



Physiotherapy Acupuncture Association New Zealand



PAANZ / MASNZ CONFERENCE 2011

Imagery and Energy

25–26 June 2011

The Langham Hotel, Auckland,

New Zealand

Keynote Speaker: Jay P Shah MD

IMAGERY
PRESENTS

***New Frontiers in the Pathophysiology of
Neuromusculoskeletal Pain:
- Enter the Matrix***

and

***Neuromusculoskeletal Pain, Myofascial Trigger
Points and Sensitization***

ENERGY

www.paanz.org.nz

PAANZ Annual General Meeting

Saturday at 5.00 pm

Following on directly after the Conference

Then join us for

COCKTAILS & SNACKS

in the Grey Room, 6.00pm

PAANZ providing a Bar tab initially, to be followed by a cash bar

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PROGRAMME – Saturday 25 June 2011

8.00am	REGISTRATION - Collect your Conference pack - Sign attendance sheet	Foyer
9 -00am	Opening Address – President Kirsty Speedy	Main Plenary Westhaven
9.15am	Jay Shah - New Frontiers in the Pathophysiology of Neuromusculoskeletal Pain: Enter the Matrix	
10.15am	Morning Tea	
10.45am	Jay Shah	
11.45am	Question time	
12.00am	Robyn Vintiner – Introduction to Meridian Tapping	
12.15am	Gabrielle Friedrich – Introduction to Qi Gong	
12.30am	Lunch	
1.30pm	Concurrent Workshops Qi Gong – Gabrielle Friedrich Dry Needling for Temporomandibular Disorders – Nikki Tse Meridian Tapping – Robyn Vintiner	Hauraki Room Plenary Tamaki
2.30pm	Afternoon Tea	
3.00pm	Ultrasound demonstration of tissue reaction with dry needling	
4.00pm	Abstract – Susan Kohut - Outcome measures in acupuncture	
4.15pm	Dr Mike Anderson - “The Tunnel at the end of Light”	
4.45pm	Question Time for afternoon session	
5.00pm	PAANZ AGM	Plenary
6.00pm	Cocktails and refreshments	Grey Room

PROGRAMME – Sunday 26 June 2011

8.00-8.45am	Qi Gong	Tamaki
9.00	Jay Shah - Chronic Musculoskeletal Pain, Myofascial Trigger Points and Sensitization	
10.30	Morning Tea	
11.00	Stiofan Mac Suibhne - Scopes of practice within Acupuncture	
11.30	Heather Clark - Anatomy Revision of what we needle into around the thorax	
12.00	Question time for morning session	
12.15	Lunch	
1.15	David Rice - Pilot study- The effects of combined manual therapy and acupuncture on pain and function in people with knee osteoarthritis	
1.45	Dr Mike Anderson - Myofascial pain, why exercise is not enough	
2.15	Abstract – Susan Kohut - Critical analysis of the treatment of pelvic girdle pain	
2.30	Abstract – Rebecca Armstrong - Acupuncture in mental health: a review of neuro-physiological effects	
2.45	Question time	
3.00	Afternoon Tea	
3.30	Wendy Lockhart - Sinusitis-an acupuncture challenge	
3.45	Dr Grant Johnston - A lot of learning is a dangerous thing	
4.00	Wrap Up and Finish	

Keynote Speaker Biography

Jay P Shah MD. is a senior staff physiatrist in the Rehabilitation Medicine Department at the Clinical Center of the National Institutes of Health in Bethesda, Maryland USA. He has received training in medical acupuncture at the UCLA School of Medicine and has been an instructor in medical acupuncture courses at Harvard Medical School and New York Medical College. He also completed a Bravewell fellowship at the Arizona Center for Integrative Medicine. His clinical research interests include investigating the pathophysiology of myofascial pain as well as applying integrative approaches to the evaluation and management of neuro-musculoskeletal pain and dysfunction.



Dr. Shah lectures internationally on the mechanisms of chronic pain, myofascial pain, and treatment approaches including acupuncture techniques and dry needling. He also teaches state-of-the-art workshops for physicians, dentists and physiotherapists, in which he integrates emerging knowledge from the basic and clinical pain sciences in order to improve participants' evaluation and management approaches to chronic pain and dysfunction.

He and his co-investigators are utilizing novel microanalytical and imaging techniques to study myofascial trigger points and have demonstrated that muscle tissue around active myofascial trigger points has a unique biochemical milieu, viscoelastic properties and blood flow characteristics. Their work demonstrates that increased understanding of the pathophysiology of myofascial pain can be significant for optimizing integrative treatments such as dry needling. In 2010, Dr. Shah received the 2010 Janet Travell Clinical Pain Management Award from the *American Academy of Pain Management*.

Publications:

Ballyns J, Shah J, Hammond J, Gebreab, T, Gerber N, Sikdar S. Objective Ultrasonic Measures for Characterizing Myofascial Trigger Points Associated with Cervical Pain. *Journal of Ultrasound in Medicine*. In Press 2011

Sikdar S, Ortiz R, Gebreab T, Gerber LH, Shah JP. Understanding the vascular environment of myofascial trigger points using ultrasonic imaging and computational modeling. *Conference Proceedings Institute of Electrical and Electronics Engineers, Engineering in Medicine and Biology Society* 2010;1:5302-5.

Sikdar S, Shah, JP, Gebreab T, Yen, R-H, Gilliams E, Danoff JV, Gerber LH. Novel Applications of Ultrasound Technology to Visualize and Characterize Myofascial Trigger Points and Surrounding Soft Tissue *Arch Phys Med Rehabil*. 2009; 90:1829-1838.

Shah JP, Danoff JV, Desai M, McNamara L, Parikh S, Phillips TM, Gerber LH. Biochemicals associated with pain and inflammation are elevated in sites near to and remote from active myofascial trigger points. *Arch Phys Med Rehabil*. 2008; 89:16-23.

Sikdar S, Shah, JP, Gilliams E, Gebreab T, Gerber LH. Assessment of myofascial trigger points (MTrPs): A new application of ultrasound imaging and vibration sonoelastography. *Conf Proc IEEE Eng Med Biol Soc*. 2008;1:5585-9.

Shah JP, Gilliams EA. Uncovering the biochemical milieu of myofascial trigger points using in-vivo microdialysis: An application of muscle pain concepts to myofascial pain syndrome. *Journal of Bodywork and Movement Therapies*. 2008; 12(4): 371-84.

Shah JP, Phillips TM, Danoff JV, Gerber LH. An in vivo microanalytical technique for measuring the local biochemical milieu of human skeletal muscle. *J Appl Physiol*. 2005 Nov;99(5):1977-84

Gerwin RD, Dommerholt J, Shah JP. An expansion of Simons' Integrated hypothesis of trigger point formation. *Curr Pain Headache Rep*. 2004 Dec;8(6):468-75. Review.

Jay P Shah MD

ABSTRACT - New Frontiers in the Pathophysiology of Neuromusculoskeletal Pain: Enter the Matrix

Although myofascial pain is a common type of non-articular pain, its pathophysiology is only beginning to be understood due to its enormous complexity. Myofascial pain is characterized by the presence of myofascial trigger points, which are defined as hyperirritable nodules located within a taut band of skeletal muscle. Myofascial trigger points may be active (spontaneously painful and symptomatic) or latent (non-spontaneously painful). Painful myofascial trigger points activate muscle nociceptors that, upon sustained noxious stimulation, initiate peripheral and central sensitization.

Sensitisation is responsible for the transition from normal to aberrant pain perception—that is, when the central nervous system experience of pain outlasts the noxious stimulus coming from the periphery. There is a biochemical basis to the development of peripheral and central sensitisation in muscle pain. Continuous activation of muscle nociceptors leads to the co-release of substance P and glutamate at the pre-synaptic terminals of the dorsal horn and maximal opening of calcium-permeable ion channels. Moreover, prolonged noxious input may lead to long-term changes in gene expression, somatosensory processing and synaptic connections in the spinal cord and other higher structures. In addition, previously silent synapses may become effective. These mechanisms of sensitisation lower the activation threshold of afferent nerves and their central terminals, allowing them to fire even in response to daily innocuous stimuli. Consequently, even non-noxious stimuli such as light pressure and muscle movement can cause pain.

In order to investigate the peripheral factors that influence the sensitization process, we developed a microdialysis technique to quantitatively measure the biochemical milieu of skeletal muscle. Concentrations of bradykinin, calcitonin gene-related peptide, substance P, tumor necrosis factor- α , interleukin-1 β , IL-6, IL-8, serotonin, and norepinephrine were found to be significantly higher in subjects with an active trigger point compared to those with a latent one and those without trigger points in a standardized location in the upper trapezius muscle ($p < 0.01$). Furthermore, the concentration of specific biochemicals changes dramatically in response to initial needle insertion and also following a local twitch response, particularly in active MTrPs.

These data raise several intriguing questions:

What is the biochemical milieu adjacent to the active MTrP?

Does the biochemical milieu of the active MTrP change with respect to the natural history of myofascial pain?

How does the biochemical milieu correlate with visual analog scale, presence or absence of physical findings or pain pressure threshold over time?

Can we assess the local biochemical milieu of the MTrP as an outcome measure of efficacy in clinical treatment trials utilizing pharmacologic or physical medicine approaches (e.g., dry needling)?

What are the levels of anti-inflammatory substances (e.g., IL-4, IL-10), neurotrophins (e.g., NGF, NT-3), analgesic substances (β -endorphin) and substances associated with muscle metabolism and physiology (e.g., creatine kinase, aldolase, ACh esterase)?

MTrPs are a ubiquitous and highly under-diagnosed component of many acute and chronic pain complaints. However, they are also a common physical finding in asymptomatic individuals. This dichotomy challenges and behooves clinicians to learn how to palpate the soft tissue and distinguish active from latent MTrPs. Making this distinction is critical in order to adequately identify and treat a myofascial component of pain.

Robyn Vintiner

12 Rewa St, Dunedin, Ph/Fax: 03 456 2246, info@rejuvenatelife.co.nz

Robyn helps people improve their health in all 3 realms – physical, emotional and spiritual.

She trained as a physiotherapist & chose to add acupuncture to her skills. The traditional style interested her because of the holistic approach to health and she uses both Chinese and Japanese acupuncture styles. She also does some cosmetic acupuncture for those who want an alternative to botox and surgery. Her interest in acupuncture has opened the door to exploring other forms of energy healing such as Meridian Tapping & PSYCH-K. In the last couple of years she has become a Certified Life Success Consultant within Bob Proctor's organisation & a Life Mastery Consultant within Mary Morrissey's organisation. Because of her beliefs about the limitations we place on ourselves she did further training in Holistic Life Coaching in Christchurch with Life Coach Associates. With this training she learnt valuable counselling skills & techniques to help people unearth these limitations. Her Mission Statement: is to help as many people as she can during her lifetime, in a way that significantly improves their lives. The spiritual aspects of our personalities can be neglected in this busy world so she is committed to helping people find their connection to their Inner Self.

ABSTRACT - Meridian Tapping

- Everything in the Universe is energy. The speed we are vibrating at can be expressed as how we are feeling. Dr Bruce Lipton (renowned cell biologist), has discovered that all the cells of our body are affected by our thoughts and therefore our beliefs. He has dispelled the belief that we are controlled by our genes having taught medical students for 2 decades the opposite view point. From believing that allopathic medicine was the only kind that merited consideration in medical school, he is now a strong proponent of energy-based treatments & the realization that we can change the character of our lives by changing our beliefs, based on his own exciting research.

Several different energetic treatments have surfaced over the years and meridian tapping is one of these. Emotional Freedom Technique (EFT), the most well known, is one way of harnessing meridian tapping but lots of different ways are being examined. More research is needed but clinical results are encouraging for both clinicians and clients, in physical, emotional and personal development.

Why should tapping the ends of the meridians be so effective? It is felt that because our beliefs and memories are stored in every cell of the body, it is a way of 'waking the cells up' to the expectations of the thinking or speaking process. Usually clients have to come to a therapist for acupuncture, but meridian tapping can be done by the client on himself. And children can be taught from a very early age how to tap on themselves especially when under stress and this prevents years of stress being stored in the body to emerge as disease at a later stage. This has huge implications for future health!

Participants will be introduced to the concepts of meridian tapping and some up to date information surrounding the techniques and the different ways it can be used. The group will then use the technique on issues that have presented within the group. They will go home with protocols that they can use on themselves and with patients as they see fit.

NOTES

Gabrielle Friedrich - (Rielle)

143 Rahu Rd, RD4 Paeroa Ph: 07 8627011 Fax: 07 862840 e-mail: rielle.tomek@gmail.com

Gabrielle- is a Physiotherapist with the special interest in Traditional Chinese Medicine living and working in Paeroa. In 1980 she started learning Qi Gong and Tai Chi Chuan and has been a Tai Chi and Qi Gong teacher since 1983 in Germany and New Zealand. After graduation in 1990 as a Physiotherapist she spent time in China studying Acupuncture and got introduced to Chinese herbs and further techniques of Qi Gong. As a health practitioner she uses Qi Gong to self regulate her own Qi, as well for her clients.

Ongoing study in Qi Gong and Tai Chi has been part of her life until today.

Rielle is running the Zen Tao Centre for Tai Chi and Qi Gong in Paeroa. Currently she is teaching 4 classes a week including the ACC Tai Chi Falls prevention program. Qi Gong for health is an essential component of all classes and complementary in treatments.

ABSTRACT Qi Gong

Qi Gong is a form of therapeutic exercise and meditation within the system of Traditional Chinese Medicine. The history of Qi Gong goes back to ancient China over 4000 years ago. There are many different styles that have developed over the centuries.

Qi Gong is a slow internal and external practice where the breath, movement, posture and concentration are coordinated to build up, enhance and store the qi. The aim of Qi Gong is to harmonize body, mind and spirit.

Regular practice is an effective way to improve health and help improve many illnesses, like arthritis, back - and joint pain, chronic fatigue, nervous system disorders, stress, respiratory dysfunction and stagnation of energy.

Qi Gong - translated: "working with the vital energy" -- is an excellent holistic way to self-regulate as a practitioner and to introduce patients to a sequence of movements, to improve their health, strength, balance, circulation, immune system and more.

Qi Gong Principles are: Relaxation - Breathing - Awareness - Grounding - Coordination of Movements . The Qi Gong presentation will be a practical session - for participants to experience and learn to sense Qi.

NOTES

Nikki Tse

About Faces Physiotherapy nikki@aboutfaces.co.nz, Telephone 021 495 333
MHP (hons) (Musculo Physio), PGDHSc (Western Acup), Reg Phty Acup

Since graduating in 1997, Nikki has worked fulltime in Private Practice in Auckland. She has a Post Graduate Diploma in Western Acupuncture and a Masters of Health Practice in Musculoskeletal Physiotherapy. Nikki became a Registered Physiotherapy Acupuncturist through PAANZ in 2007 and has also been on the PAANZ and NZ College of Physiotherapy executive committees since this time. She was also a member of the PAANZ conference organising committee in 2007 and 2011.

In 2004 Nikki was invited to become a member of the Australian and New Zealand Academy of Orofacial Pain, a sister academy to the prestigious American Academy of Orofacial Pain. The academy is a multidisciplinary special interest group of Medical and Dental specialists and physiotherapists with a strong interest in the field of Orofacial Pain/ TMD. At present Nikki is the only New Zealand member of the group.

Nikki's special interest in treating temporomandibular disorders and facial pain started when she was a new graduate as the clinic she was working in was downstairs from an Oral Maxillofacial Surgeon. She has continued to work in this area and in 2004 Nikki established About Faces Physiotherapy, specialising in providing assessment and treatment for patients with facial pain, neck and shoulder pain, migraines and headaches.

ABSTRACT -Dry Needling for Temporomandibular Disorders

Pain that originates from the musculoskeletal structures of the masticatory system are collectively known as *temporomandibular disorders (TMD)* (Okeson, 1996). They can affect up to 18% of the population (Sherman and Turk, 2001). During the workshop a case study will be presented as an example of a less common presentation of a temporomandibular disorder of myofascial origin. Some of the muscles involved in TMD and their trigger points will then be looked at and the efficacy of dry needling in TMD discussed. There will then be a practical session looking a little more in depth at two of the muscles involved in TMD and how to dry needle them.

NOTES

Susan Kohut

44A Sharon Road, Waiake, 0630 Tel: 09 475 5055, Fax, 09475 5044, Email: Kohut@xtra.co.nz

Susan is a wife, mother, student, physiotherapist, acupuncturist, and trying her hand at teaching. She has been practicing both physiotherapy and acupuncture for decades – but maintains ‘That doesn’t necessarily make me very good at either.’

Susan has been involved with PAANZ for some years, works in a mix between private practice in the community and teaching at AUT.

Focus is on acupuncture from a Western perspective and very interested in the philosophical notions underpinning acupuncture and how they influence our practice within Western medicine.

ABSTRACT Outcome Measures in Acupuncture

Acupuncture is a practice which is considered as a holistic therapy. It engenders expectations from the public of a mystical practice bestowing well-being and relief of ailments. Practitioners have experienced it as a practice with often unexpected beneficial side effects to treatment. Traditional Chinese Medicine encapsulates a ‘body balance’ effect. The Western medical acupuncture practitioner also experiences enhanced, often unforeseen, treatment effects. Thus acupuncture as a practice has a homeostatic ability to treat the person as well as the presenting problem. The issue is how to encapsulate the outcomes in a meaningful way.

Outcome measures are tools commonly used to measure and evaluate the outcomes of interventions over time. Commonly used outcome measures in New Zealand physiotherapy practice include the Numeric Pain Rating Scale, Patient Specific Functional Scale and the EuroQol Group 5-Dimension Self –Report Questionnaire. These are quantitative generic tools, which have their uses in qualitative pain and functional performance measurement. They should be viewed as supporting the therapeutic process and providing a common language to discuss with patients their behaviour and functional abilities. It has been noted that generic measures may be useful to profile an individual, but are not necessarily responsive to change. Furthermore the practitioner can be more patient centered if the outcome tool utilised is designed around the patient and they are more meaningful if charted alongside the various treatment options utilised. Such measures can also inform therapy, treatment planning and be used within healthcare research.

Specific outcome measure tools have been developed for acupuncture treatment. Many of these have been evaluated for specificity in measuring disease changes over time, and the patient’s changes in self-concept. Tools such as the Measure Yourself Medical Outcome Profile have been evaluated in acupuncture research to assess the sensitivity of within person change over time. It was demonstrated to be more sensitive to change than the SF-36 and improved patient-provider communication. Outcome measures utilized in acupuncture research will be evaluated and discussed in relation to research, treatment, and acupuncturist’s perspectives of outcome measurement use. References -Measure Yourself Medical Outcome Profile.

<http://sites.pcmd.ac.uk/mymop/index.php?c=welcome>

NOTES

Dr Mike Anderson

Mike started his working life training as a Medical Laboratory Technologist at Auckland hospital in the 1960's. After graduating as a Med Lab Tech he moved to Dunedin and (finally) entered Medical School. After his house surgeon years at Dunedin Hospital became a GP in Rural Central Otago for the next 16 years. He was introduced to Acupuncture by the late Dr Ian Schneideman and attended his course held at Buderim, Queensland in 1981.

AP became incorporated in Mike's daily medical work and he progressed to teaching AP to physiotherapists and doctors for the next 15 years. While searching the medical literature for scientific explanations for the beneficial effects observed, he became interested in the neurophysiology of pain, and following study in Pain Clinics in the USA he has worked with chronic pain for 20 years – both in hospital based pain clinics and in private practice. He has been involved in Comprehensive Pain Assessments for ACC as the medical specialist member of a multidisciplinary team for more than 10 years.

Mike's other hat is that of an Occupational Medicine Specialist where he acts as a consultant to Industry and teaches at the Medical School. His interests include the application of electronics to AP including the use of LASER's and Light Emitting Diodes, and the prevention of chronic pain developing in the workplace, and early return to work.

ABSTRACT - The Tunnel at the end of Light

Mike Anderson attended his introductory course in Acupuncture in 1981, and within months had built a LASER and was trialing it for Acupuncture.

At that time the cost of a LASER tube was prohibitive, and after dropping one he started to look for cheaper alternatives, still using "light energy" concepts.

Light Emitting Diodes (LED's) were a tempting choice, and based on the concept of an infra-red burglar alarm, a LED acupuncture device was designed and first built in 1984.

Clinically it appeared to work! -The problem was then trying to find out "how" – there was a 'black hole' (or tunnel) into which any proposed mechanism seemed to be absorbed and lost!

Twenty five years later, a search of peer reviewed journals in cellular biology, physics, and medicine produces several thousand 'hits' annually – evidence of the beneficially effects of light energy at the cellular level.

Recent research suggests that we had the answers early in the evolution of "light therapy"..... There appears to be a difference in biological response to LASER's and LED's and this will be discussed briefly.

NOTES

Jay P Shah

ABSTRACT - Neuromusculoskeletal Pain, Myofascial Trigger Points and Sensitization

Despite the high prevalence of myofascial pain, there are currently no imaging criteria for the diagnosis of pain secondary to myofascial trigger points (MTrPs) or for assessing the clinical outcome of treatments. Therefore, it remains a clinical diagnosis based exclusively on history and physical examination.

Furthermore, there are several questions and controversies surrounding MTrPs and myofascial pain: 1) What is the etiology and pathophysiology? 2) What is the mechanism by which the pain state begins, evolves and persists? 3) How does a tender nodule progress to a myofascial pain syndrome? 4) Unfortunately, the physical findings are not always discernable. 5) There is no consensus about which soft tissues are involved. 6) There is no consensus about objective measures for therapeutic outcomes. 7) There is no consensus about whether it's a disease, process or syndrome. 8) There is no consensus about physical findings except the MTrP, which is a stiff, hard, tender nodule.

Accordingly, there is a need to develop objective, repeatable and reliable diagnostic tests for evaluating MTrPs and determining treatment outcome measures. Such measures can be used to properly diagnose and understand the natural history of MTrPs. Our group recently began using three types of ultrasound diagnostic imaging techniques—grayscale (2D ultrasound), vibration sonoelastography, and Doppler—to differentiate tissue characteristics of MTrPs in the upper trapezius muscle compared to surrounding soft tissue. We found that MTrPs appeared as focal, hypoechoic regions on 2D ultrasound, indicating local changes in tissue echogenicity, and as focal regions of reduced vibration amplitude on vibration sonoelastography, indicating a localized area of stiffer tissue. Doppler ultrasound was also able to show differences in the microcirculation in and around active MTrPs compared to latent MTrPs and normal tissue. Retrograde flow on diastole was associated with active MTrPs, indicating a very high resistance vascular bed and possible blood vessel compression associated with active MTrPs.

Chronic pain states are characterized by profound changes in neuronal excitability and architecture in the pain matrix. These neuroplastic changes occur in the spinal cord, thalamic nuclei, cortical and limbic areas and may alter the threshold, intensity and affect of one's pain experience. Moreover, the dynamic changes that occur during the initiation, amplification and perpetuation of chronic pain syndromes may provide explanations for some of the effects observed following dry needling, injections and other physical medicine modalities.

Spinal segmental sensitization is a hyperactive state of the dorsal horn caused by bombardment of nociceptive impulses from sensitized and/or damaged tissue (somatic, visceral, etc.). *Active* myofascial trigger points (MTrPs) are a common source of sensitization. Manifestations in the sensitized spinal segment include dermatomal allodynia and hyperalgesia, sclerotomal tenderness and MTrPs within the involved myotomes. Emerging knowledge from the pain sciences will be presented in a clinically accessible way. Attendees will learn important palpation skills to identify *active* MTrPs, and the common *objective* physical findings that frequently accompany chronic musculoskeletal syndromes. These findings are suggestive of spinal segmental sensitization and offer the clinician important clues as to the neuroanatomic manifestations of chronic musculoskeletal pain states.

Furthermore, these objective and quantitative examination techniques help clinicians quickly identify the tissues and likely pain mechanisms involved in the patient with chronic musculoskeletal pain. These easy-to-learn examination skills are fundamental to the proper evaluation and management of this ubiquitous pain disorder. Participants will also learn needling techniques and physical modalities to treat the active MTrPs, desensitize the involved spinal segment, as well as how

to objectively determine whether the physical manifestations of spinal segmental sensitization were resolved following their treatment selection. Identifying and eliminating any persistent noxious impulses of somatic and/or visceral origin is essential for long-term pain relief. Furthermore, application of these examination techniques before and after treatment provides the clinician and patient meaningful and reproducible physical findings to guide treatment outcomes.

Histological, neurophysiological, biochemical, ultrasound imaging and somatosensory studies of MTrPs have found objective abnormalities. Together with observed motor and sensory abnormalities, they implicate peripheral and central mechanisms in the development of myofascial pain, associated MTrPs, and persistent sensitization. Future clinical research studies should focus on identifying the mechanisms underlying myofascial pain and sensitization.. Successful treatment depends upon identifying and targeting these mechanisms and addressing the perpetuating factors that sustain this ubiquitous pain syndrome.

NOTES

Stiofan Mac Suibhne

Stiofán is an osteopath and Western medical acupuncturist and has been the chair of the Osteopathic Council of New Zealand (OCNZ) for three years. OCNZ is the regulatory authority established pursuant to the Health Practitioners Competence Assurance Act (2003) to regulate the New Zealand Osteopathic profession. He is deputy chair of the Australian & New Zealand Osteopathic Council and has been responsible for the development of the overseas assessment process for international osteopathic graduates in Australasia.

Stiofan worked in private practice in Christchurch from 2005 to 2010 and is currently taking a break from full-time practice to pursue further studies in Sydney whilst working part-time in the policy office for the Australian Osteopathic Association. He is particularly interested in scope of practice reform and developing post-graduate pathways for osteopaths. In September 2009 the OCNZ gazetted a second scope of practice for osteopaths: Western Medical Acupuncture and Related Needling Techniques.

Stiofán has a degree in Molecular Biology (Univ. London) and worked as a research scientist before undertaking audit training and working as a financial manager in social and healthcare organisations. He completed his osteopathic training in 2001 at the London School of Osteopathy and taught for several years at both the British and London schools of osteopathy. He undertook his initial acupuncture training with the British Medical Acupuncture Society in 2003. Postgraduate qualifications include: Post Graduate Certificate in Education (Univ. Greenwich), Certificate in Health Promotion (Open University) and Post Grad Cert H.Sc Western Acupuncture Medical Practice (AUT).
Chair of the Osteopathic Council of New Zealand

ABSTRACT –Scopes of Practice within Acupuncture

Statutory Regulation of Acupuncture in the New Zealand Osteopathic Profession. In order to ensure the competence of osteopaths that wish to incorporate acupuncture into their personal / professional scope of practice the Osteopathic Council of New Zealand (OCNZ) have developed a second scope of practice for osteopaths entitled: Scope of Practice - Osteopath Using Western Medical Acupuncture and Related Needling Techniques. This is supported by a code of practice <http://www.osteopathiccouncil.org.nz/wma-code-of-practice.html>

The OCNZ is the regulatory authority for the osteopathic profession established under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). The HPCA Act replaced the profession specific arrangements that were previously in place, the aim being to establish a consistent regulatory framework for all healthcare professionals. The primary purpose of the Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise.

Central to the regulatory framework established by the HPCA Act is that each health practitioner is registered in a scope, or *scopes* of practice, and is competent to practise within his or her scope(s) of practice. In the absence of regulators determining standards and minimum training requirements for acupuncture the public's interests are not served. It was apparent that approx. 40 % of the osteopathic profession were using some form of needling in practice and that this area of practice require regulating.

NOTES

Heather Clark

Heather has been a lecturer at the Department of Physiotherapy, AUT University for many years and is currently involved in the teaching of functional anatomy and kinesiology through years 1 to 3 and the Year 4 undergraduate research project. Heather has a Master of Health Science Degree from Auckland University and her thesis was in the area of connective tissue anatomy.

She is currently in her 3rd year of her PhD at AUT University where she is investigating the effectiveness of multimedia as an adjunct to home-based rehabilitation in patients with shoulder injuries. The ultimate aim of her research is to improve patient adherence to physiotherapy

ABSTRACT - Anatomy revision of what we need to know around the thorax

When applying acupuncture to the thorax it is important to take into account the anatomical structures in the area and their location. Therefore the purpose of this session is to review the bony thorax and some of the important structures that lie both inside and outside its walls. An overview of surface anatomy will assist in the identification of these organs that will include the heart and lungs. The location of other organs that are given protection by the thoracic walls but lie in the upper abdominal cavity will also be considered. These include the kidneys, liver, spleen and stomach. A selection of muscles that have an attachment to the thorax will be discussed with regard to their position, and their relationship to associated nerves, vessels and acupuncture points.

NOTES

David Rice

David Rice is a Senior Research Officer in the Health and Rehabilitation Research Institute and a Lecturer in the School of Physiotherapy at AUT University. He is also a research member of the Pain Management Unit at North Shore Hospital and is in the final stages of completing his PhD in neurophysiology. David's research interests are focused on the neural mechanisms and management of pain and muscle weakness in people with knee joint injury and arthritis.

ABSTRACT - The effects of combined manual therapy and acupuncture on pain and function in people with knee osteoarthritis: A pilot study

D Rice, G Lewis, D Reid, P Larmer, P McNair, K Collett. *Health and Rehabilitation Research Institute, AUT University*

Introduction. Current guidelines for the optimal management of knee joint osteoarthritis (OA) recommend a combination of pharmacological and non-pharmacological interventions. There is an urgent need to develop and establish the treatment efficacy of non-pharmacological interventions. In this regard, the efficacy of acupuncture only and manual therapy only have been assessed in patients with knee joint OA. However, these treatments are often combined in clinical practice and may prove more effective when delivered together.

Aims. To investigate the effects of a two week combined acupuncture and manual therapy intervention on pain and function in people with OA of the knee joint.

Methods. Ten participants with radiologically confirmed knee joint OA completed a two week intervention involving six sessions of manual therapy (traction manipulation) and acupuncture (five local points, two distal points). Outcome measures of pain (P4, WOMAC) and function (WOMAC) were recorded pre- and post-intervention. Participant expectations and pain catastrophising were measured prior to the intervention. Global perceived outcomes relating to pain, satisfaction with treatment, and ability to perform important activities were measured post-intervention using a 7-point Likert scale.

Results. There were significant improvements in pain and function from pre- to post-interventions (all $P < 0.05$). All global perceived outcome ratings ranged from 4 (no change) - 7 (very much improved/extremely satisfied) across the participants. A significant correlation was seen between pain catastrophising scores and the change in the WOMAC pain and function ($P = 0.03$), so that people who scored highly on the pain catastrophising scale had less improvement in pain and function.

Conclusions. A two week combined intervention of manual therapy and acupuncture significantly reduced joint pain and improved self reported function in individuals with OA of the knee joint. Pain catastrophising influenced treatment outcomes and should be considered by physiotherapists when treating people with OA.

NOTES

Dr Mike Anderson

ABSTRACT - Myofascial pain, within the multidisciplinary field - why exercise is not enough

In the 20+ years Mike has been involved in Chronic Pain Management - both in public and private systems – he has been using a multidisciplinary approach, but is convinced that unless it is started early enough the outcomes are poor.

He has been involved, as a Specialist, with the medical component since the inception of the CPA, but not all Specialists on the “approved list” from ACC have experience in Pain Management.

This can lead to the lack of recognition of the ‘persistence’ of the pain due to the plasticity of the Central Nervous System, and to the expectation that the patient can take part in an Activity Focused Programme, involving some form of ‘activation’.

As pain problems, (including the myofascial pain) have not been adequately dealt with prior to the Activity Focused Programme, the activities can be expected to exacerbate the pain and lead to poor outcomes.

Ways to improve this and the importance of the role of the Physiotherapist will be discussed.

NOTES

Susan Kohut

ABSTRACT - Acupuncture in the treatment of pelvic girdle pain: A critical review of the literature

Design: A search of relevant databases for randomised controlled trials (RCT) for the treatment of PGP and/or LBP during pregnancy was performed in 2010. Both PGP and LBP have been included in this review due to the ongoing debate and uncertainty regarding etiology of this problem (Ee, Manheimer, Pirotta & White, 2008).

Methods: The modified Cochrane Musculoskeletal Injuries Group Scale (CMSIG) was used as a critiquing tool. Particular emphasis was placed on concealment of treatment allocation, dropout rate, blinding of both patients and outcome assessors, and intention-to-treat analysis as recommended by the editorial board of the Cochrane Collaboration Back Review Group (van Tulder, Furlan, Bombardier & Bouter, 2003).

Literature Review: Five studies met the inclusion criteria. They varied in the treatments provided within the studies and between the studies, sham control procedures differed, with some studies providing non-standard treatment between subjects. Many studies failed to clearly define the acupuncture points utilised, causing difficulties in replicating treatment. Other significant limitations included lack of blinding for participants, therapists and assessors, a lack of Intention-to-treat analysis, adequate follow-up and poor definitions of inclusion/exclusion criteria.

Results: Based on this review of current literature, there is moderate evidence to support the use of acupuncture in the treatment of LBP and/or PGP during pregnancy. The included studies scored from adequate (19/24) to poor (8/24) on the CMSIG scale. Based on three of the RCT's, results suggest acupuncture may be more effective than standard physiotherapy (Wedenberg et al, 2000), and effective in conjunction with physiotherapy on pain and function (Elden et al, 2005; Elden et al, 2008a).

Conclusion: Few studies exist demonstrating the benefits of acupuncture for the treatment of PGP and LBP for pregnant women with methodological flaws limiting its clinical application. However, some experienced practitioners use acupuncture for women during pregnancy with good effect on pain and function and few adverse effects. More research is required in this area. Despite limitations in acupuncture research combining traditional and western techniques, future trials may benefit from utilising both qualitative and quantitative methods to comprehensively assess the efficacy of acupuncture for many conditions.

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NOTES

Rebecca Armstrong

Auckland District Health Board, Auckland, *Email:* RebeccaAr@adhb.govt.nz *Phone:* +64 9 307 4949
BHSc Physiotherapy, PGDip (Acupuncture), MNZSP, ANZCP

Rebecca Armstrong is a Physiotherapist working in the child and adolescent and adult acute inpatient mental health units for the Auckland District Health Board. Rebecca has been working in mental health services in Auckland since 2003. She has a keen interest in promoting physiotherapy in the treatment and management of mental illness, particularly around the use of physical interventions and their effect on psychological wellbeing. Rebecca completed her post-graduate diploma in Western Acupuncture through AUT in 2009 and has successfully introduced acupuncture into the acute inpatient units at ADHB as a means of treating pain, acute and chronic musculoskeletal conditions and to facilitate relaxation.

ABSTRACT – Acupuncture in mental health: a review of neuro-physiological effects

Acupuncture is a growing area of practice for physiotherapists in mental health and whereas musculoskeletal acupuncture is well reviewed there is little understanding about the psychological effects of treatment. This paper outlines a literature review of the current understanding of the neuro-physiological effects of acupuncture and relates this to our understanding of mental health pathologies. The paper then explores potential psychological effects of acupuncture and outlines the side-effects and suggested precautions and contra-indications of using acupuncture for mental health service-users.

A meta-analysis was completed of available literature and research discussing neuro-physiological effects of acupuncture. This was then viewed in light of current understanding and neuro-physiological theories surrounding different common mental health disorders.

Potential precautions established from the literature include development of serotonin syndrome particularly when used in conjunction with MAOI medication, increased level of sedation or increased anxiety, the ability to provide informed consent and to maintain treatment position throughout treatment.

Physiotherapists can employ acupuncture more effectively and safely within mental health services with an increased knowledge of the potential neuro-physiological and psychological effects of treatment.

NOTES

Wendy Lockhart

Physiotherapist

Wendy has been a member of the PAANZ Education team for 15 years, as well as being a tutor on the Otago University Post Graduate course. I have worked in both the private & public sectors, using acupuncture extensively in my musculo- skeletal practice.

ABSTRACT - Case Study – Sinusitis: an acupuncture challenge

The objectives of this short presentation is to reflect on the potential effectiveness of acupuncture in the m accurate diagnosis.o a course of acupuncture for the treatment of chnagement of chronic sinusitis using a measureable outcome, and briefly discuss and acknowledge the difficulties in determining an accurate diagnosis.

NOTES

Dr Grant Johnston

Graduated Otago Medical School 1974. Began acupuncture training in 1979. Solo GP in Kurow 1979 - 1984. Moved to Blenheim in 1985. Diploma of Musculoskeletal Medicine, 1995. Medical Acupuncture Society NZ President 1998 and currently. Chairperson for Education team, MASNZ and introductory Acupuncture teacher 1995 to 2011.

Interests are chronic pain, chemical addiction, musculoskeletal medicine. Currently employed by NMDHB in advisory capacity, part time, and work half time in general practice in Blenheim.

ABSTRACT- A lot of learning is a dangerous thing

All significant disease demonstrates autonomic changes that may be disadvantageous and in chronic ailments is often disastrous. We assume that this is a primary part of the illness

I have been studying chronic pain syndromes and their relationship with inappropriate cerebral sensory field expansion. Some of the most effective treatment involves exercise programmes, and acupuncture.

I have come to consider how field expansion and neurophysiology might explain much of the disease process and why the BIG POINTS are big points!

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