

and lifestyle advice) and 59 to a control group (lifestyle advice only). Participants completed a validated POP specific questionnaire to describe frequency and bother of prolapse, bladder, bowel and sexual symptoms and answered a semi-structured interview. PFM function was examined by manometry and included vaginal resting pressure, PFM strength and endurance.

Results: No significant change in number of women being sexually active was reported. There were no significant differences between groups regarding change in satisfaction with frequency of intercourse. Interview data revealed that 19 (39%) of women in the PFMT group experienced improved sexual function versus 2 (5%) in the control group ($p < 0.01$). Specific improvements reported by some of the women were increased control, strength and awareness of the pelvic floor, improved self-confidence, sensation of a “tighter” vagina, improved libido and orgasms, resolution of pain with intercourse and heightened sexual gratification for partners. Women who described improved sexual function demonstrated the greatest increases in PFM strength (mean 16 ± 10 cm H₂O) and endurance (mean 150 ± 140 cm H₂O) ($p < 0.01$).

Conclusion(s): Six months of PFMT did not result in change in number of women being sexually active or change in satisfaction with frequency of sexual intercourse. The interview data, however, revealed significant improvements in various aspects of sexual function for 39% of the women in the training group. There was an association between improvement in sexual function and increases in PFM strength and endurance.

Implications: More than one of three women, with and without sexual complaints, reported improvement in sexual function after PFMT. Since the improvements were correlated with the increase in PFM function, it is essential for the physical therapist to prescribe a supervised training protocol with proven efficacy. We recommend measuring PFM function before, during and after treatment to ensure that an increase in strength and endurance is achieved. Evaluation of sexual function should be done using a standardized questionnaire supplemented by an interview which may individualize the assessment of change in symptoms in a more sensitive way.

Keywords: Pelvic floor muscle training; Sexual function; Physical therapy

Funding acknowledgements: Norwegian Foundation for Health and Rehabilitation and Women’s Public Health Association and The Norwegian Fund for Post-graduate Training in Physiotherapy.

Ethics approval: The study was approved by the Regional Medical Ethics Committee (S-05146) and registered at ClinicalTrials.gov (NCT00271297).

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Research Report Platform Presentation

Number: RR-PL-1942

Monday 4 May 2015 08:30

Room 303–304

SHOULDER LEFT/RIGHT JUDGEMENT TASK: DEVELOPMENT AND ESTABLISHMENT OF A NORMATIVE DATASET

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Background: The left/right judgement task (LRJT) is regarded as an implicit measure of motor imagery. The LRJT has been used to investigate painful conditions such as complex regional pain syndrome and is also the first stage of a graded motor imagery program used to treat this condition. Recently, this line of research has extended to chronic lower limb pain, low back pain and neck pain. Shoulder problems have not been investigated using the LRJT.

A critical first step is to develop a shoulder specific LRJT, and from this a normative data set. This will provide a platform for investigating shoulder problems in clinical groups and pursuing new treatment options for people with chronic shoulder pain.

Purpose: The aims of this project were to:

- Develop an online version of the LRJT specifically for the shoulder.
- Establish a normal dataset of response times and accuracy for the shoulder specific LRJT.

Methods: A set of whole upper limb photographic images was developed. These were chosen to represent the shoulder in a variety of standardised postures from simplest eg. Shoulder neutral, to more complex eg. Hand behind back. These images were utilised in a software program to deliver an online shoulder version of the LRJT. Adult participants were recruited worldwide through social media, pain science and physiotherapy websites, physiotherapy clinics, and a network of health professionals interested in shoulder function. Participants sat at a computer to undertake the online shoulder LRJT and viewed the randomly displayed set of whole upper limb images in rotations of 0°, +90°, -90° and 180°. Participants identified whether the displayed images were of either the left or the right side, as fast and accurately as possible. Primary outcomes were mean response time and accuracy for the task.

Results: 1413 participants consented, completed all questionnaire items and the shoulder LRJT. The mean response time (SD) for the shoulder LRJT was 1738 ms (741). Mean accuracy (SD) was 93.8% (9.2). Response times were quickest for images that were not rotated and slowest for images maximally rotated at 180° ($F=623.06, p<0.001$). Mean accuracy declined with increased degree of rotation ($F=208.02, p<0.001$). There was an effect of shoulder posture. Response times were quickest for shoulder neutral and slowest for hand behind back ($F=252.44, p<0.001$). Accuracy was greatest for shoulder neutral and least for hand behind back ($F=134.62, p<0.001$).

Conclusion(s): The shoulder LRJT obeys the principles that have been established for the hand version of this task. Response times increase and accuracy decreases with the degree of image rotation and the complexity of the shoulder posture. This implies that participants use a motor imagery strategy to complete the shoulder LRJT. The online recruitment strategy allowed us to obtain a large, normative dataset.

Implications: This normative dataset provides a foundation for further research and application to shoulder pain populations. Further research may lead to improved assessment and new treatment strategies for people with shoulder pain.

Keywords: Shoulder pain; Laterality; Motor imagery

Funding acknowledgements: There was no external sources of funding.

Ethics approval: All experimental procedures conformed to and were approved by the University of Sydney Human Ethics Research Committee standards.

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Special Interest Report Platform Presentation

Number: SI-PL-3855

Sunday 3 May 2015 17:06

Room 300–301

PROFESSIONAL LIABILITY INSURANCE IN CANADA: HOW INSURANCE BY PHYSIOTHERAPISTS, FOR PHYSIOTHERAPISTS' SUPPORTS EXCELLENCE IN PRACTICE

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Background: The Canadian Physiotherapy Association (CPA) is the WCPT Member Organization in Canada, representing 58% of eligible physiotherapists. 93% of members purchase professional liability insurance through CPA. In 2009 CPA introduced a new insurance program featuring a

group-funded deductible. This new structure allows CPA to manage practice risk for over 10,000 physiotherapists.

Purpose: To improve risk management and professional liability services for physiotherapists, and to support the CPA's mission, that is to advance the profession of physiotherapy in order to improve the health of Canadians. This was accomplished by using incident data from the insurance program to identify higher risk practices, and to subsequently provide professional development services to mitigate these risks.

Methods: In 2009 CPA established a partnership with insurers from Lloyds of London and Gowlings, Canada largest medical malpractice law firm. CPA launched a new professional liability insurance program wherein CPA assumed a portion of the risk of policyholders in the form of a large, group-funded deductible. In return, CPA gained access to all incident information, including details of each injury claim and regulatory matters in which policyholders were entitled to representation. Gowlings centralized distribution of all legal services. This allowed CPA and Gowlings to manage allocation and closely monitor costs.

Results: The program had an immediate impact on the cost of mitigating risk in physiotherapy practice. Annual legal service costs decreased by 65% from 2009 to 2013. The value of bodily injury claims decreased by 39% in the same period. Members reported an increase in awareness of liability issues of 58%, and downloaded 8517 documents related to practice risk topics such as informed consent, dry needling, offering an apology and identify theft. Lower costs with similar frequency of occurrences indicated less serious injuries overall, and more efficient management of claims. CPA and its insurance broker BMS have assisted eight other associations to adopt the same type of program, and together have form the Canadian Health Professionals Insurance Alliance.

Conclusion(s): This area of service to the profession, often neglected as an arms length administrative program, can be an important source of practice data. Effective management can allow WCPT member organizations to enhance their relationship with professionals by providing a key service, delivered in a supportive manner. It has improved practice, and allowed CPA to control costs, establish an important capacity for long-term fiscal management of risk and exceed membership growth expectations.

Implications: In recent years Canada has seen a shift in patient care towards healthcare teams, replacing traditional hierarchical, physician-centric services. Within these teams, responsibility for patient diagnosis, treatment and discharge is being distributed more broadly. As a result, non-physician team members such as physiotherapists assume greater liability for patient safety and outcomes. Modernization of liability insurance is therefore critical to the future of the profession in Canada. This issue is relevant in every country where new patient care models place greater emphasis on team-based care and physiotherapists are assuming greater practice autonomy.

Keywords: Liability; Risk management; Insurance