

A Monthly Publication by EIM Faculty

# THE INSIGHT HUB

## MEET THE EXPERT

Jo Nijs PT, PhD



**What is the best advice you have received in your professional journey?**

Listen to your patients!

**What is one article all therapists should read?**

**Circadian rhythms and disorders of the timing of sleep**, a fantastic 2022 Lancet paper. Perhaps also **Gut microbiota regulates stress responsivity via the circadian system**. The two papers combined will prime you to develop a more holistic understanding of health in general, and the intertwined role of various lifestyle factors specifically. Mind-blowing work!

**What is one book all therapists should read and why?**

Don't read professional books! Even the poorest review process will be much better than the total lack of peer review and quality screening that even big book publishers adhere to. Luckily, clinicians can consult more and more open access, high-quality masterclasses, narrative reviews with a clinical focus, clinical perspective papers and treatment manual papers available for free in the scientific literature. They are peer-reviewed and often written by leading experts. Even if they are not published in open access, search for the full text on ResearchGate or contact the authors directly. They will be more than happy to send you the full text paper.

**What are you working on right now?**

Scientifically, we're studying lifestyle factors and lifestyle interventions in patients with chronic pain conditions (e.g., low back pain, neck pain, fibromyalgia, post-cancer pain, osteoarthritis, post-surgical pain, etc.). In support of such clinically-focused studies, we are studying epigenetic changes underlying many of the chronic pain comorbidities (such as insomnia, stress intolerance, central sensitization, etc.). To bring science into practice, we teach many courses for clinicians (<https://paininmotion.be/education/refresher-courses>). Finally, my clinical work is in transition. To allow me to innovate more into e-health interventions, I left our university hospital and will soon open my private practice in Belgium. Exciting times!

**Do you have any advice for early-career therapists?**

Be passionate in whatever you do, and make sure you prioritize long-term treatment effects over short-term benefits for your patients.

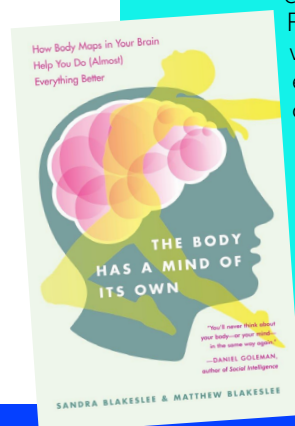
## BOOK CLUB

A book that has really changed the way I work with my patients is *The Body Has a Mind of Its Own* by Sandra Blakeslee and Matthew Blakeslee. - Kathryn Richardson OT

### About the book:

Your body has a mind of its own. You know it's true. You can sense it, even though it may be hard to articulate. You know that your body is more than a vehicle for your brain to cruise around in, but how deeply are mind and body truly interwoven? Answers can be found in the emerging science of body maps. Just as road maps represent interconnections across the landscape, your many body maps represent all aspects of your bodily self. Your self doesn't begin and end with your physical body but extends into the space around you. When you drive a car, your personal body space grows to envelop it. When you play a video game, your body maps automatically track and emulate the actions of your character onscreen. If your body maps fall out of sync, you may have an out-of-body experience or see auras around other people.

*The Body Has a Mind of Its Own* explains how you can tap into the power of body maps to do almost anything better: play tennis, strum a guitar, ride a horse, dance a waltz, empathize with a friend, raise children, cope with stress. Filled with illustrations, wonderful anecdotes, and even parlor tricks that you can use to reconfigure your body sense, *The Body Has a Mind of Its Own* will change the way you think about what it takes to have a conscious mind inside a feeling body.



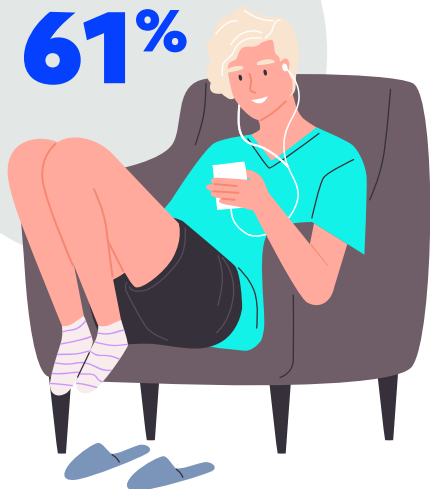
## HEALTH CORNER: STRESS REDUCTION

Adriaan Louw PT, PhD, Vice President of Faculty for Evidence in Motion

We hear so much about meditation and mindfulness for stress reduction but sometimes a simple task is sufficient. The following tasks have been shown to reduce stress levels by up to 68%. When was the last time you read a book or sat on the deck with a cup of tea?

Listening to Music

61%



Playing Video Games

21%



Reading a Book

68%



Drinking Coffee or Tea

54%



Going for a Walk

42%



## RESEARCH CORNER



### Reasons for patient no-shows and drop-offs after initial evaluation in physical therapy outpatient care: a qualitative study

Andrew C. Thomas, Sarah N. Shaver, Jodi L. Young, Chad E. Cook

No-shows and drop-offs by patients after their initial physical therapy evaluation can significantly impact clinics and therapists. To our knowledge, no previous studies have examined the patient's perspective of why they terminated their recommended plan of care after only attending their initial evaluation.

This qualitative study used semi-structured phone interviews with patients who received a physical therapy evaluation for a musculoskeletal condition within a large regional healthcare system. Participants were purposefully sampled if they attended their initial evaluation, did not attend a follow-up visit within 30 days, and had no future appointments scheduled. After data collection and transcription, coding and thematic analysis took place to establish primary and secondary themes.

A total of 26 interviews were conducted, including 12 males and 14 females, with an average age of 51.04 ( $\pm 15.72$ ) years. Five common themes emerged, including clinical improvement at an acceptable rate (23.1 %), access issues (26.9 %), did not see value or could do therapy on their own (23.1 %), other medical management was needed (15.4 %), and patient-provider relationship issues (11.5 %).

These findings highlight the patient's rationale for not following through on a physical therapist's recommended plan of care after an initial evaluation. They may help practice managers and clinicians to proactively address barriers, clinic access issues, and evaluation strategies to maximize the patient's follow-through on their plan of care.



### Impact of the deep squat on articular knee joint structures, friend or enemy? A scoping review

Andrés Rojas-Jaramillo, Daniel A. Cuervo-Arango, Juan D. Quintero, Juan D. Ascuntar-Viteri, Natalia Acosta-Arroyave, Juan Ribas-Serna, Juan José González-Badillo, David Rodríguez-Rosell

The squat exercise has been shown to improve athletic performance. However, the use of the deep squat has been questioned due to claims that it may cause knee joint injuries. Therefore, the purpose of this scoping review was to synthesize existing literature concerning the impact of deep squats on knee osteo-articular health in resistance-trained individuals.

A systematic and exhaustive search of studies reporting the effects of deep half, parallel or quarter squats on the knee or evaluating squats as a predictor of injury was conducted in different databases: PubMed, Scopus, Web of Science, and SPORTDiscus. Additional searches were performed in Google Scholar and PEDro.

The keyword search resulted in 2,274 studies, out of which 15 met all inclusion criteria. These 15 studies comprised 5 cohort studies, 3 randomized controlled trials, 4 literature or narrative reviews, 1 case study, and 2 systematic reviews, one including a meta-analysis. Overall, the risk of bias (ROB) across these studies was generally low. It is worth noting that only one study, a case study, associated deep squats with an increased risk of injury, the remaining 14 studies showed no negative impact of deep squats on knee joint health.

Therefore, the deep squat appears to be a safe exercise for knee joint health and could be included in resistance training programs without risk, provided that proper technique is maintained.



### A psycho-educational video used in the emergency department provides effective treatment for whiplash injuries

Ali Oliveira, Richard Gevirtz and David Hubbard

Randomized control trial conducted between June 2000 and September 2002 to determine whether a short psycho-educational video shown in the Emergency Department shortly after injury would produce follow-up pain reductions and reduced medical utilization.

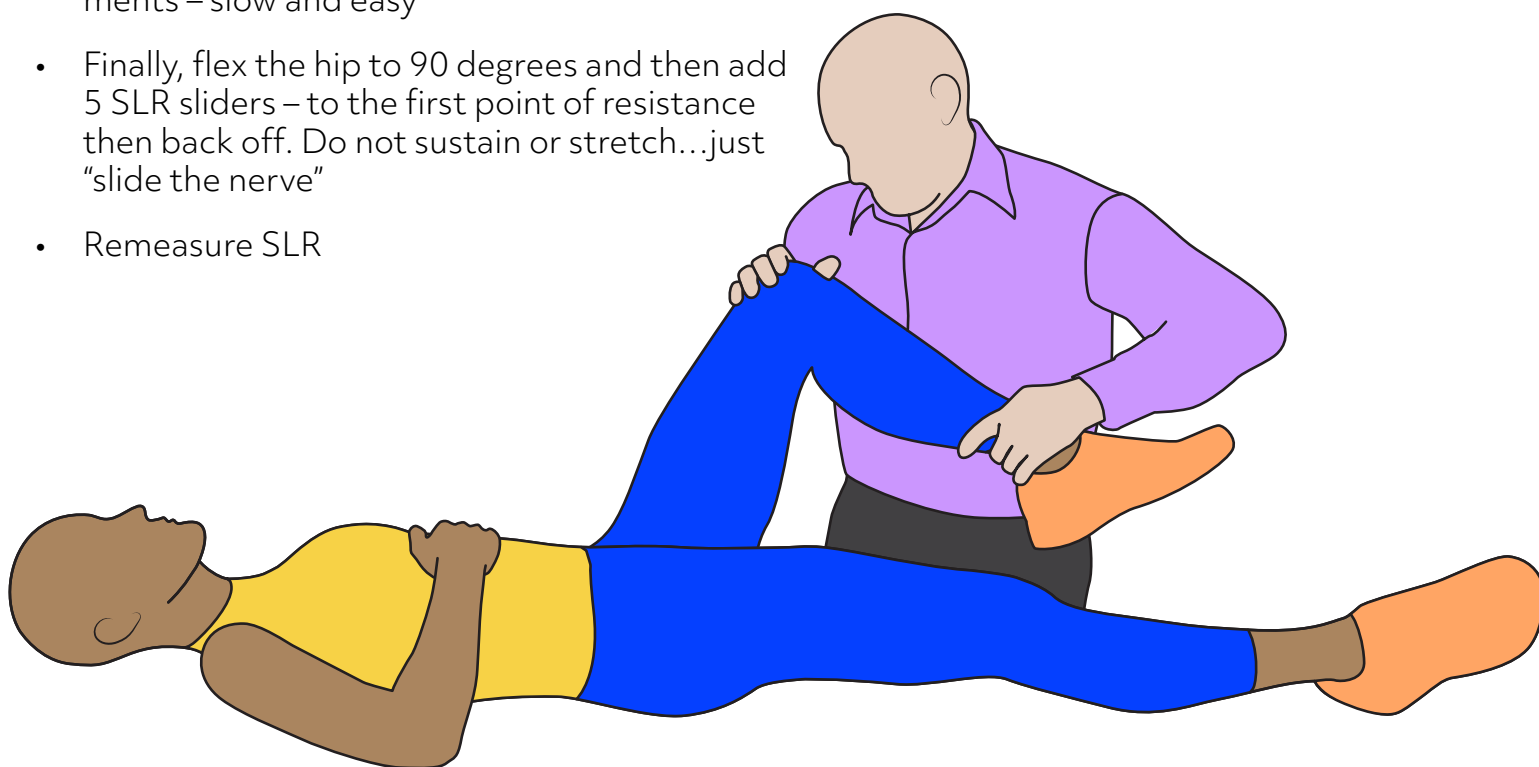
Chronic pain following a whiplash injury is one example of the massive medical/legal problem of chronic muscular pain. Approaches using local pain sources (trigger points) have shown promise as treatment models for this type of pain. Patients viewing the video had dramatically lower pain ratings at a 1-month follow-up (6.09 [10.6] vs. 21.23 [17.4],  $P < 0.001$ ) and this pattern held for the 3- and 6-month follow-up period. Similarly, for 17 of 21 items asked at follow-up, the video group showed superior outcomes ( $\chi^2$  ranged from 5 to 35,  $P < 0.05$ , all). For example, 4% of video patients were using narcotics at 6 month post ED visit compared with 36% of controls. The brief psycho-educational video had a profound effect on subsequent pain and medical utilization.

## CLINICAL PEARL Terry Cox PT, DPT, OCS, FAAOMPT

Neurophysiologically, we often teach that the nervous system needs: Space, Movement, and Blood (flow)

A technique that we have shown at just about every neurodynamics course, and part of my recent PhD dissertation, can be very helpful for people with low back pain with leg pain limited straight leg raise (SLR):

- Patient is supine
- Therapist performs 5 single-knee to chest stretches – slow and easy
- Next, the therapist does 5 flexion, adduction, external rotation (piriformis) stretches/movements – slow and easy
- Finally, flex the hip to 90 degrees and then add 5 SLR sliders – to the first point of resistance then back off. Do not sustain or stretch...just “slide the nerve”
- Remeasure SLR



1. Butler, D.S. (2000). The Sensitive Nervous System. Adelaide, Noigroup publications.
2. Shacklock, M. (2005) Clinical Neurodynamics: A New System of Neuromusculoskeletal Treatment. Sydney, Butterworth-Heinemann.
3. Butler, D.S. (2005). The Neurodynamics Techniques. DVD and Handbook. Adelaide, Noigroup publications.

“Words are, of course, the most powerful drug used by mankind.”

- Rudyard Kipling, 1923

