Washington University in 1985 and worked for a number of years as an Assistant Athletic Trainer at Tulane University in New Orleans. During that time she served on the US Medical Teams for the 1991 Pan American Games in Havana Cuba and the 1992 Olympic Games in Barcelona, Spain. In 1993, she received a Master of Applied Science in Manipulative Physiotherapy from the University of South Australia and in 2003, her PhD from the University of Miami. Dr. Courtney was recognized as a Fellow of the American Academy of Orthopedic Manual Physical Therapists (AAOMPT) in 2004. She has 80 peer reviewed publications, abstracts and book chapters, and has lectured nationally and internationally in the areas of pain science, osteoarthritis, joint injury and manual therapy. She also serves as deputy editor of the Journal of Manual and Manipulative Therapy, and co-chairs the AAOMPT Standards Committee.

Kim Bennell is Professor of Physiotherapy and a National Health and Medical Research Council Principal Research Fellow in the Centre for Health, Exercise and Sports Medicine at the University of Melbourne, Australia. She is also Director of the NHMRC Centre of Research Excellence in Translational Research in Musculoskeletal Conditions. She received a Bachelor of Applied Science (Physiotherapy) in 1986 and her PhD in 1996. Her research interests are in non-drug, non-surgical management of osteoarthritis particularly at the hip and knee. She has published over 230 peer-reviewed journal articles. Dr Bennell is an Executive Board member of the Osteoarthritis Research Society International and is on the Editorial Board of the journal Osteoarthritis and Cartilage.

Enrique Lluch Girbés graduated in Physical Therapy (1998) and completed his Master Degree in Geriatrics at the University of Valencia, Spain. Since 1998 till now he has been working as manual therapist at his own private clinic. In addition, he has worked as a professor at the Department of Physical Therapy of the University of Valencia since 2001. He is currently finishing his joint PhD at the University of Valencia (Spain) and Vrijte Universiteit Brussels (VUB) which is focused on the effects of pre-operative physical therapy interventions on central sensitization and post-operative outcomes in people with knee osteoarthritis. He has trained in several manual therapy approaches since he was graduated and gives courses at different master degree programs of manual therapy on a national and international level. He belongs to the teaching group of Travell and Simons seminars® and is a member of the Pain In Motion Research Group. His topic of research and interest are pain mechanisms related to the central nervous system including management of chronic osteoarthritis pain, muscle-related pain and cervical-shoulder pain and motor control. He has published over 20 peer-reviewed papers in international journals.

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Keywords: Chronic pain, Knee osteoarthritis, Manual therapy

FOCSYM-286
ADDRESSING PSYCHOSOCIAL ISSUES IN LOW BACK PAIN – CAN PHYSIOTHERAPISTS DO IT?

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Relevance to IFOMPT and expected audience: One of the strands for 2016 IFOMPT is 'Changing Roles and Scope of Practice'. With the rise of research implicating psychosocial factors in musculoskeletal pain and disability, it is no wonder that physiotherapists are now expected to embrace delivering biopsychosocial approaches. However, the last 10 years of research has not demonstrated smooth integration of these skills. This session will examine the evidence on whether physiotherapists can, and should, deliver psychosocially informed care.

Summary of session format: Lorimer Moseley will deliver the first session discussing how physiotherapists have incorporated 'Explain Pain' interventions into their practice in order to modify beliefs about pain understood to modulate the experience of pain. Zara Hansen will present in the second session on evidence of physiotherapists' competence to deliver treatments aimed at psychosocial factors. Kieran O'Sullivan will then present evidence from the qualitative literature on physiotherapist's attitudes towards identifying and addressing psychosocial factors. Esther Williamson will be the chair for this symposium and will direct a question and answer session at the end of the three presentations.

Information concerning any presentations or publications: The presenters will refer to their published works but this symposium has not been presented, or submitted for presentation, elsewhere.

Description: Low back pain (LBP) continues to carry the greatest disability burden in the world. Treatments are, at best, moderately effective. Research on the course of LBP has identified the importance of targeting modifiable psychosocial risk factors to prevent or manage chronic LBP. This responsibility has mainly fallen to physiotherapists who continue to be the leading health care practitioners involved in the rehabilitation of LBP. Cognitive behavioural therapies are currently the leading psychological approach for modifying psychosocial risk factors. However, they are somewhat ill defined – interventions and their underlying paradigms vary widely, and terminology is inconsistent and ambiguous. Nevertheless, most would now accept that psychosocial approaches tend to be interwoven with cognitive or behavioural techniques. Physical therapies also have a clear role in managing chronic pain and there has been a push towards full integration of the physical, cognitive and behavioural therapies as part of exercise and manual therapy-led approaches. The transition has been difficult, however, and the cost-benefit ratio of such an integration has been called into question.

This symposium will attempt to untangle some of the factors at play in this situation. The biomedical model remains dominant and although attempts to change practitioner's beliefs can appear successful, behaviour consistent with a biopsychosocial approach is much more elusive. Why does such a disconnect exist? It may indicate a lack of genuine paradigm shift; it may reflect a lack of confidence in delivering biopsychosocial approaches; it may reflect fundamental principles of clinician behaviour change such as operant conditioning, self-efficacy theory or conceptual change; it may reflect environmental and financial pressures or tendency to maintain the status quo.

One biopsychosocial approach, Explaining pain (EP), refers to a group of interventions that aim to target beliefs about pain in an attempt to directly modulate the pain experience. In this way, it is similar, although distinct, from cognitive interventions that aim to modify unhelpful beliefs about pain. Although EP is not profession-specific, physiotherapists are at the leading edge of research into EP and integration into clinical practice. Core to gaining EP competency is the practitioner's knowledge and understanding of pain, their subsequent ability to translate this into meaningful information for the patient and their perceived credibility and that of the intervention itself. Professor Moseley will focus on barriers and facilitators of effective implementation of EP within clinical practice.

Dr Hansen will present on the clinical trials that have been conducted to date, which incorporate cognitive behavioural approaches delivered by physiotherapists in the management of low back pain. These trials provide some evidence as to the current effectiveness of these interventions, along with data collected on intervention delivery. Research defining the competence of physiotherapists delivering CB interventions will be discussed, along with research exploring competence with clinical outcome and subsequent implications for training.

Understanding the integration of psychosocial approaches into clinical practice is ultimately enlightened by qualitative research. Dr O'Sullivan will report on qualitative research done with physiotherapists in the management of low back pain. This will explore whether physiotherapists feel able to integrate the skills into practice, perceived barriers, and patterns of physiotherapist beliefs about back pain patients themselves.

Learning objectives: We expect participants to:

1) Gain insights into the current evidence, both qualitative and quantitative, regarding physiotherapists' capability to deliver psychosocial interventions in LBP

2) Be able to identify training needs where evidence suggests physiotherapists require further up-skilling in delivering psychosocial interventions

3) Reflect on the role and scope of physiotherapists in identifying and addressing psychosocial factors in musculoskeletal pain

Implication/Conclusions: It would appear that physiotherapists are capable of delivering biopsychosocial approaches to target LBP. However, the evidence that this improves clinical outcomes is not always consistent. Delivering these approaches requires a significant paradigm shift for many physiotherapists and there are numerous perceived barriers to implementation. Furthermore, it is not yet established what skill level is required to be able to target psychosocial risk factors and further research will be required to optimise training within undergraduate/postgraduate education and healthcare systems.

Biography: Dr Zara Hansen

After graduating as a Physiotherapist in 1997, Dr Zara Hansen worked within the NHS and private sector specialising in the area of musculoskeletal outpatients. During this time Zara developed a special interest in chronic pain management that led her to undertake a Post Graduate Diploma in Cognitive Behavioural (CB) Therapy from 2002-3. Zara worked in Occupational Health as a psychotherapist whilst also integrating the skills into her physiotherapy practice.

In 2004 Zara joined the University of Warwick Clinical Trials Unit as clinical lead in a large trial investigating the effectiveness of a CB group approach to chronic low back pain (Back Skills Training Trial). Her PhD, conducted at the University of Warwick, investigated the competence of physiotherapists to deliver CB approaches and was awarded in 2014. She joined The University of Oxford, Centre for Rehabilitation Research in Oxford (RRIO) in 2014 to provide expertise for research incorporating cognitive behavioural elements and as co-applicant on a large NIHR programme grant into treatments for LBP in older adults (BOOST).

Zara has wide experience in training CB approaches with over 1200 health professionals trained to date, and many more lectured to at conferences. She continues to see patients for physiotherapy and CBT and was the Chair of the Physiotherapy Pain Association (PPA) from 2007-09.

Dr Kieran O'Sullivan

Kieran graduated from University College Dublin in 1999. On graduation, he worked in both the Irish public health system and in private clinical practice. In 2001 he completed a Certificate in Orthopaedic Manual Therapy in Perth, Australia. In 2004 he completed an MSc in Manipulative Therapy at Curtin University of Technology, Perth, Western Australia. In 2008 he was awarded specialist member status by the Irish Society of Chartered Physiotherapists. He completed a specialist diploma in Teaching and Learning in 2012. He also completed his PhD, which was funded by the Health Research Board of Ireland, in 2012. This project investigated spinal sitting behaviour in chronic low back pain using novel wireless technology to monitor and provide feedback on spinal posture. He is currently leading a multi-centre randomised clinical trial into the use of a biopsychosocial treatment – Cognitive Functional Therapy - for low back pain. He has a particular interested in disseminating scientific research among the community. For example, he previously chaired a national campaign on low back pain myths, and his research group provide a free website on chronic pain – www.pain-ed.com. This platform is also available on twitter(@pain_eddotcom) and facebook (Pain-Ed).

Professor Lorimer Moseley

Professor Lorimer Moseley is a clinical scientist investigating pain in humans. After 8 years of clinical practice, he undertook a PhD at the University of Sydney. He has had research posts at the University of Queensland and The University of Oxford, UK. Lorimer was the youngest scientist to be made Chair in medical or allied health in Australia, when he was appointed Professor of Clinical Neurosciences and Foundation Chair in Physiotherapy at the University of South Australia. He is Senior Principal Research Fellow at NeuRA, an NHMRC Principal Research Fellow and leads an interdisciplinary group of 30 researchers investigating the role of the brain and mind in chronic pain.

He has published over 200 papers, four books and numerous book chapters. He has given over 140 keynote or invited presentations at interdisciplinary meetings in 30 countries and has provided professional education in pain sciences to over 10,000 medical and health practitioners and public lectures to as many again. His YouTube and TEDx talks have been viewed over 350,000 times. He is Chief Editor of BodyinMind.org, the world's most influential web and social media presence in the clinical pain sciences. His many achievements include the inaugural Ulf Lindblom Award for the outstanding mid-career clinical scientist working in a pain-related field by the International Association for the Study of Pain, runner-up for the 2012 Australian Science Minister's Prize for Life Sciences, the 2013 Marshall & Warren Award from the NHMRC for the Best Innovative and Potentially Transformative Project. He was made an Honoured Member of the Australian Physiotherapy Association in 2014.

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Keywords: Biopsychosocial, Competence, Low back pain

FOCSYM-289
WHERE TO FROM HERE WITH WHIPLASH? NEW INSIGHTS AND NEW DIRECTIONS

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Relevance to IFOMPT and expected audience: Whiplash associated disorder (WAD) remains a condition largely managed by musculoskeletal/manipulative physiotherapists, namely members of IFOMPT. The symposium is relevant to all IFOMPT members who either research or manage people with whiplash in their clinic. New directions and insights into managing this condition is critical if as a profession we are to continue to lead research and clinical practise in this area.

Summary of session format: This 90 minute symposia is presented by a world-leading panel comprising both renowned researchers and specialist clinicians in the area of WAD. Each of the panellists will present for 15 minutes (total 60), with presentations including a synopsis of the latest research and case studies. Presentations will be followed by a 30 minute interactive discussion with a moderator.

Information concerning any presentations or publications: The panel are widely published. Althougth the insights presented at this symposium are derived from the authors' original work, the work presented at the symposium is unique and has not been presented previously.

Description: Overview

This world-leading panel will discuss their insights into where the future may lie. The discussion will include new knowledge in biological mechanisms underlying whiplash, advances and novel approaches to management, risk stratification and clinical pathways and insights based on advances in pain science and exercise.

Panelists are Prof Michele Sterling, A/Prof Jo NIjs, A/Prof Jim Elliott, Dr Trudy Rebbeck

Professor Michele Sterling: Where to from here for the treatment of WAD?

Whiplash Associated Disorder (WAD) is a heterogenous condition with injured people showing various physical and psychological features including central nervous system sensitisation, movement and motor disturbances, pain related distress and posttraumatic stress symptoms. Some of these features also predict poor long term recovery. Recent randomised controlled trials indicate that conventional physiotherapy exercise based treatments are only modestly effective at best. A possible