Orthopaedic manual physical therapists-champions in education, manipulative therapy and movement control restoration

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As Orthopaedic Manual Physical Therapy (OMPT) research evolves demonstrating larger numbers of published clinical trials, we still wonder about the long-term effects of OMPT on musculoskeletal conditions. Presently available systematic reviews indicate little short-term¹ or overall benefits² from OMPT in managing musculoskeletal pain and dysfunction, accompanied by a lack of evidence for OMPT's long-term effect on pain, function and quality of life.³ So, why do we persist in performing OMPT treatments if their short-term effects are questionable and lasting effects are uncertain? The results posted in current investigations may be related to shortcomings associated with manipulative therapeutic strategies, or the absence of other needed treatment accompaniments. Considering the enormous challenge with collecting data in large scale longitudinal trials that are necessary for confirming long-term effects, we must examine why our current measurements exhibit limited evidence for OMPT use.

Manipulative therapy is an important patient's management component, but may require other accompanying strategies to enhance its effectiveness. We, as OMPT practitioners, perform a clinical examination, establish a diagnosis, and educate the patient on the source of their problems that relate to musculoskeletal disorders, neurophysiological conditions, and or sensorimotor dysfunctions that are static or dynamic contributors to the patient's complaints. We embark on a comprehensive management program that addresses their symptoms and dysfunctions, with the ultimate goal of producing a healing response and return to function.

It appears that patients from different groups will respond to different treatment combinations, where patients with *acute and subacute conditions* benefit most from education,^{4,5} OMPT,⁶ and simple exercises⁷ that reduce pain and prevent symptom recurrence. Conversely, *recurrent pain* sufferers appear to

benefit most from attending to more comprehensive motor control strategy changes^{8,9} accompanied by OMPT aimed at reducing pain and addressing dysfunction in surrounding joints¹⁰ and soft tissues.¹¹ Finally, patients with *chronic neurosensitized* conditions appear to respond best from movement restoration and least from isolated OMPT¹² when pain is the clinician's metric for measuring the patient's recovery. The neurosensitized patients require information for the mind (through education) and the body (through sensory retraining), thus enhancing their understanding of their condition and reducing their fear.¹³ This informative process is accompanied by general activation, where patients are encouraged to increase their level of activity through the use of a patient-preferred fitness and exercise programs aimed at health restoration.¹⁴ Treatment measures can be incorporated to reduce the patient's level of sensitization, through tactile retraining, graded motor imagery and planned movements.¹⁵ All these measures are directed towards positively turning the sensitized patient's corner on their disability. Because their treatment objectives all involve movement, sound clinical reasoning informs us that these neurosensitized patients may indirectly benefit from OMPT aimed at restoring the capacity to move. Thus, OMPT measures should not be held back on these patients simply because they do not immediately reduce their symptoms or because there is present insufficient evidence to support their use.

Such interventions are well served by the OMPT practitioner, who is best equipped to integrate the different treatment components into a comprehensive management approach that is distinctive to patients within each of the groups (acute, recurrent and chronic sensitized). Sound **clinical reasoning** can reinforce specific management decisions that *integrate education, manual therapy and sensorimotor control* until more evidence is available to support

group-specific differences in treatment. This is what we as OMPT practitioners are all about and are best known for!

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