

Sports & Exercise Physiotherapy New Zealand (SEPNZ)–celebrating our new name

Hamish Ashton^{1,2}

Welcome to the Sports & Exercise Physiotherapy New Zealand (SEPNZ) edition of the *British Journal of Sports Medicine (BJSM)*. As many leading sports medicine groups have done, we changed our name to include physiotherapy's focus on exercise. Although we don't claim exercise as solely our domain, it is a huge part of what we do. Our name now proudly reflects this.

SEPNZ promotes the practical application of knowledge, and in this issue 6 of *BJSM*'s 24 annual issues we highlight some terrific examples. As guest editor I have chosen a number of papers with information 'you can use in your practice tomorrow'.

From the famous Snyder-Mackler lab in Delaware, USA, Dr Zakariya Nawasreh guides us on return to sport after ACL reconstruction (*see page 376*). He makes a compelling case that objective criteria – not time alone – should guide return to play clearance. This extends key work from Qatar and Norway/US previously published in *BJSM*.

Programmes to reduce injury rate in team sports are increasingly being researched, especially with the success of the FIFA11+programme. Dr Matthew J Attwood, @AttwoodMJ, now working at Cardiff Metropolitan University, investigated a preventive programme in adult rugby players (*see page 369*). The intervention reduced lower limb injuries and concussions but as with many prevention programmes, compliance proved a challenge.

The final paper I highlight is by Denmark's Dr Sinead Holden (*see page 386*) and her team which includes *BJSM* Social Media Editor Dr Christian Barton. They undertake a systematic review on papers looking at exercise for patellofemoral pain. In looking at the studies for



the review it was noted that many didn't describe in sufficient detail, how the exercises were performed. For a clinician, knowing exercise is beneficial, is not of any real value unless we know how it was prescribed.

PRACTICAL APPLICATION OF RESEARCH AT THE COALFACE

In the 30 years I have been practising physiotherapy there have been numerous trends in treatment management. Over the more recent years a number of these have been supported by a good level of research.

Tendons are a good example. First we had eccentrics, with protocols developed specifically for the Achilles tendon. These were backed by numerous studies involving good numbers of patients. More recently it was suggested that people hadn't enough time to exercise twice daily so a more traditional slow strength based programme became the answer. Currently it appears that isometrics are the answer. Over the 5–10 years I was treating tendons using an eccentric protocol, my patients got better as the research suggested they would. Why then should I change to using isometrics and progressive strength protocols?

As an experienced clinician I talk to my patient, assess where she or he is at and provide an individualised programme that will provide the most benefit.

Likewise with my back-pain patients. Being from New Zealand I was introduced to Robin McKenzie's principles early in my learning. Having done his course and understanding the principles behind it (which is much much more than just giving everyone extension exercises), I used his techniques and my patients got better. We now know that the discs don't react quite like we were taught, but just because the theory wasn't quite right doesn't mean the exercises don't work. Later on in my professional career, I started activating transversus in certain populations, as there was some good research on that at the time. Now I just talk to them and 'tell them they will be OK'. Of note I used to do that anyway, way back when I was giving them McKenzie exercises.

In summary, the clinical application of research is what makes a good clinician. By Sackett's definition, evidence based practice includes three elements - the available research, the psycho-social-economic and cultural needs of the patient, and a clinician's sound clinical judgement and skills.

When I eventually retire and look back at what I have achieved as a practitioner I will be happy knowing I have helped people get better, even if there is a new model of treating tendons, and backs are no longer all about the biopsychosocial model, as I will have used a sound evidence based approach focused on the person standing in front of me.

I hope you enjoy this Sports and Exercise Physiotherapy New Zealand issue!

PS: Follow us on Twitter (@SportsPhysioNZ) where you will be able to track the exciting upcoming visit to New Zealand by leading shoulder physiotherapist Dr Ann Cools (@AnnCools4) from Belgium.

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¹Sports & Exercise Physiotherapy New Zealand, New Zealand

²P2P Physio, Tauranga, 3112, New Zealand

Correspondence to Hamish Ashton, P2P Physio, Tauranga 3112, New Zealand; hamish.ashton@physiotherapy.gen.nz