TITLE (WORKSHOP): PHYSICAL THERAPY AND TECHNOLOGY: USING HEART RATE VARIABILITY

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TITLE (WORKSHOP): PHYSICAL THERAPY AND TECHNOLOGY: USING HEART RATE VARIABILITY

BIOFEEDBACK TECHNOLOGY FOR WORKING WITH DISTRESS- AND ANXIETY RELATED PROBLEMS

Background:

In the Netherlands, 44% of the clients in general physical therapy practice suffer from stress-related problems. It is very probable that in the psychosomatic field, this percentage is even higher. 20% of the Dutch adult population has suffered from an episode of anxiety in their lives. In 2011 the health care for people with anxiety disorders has cost society 626 million euros. 1 million people in the Netherlands suffer from burn-out complaints. Stress related absence of work costs society 1.8 billion euros per year. These numbers indicate that it’s hugely important to look for means to prevent and/or cure stress and anxiety.

In biofeedback equipment is used to assess, process and evaluate autonomous activity of the patient. It can be used for diagnostics and/or treatment. In heart rate variability (HRV) biofeedback changes in heart rate, that mirror autonomous processes, are being monitored. This information is then fed back to the patient, so that the patient can try to influence these processes. Analysis of HRV is an important tool to assess and influence the function and balance of the autonomous nervous system (ANS). Making autonomous activity visual adds to the understanding of physical symptoms.

Methods/ workshop:

Short introduction of stress-related disorders, anxiety, the ANS and HRV, theoretical background.

I will present a hypothetical case of a patient suffering from stress related problems. I will explain to the participants how I work with HRV technology. I will do a demo on a volunteer, so that participants can actually experience and/or witness the added value of biofeedback in physical therapy treatment.

Results: I can show the participants examples of lifestyle assessment reports of clients that monitor HRV 24/7 during several days.

Discussion: We can discuss the outcome and added value of these reports for physical therapy.

Implications for clinical practice: In our rapidly changing society technology is integrated in health care more and more. How can we use it to our and the clients advantage?
Funding: none

Abstract category: workshop/ group education

Preferred format: Oral

Workshops: duration: 2 hrs. I can do two rounds if needed.

Keywords: Heart Rate Variability (HRV), biofeedback technology, distress, anxiety

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therefore necessary to robustly evaluative the relative merit of different forms of adjunctive exercise treatments for people with schizophrenia.
Which is better? Aerobic exercise or yoga for Schizophrenia?

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Background: Different forms of exercise such as aerobic exercise and yoga as non-pharmacological and non-talking therapies, are considered adjunctive treatments for schizophrenia. Yoga is an ancient spiritual practice which has been widely incorporated in western settings. Yoga has evolved into many different forms but generally incorporates asanas (postures) and breathing exercises. The clinical application of yoga has more recently been investigated. Aerobic exercise such as walking and running uses the large muscle groups, increases the pulse rate and is associated with a myriad of physiological and psychological benefits.

Some research suggests that different forms exercise can be of benefit as an add-on treatment to reduce complex symptoms, ameliorate the side-effect profile and improve disease-related factors in people with schizophrenia. The effectiveness and relative merit of yoga versus aerobic exercise is under-researched.

The objective was to systematically assess the effects of yoga versus aerobic exercise for people with schizophrenia.

This review is part of a series of Cochrane reviews by the same group to populate an overarching Overview of reviews entitled ‘Yoga for Schizophrenia’.

Methods:

The Information Specialist of the Cochrane Schizophrenia Group searched their specialised Trials Register (latest 30 March 2017), which is based on regular searches of MEDLINE, PubMed, Embase, CINAHL, BIOSIS, AMED, PsycINFO, and registries of clinical trials. The references of all included studies were searched. There were no language, date, document type, or publication status limitations for inclusion of records in the register. One thousand and thirty four records were found and checked by the review authors.

Results

Six trials with 586 participants met the review requirements and provided useable data. Notably the term ‘aerobic exercise’ was loosely applicable due to poorly designed yoga comparators. Overall, little evidence was currently available, was low quality, and suggested that yoga is no more effective than aerobic exercise for schizophrenia.

Conclusions

Physiotherapists may find it useful to know that in terms of the yoga versus aerobic exercise comparison - there is no compelling evidence to suggest that one is better than another, and also, that either is that effective. Overall, the evidence was weak as the number of studies available was small, and only short-term follow-up was reported. A number of key outcomes such as relapse and cost of care were not reported. More, larger, and long-term trials are
Strategies to keep working among workers with common mental disorders – a grounded theory study

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Background: Most people with common mental disorders are employed and working, but few studies have looked into how they manage their jobs while being ill. This study explores workers’ experiences of strategies to keep working while suffering from common mental disorders.

Methods: We conducted in-depth interviews with 19 women and 8 men in different occupations. They were 19–65 years old and had depression or anxiety disorder according to the International Statistical Classification of Diseases and Related Health Problems, 10th revision. Constant comparison method was used in the analysis.

Results: We identified a core pattern in the depressed and anxious workers’ attempts to keep or expand their work capacity, defined as Managing work space. The core pattern comprises four categories describing the different meanings of the practical strategies: Forcing the work role, Warding off work strain, Recuperating from work, and Reflexive adaptation.

Discussion: Our results describe how workers with CMDs try to keep up at work: attempting to retain a sense of freedom and the possibility to manoeuvre and perform in their working life. We discuss their diverse strategies in relation to previous models of work functioning. These strategies could serve as items for future study among depressed and anxious workers, also in association with sick leave.

Implications for clinical practice: The results can increase knowledge among rehabilitation professionals about the meaning and characteristics of different work-related strategies in depressed and anxious workers. This knowledge can be used in clinical encounters to reflect together with patients, exploring present options and introducing modifications to their particular work and life context. Of particular importance to physiotherapists are the described recuperation strategies related to physical activity and relaxation, but also the essential link between work and private life, suggesting a need for physiotherapists to involve both areas in the rehabilitation plan.

Funding: The study was supported by The Healthcare Committee, Region Västra Götaland.
Discussion:

Due to lack of relatable quantitative studies, we searched previous qualitative studies for comparison. Our results are in line with previous qualitative studies, which concluded that during NPMP patients became more able to recognize and verbalize body sensations, emotions and feelings which they found useful in their daily life. A parallel can be drawn between these qualitative findings and the improvements in HRQOL, self-esteem, pain and coping in the intervention group of this study compared to the control group.

Conclusion:

The results of this study demonstrate that 6-months intervention of NPMP increased HRQOL and self-esteem as well as reduced pain.

Clinical implications

The results of this study indicate that NPMP, which is a safe, relatively low-cost and non-pharmacologic intervention, may enhance HRQOL and self-esteem and decrease self-reported pain among community dwelling adult people who are referred to NPMP.

No funding.
The effect of psychomotor physical therapy on health-related quality of life, pain, coping, self-esteem and social support.

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Background:

Norwegian Psychomotor Physiotherapy (NPMP) is a therapeutic approach in physiotherapy that is commonly applied for patients with long-lasting pain and psychological symptoms.

Previous qualitative research supports the benefits of NPMP for patients. However, no previous randomized controlled clinical trials have been performed for this approach. The aim of this study was therefore to assess the effect of a six-month intervention of NPMP on health-related quality of life and on pain, coping, social support and self-esteem.

Methods:

The study was a pragmatic RCT comparing an intervention group with a control group. The intervention group received NPMP once weekly for 6 months, while the control group received no intervention. Measurements were performed at baseline and after six-months. A total of 105 participants were included in the study. Health-related quality of life (HRQOL) was measured by the 36 items Short Form Health Survey, SF-36.

Results:

Significant differences between the two groups were observed in six of the eight SF-36 domains: Physical functioning, Bodily Pain, General Health, Mental Health, Social Functioning and Vitality. Effect size ranged from 0.9 for Vitality to 0.3 for Role Physical and Role Emotional. Furthermore, there was a significant difference between groups regarding pain and self-esteem in favor of the intervention group. Effect size for pain was 0.9 and for self-esteem 0.6.
BECOMING MORE AWARE WHEN BEING IN MOVEMENT - A PHENOMENOGRAPHIC STUDY OF PHYSIOTHERAPISTS' MOVEMENT EXPERIENCES

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Background: The physiotherapist’s own experience and communication, learning to become more present in own movement in the therapeutic situation, is presented as one unique component of their clinical practice. This component has been identified as a precondition for the physiotherapist to enable patients to become more aware of own healthy movement resources and to empowering themselves being and acting in their everyday life. The aim was to study how a group of authorized physiotherapists described their own movement experiences, when attending a post-graduate course in a Basic Body Awareness Therapy (BBAT).

Method: Two set of data were collected, written essays at the beginning of course and group interviews at the end of BBAT 1 course. Participants, 15 physiotherapists, had applied to the course before being invited to participate in this study. The two data sets, written essays and interview were both transcribed, and analyzed using phenomenographic analysis.

Results: As a sum from the two set of data, the findings revealed four qualitatively descriptive categories, representing variety in ways of how these physiotherapists described the experiences of their own movement quality, were named as: 1) Controlling aspect, 2) Uncertainty aspect, 3) Exploring aspect and 4) Shared dialogue.

Discussion: The study findings reveals four descriptive categories, reflecting this particular group of 15 postgraduate physiotherapists’ variations in description of when becoming aware of their movement quality. The findings reveals a wide span in the movement awareness descriptions.

Clinical implications: The findings have revealed tacit components rooted in the profession of physiotherapy, thus making them more explicit. This may increase the understanding of how the phenomenon of movement quality can be experienced in physiotherapy.

Funding acknowledgements: The study has been supported by Helsinki Metropolia University of Applied Sciences, Western Norway University of Applied Sciences, Bergen and University of Jyväskylä.

Ethical considerations: The committee for educational research ethics approved the study (20 March 2013). Permission for the research study was requested from both the educational institution as well as the participants themselves when the researcher met the participants in person. The participants were given written information about the study. They signed an informed consent form. The students’ anonymity was safeguarded.
Implications

The study emphasizes how physical therapists can contribute to the treatment of acute, severely ill psychiatric patients. Further, the study might contribute to a broader view on psychomotor disturbances in bipolar disorder and how a non-pharmacological approach can help to relieve agonizing symptoms of mania.
Physiotherapy for hospitalized patients with bipolar disorder and mania

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Background:

Patients with bipolar disorder in manic phase are characterized of being talkative, having high energy and racing thoughts; patients are easily distracted, have problems with concentration and might experience feelings of severe irritability and aggression. Bodily symptoms in mania include increased psychomotor tempo with inability to quiet down and be at rest, hyper-arousal and increased muscular tension. Due to increased irritability and aggression patients with mania are often exposed to coercive measures and among these, also mechanical restraint. Mechanical restraint present serious ethical issues and often perceived as traumatic for the patient involved. The aim of this study was to investigate the effect of physical therapy to reduce the use of mechanical restraint in hospitalized bipolar patients with mania.

Methods

All hospitalized bipolar patients with manic symptoms at Aarhus University Hospital, Psychiatry were offered physical therapy immediately after admission for reducing the patient's feelings of tension, uneasiness, dampen feelings of irritability and aggression, and decrease psychomotor tempo. The specific physiotherapeutic treatment comprised ball-stick massage, Basic Body Awareness Therapy, relaxation therapy, and moderate physical exercise and was provided in a patient-centered approach.

The frequency of patients exposed to mechanical restraint during the study was compared with the frequency in the past two years. Further, using VAS scales patients evaluated their feelings of i) tension; ii) ability to quiet down and be at rest; and iii) feelings of irritability/aggression before and after physical therapy. Finally, in-depth interviews were conducted for further exploration of patients' view on physical therapy as supplement to other psychiatric treatment for manic symptoms.

Results

Until now 100 patients have been offered physical therapy and in all 95 patients have accepted to participate. Compared with the two past years mechanical restraint has been reduced with 50 %. Physical therapy significantly reduced feelings of tension and irritability/aggression and increased ability to quiet down and be at rest. The final analyses and results will be presented.

Discussion

Physical therapy supplemental to psychopharmacology is efficient for managing feelings of uneasiness, increased psychomotor tempo, increased tension and irritability in patients with bipolar disorder and mania.
FUNDING: Irish Research Council post-graduate scholarship
The effects of exercise on Depressive and Anxiety Symptoms in Rheumatoid Arthritis: A Systematic Review and Meta-Analysis

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BACKGROUND: Elevated depressive and anxiety symptoms are prevalent co-morbidities in Rheumatoid Arthritis (RA). The available evidence does support the effect of exercise on these outcomes however, quantitative synthesis of evidence from randomized controlled trials (RCTs), on these critically important symptoms in RA, has yet to been conducted. Therefore, we aimed to estimate the overall population effect of exercise on depressive and anxiety symptoms derived from available RCTs.

METHODS: Seventeen articles published before September 2017 were located by two independent reviewers using Google Scholar, PsycINFO, PubMed, and Web of Science, of which 12 were included in a meta-analysis. Trials involved 1,214 participants and included both randomization to exercise and non-exercise control using validated measures of depression and anxiety, assessed at baseline and post-intervention. Hedges’d effect sizes (95%CI) were computed and random effects models were used for all analyses. Sources of bias were also assessed independently by two reviewers using the Cochrane bias assessment tool for RCTs and Newcastle–Ottawa Quality Assessment Scale for non-RCTs.

RESULTS: For the meta-analysis, participants were aged 49±9 years and 83%±14% female. Exercise training consisted on average of 3±1 weekly sessions, 60±17 minutes per session, and 11±5 weeks in duration. Interventions were diverse with a mix of aerobic and/or resistance including, 4 different types of Yoga, 2 dance based and 1 Tai-chi. Mean reported adherence was 87%±11%. For depression, 18 of 20 effects (90%) were >0. The mean effect size Δ was 0.20 (0.10-0.31; p<0.001). For anxiety, seven of seven effects (100%) were >0. The mean effect size Δ was 0.50 (0.27-0.74; p<0.001). Depressive or anxiety symptoms were not the primary outcome in any of the included trials.

DISCUSSION: Exercise resulted in significant small-to-moderate reductions in depressive and anxiety symptoms. Pharmacologic interventions have improved the management of RA however, exercise remains an important part of overall treatment. It has been reported that the degree of depression and anxiety in people with RA is a preceding sign of physical disability that may appear later in life therefore, aiming to target both through exercise may help to improve HQoL. Future trials should use a depression and/or anxiety outcome as a primary measure.

IMPLICATIONS FOR CLINICAL PRACTICE: Exercise prescription is a core skill for physiotherapists therefore, as ‘mental health is all physio’s’ business, they should be confident in prescribing exercise to people with RA, who have depression and anxiety, as it significantly reduces their symptoms.
The examination of the ABC – Awareness Body Chart – in healthy people and in people with bipolar disorder

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Background

Bipolar affective disorder (BD) refers to an episodic, recurrent pathological disturbance in mood, including changes in body awareness which are not sufficiently examined. There are only a few valid tests to assess body awareness and these are primarily verbal tests which especially in individuals with psychiatric symptoms - influence the results. The aim of this work was to examine a body chart tool for the investigation of body awareness, to examine its dimensionality, reliability and validity and to get information about its user friendliness in a study with patients with BD.

Methods

The ABC – the Awareness Body Chart, has been designed to assess body awareness of single body parts as well as of the whole body. It consists of body drafts with divisions of 51 body areas to fill in with five colours according to the intensity of awareness. In a questionnaire study with 106 physiotherapy students (79 females, 27 males) from the FH Joanneum Graz, the dimensionality, reliability and correlations with the „KEKS”, a German body awareness questionnaire, and with the Beck Depression Inventory II (BDI-II) were investigated. In an intervention study at the outpatient clinic for bipolar disorder at the department of Psychiatry of the Medical University of Graz, 41 people with BD (20 females, 21 males) completed the ABC. Its validity was tested by correlation with KEKS, BDI-II, Hamilton Depression Scale, Young Mania Rating Scale and Body Mass Index, comparison with the investigation of post-treatment and of the follow-up and comparison with healthy individuals.

Results

In the ABC, fourteen body parts and a total score could be identified. They showed acceptable to high internal consistency (Cronbach α=0.64-0.97) and acceptable to high test-retest reliability (r=0.71-0.96). Correlation with the KEKS confirmed construct validity (r=0.66, p<0.001). The results of correlation with the BDI-II in students were consistent with previous literature. Comparisons between subgroups of students and the comparison with patients gave further indications of validity of the ABC. The acceptance of the ABC by patients was high.

Discussion and implications

The ABC is easy to apply, non-invasive and does not rely on verbal skills of the tested individuals. The ABC shows good psychometric test results and high acceptance. It opens new insights into body awareness patterns of various subgroups and can be used in research, in clinical work, in individuals with BD and probably way beyond. - No funding
presence in goal-achievement, patients are given valuable tools to enhance mastery, and an inner sense of control.

Funding
Central Norway Regional Health Authority
Trial registration: ClinicalTrials.gov Registry: NCT02194036.
THE EFFECT OF LEARNING ORIENTED PHYSIOTHERAPY ON ANXIETY AND DEPRESSION: A RANDOMIZED, CONTROLLED MULTICENTER STUDY.

Thuland Silje Frich¹, Nygaard Tonje Anette.

Project group:
Kirsti Leira, research manager, Specialist in physiotherapy
Lars Petter Granan, project manager, MD, PhD, Oslo University Hospital
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Silje Frich Thuland, co- writer, therapist in the study, Specialist in physiotherapy
Britt Fadnes, therapist in the study, Specialist in physiotherapy

Abstract
Background
Learning-oriented physiotherapy (LOF) is a new approach, developed during 17 years cooperation between two clinical physiotherapists and a neurobiologist. We have compared the effect of LOF with conventional psychiatric treatment of patients suffering from anxiety and/or depression referred to a psychiatric outpatient clinic. LOF emphasizes bodily balance and attention directed to meaningful tasks as a means to regain a sense of control and mastery in life. We hypothesize that movement and balance characterized by rhythm and flow restore proper functioning in brain networks necessary for attention and problem solving.

Methods
Patients diagnosed with anxiety and/or depression (ICD-10 codes F30-39 and F40-48), and referred to psychiatric outpatient treatment in three Norwegian cities (Levanger, Molde and Arendal) from October 2014 to January 2016 where invited to participate. Eighty-one patients were randomized to LOF (N=42) or treatment as usual TAU (N=39). Assessments of mental health (HADS), health related function and quality of life (EQ-5D-5L) where registered every six months from start of treatment (T1) until two years after start of treatment (T4). We compared treatment outcomes for LOF and TAU at T1 to T4.

Results
There were no statistically significant differences between the new LOF intervention and conventional psychiatric treatments for anxiety and depression at any of the follow-up times.

Discussion
This is the first study on the clinical effect of LOF. The study indicates that LOF has clinical outcomes comparable to psychotherapy for anxiety and/or depression. If these results can be reproduced in independent studies in community healthcare, LOF can be an important treatment option and reducing the pressure upon the specialist health service.

Implications for clinical practice
Taking advantage in everyday movement, connecting mental attention to body ownership and
contact with oneself and contact with others seem both depending and preconditions for each other.

**Implications for clinical practice**

Reflection on the results may support clinical decision making by stimulating clinical reasoning: How do we prepare for the therapeutic process? Which preconditions and strategies are necessary to promote a multi-perspective development through movement? How do we use therapeutic factors and action strategies when promoting movement quality? What are the needs of the patient and how shall we address them in physiotherapy?

**Funding**

Unfunded work.
Basic Body Awareness Therapy in group setting for patients suffering from depressive and anxiety disorders: What are patients’ experiences?

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Background

Depressive and anxiety disorders are the most frequent psychiatric disorders and reported as serious threats for public health. Besides psychosocial dimensions, the clinical picture is characterized by a strong and typical body symptomatology.

Within physiotherapy, Basic Body Awareness Therapy (BBAT) assumes a lived-body perspective on the person including biomechanical, physiological, psycho-socio-cultural and existential facets. They are addressed through movement sequences in lying, sitting, standing, walking and relating, including touch, the use of voice and reflection. The rationale was to study patients’ experiences from BBAT in group setting, as they are one central source of information within the therapeutic process.

Methods

Patient recruitment followed defined inclusion and exclusion criteria. Five outpatients (all female, age 29-50) were admitted to a closed BBAT group of 15 sessions, 90 min each. One patient dropped out after six sessions as she could re-enter workforce.

A qualitative, phenomenological design was employed. Data was collected through the therapist’s notes from clinical talk after each session and individual clinical interviews after the intervention phase. Data was analyzed with Systematic Text Condensation, leading to meaning units and themes. Ethical considerations were taken into account.

Results

Three main themes emerged, reflecting patients' experiences from BBAT. (1) The importance of interpersonal relations appeared as motivational carrier and core for the group process, emphasizing the relation to the physiotherapist, to other group members and to the group itself. (2) Patients reported intrapersonal changes from the movement sessions, including symptom reduction, relief, emotional regulation, well-being and acceptance. (3) The bridge of BBAT into daily life was highlighted in various aspects, including challenges and possibilities.

Discussion

This project contributes to an understanding of patients' experiences from BBAT in group setting. The results show the subjective meaningfulness of group physiotherapy for persons with depressive and anxiety disorders. From a meta-perspective, they are in line with previous research, seen as contacting or opening toward life by movement and interaction. Processes of
Can Body Awareness Enhance Recovery From Chemical Dependence? A Group Intervention

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Background
The reason for developing the new group intervention was the implementation to recovery approach to treatment for chemical dependence within Helsinki city substance abuse services. My clinical objective was to identify benefits of psycho-physical physiotherapy that might enhance the recovery process.

Methods
The method consisted a four week, twice a week group intervention composed by small group sessions. Each session was 45 minutes in length and exercises used were similar to Basic Body Awareness Therapy Exercises. Each patient filled in BAS-interview questionnaire and a BARS observation was done both in the beginning and in the end of treatment program.

The physiotherapy group was a part of treatment for every client entering intensive outpatient treatment program from January to May 2017. Groups took place in a voluntary outpatient social services rehabilitation setting in Helsinki City Psychiatric and Substance Abuse Services. The body awareness groups were provided in midrange length recovery program for adult male and female clients. Clients identified having some level of internalized motivation for recovery and sobriety. Total 20 participants (8 female and 12 male clients) participated in groups with average age of 44 years. During the study period 29 groups were facilitated and each client participated in 6-8 sessions. One physiotherapist facilitated all study groups.

Results
The body awareness group intervention has been implemented to routine treatment practices.

Discussion
The intensive outpatient groups for body awareness seem to be most efficient when integrated to client’s comprehensive rehabilitation. The benefits can be achieved when clients practice techniques frequently during the intense period of 4 week treatment program. Both female and male substance dependent patients appear to benefit equally from body awareness intervention. The timing of physiotherapy intervention seem to fit well into internalized motivation phase of recovery process.

Implications for clinical practice
Intensive group intervention was tried within new recovery program. Clients whom participated in the study developed increased body awareness and body satisfaction as well as their self-reported negative physical symptoms decreased during group participation. The body awareness approach did enhance recovery, it empowered and allowed the client to build positive body identity in recovery.

Funding
No funding has been received. The physiotherapist facilitating groups has been full time employee of City of Helsinki.

The services were offered in equal manner to all referred patients. No patient was turned away and groups were free of charge to patients. The body awareness approach to enhance recovery is respectful, empowering and allows the client to build new bodily identity in recovery process.
Reduction of increased stress level with Ashtanga Yoga. An interview study

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Background:
Within the last years, more and more Danes experience increased stress level in everyday life, but there are no universal stress reduction treatment. Within the same period, different yoga and mindfulness traditions have shown to influence the experience of stress. This study explores how people who have a background with increased stress level experience Ashtanga Yoga as a stress reduction intervention.

Method:
Qualitative research study using semi-structured interview. The data was analysed with Giorgi's Descriptive Phenomenological Methodology. The study includes four participants who has a background with sick leave due to increased stress level and a regular practice in Ashtanga Yoga.

Results:
The participants' experiences were categorized into two main categories:
- Experienced changes: Enhanced acceptance of feelings, more aware of suppressed feelings, able to defuse the self from experienced feelings, more aware in the present moment, enhanced ability to prioritize, able to shift from doing to being mood and more engaged action in everyday life.
- Important factors in the practice: Demanding physical practice, awareness on the character of the breath and movement, the fixed structure works as baseline, the student/teacher relationship and experience of the practice being meaningful compared to other interventions.

Discussion:
The experienced changes in this study is support by Hayes and colleagues as important to be able to live a more sustainable life. The changes the participants in this study experience can be understood as general factors regarding to stress reduction.
The participants' experience of meaning seem to be interrelated with Antonovsky's Sense of Coherence. Thereby, it can be argued, that it is not the intervention, but the experience of meaning, that is important in regard to reduce the experience of increased stress level.

Implications for practice:
Ashtanga Yoga can be beneficial to reduce the experience of increased stress level, but it depends on the participant's experience of the intervention being meaningful compared to other stress reduction interventions.

Funding:
No external funding
Effect of Basic Body Awareness for patients with Post Traumatic Stress Disorder

Nyboe Lene¹, Stougaard Monica.

Background:

The Clinic for PTSD and Transcultural Psychiatry (CPTP), Aarhus University Hospital is an outpatient specialist trauma and torture service within the psychiatric services of the Danish mental health system. Patients referred to CPTP are refugees and Danish citizens including war veterans who have been exposed to multiple traumas and meet the criteria for posttraumatic stress disorder (PTSD). CPTP offers interdisciplinary treatment and thereby having the possibility to offer several treatment approaches to the patient. The clinical experience in CPTP is that a combination of both psychotherapy comprising Eye Movement Desensitization Reprocessing (EMDR) and Basic Body Awareness Therapy (BBAT) is more efficient than only using one treatment approach. Thus, the aim of this study is to investigate if adding BBAT to EMDR improves treatment.

Methods:

Danish patients with work–related PTSD (n=20) and Danish war veterans (n=20) were randomized to 16 individual sessions of psychotherapy (EMDR) or EMDR+ BBAT. Blinded assessments of post traumatic symptoms, depression and bodily symptoms and complaints, measured using the Body Awareness Scale Movement Quality and Experience (BAS MQ-E) were performed prior to, after 16 sessions of therapy, and at 1 year follow-up.

Results:

So far, the study has proven to be feasible, including eligibility and compliance of patients. On this account the study will be prolonged and include further patients in both groups to provide more statistical power.

The preliminary results show a significant reduction of post-traumatic symptoms, depression, and on specific bodily symptoms and complaints in both groups. More patients need to be included in the analyses of between-groups-comparisons and the results from these analyses will be presented.

Discussion:

Combined EMDR and BBAT seem to reduce post-traumatic symptoms, depression, and bodily symptoms and complaints. More patients need to be included in the study for evaluating the efficacy of BBAT.

Implications:

The study's results argue that physical therapy should be part of an interdisciplinary treatment for patients with PTSD.
Does baseline score associate with change in self-reported interoceptive awareness after two contrasting interventions in trauma-affected refugees diagnosed with Post-Traumatic Stress Disorder?

Jonna Jensen1, Maja Sticker Nordbrandt, Jessica Calsson Lohmann.

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Background: The number of refugees who are trauma-affected and diagnosed with post-traumatic stress disorder (PTSD) is increasing worldwide. In Denmark, Basic Body Awareness Therapy (BBAT) is used by physiotherapists in the rehabilitation of trauma-affected refugees as a body oriented intervention. A recent pilot study found that BBAT decreased somatic and mental symptoms of PTSD in a group of refugees with this diagnosis (Stade 2015). Further, Bergström et al. (2014) found that in patients with chronic pain only those with moderate/high body awareness had significant changes in body awareness after treatment with BBAT. Thus, the aim of the present study was to examine whether there is an association between baseline self-reported interoceptive awareness and change in interoceptive awareness after two contrasting intervention – BBAT versus mixed physical activity.

Methods: The present study is a secondary analysis of a randomized controlled trial including 318 refugees with PTSD. Patients were allocated to either 1) treatment as usual (CON), 2) treatment as usual + BBAT or 3) treatment as usual + mixed physical activity (MPA). The interventions comprised of one hour individual therapy per week for 20 weeks. In this secondary analysis, the primary outcome was interoceptive awareness measured by Multidimensional Assessment of Interoceptive Awareness (MAIA) questionnaire. We used Spearman’s rank correlation to evaluate the association between baseline and change at follow-up.

Results: Data analyses are ongoing and will be completed after abstract submission deadline.

Conclusion: Results and conclusion will be presented at the conference.

Implications for clinical practice: In clinical practice, it is important to apply the optimal intervention to trauma-affected refugees with PTSD. Thus, knowledge regarding whether the degree of self-reported interoceptive awareness at baseline influence the effectiveness of different rehabilitation regimes is essential.

Funding: The RCT was funded by TrygFonden
MUPS AND LIMITED HEALTH LITERACY

Annet de Jong¹

¹J. Oosterhaven MSc (NL).

Background
Medically Unexplained Physical Symptoms (MUPS) account for perceived poor health and a large health care consumption. Based on the central sensitization theory, neurophysiological education is a promising and recommended intervention.³ Limited health literacy however may hamper this education, thus contributing to poor insight in illness symptoms, limited self-regulation skills and inactivity. The high rates of adult health literacy (35% of the US inhabitants and almost 29% of the Dutch population) might contribute to the limited effects of non-pharmacological interventions in MUPS.

In a Dutch primary care center a multidisciplinary, body-oriented group course is developed and adjusted for people with MUPS and limited health literacy, as a means to investigate in an adequate intervention for this group.

Aim
Feasibility and the results of this course are analyzed, in order to generate knowledge about the influence of health literacy on the persistence of MUPS in primary care.

Methods
People with mild to severe MUPS are invited to participate in the course, consisting of 8 90 minutes-sessions. The aims of this course are improvement of insight in the facts that impede recovery, of self regulation skills and of the ability to share the experiences of the symptoms with others. Final aim is the (focus on the) attainment of the personal goals.

Besides the quality of life (SF12) and the 4DSQ, personal goals, which are formulated in advance, are measured at baseline and right after the course (T1). The satisfaction about the course is measured.

Three months after accomplishment of the course a follow up measurement (T2) is executed of the SF12 and the personal goals.

The result are analyzed with a paired student's T-test.

Results
79 participants were included. Lost to follow up was 20%. At T1 as well as at T2 the participants approached their personal goals significantly with 37% (p<0,000). Quality of life improved slightly (p<0,000).

General appreciation rate of the course by the participants was 8,1/10.

Discussion
It is proposed to prolong the follow-up measurement up to at least 1 year. Furthermore a qualitative design based research protocol is suggested to detect and improve the effective elements of the course.

Implications for clinical practice
A course for people with MUPS and limited health literacy is feasible in primary care.

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Ethics approval: The Norwegian Regional Committee of Ethics approved the study.

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Patients suffering from HIP Osteoarthritis (HIP OA) – a clinical model for group intervention based on principles from Basic Body Awareness Therapy (BBAT)

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Background: Hip Osteoarthritis (OA) is characterized by pain, dysfunctional movement habits and reduced quality of life. A randomized controlled trial (RCT) is initiated, titled “Patient Education and Basic Body Awareness Therapy (BBAT) in Hip Osteoarthritis”. The RCT will include 100 patients, randomized into two intervention groups: 1) Patient Education and 2) Patient Education (PE) and Basic Body Awareness Group Therapy (BBAGT). The purpose of implementing BBAGT was to establish a design for movement awareness learning to promote more functional movement quality, to strengthen personal insight and coping strategies, for these patients.

Methods: First preparatory steps were making a protocol, designing a structure for a multi-perspective approach to promote movement quality in a group setting, combining principles from BBAT with principles from group therapy. A strategy for involving the patient in between the sessions was made to strengthen the learning process. The second preparatory step was to test the design in a pilot study, accomplished through a group of five patients suffering from severe HOA. This pilot showed promising outcome of the design, indicating important short- and long-term improvement as reported in a research paper.

Results: On this background, the Movement Awareness Learning Program, BBAGT HIP OA, was developed, and incorporated from the start of the RCT. Until November 2017, 36 patients have participated in BBAGT. The clinical model has a structure of an open group, lasting for 90 minutes, with sessions once a week, 12 sessions in total. The content of each session consists of 70 minutes movement training, lying, sitting, standing, relational and walking, followed by 20 minutes clinical talk, sharing experiences and reflections in the group. Aiming for insight and coping strategies to everyday life, a structure for involving the patients is provided in between the sessions, documenting experiences in a log.

Discussion: This RCT for patients suffering from Hip OA, initiated the possibility for designing a clinical model for promoting movement quality through a movement awareness learning program, with BBAT principles intertwined with group therapeutic factors to stimulate learning.

Implications for clinical practice: The presentation gives ideas of a Movement Awareness Learning Program promoting movement quality through a multi-perspective view. When the RCT is completed, outcome of the study will provide information about the patients’ usefulness and, consequently, if the clinical model can be recommended for persons suffering from Hip OA.
Stories of healing and health: Physiotherapists’ accounts of treatment of patients with chronic pain

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Background: Modern medicine is criticized for being more concerned with curing disease than caring for the patient’s illness experiences. In response, medicine and health care practices have implemented the biopsychosocial model in order to initiate a clinical approach that care for the patients as human beings. However, what does a patient centered care mean in clinical practice? What does an individualized care mean? The specific aim of the study is to investigate practitioners’ understandings of a patient centered care through physiotherapy of patients with chronic muscle pain.

Method: The material consisted of interviews with five Norwegian physiotherapists working in a rehabilitation clinic. The data was analyzed using a narrative approach and Kristeva’s concepts of healing and health.

Results: The study highlighted two conflicting narratives about treatment of patients with chronic pain. One narrative focused on open singular processes of healing. The patients were engaged in treatment as subjects with specific needs, preferences and experiences with regard to movements and physical activities. The treatment was an open journey – a movement in continuous development – shaped in interaction between the patient and therapist. The patients were vulnerable, bodily subjects in need of care. The narrative had no specific end; recovery was an ongoing process. However, at the same time, the therapists’ narrative was clearly governed by normative ideals of “good living” and “the successful patient”. The patients’ singularity was replaced by ideals of the “the physical active patient” and “the independent patient” who made rational choices about their own health. The narrative focused on the patients moving on, getting back to work, being independent and setting individual treatment goals. Open individual processes of healing were replaced by goal-oriented interventions. Hence, two opposing understandings of individuality was revealed from the therapists’ narrative about treatment of patients with chronic pain; one singular, irrational and in constant movement and the other was linked to ideals of the self-managed, empowered and rational human being.

Discussion: The findings will be discussed in light of Kristeva’s theories; 1. the claim that modern medicine has embraced the individual but marginalized the singular. 2. the claim that medical discourse is governed by a logic that classifies singular differences into categories of differences characterized by a general lack.

Implication for practice: By providing knowledge about the meaning of a patient centered care we believe the study will have implication for patients and practitioners in health care practice.

Funding: The study was funded by The Norwegian Fund for Post-Graduate Training in Physiotherapy.
Common factors perspective in physiotherapy for chronic low back pain

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Background: In psychotherapy, there is strong evidence on the contribution of common factors to treatment outcomes. Common factors, including the patient-therapist alliance, may also be relevant in physiotherapy for patients with chronic low back pain (CLBP). Alliance also predicts outcome in physiotherapy for CLBP in the small number of studies which have examined this relationship. However, it has never been examined how patients and therapists contribute to the development of the alliance in physiotherapy. We have conducted a series of studies for measuring common factors and exploring how therapists’ variables contribute to the alliance in physiotherapy for CLBP. The presentation aims to provide an overview of these research projects.

Main findings: Physiotherapists had difficulties assessing psychological factors without screening questionnaires. Furthermore, patient-reported psychological distress was a significant negative predictor of therapists’ self-reported competence to manage the patient. Therapists’ self-reported competence and their satisfaction to manage the patient also predicted patient-rated alliance. Finally, the contribution of therapists’ self-reported variables (competence and satisfaction to manage the patient) are strongest in patient reporting high levels of psychological distress.

Implications: Our findings showed that physiotherapists often have difficulties identifying, and dealing, with psychological factors in clinical practice. Physiotherapists’ should be aware that they may actively contribute to the alliance with their patients, particularly when treating patients with high levels of psychological distress. Future research should examine the contribution of other patient and therapist variables to the alliance and treatment outcomes in physiotherapy for CLBP.
The meaning of body awareness in the context of long-term pain: A phenomenological description from the patients' perspective

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Background: The complexity and the high prevalence of long-term pain within western society suggest that multiple approaches will be needed to encourage pain management in rehabilitation practice. Nowadays, body-mind therapies with focus on body awareness are commonly incorporated in pain rehabilitation. Studies have pointed out that patients with long-term pain have difficulties in relating to their aching body, experiencing the body as alien, intrusive and not manageable. Thus, it seems important to deepen our knowledge of how body awareness therapy can be experienced and which aspects of body awareness are especially important for individuals with long-term pain. Purpose: The aim of the present study was to investigate how individuals with long-term pain experience body awareness as a resource in their rehabilitation.

Methods: In-depth interviews and a phenomenological research approach were deemed appropriate because of its potential to grasp the embodied, existential aspects in human lives and to explicate the meaning through descriptions of lived experiences. Ten participants with long-term musculoskeletal pain, 8 women and 2 men, across a range of ages (25-58 years) and duration of pain (2,5-35 years), were strategically selected from three physiotherapy clinics in primary care, one pain clinic at a hospital and one out-patient multidisciplinary rehabilitation clinic. All participants participated in some kind of body awareness therapy.

Results: Three essential aspects of body awareness were described. These aspects are part of an ongoing process which includes changes in relationship to the body, the self and the life world. (I) Directing attention towards the body with a new intention, (II) Exploring ways to use the body - broadening one's perspective and (III) Re-directing attention towards the world by trusting the body.

Discussion: The analysis revealed that pain puts live on hold, but that body awareness provides a means to regain access to life. However, cultivating body awareness is a conscious, arduous and time consuming process that requires practice, courage and support. Physiotherapists can play a key role in guiding patients in this process, but require a nuanced understanding of the body awareness construct.

Implications for clinical practice: Knowledge about how body-awareness could be unfolded and experienced as a resource in patients with long term pain contributes to the physiotherapists' ability to guide patients in body awareness therapies.

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Furthermore I would like to discuss with the audience the option of working together at bachelor level. We are thinking about building an international summerschool about psychosomatics.

Funding: none