

**3rd Sports Physiotherapy Symposium**

**“Exercise Across**

**the lifespan”**

**Millennium Hotel, Rotorua**

**March 15th and 16st 2014.**

Name:



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**Presidents Welcome**

On behalf of SPNZ, welcome to the 3rd SPNZ Symposium, “Sport and Exercise Across the Lifespan”. Welcome also to our new venue of the Millennium Hotel in Rotorua, a top quality venue that blends culture with our range of expert speakers from Australia and New Zealand, and provides great access to our range of trade exhibitors. The theme for this symposium was selected based upon the increasing importance of physical activity, exercise and sport

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| for health and | wellbeing in all age groups, and the important role physiotherapists play in |
| the prevention, | management and rehabilitation of injury, as well as the promotion and |

prescription of physical activity and exercise.

The Symposium Organising Committee, led by Hamish Ashton, has put together a world class programme this year. We are privileged to have two world renowned international keynote speakers, Craig Purdam (Head of Physiotherapy at the Australian Institute of Sport) and Mary Magarey (Specialist Sports and Musculoskeletal Physiotherapist) at this years’ symposium and we thank them for giving generously of their time in presenting two workshops in their respective areas. We are also pleased to welcome a range of invited speakers from around the country.

This symposium provides us with the opportunity to unveil the “Sports Physiotherapy Code of Conduct”. The catalyst for development of this code began at the SPNZ Symposium in 2012 at which Dr Lynley Anderson spoke about ethical issues in sports physiotherapy, including “blood-gate”. Since then, SPNZ has been working with Lynley on the development of this document. We are pleased to welcome Lynley back to introduce and speak about the Sports Physiotherapy Code of Conduct, and about specific ethical issues in Sports Physiotherapy.

We look forward to meeting you all at our cocktail evening on Saturday, and this will also give you all the opportunity to catch up with friends and colleagues. We also look forward to seeing as many of you as possible at our AGM on Sunday morning. As always, we value your feedback as we continually strive to provide symposium and educational opportunities that are of value to our members.

We hope you enjoy the Symposium.

Dr Angela Cadogan

(SPNZ President)

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**SPNZ Symposium**

**Exercise Across the Lifespan**

**Sat 15 Mar** **Sun 16 Mar**



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| 11:00 |  |  | Registration |  |  |  |
|  |  | 12:00 |  |  | Welcome |  |  |  |  |  |
|  |  |  |  |  | **Craig Purdam** |  |  |  |
| 12:15 |  |  | **Key Note 1 – Racing Nature – can we speed up** |  |  |  |
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|  |  |  |  |  | **healing** |  |  |  |
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|  |  | 13:00 |  |  | Questions |  |  |  |  |  |
| 13:15 |  |  | **Speaker - Ben Speedy** |  |  |  |
|  |  | **Exercise guideline with Older Athletes** |  |  |  |
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|  |  | 13.45 |  |  | Questions |  |  |  |  |  |
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|  |  |  |  |  | **Lynley Anderson** |  |  |  |
| 14:00 |  |  | **SPNZ Ethical Guidelines** |  |  |  |
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|  |  | 14:30 |  |  | Questions |  |  |  |  |  |
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|  |  |  |  |  | **Andy Stokes(surgeon)** |  |  |  |
| 14:45 |  |  | **Shoulder Injuries Through the Ages** |  |  |  |
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|  |  | 15:15 |  |  | Questions |  |  |  |  |  |
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|  |  | 15:25 |  |  | Afternoon Tea |  |  |  |  |  |
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| 16:00 |  |  | **Mary Magarey** |  |  |  |
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|  |  | **Key Note 1 “Missing cuff link”** |  |  |  |
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|  |  | 16:45 |  |  | Questions |  |  |  |  |  |
| 17:00 |  |  | **Erica Hinckson** |  |  |  |
|  |  | **Promotion of exercise in children** |  |  |  |
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|  |  | 17:30 |  |  | Questions |  |  |  |  |  |
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| 17:45 |  |  | **Angela Cadogan** |  |  |  |
|  |  | **Lx Stress Fractures in Adolescent cricketers** |  |  |  |
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|  |  | 18:15 |  |  | Questions |  |  |  |  |  |
|  |  | 18:30 |  |  | Panel Discussion |  |  |  |  |  |
|  |  | 19:00 |  |  | Presentations |  |  |  |  |  |
|  |  | 19:05 |  |  | Cocktail “hour” |  |  |  |  |  |
| 19:50 |  |  | Finish |  |  |  |

8:00

8:35



9:05

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11:35

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12:35



12:45

SPNZ AGM



**Tony Schneiders**

**Return To Sport after Concussion**



Questions



**Rod Corban**

Developmental motivational changes and the impact they may have on the psychology of recovery/rehab.



Questions



Presentation

Prize Draw



Morning Tea

**Mary Magarey**

**Key Note 2 – Swimming shoulder MDI**



Questions



**Craig Purdam**

**Key note 2 – Hamstring Injuries**



Questions



Closing Address



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| Mary Magarey - Shoulders | **10** |

**Abstracts:**

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**Feedback Survey**

**We are saving trees. Please fill in the survey at http://www.spnz.org.nz/survey**

**You will receive an email after conference to remind you**

**Thanks**

**Hamish & SPNZ Committee**

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A Big Thanks To Our

Supporters



**7**

**Workshop 1 - Hamstring Injuries**

**Craig Purdam**

**8**

**9**

**Workshop 2 - Shoulder Injuries**

**Mary Magarey**

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**Short cuts, potholes and dead-ends:**

**the race against nature in injury management. Adjunct Professor Craig Purdam.**

In sport, clinicians face an ongoing challenge in returning players to train and compete following injury in the shortest possible time. New technologies are constantly emerging, however expectations of the athlete, coach or clinician are not always matched by efficacy. To a certain extent we are often constrained simply by nature’s complex sequential healing processes. This paper will explore a number of legal opportunities and constraints to reducing injury downtime using examples drawn from common injuries.

The tissue sciences continue to provide an increasing sophistication to our understanding of tissue adaptation and repair, although there are still considerable gaps in our present knowledge. In seeking to optimise, or accelerate, normal or abnormal healing, practitioners may look to utilise a variety of interventions, including pharmaceuticals, growth factors, physical modalities and loading regimes. The use of some pharmaceuticals, notably anti-inflammatories, probably compromise healing in muscle and bone. Growth factors, or their inhibitors, although initially attractive, appear to be very specific in their effects. New developments may be through development and discovery, or alternatively as a result of more accurate or innovative uses of current treatments such as our loading regimes.

Not uncommonly, we are faced with a paucity of specific clinical evidence for these interventions. Extrapolation from the tissue sciences is possible with caution, as applicability may be limited to an extent by the cell, animal, stage or method of injury in the model utilised. The clinical efficacy and applicability of new interventions is currently determined through single case and pilot studies progressed to randomised controlled trials. Further development is required to more accurately accommodate the variability of an individual’s response to load, injury and intervention, which in all probability is influenced by genetic predisposition. Furthermore, there may be attendant risks of an intervention, including longer term morbidity, shorter term recurrence or iatrogenic complications.

The new millennium of sports medicine coincides with an information explosion in which innovative clinicians and researchers have the potential for some exciting breakthroughs, yet as history reminds us, ‘all that glitters is not gold’.

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**Recurrent Hamstring injuries – an overview of considerations. Adjunct Professor Craig Purdam**

Recurrent hamstring injuries are often frustrating to medical teams in many high intensity sports. This clinical paper aims to provide an outline of elements that may be considered in a systematic approach to the clinical diagnosis and subsequent management of these often multi-factorial presentations. Aside from the muscle strength considerations which are well supported in the literature, many of the less prevalent aspects are derived from small case studies, either published or in collaboration with other practitioners. It is hoped raising awareness of the more unusual aspects within a rubric of acknowledged factors, may prove to be of some value in managing the more challenging chronic hamstring patient.

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**Where is my missing cuff link?**

**Dr Mary Magarey**

This paper provides recent evidence on the understanding of pathology associated with the rotator cuff and the implications for physiotherapists, particularly in relation to our management of patients presenting with shoulder pain potentially associated with the rotator cuff.

We set out on a journey to find the missing links in our understanding of rotator cuff pathology, exploring new concepts and management strategies along the journey and ending the journey with a discussion of the ‘so what’ factor for physiotherapists.

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**Management of swimming shoulders**

**Dr Mary Magarey**

Two hypotheses related to the pathology underpinning shoulder pain in swimmers will be presented and the significance of these in relation o physiotherapy management highlighted by presentation of two case studies, each related to the different hypotheses.

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**Exercise prescription for the “older individual"**

**Dr Ben Speedy**

An overview of the benefits of exercise and physical activity for the no longer young will be presented, including some aspects of the public health implications. Specific physical activity and exercise guidelines to optimise health and prevent disease will be outlined, and examples of exericse prescription in a number of populations and various medical conditions will be discussed.

Delegates are referred to www.fyss.se for the free pdf download of "Physical Activity in the Prevention and Treatment of Disease" resource, and to www.csep.ca for Par-Q+ down-loadable forms.

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**A code of conduct for sports physiotherapists in NZ**

**Dr Lynley Anderson**

The practice of sports physiotherapy occurs in an ethically interesting space. Athletes, coaches, fans can create pressures that may encourage sports health care workers to deviate from usual clinical practice. Sporting franchises with their commercial imperatives can sometimes make it a challenging environment in which to maintain professionalism. A hidden narrative that is often experienced by health care workers in sport is to either comply with requests or risk future employment. However a physiotherapist who allows complies with some demands may find it difficult to re-establish standards at a later date.

Sports Physiotherapists need ethical guidance and support for their work over and above that offered for other clinical areas. The purpose of any code of ethics or conduct include; establishing standards for clinical practice that are visible to clinicians and the public, to shield practitioners from unscrupulous demands, and to help construct a professional community. This paper describes the process of development of the sports physiotherapy cod e of conduct in NZ, and also informs members of the expectations laid out within the new document.

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**Shoulders through the ages**

**Mr Andy Stokes**

The shoulder is the most mobile joint in the human body. The cost of such versatility is an increased risk of injury. The intensity of training and competition among young athletes can place them at increased risk of acute and chronic injuries, which occur in patterns unique to the skeletally immature athlete. Elderly people are becoming increasingly active and involved in regular sporting and activity participation. Shoulder symptoms are one of the most common causes of presentation to physiotherapists and family doctors alike. This talk will discuss the anatomy and function of the shoulder and common disorders presenting in sportspeople of all ages. Important conditions requiring immediate attention and early referral will be discussed as well as definitive management options for those patients who fail to recover after appropriate early management.

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**Physical Activity and Sedentary Behaviour in children:**

**Reversing the Obesity Epidemic**

**Dr Erica Hinckson**

Children and adolescents are constantly exposed to features of modern life that facilitate overeating (abundance of easy-to-eat and high-kilojoule snacks) and sedentary behaviour practices (video games and passive transport). External factors, such as obesogenic environments that make it challenging to access healthy foods and dangerous to be physically active, contribute to difficulties in maintaining a healthy lifestyle. Environments that support physical activity in youth include mixed-use neighbourhoods with destinations such as parks, beaches and schools within walking distance. Reversing the obesity epidemic will require a comprehensive approach to assist young people and their families to make healthy decisions. In this presentation, our research, together with current national and international research relating to the fields of physical activity and sedentary behaviour in youth, will be discussed. The presentation will conclude with some suggestions on how health professionals and clinicians can play a role in reversing the obesity epidemic.

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**Lumbar Stress Fractures in Adolescent Cricketers:**

**Diagnostic and Management Guidelines.**

**Dr Angela Cadogan**

Lumbar bony stress injuries (LBSI), including stress fractures, are common in cricket fast bowlers particularly in adolescent bowlers during periods of skeletal growth. Such injuries require prolonged periods of rehabilitation and re-conditioning with large amounts of time lost from sport. This has significant implications for skill development and career opportunities in the talented, young fast-bowler, as well as the performance of national and international level teams when key players are unavailable due to injury. A prompt diagnosis of these injuries followed by appropriate management is important to reduce unnecessary lost-time from sport, optimise career opportunities in professional sport for these individuals as well as reduce the loss of key players from representative teams. With the aim of minimising the delay in diagnosis and improving the management of these injuries, New Zealand Cricket, together with their High Performance Physiotherapist, Medical Director, sports physician consultant, musculoskeletal radiologist and a prominent spinal surgeon have developed an algorithm for the diagnosis and management of lumbar bony stress injury that applies to bowlers of all ages participating at all levels of sport. This presentation will cover key aspects of the algorithm including diagnosis of LBSI (clinical examination, imaging recommendations and indications for referral for specialist evaluation) as well as an overview of management of these injuries in cricketers.

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**Return To Sport After Concussion**

**Professor Tony Schneiders**

Sports concussion is a common injury in collision and contact sports and is often characterised by a wide range of neurological signs and symptoms such as loss of consciousness, headaches and persistent fatigue which can affect daily activities and sports performance. While the majority of concussion symptoms fully resolve in most athletes over a relatively short period of time, some athletes may have ongoing problems and it has also been suggested that exposure to repeated concussions may lead to permanent brain damage in the form of chronic traumatic encephalopathy. In more severe forms head injury in sport can lead to catastrophic events such as a sub-dural haematoma that can result in permanent disability and even death. It is therefore vital that all head injuries in sport are identified quickly and accurately, mandatory stand down periods are implemented in order to gauge the severity of the injury, and a graduated return to sports participation is initiated.

The third edition of the Sports Concussion Assessment Tool (SCAT3) was released in March 2013 following the 4th International Conference on Concussion in Sport held in Zurich. This tool outlines the graduated return to sport following a concussion based on best evidence practice. This presentation will discuss the diagnosis and specifically the early management of a concussed athlete and emphasise that the foundation of concussion management is physical and cognitive rest followed by a graded programme of exertion prior to medical clearance and full return to play. The consensus statement recommends that an initial period of rest of 24–48 hours may be of benefit, however, because of the different physiological responses related to head impact in children and adolescents, a more conservative rest and return to play approach is recommended. For adults, there should be at least 24 hours between each stage of a graduated return to play protocol and if symptoms recur the athlete should rest until they resolve and then resume the program at the previous asymptomatic stage. If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

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**Psychological reactions to injury across different populations Dr Rod Corban**

The psychological impact of an injury will depend on many factors. Of course there is the severity of the injury, the impact on daily functioning and the long-term consequence of the injury. However, even these aspects are moderated by many other personal and developmental factors. For example, an injury to an athlete may result in different psychological responses dependent not only the level of athlete (e.g., recreational, competitive, elite), but also their stage in life. Further, injuries in general will undoubtedly be viewed differently dependent on the development stage of the injured party. Often we forget that human development is a life long process and does not stop at the end of adolescence. Thus, any successful rehabilitation process will acknowledge the different psychological needs and responses across the various stages of life development. By understanding some of these key differences, practitioners may be able to increase the efficacy of the rehabilitation process for their clients.

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