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Newsletter of the International Acupuncture Association of Physical Therapists







Newsletter of the International Acupuncture Association of Physical Therapists

Message from the Chairman

This is the first issue of Meridian in 2022. We are very grateful that Mary Pender continues to take up the very tedious and difficult job of the editor of Meridian. We are sure that Mary will continue to bring you news and information that are interesting and important to all members of IAAPT.

The first webinar of IAAPT has been successfully held in February. It is our great honour to be able to have experts from around the world to share us with their expertise and experience in acupuncture and related techniques. IAAPT will continue to organise webinars every two months in 2022. Details of the last and upcoming webinars can be found in this issue of Meridian. You may also visit www.IAAPT.physio to access information and replay of the webinars.



The World Physiotherapy is organising a subgroup summit in Dubai in March. However, due to a serous outbreak of Omicron in Hong Kong since the beginning of this year, I am unable to attend the summit in person. Michael Kristensen will join the summit on behalf of IAAPT.

After several years of preparation, we have successfully launched the accreditation program for basic acupuncture education for physiotherapists and has issued the first certificate of accreditation to Hellenic Non-profit Corporation of Chinese Medicine. A few institutions are having their applications in review and it is hoped that the accreditation program can help to raise the awareness and uphold standard of basic acupuncture education for physiotherapists worldwide. We hope that it may also help to spread acupuncture education to countries and regions where this opportunity is less privileged. IAAPT is working on the development of accreditation standards for advanced programs and dry needling. We hope we could continue to have support from all of you!

Kerry Fung. Chairman IAAPT

A Word from the Editor

Welcome to Meridian 2022. We look forward to a year when we can leave aspects of COVID-19 behind and promote health and wellbeing.

In this edition we look at the topic of inflammation.

Enjoy Meridian.

Mary Pender Meridian Editor





Call for focused symposia

Submission deadline: 28 April 2022

Please read the submission guidelines carefully before proceeding to the online submission form.

Submission process: Apply on the congress website: https://wp2023.world.physio/programme/call-for-fs

Important dates:

Submission opens 28 February 2022 Submission closes 28 April 2022 Notification of outcome 1 July 2022

Focused symposium format: The chair, a recognised expert in the field, has the responsibility to invite and lead a group of international presenters through a series of evidence based and critically reflective linked presentations, drawing out the relevance, applicability, take-home message and potential challenges for the audience. It is important to deliver a coherent session with presenters working together thoughtfully. The aim of the session should be to create an insightful and engaging learning experience for clinicians, managers, educators, researchers and/or policy makers (depending on the topic) that ultimately informs, inspires, involves, and empowers congress participants and allows time for discussion. Each symposium will last 60 minutes and consists of:

- an introduction by the chair
- a maximum of three 15-minute or four 10-minute presentations
- 5-10 minutes of questions and answers with the audience spread across the session
- a 5-minute summary by the chair highlighting the implications, applicability and relevant messages to take away.

Informal meet the panel opportunity: in addition to the 60-minute session, the congress programme committee (CPC) are working on plans to schedule informal 'meet the panel' sessions after each focused symposium, allowing presenters and participants to continue conversations. Details to be confirmed.

Call open to any topic: The call for focused symposia is open to any topic that is relevant to the physiotherapy profession. *The CPC is particularly interested in seeing proposals that address the following topics:*

- physiotherapy research and practice on communicable diseases such as COVID-19 and post-COVID condition/Long COVID
- how physiotherapy needs to change to address global health issues, such as the demands of an ageing population, multi-morbidity and topics identified in the Rehabilitation 2030 Agenda and the Sustainable Development Goals
- the unique contribution of physiotherapists in the physical activity agenda and health literacy
- professional challenges across all areas, such as diversity and inclusion, quality assurance, knowledge translation, implicit bias, mental health, and wellbeing
- the role of innovative technology in physiotherapy

• new approaches to address policy and advocacy issues, such as health system funding, costeffectiveness and the unique role of physiotherapy.

Requirements: The chair must have secured the agreement of all presenters before making a submission on their behalf.

World Physiotherapy and the CPC advocate for diversity and international perspectives across all congress sessions. This can be achieved through a range of aspects: a balance of gender, nationalities, perspectives from low, middle, high income countries/territories, including experiences from service users and underrepresented groups or ethnicities.

Where applicable to the topic, priority will be given to symposia that include perspectives from low-income countries/territories. Successful symposium chairs can apply for a bursary to support the travel and registration needs of no more than one presenter from a World Physiotherapy member organisation in a low or lower-middle income country/territory (see appendix 1 online).

World Physiotherapy and the CPC advocate for in-person presentations, but there may be an option for limited live remote presenter contributions (no more than one per session). If you wish to include this option, please provide details on the submission system. Please note, remote presenters will also need to register for congress.

A chair or a presenter (in-person or remote) may only appear in one symposium.

The online submission form offers a limited word count detailed below.

You will be asked to provide the following:

- 1. title of suggested symposium [10 words]
- 2. names of the chair and all presenters
- 3. contact details for all presenters
- 4. relevance to physiotherapy globally [75 words]
- 5. target audience [25 words]
- 6. summary of the session focus and structure, including plans for audience interaction [100 words]
- 7. completed abstract for the symposium (One abstract, jointly authored by the chair and all the presenters, should provide a comprehensive overview of the symposium and linked presentations. This will be included in the congress proceedings and should be structured using the following headings:
 - title
 - learning objectives (up to three)
 - implications/conclusions
 - funding acknowledgements
- authors (chair first, followed by all presenters)
- abstract
- key words (up to three)
- supporting references (up to 10) [Total 750 words]
- 8. short biography for the chair and each presenter. This should outline academic qualifications, positions/appointments, most recent publication and presentation track record (last five years), research information (interests, grants), and professional practice background. [200 words max]]
- 9. details how diversity has been considered in preparing the submission [75 words]
- 10. information on language support needs
- 11. consent for the submission to be considered for an alternative congress format, if unsuccessful
- 12. details of any presentations or publications of the work made prior to the World Physiotherapy Congress 2023 [50 words]
- 13. request for any presenters to be considered for travel funding assistance [separate application process, see appendix 1 online]







https://wp2023.world.physio/#/programme/call-for-fs

WP2023 (world.physio)

IAAPT Webinars

Our series of webinars re-started in February 2022 and some of the webinars have been recorded and the links to these recordings are available via our website on iaapt.physio in the members portal. Member organizations have a unique ID and password for this section of the website. These should be available to members—full details from your representative.

WEBINARS in 2022

Tuesday, 22 February 2022

The the anti-inflammatory effects of acupuncture Dr Miltiadis Karavis, MD, PMR, MedAc, FICAE

Available to view on iaapt.physio in the members' section



Dr Karavis Recent Scientific Activity

- ♦ Elected President of the Greek Medical Society **of Acupuncture** (from 2012 until today)
- Member of the Honorary Committee of Acupuncture Conferences of the International Society of Medical Acupuncture Icmart (since 1990).
- ♦ Founding member of the European Association of Acupuncture (E.A.A.) (October 1994)
- ♦ Director of the Department of Acupuncture K.A.A. PHILOCTITIS (from 2011 until today)
- ♦ Speciality in rehabilitation medicine and physiatry
- Speciality in acupuncture and pain treatment
- Director of Int post graduate center of acupuncture-acu science
- President of Hellenic Medical Acupuncture Society

https://www.researchgate.net/profile/Miltiades-Karavis

Wednesday, 13 April 2022 at 12noon EST

Acupuncture and COVID-19
Enoch Ho, MPh, RPT, RAcu



Enoch Ho has been involved in teaching and supervising students in clinical practice and research in both physiotherapy and acupuncture for many years. His research interest is very diverse; from studying Hospital Mortality Rate to running clinical trials in acupuncture for stroke patients and CRPS. Enoch is also one of the founders of the acupuncture course *Evidence-based Approach to TCM* at McMaster University. Enoch has been teaching *Advanced Acupuncture for Physiotherapists using the Fascia Energy Meridian Approach* and other topics related to acupuncture across Canada. He is a registered acupuncturist in Ontario and passed the licensing examination for the General Member category of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

WEBINARS in 2022

The Education Group of the Executive Committee will submit a take-away message from the webinars in our next edition. In the meantime, the Executive Committee of IAAPT continues to meet 6-8 times annually. During the pandemic era, they never stopped planning better ways to promote acupuncture and needing in the profession, always bearing in mind that education is the most effective tool for professional progress in physiotherapy.



Meet the team...

Row 1 (L-R)	Kerry Fung	Alex Sideris	Michael Kristensen
Row 2 (L-R)	Lucy Mehrtens	Mary Pender	Susan Kohut
Row 3 (L-R)	Anny Luty	George Georgoudis	Len Kiroplis

Not visible in the line up: Nikos Zeniou

Other webinars are in the planning phase and details will be available very soon. We are liaising with speakers for June, August, October, late-November/December.

If you have a particular subject you would like covered, please let us know. You can contact the secretary on contact@iaapt.physio.

If you would like to suggest a particular speaker, please forward the details to the secretary on contact@iaapt.physio BUT please let the individual know you are putting their name forward before the secretary gets in touch!

Chronic Inflammation

Chronic inflammation in the etiology of disease across the life span

Available to download free from https://pubmed.ncbi.nlm.nih.gov/31806905/

ABSTRACT

Although intermittent increases in inflammation are critical for survival during physical injury and infection, recent research has revealed that certain social, environmental and lifestyle factors can promote systemic chronic inflammation (SCI) that can, in turn, lead to several diseases that collectively represent the leading causes of disability and mortality worldwide, such as cardiovascular disease, cancer, diabetes mellitus, chronic kidney disease, non-alcoholic fatty liver disease and autoimmune and neurodegenerative disorders. In the present perspective we describe the multi-level mechanisms underlying SCI and several risk factors that promote this health-damaging phenotype, including infections, physical inactivity, poor diet, environmental and industrial toxicants and psychological stress. Furthermore, we suggest potential strategies for advancing the early diagnosis, prevention and treatment of SCI.

Furman D, Campisi J, Verdin E, Carrera-Bastos P, Targ S, Franceschi C, Ferrucci L, Gilroy DW, Fasano A, Miller GW, Miller AH, Mantovani A, Weyand CM, Barzilai N, Goronzy JJ, Rando TA, Effros RB, Lucia A, Kleinstreuer N, Slavich GM.

Chronic inflammation in the etiology of disease across the life span. Nat Med. 2019
Dec;25(12):1822-1832. doi: 10.1038/s41591-019-0675-0.
Epub 2019 Dec 5. PMID: 31806905; PMCID: PMC7147972.

INTRODUCTION

One of the most important medical discoveries of the past two decades has been that the immune system and inflammatory processes are involved in not just a few select disorders, but a wide variety of mental and physical health problems that dominate present-day morbidity and mortality worldwide. Indeed, chronic inflammatory diseases have been recognized as the most significant cause of death in the world today, with more than 50% of all deaths being attributable to inflammation-related diseases such as ischemic heart disease, stroke, cancer, diabetes mellitus, chronic kidney disease, non-alcoholic fatty liver disease (NAFLD) and autoimmune and neurodegenerative conditions. Evidence is emerging that the risk of developing chronic inflammation can be traced back to early development, and its effects are now known to persist throughout the life span to affect adulthood health and risk of mortality. In this Perspective, we describe these effects and out-line some promising avenues for future research and intervention.

Inflammation

Inflammation is an evolutionarily conserved process characterized by the activation of immune and non-immune cells that protect the host from bacteria, viruses, toxins and infections by eliminating pathogens and promoting tissue repair and recovery. Depending on the degree and extent of the inflammatory response, including whether it is systemic or local, metabolic and neuroendocrine changes can occur to conserve metabolic energy and allocate more nutrients to the activated immune system. Specific biobehavioral effects of inflammation thus include a constellation of energy-saving behaviors commonly known as "sickness behaviors," such as sadness, anhedonia, fatigue, reduced libido and food intake, altered sleep and social-behavioral withdrawal, as well as increased blood pressure, insulin resistance and dyslipidemia. These behavioral changes can be critical for survival during times of physical injury and microbial threat.

A normal inflammatory response is characterized by the temporally restricted upregulation of inflammatory activity that occurs when a threat is present and that resolves once the threat has passed. However, the presence of certain social, psychological, environmental and biological factors has been linked to the prevention of resolution of acute inflammation and, in turn, the promotion of a state of low-grade, non-infective (that is, 'sterile') systemic chronic inflammation (SCI) that is characterized by the activation of immune components that are often distinct from those engaged during an acute immune response.

Shifts in the inflammatory response from short- to long-lived can cause a breakdown of immune tolerance and lead to major alterations in all tissues and organs, as well as normal cellular physiology, which can increase the risk for various non-communicable diseases in both young and older individuals. SCI can also impair normal immune function, leading to increased susceptibility to infections and tumors and a poor response to vaccines. Furthermore, SCI during pregnancy and childhood can have serious developmental consequences that include elevating the risk of non-communicable diseases over the life span.

Continue reading the full article online on https://pubmed.ncbi.nlm.nih.gov/31806905/





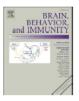
The opening screen from the webinar given by Dr Karavis from Greece on 22 February 2022. The webinar is available to view in the members' section of the IAAPT website. The login details are available through your IAAPT representative.



Contents lists available at ScienceDirect

Brain Behavior and Immunity





Full-length Article

Exercise after influenza or COVID-19 vaccination increases serum antibody without an increase in side effects



Available to download free from https://doi.org/10.1016/j.bbi.2022.02.005

ABSTRACT

Vaccination is an effective public health measure, yet vaccine efficacy varies across different populations. Adjuvants improve vaccine efficacy but often increase reactogenicity. An unconventional behavioral "adjuvant" is physical exercise at the time of vaccination. Here, in separate experiments, we examined the effect of 90-minute light- to moderate-intensity cycle ergometer or outdoor walk/jog aerobic exercise performed once after immunization on serum antibody response to three different vaccines (2009 pandemic influenza H1N1, seasonal influenza, and COVID-19). Exercise took place after influenza vaccination or after

Justus Hallam, Tyanez Jones,
Jessica Alley, Marian L. Kohut,
Exercise after influenza or
COVID-19 vaccination increases
serum antibody without an
increase in side effects, Brain,
Behavior, and Immunity,
Volume 102, 2022, Pages 1-10,
ISSN 0889-1591,
https://doi.org/10.1016/
j.bbi.2022.02.005.

the first dose of Pfizer-BioNTech COVID-19 vaccine. A mouse model of influenza A immunization was used to examine the effect of exercise on antibody response and the role of IFN α as a potential mechanism by treating mice with anti-IFN α antibody. The results show that 90 min of exercise consistently increased serum antibody to each vaccine four weeks post-immunization, and IFN α may partially contribute to the exercise-related benefit. Exercise did not increase side effects after the COVID-19 vaccination. These findings suggest that adults who exercise regularly may increase antibody response to influenza or COVID-19 vaccine by performing a single session of light- to moderate-intensity exercise post-immunization.



The Journal of Pain
Available online 10 February 2022
In Press, Journal Pre-proof



Pre-proof available to download from https://doi.org/10.1016/j.jpain.2022.01.007

Original Reports

Perceived injustice in patients with chronic pain: Prevalence, relevance, and associations with long-term recovery and deterioration

ABSTRACT

The Injustice Experience Questionnaire (IEQ) assesses the degree to which chronic pain sufferers perceive injustice in relation to their pain. The aim of the current study was to assess the Silje Endresen Reme, Tone
Marte Ljosaa, Audun Stubhaug,
Lars Petter Granan, Ragnhild
Sørum Falk, Henrik Børsting
Jacobsen, Perceived injustice in
patients with chronic pain:
Prevalence, relevance, and
associations with long-term
recovery and deterioration, The
Journal of Pain, 2022, ISSN
1526-5900,
https://doi.org/10.1016/

j.jpain.2022.01.007.

prevalence and relevance of the IEQ and its association to perceived recovery and deterioration in a naturalistic pain clinic population. Data was obtained from the Oslo University Hospital's Pain Registry. Among 2950 patients, the prevalence of low (<19), medium (19-29) and high (30+) IEQ was 39%, 32% and 29% respectively. High levels of injustice were positively associated with a wide range of adverse health outcomes. Differences between those with high vs low levels of IEQ were clinically significant for most health outcomes. A Venn diagram analysis showed considerable, but not complete, overlap between IEQ, pain catastrophizing, psychological distress and severe pain intensity. High IEQ was associated with reduced clinical recovery (OR 0.6, 95%CI 0.4-0.9) and deterioration (OR 3.6, 95%CI 2.1-6.2) at 12-months follow-up, however, not when controlling for pain-related disability and pain intensity. We conclude that perceived injustice is a prevalent and clinically relevant phenomenon in a chronic pain clinic population, and that more knowledge is needed regarding its role as indicator of poor prognosis and target for tailored treatment.

Perspective

This article shows that pain-related injustice is both prevalent and relevant in a large naturalistic pain clinic population. Higher levels of injustice were consistently associated with adverse pain outcomes. Injustice could as such be a viable target for treatment of chronic pain, with potential indirect effects on pain and disability.



Contents lists available at ScienceDirect

International Journal of Psychophysiology

journal homepage: www.elsevier.com/locate/ijpsycho



Registered Reports

Motor imagery and the muscle system



Available to download free https://doi.org/10.1016/j.ijpsycho.2022.02.004

ABSTRACT

Many studies have investigated the activation of cortical areas and corticospinal excitability during motor imagery (MI) in relation to motor execution. Similar activation of cortical areas during imagined and executed bodily movements and increased corticospinal excitability while imagining movements has been demonstrated. Despite these similarities on the central nervous system level, there is no overt movement during MI. This suggests that centrally generated signals must be inhibited at some level. Second, even in the absence of movement, some studies find

Björn Wieland, Michael Behringer, Karen Zentgraf, Motor imagery and the muscle system, International Journal of Psychophysiology, Volume 174, 2022, Pages 57-65, ISSN 0167-8760, https://doi.org/10.1016/ j.ijpsycho.2022.02.004.

behavioral effects of MI interventions. Most of the studies have investigated the role of MI on the cortical or spinal level, but less is known about the peripheral level, such as the muscle system. Testing muscular excitability during MI will give further hints whether and how low-threshold motor commands during MI reach the muscular system. Furthermore, the extent of the shown effects during imagery depends considerably on type of imagery, available proprioceptive information, and imagery ability. Therefore, this study investigates muscular excitability of the biceps brachii muscle manipulating imagery mode (MI vs. visual imagery) and proprioceptive information (with or without muscle effort). 40 participants were included in the analysis. The mechanical response of the muscle after a single electrical stimulus was assessed via tensiomyography. The corresponding variables maximal displacement, delay time, and

contraction velocity were used to calculate 2×2 ANOVAs with repeated measurements. The absence of interaction effects shows that possible imagery effects on the muscle system are not increased by effort. MI altered time to contraction with lower delay time compared to control condition. Velocity and maximal displacement of the muscle belly during contraction did not differ between imagery conditions. This indicates that MI might impact on the initiation of muscle contraction but does not change the contraction itself. Thus, neuronal factors are moving further into focus in the context of MI research.



Journal of Integrative and Complementary Medicine, Ahead of Print |



The Association Between Acupuncture Therapies and Reduced Fracture Risk in Patients with Osteoarthritis: A Nationwide Retrospective Matched Cohort Study

Chia-Yu Huang, Mei-Yao Wu, Ming-Cheng Huang, Greg Zimmerman, Liang-Yo Yang, Cheng-Li Lin, Sio-Ian Tou 💿 🖂, and

Available to download http://doi.org/10.1089/jicm.2021.0287

ABSTRACT

Objective: The aim of this study is to investigate the association between acupuncture therapy and the risk of fracture in patient with osteoarthritis (OA).

Design: The authors performed a 1:1 propensity score-matched cohort study to analyze patient with OA between January 1, 1997 and December 31, 2010 through the Taiwanese National Health Insurance Research Database. Patients who received acupuncture therapy from the initial date of diagnosis of OA to December 31,

Chia-Yu Huang, Mei-Yao Wu,
Ming-Cheng Huang, Greg
Zimmerman, Liang-Yo Yang,
Cheng-Li Lin, Sio-Ian Tou, and
Hung-Rong Yen. Journal of
Integrative and Complementary
Medicine. ahead of print http://doi.org/10.1089/jicm.2021.0287

2010 were included in the acupuncture cohort. Patients who did not receive acupuncture during the same follow-up period were defined as the no-acupuncture cohort. A Cox regression model was used to adjust for sex, age, comorbidities, prescription, and surgical experiences. Hazard ratios (HRs) were compared between the two cohorts.

Results: A total of 3416 patients were identified after 1:1 propensity score matching. The patients had similar basic characteristics. In the final analysis, 292 patients in the acupuncture cohort (30.06 per 1000 person-years) and 431 patients in the no-acupuncture cohort (56.08 per 1000 person-years) developed fractures (adjusted HRs 0.57, 95% confidence interval 0.49–0.67). A reduced cumulative incidence of fracture was found in the acupuncture cohort (log-rank test, p < 0.001). The association between acupuncture and reducing the fracture incidence was independent of sex, comorbidities, drugs use, and surgical experiences.

Conclusion: Their results revealed the association between acupuncture therapies and a reduced incidence of fracture development in patients with OA. This finding provides noteworthy ideas for further research.

Meridian 11 March 2022

Available online on https://www.harvardmagazine.com/2021/01/right-now-acupuncture-relieves-inflammation

FINE-TUNING ACUPUNCTURE TO HEAL, NOT HARM (Harvard Magazine)

Dr Qiufu Ma, Professor of Neurobiology

INFLAMMATION can both heal and harm. A core component of the immune system, it's essential for recovering from an injury or infection—but too much can contribute to diabetes, heart disease, arthritis, cancer, and other serious illnesses.

"You need to fine-tune inflammation," says professor of neurobiology Qiufu Ma, of Harvard Medical School and Dana-Farber Cancer Institute. He and a team of HMS neuroscientists, joined by collaborators in Houston and China, recently demonstrated one way to do that—with acupuncture.

During animal experiments, the researchers found that acupuncture activates different nerve pathways that can either suppress or promote inflammation, depending on where, when, and how it is used. Their work revealed that acupuncture stimulation can reduce systemic inflammation in mice experiencing cytokine storm, an extreme immune response in which the body rapidly releases excess inflammatory proteins. (Such dangerous and sometimes deadly inflammation is a hallmark of sepsis and has been seen with COVID-19; see https://harvardmagazine.com/2019/05/inflammation-disease-diet (*Raw and Red Hot*) May-June 2019, page 46, for more about the role inflammation plays in myriad diseases.) But Ma's team also discovered that acupuncture can *worsen* inflammation when administered at the wrong time, suggesting the ancient healing technique can be harmful if not practiced properly. These findings, described in the journal *Neuron* in August, hold promise for improving acupuncture's safety and effectiveness and eventually may help treat patients with inflammatory diseases.

Full article -> https://www.harvardmagazine.com/2021/01/right-now-acupuncture-relieves-inflammation

A Message from World Physiotherapy

To all World Physiotherapy member organisations, regions and subgroups

The World Physiotherapy executive board has prepared a policy on climate change and health and distributed the draft document to all World Physiotherapy member organisations, regions and subgroups. We are invited to review the policy, provide comments and suggest any amendments to assist the final editing process. If we do not respond to WP, they will assume that we are in agreement with the policy.



A final version of this policy will be included in the papers for consideration at the World Physiotherapy general meeting in 2023 and made available on the WP website as a draft in advance. For the moment, the draft is not available but will be uploaded soon. Resources in support of the policy have been collated and will be made available on our website, but WP welcomes any additional resources that we wish to make them aware of that could be included and shared globally in support of the policy and its implementation.

Send your comments to WP by **22 April 2022** to info@world.physio. Any questions about the consultation process, please contact Tracy Bury tbury@world.physio.