

**3rd International Conference for Physiotherapy in
Psychiatry and Mental Health**

3-5 February 2010 in Lund, Sweden



ABSTRACT BOOK

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We want to welcome you to the

**3rd International Congress - Physiotherapy in Psychiatry
and Mental Health (IC-PPMH)
3-5 February 2010**

www.icppmh2010.se

The objectives of this conference is to deepen the understanding of professional development within the area of Physiotherapy in Psychiatry and Mental Health and to integrate theory and practice more fully, as well as to update you on research findings within the area

The conference theme **“Professional development - integrating theory and practice”** is an effort to continue to bridge the gap between theory and practice, from scientific, theoretical and clinical perspectives.

We hope to do this by having:

- * A living discussion with opportunities to share experiences with others from different countries in morning table discussions and seminars.
- * Update knowledge about evidence and experience based research, theories and models and to take part of what is happening in the international research community in oral presentations.
- * To have the opportunity to experience both movement praxis in floor work as well as different strategies and approaches to treatment in workshops.
- * Promote participation in networks and to exchange experiences with others both on a national and international level.
- * To integrate Physiotherapy in Psychiatry and Mental Health into the educational curriculum in different countries, on different academic levels
- * Strengthen Physiotherapy in Psychiatry and Mental Health to be able to move forward stronger and more united, towards building a subgroup with our profile in the WCPT (World Confederation of Physiotherapy).

Lund 26th of January 2010

Amanda Lundvik Gyllensten
Organizing committee
Editor of the Abstract book

3rd International Conference for Physiotherapy in Psychiatry and Mental Health



Organized by:

**Lund University, Department of Health Sciences, Division of Physiotherapy
and Region Skåne, Sweden**

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Programme ICPPMH-3-5 February 2010

The number behind the presentations refers to the abstract in the abstract book (e.g. 1)
Room P = Palaestra, U= University building, BH = Bishops house

Wednesday

12.00 Registration opens, poster arrangements
(chair persons information - assembly 13.15)

14.30 Welcome to the conference in Lund (Amanda Lundvik Gyllensten, Gunvor Gard)

14.35 Opening ceremony by Rector, Chancellor of Lund University- Per Eriksson

14.45 Greetings from Charlotte Ekdahl Professor Lund University, Dep. of Health Sciences,
Division of Physiotherapy

14.50 Opening speech by Anna Hertting President of the Physiotherapy union, LSR Sweden
“Physiotherapy in a bio psychosocial perspective”

15.20 Keynote speaker Michel Probst “Physiotherapy in Mental Health and Psychiatry in
2010 –What are the challenges and is there evidence?”

16.15 Break (coffee and fruit)

16.45 -17.30 Presentations in parallel sessions

A “Clinical studies in psychiatric and psychosomatic physiotherapy” room P1 (Chair
Amanda Lundvik Gyllensten)

16 45-17.00 Levy Berg A, Sandell R, Sandahl C. Affect-focused body psychotherapy in
patients with generalized anxiety disorder: evaluation of an integrative method. 1.

17.00-17.15 Andrén K, Eriksson E. How important is the diagnosis of the patient for their
received attention in Medical Care? 2.

17.15-17.30 Nyboe L. Videbech P. The metabolic syndrome in patients with first episode
Schizophrenia, prediction and prevention 3.

B “ Aspects of Professional development” room P2 (chair Gunvor Gard)

16 45-17.00 Meurle-Hallberg K, Radöy L. The ”Atelier- model”- Supervision of the
physiotherapeutic session using transference communication of unexpressed emotional
experiences 4.

17.00-17.15 Catalán Matamoros D., Gomez Conesa A. How to promote the physiotherapy in
mental health from scratch- the experience in Spain 5.

17.15-17.30 Kjölstad G. Majewski M. Integrating theory and practice – a personal example 6.

C “Cognitive function and cognitive behavioural therapy?” room 206 U (chair Charlotte
Ekdahl)

16 45-17.00 Hatlova Bela and Adamkova Milena – Psychomotor therapy in psychiatric
treatment in the Czech republic 7.

17.00-17.15 –Hanning E. Gren I. Integrative group rehabilitation – Basic Body Awareness
and Cognitive Therapy 8.

17.15-17.30 Yamamoto Taisei; Nara Isao- The effects of therapeutic exercise for cognitive
function and nervous activity in the brain 9.

17.45-18.15 General Meeting ICPPMH- description of the activities of the board since the
last general meeting (room P1+P2 Palaestra)

18.15 -19.15 Welcome mingle in the University Hall

Thursday

8.30 Round table discussions (register for your choice of topic available at registration, Wednesday)

- 1- To develop Physiotherapy in Psychiatry and Mental Health in our country (PPMH)- (chair Liv H Skjaerven, room 309 BH)
- 2- Student education in PPMH in our country –(chair Beverly Sarin room 206 BH)
- 3- How to inform politicians and health care decision makers about the value of PTs in PPMH- (chair Anna Hertting room 303 BH)
- 4- How to start research in the area of PPMH- (chair Michel Probst room 203, BH)
- 5- How to integrate and implement research findings into PPMH- (chair Daniel Catalan room 208 BH)
- 6- Health promotion in the area of PPMH (chair Gunvor Gard room 308, BH)
- 7- How to develop clinical expertise in PPMH- (chair Maria Nilsson Ovesson room 302 BH)
- 8- Supervision in PPMH (chair Monica Mattsson room 302, BH)
- 9- The need of evidence in PPMH- (chair Kirsten Ekerholt room 204, BH)

9.45 General assembly at Palaestra -overview of the day (Amanda Lundvik Gyllensten P1+2)

10.00 Presentations in parallel sessions

A “Work-related disorders and stress” (chair Gunvor Gard room P1)

10.00-10.15 Persson A L, Alkstrand K. Individualized multimodal group rehabilitation of patients with stress-related pain disorders *10*.

10.15-10.30 Sundqvist I. Dance-movement and psychotherapy as treatment for burnouts *11*.

10.30-10.45 Herrala H, Härkönen U, Niskala K, Noronen L. Enhancing body awareness in occupationally deepened rehabilitation *12*.

B “Eating disorders and physiotherapy” (chair Michel Probst room P2)

10.00-10.15 Catalán Matamoros D. Searching for evidence in the effectiveness of physiotherapy in eating disorders *13*.

10.15-10.30 Danielsen M, Rö Oyvind. Distorted body image and compulsive exercise in female patients with eating disorders compared to normal controls *14*.

10.30-10.45 Tyyskä E. The effectiveness of body awareness methods on health related quality of life in eating disorder patients *15*.

C “Education –Physiotherapy in mental health care and psychiatry” (chair Bev Sarin room 206 U)

10.00-10.15 Jaakkola R, Lähteenmäki M-L. Integrating clinical and theoretical aspects in education of Psychophysical physiotherapy *16*.

10.15-10.30 Kurunsaari M, How Physiotherapy students are learning physiotherapy in mental health and body awareness *17*.

10.30-10.45 Woolfenden L, Sarin B. Student voices- what do they tell us about professional development in the area of mental health practice *18*.

D. Psychotic patients/ patients with schizophrenia and the body (chair Lena Nyboe room 303 BH)

10.00-10.15 Vancampfort D, De Hert M, Deckx S, Probst M. Physiotherapy within mental health care for patients with schizophrenia- state of the art *19*.

10.15-10.30 Stensdotter A-K. Wanvik A-K. Quantitative methods of postural control in psychiatric patients *20*.

10.30-10.45 Wanvik A-K , Stensdotter A-K. How do psychiatric patients perceive and experience their body and what attitudes do they have to own body? *21*.

10.45-11.15 coffeebreak

11.15 Workshops (parallel sessions, register for your choice at registration Wednesday)

A Basic Body Awareness Therapy (Kent Skoglund room P3) *45*.

B Basic Body Awareness Therapy (Anna Sannum / Amelie Ambolt room 204 BH) *45*.

C Tai Chi (Amanda Lundvik Gyllensten- room 203 BH) *46*.

D The phenomenon of Movement Quality (Liv Helvik Skjaerven /Gunvor Gard room 303 BH) *47*.

E PT in Region Skånes Eating Disorder Centre –to touch and be touched in ED treatment - Clinical experience (Kristina Jacobsson, Gunhild Kjölstad, Marie-Louise Majewski and Sara Wik room 206 U) *48*.

12.30 Lunch

13.30 Presentations 15 minutes in parallels sessions

A Body awareness theory and patient' experiences (chair Charlotte Ekdahl room P1)

13.30-13.45 Skoglund. K. Basic Body Awareness Therapy (BBAT) - eastern practical and theoretical influences *22*.

13.45-14.00 Yuce H. The effects of BBAT on physical and psychological symptoms of patients with Wernicke Korsakoff syndrome *23*.

14.00-14.15 Böhme A-M. Skjaerven LH. The effects of Basic body Awareness Therapy on women suffering from breast cancer – a pilot study *24*.

B Professional Issues (chair Amanda Lundvik Gyllensten Room P2)

13.30-13.45 Ekerholt K. Similar diagnoses- adapted therapeutic approaches *25*.

13.45-14.00 Mulders N. Professional Competency Profile (PCP) of the Dutch psychosomatic physical therapist *26*.

14.00-14.15 Hedlund L, Gyllensten AL. Experiences of basic body awareness therapy in patients with schizophrenia *27*.

C Physical activity/ therapy and assessments (chair Adrienne Levy Berg room 206 U)

13.30-13.45 Mattsson M. Rating body awareness in persons suffering from eating disorders *28*.

13.45-14.00 Adamkova M, Hatlova B. Body and movement oriented techniques in the therapy of eating disorders *29*.

14.00-14.15 Raepset J, Knapen J, Probst M. Motivation to physical activity in patients with non-psychotic disorders *30*.

D Clinical and qualitative studies (chair Ann Persson room 303 BH)

13.30-13.45 Keskinen Rosenqvist R. Michélsen H. Schulman A. Physical symptoms one and three years after the 2004 Tsunami in individuals with varying types of exposure **31**.

13.45-14.00 Klahr A. Rehabilitation of tortured refugees –a qualitative study of Physiotherapists clinical reasoning **32**.

14.00-14.15 Johnsen R. Råheim M. Conversations on basic body awareness and movement experiences -a qualitative study on experiences with psychiatric group treatment **33**.

14.20 poster presentations

15.00-16.00 Discussion Seminar in parallel sessions (see registration counter) at Biskopshuset

A- How to promote PPMH into geriatric practice- what are our experiences (chair Seppe Deckx Room 202 BH)

B- Patients with schizophrenia and PPMH- what are our experiences (chair Davy Vancampfort, room 206 BH)

C-Patients with eating disorders and PPMH- what are our experiences (chair Daniel Catalan Matamoros -room 208 BH)

D- Patients with work-related disorders and stress- what are our experiences (chair Gunvor Gard-room 204, BH)

E- PT in patients with anxiety and depression- what are our experiences (chair Lene Nyboe –room 303 BH)

F- PPMH in Student-education - what are our experiences (chair Liv Helvik Skjaerven, room 203 BH)

16.00 Coffee or tea

poster presentations and voting for best poster with coffee

16.30-17.30 Workshops in parallel sessions (register for your choice at lunch)

A Physiotherapy for patients with eating disorders (Marit Nilsen / Marit Danielsen room P3) **49**.

B Tai Chi (Kent Skoglund room 204 BH) **46**.

C Research workshop “Understanding body awareness”- focus group (Gunvor Gard /Amanda Lundvik Gyllensten room 208 BH) **50**.

D The treatment of eating disorder patients in a physiotherapeutic practice (Michel Probst room 206 U) **51**.

E- BBAT (Maria Nilsson Ovesson -special visit to the Lund Psychiatric clinic) **45**.

F- [A film on clinical use of Basic Body Awareness Therapy - The case of Berit Maria.](#) (Else Martens Kobbé- room 303 BH) **52**.

17.30- 18.30 icppmh -meeting in general assembly Palaestra

19.30 Conference dinner at the Pelar Hall in the University building

Friday

8.30 Round table discussions (register for your choice of topic at lunch Thursday)

- 1- To develop Physiotherapy in Psychiatry and Mental Health in our county (PPMH) (chair Marie-Louise Majewski–room 204 BH)
- 2- Student education in PPMH in our country (chair Liv H Skjaerven, room 203, BH)
- 3- How to inform politicians and health care decision makers about the need of PTs in PPMH (chair Maria N Ovesson , room 308, BH)
- 4- How to start research in the area of PPMH (chair Lena Nyboe room 208, BH)
- 5- How to integrate and implement research findings into PPMH (chair Michel Probst room 303, BH)
- 6- Theory-development in PPMH (chair Kirsten Ekerholt room 302, BH)
- 7- How to develop clinical expertise in PPMH (chair Kina Meurle Hallberg room, 206 BH)
- 8- Supervision in PPMH (chair Gabriella Broman- room, 202, BH)
- 9- The need of evidence in PPMH (chair Monica Mattsson room 309, BH)

9.45 General assembly at Palaestra -overview of the day

10.00 Theory, demonstration of therapy. The Comprehensive Body Examination (CBE) as a base for Norwegian Psychomotor Physiotherapy (Berit Bunkan , Inger Anita Herheim room P1+P2) **53.**

10.30 Coffee or tea

11.00 Workshops parallel sessions (register for your choice at lunch Thursday)

- A- Physiotherapeutic treatment in in-patient psychiatric care Copenhagen model (Susan Christensen, Helena Björn Andersen room 206 U) **54.**
- B- Body image, physical activity and physical fitness: research methods in clinical practice (Michel Probst room 303, BH) **55.**
- C- The bodily perspective in the treatment of traumatized patients (Elsbeth Jacobs –room 203 BH) **56.**
- D- Coping strategies in work related stress disorders- A group centred method in occupational health with focus on behavioural change (Ulrika Knutsson / Kerstin Stigmar room 204 BH) **57.**
- E- Team work rehabilitation at the Rehabilitation and Research Center for Torture victims (RCT) in Copenhagen (Ann Persson, Anette Klahr room P3) **58.**

12.15 Lunch- vote for “Best poster” deadline 12.50

13.00- 13.45 Presentations 15 minutes in parallel sessions

- A Experiences from psycho-geriatric practice** (chair Daniel Catalan Matamoros room P1)
- 13.00-13.15 Gómez- Conesa A, Catalan Matamoros D, León MC, Maldonado AL, The relation between the risk of falls and anxiety depression and cognitive status in elderly population without dementia **34.**
- 13.15-13.30.
- 13.30-13.45 Deckx S. Psychomotor therapy on a psycho geriatric ward **35.**

B Clinical studies (chair Kina Meurle- Hallberg room P2)

13.00-13.15 Meurle- Hallberg K, Armelius BÅ, von Koch L, Armelius K. Relationships between bodily characteristics and mental attitudes: bodily examined and self-assessed ratings of ill-health **36**.

13.15 – 13.30 Caparaso F. Integrating relaxation therapy into in-patient psychiatric care **37**.

13.30- 13.45 Vancampfort D, De Hert M, Deckx S. Probst M. The importance of progressive muscle relaxation within Physiotherapy for patients with schizophrenia **38**.

C Professional practice (chair Charlotte Ekdahl room 206 U)

13.00-13.15 van Driel, A, Probst M. Analyses of Mental Health articles in Physiotherapy journals **39**.

13.15 -13.30 Johnsson H, Sarin B. Student voices: What are the barriers to effective physiotherapeutic engagement with patients with Dementia **40**.

13.30- 13.45 Moolman J. The role of the physiotherapist in pain management of the psychiatric patient **41**.

D “Theories and experiences of body oriented methods” (chair Ann Persson room 303 BH)

13.00-13.15 Drivsholm S, Smith Lassen, I, Nyboe Jacobsen L. Effect of massage on clinical depressed patients **42**.

13.15-13.30 Calvert P, Jureidini J. Review of the evidence for management of unexplained signs and symptoms in children **43**.

13.30- 13.45 Levy Berg A, Sandahl C and Bullington J. Patient’s perspective of change processes in affect –focused body psychotherapy **44**.

14.00- 15.00 Discussion Seminar in parallel sessions (see registration counter) With coffee or tea

A- Evaluation and assessment in PPMH- (chair Michel Probst, room 303 BH)

B- Mindfulness and development of body –oriented PT methods (chair Lena Hedlund, room, 302 BH)

C- How do we move forward in professional development? (chair Liv Helvik Skjaerven, room 203 BH)

D- Integrating theory and practice is it possible? (chair Kerstin Stigmar, room 208, BH)

E- What can we contribute in society? (chair Maria N Ovesson, room 309, BH)

F- European Body Psychotherapy versus Psychiatric Physiotherapy (Chair Christina Baader, room 204, BH)

15.15 closing ceremony and keynote conclusions, poster award

16.00 end of conference

Key Note Speaker:

Physiotherapy in mental health and psychiatry in 2010: what are the challenges and is there an evidence?

Michel Probst, PhD PT

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Physiotherapy in psychosomatic medicine, psychiatry and mental health still is considered as a non-relevant field within the family of physiotherapy. This specialisation is not always recognised by medical doctor as an adjunctive therapy. However physiotherapists, working in mental health care, are in an unique position to provide an extensive range of physical approaches to the treatment aimed at relieving symptoms, boosting confidence and improving quality of life.

Today, there is some evidence that in mental health care, exercise has a positive effect on psychological problems. In some cases it is as good as pharmacological or psychotherapeutic treatment.

To remedy this ignorance, the IC-PPMH was set up in 2006 in Leuven (Belgium). The past four years, voluntary colleagues from different countries worked on a more positive image: the website of the council was developed, three conferences (Leuven, Bergen, Lund) were organised, a structure of the council was developed, a network with a list of members was worked out, a mission was discussed and adapted and a file for recognition of the IC-PPMH as a WCPT subgroup prepared.

But even after four years, the conclusion can be made that still a lot of work needs to be done in order to be awarded a full place in mental health care. The question is how physiotherapy can take in such a place? Is there evidence for a more prominent role of physiotherapy in mental health? Does physiotherapy really contribute in a positive way to the treatment process? Are the potential changes effective on the long run? What did physiotherapists learn about research in this field? The answer seems obvious for a great part of the therapists but the transposition in the clinical practice is more difficult. Therefore we need to prove that what we do is well-founded and represents a significant surplus value for the person who requests aid.

Physiotherapists in this field did a good job but in 2010 we need to fulfil also some other criteria. Step by step, we have to professionalise our speciality. High quality care should be developed and certainly in a time of economic crisis also physiotherapists have to make a cost-benefit analysis of their interventions.

To fulfil all this criteria, research is important and even vital. Scientific research can help to work efficiently and is therefore more and more connect with our clinical practice The evaluation of the interventions and the satisfaction of the patient and his/her environment is an important issue. The goals of this paper are to reach some simple anchor points to start in the next decade clinical research with an open mind.

Research Reports and Special Interest Reports

Research Report

1. AFFECT-FOCUSED BODY PSYCHOTHERAPY IN PATIENTS WITH GENERALISED ANXIETY DISORDER: EVALUATION OF AN INTEGRATIVE METHOD

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Purpose: The aim of the study was to explore the long-term effects of Affect-focused Body Psychotherapy (ABP) for patients with Generalised Anxiety Disorder (GAD).

Relevance: GAD is an incapacitating illness and the impairment from GAD can be compared to that seen in depression. The focus on affect-exploration and bodily interventions are expected to help the patient to get in touch with his/her feelings, thoughts and behaviour in the physically felt, bodily experience. The wish to develop an alternative and integrative treatment for patients suffering from GAD has been the impetus to the present study.

Participants: A group of 61 consecutive patients, 21-55 years old, were randomised to ABP and psychiatric treatment as usual (TAU).

Methods: The patients were assessed before treatment and followed-up one and two years after inclusion. The ABP patients received one-session-a-week treatment during one year. Three self-report questionnaires were administered; SCL-90, Beck Anxiety Inventory (BAI) and the WHO (Ten) Well-Being Index (WWBI).

Analysis: Repeated measures multivariate analysis of covariance (MANCOVA) was performed on the SCL-90, BAI and WWBI. Effect sizes, *d*, on the raw scores on each outcome variable were also calculated. The raw score differences between the first measurement (baseline) and each of the two follow-up measurements for each scale in each group were divided by the standard deviation at baseline. Between-groups effect sizes were also calculated.

Results: In both groups there was a significant improvement over time. On termination the ABP group had improved significantly more on the SCL-90 Global Symptom Index than the TAU group, whereas the differences were short of significance on the other two scales.

Conclusion: The integration of bodily techniques with a focus on affects in a psychodynamically informed treatment seems to be a viable treatment alternative for patients with GAD.

Implications: The integration of body-based techniques and a focus on affects into a body psychotherapy framework, such as ABP, may constitute an effective treatment for GAD. Physiotherapists with further education in body psychotherapy may thus be a useful resource in the management of patients suffering from GAD.

Key words: affect-focused body psychotherapy, integration, physiotherapy.

Funding acknowledgements This study was supported by grants from Vårdalstiftelsen, Karolinska Institutet, the Boëtius foundation, the Bror Gadeliuss foundation, and the Psychiatric Clinic and Research Department at Karolinska University Hospital – Huddinge.

Research Report

2. HOW IMPORTANT IS THE DIAGNOSIS OF THE PATIENT FOR THEIR RECEIVED ATTENTION AND TREATMENT IN MEDICAL CARE?

Kristina Andrén, BSc, Dipl. GT, **Elsa Eriksson**, PhD, RPT. Functional Gastroenterology, SU/Östra, SE-416 85 Göteborg, Sweden, +46 317729624, Elsa.Eriksson@surgery.gu.se

Purpose: To evaluate irritable bowel syndrome (IBS) patients' scoring of anxiety and depressive symptoms. The question rose in relation to the government's distribution of funds for rehabilitation of patients with pain, anxiety and depression.

Relevance: The greater part of our IBS-patients have multiple symptoms besides there gastrointestinal troubles, such as pain, psychological symptoms, autonomic dysfunction and deviating bodily functions. Body awareness treatment (BAT) gives lower anxiety, depression, gastrointestinal symptoms and pain as well as higher quality of life (1-3). Physiotherapists' with practical experience is well aware of this. Politicians and management, however, seems not to have integrated this knowledge to a very large extent. We hope that by showing the relevance to these aspects, we will contribute to a higher awareness of these matters.

Participants: 169 IBS-patients and 21 apparently healthy persons (reference group) filled in a SCL90 questionnaire. **Methods:** The Symptom Checking List questionnaire (SCL90) is a self-rating scale evaluating symptomatic behaviour of psychological state [4]. The questionnaire includes 90 questions regarding how much the specific problem distress you. Answers score in a five-graded scale (0-4) and allow subdivision into symptom dimensions. A higher score reflects more symptoms.

Analysis: All scores (ordinal data) for every person are listed in a column (StatView) and then divided by category-columns for dimensions. Two dimensions; anxiety (10 questions) and depression (13 questions) are analysed. Score 0 means not at all, 1 (a little bit), 2 (moderately), 3 (quite a bit) and 4 (extremely). Mean, median, interquartile-range (IQR), and percentage, MWU-test were used for presentation of data. Although median and IQR were optimal for ordinal data, means were presented as well, for better visualisation.

Results/findings: The depressive score were [mean, Md(IQR)] 0.40, 0(1) and 1.39, 1(2) for reference group and IBS group, respectively. For anxiety, the corresponding figures were 0.38, 0(1) for reference group and 1.13, 1(2) for IBS group. This statistical difference ($p < 0.0001$) could also be expressed as percent of every grade in the dimensions.

Group	Score-0	Score-1	Score-2	Score-3	Score-4
Depression	%	%	%	%	%
Ref-IBS	74-35	18-24	5-16	4-16	0-9
Anxiety	%	%	%	%	%
Ref-IBS	78-46	13-20	4-14	3-15	2-5

Conclusions: IBS patients have considerable more anxiety and depression compared to the reference group. It applies especially important that all symptoms of the patient are taken into consideration in contact with medical care.

Implications: Our "IBS" patients have seen several doctors and have various diagnoses. These patients are falling between chairs and are not seldom misjudged and given wrong treatment instead of being well cared for. These types of patients need rehabilitation with body-mind treatments such as BAT.

1) Adv in Physiotherapy 2002; 4:125-135. 2) WJG 2007; 13(23): 3206-3214.
3). WJG 2008; 14(31): 4889-4896. 4) BrJ Soc Clin Psychol 1977; 16: 347-356.

Keywords: anxiety, depression, IBS, diagnosis

Funding acknowledgements: Different funds

Research Report

3. The Metabolic Syndrome in Patients with First-episode Schizophrenia- prediction and prevention

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Purpose: The metabolic syndrome (MetS) is a cluster of factors significantly increasing the risk of developing cardiovascular disease and type 2 diabetes and MetS is highly prevalent in patients with schizophrenia. There may be many different causes for developing MetS; genetics, unhealthy lifestyle and antipsychotic medication being some of the most well-known. Several studies have investigated the metabolic side-effects of antipsychotic medication. However it is still unanswered how unhealthy lifestyle, comprising physical inactivity, smoking, unhealthy dieting, and sleeping disturbances adds to the metabolic risk of patients with schizophrenia. The aim of this study is to investigate the prevalence of the metabolic syndrome in drug-naïve patients with first-episode schizophrenia and 1 year after onset of treatment and to investigate the impact of different risk factors in developing Mets. The study's main hypothesis is that physical inactivity, regardless of medication, is an independent risk factor for metabolic syndrome in patients with schizophrenia and that disturbed bodily experiences influences the patient's level of physical activity negatively. Secondly the risk of sleeping disorders, food intake and antipsychotic medication in developing Mets is investigated. **Relevance** It is anticipated that the study's results will provide new knowledge about the risk of developing metabolic syndrome in first-episode schizophrenia and how different risk factors contribute to this. These findings will hopefully guide more successfully interventions in preventing MetS in patients with schizophrenia, comprising both body awareness therapy and physical activity.

Participants: All patients consecutively assigned to The OPUS-project in The Region of Midjotland (Denmark) and in-patients having an ICD-10 diagnosis of first –episode schizophrenia (F20.0), and age between 18-40 years are the population of interest. Patients with schizophrenia are compared with in-patients with ICD-10 diagnosed depression and healthy controls matched on age and gender. Participants who are physically disabled, have an IQ < 55 or are pregnant are excluded from the study.

Methods: The study is a clinical, prospective, observational study. Presence of the metabolic syndrome is evaluated for all participants using the NCEP ATP III –criteria. Furthermore the following will be assessed: Level of Physical activity, Aerobic fitness, Sleeping disorders, Disturbed bodily experiences, Eating habits, socio-economic status, smoking and drug abuse and medication. Finally in order to examine the patient's view on how disturbed bodily experiences interact with there physical activity level a qualitative interview of some selected patients with schizophrenia is performed.

Analysis: All the study's quantitative data will be analysed statistically in logistic regression models. The qualitative data will be analysed using Malteruds methods of condensation of text.

Results: The study's preliminary results will be presented. The aims and methods of this newly commenced study will be presented and discussed.

Keywords: Metabolic syndrome, physical activity, disturbed bodily experiences

Funding acknowledgements: The study has so far been funded by The Danish Physiotherapy Association and The Psychiatric Research Fund in The Region of Midjotland

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Special Interest report

4. “The Atelier-Model”- supervision of the physio-therapeutic session using transference communication of unexpressed emotional experiences

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Purpose : Development of a supervisory model designed to meet the need of physiotherapists working with psychiatric and psycho-somatic patients. " The Atelier-Model" (AM) is a mentoring model for physiotherapists, where participants case histories of physiotherapy treatment of patients bodily expressions of physical pain and functional inhibition, are being interpreted from a psychological understanding of primitive defense and early development . As physical therapists in mental health / psycho-somatics, we need to interpret the emotional communication through body language, expressed through posture, breathing, mobility and muscle tension. Knowledge of interpersonal verbal communication level is missing in the initial training and may therefore not be implemented in the physiotherapy treatment. During the last ten years, one week post-graduate courses, have been provided and evaluated yearly by teaching faculties of the Norwegian National Board of Physiotherapy. Supervisory groups have been maintained on a four time a year basis.

Description: The name " *Atelier-Model*" is based on the work of Psychoanalyst, Med Dr, Donald Meltzer, describing the Ateljé- system as an alternative to university based education. Unlike identity-founding institutions, the art studio does not offer its students another identity other than the inspiration gained from their teachers. The finished painting is always the artist's own product, and it is the viewer who writes the product of its *meaning*. The capacity to transform physically experienced symptoms to linguistically communicable emotional experience requires a maturation process developing the capacity to simultaneously being able to feel and think about emotional experiences. Psychoanalysts as Melanie Klein, Wilfred Bion and Donald Meltzer have developed a conceptual apparatus for thinking about preverbal communication- and how primitive defenses can impede mental development and growth.

Evaluation: Ten years practice of yearly; one week long course for post-graduate physiotherapists within the Norwegian Physiotherapist Society, have continuously given high evaluations by participants. Supervision with groups of postgraduate psycho-motor therapists on a four weekends a year bas , have been valuable for progress of clinical work.

Conclusions: To create a network of physiotherapists who have undergone courses and clinical supervision of AM and are now becoming ready to do their own supervisory groups. To document their work of using symbol-formation of emotional experiences in interpersonal settings with psychiatric/psychosomatic patients.

Implications: To help physiotherapist to deal with emotions that arise in the treatment process, consequently becoming more secure in his/her role as therapist, i.e. *physio-Therapist*. To increase understanding of the psychological processes actuated by physical therapy especially approximation of defense mechanisms - including projective communication and identification and their effects on body treatment as the patient non - verbally refers to somatic reaction patterns.

Keywords: *Symbol-formation, emotional experience, early defense mechanisms.*

Funding acknowledgements : Teaching facilities have been provided by the Norwegian Physiotherapists Association (NFF)

Special interest report

5. HOW TO PROMOTE THE PHYSIOTHERAPY IN MENTAL HEALTH FROM SCRATCH? THE EXPERIENCE IN SPAIN.

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Purpose: The Physiotherapy in Mental Health was an unknown area among Spanish physiotherapists and mental health professionals before 2005. This paper aims to present the strategy that is being developed in Spain in order to promote the knowledge and existence of Physiotherapy in Psychiatry and Mental Health.

Relevance: Mental Health Physiotherapy is still an area of specialisation that is undeveloped in many countries. Promotional activities are necessary in order to increase the visibility and the knowledge of this field of the Physiotherapy.

Description: The strategy that is being now implemented in Spain is composed of a set of activities which involve both academic and professional organisations. These activities consisted in:

1. Publishing informative articles in the national magazine for physiotherapists called “El Fisioterapeuta” about relevant events such as previous international conferences, publication of PhD thesis, interviews to mental health physiotherapists, etc.
2. Doing a PhD thesis in the field of Physiotherapy in Mental Health in Spain showing how this field can be successfully implemented in the national mental health services.
3. Creating the web portal for Physiotherapy in Mental Health in Spain (www.fisioterapiasm.es) which is periodically updated with events, courses, links, and related information in the field. It also gives a set of functionalities like to run a foro where physiotherapists can discuss topics related to the field, to offer the possibility to register so they can receive monthly newsletters, etc.
4. Including courses in official Masters at Spanish Universities (i.e. University of Murcia).
5. Close cooperation with the Spanish Association for Physiotherapists, Trade Unions for Physiotherapists and with the International Council of Physiotherapy in Psychiatry and Mental Health.
6. To publish an editorial in the Spanish Scientific Journal for Physiotherapists called “Fisioterapia” informing about this field.

Evaluation: The evaluation has been done in different ways according to each of the activities that have just been mentioned above. The main evaluation tools have been:

1. The visits and participation to the web portal. From March to August 2009, the web site has received 954 visits.
2. The participation in the foro and types of answers to specific questions in the field of Physiotherapy in Mental Health. From March to August 2009 there are 96 comments made by spanish physiotherapists.
3. The participation and interest of physiotherapists in different related activities like courses, conferences, distribution lists, etc.

Conclusions: The promotion of the Physiotherapy in Mental Health is a crucial need in order to improve this specialty within the healthcare system in each country. Planning and implementing such strategy would produce positive results in this sense.

Implications: Increasing the knowledge among physiotherapists and policy makers will benefit to the expansion of this specialization in the country. Countries where mental health physiotherapy is still underdeveloped should start a promotional strategy.

Keywords: physiotherapy, mental health, psychiatry.

Special Interest Report

6. INTEGRATING THEORY AND PRACTICE – A PERSONAL EXAMPLE

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Purpose: Underlining the difficulties and opportunities when integrating theory in practise by describing my own process from non-experienced clinical physiotherapist directly after education to a more clinical experienced physiotherapist in psychiatry.

Relevance: To underline the importance of integrating theory and practice in a way that broadens your competence – so that theory makes clinical practice more fruitful and practice inspires to further search of knowledge.

Description: To briefly describe my experience in the light of the theme for the conference.

Conclusions: Integrating theory and practise is possible and important. It is a process that needs to be ongoing continuously.

Implications: The importance of integrating theory and practise will be strengthened.

Keywords: Professional development, clinical experience

Funding acknowledgements: The work was unfunded.

Research reports

7. PSYCHOMOTOR THERAPY AS A SUPPORT METHOD TO STANDARD TREATMENT OF PATIENTS WITH DEMENTIA.

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Purpose: The objective of this work is, on the basis of practical experience, to verify a special psychomotor-therapeutic program for seniors with dementia and to formulate specifics of used approaches. The patients suffer increased tension manifested by anxious, depressive, inordinate, restless, aggressive, and combined behavior. Emotional and motivational factors could be, besides kinetic delay and overall physical weakness, rather a cause of decreased performance than of deteriorated intellect. Kinetic scheme of unregulated excitement appears. According to the level of handicap, the therapy could be applied. Most of the therapies use verbal communication. We suppose that non-verbal approaches, especially at the initial stages of treatment, desire greater attention. It is possible to suppose that without a work on positive relation to body, any positive change in the life of patient's with dementia would be impossible.

Relevance: The authors were trying to assess the influence of psychomotor therapy on psychical statement of patients. Character of the study is randomized controlled experiment with double blind evaluation before and after intervention.

Participants: Study takes place in Geronto Centruns in Czech Republic, in the part of daily centre. There are examined groups formed by 32 patients (6 men and 26 women) in the age 62 – 89 years, diagnosed with dementia. The practical part is based on the study of patients who took part in everyday psychomotor therapy (5 times a week) during 12 months.

Methods: Character of the study is randomized controlled trial with double blind evaluation before and after intervention. Test was applied before and after psychomotor therapy, before therapy and every 3, 6, 9 and 12 month of psychomotor therapy.

Analysis : The course of disease, their behavior etc. is described together with results: Behavioral Pathology in Alzheimer's Disease Rating Scale – BEHAVE-AD and Mini-Mental State Examination (MMSE) according to Folstein

Results / findings: Results showed no significant changes in patient's psychic state during and after treatment. Shown data verify positive effect of the treatment, tendency to stabilize patient's quality of life.

Conclusions : The aims of the activity are: first, to enable the participants to acquire the experience through co-participation in meaningful activity and second, to live one's own personality as someone who is necessary for the others.

- Changes of psychic state of patients through different focus of programs seem to be non specific.
- A change of psychic state of patient during the treatment depends on patient's personality.

Implications: The activity should be performed on the highest possible level for the patient. The movement activity should be performed on the regular basis in the scale of daily and weekly regime.

Keywords : dementia, psychomotor therapy

Funding acknowledgements : This study is carried out thanks to granted project GA ČR 406/07/0405.

Research Report

8. Integrative group rehabilitation – Basic Body Awareness and Cognitive Therapy

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Aim: The aim was to find effective elements in the process of a 24-week integrative rehabilitation group treatment, with eight participants suffering from pain and/or stress. The aim was also to investigate the significance of the integration of Basic Body Awareness and Cognitive Therapy in this group treatment.

Method: A longitudinal qualitative study consisting of individual and group interviews before, during and after the group treatment. Follow-up interviews were also performed one and two years after the group treatment. The interviews were open and built up by narratives that focused on the participants' experiences of health. They were tape recorded, verbatim transcribed and both manifest and latent content analysed.

Results: The participants' process to gain better health subsequently became visible and *acceptance* was the main theme. In addition to this the participants looked for *comprehensibility* for themselves, worked to create a *meaning* in their situation and tried to find a balance between resources and demands to *handle* their life situation. The participants expressed how the integrative treatment based on a holistic view helped them to increased self knowledge.

Conclusion: The study indicated the possibility and importance of a holistic integrative group treatment for patients suffering from stress and pain. Acceptance seemed to have a crucial meaning for the possibility to change mode of behaviour.

Research Report

9. THE EFFECTS OF THERAPEUTIC EXERCISES FOR COGNITIVE FUNCTION AND NERVOUS ACTIVITY IN THE BRAIN

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Purpose: The purpose of this study was to clarify the effects of therapeutic exercises for cognitive function and nervous activity in the brain.

Relevance: It has been recognized that therapeutic exercises contribute not only to physical health but to mental health as well. However, little is known about the relationship between therapeutic exercise and cognitive function. Presently, it is possible to gather data on human brain activity by imaging brain function using Optical Topography.

Participant: The participants for this study were 17 males and 6 females, all in healthy condition. The mean age of participants was 19.3 ± 1.4 years old. Informed consent was obtained from the subjects prior to the study.

Method: Prior to conducting the treadmill exercise, cognitive function of the subjects was assessed using Stroop test and nervous activity in brain was assessed using optical topography imaging of brain function. Treadmill exercise was conducted for 15 minutes at a comfortable level of anaerobic metabolism threshold of 11 to 13.

Immediately following the treadmill exercise, subjects were reassessed for cognitive function and nervous activity in the brain. **Analysis:** Cognitive function data were statistically analyzed by paired t-test. Nervous activity in the brain was also analyzed by imaging data. In all analysis were used by the SPSS ver.16 and the level of significance was $p < 0.05$.

Result: Cognitive function data at pre test was 17.5 ± 3.7 sec (mean \pm SD) and at post test (after treadmill exercise) was 14.7 ± 2.8 sec. A significant decrease in task performance time after treadmill exercise confirmed improved cognitive function. Imaging data of nervous activity in brain is also changed in comparison to the blood flow mapping at several channels.

Conclusion: These results suggest that cognitive function can be improved by therapeutic exercise. However, a further study will be necessary to provide more support for these results. **Implication:** Physiotherapy is one of the important interventions to maintain both physical and mental health. Physiotherapy for patients with psychiatric disorders is not yet established in Japan. But, psychiatric care is beginning to improve and the necessity of rehabilitation has been recognized in Japan. Thus, the development of physiotherapy for mental disorders is greatly anticipated in Japan.

Keywords: Therapeutic Exercise, Stroop Test, Optical Topography, Psychiatric Disorders **Funding acknowledgements:** The study was funded by Kobe Gakuin University.

Research report

10. INDIVIDUALISED MULTIMODAL GROUP REHABILITATION OF PATIENTS WITH STRESS-RELATED PAIN DISORDERS

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Purpose: To evaluate pain intensity, perceived disability and self-rated global health in patients with stress-related pain disorders after a 4-week individualised multimodal group rehabilitation program.

Relevance: Patients with stress-related pain disorders are frequent in our health care system and varying monomodal passive treatments are still commonly used. Clinical experience gives at hand that most often this is not enough to give long-lasting treatment effects.

Participants: Seventy-five out-patients referred for physiotherapy at our Primary Care unit, (mean age 44.5; range 19-62 years) participated. Inclusion criteria were consecutively referred patients with pain and/or stress-related disorders, assessed by the team or self-reported, having deficient strategies to cope with their everyday lives.

Methods: The rehabilitation programme was scheduled 5 half-days a week, and lasted 4 weeks. It consisted of two parts: one theoretical and one physical. The purpose of the theoretical part was to give basic knowledge about human anatomy and physiology, ergonomics, relaxation, and breathing and stress management. The purpose of the physical activity part was to improve the participants' aerobic capacity, muscle strength, balance, and coordination. The choice of physical activities were: going for long walks, controlled muscle strength training and muscle endurance training, Nordic Walking, aquatic exercises, spinning (ergometre bicycle), low impact exercises, Qi Gong - all combined with theory lessons and specific relaxation training. Outcome measures were collected at start, at discharge after 4 weeks, and after 3, 6 and 9 months and 5 years. The Numerical Rating Scale (NRS; 0-10), the Disability Rating Index (DRI) and the Global Self-rating Index (GSI) were used to measure pain intensity, perceived disability and health related quality of life.

Analysis: Boxplots and Wilcoxon Signed Rank test.

Results: The main diagnoses were: low-back pain (n = 21), neck/shoulder pain (n = 29), stress/burnout (n = 10), wide spread pain (n = 11) and other (n = 4). Perceived disability (DRI) decreased significantly after the 4-week program. Significant decreases in pain intensity (NRS) were seen at all the follow-ups, but not at discharge. The GSI showed lasting improvements both regarding physical and psychological condition and sleep disturbances.

Conclusions: After the 4-week program improvements were seen regarding the patients' ability to manage daily activities and also for health related quality of life, but not for pain intensity. Self-rated global health showed stable improvements on all follow-up occasions.

Implications: It is possible to achieve significant positive changes using this multimodal concept in a fairly short period of time.

Key words: global self-rating index, physical activity, stress-related pain disorders

Funding acknowledgements: The study was supported by the Medical Faculty and the Department of Rehabilitation Medicine at Umeå University, Umeå, Sweden and the FoU- research council at FyrBoDal, Västra Götaland, Sweden.

The World Medical Association Declaration of Helsinki concerning ethical principals for medical research involving human subjects were followed.

Research Report

11. Dance-movement and psychotherapy as treatment for burnouts

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Background

Psychic illness and work-related burn-outs are common and increasing among workers. An intervention consisting of dance-movement- and psychotherapy in groups for burn-outs is described.

Aim

The aim was to describe the effects of the intervention concerning self-reported exhaustion, depression, autonomous dysfunction(stress),self-esteem, type A-and type D-behaviour respectively. The degree of sick-leave and medical consumption was also studied.

Method

Self-reported questionnaires were collected from thirty-four participants, mainly women in their middle-ages. The intervention continued for twenty-four weeks with one session of 2.75 hours a week and follow ups at four and twelve months after finished intervention respectively.

Results

The group significantly improved in all parameters except autonomous dysfunction at the end of the intervention. Thus they all showed significantly improvement at the one-year follow-up. The consumption of anti-depressives reduced. Forty-eight percent of the participants were at work or attending work-related proceedings at the one year follow-up.

Conclusion

The study showed that burn-outs in treatment for twenty-four weeks with integrated dance-movement- and psychotherapy significantly improved in self-reported exhaustion, depression, self-esteem, type A-and type D-behaviour respectively and this improvement was maintained one year after the intervention was finished as was autonomous dysfunction. The consumptions of anti-depressives reduced. Almost fifty percent of the participants were at work or attending work-related proceedings at the one year follow-up in spite of their high middle-ages and the long time of sick-leave preceding the intervention.

Key-words: behaviour, depression, self-esteem, sick-leave, work-related stress-disorder

Special Interest Report

12. ENHANCING BODY-AWARENESS IN OCCUPATIONALLY DEEPENED REHABILITATION

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Leena Noronen, senior lecturer, Helsinki Metropolia University of Applied Sciences, Finland

Purpose: Occupationally deepened rehabilitation aims at providing, through a learning process, the participants with capabilities to promote and maintain work ability in the long run. Recent research has shown that this early rehabilitation of working age people has positive effects but they tend to be of short duration. Employees' participation and strengthening of body awareness have shown to have relevant rehabilitation results. In order to meet these challenges two rehabilitation centres in Finland together with Helsinki Metropolia University of Applied sciences, Degree Programme in Physiotherapy established a project to develop the content of the rehabilitation courses. The purpose of this presentation is to describe the experiences from the viewpoint of participants and physiotherapists.

Relevance:The Occupationally deepened rehabilitation programme is based on co-operation between the workplace management, the employee, the occupational health service, a rehabilitation institute, and the Social Insurance Institution (KELA). Each course has ten participants and consists of four intensive periods during one year. Between the intensive rehabilitation periods the participants are guided to continue the same movements that have been introduced to them during the course. The course has been developed to enhance work ability and well-being at work but the results are contradictory. That is why this early rehabilitation course was chosen as a pilot in our project.

Description: Physiotherapists in two rehabilitation centres, post basic physiotherapy students and teachers in Metropolia UAS together developed the content putting emphasis on enhancement of body awareness. The students wrote in their final theses the theoretical background and evidence for the phenomenon. The measurement methods and forms to gather experiences were designed together with project partners. The progress of rehabilitation was followed in regular project meetings to ensure that the development was in line with the objectives. The participants were eight firemen and ten bank employees. Experiences of participants were gathered by physiotherapists and physiotherapy students. The Physiotherapists were interviewed by students.

Evaluation: The physiotherapists concentrated on the experiences of changes in body awareness and possible manifestation of these changes in every day life. Physiotherapy students in addition to the above-mentioned focused on rehabilitation experiences of the participants. The applicability of new content and further development needs of early rehabilitation were asked from the physiotherapists by the students.

Conclusions: To develop best rehabilitation practices in collaboration between education and work life is both a challenge and an opportunity. Multiple actors bring an essential heterogeneity of skills and expertise to the development work. The experiences of two occupational groups were different but promising. On the basis of the pilot courses it seems that body-awareness therapy bring resources and balance in life.

Implications: A model for enhancing body awareness was designed as a result of the pilot courses in two rehabilitation centres.

Keywords:Occupationally deepened rehabilitation, Basic Body Awareness

Funding acknowledgements: Helsinki Metropolia UAS

Research report

13. SEARCHING FOR EVIDENCE IN THE EFFECTIVENESS OF PHYSIOTHERAPY IN EATING DISORDERS.

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Purpose: This study was based on a systematic review that was approached as an attempt to find an answer to the question “What is the evidence in relation to the physiotherapeutic effectiveness as an intervention for patients with eating disorders (ED)?”.

Relevance: Looking for evidence in the effectiveness of the physiotherapy in patients with eating disorders might clarify the recommendation of such practice and identify which techniques might be more efficient for these patients.

Participants: A group of scientific literature databases were used (AMED, EMBASE, CINAHL, MEDLINE, PsycINFO, ISI, IME, IBECs, PEDro).

Methods: The key words were based in physiotherapeutic techniques combined with “eating disorders”. The publication period was between the years 2000 and 2008. To evaluate the evidence level, it was used the Scottish Intercollegiate Guidelines Network, the reviewed version by Harbour y Millar (2001).

Results/findings: 27 articles kept the inclusion criteria and then were included in the analysis. 8 (30%) were observational studies (transversal), 9 interventional studies from which 4 (15%) were RCT's and 5 (18%) were quasi-experimental studies, and 10 (37%) of them were reviews. Regarding the field of study, they were light therapy (n=8), physiotherapy (n=6), climate therapy (n=3), electrotherapy (n=2), phytotherapy (n=2), massage therapy (n=2), thermotherapy (n=2), body awareness therapy (n=1) and physical activity (n=1). Although it was found more studies within the field of light therapy, physiotherapy in general and climate therapy, these did not show a high level of evidence in order to grade them as positive recommendation. However, in the cases of thermotherapy, body awareness therapy and physical activity, eventhough fewer studies were found, these showed a good methodology and provided a good level of evidence which might be graded as positive recommendation.

Conclusions: The scarcity of studies in these fields suggests a limitation to the possibility of showing a solid recommendation. Few studies were found and even less were evidence-based, most of them were mainly based on experts' opinions, reviews and observational studies.

Implications: There is a great need for more evidence-based studies to provide positive recommendation of the physiotherapeutic intervention in patients with ED.

Keywords: Psychiatry, physiotherapy, eating disorders.

Research report

14. Distorted body image and compulsive exercise in female patients with eating disorders compared to normal controls.

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Purpose:

The purpose is to contribute to increased knowledge about the concepts of body image and exercise from a clinical point of view, looking at differences and connections in patients with eating disorders and normal controls. To ensure that the assessment tools we use in the clinic distinguish clearly between patients and controls

Relevance:

Physiotherapist treating eating disorder patients often work with body image and exercise topics. It's necessary to have good assessment tools to measure the aspects to be focused on it in the treatment, and to evaluate how they change during treatment,

Participants:

50 female inpatients with diagnosed eating disorders, and 51 female student controls are included in the study. The patient group included 35 patients with anorexia nervosa (AN), 12 patients with bulimia nervosa (BN) and 3 patients with other eating disorders. The control group was 51 female students from two schools (1 high school and 1 University College) nearby the hospital unit.

Methods:

As a part of the clinical practice and treatment in our inpatient unit, issues in connection to body image and exercise are registered by the use of self-report questionnaires. In this study 3 questionnaires are used as assessment tools. 1) Body Attitude Test (BAT) (Probst 1997), 2) Stunkard's Silhouette Test are used as assessment tools to identify different aspects of body image problems. 3) A new questionnaire called "Exercise and Eating Disorders" (EED) was developed (2005) because our patients presented problems in connection to their unhealthy exercise, that as far as we could not were taken into existing questionnaires, such as perceiving and interpreting bodily sensations (e.g. feeling tired or hungry) arising in the body as important aspects. And they revealed a lack of ability and / or lack of will to take these signals into consideration to adjust their exercise in a healthy way. The patients admitted to a specialized inpatient unit from February 2005 to October 2008 complete the questionnaires during the first week after admission. The students complete the questionnaires in November 2007.

Analysis:

The data was analyzed using SPSS Version 15.0 (SPSS, Chicago, IL). Internal consistency was tested by Cronbach's alpha. Analysis comparing mean, are used to investigate the significance of difference between the patients and the students. Correlation analyses were assessed by calculating Pearson correlation coefficients. Descriptive analysis shows the patients and students choices of current and ideal sizes and discrepancy score in the Silhouette Test. The significance level for the study was set at $p < 0.05$.

Results / findings:

The main findings in the study are that the patients differed significantly from controls in BAT and EED both in total score and subscales. Subscale 2 in BAT shows significant difference between patients with AN and BN. There was a significant correlation between BAT and EED on total scores and all subscales. We found no statistically significant difference between patients and controls in the ranking of ideal size, but more patients than controls perceived themselves as relatively large. The discrepancy score indicate a clear desire in both groups to become smaller, but patients reported higher overall discrepancy than controls did.

Implications:

These results ensure the quality of the assessment tools, and increase the quality of the treatment through expanded knowledge. The same questionnaires are used in a second study with 47 patients. Evaluating the effect "treatment as usual" has on body image and exercise.

Keywords:

Eating disorders, body image, exercise.

Funding acknowledgements:

The study is performed as a part of my regular work.

Research Report

15. The effectiveness of Body Awareness Methods on Health-related Quality of Life in eating disorder patients

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The specific objective of this research is to explore the effect of Body Awareness Methods (BAM) in addition to treatment as usual (TAU) in eating disorder patients. The aim is to compare with TAU regarding body awareness, health-related factors and hospital care days. In addition the aim is to explore the bodily experiences of the treatment group practising BAM regarding body image and body experience, attitudes to body and general well-being. The purpose is to explore the effectiveness of the BAM on the physical parameters. The objective is also to study the use of some health economic factors in the groups.

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 eating disorders (ED) 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 eating disorders participate physiotherapy sessions according Scandinavian model. In Estonia psychiatric physiotherapy is unknown. Internationally there are few researches focused on the effectiveness of BAM in eating disorders.

Participants: The subjects of this study are at least 40 eating disorder patients both in treatment group and in active control group in the Unit of Eating Disorders in the Psychiatric Clinic of Tartu University in Estonia.

Methods: The design is Pretest - Posttest Control-Group Design. The experimental design will be used with subjects randomly allocated to either treatment group or control group. The instruments are: Laboratory tests, BAS-Health (BAS-H) and BAS-Interview (BAS-I) assessments, Qualitative interview, Global Assessment of Functioning (GAF scale), The RAND 36-Item Health Survey (Version 1.0) and Hospital care days during 2009 and one year after baseline.

Analysis: 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 laboratory tests, BAS-H, BAS-I, GAF, SF36. The experiences of the patients will be analyzed by phenomenology-hermeneutical method. Between group comparisons at the different assessment points and differences in the use of health care for the study groups will be analyzed using Mann-Whitney *U*-Test. To compare categorical variables the chi-squared test or Fisher's Exact test will be used.

Ethically the research permits are based on the statement of The Research Ethics Committee of the Tartu University. The patients will be informed about the study both in writing and orally, before giving consent to participation.

Keywords: eating disorder, body awareness methods, Health-related Quality of Life

Special Interest Report

16. Integrating clinical and theoretical aspects in Education of Psychophysical Physiotherapy

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In co-operation with **Marja-Leena Lähteenmäki**, principal lecturer, PIRAMK (1.1. 2010 TAMK) University of Applied Sciences

Purpose of the presentation

- To introduce the process of postgraduate studies in psychophysical physiotherapy in Tampere
- To introduce the process of professional article publications that postgraduate students prepared during their education

Postgraduate studies in psychophysical physiotherapy has been organized every second year during 2002-2008 in Tampere and next studies will begin in January 2010. Curriculum consists of studies in physiotherapy in psychophysical view, multidisciplinary knowledge as support for physiotherapy and thesis process. An important part of studies is development of self awareness – including body awareness. Students have also practicum in psychophysical physiotherapy placement, which might be their own job if possible.

Students are meeting each other and having working sessions, exercises, discussions, lesions etc. every third or fourth week in university during two days. PBL (problem based learning) is applied partly specially in order to bring their own experience to others. Students have also studies in NET.

Thesis process begins in very beginning of the studies of specializing course of psychophysical physiotherapy. During the one-year studies the students prepare a thesis that aims at developing each students professional practice. The process is divided into phases: students are selecting the themes; themes are discussed about in face to face with the group and teachers and students are writing draft papers on E-learning platform; in seminar they will get feedback from theoretical background and later from the plannings of empirical part. Students have given presentations in very creative ways. In final phase they finish the article and articles are published in PIRAMK's publication series. So we have got more Finnish literature on the topic - integrating theory and practice - . We have got good feedback of those article publications.

Special Interest Report

17. How physiotherapy students are learning physiotherapy in mental health and body awareness

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Purpose: The purpose is to describe the learning outcomes in curriculum in physiotherapy program and learning tools to study therapeutic exercise such as body awareness training and physiotherapy in mental health.

Relevance: The incidence of mental health problems and also problems, such as stress from work and life events has increased in Finland. Also increased numbers of physiotherapy students feel, that they have poor mental resources. More than half of students are working part time through the time of their education. Furthermore, they are not satisfied with their development pathways to be a physiotherapist.

Description: In the educational curriculum there are a few (4 credits) courses in the area of body awareness. Such as physiotherapy in the most common mental disorders, therapeutic exercise enhancing body awareness therapy and basics and methods of relaxation. The students can make own career choices, if they want to study more for example practical training places in psychiatric hospitals, the final thesis of this area, optional professional studies, elective studies.

Physiotherapy students should have better body awareness and good self-awareness. Moreover, they should be able to support client participation in physiotherapy and to create an interactive therapeutic relationship. They need lots of mental resources.

The students are guiding functional groups at the school supervised by teachers or physiotherapists, for example body awareness group for clients such as stress from work and group for massive overweight people. The aim is to strengthen the body awareness of the clients with experiences of the use of their own body and help them use their body in a more relaxed way.

Students write the learning journal to reflect on their own body awareness, theory and guidance experiences (Lähteenmäki 2005). They continue writing during the clinical practice. It is through problem solving that formal knowledge acquired in education is transformed into flexible informal knowledge of an expert (Bereiter, Scardamalia 1993).

Evaluation: In the process of integrating theory and practice students need mediating tools, conceptual and pedagogical (Tynjälä 2008), such as learning journal. Discussions with a small group of students in classroom or virtual space are used. The teachers take an active role encouraging and supporting student reflections on their learning development and ongoing achievements. Students experienced writing learning journal and group guidance as a challenge, but also as a facilitator of learning. Only deep integration, theoretical, practical and self-regulative knowledge such as self-body awareness creates expertise.

Conclusions: There is a small number of courses in curriculum where physiotherapy students can develop their own body awareness and learn more about physiotherapy in mental health. Students write own learning journal to reflect on their own developing. Further possibilities are needed to practice body awareness in physiotherapy studies.

Implications : The functional group guidance and writing learning journal imply new opportunities to learn more of body awareness.

Keywords: physiotherapy students, curriculum, body awareness

Special Interest Report

18. Student Voices: What do they tell us about Professional Development in the area of Mental Health Practice?

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Purpose

To review physiotherapy professional development within the area of Mental Health (MH) practice from an undergraduate (UG) student perspective.

To identify the barriers to and enablers of the development of effective physiotherapy practice when working with people with MH disorders (MHD).

Relevance

1 in 4 people in the UK are affected by a MHD every year. Negative stigma is heavily associated with mental health disorders; moreover current research suggests that attitudes of both the public and healthcare professionals towards mental illness are becoming worse, causing stigma to amplify. As Physiotherapy students are the next generation of Healthcare Professionals it is vital to challenge any negative attitudes and concerns they might have about working with people with mental health disorders to enable confident engagement for successful holistic rehabilitation to take place. Students' commentaries can be used to gain insight into their perceptions, understanding and experiences to provide signposts for the evaluation and support of Professional Development in this area at UG level.

Participants & Methodology

Seven 3rd year BSc (Hons) Physiotherapy Students from Cardiff University participated in a 1 hour Semi-Structured Focus Group discussion. Purposive sampling was used to identify students with some experience of working with patients with MHD either on MH or general placements. Each student had completed six 4-week clinical placements, in a range of settings, prior to the study. Ethical approval was gained through Cardiff University Ethical Committee. Informed consent was gained prior to the study.

Analysis & Results

Results were thematically analysed providing messages about the areas of: Perception and Awareness (Personal and Professional), Healthcare (Structure and segregation), Education (Structure and segregation), and Skills and Strategies (Development and application).

Conclusions

Students' voices have provided clear indications that stigma about MHD comes from a number of sources; from their personal cultures, the media and from the Physiotherapy profession itself. They advise us to look towards the integration of some aspects of this professional development within the Curricular 'Core Subjects' to better reflect the normal occurrence of engagement with people with MHD within their clinical practice. They ask us to provide a greater number of opportunities to gain practical experience and understanding within this area by providing more specialist clinical placements in MH. They also emphasise the importance of an understanding of MHD and the psychological impact of trauma, illness and health disorders to enable them to use effective reasoning strategies to provide holistic care for their patients.

Implications

'Student voices' provide rich evidence of their engagement in the process of professional development, and the contexts that influence their understanding and motivation for working with patients with Mental Health Disorders. These voices should be used to guide the evaluation and development of UG professional development in this area.

Key words Student Voices; Experiential learning; Professional development

Funding acknowledgements

This unfunded study was undertaken as part of a BSc Dissertation

Research Report

19. PHYSIOTHERAPY WITHIN MENTAL HEALTH CARE FOR PATIENTS WITH SCHIZOPHRENIA: STATE OF THE ART

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Purpose: Starting points, scientific evidence and clinical relevance for physiotherapy in patients with schizophrenia will be discussed.

Relevance: In recent years more attention is given to complementary treatment methods in people with schizophrenia. Little evidence is however available concerning the appreciation of physiotherapy within the multidisciplinary treatment of schizophrenia.

Description and evaluation: Different databases (Pubmed, Cochrane Library, CINAHL, PEDro, Psych Info and SportDiscus) were reviewed from their inception. Physiotherapy may contribute to improvements in physical fitness and functional capacity, body consciousness and coping with feelings of stress. Furthermore, cueing offers interesting treatment perspectives for psychomotor disturbances.

Conclusion: Physiotherapy offers a surplus value in the multidisciplinary treatment of schizophrenia.

Implication: More qualitative and quantitative research is needed to elaborate practical guidelines.

Key words: review, schizophrenia, physiotherapy

Funding: No funds.

Research Report

20. QUANTITATIVE MEASURES OF POSTURAL CONTROL IN PSYCHIATRIC PATIENTS

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Background and aim: Suggestions of motor disturbance related to psychotic conditions are corroborated by observations of schizophrenic patients showing high prevalence of dyscoordination, abnormal posture and proprioception, implying cerebellar impairment. The impact of mental illness on posture may be clinically assessed using scales such as the Comprehensive Body Examination, where one item focuses on equilibrium and balance. Few quantitative studies exist on postural control in psychiatric patients and none satisfies the criteria for postural sway. The present study aimed to test the hypothesis that psychotic patients would have reduced postural control.

Relevance: This study may validate clinical claims that postural control is reduced in psychotic patients, facilitate sensitive tools for evaluation and aid targeted intervention with regard to postural control.

Participants: Resident psychotic patients in a psychiatric ward were referred by the responsible physician. To date 8 patients (age 19 – 34) are tested and another 8 patients are expected in December. The control group consisted of 25 age matched healthy persons.

Methods: Postural control was tested on a force platform (Good Balance, Metitur, Finland) for quiet stance during three minutes (sampling frequency 100Hz) for each of the following three conditions: eyes open, eyes closed and standing on an Airex balance pad, all performed in a standard position with arms folded across the chest and without shoes.

Analysis: The outcome variable was generated by the Good Balance soft ware and defined as velocity moment (VM), calculated from the migration of centre of pressure (COP) for total sway area, velocity, and distance travelled. A simple ANOVA was performed to test the difference in performance between groups.

Results: Preliminary results show a higher VM-score in the patients suggesting reduced ability to control posture. The greatest difference between patient's scores (18.7; 12.2, means and std) and scores in the control group (9.0; 5.0) was with eyes open ($F = 8.7, p=0.006$). Standing on a balance pad generated a smaller group difference ($F= 7.5, p= 0.010$) with larger scores for the patients (74.4; 42.7) than for the controls (46.6; 15.4). With eyes closed the difference was not statistically significant ($F= 3.8, p=0.62$: patient's scores 23.8; 13.4, control scores 16.1; 8.2). These results support the findings from the physiotherapeutic examinations.

Conclusions: Preliminary conclusions support the hypothesis that persons with a psychotic condition exhibit reduced ability to control posture. Our extended research includes kinematic analyses and electromyography (EMG) recordings of posture and correlations with medication. Notably, other studies report no correlation between neuroleptic medication and postural sway.

Implications: For physiotherapy practice and education policy our preliminary results supports reduced postural control as a problem in psychotic patients. Clinical tests for postural control are emphasized. Our extended research may help the clinician to develop methods that might capture the fundamental elements that give rise to reduced postural control and thereby enable tailored intervention targeting the core problem.

Keywords: postural control; psychotic; COP

Funding acknowledgements: This study was financed by "Fund for collaboration between HiST and StOlav's Hospital".

Research Report

21. HOW DO PSYCHIATRIC PATIENTS PERCEIVE AND EXPERIENCE THEIR BODY, AND WHAT ATTITUDES DO THEY HAVE TO OWN BODY?

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Purpose: To explore how psychotic patients perceive and experience their body, and what attitudes they have towards their bodies compared to healthy control persons.

Relevance: Psychiatry is a priority field in Norwegian health research. Physiotherapy is not commonly used as treatment for psychotic patients in acute wards. This study is part of a larger project which aims to obtain basic knowledge about patients within this group with regard to body attitude, their perception and experience of own bodies, as well as examining their body movements and balance. The results may aid improvement of physiotherapy anamnesis, examination and treatment for this target group.

Participants: Resident psychotic patients in a psychiatric ward were referred by the responsible physician. To date 8 patients, aged 18 to 34 are interviewed and another 8 patients are expected in December. The control group consists so far of 12 age matched healthy persons, 19 to 34 years. Inclusion criteria: they must be willing and able to participate and to cooperate. Exclusion criteria: The patients must not be in danger of getting their condition worsened by participating. Both groups must not have somatic injury or diseases which may affect their perception and experience of their body and movement, nor excessive height and weight.

Method: Both quantitative and qualitative methods are used. Body attitude was examined with a modified Body Attitude Test (BAT) and Qualitative Life World Interview. Self perception and body experiences were examined with Qualitative Life World Interview.

Analysis: The sum scores from BAT will be compared within and between groups.

The interviews were transcribed and analyzed according to Giorgi's phenomenological method, in order to detect patterns with regard to perception, experience and attitude towards the own body.

Results: Preliminary results suggest the patients express less pleasure related to their bodies than the controls. The patients reported more pain in the body, and anxiety related to somatic experiences like the body disappearing etc. They expressed concern about control, and fear of emotions arising in the body. Bodily dissatisfaction and a strong wish to change their body were far more prominent in the patient group than in the control group. The control group was also very concerned about their body shape and appearance, but they did not reveal that strong dissatisfaction as did the patient group. The patient's movement practice was limited and so was their social life, and they spent much time sitting or lying during the day.

Conclusion: Examinations are in process, and it is too early to conclude. More data, results and a conclusion will be presented in February 2010.

Implications: To develop new knowledge as a base for education and physiotherapy practice, which may result in development of more targeted physiotherapy anamnesis, examination and treatment for this group of patients.

Keywords: body-attitude, self-perception, psychotic patients

Funding acknowledgement: "Fund for collaboration between HIST(Sør-Trøndelag University College) and St. Olavs Hospital", and Sør-Trøndelag University College, Physiotherapy Program.

The study is approved by the Regional Ethical Committee in Central Norway

Special Interest Report

22. BASIC BODY AWARENESS THERAPY (BBAT) – EASTERN PRACTICAL AND THEORETICAL INFLUENCES.

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Aim: Basic Body Awareness Therapy (BBAT) is a holistic therapy in the physiotherapeutic field. BBAT has western as well as eastern influences. The aim of this talk is to emphasize the eastern influences Tai chi chuan and Zen meditation.

Description: In physiotherapy and mental health care holistic methods are gaining more and more popularity for example BBAT and different Mindfulness therapies. In eastern philosophies it is natural to see man as one unit and as an integrated part of the whole environment. Tai chi chuan and zen meditation belong to eastern philosophy. Tai chi chuan is part of old Chinese traditions. In order 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 body movements the principles of Tai chi, “the supreme ultimate”, and the two forces yin and yang. These two forces complement each others and can not exist without each others and they rule the whole universe including man. In all living things there is a dynamic continuous change between Yin and Yang and to follow these changes gives the best conditions for a life in health and harmony. Qi, life force, is an other important concept. Qi keeps man together as one unit and it is important to have a harmonious flow of Qi throughout the whole body. Tai chi chuan consists of three parts and all these should be represented namely physical exercise, meditation and self-defence. The physical exercises are done in bodily balance and harmony, with full concentration – mindfulness – and in harmony with the environment. Self defence in Tai chi chuan is a good way to learn to be in harmonious relations with other people. Zen meditation is characterized especially by full awareness of the here and now situation, bodily and mentally aspects, balance, free breathing and an open mind. Zen meditation emphasizes the importance of mindful living in every daily situation.

Relevance: BBAT is a holistic therapy in all fields of physiotherapy and in mental health. It is regarded important to see man as one unit and to see man as an integrated part of the physical, psychological and social environment. Eastern philosophy with the concept of Qi and Yin/Yang naturally see man and the whole environment as one unit. In that respect eastern philosophy, Tai chi chuan and zen meditation contributes naturally to BBAT and to build bridges between body and mind and the environment and thus contributes to better health and harmony. There are today many books, scientific studies and articles describing these aspects of life.

Keywords: Eastern philosophy/Yin-Yang, Tai chi chuan, Zen meditation, Basic Body Awareness Therapy.

Funding acknowledgement: no funding

Research Report

23. THE EFFECTS OF THE BASIC BODY AWARENESS THERAPY (B BAT) ON PHYSICAL AND PSYCHOLOGICAL SYMPTOMS OF THE PATIENTS WITH WERNICKE KORSAKOFF

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Purpose: In the Scandinavian countries, a physiotherapeutic treatment modality called Body Awareness Therapy is used in the rehabilitation of patients with psychiatric disorders (ie.schizophrenia, somatoform, mood or personality disorders), chronic pain and musculoskeletal problems during the last twenty years. Wernicke Korsakoff is a neuropsychiatric disorder resulting from after hunger strike (lack of Vitamin B1). Wernicke's syndrome, also known as Wernicke encephalopathy, is a neurological disease characterized by the clinical triad of confusion, the inability to coordinate voluntary movement (ataxia), and eye (ocular) abnormalities. Korsakoff Syndrome _Psychological impairment is partial than general; that is, a limited number of spesific functions are effected, such as memory, thinking, perception, or mood.

The aim of this study is to increase sensory-motor awareness and perception of dysfunctional movement patterns and to increase locomotor control. In addition, the aim is also to test the effectiveness of BAT on Psychological symptoms of patients with Wernicke Korsakoff.

Materials and Methods: The patients with Wernicke Korsakoff (n=6), mean age 36, participated in the study. Patients were treated with Basic BAT in a program lasting long term. Group therapy session was 45 minutes/ one day in a week. The patients were video-taped in some intervals and interviewed.

Results: The most common improvement resulting from Basic BAT was "Balance and Posture" and "preventing falls". Other important experiences reported were improvements of "personal relationship and trust" and the "ability to practice alone" (ie.doing exercises, bathing, shopping, tripping).

Conclusions. BAT may be an effective treatment metod for negative symptoms in patients with Wernicke Korsakoff. Futher studies are needed to access the effect of body awareness therapy in patients with Wernicke Korsakoff Syndrome

Key words: Body Awareness Therapy, Wernicke Korsakoff, ataxia rehabilitation

Special Interest Report

24. THE EFFECT OF BASIC BODY AWARENESS THERAPY ON WOMEN SUFFERING FROM BREAST CANCER- A PILOT STUDY:

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Purpose: The purpose is to do a pilot study on how a group of women suffering from Breast Cancer respond to Basic Body Awareness Therapy (B BAT).

Relevance:

Through Basic Body Awareness Therapy the participants suffering from Breast Cancer is being offered a training programme that includes simple movements from daily life. It aims at finding own resources and to get access to own strength and self-awareness. The movement program involves physical, physiological, psychological and existential elements and aspects. My experience from working with women with Breast Cancer motivated me to do this pilot.

Description:

A qualitative approach is used for this pilot. Body Awareness Scale- Interview and semi-structured interview are used for collecting data. Data collection is done by an individual meeting before and after the course where the participants are interviewed with Body Awareness Scale –Interview. Semi-structured interview is done with two participants two weeks after the course.

The pilot study is collaboration between the local Breast Cancer Organisation and the first author. Members of the Organisation were invited to join the course, and eleven women volunteered. All women have had treatment that involved surgery, and some have had chemotherapy, radiation therapy or hormone therapy. Seven of the participants were new to Basic Body Awareness Therapy and four had joined a similar course before.

The course was intensive, arranged over two days, each day including six hours of movement practise, clinical talk and reflection. The movement practise included movements from daily life in lying, sitting, standing and walking, and use of voice. The participants worked individual, in pair and in the group. The focus was on movement quality and own experiences in the movements. It was led by an authorised B BAT therapist.

The results of the Body Awareness Scale Interview will be analysed and discussed. The semi-structured interviews will be analysed using Giorgi 4 steps.

Ethical guidelines were followed. All participants documented their willingness to participate through signing an informed consent.

Evaluation: The method will be evaluated as to if this was a useful way to do this study.

Conclusions: The conclusion of this pilot study will be done after finishing the work. It will have a critical view on the whole pilot study.

Implications: When the study is done I will look at the implications in relation to this group of women with Breast Cancer responding to the use of intensive group training in Basic Body Awareness Therapy.

Key words: Basic Body Awareness Therapy, Breast Cancer, movement quality.

Research report

25. SIMILAR DIAGNOSES, - ADAPTED THERAPEUTIC APPROACHES.

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Purpose: Analysis of clinical practice.

Relevance:

The focus of this research project is analyzing and documenting clinical experiences made during collaboration by skilled therapists. During more than 30 years they have given treatment to patients with different kinds of psychological and somatic pains. For the last 10 years, the amount of mutual referrals of patients had increased.

Participants: One psychomotor physiotherapist (30 years of clinical practice) and one clinical psychologist (30 years of clinical practice).

Methods: The therapists were interviewed, both together and separately, about their clinical practice through the preceding two - three years, with a patient sample of about

20. These were patients the therapists had referred to each other. The interviews were qualitative, semi-structured in-depth interviews, about 30 hours in total.

Analysis: Qualitative approach, using Grounded Theory approach, open and axial coding.

Results: Two main categories emerged from the material:

a) **The over-exerted child in the grown-up patient**

b) **The traumatized child in the grown-up patient**

Conclusions: There are different somatic and psychological findings in the two categories. It is important to observe what can indicate prior excessive stress exposure. The therapists must be able to make adapted therapeutic approaches according to somatic and mental findings and symptoms.

Implications: Physiotherapists must increase their competence in examination and their competence in adapted therapeutic approaches. Physiotherapist should co-work with psychologists when treating traumatized patients.

Keywords: physiotherapy, psychology, trauma, body image, autonomic nervous system.

Funding acknowledgements: Oslo University College.

Ethics: The research was approved by the Norwegian Data Inspectorate and was considered not obliged to apply to the Regional Committees for Medical and Health Research Ethics (REK) since the object of the study was the therapists' own practices and not the patients directly.

Special Interest report

26. PROFESSIONAL COMPETENCY PROFILE (PCP) of the Dutch psychosomatic physical therapist

Nathalie Mulders, chairman Dutch society of psychosomatic Physical Therapy the Netherlands (NFP)

Purpose: In 2005 the NFP developed her first professional competency profile. As a professional organization we felt the need to describe what the competency of our members was. This description was and still is to give insight to our members what their skills are, to the schools what the students should be trained in and last but not least to give insight to our clients what they can expect from a psychosomatic physical therapist. In 2009 the PCP needed to upgrade to a master level due to the developments in the education system. This presentation describes the competence of the psychosomatic physical therapist in the Netherlands

Relevance: Since the 2nd conference of the IC-PPMH there is movement towards the WCPT. It is a wish to be an official subgroup of the WCPT. Uniting on level of competency gives power to the psychosomatic physical therapist all over the world. This presentation will initiate a discussion on global level about the competencies of our profession.

Description: In order to develop this PCP there has been a project group of 3 people supported by a forum of 12% of the members of the society (25 people). The project lasted almost a year.

Evaluation: This Master level PCP is an outcome of the evaluation of our first PCP.

Conclusions: In the Netherlands this PCP is supported by all our members (455) and our colleagues from the Royal Dutch Association of Physical therapy.

Implications: This presentation is developed to support policy, managers, education and physical therapists.

Keywords: competency profile psychosomatic physical therapist, education, management

Funding acknowledgements: unfunded.

Research Report

27. Experiences of basic body awareness therapy in patients with schizophrenia

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Background: Basic Body Awareness Therapy (BBAT) is a physiotherapeutic treatment method that is commonly used in Scandinavian mental health services. However, for patients with schizophrenia, there are few studies that verify the effectiveness of BBAT, or explain which dysfunctions or disabilities BBAT has an effect on in this group of patients.

The aim of the present study was thus to describe patients' experiences of BBAT, focusing on perceived main treatment effects. The areas of perceived effects are to be investigated in future research.

Method: In a qualitative study, eight patients with schizophrenia were interviewed. The interview transcriptions were analysed with content analysis methodology.

Result: Patients with schizophrenia report positive treatment effects of physiotherapy with BBAT. Four main categories were identified: affect regulation, body awareness and self-esteem, effects described in a social context and effects on the ability to think.

Conclusion The four main categories should be targeted in a future randomized and controlled study.

Keywords: physiotherapy, affect regulation, self-esteem, cognitive function, rehabilitation

Funding: The Swedish Council for Working life and Social Research (FAS) and the County council of Scania, Sweden

Research report

28. Rating Body Awareness in persons suffering from Eating Disorders (ED)

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Purpose: To study the concordance of physiotherapist's observation and patient's own report of bodily expression in patients with eating disorder (ED). Characteristics of ED patients' specific bodily expressions and implications of the findings for clinical practice were also of interest.

Relevance: In patients with ED body awareness is of great interest and the connection between body awareness and self-esteem is questioned.

Participants: Eighty-seven ED patients (total group – TG) were assessed. Twenty-six patients had anorexia nervosa (AN), 20 bulimia nervosa (BN) and 41 patients ED not otherwise specified (EDNOS).

Methods: The study was a cross-sectional study. The group studied was observed only once and observer and patients data were compared. Two assessment scales were used, the Body Awareness Scale Health (BAS-H), based on observations and the Interview Scale Body Ego (ISBE).

Analysis: This study consists of ordinal data. Mean (M), median (Md) and inter quartile range (IQR) was used for presentation of data. Spearman's rank correlation coefficient (r) has been used to measure the degree of agreement between two variables. A significant level of $*p < 0.05$ and $**p < 0.01$ was chosen. The statistics software SPSS version 13.0 was used.

Results: Significant correlations between total BAS-H and total ISBE ($r=0.48 - 0.57$) were found for AN, EDNOS and the TG groups. In the subscale *centring*, correlations were found for all groups ($r=0.42 - 0.60$). In the subscale *relations* correlations were found for AN, EDNOS and TG groups ($r= 0.43- 0.60$). The ED patients were characterised by withheld breathing and restrictive expressions of body movements and emotions. Body awareness and self-awareness seemed to be reduced according to the data.

Conclusion: The correlation between BAS-H and ISBE was small in the subscales; this can be interpreted as reduced body consciousness and low self-awareness in the patient group. The observations of the PT were not always in accordance with the patients' experiences. It merits a discussion to consider who should be preferred as the most relevant assessor of the patient's experiences. It is a delicate task for the professional to measure patients' experiences and shortages of bodily sensations in figures.

Implications: If the scales used in the study are applied as a communication tool and a way of awakening up attention and acceptance of bodily sensations and reflections we think the scales are justified. The scales and the relevance of comparing the results with each other seem to be of clinical importance both in the assessment, planning and treatment of ED patients.

Keywords: Body Awareness Scale- Health, Interview Scale Body Ego, body image, self -esteem, Basic Body Awareness Therapy.

Funding: FyrBoDal board in Västra Götaland Region, Sweden

Research Report

29. BODY AND MOVEMENT ORIENTED TECHNIQUES IN THE THERAPY OF EATING DISORDERS

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Purpose: The goal of this work is to organize the knowledge of past therapeutic researches and cross-connect this knowledge gained through experiments for the benefit of daily psychotherapeutic work and future researches.

Relevance: 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.

Methods: The design of the study follows the qualitative design of Systematic Review.

Analysis: All relevant articles are sorted by basic terms like study design, number of respondents, diagnosis, applied therapy, used tests, etc. The data thus obtained are analyzed and connected.

Results / findings: This research confirms that for the treatment of eating disorders, therapies using body and movement oriented techniques have been used, tested and published since 1970. By the end of year 2008 there is 40 published researches in English language. The study also shows used and the most tested therapy in this field and testing methods.

Conclusions: The goal of this work is not to offer yes or no answers, but to present enough data so that the reader can draw his own conclusions or detect gaps in the studied field which he can fill by his own research.

Implications: A good Systematic review is the basis for scientific research and development. In the field of the therapy of eating disorders using body and movement oriented techniques, up until now, this is first systematic review describing all English written researches published till 2008.

Keywords : eating disorders, 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.

Research Report

30. MOTIVATION TO PHYSICAL ACTIVITY IN PATIENTS WITH NON – PSYCHOTIC DISORDERS

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Background: From a health related and psychological perspective, one of the tasks of a physiotherapist working in mental health and psychiatry is to motivate persons with psychic disorders to be physical active. This study was designed to examine whether the motivation to physical activity and different biopsychosocial variables of physical activity are related to each other.

Design: a cross –sectional study.

Setting: 112 psychiatric patients, 45 men and 67 women, with different diagnoses, mood swinging disorders (n = 39), anxiety disorders (n = 27), personality disorders (n = 21), eating disorders (n = 17) and substance related disorders (n = 8), were examined at the University Psychiatric Centre K.U. Leuven, Campus Kortenberg.

Method: Two questionnaires were used: Motivation for Physical Activity Measured – Revised and Baecke questionnaire

Results: Motivation is positive related to a higher physical activity level. A higher physical activity level is related to a better psychosocial adaptation related to body weight, self – image, self –worth and to a positive subjective well – being and a better physical fitness.

Conclusion: These results underline the necessity to motivate persons with psychic disorders to physical activity. The motivation has to be self – determined. The proposed physical activities have to be individually adapted and with a limited risk for drop out.

Keywords: Motivation; physical activity; non – psychiatric disorders

Research report

31. PHYSICAL SYMPTOMS ONE YEAR AND TREE YEARS AFTER THE 2004 TSUNAMI IN INDIVIDUALS WITH VARYING TYPES OF EXPOSURE

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Purpose

The experience of disasters implies a threat to psychological health and causes physical symptoms, even in the absence of physical injury. The objective of this study was to investigate the associations between exposure to the 2004 Tsunami and physical symptoms of survivors, both injured and not injured one year and tree years after the disaster.

Relevance

There is little attention paid on psychological trauma in physiotherapy even thou physical symptoms and somatic ill health are well known consequences of disasters and other traumatizing events.

Participants

Survivors from Stockholm who return home from south-east Asia after the Tsunami disaster 2004.

Methods

14 months after the disaster a postal questionnaire was sent to survivors from Stockholm. 1505 of those who responded had been in the area of the disaster and thus constituted the study group. The questionnaire contained items related to types of exposure to the disaster. The answers were categorised in different types and controlled for in the analyses.

The current physical complaints every day or several times a week were investigated in four indices: musculoskeletal, cardiorespiratory, headache/clumsiness and gastrointestinal. Mental health symptoms (General Health Questionnaire, GHQ-12) and posttraumatic stress symptoms (Impact of Event Scale-Revised, IES-R) were also investigated.

Tree years post disaster, the study group was reassessed with the same symptom checklists.

Analysis

Data were analysed in multiple logistic regression models and Spearman Rank Order Correlation Coefficient.

Results

Exposure to multiple stressors was associated to various physical complaints indices, and the sole exposure to life threat was associated to the physical indices in the first study 14 months after the Tsunami. Tree years post disaster the study group showed some reduction of symptoms in all four indices. The result of the analyses will be presented in the conference.

Correlations analyses showed significant but low correlation between physical indices and GHQ 12 as well as IES-R.

Conclusions

Findings demonstrate the importance of paying attention to physical, as well as psychological, complaints among survivors both one year and even tree years after a natural disaster. We will discuss the importance of identification of survivors in need of intervention.

Implications

Understanding the relationships between physical symptoms and exposure as well as the interaction between mental and somatic health need to be taken into account in development of strategies to support victims of a disaster in health care. There is a need to include physiotherapy knowledge in this developmental work.

Keywords

Physical symptoms. Exposure. Natural disaster.

Funding acknowledgements

This study was supported by Stockholm County Council and Swedish Emergency Management Agency

Ethics The design of the study was approved by the Ethics Committee, Karolinska Insitutet, Stockholm.

Special Interest Report

32. REHABILITATION OF TORTURED REFUGEES – A QUALITATIVE STUDY OF PHYSIOTHERAPISTS’ CLINICAL REASONING.

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Purpose: To explore physiotherapists’ clinical reasoning when treating refugees that have been exposed to torture.

Relevance: According to The World Confederation of Physiotherapy, physiotherapists are obliged to assess and treat victims of torture, yet few studies have been made so far. This study aims to contribute to systematic descriptions of physiotherapists’ clinical reasoning in rehabilitation of tortured refugees in order to develop and qualify physiotherapy practice.

Participants: Five physiotherapists (4 women, 1 man) from three rehabilitation centers for tortured and traumatized refugees in three different regions in Denmark were interviewed. Furthermore a focus group interview was conducted at one of the rehabilitation centers, at which all physiotherapists employed at this center (3 women) participated. The overall selection was strategic. Experienced practitioners working in interdisciplinary settings were selected.

Methods: Qualitative, semi-structured interviews and a focus group interview.

Analysis: Interviews were taped and transcribed in slightly modified verbatim mode and interpreted, using a text analysis style, described by K. Malterud.

Results: The study shows that the physiotherapists’ clinical reasoning is characterized by an interactive- and process-oriented reasoning that includes hypothetic-, conditional-, and ethical reasoning. Ten themes are identified that describe the physiotherapists’ reasoning in the treatment and rehabilitation of tortured refugees.

Conclusions: The study concludes that Mark Jones’ model of clinical reasoning in physiotherapy is not adequate to describe physiotherapists’ clinical reasoning in rehabilitation of tortured refugees. The study also concludes that Cheryl Mattingly and Maureen Fleming’s model of occupational reasoning is useful, but not sufficient to fully describe the clinical reasoning of physiotherapists. Development of a new model for clinical reasoning in physiotherapy is needed.

Implications: The results have implications for physiotherapists’ approach to treating tortured refugees in rehabilitation centers, psychiatric care, at hospitals, in primary health care and private clinics. The results can contribute to “good practice” when guidelines for physiotherapy and rehabilitation of torture survivors are formed and when developing new models for clinical reasoning in physiotherapy.

Keywords: Torture survivor, physiotherapy, clinical reasoning

Funding acknowledgements: The Association of Physiotherapy in Denmark

Research report

33. Conversations on Basic Body Awareness and movement experiences A qualitative study on experiences with psychiatric group treatment

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Purpose: The aim of the present study was to explore experiences patients with psychiatric disorders tell about from long term participation in Basic Body Awareness Treatment (BBAT)-groups.

Relevance: BBAT has a central role in psychiatric physiotherapy. The group therapy session is designed to utilise the patients own health resources by increasing feeling of well-being, bodily contact, recognition of ones self and ones relationship with others. It is important to go more deeply into patients' experiences and systematise them, in order to widen our knowledge about BBAT within psychiatric health care.

Participants: Three focus groups were interviewed, consisting of 17 women and 1 man. Their ages ranged from 27 to 70 years old. All participants had taken part in the BBAT groups for at least 6 months. Two groups were from psychiatric health service, a district psychiatric centre and a psychiatric unit at a hospital respectively. The third group was made up of participants from two BBAT groups within private physiotherapy practice. The participants had varying diagnosis such as personality disorders, eating disorders, anxiety, depression and identity and proximity issues. In addition several of the participants had diagnosis such as fibromyalgia, long-term pain and ME.

Methods: The study is based on hermeneutic-phenomenological methodology. Each interview was recorded, transcribed and analysed according to topic content.

Analysis: The process of analysis involved systematic condensing of central meanings in the texts. Preliminary analysis of one interview gave basis for the preparation for the next interview. The texts were systematically examined with the aim of finding opinions within units. These were coded, extracted from the text and systematically put into groups, each within its own main theme. After undergoing this process several times with careful consideration, three core themes with subtopics emerged. These have created the basis for the presentation of the material. They are presented as true to the text and close to the participants self understanding as possible.

Results: The following main topics became apparent through the process of analysis: Increased awareness of ones own body and better knowledge of one self, Threshold for taking part in time consuming change and relating to one self and others.

Conclusions: The process of strengthening the experience of the lived body points towards feeling of wholeness, and group dynamic processes made the participants feel at home in themselves.

Implications: The study indicates that BBAT groups may be of great personal value to the participants and contributing to better health.

Keywords: Basic Body Awareness Therapy, group therapy, phenomenology, psychiatry

Funding acknowledgements: The study was supported by the Foundation for Education and Research in Physiotherapy, Norway and The community of Jondal, Norway.

Ethics: The Regional committee for medical research ethics for West-Norway approved the project. All participants gave their written informed consent, and anonymity was safeguarded by the fact that names of either persons or places were not cited in any written documentation or in the presentation of the research material.

Research Report

34. The relation between the risk for falls and the anxiety, depresión and coginitive status in elderly population without dementia.

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Relevance: Falls represent one of the main health problems of the elderly population. On average, 33% of the elderly fall every year and the 15% fall at least twice in a year. The consequences of these falls are diverse: damages, fractures, hospitalitation, and even death. In the psychological field, falls produce the “post-fall syndrome” which is composed of low self steem, fear and anxiety due to thoughts about a new fall.

Purpose: To know the influence of the coginitive status, anxiety and depresión in the risk of falls of the elderly population and be able to properly describe the mental health profiles.

Participants: This study was made in the city of Murcia (Spain) which has 430571 inhabitants and a rate of 404,9 disabled by every 1000 elderly population above 65 years old. 200 participants above 65 years old (average 74,38, SD 7,149) living or attending nursing homes regardless whether they had suffered falls during the last year or not. Patients with dementia were excluded. The study was approved by the Ethics Committee of the Physiotherapy Department at Murcia University.

Methods: A clinical interview adapted to the Spanish language was made: 1) WHO questionnaire for the study of falls in the elderly (WHO, 1989); 2) Get up and go; 3) MMSE (Mini-mental state examination); 4) Hamilton Rating Scale for Anxiety (HRSA; Hamilton, 1959); 5) Beck Depression Inventory (BDI, Beck 1961).

Analysis: Quantitative descriptive analyses were analyzed using SPSS. Statistical analysis with discriminant and correlation analysis, and Chi-Square were calculated.

Results: 142 participants had suffered falls during the last year. The 24% once, and the 32% twice. Fear to fall again was present “always” among 76 of the participants. Risk for falls, assessed with the “Get up and Go Scale” was 2,08 on average (SD: 1,173). The coginitive status was good, with 27,96 on average (SD: 6,706). Depression 6,75 (SD: 9,274) and anxiety 2,572 (SD: 2,420) does not affect to the participants in general. There is a significant correlation between the risk for falls and the coginitive status ($p \leq 0.01$), but not with anxiety ($r = 0.046$) or with depression ($r = 0.489$).

Conclusions: Participants with coginitive disorder have higher risk for falls. However, anxiety and depresión are not related with the risk of falls.

Implications: Physiotherapists need to assess the mental health of their elderly patients and the risk for falls in order to plan preventive and control strategies accordingly.

Keywords: Anxiety, Coginitive impairment, Depression, Elderly and Fall.

Acknowledgements: To the elderly, and the institutions involved.

Special Interest Report

35. Psychomotor therapy on a psychogeriatric ward

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Purpose: The purpose of this contribution is to give an overview on psychomotor therapy and the importance of physical activity in the elderly included on a psychogeriatric ward.

Relevance: When we consider that our society will face an increasingly aging population in the next years, we understand that this aging will undoubtedly lead to an increased demand for attention and care for the elderly, with or without psychiatric problems. Moreover, one can expect the number of older people with psychiatric problems in the coming years to increase due to better and earlier diagnosis, reduced social stigma of psychiatric disorders and an overall improved healthcare.

Description: In the first part we give a theoretical scientific view why physical activity and psychomotor therapy may be important for this population. Therefore we use the terms “quality of life” and “adaptation processes”. We try to give an overview of the evidence for physical activity and psychomotor therapy starting from a somatic, motor, cognitive and socio-affective point of view.

In the second part we try to translate theory into practical applications. We will use our own model in which we can distinguish between three parts: preparation, activity and debriefing. In the preparation we discuss the following points: number and duration of sessions, group size, therapy room, activity or theme, materials, introduction and goals. Goals are divided into individual and group goals. During the activity we distinguish between therapeutic attitudes and therapeutic interventions. In the debriefing we discuss the evaluation via group conversation. Finally, all observations are recorded and feedback has to be given to the multidisciplinary team to be able to make a regular evaluation of the patient.

In the last part we discuss some challenges and opportunities for the future.

Evaluation: As psychomotor therapy claims to be a crucial element in the treatment of elderly on a psychogeriatric ward, it is necessary to stay in touch with new insights in literature and to keep developing new ways of using physical activity in this treatment.

Conclusions: The conclusion of this contribution seems to be that physical activity and psychomotor therapy can have an important contribution in the treatment of elderly on a psychogeriatric ward. Nevertheless it will be extremely important for the psychomotor therapist to stay familiar with relevant and recent literature, to conduct his own research and to be creative in developing and applying new opportunities.

Implications: Implications for practice are that physical activity has proven to be useful in the treatment of elderly. It is up to the psychomotor therapist to use this physical activity in a therapeutic way. Implications towards the hospital management are that the psychomotor therapist has to profile enough. And implications for education are that the role of psychomotor therapy in the treatment of elderly on a psychogeriatric ward should be highlighted more given the increasingly aging population in the next years.

Keywords: psychogeriatrics, psychomotor therapy, physical activity

Funding acknowledgements: unfunded

Research report

36. RELATIONSHIPS BETWEEN BODILY CHARACTERISTICS AND MENTAL ATTITUDES: BODILY EXAMINED AND SELF ASSESSED RATINGS OF ILL HEALTH.

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Purpose: Basic physiotherapy education in Resource Oriented Body Examination, ROBE 1 is provided in Norway, Sweden and Denmark. Our aims were to find out if ROBE 1 might be shortened into a new version (ROBE II) with sound psycho-metric properties that would discriminate between groups of patients with psychosomatic, musculoskeletal and schizophrenic disorders compared to a group of non-patients? A second aim was to explore: how do self-assessed symptoms (*The Symptom Checklist-90 (SCL-90)*) and self-image (*Structural Analysis of Social Behavior (SASB)*) compare to the patients bodily resources, assessed with a physiotherapeutic body examination?

Relevance: Assessment of patients with psycho-somatic problems.

Participants: 198 subjects divided into four groups (Group I-IV.), were body examined with a ROBE I protocol. Controls, Group I (n=22), consisted of physiotherapy students. Patients with substantial psychosomatic components in their illness/disease constituted group II (n=81). Patients in group III (n=78) were selected among referrals of musculo-skeletal problems lacking specific organic disease. Group IV (n=17) consisted of patients with a diagnosis of schizophrenia. For the second aim a patient group consisting from consecutive patients from group II (n=31) participated in the study. These patients filled out the questionnaires for SASB and SCL-90 at the first visit for treatment. The comparison group for SASB (n=52) and SCL-90 (n=51) consisted of individuals who either were workers or students.

Methods: Quantitative data-analysis.

Analysis: Explorative factor analysis, Principal Components with varimax rotation was used. The first two factors for each body domain Posture, Respiration, Movement and Reaction to Physical Touch were extracted. One-way analysis of variance (ANOVA) was used. The inter rater reliability (ICC) of ten cases for two judges was studied with intra class correlation. For the SASB and SCL 90 T-test for independent groups and Pearson's product moment correlations (r) were used.

Results / findings: The original 254 variables were reduced to 144, constituting ROBE II, with 10 subscales that distinguished the bodily characteristics of patients with psychosomatic, musculoskeletal and schizophrenic disorders. For the patient group, the ROBE II subscale Increased respiratory control correlated significantly with the SCL-90 subscales that measures Anger-hostility, Phobic anxiety, Paranoid ideation, with the Personality Severity Index (PSI) and with the SASB clusters Daydreaming and self-neglect, Self-indictment and oppression with r's between 0.38 and 0.50.

Conclusions: Combination of ROBE II, SCL 90 and SASB provide a sound basis for further physiotherapy research and clinical work.

Keywords: Body examination, Self-Image, Symptom Check List.12.

Funding acknowledgements : Dalarnas Research Institute and the Center for Clinical Research Dalarna.

Special Interest Report

37. INTEGRATING RELAXATION THERAPY INTO INPATIENT PSYCHIATRIC CARE

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Purpose

This special interest report aims to introduce one of the aspects of the physiotherapeutic program for psychiatric inpatients with anxiety and pain disorders at the University Hospital of Zurich Psychiatric Clinic. A relaxation group for such patients was recently established. Relaxation is a common treatment in acute psychiatric institutions although the empirical evidence for its rationale is controversial [3,4]. The primary effect of such a treatment modality is relaxation of the body, but it also serves to promote relaxation of the mind, psyche and emotions [3,4]. Further, the group approach enables patients with similar problems to get in touch with each other and decrease any social phobic tendencies [7]. Patients with specific indications, such as generalized anxiety disorders, panic disorders and rheumatoid arthritis, are purported to benefit from such treatment [3,4,6].

Relevance

The literature indicates that patients with emotional affections have a negatively impacted cognition, and decreased body awareness and attention. Therefore the main goals of treatment are to increase concentration, improve body awareness and perception to diminish ruminating thoughts, and enhance well-being of body and mind; in addition, treatment should improve blood circulation, promote mental balance, alleviate pain, and encourage normal physiological respiration. Active relaxation may contribute to regulation of the HPA- axis, and might therefore be a further modality to manage symptoms of emotional disorders.

Description

Once the patients have mastered relaxation while lying down comfortably, they are taught how to relax. Music might accompany the relaxation instructions given by the physiotherapist. Elements from the following methods are applied: Feldenkrais, Schaarschuch-Haase, Postisometric Muscle Relaxation and Focusing. Consequently a lot is done working with imagination, breathing and slow movements.

Evaluation

The program of relaxation has been evaluated empirically. We registered positive feedback from many patients, underpinning other empirical experiences and clinical research results [4]. However, negative feedback was received from others, though most of these could nonetheless be persuaded to persevere with their training in relaxation techniques. For a few patients, such as those with psychosis, this kind of treatment does not appear to be appropriate.

Conclusions

Relaxation is a basic human need and is of particular importance in patients with psychophysical conditions. Evidence regarding the effects of relaxation at the psychophysiological level is limited, because the relevant studies reported in the literature show major limitations in their design or methodology [4]. Until such times as more substantial evidence is available, it is important that physiotherapists get in contact with each other in order to exchange their knowledge and experience in this field.

Implications

Empirical evidence on the benefits of relaxation suggests that it leads to relaxation of the mind and body. As such, regardless of the method applied, active relaxation opens up a further field in the management of mental and physical disorders. The lack of studies in this field as well as the paucity of evidence regarding possible specific effects underlines the necessity for further research in this area.

Keywords: relaxation techniques – psychiatric inpatient - zurich

Research Report

38. THE IMPORTANCE OF PROGRESSIVE MUSCLE RELAXATION WITHIN PHYSIOTHERAPY FOR PATIENTS WITH SCHIZOPHRENIA

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Purpose: To examine the efficacy of progressive muscle relaxation training on state anxiety, psychological distress, fatigue and subjective well-being in patients with schizophrenia.

Relevance: No data are present of the effectiveness of progressive muscle relaxation training in schizophrenia.

Participants: Nineteen patients with schizophrenia from the inpatient care unit of the University Psychiatric Centre, Kortenberg (Belgium).

Methods: Random assignment to a single progressive muscle relaxation session during 25 minutes or a quiet sitting condition with the opportunity to read for an equal amount of time. All participants provided pre- and post-intervention self-report data on state anxiety, perceived stress, fatigue and positive well-being.

Analysis: ANOVA

Results: Only in the progressive muscle relaxation session group participants showed decreased state anxiety ($p=0.008$), psychological distress ($p=0.008$) and fatigue ($p=0.01$) and increased subjective well-being ($p=0.04$). Between-group differences were found for state anxiety ($p=0.02$) and subjective well-being ($p=0.01$).

Conclusion and implications: Progressive muscle relaxation is an effective physiotherapy intervention in the reduction of anxiety in patients diagnosed with schizophrenia. It is easy applicable in acute inpatient care units.

Research Report

39. Mental Health in Physiotherapy Journals

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Introduction

Physiotherapy as a therapeutic intervention in the management of people with mental health problems is a new specialisation within physiotherapy. In the North European countries (UK, Belgium, the Netherlands, Scandinavian Countries), physiotherapists working in mental health care provide an extensive range of physical approaches based on a biopsychosocial model to treatment aimed at relieving symptoms, improving quality of life and self confidence.

In this biopsychosocial approach physiotherapists do not only focus on biological and physical features of the patient but also on psychosocial aspects. This is a recent evolution within physiotherapy. Therefore, it is expected that there would be an increase of scientific articles concerning mental health interventions in physiotherapy journals.

In this research, we examine how and in which degree the topic “Mental Health” is presented in four general physiotherapy journals between 1995 and 2009. This topic is of great relevance because fundamental research concerning physiotherapy in Mental Health is a cornerstone and/or the future of the specialisation physiotherapy in mental health care and psychiatry.

Methods:

Four physiotherapy journals from different parts of the world (Australia, America, Europe) were screened between 1995-2009. Europe was represented by two journals in different languages (English and Dutch).

1. Australian Journal of Physiotherapy (Australia)
2. Physical therapy (USA)
3. Physiotherapy (Europe: UK)
4. Nederlands Tijdschrift voor Fysiotherapie (Dutch Journal of Physiotherapy) (Europe: the Netherlands)

Analysis: Only articles related to the topic “Mental Health” were included in the analysis. Due to different topics within the Mental Health concept, a sub classification (stress, fear and depression combined with a disorder; biopsychosocial model; mental questionnaires; quality of life) was made. Each article was assigned to one or more categories. When Mental Health was not the main topic of the article, the article was classified as an edge case.

Results:

The results of the analysis will be shown in detail.

When comparing the total number of articles in physiotherapy journals, the amount of published articles related to Mental Health was limited. The ‘Nederlands tijdschrift voor fysiotherapie’ seemed to publish more articles concerning Mental Health in comparison with the ‘Australian journal of physiotherapy’. Most of the articles in physiotherapy journals discussed the sub category stress, fear and depression combined with a disorder. In the Dutch journal more articles were published concerning the biopsychosocial model. In the past five years, there was an increased interest in developing and examining questionnaires about Mental Health. Since 2008 there is also an increased interest in the topic of quality of life.

Implications:

This pilot study provides an initial trend but does not allow to generalize our findings, because it contains a number of limitations. The study was a first rough analysis of the topic “Mental Health” in physiotherapy journals. The analysis was limited to four physiotherapy journals from three different continents. The term Mental Health was broad and can be better defined.

For the recognition of physiotherapy in mental health care and psychiatry it is absolutely necessary to extend this study. More physiotherapy journals have to be analysed in future research.

Keywords: Physiotherapy, Mental Health

Funding acknowledgements: none

Research Report

40. Student Voices: What are the Barriers to Effective Physiotherapeutic Engagement with Patients with Dementia?

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Purpose

To investigate Undergraduate (UG) Physiotherapists' experiences and perceptions of the development of their professional practice in the therapeutic management of patients with dementia.

To identify the barriers to and enablers of this development based on student commentaries to support professional development at UG level.

Relevance

In 2004 19% of the UK population was aged over 65 years old. This is expected to rise to 23% by 2031. At present 5% of this age group suffer from dementia, thus this number is set to rise. Due to this expected rise in the elderly population, the physiotherapist of the future must be ready to manage the potentially increasing number of elderly patients with dementia they will encounter during their practice. There is a lack of research exploring either physiotherapists' ability to effectively manage patients with dementia or how UG Physiotherapy Education should be developed to address this issue. This study acts as an initial investigation into the issue of therapeutic management of patients with dementia from the undergraduate physiotherapists' perspective.

Participants & Methodology

A convenience sample of four 3rd Year BSc (Hons) Physiotherapy students from Cardiff University participated in a 45 minute, semi-structured Focus Group discussion. All participants had gained some experience of engagement with patients with dementia during their previous six 4-week clinical placements. Ethical approval was gained through Cardiff University Ethical Committee. Informed consent was gained prior to the study.

Analysis & Results

Results were thematically analysed providing messages about the areas of: Knowledge and Perceptions (Foundation of Practice Development), Barriers to Engagement, and Strategies (Identified and Applied)

Conclusions

The students illustrated a diversity of contexts for their engagement with patients with dementia. Knowledge of pathology and experience of specialist clinical placements were felt to be of great importance in the development of understanding and the gaining of confidence to enable the necessary effective holistic engagement with patients with dementia. Barriers to the development of effective practice included the emotional consequences of working with these patients and their carers; difficulties with patient behaviours; the negative effect of the hospital environment; communication difficulties and lack of comprehension by patients; and the perceived lack of importance of this condition evidenced by non inclusion in generic placement assessment and negative clinical educator attitude. Strategies developed included clarity and appropriateness of explanation and instruction; flexibility to approach to engagement, assessment and treatment; holistic management; structured organised engagement; and documentation of successful strategies and responses.

Implications

Despite the small sample, this study indicates that further research and a drive for professional awareness and development in the therapeutic management of patients with Dementia is still vitally needed to aid in the professional development of the physiotherapists of the future.

Special Interest Report

41. The role of the physiotherapist in pain management in the psychiatric patient

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Background: Pain management in the psychiatric patient is a complex problem. Pain in these patients is often seen as part of their mental dysfunction and is therefore not addressed properly. The risk of dependency and rebound pain medication increases and the biological pain modulation systems are affected. Pain is influenced by emotional, cognitive and psychological factors. Patients with psychiatric illness often have irrational behavior and their cognitive and affective components of pain can be catastrophised. Pain is often regarded as secondary to the depression. Dual-action antidepressants will therefore have a positive result in pain management if the pain is the result of the depressive disorder. If pain has a primary cause (neuro-musculo-skeletal) the pain tolerance might be affected by the dual-action antidepressants in the short term, but the pain will gradually increase leading to self-medication and the vicious circle of depression and pain. Primary pain in the depressive disorder patient is often caused by postural and dysfunction syndromes. The pain will have a typical pattern. Physical examination will reproduce the patient's symptoms.

Purpose: The physiotherapist's role is to determine the cause of the primary pain, to treat the relevant structures and to educate the patient on self-management. Postural and dysfunction syndromes can lead to secondary pathology for example shoulder impingement (due to poor scapular orientation and internally rotated shoulders). This, if left untreated, might lead to surgery. Due to poor pain tolerance in the depressive disorder patient, it might lead to failed surgery and complex chronic pain.

It is important to identify the mechanism of pain when planning a treatment protocol. Patient's referred to physiotherapy in our clinic mainly complain of pain. The patient's are divided into two groups for the purpose of understanding the underlying cause of the symptoms.

Patients:

Chronic depressive disorders:

They present with typical postural and dysfunction syndromes. The main complaint is a unilateral headache often worse at the end of the day. Additional symptoms can be limited cervical movements, abnormal movement patterns, increased thoracic stiffness, facet joint hypo mobility and trigger points. They present with a poor posture and muscle imbalances.

Anxiety and panic disorders:

The symptoms in this group are mainly caused by an imbalance in the autonomic nervous system. The sympathetic nervous system functions in overdrive causing widespread symptoms. Patient's present with a tension-type headache, widespread pain, sometimes hyperesthesia and movement disorders. Breathing is shallow due to a feeling of tightness around the chest. Emotional muscle activation is common. These muscles are upper fibers of trapezius, sternocleidomastoid, quadratus lumborum and piriformis. Pectoralis minor can also be activated causing anterior chest wall pain and pain radiating down the medial aspect of the arm. In a patient with anxiety, this pain can result in fear, complicating the existing anxiety disorder. The masseter muscle is another emotional muscle causing headaches and temporo-mandibular joint dysfunction.

Treatment:

Chronic depressive disorders: Pain control is obtained through mobilizations of dysfunctional joints, trigger point release, neural mobilization techniques. Postural dysfunction needs to be addressed properly with facilitation of postural stabilizers, eliminating postural imbalances as much as possible. Biofeedback plays an important role in improving body awareness. Biofeedback is obtained by kinesio taping, mirrors and biofeedback devices. The mechanism of pain as well as self-management of symptoms must be carefully explained to the patient.

Anxiety and panic disorders: Pain control is obtained through mobilization of thoracic spine structures. The sympathetic chain is located in the thoracic spine. Proprioceptive stimulation of joints and muscle causes presynaptic inhibition, affecting sympathetic nervous system function. Stimulation of structures T1 – T5 will affect the headache. T1 – T9 represent the upper limb and T9 – L2 the lower limb. Deep breathing improves spontaneously. Pain relief is immediate and very effective.

Conclusion: Physiotherapists working in mental health care can provide an alternative in pain management with positive long-term effects.

Keywords: Physiotherapy, treatment, pain, chronic depressive disorders, anxiety and panic disorders

Research report

42. EFFECT OF MASSAGE ON CLINICAL DEPRESSED PATIENTS

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Purpose: The aim of the study is to investigate the effect of massage therapy on patients with ICD-10 diagnosed moderate to severe depression.

Relevance: Massage is a commonly used physiotherapeutic treatment for patients with depression. Previous research indicate that massage therapy may be an effective treatment for people with depressive symptoms, but there is currently a lack of evidence for using massage therapy as treatment of clinical depression. There is a need for randomised clinical trials using depressed populations.

Participants: The potential study population is all ≥18 years old consecutive hospitalized patients on Aarhus University Hospital of Risskov Denmark, diagnosed bipolar and/or unipolar moderate to severe depression. N=20

Methods: The study is designed as an open randomized controlled trial (RCT). Participants included in the trial are randomized to either "treatment as usual" (TAU), or "treatment as usual" + massage therapy. The effect of the treatment is evaluated by changes in :

1. SF 36 health questionnaire
2. VAS-score regarding the patients experience of: pain, muscular tension and psychological discomfort.
3. Hamilton (total 17-item) Depression Score (HDS).

Intervention: Classical European (Swedish) Massage therapy treatment is carried out by Physiotherapists. Treatment will be given in the back-neck-shoulder area 20 minutes, 2 times a week in 4 weeks. During the treatment there will be no underlying music and a minimum of verbal communication.

Analysis: From the data there will be made an *intention to treat* analysis.

For comparison the difference in SF-36 score between the two randomized groups Mann-Whitney-test will be used. For analysing changes in HDS (Response and Remission) Fishers test is being used. Significance level is $p \leq 0,05$.

Results/findings: The study is in progress and preliminary results will be presented.

Conclusion: (see above)

Implications: Positive results would support clinical physiotherapy practice and provide evidence for using massage as a complementary therapy in the future treatment of depression.

Keywords: Depression. Massage Therapy. Physiotherapy. SF-36. Hamilton Depression Score. VAS.

Funding acknowledgements : The Study is funded by The Danish Physiotherapy Association and The Psychiatric Research Fund in the Region of Midtjylland.

Special Interest Report

43. Review of the evidence for management of Unexplained Signs and Symptoms in children and its relation to the South Australian context

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Background: The management of unexplained signs and symptoms, sometimes referred to as conversion disorder, in children and adolescents in South Australian (SA) practice remains an area of significant health resource allocation. Despite the lead role played by Physiotherapists in this clinical area, it is an area that is often not embraced by the profession. This may be because patient progress is often not incremental, because the origin of symptoms may not be organic, or because the patients are often very time consuming. Despite this, in SA, the role of physical rehabilitation is strongly embraced as the primary arm of management. A multi disciplinary approach is also strongly advocated and this extends to regular team meetings and case conferencing. An effective restrained rehabilitation management model, with Physiotherapy as the lead profession, is viewed as critical and is supported by psychological and emotional management, pain management, medical management and involvement of school services.

Purpose and implications: This paper will outline and critically appraise the most recent evidence presented on physical rehabilitation in unexplained signs and symptoms management in children, as well as link this to common practice in South Australia. This will involve lessons learnt from the South Australian experience, and recommendations for future practice change to continue to see Physiotherapy utilise the opportunity to be recognised as leading a clinical service model.

Research report

44. PATIENTS' PERSPECTIVE OF CHANGE PROCESSES IN AFFECT-FOCUSED BODYPSYCHOTHERAPY

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Purpose: The aim of the study was to gain knowledge about how patients experience ABP and to investigate if/how the treatment enhances the patients' capacity to redefine their somatic symptoms into a larger psychosocial context.

Relevance: To be able to develop the ABP treatment model further we need to know more about how patients experienced being in body oriented therapy. This qualitative data will enhance our knowledge about body psychotherapy in general and ABP in particular.

Participants: 30 patients, 23 women and 7 men, were included in this study. Mean age was 38 years (range: 25-55 years).

Methods: The ABP treatment model was studied from the patient's point of view through the use of semi-structured interviews. These interviews were undertaken directly after treatment termination and once again after a year. The interviews aimed at investigating relevant aspects of the ABP interventions and the patients' life situation before and after therapy.

Analysis: The method of analysis was hermeneutical, as the meaning structure of the material was brought out. Common techniques involved in qualitative interpretative analysis such as condensation, coding, structuring, thematizing, hierarchically organizing, were the main methodological tools used. In the interpretation three phases suggested by Kvale (1996) were followed: (1) Self-understanding (2) Critical common sense understanding (3) Theoretical understanding. The material was analysed in light of the mind-body unity and with the aim of relating the patients' experiences to concepts and discussions within the field of physiotherapy/body psychotherapy. This last process was a collaborative process between the first and the last authors.

Results: Key themes concerning shame and control were found in the material. Engaging successfully in body therapy was shown to require the capacity to surrender oneself to a state of uncertainty, being able to release control and having the courage to pursue what the body therapy might bring into focus. Getting in touch with one's body eventually gave rise to a feeling of being in control; e.g. noticing muscular tension and being able to influence it as well as understanding the connection between bodily manifestations, experiences and emotions. Thus anxiety signals become meaningful signals about one's life situation instead of provoking fear. The end result of therapy could be understood in terms of how patients could integrate bodily feelings into their perception of themselves, thus attaining a deeper experience of their lived body.

Conclusion: Body oriented psychotherapy must initially be adjusted to the patients own understanding of the body.

Keywords: body psychotherapy, physiotherapy, qualitative analysis

Funding acknowledgements: This study was supported by grants from Vårdalstiftelsen, Karolinska Institutet, the Boëtius foundation, the Bror Gadelius foundation, and the Psychiatric Clinic and Research Department at Karolinska University Hospital – Huddinge.

WORKSHOPS

45. WORKSHOP

A WORKSHOP IN BASIC BODY AWARENESS THERAPY (BBAT) – A HOLISTIC APPROACH ON HUMAN MOVEMENTS USED IN PHYSIOTHERAPY AND MENTAL HEALTH CARE.

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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

46. WORKSHOP

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

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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 others 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

47. WORKSHOP

The phenomenon of Movement Quality-The MQ-Model integrating theory and practice

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PURPOSE: The aim of the workshop is to present up-to date research of the phenomenon of movement quality, synthesized and presented through the Movement Quality Model (MQ-Model). The workshop will include examples on how to use and integrate it into clinical practice. There will be opportunity for self-experience of relevant movements that will put light upon clinical use and how to integrate theory and practice.

BACKGROUND: The MQ-Model is rooted in the work of the French movement educator and psychotherapist Jacques Dropsy and practiced in the physiotherapeutic modality of Basic Body Awareness Therapy.

RESULT: The phenomenon of movement quality has been studied through series of projects. The MQ-Model visualizes how the three elements: postural stability, free breathing and awareness can be integrated and are expressed as aspects of movement. Like one unity they contribute to a refinement in the movement as well to personal development. Through the MQ-Model the phenomenon is described from four perspectives; 1) the representation of a biomechanical perspective to movement, 2) the representation of a physiological perspective 3) of a psycho-socio-cultural perspective and 4) the representation of an existential perspective to movement. The four perspectives represent movement aspects like 1) the form of the movement, 2) the flow and rhythm in movement, 3) emotional and intentional aspects expressed in movement and 4) personal aspects and unity expressed in movement. The MQ-Model offers an overview of basic elements and aspects to be included when the physiotherapist are aiming at promoting movement quality.

CLINICAL IMPLEMENTATION: Addressing movement quality and movement awareness as an integral part in physiotherapy is scarce. The MQ-Model can be seen as a key to what is included in and meant by the phenomenon of movement quality. The MQ-Model gives indications for what a patient is in lack of or the patients` resources in movement. It can be a guide for the physiotherapist in clinical practice and it offers a movement vocabulary for use in physiotherapy, in communication and research. How this can be integrated into physiotherapy practice will be practiced and discussed in the workshop.

48. WORKSHOP

PHYSIOTHERAPY IN REGION SKÅNES EATING DISORDER CENTRE TO TOUCH AND BE TOUCHED IN ED TREATMENT CLINICAL EXPERIENCE

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Aim How to use touch clinically in ED treatment

Description

Background: Touching and development, the skin, quality of touch

Touch; skin to skin, skin to another object, skin to an animal

How to present the work with touch to the patient

Our experience from working with touch and ED of together 45 years

Practical part: Different techniques and how to choose technique depending on the target to work with/aim. Some exercises for different targets

Conclusion: Patients experiences and our clinical experience working with touch in this patient group

Keywords: clinical experience, treatment, touch

Implications: clinical work

Funding acknowledgements: No funding

49. WORKSHOP

HOW PHYSIOTHERAPY CAN BE USED TO HAVE A POSITIVE EFFECT FOR THE BODY IMAGE AND WHOLE SELF, FOR PATIENTS WITH EATING DISORDERS

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Purpose : The purpose is to develop the quality of the physiotherapy in the field of eating disorders. Many physiotherapists have worked with patients with eating disorders. Very little has been documented in this field. When both of us had to develop the physiotherapy programme in each of our specialized units, we collaborated in order to secure the quality of the physiotherapy.

Relevance: Based on the documentation that exists both in the field of physiotherapy and the field of eating disorders, experiences from physiotherapists that have been working with eating disordered patients for decades, and our own experiences as physiotherapists, we have developed the physiotherapy programme in each of our specialized units. We have also together with Grete Ege Grønland, been authors of the Norwegian Guidelines for Physiotherapy and Eating Disorders, which are published at this link:

http://www.nmsf.no/fysioterapi/fysioterapi_og_spiseforstyrrelser.pdf Our physiotherapy programmes are based upon these guidelines.

Description: We would like to present parts of our physiotherapy-programme. This, to give the audience, an understanding of how we can use our knowledge as physiotherapists, in the process of recovery for these patients. We would like to do a practical presentation together with the audience, and have time to discuss and reflect upon the different parts we go through. We will go through basic physiotherapy with movements and massage, but try to show how we adjust to these patient's needs. Our focus is how we can use a bodily approach to influence the whole self, both bodily and mentally.

Evaluation: As we both work in multi-professional teams, we can't isolate the physiotherapy, to evaluate the effect. But we are at both our units, working with establishing evaluation tools to be able to observe the effect of the treatment. Documentation from similar units in the United States show good results.

Conclusion: Even though the effect of this physiotherapeutic programme is not yet well-documented, the research that is available supports this work. The patients themselves report that they find this part of the treatment useful, and also the other professions in the team see the usefulness of this approach.

Implications: We both teach physiotherapists, students and other professions on the topic of physiotherapy and eating disorders, and give courses for the Norwegian Association for Physiotherapists. The guidelines In this work we collaborate with the Norwegian authorities to heighten the scientific aspect of the guidelines.

Funding acknowledgements: The Norwegian authorities, by the department of health and social services paid for the development of the Norwegian Guidelines for Physiotherapy and Eating Disorders.

50. WORKSHOP

Research workshop on understanding body awareness from a holistic perspective

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Aim: To verbalize each participants understanding of the phenomenon of body awareness and further deepen the understanding of the meaning of body awareness e.g. why should a physiotherapist guide patients to improve their body awareness? The workshop is part of ongoing research aiming at theory generation in the area of body awareness.

Description: Background and starting point is previous research: A short introduction to earlier research will be given. Our results from a previous study has shown that ” living in the body” and “living in relation to others and society” can be seen as a starting point which should be further explored to generate a model of body awareness contributing to theory development in physiotherapy. A focus-group discussion will be performed.

Participants: Physiotherapists from different countries who give *informed consent* to participate in a research workshop focusing on experiences of body awareness. The discussion will be audio-taped and used to contribute to the development of knowledge and research in this area. You choose yourself what you want to say and you are free to withdraw your participation at any time without giving a reason.

Relevance: The workshop will hopefully increase your awareness, reflections of as well as understanding of body awareness in an international perspective. The workshop leaders will use the transcribed data to improve their model of “understanding body awareness”, in scientific research.

Keywords: Body awareness, reflection, research workshop focus-group

51. WORKSHOP

The treatment of eating disorder patients in a physiotherapy practice.

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Patients with eating disorders (anorexia nervosa, bulimia nervosa and binge eating disorders) experience an intense fear of gaining weight, present a negative body experience, are concerned about certain body parts, distrust objective standards such as mirrors and show in some cases a specific excessive activity behaviour.

In different countries physiotherapy is an adjunctive part of the therapeutic frame in the treatment of persons suffering from eating disorders. Based on an examination, the physiotherapist formulates concrete goals which are relevant for the problems of the patients: reconstructing a realistic self concept and curbing hyperactivity and restlessness.

There are several ways to accomplish these objectives. From a wide array of possibilities (movement exercises, adapted activities, games, relaxation techniques, breathing exercises, sensory and body awareness and self perception, dance, bodily exploration and expression), the therapist chooses the techniques which seem most effective in influencing the problem of the patient in a positive way. The exercises are not goals in and of themselves; they are just a means by which to attain the desirable goals.

Does physiotherapy really contribute in a positive way to the treating process? Are the potential changes durable? Is there an evidence for such an approach? What did physiotherapist learn about research in this field? How can physiotherapist translate the research findings in their own practice? What are the pitfalls for physiotherapists in the approach of eating disorders?

In this workshop a practical overview is given of therapeutic interventions based on 30 years of clinical experiences and support by scientific research, aimed at improving the body experience and curbing hyperactivity and restlessness into a more controlled form of movement through physiotherapy as a part of a multidimensional approach in an inpatient or outpatient physiotherapeutic practice.

52. WORK SHOP:

THE CASE OF BERIT MARIA – A FILM ON CLINICAL USE OF BASIC BODY AWARENESS THERAPY

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PURPOSE: The purpose of this project was to make a film for educational purposes to increase the understanding of Basic Body Awareness Therapy (BBAT), to show an example of clinical use and how to promote movement quality, and to put light on the value of the patients subjective experiences in treatment.

DESCRIPTION: The film demonstrates a case study. For the project, a patient was selected from the first author's clinical physiotherapy practice at the Community Centre. Criteria for selection were that the patient had 1) a positive change of the pain problems presented at start of physiotherapy, 2) a willingness to share treatment experiences for use in educational purposes and 3) a reflective motivation to participate. In the film we follow Berit Maria (chosen name), 60 years old. She has been a school teacher for about 40 years, the last 7 years as a Head Deputive. At the onset of physiotherapy she reported that she experienced work as increasingly stressful. Medical diagnosis: Frozen shoulder; neck, arm and low back pain. Ethical guidelines were followed; the patient documented her willingness to participate through signing an informed consent.

RELEVANCE: The physiotherapeutic modality BBAT challenges the movement learning process. BBAT includes new phenomenon and a new movement pedagogy that needs to be clarified within physiotherapy. Use of film to demonstrate this is meant as a background for discussion and reflections on clinical use of BBAT. This film represents a view and perspectives of how BBAT can be applied. In the film we follow Berit Maria in one treatment session guided in movement by the first author. The patient describes her story from the onset of pain, March 2007, until the date of filming, September 2008. The film visualizes her present situation and how she handles daily life. Several BBAT-movements are demonstrated, and the patient reflects on the use and effect of them. The film demonstrates the role of the therapist when promoting movement quality and guiding Berit Maria to be aware of her own resources. It includes a description of her intense self-training in-between the 10 physiotherapy sessions. Through the patient's own words, we experience the subjective and experienced side of a treatment session. In the workshop there will be a possibility to experience the movements in the film. This will be followed by a discussion. The film has been used in educational purposes in workshops together with theory and practice in several countries. The film takes 25 minutes.

FUNDING ACKNOWLEDGEMENTS: The film was designed by the second author and made in relation to the post-graduate education of Basic Body Awareness Methodology (BBAM), Department of Physiotherapy. It is supported by Bergen University College, Norway.

Keywords: Basic Body Awareness Therapy, movement quality, movement education.

53. WORKSHOP

THEORY, DEMONSTRATION OF THERAPY. THE COMPREHENSIVE BODY EXAMINATION (CBE) AS A BASE FOR NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY

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A quantitative founded body examination (CBE) is the base for the therapy. Fourteen sub-scales inform about the state of the body: Posture 2; Respiration 4; Movements 3; Muscular consistency 4. The subscales indicate the prognosis and intensity of the intervention. The patient is asked about his/her understanding of the findings, this increases the patients understanding of him- herself.

The therapy includes movements and massage which regulated according to the body findings and the patients experiences and adapted to the phases of the therapy. The patient is helped to overcome startle responses that produce tense or slack flexion and/or extension patterns , mainly by reacting to the therapist's little pinch in the muscle. The patient's habitual physical responses to discomfort are changed via a passive expiration and sigh, yawning, sound and movements . Our aim is to release a spontaneous full inspiration, a stretch of the body and a jawn. Passive expiration releases tension in the diaphragm, thus the patient gets in touch with his feelings. These are met in an emphatic climate.

54. WORKSHOP

PHYSIOTHERAPEUTIC TREATMENT IN IN-PATIENT PSYCHIATRIC CARE, AS IT HAS DEVELOPED IN PSYCHIATRIC CENTER RIGSHOSPITALET, COPENHAGEN DENMARK

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Aim

During the last 20 years Physiotherapy has become a part of In-Patient Psychiatric Care in Psychiatric Center Rigshospitalet, Copenhagen.

The theoretical background is founded in the Norwegian and Swedish traditions in the area. Specifically the theories developed by the Norwegian physiotherapist, psychologist, Ph.d Berit Bunkan (Psychomotor Physiotherapy) and Gertrud Roxendal physiotherapist and Dr. Med. Vet. (Basic-Body Awareness Therapy), but also theories and research regarding Adjusted Physical Activity are important, as well as treatment of Somatic Illness is an important part of Physiotherapy in Psychiatric In-Patient Care.

This workshop will focus on how it is possible to integrate Physiotherapeutic Treatment in In-patient Psychiatric care, and how it is possible to offer a differentiated treatment with built in progression.

Description

Through many years of experience as Psychiatric Physiotherapist the authors have collected a great amount of knowledge about building Treatment Programs in this area.

The Physiotherapists working at Psychiatric Center Rigshospitalet, have been able to offer treatment within the three areas; Body Awareness Therapy, Adjusted Physical Activity and Somatic Treatment. The treatment can take place individually or in groups. Besides creating progression in the treatment through the Therapeutic approach, using different settings also makes it possible, to make progression in the treatment. In this workshop we will give a presentation of this program and as an example of one treatment modality, we will invite you to join a BBAT session.

Relevance

Bodily disturbances and dysfunction play a part in Psychiatric Diseases.

According to the above mentioned theories, Psychiatric Physiotherapy can influence the outcome of psychiatric treatment. This has been confirmed by studies and clinical practice through out Scandinavian countries.

Key Words

Physical Therapy, In-Patients, Clinical Practice

Funding

This work has developed from Clinical Practice and has not been funded.

55. WORKSHOP

Body image, physical activity and physical fitness: research methods in clinical practice

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“Body image” is a widely used concept in psychiatry, psychology and the social sciences. In different psychological disorders, body image disturbance is a central theme (e.g. borderline personality and psychotic disorders, eating disorders and somatoform disorders).

Body image refers to a multi-dimensional concept, which involves neurophysiological as well as psychological components. The neurophysiological aspect refers to perceptual experiences such as visual, spatial, sensory judgements, physical sensations, body awareness, body recognition, physical appearance, body size and shape. The psychological aspect refers to both cognitive (thought process, thinking style and beliefs, knowledge of the body) and subjective (feelings, emotions and mood) experiences. A third, behavioural component of body image (e.g. body checking, or avoidance), might actually be the result of neurophysiological and psychological components.

Body Image is also a fundamental issue in psychomotor therapy. Therefore, an evaluation of different methods and instruments for measuring body image in different groups of patients is considerable. Several attempts have been presented to objectively assess body experience ranging from questionnaires to semi-experimental methods.

The body experience can be assessed in four ways: with projective or affective methods, questionnaires or self-reporting, interview and finally the so called objective semi-experimental procedures (perceptual methods).

The use of projective techniques for measure the body concept is not so common. The problem with these techniques is that they rely on a theoretical construct to make inferences about the body experience. Self reporting questionnaires assess a generic aspect of body experience and are quite popular but have pros and cons. The range of perceptual assessment goes from silhouettes to more sophisticates instruments. This kind of method overemphasizes the visual aspects while neglecting the affective and cognitive components of one’s body experience.

The measurement or the quantification of physical activity and physical fitness by criterion methods, objective and subjective methods becomes essential in terms of health outcome and effectiveness of intervention programs.

The goal of this workshop is to give an overall overview of the different methods and instruments for measuring body image, physical activity and physical fitness and to propose some guidelines for clinical practice. One of the guidelines is that it is advisable to use a number of different methods to have a global picture of subject’s attitude towards their own body, in combination with a number of questionnaires on general psychological complaints.

56. WORKSHOP

“Returning to the body after traumatic experience”.

**There is a way to take back control of our bodies that is lost.
What to do when traumatic after effects become chronic ?**

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Aim : To alleviate the physical symptoms cause by trauma through dialogue.

Structure of the workshop : 60 minutes.

Introduction to film
Film cut (10) minutes.
Diskussion of the feelings aroused.

Powerpoint-presentation with comments:

Definition of trauma.
Reactions of trauma.
Personal experience.
Referrals to the clinic-patients.
Symptoms.
Interdisciplinary network.

(etc).

Relevance: Most physioterapists already have the competence to treat these patients. The tools acquired through their basic education should be used, and adapted to the individual needs of the patient. Although further education can improve skills in this field. Physioterapists sholuld dare to ask in order to find out what is being hidden from the past or from the present.

Keywords : Somatic experience – Daring to ask - Long-termerspective.

57. WORKSHOP

Coping strategies in work related stress disorders-A group centred method in occupational health with focus on behavioural change

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Aim. To introduce a group centred method in occupational health, for how to deal with work related stress.

Description. Kommunhälsan, occupational health, has since six years offered group treatment directed to employees with work related stress disorders; both on sick leave and fully at work. The potential participants are referred by the chief at workplace. The method consists of ten group sessions and the program is based on a cognitive behavioural approach. Qigong and other stress releasing practices are included. The goals are to become aware of stress symptoms and stress triggers and how to cope with these. The sessions cover areas as: demand/control, need for recovery, mindfulness, relations and existential aspects on stress. An individual interview is conducted before the program, including motivational assessment. The participants also set up individual goals, which are evaluated after five sessions and if needed, updated. At the end of the program the goals are evaluated once again and the participants plan how to continue. When the group sessions are finished an individual final discussion together with the employer is done. The aim is to find out about the need for support at workplace. Follow up sessions after three respectively twelve month are carried out. The work shop will described the program in detail, offer opportunities to discuss the model and outcomes. All together 20 groups, with 175 participants has been carried out during six years.

Keywords: work related stress disorders, cognitive behavioural approach, mindfulness

Relevance: This program is carried out and developed by physiotherapists in occupational health.

Funding acknowledgements. The model is worked out, practiced and successively developed in occupational health practice at Kommunhälsan, Växjö, Sweden.

Ethics: The participants in the groups are recruited on voluntary basis and normal health care secrecy is pertained.

58. WORKSHOP

TEAM WORK REHABILITATION AT THE REHABILITATION AND RESEARCH CENTRE FOR TORTURE VICTIMS (RCT) IN COPENHAGEN

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Aim: To illustrate and discuss the complexity of torture survivors' health-related problems and the interdisciplinary approach to their rehabilitation process. Case examples will be presented and discussed from a physiotherapeutic perspective.

Relevance: Pain is one of the most frequent complaints of torture survivors. Overemphasising the importance of the psychological aspects may result in insufficient somatic pain diagnoses and treatment. Many physiotherapists meet torture victims in the health care system but few have specific education within this field.

Background: RCT offers rehabilitation to refugees who, in their countries of origin, have been exposed to torture or organized violence, and also to family members of the primarily traumatized person. A residence permit in Denmark and a referral from a physician are needed to be admitted. About 80% of the patients are males with heterogeneous educational and socio-economic backgrounds. Most patients need interpreters in the rehabilitation process.

The patients suffer from multiple problems: PTSD, depression, anxiety, chronic pain, poverty, isolation, inactivity, unemployment and various other social distress factors. All patients undergo an interdisciplinary assessment, which includes a medical, a physiotherapeutic, a psychological and a social examination, followed by a conference.

The patients' multiple problems highly interact with each other; thus, they are not reducible to a single central diagnosis or domain of suffering, i.e. the psychiatric, somatic and socio-economic issues are equally important. Accordingly, an interdisciplinary and bio-psycho-social rehabilitation approach has been adopted as a guiding principle. After the assessment, the patient is offered rehabilitation within one of three rehabilitation programs: family therapy-based, group-based, or individual. Pain management works by changing the person's relationship to the pain and the meaning of the pain in his/her life.

The physiotherapist focuses on chronic pain, physical torture-related injuries/lesions, e.g. the sequelae after falanga torture, low or inadequate activity level, low self-rated physical functioning, altered body image, anxiety and stress-related reactions. The physiotherapy goals are to increase the patient's knowledge about body functions and reactions, to increase physical activity and functional ability in daily life activities, to promote pain management and decrease pain behaviour, to enhance the level of self-efficacy, and to decrease pain intensity.

Key words: chronic pain, body image, interdisciplinary rehabilitation, physical functioning

Funding acknowledgements: The workshop was supported by the Rehabilitation and Research Centre for Torture Victims (RCT), Copenhagen, Denmark.

The World Medical Association Declaration of Helsinki concerning ethical principals for medical research involving human subjects were followed.

POSTERS

The numbering of the posters represents their location on the poster walls

Poster # 1

THE PATIENT-SPECIFIC FUNCTIONAL SCALE AS AN EVALUATION OF PHYSIOTHERAPEUTIC TREATMENT IN CHILD AND ADOLESCENT PSYCHIATRY

Gunhild Kjölstad, Physiotherapist, E-mail: gunhild.kjolstad@skane.se

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Child & Adolescent Unit, Psykiatri Skåne, Se-22185 Lund, Sweden

Purpose: To examine whether the Patient-Specific Functional Scale could be a useful instrument for evaluation of physiotherapeutic treatment in Child and Adolescent Psychiatry.

Relevance: To assess the patients view of her/his function which is relevant in clinical practice. Finding an easy and to the patient understandable evaluation method.

Description: A pilot study where six patients participating in group treatment with BBAT and relaxation ad modum Schultz during six weeks filled in the PSFS before and after treatment.

Conclusions: The PSFS seems to be a useful instrument to evaluate functional progress for this group of patients.

Implications: To better understand and describe the patient's functional difficulties in the assessment and evaluate change after physiotherapeutic treatment.

Keywords: Evaluation, function, children and adolescents

Funding acknowledgements: The work was unfunded.

The poster has been shown at a Clinical Day for Physiotherapists at Kongress Essstörungen, Alpbach, Austria, 2009.

Poster # 2

Physiotherapy — the first six months,

Developing the service within the Eden Unit. The first purpose built In-patient facility for treating patients with Eating Disorders, in the North of Scotland.

Philip-Rafferty S, Eden Unit, Royal Cornhill Hospital, Aberdeen AB25 2ZH, Scotland

Aim:-

- To highlight the highly specialist role of the Physiotherapist as part of the Multi-Disciplinary Team in the assessment and treatment of in –patients in the Eden Unit.
- To show how the Physiotherapy role has developed in line with the latest research, using validated outcome measures for each component part of the treatment programme.

Method: -

- Exploring the gained information used to implement the role
- Stating work ethic

Explanation of: -

- Patient Assessment
- Exercise Management
- Relaxation and Tension Management
- Improvement of Body Image (Body Experience)
- Body Size Estimation
- Musculoskeletal Conditions.

Displaying Detailed Charts of: -

- Exercise addiction Inventory
- Body Attitude Test
- Body Size Estimation

Poster # 3

“ART OF BALANCING” BASIC BODY AWARENESS THERAPY AND PROMOTING BALANCE WITH THREE PSYCHOGERIATRIC PATIENT

Vesiluoma T, Physiotherapist, B BAT – therapist, Helsinki University Central Hospital, Helsinki, Finland.
tuula.vesiluoma@hus.fi , Final Project B BAM 2007 – 2009

Liv Helvik Skjærven, Associate professor, Basic Body Awareness Methodology, Department of Physiotherapy, Faculty of Health and Social Sciences, Bergen University College, Bergen, Norway

Purpose: The purpose of my project is to describe my experiences and deepen understanding how to promote balance through B BAT with three psychogeriatric patients.

Relevance: Elderly people with many illnesses have usually poor movement quality and problems with daily movements. Risk of falling is increased because of weak balance which is result of natural aging, changes in reflex systems, muscles and senses. Many psychogeriatric patients have also poor orientation and fears of falling. When elderly people fall it often leads to injury, loss of independence and early death.

Participants: Participants of this project are three 75-82 year old psychogeriatric patients coming to physiotherapy because of problems with balance. All of them were suffering depression and they had many somatic symptoms too. Patients had 5-8 individual B BAT sessions, and one of them participated also to B BAT group two times.

Method: Both qualitative and quantitative methods were used. Data collection was made using eight movements from Body Awareness Rating Scale BARS, which was done in the beginning and end of physiotherapy period. Through data analysis changes in balance and movement quality were described and scaled. Ethical considerations were made.

Result/Findings: According to BARS in the beginning all participants had poor movement quality; problems to maintain balance, withheld breathing and poor bodily awareness. After B BAT exercises there were changes in movement quality towards healthier pole of continuum. Two patients reported experiences concerning positive changes on daily movements or quality of life.

Conclusion: According my experiences B BAT was good tool to promote balance, quality of movement and confidence to move with those three psychogeriatric patients. There might be larger changes if amount of meetings is bigger. More and larger researches are needed to be done to make any general conclusions. This project made me as a physiotherapist more aware of interconnection between balance, breathing, awareness and importance of wholeness in movement.

Implications: I found clinically important to use healthy and resource oriented perspective and small movements with feeling of safety to promote movement quality with those psychogeriatric patients with few resources.

Keywords: Physiotherapy, Basic Body Awareness Therapy, Psychogeriatry

Funding acknowledgements: This project was unfunded.

Poster # 4

A MULTIDISCIPLINARY WELL BEING PROGRAMME WITHIN OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH Foundation NHS TRUST (OBMH) WHERE IS THE PHYSIOTHERAPIST?

Caroline Griffiths, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust, Fulbrook Centre, Oxford, OX3 7JU, Great Britain
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Purpose- The rise in obesity and reduction of physical activity has become a major driver of governmental policy in the UK. Alongside this pharmaceutical companies have been challenged to provide systems which will help to counteract the appetite elevation effects of anti psychotic medication.

Within our organisation, OBMH, physical well- being has been cited as a target for our patients therefore the Well Being programme was instigated trust wise.

Initially training was aimed at raising awareness and knowledge of nursing staff however leadership of the programme fell naturally into the treatment /management core skills of physiotherapists.

Description

A national programme was brought from external training to in house development

- The presentation will describe the process of introducing an organisation wide programme
- The development of that programme
- The programme content and application
- Evaluation by participants and staff
- The specific role of physiotherapist as programme lead and facilitator.

Evaluation

Effectiveness of introduction of programme was measured in two distinct areas

Awareness and education of staff

Patient education and behaviour change

Conclusions and Implications

A well being programme for all patients can only be effective if provided in a multidisciplinary model, cognitive and physical elements must be addressed. Organisational will and provision of training and support is essential

For a programme to continue leadership is necessary

Physiotherapists demonstrated the knowledge and the passion required to maintain the well being programme after the initial enthusiasm.

The Well being programme will continue and can be extended to other settings

Key words: Obesity, Wellbeing, Leadership

Funding

OBMH provided funds for the author to attend conference and to have time to prepare this presentation, Lilly Pharmaceuticals were the organisation which initially provided the training for OBMH staff

Poster # 5

MULTISENSORIAL STIMULATION FOR PATIENTS WITH ALZHEIMER DISEASE. PHYSIOTHERAPEUTIC TREATMENT AND BEHAVIOR DISORDERS.

Gómez-Conesa, Antonia. PT, PhD. University of Murcia. Spain.

Catalán Matamoros, Daniel. PT, PhD. Ministry of Health and Social Policy. Spain.

Jaso Margarit, Marta. PT, PhD student, University of Murcia. Spain

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Purpose and Relevance: The Alzheimer Disease can produce behavioural problems in patients. Conductual disorders make the patients difficult the performance of daily life activities and the relation with other people. The modifications in the behaviours and conducts of the patients with Alzheimer Disease can influence the application of physiotherapeutic treatments. This work presents how the neuropsychiatric alterations are pronounced and influenced during a program of physiotherapeutic using multisensorial stimulation.

Participants: 15 Alzheimer patients participated in the study. The average age was 78.3 years with a standard deviation of 5.17. The intervention was carried out in an association of relatives of patients with Alzheimer allocated in the Region of Murcia (Spain). Previous to its application the informed consent was obtained by the directors committee of the center (family members of the patients). The disease diagnosis was made with NINCDS/ADRDA (National Institute of Neurological and Communicative Disorders and Stroke – Alzheimer's Disease and Related Disorders Association). Period of diagnosis was between 2 and 9 years (average of 5.4 and standard deviation of 1.95).

Methods: This study was authorized by the bioethics committee of the Murcia University. A program of multisensorial stimulation for patients with Alzheimer was applied. The cognitive state of the patients was examined with Mini-Mental State Examination, the degree of disability with the Scale of Fast Evaluation of the Disability, the daily life activities through the Index of Barthel, and the degree of affectation of the Disease of Alzheimer with the Global Deterioration Scale. The appearance of neuropsychiatric signs was valued with the Neuropsychiatric Inventory. Two weekly sessions of treatment were made, during seven weeks. Three physiotherapists treated individually to three patients in the same space, with the same activity, ensuring a proper communication between patients and therapists during the sessions.

Results: The average attendance to the sessions was of 13.2 with a standard deviation of 1.37.

60% present a score of 6 in the Global Deterioration Scale, the average in the Index of Barthel is located in the 40.67 (Standard deviation 27.63) and in the Scale of Fast valuation of the Disability in 45.60 (Standard deviation 8.21). The neuropsychiatric signs of deliriums, hallucinations and euphoria did not appear in the patients at any moment of the intervention. Between 30% and 40% of the patients showed indifference or apathy during the treatment sessions. The aggressiveness, although appeared with smaller frequency, between 6% and 13%, symptoms that made more difficult the accomplishment of the program.

Conclusions and implications: The behavioural disorders that usually appear in the Alzheimer Disease were apathy and indifference. By means of the communication and the previous information, the patients who showed apathy participated in the activities. The aggressiveness problems were not frequent, but they made difficult the accomplishment of the program.

Keywords: Alzheimer disease, behavior disorders, multisensorial stimulation.

Acknowledgements: To the patients' association, the patients and their relatives.

Poster # 6

Long-term effectiveness of Basic Body Awareness Therapy in Psychiatric Out-patient Care. A randomised controlled study.

Amanda Lundvik Gyllensten*, Charlotte Ekdahl*, Lars Hansson**

Department of Health Sciences, Division of Physiotherapy, Lund University,

Sweden,**Department of Health Sciences, Division of Nursing, Lund University, Sweden

Background: The long-term effects of Basic Body Awareness Therapy (BBAT) in addition to treatment as usual (TAU) were studied in a randomised, controlled design in Psychiatric out-patient care.

Patients: Seventy-seven patients with mood-, stress-related- somatoform-, behavioural- or personality disorders and bodily symptoms were studied six months after a 3-month treatment period and at a 6-month follow-up. The use of Psychiatric health care and social services were studied during 12 months, starting with baseline. The study comprised a control group (n=39) that received treatment as usual (TAU) and a treatment group (n=38) that in addition to TAU also received 12 times of BBAT.

The aim was to study the effects of BBAT in addition to TAU compared with TAU only, regarding: body awareness, health-related factors, and coping strategies, as well as the use and costs of the social services and psychiatric healthcare.

Analyses: Analyses of Variance (ANOVA) repeated measures analysis of the intention-to-treat population (n=77) was performed.

Results: Analysis revealed that the BBAT group had a significantly improved body awareness ($p<0.001$), attitude to the body and fewer symptoms ($p<0.001$) and improved self-efficacy ($p<0.05$) from baseline to 6 months after the termination of treatment, compared to the control group. The BBAT group also had a significant less use of psychiatric treatment from health professionals other than the psychiatrist ($p<0.05$) during 1 year after baseline and a significantly less use of social services ($p<0.05$).

Conclusions: The study found evidence for the positive treatment effects of BBAT as well as lower costs for the group that received BBAT in addition to TAU compared to the TAU only group.

Implications: BBAT seems to be an effective intervention in psychiatric outpatient care also for patients who in addition to psychiatric disorders also present somatic symptoms.

Keywords: Basic Body Awareness Therapy (BBAT), depression, anxiety, health economics, physiotherapy, mindfulness

Funding acknowledgements: The study was financed by FAS, the Medical Faculty of Lund University, Sweden, and Vårdalstiftelsen, Sweden

Published in: Gyllensten AL, Ekdahl C, Hansson L. Long-term effectiveness of Basic Body Awareness Therapy in psychiatric out-patient care. A randomized controlled study. *Advances in Physiotherapy* 2009;1(11): 2-12.

Poster # 7

Therapeutic riding: Body- relation to the Icelandic horse gives recover to in- patients with Eating Disorders.

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Aim

To highlight an account of in-patients with Eating Disorders and there positive effects by therapeutic riding in group.

Background

From the 90-ties there has been published several studies which proof scholarly that therapeutic riding is well-functioning within habilitation and neurology as well as for patients with eating disorders. Shown effects are anxiety relief, physiological, psychosomatic and psychological positive effects and challenge of self limits.(Håkansson, 1998).

Description

As a part in the treatment program we offer therapeutic riding in group. It consists of 2 ½ hours horseback-riding in the woods including coffee-break. No prior experiences are required. Introductory meeting and follow-up oral and writing report is included. The patients are requested to draw attention to the own body, the senses, the teamwork with the horse and to the beautiful surroundings.

Conclusion

In relationship to the horse, stimulates trust and give pleasure of body capacity. It increases positive self- control, self-esteem, body awareness and strength. Negative thoughts, feelings and pattern of behaviour are replaced and anxiety overcomes in a new situation. Therapeutic riding also has a social function. If complication with Obsession Disorder it also gives excellent exposure training.

Therapeutic riding can motivate in-door patients with ED to keep going in treatment.

References:

1. Håkansson, M,(1995). Kroppskännedomsträning till häst med svår ätstörningsproblematik(en pilotstudie). Vänersborg: Sjukgymnastikavdelningen, Älvsborgs läns landsting.

Poster # 8

IS IT POSSIBLE TO QUANTIFY GROUNDING? A MOTION AND FORCE ANALYSIS

Jan Johansson, PT, MSc. Gabriele Biguet, PT, MSc. Helga Hirschfeld, PT, PhD. Department of Neurobiology, Care Sciences and Society, Division of Physiotherapy Alfred Nobels Allé 23 SE 141 83 Huddinge, Sweden.

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Purpose: The aim of the study was to investigate and describe ground reaction forces and intersegmental coordination in persons with different degrees of grounding performing test movements from Body Awareness Scale – Health (BAS-H).

Relevance: Grounding is a central concept in psychosomatic physiotherapy, especially in Body Awareness Therapy (BAT) where grounding is regarded as a prerequisite for physical and psychological balance. Grounding is assessed through observation, performing standardised test movements in accordance with the Body Awareness Scale-Health (BAS-H). Even though BAS-H has a well defined manual it is recommended that you practice evaluating together with others. It is also recommended that you have practiced BAT before you learn to use BAS-H as a measurement. Great emphasis seems to be on the physiotherapists' embodied knowledge; however it is important to see if it is possible to elucidate this partly tacit knowledge with objective methods.

Participants: Nine strategically selected subjects with different degrees of grounding (good, intermediate and impaired grounding) assessed with BAS-H were included.

Methods: Ground reaction forces and intersegmental coordination were measured on lateral weight transfer and stamping. An optoelectronic system, Elite, BTS, Milano, Italy (Ferrigno & Pedotti 1985) with eight cameras was used to register the test movements in three directions. Floor reaction forces were registered in three directions with two force plates (Kistler, Type 9284, Winterthur, Schweiz) embedded into the floor.

Analysis: The material is presented as descriptive statistic.

Results/findings: The group with impaired grounding showed a tendency, however not significant, to move the upper part of the body more than the other groups both forward and laterally when doing lateral weightshifting.

They lifted their knees higher, compared to the other groups, when initiating stamp and tended to generate less force than the other groups when stamping. The group with good grounding tended to generate the largest force when stamping.

Conclusions: Instrumental assessment of vertical force and optoelectronic registration of movement showed visual differences in both generation of force and movement behavior between groups with different degrees of grounding performing test movements from BAS-H.

Implications: Both as a clinical working physiotherapist and as a teacher for physiotherapy students it is important to know that it is possible to verify subjective ratings with objective measurement.

Poster # 9

“B BAT HAS MADE ME REALISE, THAT IT IS NOT ONLY MY THOUGHTS THAT REPRESENT ME”

Maria Andersen, Clinical Teacher in Physiotherapy; Psychiatric centre Hvidovre, Denmark.
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Liv Helvik Skjærven, Bergen University College, Norway

PURPOSE: To search for a deeper understanding of how five psychiatric patients experience attending to a B BAT group once a week.

RELEVANCE: Working with psychiatric patients, the “three fold contact problem” described by Dropsy is highly relevant. It is stated that Basic Body Awareness Therapy (B BAT) has a positive effect on the interrelated aspects; lack of contact with *the self*, *the physical environment* and *other people*.

PARTICIPANTS: The informants were three men and two women, diagnosed with depression, schizophrenia, anxiety, borderline and PTSD. The age span was 31-52. The attendance frequency varied from 8-20 sessions.

METHOD: The method was qualitative in terms of using clinical talks carried out as semi-structured interviews.

ANALYSIS: “Systematic text condensation” built on Giorgi’s phenomenological analysis.

RESULTS: The informants achieved better contact to *the self*. They experienced a body/mind integration, gained a clearer and more confident feeling of identity and had fewer symptoms in general. In connection to the *physical environment* the guiding parameters and metaphors were meaning- and helpful in relation to carrying out the movements and preventing dissociation. They had a good understanding of how physical- and mental balance are interconnected. They described some difficulties with slow movements and coordination. In relation to *contact to other people* they emphasized that acceptance and confidentiality was present within the group. They interrelated personally but not privately. Pair exercises were challenging but nice.

CONCLUSION: The analytic outcome from the clinical talks shows, that the B BAT group had a positive effect on the five patients seen in relation to all aspects of the “three fold contact problem”.

IMPLICATIONS: Since this project is done on a small number of informants, more research has to be done in order to generalise the results. Still, this project can be a starting point for clinical work and ideas for new studies.

KEYWORDS: BBAT, contact problem

FUNDING ACKNOWLEDGEMENT: The study was unfunded.

Contact details:

Maria Andersen, Clinical teacher in physiotherapy.

Poster # 10

Children and Adolescence with psychiatric problems come to physiotherapists – and get help to understand and reduce their symptoms and strengthen their autonomy.

Gro Cecilie Meisingseth Montarou, Norway
Specialist in Psychiatric and psychosomatic Physiotherapy Specialist in Children and Youth Physiotherapy

Children and Youth Psychiatry is a very interesting and an important field for Physiotherapy in Mental Health. In Norway there is a long tradition and an expanding interest for somatic illnesses have psychologically and socially reasons.

Children communicate primarily through their bodies. Their ability for abstract thought and symbolic problem solving is poorly developed. Internal and social conflicts is conveyed by abdominal pain, headache and pain in the extremities. New Scientific work about Anxiety Disorder in childhood and adolescence describe very much somatic symptoms. Some children and youths conceal pain and uneasiness in hyperactive behavior, while others become physically inhibited, becoming reserved in their contact with adults and other children and youths. Physiotherapists in the field of children and adolescence psychiatry work with children and youth with a poor and disturbed self image. This is frequently reflected in poor body awareness, limited, stereotyped movements and somatizations. The Norwegian method of Psychomotoric Physiotherapy and other playful methods helps young people to be aware of the mutual connection between emotions, thoughts and bodily expressions. Specialists in Psychiatric and Psychosomatic Physiotherapist are trained to see and help the children and youths to be aware of their stresspattern; their posture-, breathing-, muscular-, movement patterns and vegetative reactions. The children and youth learn how they can use their bodily consciousness to be aware of what they want or not want, and assist them to regulate their psychological and bodily mechanism more appropriate. This workshop discusses the ways in which specialist in psychiatric- and psychosomatic physiotherapy can assist these children and youth with poor body- and self image, and shows that physical symptoms may have a significant function in the childs and youths life context and mirrors their autonomy development. This is shown through case stories, theory and practical exercises.

Key words: Life context, vulnerability, psychiatry, body image and language, somatization and autonomy

Poster # 11

BAT til kroniske smertepatienter

Anne-Sofie R. Nielsen, fysioterapeut, og Nina Olsen, konstitueret ledende fysioterapeut, Psykiatrisk Center Bispebjerg.

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Tidsplan:

September 2007 – januar 2008: Møder mellem Liaison-klinikken og fysioterapien, patienter visiteres og indkaldes.

Februar – april 2008: Indledende fysioterapi-undersøgelser 1. gruppeforløb, 9 gruppe-sessioner, afsluttende fysioterapi-undersøgelser.

Maj – august 2008: Projektskrivning 1. gruppeforløb.

September – november 2008: Indledende fysioterapi-undersøgelser 2. gruppeforløb, 9 gruppesessioner, afsluttende fysioterapi-undersøgelser.

December 2008 – januar 2009: Projekt-skrivning 2. gruppeforløb.

Beskrivelse:

Liaison-klinikken på Psykiatrisk Center Bispebjerg ønsker et fysisk tilbud til deres samtalegruppe med kroniske smertepatienter. I samråd med fysioterapien planlægges som pilot-projekt to gruppeforløb á 9 ganges fysioterapi med BAT (Body Awareness Therapy), 1½ time ugentligt. Formålet er at undersøge om denne patientgruppe kan profitere af fysioterapi som gruppebehandling, samt hvordan behandlingen udformes for at tilgodese patientgruppens behov. Deltagerne undersøges før og efter med BARS (Body Awareness Rating Scale), VAS (Visuel Analog Skala) og semistruktureret interview. Observationer og refleksioner fra deltagerne noteres undervejs. Indholdet er samtale og balanceøvelser, holdning, grounding, vejtrækning, afspænding og udspænding. Der er et tema per gang og hjemmeøvelser knyttet hertil.

Resultatet af første gruppeforløb var utydeligt pga. frafald blandt deltagerne. I andet gruppeforløb opnåede 40% ny forståelse og brugte nye handlemuligheder i f.t. smerten, andre 40% viste en spirende udvikling, og 20% var fastlåst i gamle mønstre. På BARS ses gennemsnitligt forbedring i bevægeharmonisk på 16%.

Diskussion:

Er undersøgelsesmetoderne de bedst egnede?

Er formålet velafgrænset?

Hvordan kvalificeres pilotprojektet til forskningsprojekt?

Nøgleord: BAT, kronisk smerte, gruppebehandling, liaison-psykiatri

Poster # 12

HOW THE CLIENTS SUFFERING FROM SUBSTANCE DEPENDENCY BENEFIT FROM BASIC BODY AWARENESS THERAPY?

Sanna Saastamoinen, physiotherapist, BBAT – therapist,

This project is connected to the Basic Body Awareness Methodology, Department of Physiotherapy, Bergen University College, Norway, Liv Helvik Skjærven, Bergen University College.

Purpose: In recent years the alcohol consumption in Finland has grown considerably. Due to this the substance-related health and social problems in society have increased. Substance dependency is a multidimensional phenomenon which is treated with various methods. Still there is not much attention paid to approaching the phenomenon from the physical dimension – through the movement and self-experience. The purpose of this project was to get a clearer picture of how the clients suffering from substance dependency benefit from Basic Body Awareness Therapy (B BAT) in a group setting. This project focuses on the benefits that clients may gain through the personal development in movement quality and how this is experienced in their daily lives.

Relevance: There is only little research done in the context of substance dependency rehabilitation and physiotherapy.

Participants: 3 women clients from A-clinic, aged between 37 and 56 years, were selected to this project by inviting them to attend 9 B BAT group sessions in order to have a continuum to the individual physiotherapy. In addition to substance dependency all the clients were diagnosed with depression and some other diagnosis (eating disorder, anxiety, bi-polar). All the clients were attending a regular conversational therapy with A-clinic's social therapist in the period of B BAT group.

Method: The methodological approach was qualitative and phenomenological. The data collection was done through the clinical talks that were based on a structured formula with three open questions concerning the clients' experiences and benefits. The movement quality was observed during the movement sessions and the notes were written in physiotherapist's diary.

Analysis: The data analysis was based on the Giorgis' model. The 4-step procedure was followed in the analysis of the written data. The ethical issues were considered in this project.

Results: The experienced benefits are presented in 4 main themes: 1) *The body as a resource*, 2) *Movement training as a method for coping with daily life*, 3) *Changes towards healthier way of living* and 4) *Becoming aware of the personal development*. The improvements in movement quality, more balanced movements, freer breathing and increased self-awareness, also indicated changes towards healthier way of moving and living.

Conclusions: Clients in this project experienced benefitting from B BAT in order to develop themselves on a personal level and to get support for their recovery from substance dependency. According to the results in this project it can be stated that B BAT faces well the needs of the multidimensional phenomenon of substance dependency.

Clinical implication: Through this project there is more knowledge of the possibility of using B BAT in the rehabilitation of substance dependency. When working through the movement training, in order to make alliance with the wisdom of the body, the recovery and process of change may be more fully accomplished.

Keywords: Basic Body Awareness Therapy, substance dependency, movement quality, process of change

Funding acknowledgements: This project was unfunded.

Poster # 13

BASIC BODY AWARENESS METHODOLOGY – A POSTGRADUATE EDUCATION FOR ENGLISH-SPEAKING PHYSIOTHERAPISTS

Liv Helvik Skjærven, Department of Physiotherapy, Faculty of Health and Social Sciences, Bergen University College (BUC), Møllendalsvei 6, 5009 Bergen, Norway. lhs@hib.no

Profile: Basic Body Awareness Methodology, B BAM, represents a humanistic / existential approach to human movement, psychiatry and mental health. The education 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. The education can be a part of a Master Program

Target group: The education 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. It is for Physiotherapists who want to develop personal and professional.

Content: The education represents a therapeutic approach to body-mind aspects in human movement. It introduces a new pedagogical model for training movement quality and a vocabulary for use in communication. It includes tools for systematic evaluation and a structured rehabilitation program for individual and group-intervention. The education 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. The program offers training situations for promoting healthy resources through movement: personal, relational, social and existential. Therapeutic talk and reflection is integrated. The B BAM offers a strategy to make the person equipped to handle life more ably.

Organization: B BAM is a 2 year, part-time education, with 3 block-periods at Bergen University College, Norway; this 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. This is estimated to about 1 day pr. week in 10 months, in Level 1 and Level 2. The student is trained to present project work at international conferences.

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: The B BAM education qualifies the Physiotherapist to use B BAM in preventive health care, stress management, clinical rehabilitation, project work and to communicate its content to clients, health professionals and society. The PT is trained to use the B BAM program, the valid and reliable assessments-tool Body Awareness Rating Scale, Body-Awareness Scale – Interview and Motivational Analysis. Qualitative research methods are focused.

Poster # 14

BASIC BODY AWARENESS THERAPY AS A TREATMENT FOR CLIENTS WITH MUSCULOSKELETAL COMPLAINTS – A STUDY FOCUSING ON MOVEMENT EXPERIENCES AND MOVEMENT QUALITY

Hildegunn Steindal, Førde Central Hospital, Norway. Hildegunnsteindal@hotmail.com . Final project B BAM 2009.

Tutor: Liv Helvik Skjaerven, Associate Professor, Basic Body Awareness Methodology, Department of Physiotherapy, Faculty of Health and Social sciences, Bergen University College, Bergen, Norway.

Background: People suffering from musculoskeletal disorders represent a major group seeking help from physiotherapists. The last decades there has been a shift in health care approach towards more individual responsibility and activity, and in recent year's physiotherapy departments and researchers have also been focusing greater attention on body awareness and movement experience. From my own work with Basic Body Awareness Therapy (B BAT) and clients suffering from musculoskeletal complaints I have experienced that it can be hard for them to get in contact with / be able to express experiences from the movements in B BAT.

Purpose: The purpose of the project was to study how 7 clients suffering from musculoskeletal complaints responded to training of B BAT focusing on movement quality and subjective expressions of movement experiences.

Method and material: Before and after 10 sessions of B BAT in a group consisting of 6 women and one man, the two components of Body Awareness Rating Scale (BARS) -observation of movement quality and asking for the participant's expressions of movement experiences - were used to collect the data. Further, the movements were scaled and presented graphically which gave an overview of the material from the observations. For the analysis of the participants verbal expressions of movement experiences a modified version of Giorgi's phenomenological analyse were used. Ethical considerations were taken.

Result: The result from BARS showed that al participants improved their movement quality: They were more balanced, breathing and movements were more in tune with each other and the use of energy in the movements were more appropriate to the task. Intention, flow and rhythm were observed to be more present in the movements. There were several verbal expressions of movement experiences and the expressions were richer. The focus changed from being concerned with physical / structural aspects of the movements towards physiological and psychological aspects.

Conclusion: The movement quality increased for all the participants. The participants were richer in their vocabulary concerning movement experiences and the ability to express sensations from the movements increased.

Clinical implications: From this study I have found it important to give time for and attention to the patient's movement experiences in addition to search for the movement quality. This is for me a part of seeing and meeting the whole person and a way to bring the patient towards being in the movements, experiencing.

Key words: Basic Body Awareness Therapy, musculoskeletal complaints, Body Awareness Rating Scale, movement quality, movement experiences.

Poster # 15

“HEART COHERENCE”

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In October 2009 I graduated as a Professional Master in Psychosomatic Physiotherapy at the University of Utrecht, The Netherlands. This poster is part of my Master Thesis, which focused on distress complaints and Heart Rate Variability Biofeedback.

Background: the prevalence of distress complaints in the general Dutch pt practice is 44%. Distress is defined as a state of (chronic) arousal, often associated with feelings of discomfort, anxiety or depression, attributed to (social) context or situation, which results in physical changes: dysregulation (constant hyperactivity) of the ANS (autonomous nervous system) and imbalance of the neuro endocrine system. Up till now the treatment of distress complaints has been very diverse. Analysis of Heart Rhythm Variability (HRV) through HRV biofeedback is an important tool to assess and influence function and balance of ANS

Aim: to determine whether or not Heart Rate Variability biofeedback *as an intervention* would result in better coherence, a better psychological health, a better quality of life and lower blood pressure after the program, compared to base-line assessment.

Patients: n=11. Adults with distress complaints in pt-practice, elevated distress score (checklist)

Results: a significant improvement of coherence, a better psychological health, a better quality of life and a lowering of systolic blood pressure after the program, compared to base-line assessment.

Discussion: Pilot, small sample, no control group, design does not allow any harsh conclusions

Conclusion: Significant improvement of coherence after the HRV treatment program, compared to baseline assessment. Significant decrease in psychoneuroticism, significant decrease in systolic bloodpressure and a significant improvement of quality of life after the HRV treatment program, compared to baseline assessment. Significant mediocre correlation between increase in coherence and decrease in somatization, decrease in “psychoticism” and improved subjective mental health.

Relevance: Decrease of HRV is related to: high blood pressure, cardiac problems, diabetes and cancer. In these times of growing obsolescence and chronicity, increasing HRV and diminishing dysregulation of the ANS and imbalance of the neuro-endocrine system is highly relevant.

Keywords: Distress, arousal, dysregulation, heart rate variability, heartcoherence, biofeedback.

Funding: This presentation was kindly subsidized by the Dutch Association of Psychosomatic Physiotherapy (NFP) e: www.kngf-nfp.nl

Poster # 16

REPORT ABOUT A PATIENT CASE WITH INCIPIENT DEMENTIA BY AGING AFTER PHYSIOTHERAPY AND SOCIALIZATION TREATMENTS

José Manuel Bueno Sánchez. Geriatric XXI. Granada. Spain

Purpose: A specifically program has been designed to prove that an elder person with dementia should carry out physical and mental activity, slowing down the damages by aging, improving their and their family's life quality.

Relevance: Elders have a tendency to immobility. Physiotherapy will delay aging and senile dementia.

Participants: 87 years old female patient, very intelligent, with a medium level of physical disability, incipient dementia and beginning of depression and Parkinson. Before illness, she was very active, capable and independent and started a family. At present, widow, with independent sons/daughters, although they were attentive to her. Somewhat depressed, very little participation, barely communicating and not following the eating or sleeping hours. Family and a very carefully selected therapist to accompany her all day long have also participated. Specialist team : physiotherapist, occupational therapist, doctor, nurse and psychologist.

Methods: Physiotherapy methods to increase the mobility. Making activities such as painting, chatting, singing, take short walks, go out into the garden, feeding small animals, discussing paper, radio and TV news, musical therapy and dictation, humor reunions and movie sessions. They used as therapies with a tendency to stimulate and exercise the muscles, the memory functions and socialization, to offer points of reference and to connect with reality. Informative sessions have also been given to relatives and the carer . The families have made continued visits and phone calls, being available at all time, in full collaboration with the specialists.

Analysis: Very positive evaluation of the program. The patient's adaptation was slow at the beginning, very well afterwards, as she was feeling worthy, secure and confidence.

Results/findings: Her relationship with the carer was very important, and which would communicate immediately to the family and specialists any circumstances. She accepted her eat/sleep hours. Her life has become organized, reaching a notable improvement, which reflects in her physical aspect and in her social behaviour.

Conclusions: The elder patients with senile dementia caused by aging must maintain themselves into daily activities of life, as to stop or postpone the physical and mental damage. They must also maintain point of reference to the reality, feeling like they have an individual value and that they are members of the family and of the society. Never should they be isolated, for the functional neurons won't establish the corresponding synaptic circuits, increasing the deterioration. The studied case shows the need of elaboration of specifically designed programmes for each case.

Implications: The body's movement is what allows us to have an independent life, which is necessary for the physical and mental health. It is necessary to promote politics: 1) Preventive Physiotherapy, 2) Maintenance Physiotherapy, 3) Rehabilitation Physiotherapy. Physical therapy must be used also in the prevention of other therapies that might lead to some other type of problems. Many of its fields are yet to be developed, such as investigation and education, and this should become part of the educational system of each country, so that people can become aware of the benefits that this science can offer.

Keywords: Physiotherapy, dementia, elder

Funding acknowledgements: Patient's family.

Poster # 17

Integrative group rehabilitation – Basic Body Awareness and Cognitive Therapy

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Aim: The aim was to find effective elements in the process of a 24-week integrative rehabilitation group treatment, with eight participants suffering from pain and/or stress. The aim was also to investigate the significance of the integration of Basic Body Awareness and Cognitive Therapy in this group treatment.

Method: A longitudinal qualitative study consisting of individual and group interviews before, during and after the group treatment. Follow-up interviews were also performed one and two years after the group treatment. The interviews were open and built up by narratives that focused on the participants' experiences of health. They were tape recorded, verbatim transcribed and both manifest and latent content analysed.

Results: The participants' process to gain better health subsequently became visible and *acceptance* was the main theme. In addition to this the participants looked for *comprehensibility* for themselves, worked to create a *meaning* in their situation and tried to find a balance between resources and demands to *handle* their life situation. The participants expressed how the integrative treatment based on a holistic view helped them to increased self knowledge.

Conclusion: The study indicated the possibility and importance of a holistic integrative group treatment for patients suffering from stress and pain. Acceptance seemed to have a crucial meaning for the possibility to change mode of behaviour.

Poster # 18

THE BODY: AN INSTRUMENT FOR THE RELATION TO ONESELF AND OTHERS – IN A PHYSIOTHERAPEUTIC PERSPECTIVE

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Aim

To highlight some aspects on the consequences lack of trust to one's own body can be for the Eating Disorder patient in relation to one self, to others and to the surrounding world. We highlight this in a physiotherapeutic treatment perspective

Description

Body, trust and relation in a developmental perspective

(We have chosen to highlight some aspects of this in a bodily perspective)

The body in relation to one self, others and the surrounding world

The relation Physiotherapist – patient in the treatment setting

Treatment individually or in a group

The Eating Disordered patient's lacks of trust in her/his own body can be expected to increase the patients risk in a negative direction in her/his ability to relate to her/him self and others. This leads to a worse self-care and thereby a higher dependence on others. This can also be expected to influence the process of recovery in a negative direction. The physiotherapeutic treatment constitutes a possibility to work through's bodily aspects to facilitate relations in everyday life.

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Photo: M Sarpehöök, C Stubbergaard, B Howegård

Modell's: Julia 7 years, Setare 15 years, Matilda 21 years, Kristina 26 years and Physiotherapist colleagues

More information

This poster has been presented at the Nordic Eating Disorder conference in Stockholm Sweden 2008 and at the Congress Essstörningen, Alpbach, Austria, 2009

Ethics: No ethical problems, the persons on the photos are voluntary people.

Implications: Point out the importance of relation in treatment

Keywords: relation, treatment, physiotherapy, trust

Funding acknowledgements: No funding

Poster # 19

THE BENEFICIAL EFFECTS OF PROMOTION OF DAILY PHYSICAL ACTIVITY WITHIN PHYSIOTHERAPY FOR PATIENTS WITH BINGE EATING DISORDER

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Purpose: This pilot study examined a 24-week physiotherapy programme for binge eating disorder.

Relevance: Although the benefits of physical activity (PA) are well documented, few research studies have examined lifestyle interventions within physiotherapy in persons with binge eating disorder.

Participants: 20 patients with binge eating disorder consecutively admitted at the out-patient eating disorder unit of the University Centre Kortenberg.

Methods: Six-minute walking (6MWT), body mass index (BMI), subjective quality of life (RAND-36), the Body Attitude Test (BAT) and the Symptoms Checklist-90 (SCL-90) were administered at admission and at discharge 24 weeks later.

Analysis: Wilcoxon matched pairs signed ranks test between pre- and post-treatment

Results: Participants experienced significant reductions in number of binges ($p < 0.01$), BMI ($p < 0.05$) and psychiatric symptoms on the SCL-90 ($p < 0.01$). Improvements on the 6MWT ($p < 0.05$) and a more positive body attitude on the BAT ($p < 0.01$) were reported. Patients experienced better physical functioning ($p < 0.05$), reduced physical limitations ($p < 0.05$), higher energy levels ($p < 0.05$) and better overall general health ($p < 0.05$) on the RAND-36.

Conclusion and implications: Increasing lifestyle PA should be an important goal in the physiotherapeutic treatment of binge eating disorder.

Key words: binge eating, physiotherapy, physical activity

No funds.

Poster # 20

PROMOTING PSYCHIATRIC PHYSIOTHERAPY IN SPAIN: THE INTEGRATION OF PHYSIOTHERAPY IN A PSYCHIATRIC HOSPITAL.

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Purpose:

Describing the work of a physiotherapy department in a Spanish public psychiatric hospital and its historical evolution.

To show how the physiotherapist's role has changed and has become integrated into the hospital's multidisciplinary team

Relevance:

The integration of the physiotherapist in the mental health team is essential as it contributes to the multidisciplinary care and the improvement of the patient.

Description:

The Physiotherapy department in Hospital Doctor Rodriguez Lafora was founded in 1971. Since then the focus on mental health care has changed. Before 1971, patients who needed physiotherapy were treated in other hospitals, but society demanded to have them taken away; as a result physiotherapy was offered on the premises in the psychiatric hospital. At first, treatments were individually and only physical oriented but gradually group treatments of physical activity were developed for the three addiction UNITS.

In 2005, programs for continuous care were developed and incorporated in the hospital, during the introduction a new documentation was created and enable for the physiotherapists to design new programs. This reorganization of the Physiotherapy department improved the internal structure and the changes led to more participation in the multidisciplinary team.

To facilitate better understanding of physiotherapy in mental health, we are planning to carry out awareness meeting for health professionals in the hospital. And a course about "Physical Activity in Mental Health" has been proposed to the Department of Education in Madrid to highlight the role of the physiotherapist in mental health.

In the Community of Madrid there are two physiotherapists in each of the two existing public psychiatric hospitals, but none in the rest of the structures of the Mental Health services in Madrid.

The Spanish psychiatric reform integrated patients in society, and therefore the natural evolution of physiotherapy in Mental Health should be to introduce its services in other settings and not only in hospitals.

Evaluation:

The physiotherapists have done an internal evaluation based on observation and meetings have been held with a retired physiotherapist that was working from the beginning in the department.

The outcome is:

- Improved communication and coordination within the multidisciplinary team.
- Improved quality of the Physiotherapy department services.
- Recognition of the benefits that physiotherapy have in a psychiatric hospital setting

Conclusions:

The improvement of the organization in the Physiotherapy department together with the implementation of programs have contributed to the improved relationship with other units, increasing information exchange and highlighting the role of the physiotherapists and their participation in the team.

Implications:

Developing programs shows the importance of what is being done; it structures the work and helps the physiotherapist to make clear for other health professionals what the Physiotherapist is doing, improving the treatment of the psychiatric patient.

Key words:

Physiotherapy, psychiatry, mental health, teamwork, program.

Poster # 21

Body dissatisfaction moderates weight curves in the inpatient treatment of Anorexia Nervosa

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Objective:

To examine whether drive for thinness, body dissatisfaction and restrictive/binge eating-purging subtype at admission moderates the weight curves of patients with Anorexia Nervosa (AN) over the course of inpatient treatment.

Method:

The nature of weight curves, individual differences herein and moderating factors are examined in 92 AN patients by means of multilevel modeling.

Results:

The average weight curve of AN patients is characterized by a linear weight increase during treatment that levels off near the end of treatment. Substantial individual differences exist in the shape of patients' weight curves. Patients with stronger body dissatisfaction at admission display a slower linear rate of weight gain over the course of treatment. Neither drive for thinness nor restrictive/binge eating-purging subtype predicted patients' weight curve over the course of treatment.

Discussion:

Body dissatisfaction moderates patients' weight curves over the course of inpatient treatment but more research on factors determining weight curves is needed.

Participant list Ic-ppmh 2010

Lund, Sweden

As per January 26th 2010 (Changes may apply)

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