement quality after the elective course with B BAT. The PT students described experiences of movement quality from personal and professional perspectives. The results showed that the elective course with B BAT facilitate learning in gaining a deeper experiences of movement quality dimensions.

Implication: Bringing a body awareness focus to professional education enhances understanding of the importance of experience-based learning process of movement quality. B BAT principles provide approach which invites PT students to focus on their own body movement experiences and being present, which was considered to be the basis for professional communication in clinical practice and it will have an effect on the therapy process with patients. There is a critical need for further research work.

Funding: This project was supported Helsinki Metropolia of Applied Sciences, Welfare and Human Functioning.

Key words: Basic Body Awareness Therapy (B BAT), movement pedagogy, movement quality, experience, physiotherapy (PT) student
SPECIAL INTEREST REPORT

AN EDUCATIONAL MODEL OF BECOMING A TEACHER IN BASIC BODY AWARENESS THERAPY – PEDAGOGICAL CHALLENGES IN TEACHING MOVEMENT QUALITY FROM AN AWARENESS PERSPECTIVE.

Author(s): Skjærven LH (N), Bøhme AM (N), den Engelsman J (Ne), Fjose R (N), Frøyland GR (N), Matamoros DC (Sp), Niskala K (Fi), Parker AR (UK), Saastamoinen S (Fi)

Purpose: The purpose was to describe how an international group of 8 physiotherapists with clinical competence in Basic Body Awareness Therapy, BBAT, is gaining qualification to teach other physiotherapists the art of promoting movement quality for therapeutic purposes on a masterprogram level. Relevance: Within the specialty of physiotherapy in mental health little is described about the content and process of qualifying physiotherapists to teach movement awareness. Description: The 8 candidates followes the international study program of Basic Body Awareness Methodology, Bergen University College; becoming a teacher in BBAT takes about 6 years. The education includes active participation in self-training (1-2 weeks pr. year), teaching practice (2-3 weeks pr. year) and following the mentor (licenced teacher) during teaching physiotherapists in gaining clinical competence in BBAT. The curriculum includes learning condition for the candidate to be competent to teach, practical guide, critical view, communicate, connecting theory, clinical practice and self-reflection. The education includes a study of literature of 6000 pages. To identify the role as a teacher is essential. Personal integration of basic movement principles and its specific movement pedagogy is anessence of the learning to understand how to promote movement quality in others, as a teacher. The teaching model is in line with the pedagogy presented by Dropy, Kolb and Dewey. It involves integration and reflections on teaching, acquiring personal knowing, an "embodied presence that evokes understanding and fosters meaning". Ethics: General regulation for ethical consideration in teaching is followed. Evaluation: The study program has been evaluated through continuous evaluation, written reports, practice and exams. The candidates have been reflective, developing the sense of how to teach movement quality, learning to understand the role as a movement educator in physiotherapy. Conclusions: The project reveals a strengthening of the physiotherapist identification within the field of mental health, on a teacher level and what are the preconditions for teaching movement awareness. There is a need for development of the rationale to implement the movement pedagogy on a masterlevel. Implications: Increased identification as a movement educator within the specialty of mental health is found to be valuable. Research is to be forwarded.

Keywords: Basic Body Awareness Therapy, movement quality, movement awareness learning cycle.

Funding acknowledgements: The project is funded by Bergen University College, the Norwegian Institute of Basic Body Awareness Therapy and the International Association of Teachers in Basic Body Awareness Therapy.
STRUCTURED BODILY FLEXIBILITY ASSESSMENT ON TSUNAMI SURVIVORS TWO YEARS AFTER THE DISASTER.

**Authors** Riitta Keskinen-Rosenqvist, Hans Michélsen, Abbe Schulman. Center for Family and Community Medicine, Stockholm County Council and Karolinska Institutet, Stockholm, Sweden. Contact: riitta.keskinen-rosenqvist@sll.se Tel +46 70 484 25 63, Fax +46 8 524 886 74.

**Purpose** The aim of the study was to explore the effects of different types of traumatic exposure on bodily flexibility two years after exposure. **Relevance** Bodily symptoms and somatic ill health are well known consequences of psychologically traumatizing events. In physiotherapy, there is currently lack of evidence on the associations between single traumatizing experiences and bodily reactions and symptoms resulting from these experiences. It is, therefore, important to address the effects of different types of events on bodily health. **Participants** A random sample of 24 persons from Stockholm County who had survived the tsunami disaster of 2004 in South East Asia was selected to participate in the study. **Methods** We conducted a qualitative study which consisted of structured interviews with questions on types of exposure to the disaster, background variables, physical health and bodily function immediately following after the tsunami as well as one and two years after disaster. Structured Body Assessment Method (SBA), a variant of Resource Oriented Body Examinations method, was used to assess bodily flexibility. Four aspects of bodily function were examined, namely, posture, respiration, movement and muscular consistency. **Ethical** The study was approved by ethical committee, Karolinska Institutet, Stockholm, Sweden. **Data Analysis** All interviews were recorded and transcribed and subsequently categorized according to types of exposure and bodily reactions and function at the time of the disaster as well as one to two years afterwards. Psychological reactions were also noted. The results of SBA were analyzed by two experienced physiotherapists who rated the results on a 5-point scale for the sake of simplicity. **Results** Bodily flexibility was shown to be highly associated with exposure to disaster. Participants who had experienced injury, loss of a loved one and threat to their life showed decreased bodily flexibility. Majority of the participants showed moderate to reduced flexibility. Only four participants showed satisfactory flexibility. **Conclusions** Decreased bodily flexibility was common among tsunami survivors two years after the disaster took place. We observed a strong association both between trauma experiences and bodily flexibility and between bodily and psychological reactions. Physiotherapeutic assessment can enable to collect unique information about the extent of bodily flexibility among survivors of a natural disaster. **Implications** It is important for physiotherapists to be better prepared in identifying the types of traumatizing events disaster survivors were exposed to, so they are able to offer survivors the necessary support and rehabilitation in the years following the event. **Keywords** Bodily flexibility, structured interview, traumatizing event. **Funding** The work was supported by The Swedish National Board of Health and Welfare and the Stockholm County Council.
A PRELIMINARY STUDY EXAMINING REFERRAL PATTERNS OF PARTICULAR MENTAL HEALTH CONDITIONS TO PHYSIOTHERAPY – ESTABLISHING WHERE NEED IS GREATEST.

Author(s) 1) Ross Farmer, Maudsley hospital, South London and the Maudsley NHS Foundation Trust, London, England Email: ross.farmer@slam.nhs.uk, Tel: 02032285028, Fax: 02032282702. 2) Elizabeth Marcellin, Mental Health of Older Adults & Dementia, Maudsley Hospital, South London and the Maudsley NHS Foundation Trust, London, England

Purpose: To look at referral patterns of departments who do not current employ their own physiotherapists and ascertain which should consider physiotherapy being a relevant aspect of their service user’s recovery. Relevance: This study will give insight as to which conditions are most dependent on physiotherapy input in a Clinical Academic Group (CAGs) based system within a UK NHS department. Participants: This preliminary study used a convenient sample of 25 service users gathered over a 3 month period. Referrals were collected between June and August of 2011. These referrals were to a corporate physiotherapy service which covered all of the different CAGs established within the organization. Three of the CAGs provided in-house physiotherapy and are therefore exempt from this study; these were Mental Health of Older Adults & Dementia CAG, Neuro Psychiatry CAG and Psychological Medicine CAG. Only CAGs who do not provide their own physiotherapists or have service level agreements with the physiotherapy service were included. Methods: This was a preliminary study / scoping exercise. Ethical considerations: As no patient identifiable data was collected, ethical approval was not sought. Analysis: Qualitative data was collated via referral analysis. Results / findings: Of the 25 referrals examined there were 13 from the Psychosis CAG and 12 from the Addictions CAG. There were no recorded referrals from; Child and Adolescent Mental Health Services, Behavior & Development CAG or Mood Anxiety and Personality CAG. Conclusions: This study identified that there is a need for physiotherapy input within Psychosis and Addictions services even though they do not employ their own physiotherapists. Other services observed did not use the corporate physiotherapy service at all. This raises questions about the profile of physiotherapy within these disciplines and whether physical health training is required for their staff. As a preliminary study, this work paves the way for a larger trial to not only identify the source of referrals but to make recommendations on which services should consider physiotherapy as a core treatment. Implications: The implications of this work are that Psychosis and Addiction service users are found to be in need of physiotherapy services and may be considered a source of potential income for physiotherapy departments in the future. There may need to be work on raising the profile and importance of physiotherapy within Mood Anxiety and Personality, Behavior and Development, Child and Adolescent Mental Health Services. Keywords: Referral patterns, Physiotherapy, Mental Health

Funding acknowledgements: No funding was received for this work.
SPECIAL INTEREST REPORT

EVIDENCE STATEMENT FEAR-RELATED COMPLAINTS IN DUTCH PHYSIOTHERAPY

Authors: Dr. M.W. van Ittersum (Groningen University); C.A.H. de Jong MSc (Utrecht University); R.H.M. Boersma (Amsterdam, private practise); A. Mulder (Amsterdam, private practise); B. Oving (Den Helder, private practise); C. Stokkel (Leiden, private practice)

Under the auspices of the Dutch Society for Psychosomatic Physiotherapy

Annet de Jong Utrecht University: master study Psychosomatic Physiotherapy; Haarlem: Health care Centre. Tel. 0031-238900169 (mo-tue/thirs) / 0031648198429 E mail: annet.dejong@gcschalkwijk.nl

Purpose: The Evidence Statement is the first official document in The Netherlands to provide a practical guideline in psychosomatic-specialized physiotherapy, in order to improve its quality in dealing with fear-related complaints.

Relevance: In 2007 more than one million Dutch adults experienced an anxiety disorder. For 3.1% of the people it is the first time to develop an anxiety disorder. These are 79 /1000 men and 124/1000 women. The lifetime prevalence is 19,6 %.
The aim is to provide a sound, complete and unambiguous document for physiotherapeutic diagnosis and interventions in fear-related complaints as hyperventilation and panic attacks. Is can be used in primary/secondary care, as well as for educational purposes.

Description: The Evidence Statement aims to link closely with the Dutch Multidisciplinary Guideline of the Psychological Healthcare for Anxiety Complaints (2009) using the following classification: generalized anxiety disorders; panic disorder with or without agoraphobia and social phobia. First, the diagnostic procedure is presented in a flow chart, with conditions for referral to other disciplines. In addition, a large variety of physiotherapeutic interventions are summed up for each of the categories. If known, the level of evidence is given.

Ethical considerations: As this is a statement mainly based on literature research, a statement on ethical considerations is not necessary.

Evaluation: Not officially; the statement is expected to appear in November 2011. During the development several colleagues gave structured peer-feedback, on an individual basis or in peer groups.

Conclusions: The aim is the development of an official Physiotherapeutic Guideline, within a few years.

Implications: For physiotherapy practice and educational purpose

Keywords: Evidence Statement; Fear-related; Diagnostic procedure and interventions

Funding acknowledgements: Funding source by the Dutch Society for Psychosomatic Physiotherapy
INFORMATION PACKS IMPROVE SELF EFFICACY TO EXERCISE AMONG MENTAL HEALTH PATIENTS ATTENDING AN EXERCISE GROUP.

Author(s): Reejo John Paul, PT, MCSP, Inverness, UK

Purpose: Promoting self management and the need for cultural change.

Relevance: Physiotherapists should be involved in wider dissemination of information to manage long term conditions through improved physical activity.

Description: To evaluate the impact of information packs on self efficacy to exercise among patients already attending an exercise group. A formative evaluation using a PDSA model and quantitative data analysis.

Ethical considerations: As this was an evaluation for improving service delivery, there were no requirements for a formal ethical approval.

Evaluation: Consenting participants who attended an exercise group in a mental health setting completed a Self efficacy to exercise tool (SEE) pre and post the introduction of an information pack. The data was analysed using Repeated measures ANOVA.

Conclusions: The information pack appears to have increased self efficacy to exercise in all participants in a statistically significant manner thus improving self esteem and self management.

Implications: The design of exercise groups needs to incorporate strategies to improve self efficacy which may improve adherence rates and provide long term benefits to health.

Keywords: Exercise, Self management, Information packs

Funding acknowledgements: University of Highlands and Islands for Poster.
Poster # 12

PHYSICAL ACTIVITY INTERVENTION PROGRAMME FOR PREVENTION AND TREATMENT OF METABOLIC SYNDROM AMONG YOUNG PATIENTS PEOPLE WITH SCHIZOPHRENIA - A PILOT PROJECT

Authors:
Birgit Linnet Clemmensen, Lene Nyboe Jacobsen, Line Linde Munter, Kirsten Bjorn Andersen.
Birgit Linnet Clemmensen, PT, Aarhus University Hospital, Risskov, Skovagervej 2, 8240 Risskov, DK
E-mail: bircle@rm.dk  Department phone: +45 78471580  Mobile phone: +45 20167427

Purpose:
To increase levels of physical activity among patients with schizophrenia.
To get experiences on how to organize physical activities including how the patient’s network could be involved and cooperate.
To develop and describe procedures enabling the patients to get the relevant intervention.
To compose a plan on how the professional and the patients self-experienced effect can be described and evaluated.

Relevance: Patients with schizophrenia are one and a half to two times more likely to be overweight, have a twofold increased risk for diabetes and hypertension and have a five times higher prevalence of dyslipidemia compared with the general population. Lifestyle diseases are one of the major reasons that people with schizophrenia die 10-20 year earlier than the background population. People with schizophrenia are, compared with the background population, much more likely to be physically inactive. Effective treatment of cardio-metabolic risk factors includes among others increasing physical activity. It is of great relevance to investigate how physiotherapists can support patients with schizophrenia to become more physical active.

Description: All patients included in the project underwent a standardized individual examination at the beginning and at the end of the intervention. The examination included physical fitness test (Aastrand), Physical Activity scale (PAS), BMI, waist measurement, disturbed body image questionnaire and a simple mobility test. The intervention compiled individual and/or group based exercise activities. At some of the physical activities families/friends were invited to participate. Patients who needed to improve psychomotor function and body awareness in order to comply with physical activities where offered specific physiotherapeutic treatment. In general the patients attended a physiotherapist once a week.

Evaluation: The project’s quantitative and qualitative data will be presented including evaluation of the project’s organisational experiences.

Conclusion: The project’s preliminary findings are that increased use of individual tailored interventions, and a high level of flexibility and persistency are crucial to ensure the patients compliance. The use of modern technology such as text message and emails seems also to increase the compliance.

Implications: The project’s preliminary findings will hopefully facilitate a future research project on the effect of physical activity interventions on cardio, metabolic risk factors and quality of life in young patients with schizophrenia. The need for developing new intervention strategies on physical activity e.g. telerehabilitation is highly relevant in further studies.

Keywords: Schizophrenia, physical activity, metabolic syndrome
Poster # 13

HISTORY OF THERAPEUTIC USE OF SPORTS ACTIVITIES IN PSYCHIATRIC TREATMENT IN CENTRAL EUROPE.

Authors:
Běla Hátllová, Milena Adámková Ségard, Louková Tereza
Department of Psychology, University J. E. Purkyně in Ústí nad Labem, Czech Republic

Purpose:
Psychiatric theory as well as practice always reflected the general historical process of the development of society.

Relevance:
The recent development of body-oriented therapies uses, without being much aware of this, old studies of the nervous system. The presented work wants to show the historical basis of modern body-oriented studies. This has an important relevance for today's practice and research.

Description:
Physical exercise in treatment of psychiatric subjects was included as awareness concerning physical education was growing, and physical activity was always historically connected with social activities.

Conclusions:
The period between both World Wars was based on the knowledge of somatic medicine. Some of the ergo-therapeutic oriented psychiatrists introduced in their departments physical exercise as part of their treatment.

Keywords: History, psychomotor therapy, psychiatric treatment

Funding acknowledgements:
The study was carried out with support of GA ČR 406/07/0405
Poster # 14

PHYSICAL ACTIVITY-LEVELS IN PATIENTS WITH FIRST-EPIODE SCHIZOPHRENIA

Author(s) : Lene Nyboe¹, PT, MSc, Ph.D.Stud; Poul Videbech, MD, Prof. Addresses: ¹Aarhus University Hospital, Centre of Psychiatric Research, Skovagervej 2, 8240 Risskov, DK Tel +45 77 89 35 73 Email: lene.nyboe@ps.rm.dk

Purpose: The metabolic syndrome (MetS) is a cluster of factors significantly increasing the risk of cardiovascular disease and type 2 diabetes and MetS is highly prevalent in patients with schizophrenia. Besides the metabolic side effects of antipsychotic medication physical inactivity might also increase the risk of developing MetS. One aim of the study "Metabolic syndrome in patients with first-episode schizophrenia" is to investigate the independent risk of physical inactivity in developing MetS.

Relevance: Knowing the independent risk of physical inactivity for developing metabolic syndrome in patients with schizophrenia is highly important and findings might serve as argument for physical activity-interventions as essential in psychiatric treatment and rehabilitation.

Participants: All patients consecutively assigned to The OPUS project and inpatients in The Region of Midtjylland (Denmark) having an ICD-10 diagnosis of first–episode schizophrenia(18-40 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 level of physical activity as well as physical fitness is assessed using The Physical Activity Scale (PAS) respectively Aastrands physical fitness-test. Assessments are made at inclusion and 1 year follow-up.

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

Analysis: Statistical analyses of the quantitative data from PAS and Aastrands physical fitness-test condition will be presented.

Results / findings: The study’s preliminary results on physical activity-levels in 55 patients with first-episode schizophrenia and 27 patients with depression will be presented and discussed. Furthermore findings from follow-up will be presented.

Conclusions: The study's preliminary findings suggest that the physical activity-levels in patients with schizophrenia are extremely low. Implications: Interventions promoting physical activity is highly relevant for patients with first-episode schizophrenia.

Keywords: Physical activity, schizophrenia, metabolic syndrome

Funding acknowledgements: The study has so far been funded by The Danish Physiotherapy Association and The Psychiatric Research Fund in The Region of Midjutland
FOOTBALL THERAPY IN MENTAL HEALTH

Author(s): Gill McDonald, Highly Specialist Physiotherapist
Carseview Centre, 4 Tom McDonald Avenue Dundee DD2 1NH
Tel: 01382 878793, Gillian.McDonald1@nhs.net
Lee Shaw, Physiotherapy Technical Instructor
Carseview Centre, 4 Tom McDonald Avenue Dundee DD2 1NH
Tel: 01382 878793, Lshaw@nhs.net

Purpose Football therapy was established to address the physical health and mental health problems of patients who were not physically active. The Mental Health Foundation recognises the links between physical health and mental health. They state that poor mental health can increase the risk of physical diseases such as diabetes, cardiovascular disease, cancer, infection, respiratory disease and greater levels of obesity. The Royal College of Psychiatrists claim that people with schizophrenia and bipolar disorder die an average 25 years earlier than the general population, largely due to physical health problems. Furthermore football therapy was created in an effort to implement recommendations 4 and 6 from the National Action Plan for AHP’s, (Realising Potential) which aims to promote evidence based socially inclusive and accessible therapeutic activity in a range of settings. The sport of football was chosen as a therapy as many of the patients would have had past experience of a sport that is referred to as Scotland’s National Game.

Relevance Sign Guidelines 12 recommends physical activity as a first line approach to tackling depression. Physiotherapy is a proactive profession that can deliver expert advice, treatment and health promotion through exercise based therapies. Moving in Mind claims that as Physiotherapists we are grounded in the bio-psychosocial model of healthcare are ideally placed to take account of the individuals needs in implementing the recovery process. Football therapy underpins the national drivers that aim to provide recovery focused based therapy in a community setting.

Description A poster was developed to raise awareness and promote the new physiotherapy session. Community Mental Health Teams (CMHT’S) were invited to refer patients. Patients who were identified from the CMHT’s were invited to attend an initial session that included an assessment of their current physical activity and an assessment of their physical health using the Par Q and You assessment tool. The initial assessment also included baseline measures of their mood, energy levels and BMI in order to measure clinical effectiveness.

Evaluation Football therapy has undergone 2 rounds of questionnaires to establish levels of patient satisfaction, improvement in mood, levels of well-being, energy levels and confidence levels. A patient focus group was implemented to ascertain how the patients felt about the group and if any recommendations could be made for improvement. The overall feedback from these evaluations were, patients felt relaxed, no pressure, enjoyment and fitness levels improved. The patients also commented on the social aspect of the group and that they enjoyed being part of a group.

Conclusion Football Therapy has improved fitness levels, confidence, well-being, energy levels and helped reduced weight. These findings demonstrate the impact physical health has on a person’s mental health.

Implication A pathway to be developed that will include football therapy as a recognised physiotherapy intervention, which will allow patients to commence a therapy that suits their individual needs and incorporate recovery. To establish official links with the Scottish Football Association in an effort to be included in their support structure.

Funding £150 was secured by a one off small grants application from NHS Tayside and this was used to buy equipment such as footballs, bibs, markers etc. £16 per week for hire of sports hall at Ardler Complex supported by Carseview Endowment Fund.
BOOK PROJECT: BODY, MOVEMENT AND MENTAL HEALTH – A PHYSIOTHERAPY PERSPECTIVE.

Authors: Keskinen Rosenqvist, Riitta (MSc); Biguet, Gabriele (MSc); Levy Berg, Adrienne (PhD).

Riitta Keskinen-Rosenqvist, CeFAM – Center for Family and Community medicine, Karolinska Institutet, Stockholm, Sweden 2. Tel: + 46- (0) 70-484 25 63, e-mail: riitta.keskinen-rosenqvist@sll.se, , CeFAM, Alfred Nobels allé 12, SE -141 83 Huddinge, Sweden

Gabriele Biguet, Division of Physiotherapy, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden.

Adrienne Levy-Berg, Division of Physiotherapy, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet and Karolinska University Hospital-Huddinge, Department of Physical therapy, Stockholm, Sweden.

Purpose: The main purpose of this book project was the need to gather and formulate knowledge in the field of physiotherapy in mental health. We wanted to give a description of front line knowledge and evidenced based practice concerning aspects of body and movement in mental health and wellbeing. Relevance: The book project is constituted by four main parts. In the first part theoretical frameworks on physiotherapy in psychosomatic and mental health are presented, especially the importance of a phenomenological view on the lived body and the process of creating meaning. Physiotherapists’ views on affects, mentalization and creating trust are other topics. The second part focuses on clinical examination and praxis. The Norwegian Resource oriented body examination and the Basic body awareness Scale are presented as well as physiotherapeutic methods such as the Norwegian Psychomotor Physiotherapy and Basic Body Awareness Therapy, Sensory Motor Learning, physical activity in mental health, Tai Chi Qigong and Acceptance and mindfulness based methods are described and illustrated within a physiotherapy context. In the third part some specific areas are highlighted; anxiety, trauma, irritable bowel syndrome, amputation and psychoses. Finally the professionalization of physiotherapy in general and especially in the field of mental health is analyzed and future challenges are highlighted. Description: Three editors started the project by asking expert physiotherapists in the field of mental health to contribute to this book. In total 21 highly skilled physiotherapists, the majority with a PhD degree, agreed to participate in this project. Financial support - from the section of psychosomatic and psychiatric physiotherapy which is a subdivision of the Swedish PT association - was obtained. The editors have contributed with some chapters but mainly their task has been to support and guide the other PT’s contributions. External reviewers were involved in some cases. The intention is that the book will be used in PT education both on a basic and advanced level. Our aim is also to reach health workers as well as the public interested in psychosomatic and mental health. Conclusions: However, this book does not claim to give a complete overview of the field of physiotherapy in mental health, we nevertheless are convinced that the book will constitute a cornerstone from which further research can evolve and that it may signify a firm base from which PT’s in Sweden or Scandinavia can extract ideas and policy makers can be inspired by. Implications: This book demonstrates the many ways that PT’s can address mental health and thus shows the potential gain of taking advantage of the knowledge that PT’s possesses.

Keywords, implementation, evidence-based practice, knowledge development
Poster # 17

NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) PRESENTED IN THE BOOK “MOVEMENTS OF LIFE” – A POSTER PRESENTATION.

Contributors:
Ingeborg Hanssen, Co-author of this book, specialist NPMP, private practice Harstad, Norway. E-mail: jos-p@online.no mob: +4795039981
Ingmar Kvebæk, Co-author of this book, specialist NPMP, private practice Lillehammer, Norway. E-mail: inkvebae@online.no mob: +4795835510
Maren Mørch Lind, Translator of this book, private practice with NPMP, Harstad, Norway. E-mail: marml@online.no mob: +4797077879

Background and purpose:

Tom Andersen (1935-2006), professor in social psychiatry, University of Tromsø, Norway was a co-author and promoter of this book. It has newly been translated to English and will hopefully contribute to extended knowledge about NPMP outside Scandinavia.
Through this book we wish to highlight the significance of physiotherapy in the field of mental health.
The author group behind this book originates from the professional environment around one of Norway’s leading psychomotor physiotherapists Gudrun Øvreberg (1936 - )
G. Øvreberg was coached by the founder of NPMP Aadel Bülow-Hansen (1906-2001). This book represents extended knowledge and understanding of body ailments and possible approaches. Movements of Life offers a brief introduction to the tradition of Norwegian psychomotor physiotherapy, followed by close accounts of six different treatment sessions and related theoretical reflections. The book addresses the lay-man as well as the professional.

Relevance: NPMP has a long tradition in Norway and is today a university based, well-founded and documented physiotherapy education. Movements of Life deals with practical and theoretical aspects of NPMP. English literature about this method is scarce.

Description: Ingar Kvebæk og Ingeborg Hanssen, two of the book’s co-authors, and the translator Maren Mørch Lind, will through the poster and their participation present the book “Movements of Life”. The book will be for sale.

Implications: Norwegian psychomotor physiotherapy is a well-founded Norwegian tradition in physiotherapy with an understanding in the field of physical and mental health.

Keywords: Norwegian psychomotor physiotherapy (NPMP). Physical and mental health. Case reports.

Funding acknowledgements: None

WHY ARE MENTAL HEALTH SERVICE USERS REFERRED TO PHYSIOTHERAPY – A PRELIMINARY STUDY OF REFERRALS.

Author(s): Ross Farmer, Maudsley hospital, South London and the Maudsley NHS Foundation Trust, London, England

Email: ross.farmer@slam.nhs.uk, Tel: 02032285028, Fax: 02032282702

Purpose: To look at the clinical reasons why service users are referred to physiotherapy.

Relevance: This study will provide the basis for a larger trial. The information will help direct core training of mental health physiotherapists.

Participants: This preliminary study used a convenient sample of 25 service users gathered over a 3 month period.

Referrals were collected between June and August of 2011. These referrals were to a corporate physiotherapy service within the UK’s NHS.

Methods: This was a preliminary study / scoping exercise. Referrals were collected over a 3 month period and examined to see the reason for the referring clinician generating the referral. The referrals came from a variety of sources including OTs, nursing staff and psychiatrists.

Ethical considerations: As no patient identifiable data was collected, ethical approval was not sought.

Analysis: Qualitative data was collated via referral analysis.

Results / findings: From the 25 referrals examined, 29 reasons were found for referral. 13 for musculoskeletal injury or chronic condition, 11 for mobility, 2 falls, 2 neurological symptoms and 1 orthopedic.

Conclusions: This study identified that musculoskeletal conditions and mobility were the two largest areas of concern. No referrals were made for respiratory concerns.

As a preliminary study, this work paves the way for a larger trial which can give greater details of the variety of roles that mental health physiotherapists provide.

Implications: This work can be used to identify key areas for continuing professional development and help to show the ways in which physiotherapy in a mental health setting can help the physical needs of service users.

Keywords: Treatment Patterns, Physiotherapy, Mental Health

Funding acknowledgements: No funding was received for this work.
AN ANALYTICAL REVIEW OF LOCAL AND NATIONAL FALL POLICY AND GUIDELINES BACK GROUND:

Author: Caroline Griffiths, Physiotherapist. Fulbrook Centre, Oxford Health NHS Foundation Trust, UK.

The prevalence of falls in the United Kingdom is high with 1 in 3 people aged over 65, and 1 in 2 people over the age of 85 falling each year. The potential for older people to fall is exacerbated by mental health problems, such as impaired mental status, depression, dementia, and treatment with psychotropic medication. As such, the National Patient Safety Agency has recommended that NHS organisations understand and acknowledge the high risk of falls in older people using mental health services and use local reports of falls to target and assess their fall prevention strategies.

This study, funded by NIHR Research for Patient Benefit will:

- evaluate how fall prevention and management are understood and experienced, in inpatient mental health settings providing care for older people.
- analyse current local NHS Trust and national falls policy and guidelines specific to mental health settings.
- develop local policy, practice guidelines and patient and carer information.

This poster outlines an analysis which is underway to explore the policy guidance issued by NHS Mental Health Trusts in England and Health Boards in Wales to support practitioners in preventing falls.

We will present an analysis of national falls policy and guidelines, aligned with corresponding documents from all Mental Health Trusts (n=56) in England and Wales which will be collated and analysed to enable extrapolation of factual information on how Trusts interpret and implement the evidence-base. Comparison between the Trusts will also be presented. The poster will also include data collected detailing specific processes that Trusts have implemented to reduce falls incidence. We will also present a 'content analysis', to identify specific themes or concepts 'tested' and 'defined' within and between the different documentation. This poster presents research in progress.
POSTER PRESENTATION 20-23: Education In Mental Health

Poster # 20

THE FLEMISH PHYSICAL THERAPY EDUCATION IN MENTAL HEALTH.

Michel Probst, Davy Vancampfort, Cindy Teixeira Mota, Amber De Herdt.
KU Leuven, Department Rehabilitation Sciences, Belgium
Tervuursevest 101, 3001 Leuven, Belgium; Michel.probst@faber.kuleuven.be

In the Flemish part of Belgium the higher education of physical therapy is instructed at three universities: the UGent, the VUBrussel and the KULeuven. To graduate in the Physical Therapy and Rehabilitation Science, two consecutive study programs have to be followed. Bachelor programs are the first stage of university education and consist out of 3 years. The master program is spread over 2 years and prerequisites a broad theoretical knowledge and basic practical skills.

All students in physiotherapy follow a ‘basic truncus’ in their bachelor years and the first master year that consists out of different courses in several domains: human sciences, movement sciences/kinesiology, rehabilitation sciences in the different domains of specialisation (musculoskeletal, neurology, cardio-respiratory, internal disorders, paediatrics and mental health) and research methodology. Mental health courses are integrated in both in the bachelor and master program.

Only at the KULeuven, students can choose to graduate in the ‘Rehabilitation sciences and Physiotherapy in mental health care’. Since 1962, this specialisation was started and evaluated during the last fifty years. Today, the major aim of this study track, which is mainly given in the second year of the master programme, is to train physiotherapists in the expert knowledge, insight, skills and professional attitude needed in rehabilitation sciences and physiotherapy in mental health.

The courses consist of psychopathology of children, adults and elderly; psychomotor therapy in children, adolescents, adults and elderly: advanced evaluation and treatment methods; mental health and advanced issues in primary mental health care and an internship. The physiotherapist specialised in mental health is able to apply evidence-based physiotherapy in both global health care and mental health care. He/she is able to develop patient assessment and intervention programmes through clinical reasoning and critical scientific reflection. He/she is able to set up and conduct clinical and applied research independently.

For more information: see www.kuleuven.be/ma/MAREHSCPH
BODY AWARENESS RATING SCALE – DEVELOPMENT, RELIABILITY AND VALIDITY

Authors: Liv Helvik Skjaerven\textsuperscript{a}, Gunvor Gard\textsuperscript{b}, Liv Inger Strand\textsuperscript{c}

\textsuperscript{a}Department of Physiotherapy, Faculty of Health and Social Sciences, Bergen University College, Bergen, Norway, \textsuperscript{b}Department of Health Sciences, Lund University, Sweden. \textsuperscript{c}Department of Public Health and Primary Health Care, Physiotherapy Research Group, University of Bergen, Norway.

Background: The Body Awareness Rating Scale (BARS) has a phenomenological approach and was developed to evaluate movement quality in patients with musculoskeletal disorders. In BARS, the therapist assesses how the patient performs 12 movements from daily life, scoring on seven-point scales (sum score 12-84). Objective: The objective of the study was to provide a description of BARS and to investigate internal consistency, discriminative validity, inter-tester and test-retest reliability. Design: Cross-sectional and longitudinal designs were used. Fifty persons were included in order to examine internal consistency and discriminative validity, and 30 persons to examine inter-tester and test-retest reliability. Half of the group consisted of patients with musculoskeletal disorders. The other half was healthy individuals. The study was approved by the Regional Committee for Medical Research Ethics, Western Norway, and the National Data Inspectorate of Norway before start of the study. Methods: Two physiotherapists assessed the movement quality according to defined criteria. Internal consistency was examined by Cronbach’s $\alpha$. Area under the Receiver Operating Characteristic (aROC) curve was used to examine discriminative validity. Intra-tester and test-retest reliability values were reported by Intra-class Correlation Coefficients (ICC1,1), Standard Error of Measurement (SEM) and Smallest Detectable Change (SDC). Result: BARS demonstrated good internal consistency, alpha=0.92. Ability to discriminate between patients and healthy individuals was demonstrated, aROC=0.75. Inter-tester reliability was high, ICC=0.99, and variability low, SEM=0.9. Test-retest reliability of tester A was also highly satisfactory, ICC=0.96 and SEM=1.6 implying that a change should be above 4.3 (SDC) to claim a treatment effect. Limitations: Further validation will be performed for BARS to be used as an outcome measure. Conclusion: The BARS items share a common attribute called movement quality, and the assessment tool discriminates between healthy persons and patients with musculoskeletal conditions. BARS can be used reliably by skilled therapists to evaluate movement quality.

Keywords: Assessment tool, Body Awareness Rating Scale, Basic Body Awareness Therapy, movement quality.

Funding: The Norwegian Fund for Post-graduate Training in Physiotherapy, Oslo, Norway and Bergen University College, Bergen, Norway.
Poster # 22

BASIC BODY AWARENESS METHODOLOGY – AN INTERNATIONAL, POSTGRADUATE STUDY PROGRAM (60 ECTS) FOR ENGLISH-SPEAKING PHYSIOTHERAPISTS

Author: Liv Helvik Skjærven, Department of Occupational therapy, Physiotherapy, Radigraphy, Faculty of Health and Social Sciences, Bergen University College (HiB), Møllendalsvei 6, 5009 Bergen, Norway. lhs@hib.no

Profile: Basic Body Awareness Methodology, BBAM, represents a humanistic approach to human movement, psychiatry and mental health care. The study program challenges the student to develop self-awareness and skills in basic movement elements and aspects, through 4 dimensions: physical, physiological, psycho-socio-cultural and existential aspects of human movement. BBAM is developed at the Master of Science level. Target group: The program is for physiotherapists who work with people suffering from muscular-skeletal problems, balance problems, psychiatric, illness, Psycho-somatic problems, long lasting pain, lifestyle problems, eating disorders, violence and sexual abuse, and who want to develop, professional and personal. Content: The study program offers a therapeutic approach to body-mind aspects in human movement. It introduces a new pedagogical model for training movement quality. It includes tools for systematic evaluation and a treatment program for individual and group-intervention. It is evidence- and experience based. The movement awareness program includes movements from daily life, lying, sitting, standing, walking, running, use of the voice, relational movements and massage. It offers training situations for promoting healthy resources through movement. Therapeutic talk and reflection is integrated and it offers a strategy to make the person equipped to handle life more ably. Organization: It is a 2 year, part-time program, with 3 concentrated periods at Bergen University College (HiB) which gives in total 11 weeks in Bergen. There are two periods of self-study between the blocks. Clinical practice is obligatory and is guided by a qualified teacher in BBAT. This is estimated to 1 day pr. week in 10 moths, during 2 years. Level 1, 30 ECTS: 1 year; Focus: Individual intervention: Subject 1: Basic movement principles Subject 2: Clinical implementation and reasoning, Level 2, 30 ECTS, 1 year; Focus: Group intervention: Subject 3: Group intervention. Subject 4: Project work, reflection and communication. Competence: BBAM qualifies the Physiotherapist to use BBAT in preventive health care, stress management, clinical rehabilitation, project and to communicate its content to clients, to health professionals and the society. The PT is trained to use BBAT, the valid and reliable assessments-tool Body Awareness Rating Scale, Body-Awareness Scale – Interview and Motivational Analysis. Qualitative research methods are focused. Implications: The new pedagogical model for training movement quality through simple movement principles prepares the physiotherapist for a new and structured intervention as an evidence-based tool.

Keywords: Basic Body Awareness Therapy, Movement Quality, Body Awareness Rating Scale.
PROGRAMME DOCUMENTS FOR THE STUDIES IN NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY.

Kirsten Ekerholt, Associate Professor, Oslo and Akershus University College of Applied Sciences,
Anne Gretland, Associate Professor, University of Tromsø

Corresponding author:
K. Ekerholt, Faculty of Health Sciences, Oslo and Akershus University College of Applied Sciences, Box 4, St. Olavs plass 0130 Oslo N-407 Norway

Phone +4722452509
+47 90094576
Kirsten.Ekerholt@hioa.no

Purpose of the poster presentation:
To present the Programme Document for Advanced Course in Psychomotor Physiotherapy at Oslo and Akershus University College of Applied Sciences, and the Programme Document for the Master Programme in psychiatric and psychosomatic Physiotherapy at the University of Tromsø, Norway.

Relevance: It might be of interest for physiotherapists working in the field of psychiatry and mental health to be informed of the Norwegian education in this field of physiotherapy.

Keywords: Education.
Workshop I

BODY EXPERIENCE AND EXCESSIVE EXERCISE IN EATING DISORDERS, THE CORNERSTONES FOR A PHYSIOTHERAPEUTIC APPROACH.

M. Probst, PT, Ph.D
Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven,
Head of Physiotherapy Service, UPC-K.U.Leuven, campus Kortenberg, Belgium.
Michel.probst@faber.kuleuven.be

Patients with eating disorders experience have an intense fear of gaining weight and present a negative body experience and a disturbed body perception (weight, circumference and form). 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.

The goal of this workshop is to present practical guidelines for physiotherapeutic management in eating disorder. This guidelines are based on the research literature and on more than 30 years of clinical and scientific experience in this field at the University Psychiatric Center - KULeuven, campus Kortenberg (Belgium).

The cornerstones for a physiotherapy approach in children, adolescents and adults will be proposed. A description of the possible goals/objectives such as reconstructing a realistic self-concept, curbing hyperactivity, learning how to enjoy the body will be discussed.

Different therapeutic interventions aimed at improving the body experience in patients with eating disorders through the use of physiotherapy will be introduced. Attention will surely be paid to particular therapeutic techniques such as relaxation training (e.g. mindfulness, yoga, …), breathing exercises, physical activities, sensory awareness and self-perception (mirror exercises, body awareness, …), all of which are used in physiotherapy. Practical skills will be learned and therapeutic procedures will be discussed.

At the end two questions will be elaborated: “What kind of assessment can be used by physiotherapist working with eating disorders?” and “Do patients with eating disorders benefit from physiotherapy?”

The goals of the workshop:
- To give a review of the literature concerning physiotherapy in eating disorders
- To propose and to experience “adapted physiotherapeutic exercises” based on our clinical experience
- To analyse the research data in regard of body experience and excessive exercise
- To discuss the pros and the cons, the therapeutic and practical implications

Key words: eating disorders, body experience, excessive exercise, physiotherapy, psychomotor therapy,
Workshop II

SPECIAL INTEREST REPORT

NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP), A CLINICAL PRESENTATION

Author/Responsible lecturer: Gudrun Øvreberg, specialist NPMP, private practice, Harstad, Norway. Gudrun Øvreberg (1936- ) is one of Norway’s leading psychomotor physiotherapists. The founder of NPMP, Aadel Bülow-Hansen, (1906-2001) coached Øvreberg from 1961 and onwards and the two co-operated throughout Bülow-Hansen’s life. As well as teaching and supervising she has been working clinically throughout her whole career. And she still is. Øvreberg has documented practice in the field of NPMP by producing a number of seminal DVDs, showing among other things: examination procedures, movements, individual tests and treatment. She has documented her work in the tradition of NPMP in textbooks and separate articles.

E-mail: gudrun@ovreberg.com Mob: +47 901 82 878

Contributors: Berit Ianssen, specialist NPMP, private practice, Levanger, Norway
E-mail: berit.ianssen@ntebb.no Mob:+47 402 42 031

Alette Ottesen, specialist NPMP, private practice, Master of mental health care, Lillehammer, Norway E-mail: aletteo@hotmail.com Mob: +47 477 57 258

Purpose: The lecture summarizes a clinical presentation of NPMP - how to examine/test and understand the interplay of the patient’s respiration, posture, muscular tension and movement.

Relevance: NPMP has a long tradition in Norway and is today a university based, well-founded and documented physiotherapy education. Our aim is to share some of this knowledge with colleagues outside Scandinavia.

Description: Gudrun Øvreberg will present a live demonstration of a body examination founded on NPMP principles. She will comment during the examination process in a way that lets the audience easily follow, and learn from the procedures and techniques demonstrated.

Ethical considerations: No ethical obstacles.

Implications: NPMP is a Norwegian well founded tradition in physiotherapy with an understanding in the field of physical and mental health. During the session the physiotherapist observes alterations of the individual patient’s breath, of stiffness and slackness in the musculoskeletal system, of qualities of movements related to gravity and grounding in sitting, standing and supine positions. This demands continuous adjustment according to the individual patient’s reactions rather than executing a strict methodical approach. Crucial points in NPMP are to develop the patient’s body awareness, as well as aiming to increase self-regulation in coping with the demands of individual daily living.

Keywords: Norwegian Psychomotor Physiotherapy (NPMP), body awareness, self-regulation.

Funding acknowledgements: None
Workshop III

SPECIAL INTEREST REPORT

MOVEMENT, QUALITY AND AWARENESS, FOUND ON NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY (NPMP) – A MOVEMENT SESSION

Authors:
Berit Ianssen, specialist NPMP, private practice, Levanger, Norway. E-mail: berit.ianssen@ntebb.no Mob: +47 402 42 031
Alette Ottesen, Master of mental health care, specialist NPMP, private practice, Lillehammer, Norway. E-mail: aletteo@hotmail.com Mob: +47 477 57 258

Background and purpose: Gudrun Øvreberg (1936-) is one of Norway’s leading psychomotor physiotherapists. The founder of NPMP, Aadel Bülows-Hansen (1936-2001), coached Øvreberg from 1961 and onwards, and the two co-operated throughout Bülow-Hansen’s life. Øvreberg developed NPMP to include movements in groups. Ianssen and Ottesen represent the next generation supervised by and co-operating with Øvreberg. Since the 1980’ies they have dealt with NPMP in groups as well as in individual treatment sessions. They both supervise students, and arrange courses/seminars under the administration of the Norwegian Physiotherapist Association, teaching movements, quality and awareness, founded on NPMP principles.
This movement session aims to present movements founded on NPMP principles. By being introduced to different kinds of movements, the participants are allowed to learn by own experience about movement, quality and awareness.

Relevance: NPMP, presented here in groups focusing on quality and awareness of movements, has a long tradition in Norway. NPMP is today a university based, well-founded and documented physiotherapy education. Our aim is to let colleagues outside Scandinavia experience some of this knowledge.

Description: Ianssen and Ottesen will present a movement session founded on NPMP-principles. During this movement session the audience can explore their breath, their stiffness and slackness in the musculoskeletal system and qualities of movements related to gravity and grounding in standing, sitting, and supine positions.

Implications: NPMP is a Norwegian well-founded tradition in physiotherapy with an understanding in the field of physical and mental health. NPMP in groups focuses on qualities of movement, body awareness and self-regulation, in coping with the demands of well-being and daily living.

Ethical considerations: No ethical obstacles.

Keywords: Norwegian Psychomotor Physiotherapy (NPMP) - movement - body awareness

Funding acknowledgements: None
Workshop IV

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 VI

MINDFULNESS AND ACCEPTANCE-BASED PHYSIOTHERAPY. A BEHAVIORAL APPROACH TO CHRONIC PAIN.

Author: Rovner, Graciela. RPT, MSc in Physiotherapy and in Psychology
Department of Clinical Neuroscience and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Sweden
E-mail: graciela.rovner@neuro.gu.se, Tel +46 709 743777, Sahlgrenska Academy at Gothenburg University, Per Dubbsgatan 14, 3 floor, SE-413 45 GOTHENBURG, SWEDEN.

Purpose: Acceptance and Commitment Therapy (ACT) is one of the latest developments within behavioral medicine for chronic pain conditions (after CBT). Pain acceptance has demonstrated to be a good predictor of pain intensity, disability, physical and vocational functioning as well as mental well-being.

Relevance: Acceptance, seen as a mindful and functional coping strategy, is correlated with decrease in disability, pain intensity, psychological distress and higher threshold and tolerance when pain was experimentally induced. The acceptance or willingness to have pain while engaging in valued activities has shown to be an important factor in determining peoples' ability to restore functioning and therefore has a predictive value in rehabilitation.

Description: This is an experiential workshop, where we will understand how the therapeutic processes in ACT work (such as mindfulness) and how to implement those into physiotherapy.

Ethical considerations: This is an experiential workshop where no private disclosures or sharing of therapeutical material are required

Implications: It is recommended to presence Graciela’s presentation (see the program) in order to have good insight of the scientific evidence of ACT in the rehabilitation with patients suffering of chronic pain and other mental health conditions in the field or physiotherapy.

Keywords: Acceptance & Mindfulness-based physiotherapy. Behavioral physiotherapy

Funding acknowledgements: this work (and its development) was partly founded by an EU-social founding, and this very presentation is founded by the Swedish Association of Physiotherapy.
Workshop VII

WORKSHOP: CLINICAL REASONING BASED ON THE HOAC (HYPOTHESIS ORIENTED ALGORITHM FOR CLINICIANS II) PART 1: ANXIETY.

Name of presenter: Mayke Kummer
Contact details:
Mayke Kummer, Paramedisch Advies Centrum Aalsmeer (depending on funding: Hogeschool van Utrecht) Amsterdam, The Netherlands, Email: maykekummer@paca.nu
Work phone: 0031-297-325976

Contents:
• Short introduction of the HOAC (hypothesis oriented algorithm for clinicians II) PART 1.
• I will present a hypothetical case of a patient suffering from anxiety and lead the participants through the HOAC PART 1 step by step, thus providing them with an example that can be used to facilitate their clinical reasoning in everyday practice.
• I will use a PowerPoint presentation. Every step will be discussed in groups.

Relevance: The purpose of this workshop is to introduce the HOAC, which is designed to aid physical therapists in clinical decision making and patient management. It consists of two parts. The first part, which will be used in the workshop, is a sequential guide to evaluation and treatment planning. The HOAC requires therapists to state hypotheses about why the problems exist and to generate criteria that can be used to test the hypotheses. The benefits of the HOAC are that therapists must clearly state problems in a consistent manner, generate and list hypotheses and test criteria, develop treatment strategies and methods based solely on the hypotheses, and systematically review treatment. The rationale for treatment is identified clearly in the algorithm, facilitating the identification of inappropriate treatments (ie, those not related to the hypotheses). In addition, the branching program is used to identify where in the treatment process failures may be occurring and when a therapist needs to make a referral or seek assistance from a colleague.

Additional information: Duration: 2 hrs
Funding: none
Statement concerning use of ethical considerations: the case that will be presented will be purely hypothetical.
The 4th International Conference
Physiotherapy in Psychiatry and Mental Health
8-10 February 2012

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