

CPHC Annual Report
St. John's, Newfoundland
May, 2010

SEX!!! Now that I have your attention, please keep reading through to the end of my report and feel free to approach me with any questions you may have. I do miss the opportunity to address the AHCDC in person as I always felt that it afforded more of a chance to dialogue with all of you, and usually I wouldn't escape the podium in your meeting room without a few interesting comments and questions from your membership. I would very much like to see us return to that format.

With regards to the opening word of my report, many of you know that one of my project interests over the past 5 years or so has been intercourse-related iliopsoas bleeds. Hopefully by the time the May meeting rolls around, I will have more information to share with all of you on the development of a patient-focused educational resource to address those particular types of bleeds.

This will be my final report to the AHCDC as the President of the CPHC, as my four years in the position are now drawing to a close. I have very much enjoyed the challenges and the rewards that leadership of our energetic group has brought, and as I move into my new role as the Past President I would ask that you welcome our incoming President, Nicole Graham from Sudbury.

One of the developments of which I am most proud with regards to our organization during the last four years is the establishment of a dedicated Executive Committee with a specified succession planning mechanism. This along with the drafting of our Constitution and the formation of standing sub-committees has allowed the CPHC to make significant strides with project development, and improved partnership with our colleagues in hemophilia care. None of this would have been possible had we not been able to stem the tide of membership turnover, giving us a more stable and consistent group of dedicated therapists from across the country. This however, is something with which we must continually struggle, as there are still areas of the country where no dedicated coverage for physiotherapists working in hemophilia care exists.

We will continue to do what we can to lobby for better funding and ensure that specialized physiotherapy services are in place for every Canadian with an inherited bleeding disorder, and I humbly ask that you carry that message back as well, when you return to your clinics across the country.

Over the past year several of our members have continued to engage in outreach opportunities to improve physiotherapy education and training in hemophilia care across Canada and beyond. We have made excellent use, as have many of you, of telehealth and web-ex technology. Web seminars have been conducted by Nichan Zourikian, Sandra Squire, and myself and attended by almost all of our members. I applaud the Industry Partners for their dedication to supporting this type of educational opportunity and would

very much like to see them continue in this regard. In terms of international activities, several CPHC members (Greig Blamey, Kathy Mulder, Nichan Zourikian, Sandra Squire, and Nicole Graham) attended the WFH Musculoskeletal Congress in Cartagena, Colombia last spring. This meeting has grown with each successive year that it is held, now attracting well over 200 international Physiotherapists, Orthopedic Surgeons, and Exercise Scientists. I would highly recommend that if any of you have an interest in gaining more MSK knowledge and experience that you consider joining us in Cairo in 2011. Details will be available on the WFH website, WFH.org. **If you have an Orthopedic Surgeon at your centre who has become involved with your clinic and is interested in hemophilia care, please let them know about this meeting**, or put them in touch with me and I will do so. I feel that we need to develop a more cohesive group of surgeons in Canada with an interest in bleeding disorders care, so that they may network with one another, as well as with their international counterparts through the WFH.

In addition to attending and Chairing sessions at the MSK Congress, the following CPHC members have continued their dedication this past year to speaking at foreign national physiotherapy meetings, engaging in research projects, and conducting educational workshops on behalf of the WFH in the following locations:

Greig Blamey:

- Physiotherapy workshop in Ukraine
- Speaker, MSK Conference in Brazil
- Speaker, Haemophilia Chartered Physiotherapists Association (HCPA), England

Kathy Mulder:

- Physiotherapy train the trainer workshop in Egypt, with participants from Egypt, Sudan, Lebanon, Saudi Arabia, Syria, and Tunisia
- Assessment visit, WFH twinning program between Winnipeg and Delhi, India
- Speaker and Session Chair, 15th Australian and New Zealand Haemophilia Conference – Brisbane, Australia

Nichan Zourikian:

- Physiotherapy workshops in Macedonia, Moldova, Albania, and Lebanon
- Advanced regional workshop in Belarus with participants from multiple Eastern European countries
- Assisted with the coordination of a mini-reliability study of the Hemophilia Joint Health Score (HJHS) in China

Pam Hilliard:

- Two trips to China for local physiotherapy training and the mini-reliability study for the HJHS

The ongoing relationships between the CPHC and the WFH, as well as our sister organizations in other countries, have allowed us to form a network of contacts around

the world. The CPHC, as part of an educational package sponsored by Bayer, has planned to send a representative to the NHF meeting in the USA this November, and we have invited our counterparts in the USA to send a therapist to join us at the bi-annual scientific symposium of the CHS. The opportunity to visit other countries and to network directly with therapists in hemophilia care has shown us that the obstacles to provision of care that we have identified in Canada are often not unique. In Australia/New Zealand for example, Kathy Mulder learned that treatment teams are facing the familiar issues of low EFT's for physiotherapists in hemophilia care, and HTC's having to service huge territories inclusive of inaccessible geography.

This year has finally seen the launch of the Clinical Mentorship Program that the CPHC has partnered with alongside of Bayer. With busy clinical schedules and differing licensing and educational travel rules and regulations across the country to deal with, it has proven most difficult to organize the initial mentorship. I am pleased however, to announce that by the time this report is read at your annual meeting, Janelle Syring from Thunder Bay will have completed her mentorship training at the Winnipeg Bleeding Disorders Clinic, in both pediatrics and adult care. The second mentorship this year is planned for the fall, with Marie de Guzman from Calgary Adults also coming to Winnipeg. Funding for this initiative has been secured through Bayer to run another mentorship in 2011. The established centres of excellence that will be hosting each of the mentorships in the program are Winnipeg, St. Justine in Montreal, and Sick Kids in Toronto.

Ongoing projects that you may remember from previous reports that I have given are the mild hemophilia project being Chaired by JoAnn Nilson from Saskatoon, as well as the continued participation of Cathy Walker as part of the CHARMS committee. Three of the members of the CPHC, Sandra Squire, Carolyn Jarock, and myself, attended an adherence summit in February sponsored by Baxter, to discuss methods that could be put into place to improve the partnership between the HTC's and our patients. This represented an opportunity, as does this annual meeting, for the CPHC to work directly with our Canadian colleagues from the other core team disciplines. I feel that every chance that the CPHC, AHCDC, CANHC, and CSWHC have to work together should be used to full advantage, to strengthen the existing ties that our organizations have to one another.

It has been my pleasure to serve as the President of the CPHC, a job that my colleagues made infinitely easier by always being willing to assist with any and all projects that the group decided to tackle. I thank them, and all of you in the AHCDC for the ongoing support.

Respectfully submitted,

Greig Blamey
President, CPHC/PCH