

## 5 × 5 PRESENTATIONS – *continued*

3D whole body scanner. A 3D scan-derived, rotating movie file was generated for each subject. Ten experienced physiotherapists independently observed all 50 subject movies, and assessed 12 aspects of standing posture using a 6-point categorical rating scale. Postural assessments were compared among physiotherapists to determine inter-rater reliability. Duplicate postural assessments were blindly made on 15 subject movies to determine intra-rater reliability. Reliability was quantified as the absolute rating-point difference between postural assessments. On average, 58% (range 41–69%) and 92% (range 84–98%) of all intra-rater differences were zero, or within a single rating-point respectively. Spinal (e.g. thoracic kyphosis and lumbar lordosis) and hip (e.g. lateral and sagittal pelvic tilt) postures were the least reliable. Overall, inter-rater differences were more variable, with 34% (range 22–44%) and 78% (range 61–89%) of the inter-rater differences zero, or within a single rating-point respectively. The lack of agreement, particularly inter-rater agreement, may be due to: (a) the lack of a gold standard reference posture; (b) differences in the way in which posture is defined; and (c) the lack of accepted guidelines for rating posture.

### **Impact of introducing advanced practice physiotherapy roles in to orthopaedic outpatient services in Queensland Health**

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Orthopaedic physiotherapy screening clinics were introduced into four major public orthopaedic outpatient services in Queensland from mid 2005, as part of the Fit for Surgery Project. Musculoskeletal physiotherapists are employed in a primary contact, diagnostic and case management role. They are supported by a multidisciplinary allied health professional team, providing comprehensive non-operative management for selected patients. To March 2007, 1201 patients had been managed through the service. The patients have reported high levels of satisfaction with the quality of the service and the outcomes of their management, including a significant improvement in quality of health (EuroQOL QOH,  $p < 0.001$ ) and quality of life (Spitzer QOL Uniscale,  $p < 0.001$ ). All orthopaedic consultants directly associated with the service ( $n = 19$ ) reported they were confident or very confident in the quality of patient assessment and management undertaken by the musculoskeletal physiotherapists. Satisfaction with the overall patient outcomes achieved and the value of the screening clinics as a component of the orthopaedic service was reported by 95% of orthopaedic consultants. Increased throughput of orthopaedic new cases attributable to the screening clinics ranged from 23–76% across the four sites. Implementation of the service also contributed to reductions in orthopaedic outpatient waiting lists and waiting times. These results indicate that the employment of musculoskeletal physiotherapists in an advanced practice role, supported by a multidisciplinary team, is a clinically effective strategy for helping to improve access to orthopaedic outpatient services that is supported by both patients and orthopaedic consultants.

### **Justifying the visit: patient problem presentations and physiotherapists' responses**

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In order to visit a physiotherapist, patients must first decide they have a problem that warrants physiotherapy attention. This decision making process often becomes evident during the consultation through the interaction between patient and physiotherapist. This presentation focuses on how patients present new health problems during real-life physiotherapy consultations. Digital audio-recordings of 98 real-life physiotherapy consultations between 94 patients and 3 physiotherapists comprised the data corpus. This data were analysed using conventions of conversation analysis and discursive psychology. Analysis revealed that a patient's problem presentation is primarily concerned with justifying the decision to seek help from the physiotherapist. These justifications include: how long the patient has endured the condition; how assistance has been sought from other health professionals before seeking physiotherapy help; and how the problem is unknown to the patient. Typically, a physiotherapist gives priority to determining the nature of a patient's problem and selecting appropriate management. However a patient typically gives priority to establishing the presenting problem as one amenable to physiotherapy. Legitimising the presenting problem is important to the patient. Thus from a servicing perspective, problem statements may be more than just reflections of potential tissue damage and injury severity.

### **Lessons learnt from a trial of motor control exercise versus placebo in patients with chronic low back pain**

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The presentation will describe the lessons learnt in the conduct of a randomised placebo-controlled trial evaluating motor control exercises for chronic low back pain. A prime concern in a trial is that treatment is delivered according to protocol and is of high quality. To accomplish this we have 1) recruited physiotherapists with expertise in motor control exercise, 2) developed a treatment manual, 3) provided physiotherapists with an ultrasound for use in training, 4) held regular staff training sessions supplemented by audit by the chief investigators of sample treatment sessions. Because the trial included a placebo arm we have had to develop a placebo treatment that was both inert and credible. To gain further understanding of the mechanism of action of motor control exercise we have supplemented the clinical outcome measures with measurements of the deep abdominal muscles taken with real time ultrasound at baseline and after intervention. This secondary analysis will be performed in order to establish whether the ability