



University for the Common Good



14th Congress of the European Forum for Research in Rehabilitation (EFRR)



Glasgow Caledonian University
Glasgow, Scotland, UK
24 - 27 May 2017



EFRR 2017 Workshop Programme

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Wednesday 24th May 2017

2:00 PM – 5:00 PM, Room W118

Workshop 1: Chronic pain syndromes and neuropathic pain syndromes: how to manage?

Speakers: Prof. Güseren Akyüz* and Dr. Esra Giray E**

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[Please note that this workshop is limited to 40 delegates]

Pain is an unpleasant sensory and emotional experience that can be defined with existing or potential tissue damage or with damage. Chronic pain syndromes are complex conditions that present a major challenge to physicians because of their unknown etiology, and poor response to all kinds of therapies. It has been suggested that chronicity should be considered when pain persists longer than the acceptable healing time. The impact of chronic pain on patients' lives varies from minor limitations to complete loss of independence. The rehabilitation of chronic pain syndromes involves physical therapy, occupational therapy, manual therapy, hydrotherapy, cognitive/behavioral therapy, biofeedback, psychotherapy and some new therapies such as functional restoration and neurostimulation. Combination of several methods has been tried, but long term evidence-based studies are needed for new treatment modalities.

Neuropathic pain (NP) has a complex, severe and persistent character with varying intensity and duration changes and it is usually unresponsive to treatment. NP can accompany to many diseases and can also be related to an injury. NP syndromes according to anatomical involvement can be divided into three groups: peripheral nervous system, central nervous system and mixed. Pharmacological and non-pharmacological treatment options have been tried extensively. First-line medication choice in NP includes: tricyclic antidepressants (TCAs), serotonin-norepinephrine reuptake inhibitors (SNRIs), anticonvulsants, opioids, cannabinoids and topical agents. Physical therapy modalities such as superficial and deep heat applications, traction, laser, transcutaneous electrical nerve stimulation (TENS), diadynamic and interferential electrical currents are more helpful when combined with therapeutic exercises. As it is well known, the main goals of pain rehabilitation programs are to reduce pain and the amount of analgesic medication, improve dysfunction, increase quality of life and physical capability. Since the new rehabilitation techniques addresses the cortical neuroplastic changes, their roles in the treatment of NP are being increased. Graded Motor Imagery (GMI) including mirror therapy could be considered as a new therapeutic method for NP. Psychotherapy, cognitive behavioral therapy (CBT) and relaxation therapy are also recommended. Non-invasive (repetitive transcranial magnetic stimulation (rTMS), transcranial direct current stimulation (tDCS)) and invasive neurostimulation techniques (i.e. deep brain stimulation (DBS), motor cortex stimulation (MCS), and spinal cord stimulation (SCS)) are focused on treatment of NP. Neurostimulation techniques promise hope for the future of NP treatment.

Learning outcomes of this workshop - Upon completion of this workshop, the participants will be able to:

1. gain knowledge of the definition, classification, and pathogenesis of chronic pain syndromes and neuropathic pain syndromes
2. integrate knowledge of pain mechanisms and clinical practice through case examples
3. have an enriched experience of managing chronic pain syndromes and neuropathic pain syndromes through interactive discussion.

2:00 PM – 5:00 PM, Room W110

Workshop 2: What matters most in rehabilitation research? Priority setting partnerships

Speaker: Dr. Alex Pollock

Nursing, Midwifery and Allied Health Professions Research Unit, Glasgow Caledonian University, UK

This workshop will explore research priority setting. In part 1, using examples from a series of priority setting projects, including James Lind Alliance priority setting projects relating to stroke and prolapse in women, different research prioritisation methods will be introduced. In part 2 participants will get the opportunity to think about and plan a priority setting project relevant to their own rehabilitation field.

Part 1

A journey into priority setting

- Why prioritise?
- Whose priorities?
- How to prioritise?

Priority setting methods

- JLA priority setting partnerships
- Q-methodology
- Nominal group technique
- Delphi

Questions & Answers

Part 2

Involving people in research

Good practice in involving people in research

Practical work – design your priority setting project

Learning outcomes:

1. To understand the reasons for doing research that reflects what is important to patients, carers, health professionals and other stakeholders.
2. To recognise that there are a range of prioritisation methods, and reflect on some of the advantages and disadvantages of these different methods.
3. To have knowledge of the essentials of good practice in involving people in research.
4. To have considered the key stages necessary to complete a priority setting project.

2:00 PM – 5:00 PM, Main Conference Hall

Workshop 3: Implementing evidence-based practice: current challenges

Speakers: Professor Marion Walker and Dr Rebecca Fisher

University of Nottingham, UK

The purpose of this workshop is to provide an interactive and engaging forum in which participants can discuss 'Implementation'. This will include learning about implementation research relating to stroke rehabilitation and exploration of the underpinning theory, and discussion of practical examples of facilitating evidence based practice.

The workshop will be conducted in three parts:

Part 1: Implementation - what is it?

Participants will be asked to share their understanding of implementation with a view to capturing an 'implementation landscape'. This will allow appreciation of the different types of activities and methodologies that fall under 'Implementation' and facilitate use of a common language with which to discuss ideas. Topics to include:

Process evaluation: to understand the functioning of a complex intervention in trial conditions, by examining the quality and quantity of what is actually delivered in the evaluation, hypothesised mechanisms of impact and contextual factors that might influence effectiveness.

Long-term implementation: to understand the long-term and real-life effectiveness of the intervention. The broader applicability of an intervention outside of a research context may be tested.

Improvement science: evidence based medicine/practice and quality improvement. Consideration of learning 'the right thing to do' (actions informed by clinical guidelines) and how to 'do the right thing' (system-level quality improvement).

Part 2: Showcasing a practical example

Evidence based stroke rehabilitation in action and challenges faced by stroke teams will be discussed with participants. Examples will be drawn from recent implementation research, using realist evaluation to investigate delivery of stroke rehabilitation in hospital stroke units in the UK.

Part 3: Consideration of implementation of rehabilitation evidence at a global level

Embracing the conference theme of 'working in partnership across boundaries', participants will consider how Implementation might be investigated across countries. This will include discussion of the influence of contextual factors (e.g. demographics, culture, geography, healthcare systems). What learnings are there from recent global studies?

Learning outcomes:

- Appreciation of the implementation landscape
- Understanding of theory and methodologies currently used in Implementation research
- Knowledge of evidence based stroke rehabilitation and real-life examples of how this was facilitated or challenged
- Reflection on implementation at a global level.