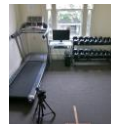




Use of multimedia and online resources to enhance reach and impact

Dr Christian Barton

La Trobe Sport and Exercise Medicine Research Centre, Melbourne, Australia
 Department of Surgery, University of Melbourne, St.Vincent's Hospital, Melbourne, Victoria, Australia
 Clinical Director and Physiotherapist, Complete Sports Care, Melbourne, Australia



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1

Conflicts of Interest

No financial conflicts of interest

Not-for-profit initiatives knowledge translation initiatives

- GLA:D® Australia
- TREK (Translating Research Evidence and Knowledge)

Medical Research
Future Fund



Associate Editor, Deputy Editor for Social Media



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TODAY

1. My story research story and associated frustrations
2. The looming cliff for academic journals?
3. Embracing digital innovation



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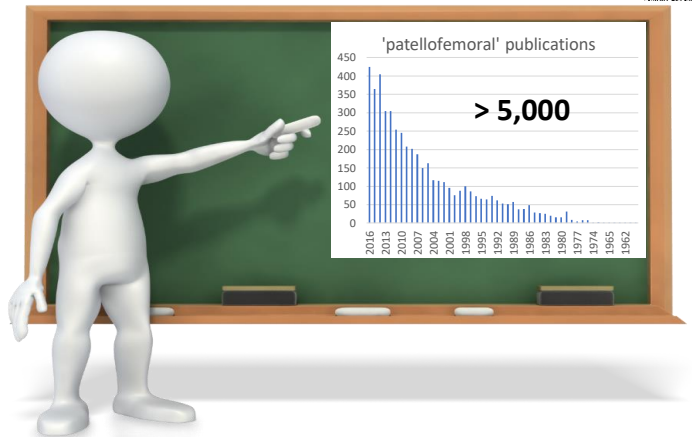
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3

Original article

The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': incorporating level 1 evidence with expert clinical reasoning

Christian John Barton,^{1,2,3,4} Simon Lack,¹ Steph Hemmings,¹ Saad Tufail,¹
Dylan Morrissey^{1,5}



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The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': incorporating level 1 evidence with expert clinical reasoning

Christian John Barton,^{1,2,3,4} Simon Lack,¹ Steph Hemmings,¹ Saad Tufail,¹
Dylan Morrissey^{1,5}



“Effective management of PFP requires consideration of a number of proven conservative interventions. An individually tailored multimodal intervention programme including gluteal and quadriceps strengthening, patellar taping and an emphasis on education and activity modification should be prescribed for patients with PFP.”

“We provide a **‘Best Practice Guide to Conservative Management of Patellofemoral Pain’** outlining key considerations.”



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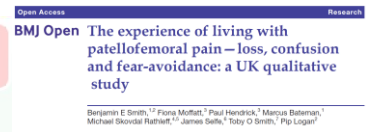


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"When I did get the physiotherapy it kinda didn't really do anything anyway. She did say your knees will feel sore, but it went back to how it was anyway, so, it just seemed like a pointless process."



Avoidance behaviours

- Protective movement
- ↓ physical activity

Pain

"When I started the physio at work and he told me that I shouldn't walk or that I shouldn't swim because he just wanted to obviously manipulate it and get me pain-free before I did anything that could possibly aggravate it. So I stopped."

"They're saying that I'm a grandma. They say, 'Yeah. If you were a horse, they'd put you down.'"

Concerns about imaging, crepitus, damage

Targeted exercise-

reduce pain-related fear + promote behaviour change



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Acceptance of misinformation:

"cases in which people's beliefs about factual matters are not supported by clear evidence"



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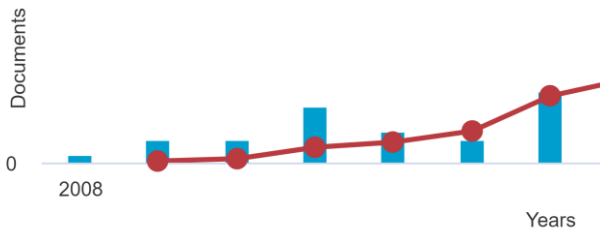
Original article

The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': incorporating level 1 evidence with expert clinical reasoning

Christian John Barton,^{1,2,3,4} Simon Lack,¹ Steph Hemmings,¹ Saad Tufail,¹
Dylan Morrissey^{1,5}



2014:
PhD
37 papers



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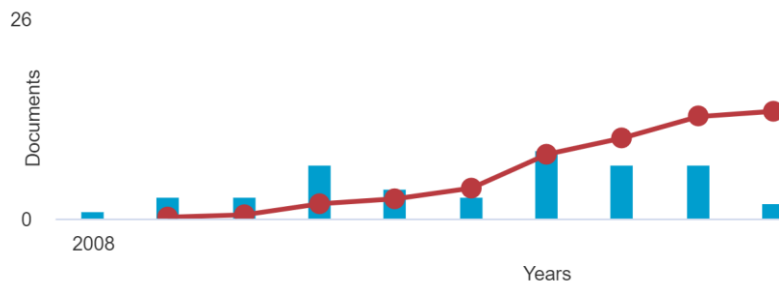
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My publication trajectory to 2017



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Current journal model



Research completion

- Develop question and design
- Complete manuscript or review
- Address concerns

350 years old

Journal publication

- Write manuscript
- Submit to journal
- Peer review
- Address concerns
- Finalise paper and sign over copyright



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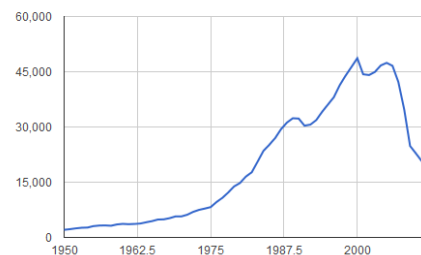


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U.S. print newspaper revenue (nominal)



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What is the purpose of academic journals?



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Research Open

Archives of Women Health and Care

Volume 1 Issue 1

Case Report

Temporal Effect of Repeated Spinal Manipulation on Mortality Ratio: A Case Report

Chad E. Cook PT^{1*}, Joshua A. Cleland², Paul E. Mintken³

¹Professor, Duke Clinical Research Institute, Duke University, 2200 W. Main Street, Durham, NC 27705, USA

²Professor, Department of Physical Therapy, Franklin Pierce University, Manchester, NH 03101, USA

³Professor, University of Colorado School of Medicine, Department of Physical Therapy, Aurora, CO; Lead Clinician at Wardenburg Health Center at the University of Colorado, Boulder, CO

*Correspondence Author: Chad Edward Cook PT, Duke Clinical Research Institute, Duke University, 2200 W. Main Street, Durham, NC 27705, USA;

E-mail: 19chadcookduke@gmail.com

Received: August 18, 2018; Accepted: August 31, 2018; Published: September 05, 2018;



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Case Report

Temporal Effect of Repeated Spinal Manipulation on Mortality Ratio: A Case Report

Chad E. Cook PT¹, Joshua A. Cleland², Paul E. Minkley³¹Postdoctoral Fellow, Duke Clinical Research Institute, Duke University, 2200 W. Main Street, Durham, NC 27705, USA²Professor, Department of Physical Therapy, Franklin Pierce University, Manchester, NH 03103, USA³Professor, University of Colorado School of Medicine, Department of Physical Therapy, Aurora, CO, Lead Clinician at Washington Health Center at the University of Colorado, Boulder, CO⁴Correspondence Author: Chad E. Cook PT, Duke Clinical Research Institute, Duke University, 2200 W. Main Street, Durham, NC 27705, USA; Email: chadcook@duke.edu

Received: August 18, 2018; Accepted: August 31, 2018; Published: September 05, 2018

Abstract

Background: A number of new interventions have recently influenced mortality, once considered an incurable disease. Manual therapy, specifically manipulation, has the potential to be an influential intervention.

Study Design: This case report was created using CARE guidelines. A case report is a narrative that describes, for medical, scientific, or educational purposes, a medical problem experienced by one or more patients. In this example, a patient was seen for one visit, followed by a dedicated home exercise program. The patient received a repeated measures spinal manipulation that was designed to improve mobility, morbidity and mortality. Notable significant changes were seen after care.

Discussion: Overall improvements were notable but the study design does not permit causality or does it allow us to determine if the findings are clinically significant. A randomized controlled trial may improve the generalizability of findings.

Keywords: Spinal manipulation, repeated measures, Gouda, Death

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LETTER TO THE EDITOR-IN-CHIEF

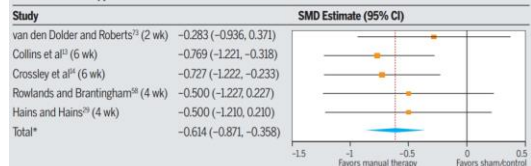
Letters to the Editor are reviewed and selected for publication based on the relevance, importance, appropriateness, and timeliness of the topic. Please see submission guidelines at www.jospt.org for further information. *J Orthop Sports Phys Ther* 2018;48(7):598-599. doi:10.2519/jospt.2018.0203

NO EVIDENCE EXISTS TO SUPPORT MANUAL THERAPY IN PHYSICAL THERAPY PRACTICE FOR PATELLOFEMORAL PAIN

We read with great interest the recent systematic review published in *JOSPT* titled "Effectiveness of Manual Therapy for Pain and Self-reported Function in Indi-



Pain: Manual Therapy Versus Sham/Control at 2 to 6 Weeks

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Patient Education on Patellofemoral Pain

To the Editor Patellofemoral pain affects 1 in 14 individuals.¹ We have concerns regarding the JAMA Patient Page on this common problem.²

The page was based on an opinion piece from 2007 and lacked consideration or acknowledgment of key research within the last 10 years, including multiple randomized clinical trials, culminating in 5 Cochrane reviews.³ This research has contributed to understanding and management of patellofemoral pain. Two key questions patients ask are "Why did I develop knee pain?" and "What is my long-term prognosis?" The Patient Page provided factually incorrect answers, suggesting that there is no long-term effect of patellofemoral pain despite current evidence demonstrating that up to 1 in 2 patients continues to experience pain that affects sports participation, quality of life, and general health.⁴ Furthermore, the emphasis on the role of shoes in the development and treatment of patellofemoral pain, along with rest and stretching as key interventions, is in contradiction to current evidence and understanding of pain. Up-to-date evidence emphasizes exercise therapy targeting both knee and hip muscle strength,^{4,5} along with foot orthoses to relieve pain in the short term.³ This key information is poorly articulated (exercise) or absent (foot orthoses).

Empowering patients by accurately informing them about their condition and treatment options has the potential to help optimize care. However, patient education materials should be based on current evidence and understanding, developed together with patient needs and preferences.

Christian J. Barton, PhD
Sinéad Holden, PhD
Michael Skovdal Rathleiff, PhD

In Reply Dr Barton and colleagues suggest that our JAMA Patient Page contained outdated information because we cited a background article dating from 2007. This is not true. All of the information presented was up-to-date and consistent with recent clinical evidence as well as our own clinical expertise in patellofemoral pain, an entity for which diagnosis and management has not significantly changed over the past 10 years. As with all JAMA Patient Pages, this article was meant to be a generalized and limited overview of a medical condition, not a comprehensive literature review that specifically cited all recent evidence.

Barton and colleagues state that our Patient Page is "factually incorrect" because it suggested that there are no long-term effects of patellofemoral pain, such as for sports participation, quality of life, and general health. We agree that these are all potential long-term functional effects of patellofemoral pain (although the study cited by Barton and colleagues to support this statement was a poor-quality, survey-based study with 60 patients, representing a 19% response rate). However, our article specifically separated these functional effects from any long-term structural effects on the knee joint, such as arthritis. The authors are physiotherapists and exercise scientists, and patients come to them with a different set of concerns than they do when first presenting to a physician with knee pain. Their focus is on optimizing specific physical therapy modes to improve function and quality of life; our focus for a patient with knee pain is to first rule out structural joint disease. As such, it is vital for patients to understand the difference between the functional components of patellofemoral pain vs structural knee disease.

Barton and colleagues suggest that we did not place enough emphasis on physical therapy, exercise, and foot orthoses as treatments for patellofemoral pain. We disagree, as we specifically stated that "physical therapy is a mainstay of treatment," as it has always been. It is true that foot orthoses were



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What is your reach with traditional outputs?



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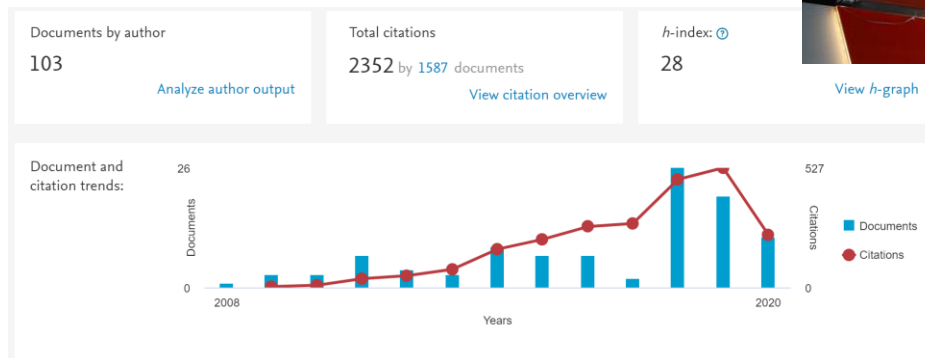
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THE CONFLICT



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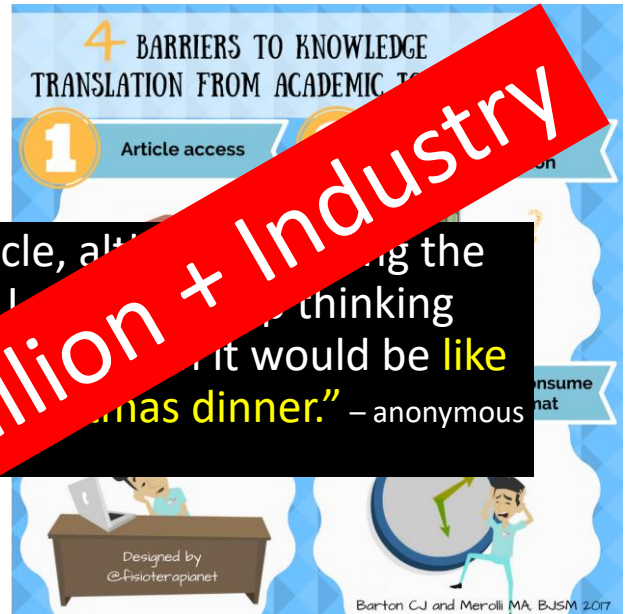
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I wrote a paper



"I enjoyed reading your article, although the abstract was a bit dry. As a journal editor, I was thinking that it could be kept as a full article. It would be like the Christmas dinner." – anonymous editor

\$35 billion + Industry



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What do health professionals want?



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Who fills the space?



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COMMENT

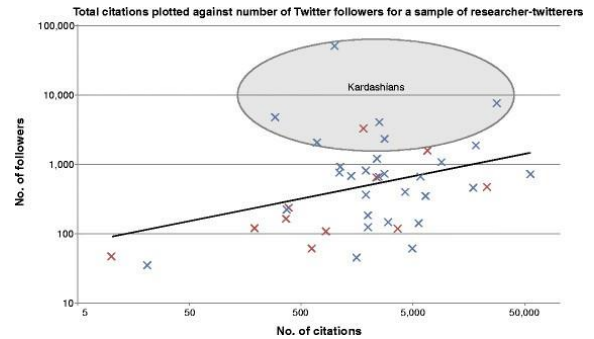
The Kardashian index: a measure of discrepant social media profile for scientists

Neil Hall



“A high K-index is a warning to the community that researcher X may have built their public profile on shaky foundations, while a very low K-index suggests that a scientist is being undervalued.”

>5 = Science Kardashian

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$$K\text{-index} = \frac{F(a)}{F(c)}$$



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COMMENT

The Kardashian index: a measure of discrepant social media profile for scientists

Neil Hall

“If your K-index gets above 5, then it’s time to get off Twitter and write those papers.”

Researcher	Followers	Citations	K-index
Christian Barton	18,600	2,352	7.91
Kay Crossley	4,369	9,824	0.44
Esteemed Professor I know	211	11,266	0.02
YOU?			

“A high K-index is a warning to the community that researcher X may have built their public profile on shaky foundations, while a very low K-index suggests that a scientist is being undervalued.”

>5 = Science Kardashian

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$$K\text{-index} = \frac{F(a)}{F(c)}$$



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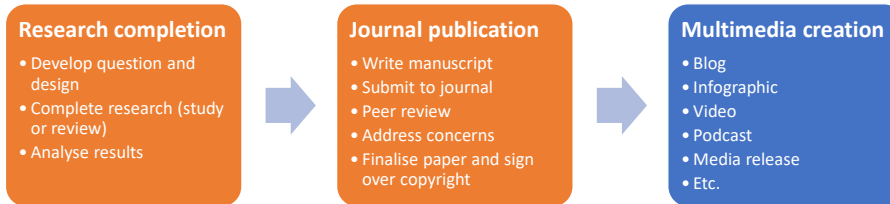


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How can WE ALL improve knowledge translation?



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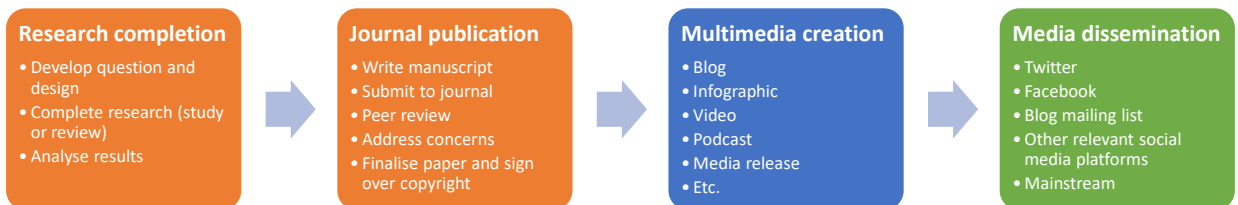


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How can WE ALL improve knowledge translation?



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It is time to replace publish or perish with get visible or vanish: opportunities where digital and social media can reshape knowledge translation

Christian J Barton,¹ Mark A Meroll^{2,3}

1. Motivate the elephant

(e.g. desire to bridge knowledge gaps)

2. Direct the rider

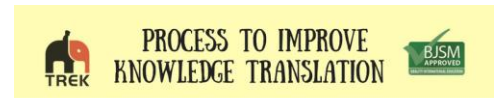
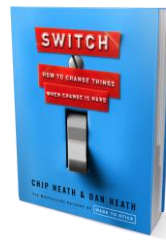
(e.g. awareness of knowledge gaps)

3. Shape the path

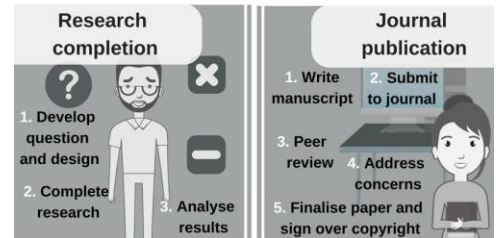
(e.g. optimise engagement with KT resources)



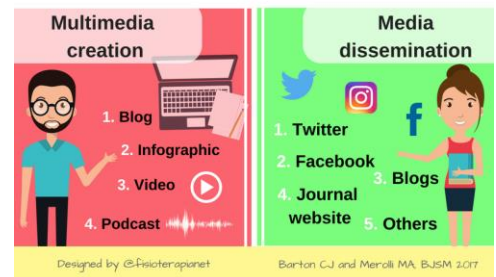
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TRADITIONAL STEP 1 AND 2



NOVEL STEP 3 AND 4



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THERAPEUTIC EXERCISE RELIEVES PAIN AND DOES NOT HARM KNEE CARTILAGE NOR TRIGGER INFLAMMATION

FIRST LINE TREATMENTS IN OSTEOARTHRITIS



HOWEVER...

THE BELIEF THAT THERAPEUTIC EXERCISE MAY **HARM** THE KNEE JOINT CARTILAGE IS STILL COMMON AMONG PEOPLE WITH KNEE OSTEOARTHRITIS AND HEALTH PROFESSIONALS TREATING THE CONDITION

CONTRARY TO THIS COMMON BELIEF...

THERAPEUTIC EXERCISE IS SAFE FOR ARTICULAR CARTILAGE

CLINICAL IMPLICATIONS

PATIENTS CAN BE REASSURED THAT THERAPEUTIC EXERCISE DOES **NOT** HARM ARTICULAR CARTILAGE

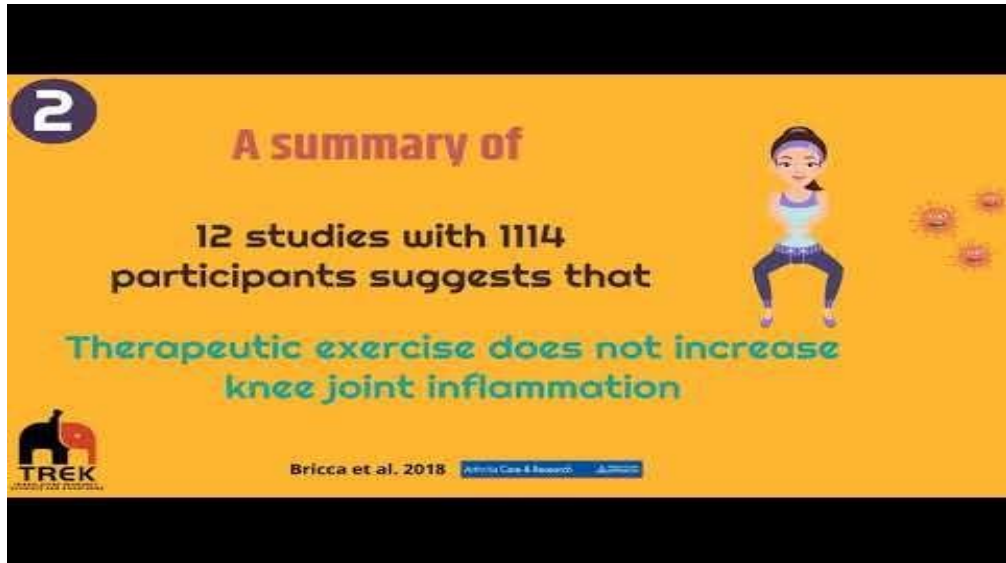
IF ANYTHING, THERAPEUTIC EXERCISE MAY **IMPROVE** ARTICULAR CARTILAGE HEALTH

AND...

HAS COMPELLING EVIDENCE FOR HELPING TO:
PREVENT AT LEAST 35 CHRONIC CONDITIONS
TREAT AT LEAST 26 CHRONIC CONDITIONS

Bricca et al. 2018, BJSM; Bricca et al. 2018, ACR; Skou et al. 2018, JOSPT

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PostScript
Infographics

Infographic. Therapeutic exercise relieves pain and does not harm
knee cartilage nor trigger inflammation

[View Full Text](#)

<http://dx.doi.org/10.1136/bjsports-2019-100727>

Statistics from Altmetric.com



Tweeted by **862**
On **6** Facebook pages
21 readers on Mendeley

[See more details](#)



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Review

Impact of exercise on articular cartilage in people at risk of, or with
established, knee osteoarthritis: a systematic review of randomised
controlled trials

Alessio Bricca¹, Carsten B Juhl^{1,2}, Martijn Steultjens³, Wolfgang Wirth^{4,5}, Ewa M Roos¹

Statistics from Altmetric.com



Picked up by **1** news outlets
Tweeted by **341**
On **17** Facebook pages
50 readers on Mendeley

30



OPEN ACCESS

The relationships between golf and health: a scoping review

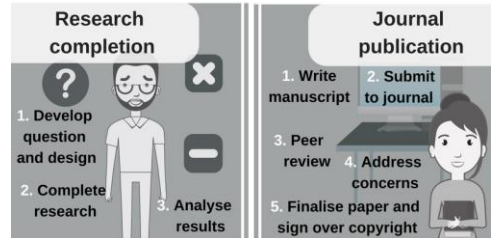
A D Murray,^{1,2} L Daines,³ D Archibald,⁴ R A Hawkes,^{5,6} C Schiphorst,¹ P Kelly,¹ L Grant,^{3,7} N Mutrie¹



PROCESS TO IMPROVE
KNOWLEDGE TRANSLATION



TRADITIONAL STEP 1 AND 2



"Golf can provide moderate intensity physical activity and is associated with physical health benefits that include improved cardiovascular, respiratory and metabolic profiles, and improved wellness."

"There is limited evidence related to golf and mental health."

"The incidence of golfing injury is moderate, with back injuries the most frequent. Accidental head injuries are rare, but can have serious consequences."



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PLAYING GOLF CAN MAKE YOU HEALTHIER & HAPPIER

HERE'S ARE SOME TOP TIPS TO MAXIMISE THESE BENEFITS

PLAY REGULARLY
Aim to play golf or other physical activities at least 150 minutes per week, helping you meet global exercise guidelines



WALK THE COURSE

Walk the course instead of using a cart, if possible



WARM UP

Do some aerobic exercise, stretching/ mobility exercises, then practice swings to maximise performance and minimise injury risk.



HELP OTHERS

To feel welcome, and encourage others to play golf or take part in other physical activities.



PROTECT YOURSELF

Using sunscreens, appropriate clothing (collared shirt, etc). Avoid exposure to sunburn.



FIT FOR GOLF

Appropriate strength and conditioning exercises can decrease injury and illness risk, and improve performance



BE SAFE

Follow appropriate golf cart safety rules and lightning safety

Golf & Health- key actions for policy/decision makers



WHAT CAN THE GOLF INDUSTRY/FACILITIES DO TO MAXIMISE HEALTH BENEFITS OF GOLF?



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INTERNATIONAL CONSENSUS ON GOLF & HEALTH BJSM 2018

Infographic by: Dr Danny Glover & Dr Andrew Murray 2018



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INTERNATIONAL CONSENSUS ON GOLF & HEALTH BJSM 2018

Infographic by: Dr Danny Glover & Dr Andrew Murray 2018



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INTERNATIONAL CONSENSUS ON GOLF & HEALTH BJSM 2018

Infographic by: Dr Danny Glover & Dr Andrew Murray 2018



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- Twitter, Facebook, Instagram, and blogs
- Email, Press release distribution
- Direct communications targeting relevant stakeholders

Statistics from Altmetric.com



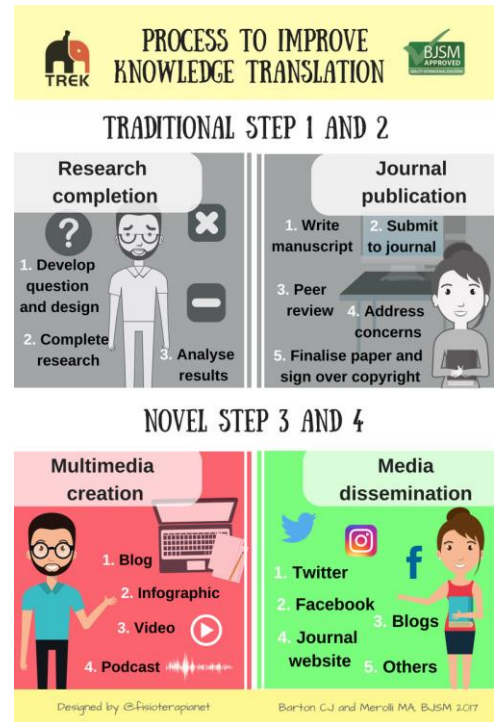
See more details

Picked up by **87** news outlets
 Blogged by **1**
 Tweeted by **868**
 On **28** Facebook pages
 Mentioned in **3** Google+ posts
 On **1** videos
131 readers on Mendeley
2 readers on CiteULike



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CLINICAL PRACTICE GUIDELINES

RICHARD W. WILLY, PT, PhD • LISA T. HOGUND, PT, PhD • CHRISTIAN J. BARTON, PT, PhD
 LORI A. BOLGLA, PT, PhD • DAVID A. SCALZITTI, PT, PhD • DAVID S. LOGERSTEDT, PT, PhD
 ANDREW D. LYNCH, PT, PhD • LYNN SNYDER-MACKLER, PT, ScD, FAPTA • CHRISTINE M. MCDONOUGH, PT, PhD

Patellofemoral Pain

Clinical Practice Guidelines Linked to the Classification of Functioning, Disability From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association

J Orthop Sports Phys Ther. 2019;49(9):CPG1-CPG95. doi:10.2519/jospt.2019.0322

03 09/2019 **New guidelines for Runner's Knee**

Active rather than passive treatments are the key to recovering from "Runner's Knee", according to new international treatment guidelines co-authored by La Trobe University physiotherapy researcher Dr Christian Barton.

522

About this Attention Score
 In the top 5% of all research outputs scored by Altmetric

Mentioned by
 4 news outlets
 718 tweeters
 17 Facebook pages
 1 Wikipedia page

Citations
 2 Dimensions

Readers on
 1 Mendeley

Patellofemoral Pain
 Often known as "kneecap pain" or "runner's knee"

Affects 25% of the general population every year.
 Women experience kneecap pain twice as often as men.

Prevention of kneecap pain is challenging, based on the Clinical Practice Guidelines by the Academy of Orthopaedic Physical Therapy, here are some suggestions:

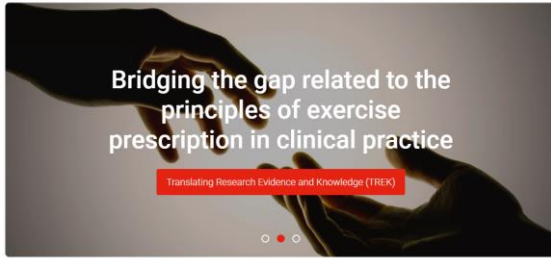
- Gradually increase the amount of activity you are doing.
- Do a variety of activities; adolescents who specialize in a single sport have greater risk of kneecap pain.
- Maximizing knee strength may reduce the risk of developing kneecap pain.
- Age, height, weight, and leg posture are not risk factors in developing kneecap pain.

How can a physical therapist work with you and your kneecap pain?

- Hip and knee exercises are the best thing for people with kneecap pain.
- Knee taping or inexpensive shoe inserts can be helpful, but should be combined with an exercise program.
- There are no quick fixes: Exercise is the best treatment option over other options.
- Improving the way a person runs, jumps, or adjusting a training routine often helps reduce kneecap pain.

This infographic is based on the guideline by Willy et al titled "Patellofemoral Pain" (J Orthop Sports Phys Ther. 2019;49(9):CPG1-CPG95. doi: 10.2519/jospt.2019.0322). Dr. Christian Barton, Senior Post Doctoral Researcher, La Trobe University's Sport and Exercise Medicine Research Centre, Australia. Dr. Richard Willy, Assistant Professor, School of Physical Therapy and Rehabilitation Sciences, University of Montana. The information provided in this graphic is for informational purposes and not a substitution for seeking proper health care to diagnose and treat this condition. Please consult a physical therapist or other health care provider specializing in musculoskeletal disorders for more information on managing this condition.

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This is the 'go to' site for the general public, clinicians and academics with the most up to date evidence and insight from the centre's international expert team. Make sure you sign up to stay up to date with new information, alongside upcoming events and research studies which may interest you.

Important: This site should never replace real world consultation. If you have an injury or health condition you should seek appropriate assessment, advice and treatment from a qualified health professional.



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Our Research



Blog



TREK



Early OA In The Athlete Symposium



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Controlled Media

Top Posts for all days ending 2020-05-21 (Summarized)

7 Days | 30 Days | Quarter | Year | All time

All Time	
Title	Views
5 tips to help treat your knee cap pain	218,867
10 things not to do if you have lower limb tendon pain	46,547
Home page / Archives	35,229
5 myths about strength training and endurance running	23,947
Why is my heel sore when I get out of bed? What can I do?	18,038
4 simple functional tests after ACL injury that predict the future	17,984
"Time to stop meniscectomy"	17,677
Sport and exercise medicine research blog	17,552
GLAD – Best first treatment for hip and knee OA	13,048
Kneecap (patellofemoral) pain?	9,437
You can run with osteoarthritis, and you don't need surgery to do it	9,347
Blog	9,175
ACL injury – is surgery needed to return to sport?	7,229
Running Myth #4 Running is bad for your knees	6,583
Running Myth #2 Not stretching enough causes injury	6,228



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"I don't see myself having to need knee surgery for a very long time. I don't think I would have ever needed surgery in the first place if it could have been managed prior with a proper exercise regime"

Search our blog

Search ...

Search

36

SBS IN FOCUS 2018 FIFA World Cup How to watch World Cup Tour de France July 7-29 Life Indigenous REGISTER / SIGN IN Search SBS

SBS HOME ON DEMAND GUIDE **PROGRAMS** RADIO NEWS SPORT CYCLING FOOTBALL MOVIES FOOD

'I lived on pretty much any pain medication I could get my hands on'




IMAGE VIDEO AUDIO



By the time he was 31, Rhys has had 11 knee surgeries. He explains how he went from severe depression due to the extreme pain, to hiking the Inca Trail.

Recommended

- 13 JUL 2018 - 3:02AM Quiz: facts and myths on mental illness
- 12 JUL 2018 - 1:46PM What does it take to be a survivor?
- 12 JUL 2018 - 1:49PM Women in prison: histories of trauma and abuse highlight the need for specialised care
- 12 JUL 2018 - 6:26PM In Baby Teeth, Links Between Chemical Exposure in Pregnancy and Autism
- 11 JUL 2018 - 1:41PM 'You are not alone': Lifeline seeks to reach out to Chinese community
- 12 JUL 2018 - 3:04PM Attention!

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MYTH BUSTED: Exercise isn't harmful for people with knee osteoarthritis

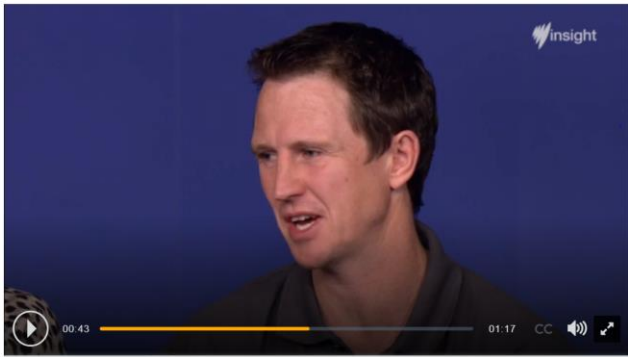


IMAGE VIDEO **VIDEO** AUDIO



Advice to rest and avoid pain is commonly provided to people with knee and other joint pains - advice that is often wrong, and harmful.

Recommended

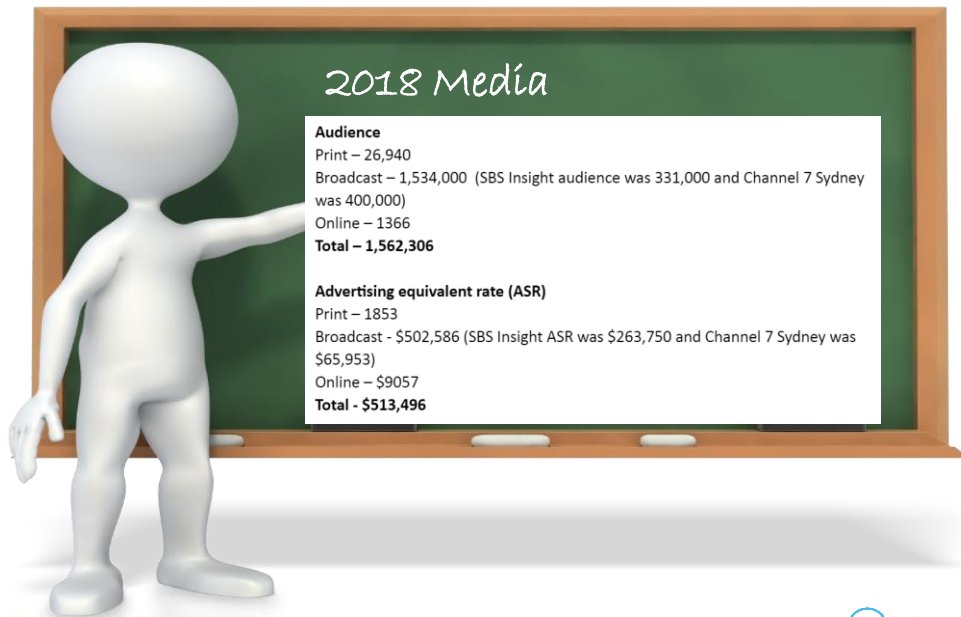
- 11 JUL 2018 - 11:19PM First footage of Thai boys after traumatic cave ordeal
- 13 JUL 2018 - 7:19AM New 'exercise pill' could be a game changer in fight against obesity
- 13 JUL 2018 - 8:33AM High carb diet worse than high fat: study
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- 12 JUL 2018 - 6:26PM In Baby Teeth, Links Between Chemical Exposure in Pregnancy and Autism
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Manage my knee

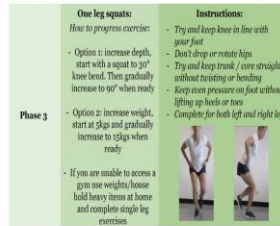
Diagnosis

- Why does it hurt?
- How much pain is it?
- How common is knee cap pain?
- When will my pain stop?
- Fear of movement
- Knee crepitus
- Manage your exercise load to manage your pain
- Are you a runner?

This information portal is developed with input from patients and the [La Trobe University's Sport and Exercise Medicine Research Centre](#) (UNESP).

The information is not intended to replace consultation with a physiotherapist or doctor.

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Free squats



MULTIMEDIA RESOURCES



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TAKE HOMES

1. Researchers we are inherently poor at knowledge translation – lack of incentives
2. We ALL need to embrace digital innovation
3. Multimedia and online resources are powerful



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