FOCUS26 Conference
Pullman, Cairns
15-17 October

Elevating practices, empowering physiotherapy

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

ABSTRACT BOOK

focus.physio

CONTENTS

SECTION 1: KEYNOTE AND INVITED

Embedding cultural safety principles into everyday physiotherapy clinical practice

Michelle Whap[1]
[1]*Physiotherapy, Cairns Hospital*

2A: Practice, Kuranda Room, 15 October 2026, 4.25–5.25 pm

Embedding cultural safety is essential to supporting the health and wellbeing of First Nations people accessing physiotherapy. For Torres Strait Islander clients, culturally safe practice centres on connection, trust and cultural respect. Cultural safety must be integrated across everyday physiotherapy clinical interactions, organisational systems, guidelines and service delivery. Cultural responsiveness is a continuous learning process for ensuring First Nations people receive culturally safe and effective healthcare. There are several techniques that physiotherapists can apply to build cultural capability and better meet the needs of First Nations patients, shared from a Torres Strait Islander physiotherapist who has worked in North Queensland for more than 15 years.

Practical AI tools for physiotherapy professionals

Julian Moore[1]
[1]*Strategic Membership Solutions*

Plenary 2 – Main Plenary, 16 October 2026, 9–10 am

AI is already changing how physiotherapy clinics run – from patient communication to administration to clinical documentation – but most practitioners are yet to see what that actually looks like in practice. This session closes that gap.

In this highly practical, hands-on session, you'll get a clear-eyed overview of the AI tools most relevant to physiotherapy professionals right now – not the hype, but what's genuinely useful. Through live demonstrations, you'll see firsthand how AI-powered tools can transform everyday tasks: cutting administration time, improving patient communication, streamlining documentation, and freeing up more time for the work that actually needs a human.

Rather than talking in the abstract, this session builds tools in real time in front of you, so you can see exactly how they work and where they fit into a typical clinic day. You'll leave with a practical understanding of which tools are worth your time, how to start using them, and where the genuine value lies versus where AI is just another distraction.

Expect actionable takeaways, not vague inspiration. By the end of the session, you'll have concrete ideas you can implement immediately – along with the confidence to know which AI tools deserve a place in your practice and which don't.

Beyond the hype: keeping patients at the centre as AI transforms physiotherapy

Professor Trevor Russell[1]
[1]*The University of Queensland*

Plenary 2 – Main Plenary, 16 October 2026, 9–10 am

Artificial intelligence (AI) is rapidly becoming part of physiotherapy practice, with growing enthusiasm for its potential to improve efficiency, support clinical decision-making, personalise care and expand access to rehabilitation. Much of the current conversation has focused on what AI can do for clinicians and health systems. However, physiotherapy has always been grounded in patient-centred care, raising an important question: as AI becomes embedded in clinical practice, are we paying enough attention to what matters most to patients?

This presentation explores the patient perspective on AI in physiotherapy. Drawing on emerging evidence, it examines how AI may influence patients' perceptions of physiotherapists and physiotherapy services, including trust, empathy, competence, safety, therapeutic relationships and willingness to engage with care. These perceptions are likely to play an important role in determining whether AI-enabled models of care are accepted by the people they are designed to serve.

As the profession embraces one of the most significant technological shifts in its history, success will depend on more than the capability of the technology itself. Keeping patients at the centre of AI implementation will be essential to ensuring that innovation not only advances physiotherapy practice but also enhances the patient experience.

Sustainable growth and attractive career pathways: managing burnout

Adjunct Associate Professor John Fitzgerald[1]
[1]*Active Rehabilitation Physiotherapy*

Business & Leadership Breakfast, 16 October 2026, 7–8.30 am

The physiotherapy workforce is at a pivotal moment. The APA 2025 Physiotherapy Workforce Census provides wonderful data for us to work with.

With rapidly evolving healthcare landscapes, changes in generational expectations, and shifts in how we work and lead, we need to prepare not only for the challenges ahead but also for the opportunities.

I will FOCUS and draw on my own experiences, successes, failures and insights to explore how we, as leaders and practitioners, can navigate these changes, including how to:

- nurture and retain physiotherapists
- future-proof our business to ensure its long-term success
- foster sustainable growth strategies for both practitioners and clinic owners
- take the steps from university education to orientating new graduates.

Clinician to business owner: lessons in practical leadership

Ben Corso[1]
[1]*BAC Business Consulting*

4A: Business, Kuranda Room, 16 October 2026, 11.40 am–12.40 pm

Many physiotherapists enter the profession driven by a desire to help people yet find themselves unexpectedly navigating the complexities of business ownership. This presentation explores the practical steps, challenges and leadership capabilities required to transition from clinician to business owner, drawing on 20 years of experience establishing, scaling and ultimately exiting a multi-site physiotherapy group. The concept highlights the shift from individual clinical contribution to organisational leadership, system development and strategic decision-making.

This work aligns with the 'Business' and 'Management and leadership' themes by outlining the skills, structures and behaviours required to build sustainable, scalable physiotherapy businesses that elevate practice standards and empower teams.

Beginning with no business training, I established a private practice in 2003 and grew it to four sites and nearly 40 staff. Key turning points included mentorship, systemisation, leadership development, technology adoption and redefining my role from clinician to CEO. These strategies enabled the business to operate independently of the owner, ultimately supporting a successful sale to a national allied health group.

A physiotherapy business becomes scalable and valuable when it no longer relies on the owner for day-to-day operations. Building leadership capability, documenting systems, leveraging technology and diversifying revenue streams are essential foundations for long-term success.

Take-home messages:

- Strong leadership teams enable sustainable growth.
- Systemisation improves consistency, culture and scalability.
- Technology adoption reduces workload and enhances efficiency.
- Shifting from clinician to CEO requires intentional role redesign.
- Recurring revenue and partnerships strengthen business resilience and value.

Power to the patient: rethinking prescribing to create healthier communities

Professor Trent Twomey[1]
[1]*Pharmacy Guild of Australia*

6A: Leadership & Management, Kuranda Room, 16 October 2026, 2.35–3.20 pm

This presentation will explore how healthcare systems around the world are evolving to give patients faster, more convenient access to care.

Drawing on international prescribing models, experiences and emerging trends, Professor Trent Twomey will examine the move towards patient-centred healthcare, where healthcare professionals work to the full scope of their training to meet community needs.

The presentation will challenge traditional thinking, highlight the opportunities created by collaborative models of care, and consider how all healthcare professions can become the best version of themselves in service of healthier communities and better patient outcomes.

The hidden competitive advantage: why leading with emotional intelligence outperforms strategy

Dr Jade Scott[1]
[1]*GrowthRx*

Plenary 3 – Main Plenary, 16 October 2026, 4.15–5.15 pm

We spend years teaching clinicians how to become exceptional practitioners, yet remarkably little time preparing them to become exceptional leaders.

As artificial intelligence transforms healthcare, clinical knowledge is becoming increasingly accessible, systems are becoming smarter and technology is changing the way we work. Ironically, the more advanced healthcare becomes, the more valuable distinctly human skills become. The future won't belong to the organisations with the best strategy alone. It will belong to those that lead people exceptionally well.

Drawing on more than two decades of experience building high-performing, actively engaged healthcare organisations, postgraduate leadership study through Harvard University and the University of Melbourne, and mentoring thousands of healthcare professionals across Australia, Jade Scott challenges traditional thinking around leadership, communication and organisational performance.

Through her evidence-based *Six Categories of Emotional Intelligence* framework, Jade demonstrates why emotionally intelligent leadership is one of the strongest predictors of employee engagement, psychological safety, workforce retention, patient experience and sustainable organisational success. Far from being a ‘soft skill’, emotional intelligence has become healthcare's hidden competitive advantage.

Delivered through engaging storytelling, practical evidence, memorable humour and real-world experience, this keynote explores how the quality of our conversations ultimately determines the quality of our culture, our leadership and our patient outcomes.

Whether you're leading a hospital department, private practice or university program, or simply influencing those around you every day, you'll leave challenged to think differently, inspired to lead more intentionally, and equipped with practical tools to strengthen communication, navigate difficult conversations and create workplaces where both people and performance thrive.

Because in a profession built on helping people... our greatest competitive advantage will never be artificial intelligence. It will always be human connection.

Why one is enough: from small actions to big impact

Professor Robin (Rob) Orr[1]
[1]*Tactical Research Unit, Bond University*

9A: Leadership & Management, Kuranda Room, 17 October 2026, 12.05–12.50 pm

Physiotherapists are trained to assess, diagnose, and rehabilitate, but our influence need not stop at the clinic door. When advocacy is grounded in clinical excellence and research literacy, individual patient encounters can become catalysts for large-scale change. Drawing on real-world examples from advocacy for Australian Defence Force veterans and police officers, this presentation traces how a single conversation evolved into a multi-million-dollar national research program influencing compensation policy, veteran health outcomes, and police fitness testing and equipment design.

The presentation demonstrates how often-unrecognised routine physiotherapy competencies like clinical assessment and treatment planning, evidence-based practice, and leadership, management, and advocacy, can be leveraged to achieve enduring impact at both individual and system levels.

Rather than approaching advocacy as extra work, the session reframes it as standard practice, providing examples of how you can increase your advocacy power with little effort. After all, clinical excellence is empowered when we give our patients a voice. This presentation provides the challenge to recognise the power of you, as one physiotherapist, who can shape outcomes far beyond the treatment room.

More than movement: reclaiming the humanistic values of physiotherapy

Rachael Moses[1]
[1]*National Health Service, United Kingdom*

Plenary 4 – Main Plenary, 17 October 2026, 1.55–2.55 pm

Background: The art of physiotherapy has existed for thousands of years, historically based on healing, movement and restoring physical and psychological function. Over the last century we have become a registered, recognised and respected profession, evolving greatly with regard to clinical practice, education, research and regulation. But we need to question how much we think about the humanistic values of what it means to be a physiotherapist and why it matters.

Objectives: This session will encourage participants to think about their 'why' and what drives them in clinical practice and beyond. We will question if we have lost our sense of identity as rehabilitation professionals due to the context and society we work in. We will think about our roles as physiotherapists on an individual, collective and global level and how we operate within them. People will be encouraged to think about what drives and motivates them at work and how this has changed over the years.

By the end of the session participants will be asked to consider:

- How can we reconnect with our why and reclaim our own narrative when so much around us is dictated by external influences?
- How much do we share what we know and what we do – do we work in silos or do we collaborate and share?
- How can we strengthen physiotherapy through advocacy; what this means and how to do it?
- Our role in health emergency preparedness, readiness, response and resilience.

SECTION 2: PAPERS

The human touch to healthcare: is technology helping or harming

Alex Forde[1]
[1]*Pogozo*

1A: Business, Kuranda Room, 15 October 2026, 3.35–4.20 pm

Background: Healthcare is undergoing rapid digital transformation. From AI notetaking to automated recalls, new tools promise to reduce administration and improve efficiency. Yet as technology becomes embedded in clinical practice, an important question emerges: is it bringing practitioners closer to their patients, or pulling them further apart?

Relevance to conference themes: Aligned with the 'Business' theme and FOCUS26's focus on elevating practices and empowering physiotherapy, this session addresses the intersection of technology adoption, human-centred care, and practice sustainability. It supports clinicians and practice owners to make thoughtful, confident decisions about digital tools while protecting the relational core of healthcare.

Aims and objectives: This session provides a practical framework for auditing your technology stack and identifying what to automate without compromising the human heart of your clinic. Attendees will leave able to:

- conduct an audit of their current administrative workflows and technology
- identify tasks best suited to automation (invoicing, reminders, note taking) versus those that aren't
- build and grow an automation practice gradually and sustainably.

Take-home messages:

- Used wisely, technology increases human connection in your clinic between team and client, client and client, and within your team.
- Start small: automate a birthday message, a recall, a routine invoice. Grow your list of automations regularly.
- One size doesn't fit all. Know your client base before deciding what to change.
- The goal of technology in healthcare is to give time back to people: more face time, fewer forms.
- Track the human impact of your technology choices, not just the efficiency gains.

Avoiding our Kodak moment: why physiotherapy must adapt to survive

Scott Willis[1]
[1]*Leap Health Coastal Physiotherapy*

1A: Business, Kuranda Room, 15 October 2026, 3.35–4.20 pm

In 2013, the APA commissioned InPractice 2025 to forecast the future of physiotherapy practice. Thirteen years on, this session reflects on what the profession got right, what it got wrong and what it failed to foresee. It then asks: if the APA commissioned InPractice 2040 today, what would it need to say to ensure the profession's ongoing sustainability and relevance, and what challenges, enablers and opportunities lie ahead?

Sustainability depends on deliberate system-wide change. Like Kodak, which anticipated digital disruption but continued to prioritise legacy models, physiotherapy risks decline if it relies on approaches shaped by the conditions of 2013.

Physiotherapy practice is now shaped by health reform, changing markets, increased competition, improved consumer access to health information, emerging artificial intelligence and complex industrial relations. These forces are already altering how care is delivered, valued and regulated. The profession must recognise emerging disruption early and adapt deliberately to remain relevant.

Physiotherapy's future will be defined by the choices it makes now, not by future reform. Understanding what lies on the horizon enables the profession to act with intent, capitalise on opportunity and manage disruption. This is essential to building sustainable, agile practices in an increasingly complex health economy.

By the conclusion of this presentation, delegates will be able to:

- understand the emerging challenges shaping future physiotherapy practice
- identify the enablers required for sustainability, adaptation and growth
- recognise the opportunities that will define the future physiotherapy practice.

A scoping review of clinical placement timing and distribution in physiotherapy education

Gemma Page[1], Dr Wayne Hing[1], Dr Larissa Sattler[1,2]
[1]Bond University, [2]Gold Coast Hospital and Health Service

1B: Education, Mossman Room, 15 October 2026, 3.35–4.20 pm

Project/concept description: Clinical placements are essential in physiotherapy education, enabling students to apply theoretical knowledge in real world settings. Although accreditation outlines placement expectations, substantial variation remains across entry-level programs in timing, and distribution, with limited evidence guiding optimal sequencing. This scoping review provides the first consolidated analysis of how placement timing and sequencing influences student preparedness, performance, and theory-to-practice integration, offering practical guidance for program leaders designing coherent and effective curricula.

Relevance to conference themes: Aligned with the 'Education' theme and the FOCUS26 aim to elevate practice through enhanced learning and teaching, this work synthesises current evidence on clinical placement timing in physiotherapy education. It identifies strategies that promote student readiness, capability development, and progressive learning.

Background: This scoping review examined how clinical placement timing and distribution affect pre-registration physiotherapy students' ability to integrate theory into practice. Four themes emerged: alignment of theory and practice, models of integrated clinical exposure, simulation-based preparation, and comparisons of differing curriculum structures.

Conclusion/outcome: Closer temporal alignment improved mid-placement performance, though gains did not consistently persist to final assessments. Very early placements benefited only some students, while long delays risked skill decay. Simulation consistently enhanced readiness and performance. Overall, specific curricular strategies, such as simulation integration and structured didactic preparation, had greater influence on outcomes than overarching program models.

Take-home messages:

- Align placements with recent theoretical instruction and minimise delays between learning and application.
- Ensure foundational knowledge sound before placement.
- Use simulation to assess readiness and bridge theory–practice gaps.

Academic, demographic and psychosocial determinants of physiotherapy clinical placement performance

Alan Reubenson[1], Dr Hugh Riddell[1], Professor Margo Brewer[1], Professor Leo Ng[1,2], Professor Daniel Gucciardi[1]
[1]Curtin University, [2]Swinburne University of Technology

1B: Education, Mossman Room, 15 October 2026, 3.35–4.20 pm

Project description: Clinical placements are essential training grounds where students integrate skills, knowledge and abilities in real-life settings. Yet many students struggle with competing demands, and when they underperform, costs are significant for students, universities and placement hosts. Our two studies provide insights that challenge prevailing assumptions and offer practical guidance for curriculum design and student support.

Relevance to conference themes: Aligning with the 'Education' theme, this presentation offers strategies to help educators identify students who may struggle, tailor support, and build adaptive capabilities for placement success.

Background: Despite clinical placements being central to physiotherapy training, performance predictors remain poorly understood, and prior academic performance alone is a poor predictor. We aimed to address this gap via two studies: 1) An archival study utilising multilevel structural equation modelling to examine demographic and academic predictors across final-year placements (N=561; 2014–17); and 2) a novel measurement burst study (N=97; 2019–20) using weekly surveys across four placements to examine psychosocial and self-regulatory determinants of performance.

Outcome: Academic, demographic and psychosocial factors contributed meaningfully to performance and consistency. Self-regulatory factors were particularly influential, with direct implications for curriculum design and student support. These findings reinforce that placement success requires attending to cognitive, contextual and personal dimensions.

Take-home messages:

- Academic performance alone does not predict placement success – psychosocial and contextual factors matter as much, if not more.
- Adaptability and self-efficacy are key protective factors to foster before and during placement.
- Effective support requires personalised approaches that extend beyond academic considerations.

Using student voice to evaluate and strengthen clinical supervision and placement quality

Taryn Jones[1], Brett Dyer[2], Simone Howells[1], Tanya Palmer[3], Larissa Sattler[4], Katrina Archbald[1], Emily Williams[1], Christine Randall[1], Joel Garret[1], Andrea Hams[1]
[1]School of Allied Health, Sport and Social Work Griffith University, [2]Griffith Biostatistics Unit, Griffith Health Group, Griffith University, [3]School of Health, Medical and Applied Sciences, CQUniversity, [4]Bond Institute of Health and Sport, Faculty of Health Sciences and Medicine.

1B: Education, Mossman Room, 15 October 2026, 3.35–4.20 pm

Project/concept description: High-quality clinical supervision underpins effective learning and patient care within health placements. However, few validated tools exist to systematically capture students' perceptions of placement quality. The Clinical Placement Quality Survey-Student (CPQS-S) was developed to address this gap. First implemented in 2016, the CPQS-S is a student-centred instrument aligned with the Best Practice Clinical Learning Environment framework, capturing dimensions of supervision, learning culture and placement resources.

Relevance to conference themes: Aligns with the 'Education' theme.

Background: The CPQS-S was designed for application across health disciplines and contexts. Recent Rasch-based psychometric validation using responses from 933 students across eight professions confirmed that the CPQS-S measures a single underlying construct of student perceptions of placement quality, with strong item fit, reliability and separation. The tool demonstrated applicability across settings and non-traditional work-integrated learning environments. Its discipline-neutral structure allows terminology adaptation without compromising measurement integrity, supporting interprofessional use and benchmarking.

Conclusion/outcome: The validated structure of the CPQS-S enables consistent, reliable evaluation of clinical supervision and placement quality from the student perspective. Its use supports universities and placement providers to systematically monitor learning environments, identify strengths and areas for development, and inform quality assurance processes. By providing a shared, evidence-based approach for evaluating placement quality, the CPQS-S supports transparent, learner-focused mechanisms to supervision and placement management across health professional education.

Take-home messages:

- Placement quality can be reliably measured using student-centred, validated tools.
- Student perceptions provide essential insight into supervision and learning environments.
- Robust evaluation supports informed approaches to supervision and placement quality assurance.

The team leader's commercial role: beyond clinical excellence

Sherrie Krampel[1]
[1]*Total Health Choice*

1C: Leadership & Management, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 3.35–4.20 pm

Background: Most allied health team leaders are promoted based on clinical expertise, yet their success increasingly depends on understanding business fundamentals. This session assumes participants have clinical leadership experience but limited exposure to commercial thinking. It addresses the critical gap between clinical excellence and business acumen required for sustainable growth.

Relevance to conference themes: This presentation aligns with FOCUS26's 'Management and leadership' and 'Business' themes by exploring how allied health leaders can integrate commercial thinking while maintaining exceptional care. It responds to growing pressure on organisations to demonstrate viability while preserving values-driven practice – a core tension in modern leadership.

Participants will:

- understand the five key dimensions of the team leader role (Culture Champion, Coach, Marketer, Clinical Expert, Builder) and the commercial impact of each
- recognise the quantifiable business value of culture, retention and referrer relationships
- identify where clinical decisions intersect with revenue, utilisation and growth
- apply commercial thinking to everyday leadership decisions.

Take-home messages:

- Culture is commercial – living values directly impacts retention, referrals and utilisation
- Referrer relationships are high return on investment activities – one strong relationship can generate 20 per cent increase of revenue annually
- Clinical quality builds your brand – reputation is shaped daily, not through marketing
- Small process innovations create compounding returns in time, capacity and reduced burnout
- Ask before every decision: what is the commercial impact of this choice?

Elevating expert practice: empowering physiotherapists through transformative learning

Dr Amanda Hensman-Crook[1]
[1]*Primary care*

1C: Leadership & Management, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 3.35–4.20 pm

Introduction: Increasing clinical complexity, workforce shortages and healthcare globalisation threaten the quality and sustainability of healthcare systems. These pressures necessitate a shift toward the development of clinical transformational systems leadership at an expert (consultant/specialist) level of practice. However, expert physiotherapy roles lack clear definitions, purpose and standardised learning and development programs limiting role effectiveness and sustainability.

Aim: To explore the effectiveness of the Southeast Consultant Development Program in developing expert level practice, using Mezirow's transformative learning theory as an underpinning framework for the development of transformational systems leadership.

Methods: An explanatory single case embedded case study was employed, triangulating qualitative and tabletop methods. Five interrelated studies were conducted iteratively. Data analysis methods included CASP and GRADE CERQual appraisal, curriculum mapping, content analysis and thematic synthesis.

Results: Public and patient involvement reshaped the research design and informed key review themes. An international scoping review identified shared international definitions of expert level practice, learning and development pathways, accreditation, regulation and revalidation, and highlighted the absence of an explicit educational learning theory underpinning expert level practice education. Two conceptual models were developed to describe sustainable pathways and optimal accredited development to expert level practice. Alumni and program lead findings identified seven core elements of transformative learning in practice. An interrelated dynamic support network and an applied extension to Mezirow's framework.

Conclusion: Clear definitions, identity formation and theory-informed development pathways are essential for the development of expert physiotherapy practice. Further research is required to test the conceptual models.

Elevating physiotherapy practice and delivering outcomes in Queensland state schools

Ethan Gannon[1], Mikki Gale[1]
[1]*Department of Education, Queensland*

2A: Practice, Kuranda Room, 15 October 2026, 4.25–5.25 pm

Project/concept description: The physiotherapy service model in Queensland's Department of Education has evolved to respond to diverse needs of children and young people with disability in schools. The model represents a shift toward a participation and inclusion centred approach, recognising that individual, therapy-focused intervention is primarily delivered through the National Disability Insurance Scheme (NDIS).

Relevance to conference themes: This oral presentation demonstrates how paediatric physiotherapy practice evolves by adapting where and how physiotherapists work within education systems to meet system priorities. The model exemplifies practice innovation that elevates service impact, and empowers physiotherapists to contribute meaningfully to inclusive schooling, student wellbeing, educational success and positive life outcomes.

Background: Physiotherapists in Queensland schools support student outcomes from early childhood to post-school life. They engage in collaborative goal-setting with students, families and school teams to implement reasonable adjustments, ensure meaningful participation in school life, and foster belonging. Practices align with the Australian Research Alliance for Children and Youth (ARACY) Nest Wellbeing Framework for children and youth in the Healthy, Learning and Participating domains. Using a Multi-Tiered Systems of support model encompasses whole-school capability-building, targeted group and individual supports. Flexible service delivery enables responsive workforce planning and equitable services for students in rural and remote locations.

Conclusion/outcome: Statewide measurement of goal attainment demonstrated that 94 per cent of set goals were achieved or partially achieved, indicating the effectiveness of these cohesive, contextual, wrap-around supports.

Take-home messages:

- Collaborative goal-setting enhances relevance, engagement and outcomes for students.
- Participation-focused physiotherapy supports student wellbeing and learning.
- Innovative flexible service models enable equitable and scalable practice.

Efficacy of physiotherapy telemedicine in short-stay arthroplasty: enhancing continuum of care

Bradley Dennien[1], Caitlin Stark[2]
[1]Enovis, [2]Queensland Lower Limb Clinic

2A: Practice, Kuranda Room, 15 October 2026, 4.25–5.25 pm

Project description: This study evaluates a novel hybrid public-private short-stay arthroplasty (SSA) pathway designed to address escalating surgical waitlists. The model integrates private pre-operative risk stratification with public hospital delivery and a physiotherapist-led tele-rehabilitation program within an Enhanced Recovery After Surgery (ERAS) framework. By combining Outpatient Arthroplasty Risk Assessment (OARA) and Risk Assessment and Prediction Tool (RAPT) screening with structured physiotherapy, the pathway enables safe early discharge while maintaining high-quality outcomes – positioning physiotherapy as a central driver of perioperative success.

Relevance to conference themes: Aligned with FOCUS26, this model demonstrates how physiotherapy leadership can transform practice, drive system efficiency, and enable scalable healthcare solutions.

Background: A retrospective cohort of 155 hip and knee arthroplasty patients was analysed. All patients met strict OARA and RAPT criteria, underwent surgery in a public hospital, and followed standardised ERAS protocols. A physiotherapist-led tele-rehabilitation program supported recovery. Outcomes included WOMAC scores, functional progress, length of stay, complications, and satisfaction to six weeks.

Conclusion: Mean length of stay was 16.2 hours, with 93 per cent discharged within one day. Functional outcomes significantly improved and matched published benchmarks. Complications (7.4 per cent) were low and not attributable to the pathway. This model delivers safe, efficient, and scalable arthroplasty care.

Take-home messages:
- Physiotherapy leadership drives pathway success.
- Risk stratification and effective patient selection enables safe early discharge.
- Tele-rehabilitation enhances recovery and monitoring.
- Hybrid models successfully reduce system pressure.
- Outcomes match or exceed traditional care.

From transactional to transformational: building sustainable career pathways for staff retention

Natasha Ace[1]
[1]*Private Practice Alliance*

2B: Business, Mossman Room, 15 October 2026, 4.25–5.25 pm

Background: Workforce shortages and high turnover are chronic challenges in private physiotherapy practices. Many businesses struggle with retention because career development is often reactive or ad hoc rather than intentional. This session assumes participants understand basic employment models but lack a structured framework for long-term workforce capacity building and leadership delegation.

Relevance to conference themes: This session aligns with the 'Management and leadership' and 'Business' themes by addressing 'People – Retention,' 'Workforce planning' and 'Career pathways.' It supports the conference goal of elevating practices by demonstrating how shifting staff from support roles to operational leaders empowers the entire physiotherapy ecosystem and reduces owner burnout.

Aims/objectives:

- Define the shift from transactional to transformational employment within a private practice setting.
- Demonstrate how to map a four-level competency framework (Knowledge → Skills → Competence → Leadership) for both clinical and administrative teams.
- Provide tools for implementing a 12-month induction and progression model that stabilises practice culture and profit margins.

Take-home messages:

- Implement a multi-level framework to redefine staff roles from task-execution to operational ownership.
- Anchor pay and progression to a structured competency model (Knowledge → Skills → Competence) to provide staff with clear developmental milestones.
- Prioritise systems that hold the business over individual-dependent tasks to reduce leadership bottlenecks and emotional labour.
- Move from panic-recruiting to a long-term (5–10 year) workforce capacity strategy to ensure sustainable practice growth.

Simple digital marketing for physiotherapists

Greg Nicolle[1]
[1]*Thryv Australia*

2B: Business, Mossman Room, 15 October 2026, 4.25–5.25 pm

Description: Marketing for physiotherapists has never moved faster and for many business owners, it can feel like the industry is speaking an entirely different language. From SEO to AI-driven search, new buzzwords and strategies are constantly emerging, making it harder to know what matters and what's just noise.
This is what we are here to solve.

Relevance to conference themes: This session sits at the heart of FOCUS26's 'Business' theme, designed for every physiotherapist running their own business. Whether a sole practitioner or a larger clinic, gain the knowledge and confidence to navigate an ever-changing online space and keep your business growing.

Background: Our session covers how search has evolved and the emerging strategies your clinic needs to know about. We'll break down where your customers are trying to find you and what you can do to make sure, you're visible to them.

Conclusion/outcome: Clinics that embrace these strategies are already seeing the rewards: more visibility, more bookings, and more growth.

You will discover:

- how search has evolved: from AI's growing influence on Google's ever-changing algorithms, to the way people are now searching for services like physiotherapy
- emerging strategies beyond traditional SEO, including Answer Engine Optimisation (AEO) and Generative Engine Optimisation (GEO)
- buzzwords: we break down what these terms mean in plain English, so you can understand what matters without the confusion
- how to develop a clear, practical plan for 2027 on what your clinic should prioritise to stay visible, competitive and growing in the years ahead.

Designing scalable allied health businesses: systems, structure and leadership

Trystan Conway[1]
[1]*Conway Consulting Group*

2B: Business, Mossman Room, 15 October 2026, 4.25–5.25 pm

Background: Allied health businesses often focus on growing their case load or team without thinking ahead about how the business will cope as things become more complex. While these challenges are most obvious in large, distributed organisations, they usually begin much earlier. Loose roles, reliance on founders, and ad-hoc ways of working can slow teams down, frustrate staff, and increase risk as a business grows.

Relevance to conference themes: This session aligns with the 'Business' theme by focusing on practical aspects of running allied health businesses, including practice management, workforce sustainability, governance, and preparing for future growth.

Aims and objectives: This how-to session aims to help physiotherapists and practice leaders build businesses that can grow without becoming harder to run. Drawing on lessons from organisations operating at different sizes, participants will learn how to put simple systems and structures in place early so their business continues to work well as demands increase.

Participants will gain practical insight into how early design decisions affect leadership load, staff experience, and business stability over time.

Participants will learn how to:

- spot early decisions that can limit growth later on
- put simple systems in place that support teams as they expand
- match leadership effort to the size and complexity of the business
- build businesses that remain workable as they grow.

Developing clinical reasoning capability in physiotherapy students using artificial intelligence

Marc Bruneau[1], **Dr Benjamin Weeks[1]**, Dr Sean Horan[1]
[1]Griffith University

2C: Education, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 4.25–5.25 pm

Project/concept description: Clinical reasoning is central to safe physiotherapy practice, yet scalable, standardised practice with timely feedback is difficult to deliver. Elenchus PT is a purpose-built AI learning application grounded in 'Augmented Intelligence' principles, prompting students to think, justify, and reflect rather than simply providing answers.

Relevance to conference themes: Aligned with FOCUS26's 'Education' theme, this presentation addresses student readiness, simulated placement, AI literacy, and clinical supervision, demonstrating how purposeful AI integration can elevate physiotherapy education.

Background: Our JBI scoping review of 18,835 records identified 16 eligible studies on AI and clinical reasoning, with only one involving physiotherapy students. This motivated Elenchus PT, which has two modules: (i) a simulated patient for history-taking practice with automated ECHOWS-aligned feedback; and (ii) a pocket clinical educator supporting final-year placement students through Socratic questioning. Our baseline survey (n=157) found 95 per cent of students had used AI for study and desired structured guidance, alongside concerns about over-reliance and data privacy. Expert validation using the Content Validity Index and System Usability Scale is under way.

Conclusion: This work represents early stages of a research program developing and validating AI-enabled tools to enhance clinical reasoning, informing safe AI integration in physiotherapy training, with potential expansion across healthcare disciplines.

Take-home messages:

- AI can scaffold, rather than replace, clinical reasoning development.
- Socratic AI-guided feedback enhances students' articulation of clinical reasoning.
- Students already use AI; structured frameworks improve quality and safety.
- Simulated AI patients offer scalable, low-stakes skills practice.
- Physiotherapy-specific evidence is needed to guide AI integration.

Comparing students' performance and stress levels between part-time and full-time placements

Dr Clarice Tang[1], Anna Matthews[1], Dr Andrew Ross[1], Dr Romana Morda[1], Rees Thomas[1], Yanjing Chen[1], Dr Christopher Mesagno[1], Dr Helen McCarthy[1]
[1]*Victoria University*

2C: Education, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 4.25–5.25 pm

Project description: Clinical placements are an integral component to any entry-level physiotherapy course. However, the full-time nature of these placements creates pressures for both educators and students. This pilot project evaluates the effect of an innovative part-time clinical placement program for final-year physiotherapy students.

Relevance to conference themes: Innovative clinical placement models are urgently needed to ensure sustainability of clinical education models, meeting the growing demands in the workforce and to help alleviate student's placement poverty.

Background: This pilot study aimed to compare the impact of a flexible part-time (3 days/week) 5-week clinical placement with traditional 5-week clinical placement program (4 days/week) on students' performance and stress measured by the Assessment of Physiotherapy Practice (APP) scores and perceived stress scale respectively. Final-year physiotherapy students (19= flexible, 34=traditional) were recruited. The overall mean APP scores was 59/80, with no statistically significant differences between both groups across all five clinical placements (mean difference=1.00, p=0.42). There were also no significant between-group differences in perceived stress scores at baseline (p=0.48), three months (p=0.21) and 12 months (p=0.63).

Conclusion: A part-time clinical placement program resulted in no significant difference in student performance and stress levels to the current traditional clinical placement models, suggesting the possibility of adopting part-time placements into current clinical education programs.

Take-home messages:
- No significant difference in student performance between part-time and full-time clinical placement model.
- Stress levels between part-time and full-time clinical placement students were similar.
- Part-time placements could be a feasible and effective option to our current clinical education program.

Implementing programmatic assessment and entrustable ePortfolios for future-ready graduates

Associate Professor Rutger Marinus Johannes De Zoete[1], Dr Nahid Divandari[1], Dr Conor Lambert[1], Dr Nagarajan Manickaraj[1], Dr Heidi Kiely[1]
[1]*University of Tasmania*

2C: Education, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 4.25–5.25 pm

Project description: This project describes the implementation of a programmatic assessment framework within a Master of Physiotherapy program. Moving beyond modular grading, this model utilises an ePortfolio to map student development across clinical domains (musculoskeletal, cardiorespiratory, neurological). It innovates by formalising the transition from classroom to clinical placement through sequenced, entrustment-based milestones, ensuring graduates are future-ready practitioners capable of navigating complex clinical scenarios.

Relevance to conference themes: Aligned with FOCUS26 'Education' and 'Leadership' themes, we demonstrate how programmatic design empowers student agency. By elevating assessments from isolated hurdles into a developmental pathway, we ensure graduates are prepared for transition to clinical practice.

Background: To unify assessment philosophy across coursework and placement, assessment tasks were redesigned to align with the national Assessment of Physiotherapy Practice (APP) standards from semester one. A longitudinal ePortfolio captures continuous reflections and entrustment levels, replacing fragmented unit silos with a cohesive evidence sequence. Using holistic APP-aligned rubrics provides a common language of competence, bridging the gap between foundational learning and clinical placement.

Outcome: The project established a unified, program-level approach to assessing competency. This framework creates a transparent evidence trail facilitating smoother placement and workforce transitions. We recommend these programmatic models to move beyond binary pass/fail mechanics toward comprehensive assurance of professional readiness.

Take-home messages:

- Programmatic assessment reduces curriculum fragmentation and enhances clinical readiness.
- ePortfolios provide longitudinal evidence for professional identity development.
- APP-aligned internal rubrics create consistent standards between university and industry.
- Entrustment-based models provide transparency to develop autonomous, future-ready leaders.

Preparing physiotherapists and other health professionals in their transition to academic education

Dr Van Nguyen[1], Dr Verity Mak[1], Dr Lauren Watson[2], Kelly Saber[3], Professor Charlotte Rees[4,5], Professor Gabrielle Brand[1]
[1]Monash University, School of Nursing and Midwifery, [2]Monash University, School of Psychological Sciences, [3]Monash University, School of Primary and Allied Health Care, [4]Monash University, Monash Centre for Scholarship in Health Education (MCSHE), [5]Swansea University, Faculty of Medicine, Health and Life Science

2C: Education, Bluewater Rooms 1 & 2 – Level 1, 15 October 2026, 4.25–5.25 pm

Project/concept description: Quality physiotherapy and other health professions education depends on qualified educators who are well-prepared, confident, and supported to remain within the workforce.

Relevance to conference themes: An evidence-based framework of support is essential for retaining new academics throughout/beyond their transition-into-academia, as it helps to empower and sustain the education workforce, in turn, enhance the quality of health professions education and workforce. Such a framework is currently limited/absent.

Background: Expert clinicians including physiotherapists are commonly recruited to deliver health professions curricula. In this transition, new academics often experience discontent, stress, low confidence and intention-to-leave academia. These experiences are attributed to the lack of evidence-based/targeted preparation for their educational roles. This study developed a tool to assess specific preparation required by health professions academics in their transition-to-academia. The study, using nominal group technique and content validity index, involved 23 Australian multidisciplinary health professions academics.

Conclusion/outcome: The Preparation for Academic Transition in Health Professions (PATH) assessment tool has been developed and its content validity established. Its domains reflect areas most important and requiring targeted preparation: academic role orientation, role socialisation, role operation, role sustainability, and operational context of the role.

Take-home messages:

- Preparation/support for new physiotherapy and other health professions' academics needs to be targeted/evidence-based and meet their needs to ensure workforce sustainability.
- The PATH tool can be used to identify new physiotherapy and other academics' support needs throughout/beyond their transition-into-academia.
- The PATH tool can be used to inform the design of a framework for targeted preparation/support.

Queer(y)ing physiotherapy education: taking students beyond false cis-hetero-endonormative binaries

Dr Emre Ilhan[1]
[1]*Macquarie University*

3A: Education, Kuranda Room, 16 October 2026, 10.50–11.35 am

Project description: Physiotherapy education retains status quos that reinforce the health disparities observed in marginalised populations. Status quos relevant to gender, sex, and sexuality are 1) assumptions that gender aligns with sex assigned at birth (cisnormativity), 2) that heterosexuality is preferred, and 3) all bodies adhere to a preferred or default standard (endonormativity). This project attempts to queer(y) physiotherapy education, highlighting the complexity of human experiences to enhance students' ability to provide inclusive care.

Relevance to conference themes: To elevate physiotherapy students' clinical skills on placement and practice, students must be empowered to think and act beyond binaries in the physiotherapy classroom and on placement.

Background: In addition to discrimination and stigmatisation, health disparities are also driven by educational frameworks that embolden students-turned-practitioners to reinforce the status quo. Students who do not learn and critically think about the experiences of queer and trans patients may be less prepared to provide equitable and inclusive care. The purpose of this project was to identify where cis-hetero-endo normativities lay unchallenged in a physiotherapy program. Using Freire's pedagogical concept of conscientização (critical consciousness), two curricula were tackled: evidence-based healthcare and chronic pain management.

Conclusion: By using awareness raising and critical reflexivity, students strategised ways to address health disparities experienced by queer and trans individuals.

Take-home messages:

- Educators have a pivotal role in addressing health disparities.
- Physiotherapy curriculum may reinforce health disparities in indirect and direct ways.
- Techniques like critical reflexivity empower students to identify and address health disparities.

Effective and inclusive management of transgender pelvic pain

Kat Walker[1,2], **Julian Grace**[1]
[1]Trans Health Research, University of Melbourne, [2]Peninsula Pelvic Floor Physiotherapy

3A: Education, Kuranda Room, 16 October 2026, 10.50–11.35 am

Background: Pelvic pain affects 36–72 per cent of trans and gender diverse (TGD) individuals using testosterone gender-affirming hormone therapy (Grimstad et al 2023; Zwickl et al 2023). Additionally, more than 60 per cent of TGD people assigned female at birth experience dyspareunia (Abern et al 2022; Tordoff et al 2023). Physiotherapists increasingly work with TGD populations across pelvic, musculoskeletal, and pain management settings, despite a historic lack of relevant curricula content (Neish & Ross 2024). This presentation harnesses the positive impact of inclusive education (Aird et al 2024) to empower physiotherapists to provide much-needed inclusive, effective care.

Themes: Strongly aligning with themes of diversity and inclusion, clinical practice, education and innovation, this presentation translates emerging evidence, clinical and lived experience into practical strategies to enhance care in the emerging field of LGBTQIA+ physiotherapy. This elevates physiotherapy practice by empowering clinicians to deliver inclusive, trauma-informed, and gender-affirming care to TGD individuals.

Objectives: This session will increase practitioner knowledge of testosterone-related changes to pelvic tissues and neuromuscular function, and common co-occurring factors for TGD populations. Attendees will build confidence and competency in inclusive communication, assessment, clinical reasoning, and management strategies for TGD populations, drawing on emerging research, clinical and lived experience, and principles of trauma-informed and gender-affirming care.

Take-home messages:

- Pelvic pain is common in TGD people taking testosterone, requiring specific clinical considerations.
- Assessment and treatment should integrate physiological, psychosocial, and contextual factors using a trauma-informed, gender-affirming approach.
- Inclusive clinical environments, affirming communication, and adaptable examination techniques are essential for providing safe, effective care.

Navigating the winds of change: managing therapist turnover in your clinic

Nick Schuster[1]
[1]*Ultimate Physio*

3B: Leadership & Management, Mossman Room, 16 October 2026, 10.50–11.35 am

One of the greatest challenges for a physiotherapy clinic owner post-COVID is the seemingly never-ending challenge of therapist turnover.

Not only does therapist turnover come with a significant financial cost, it affects team culture, patient continuity, and perhaps, most overlooked, the mental health of the clinic owner.

Managing therapist turnover with a multifaceted approach as a clinic owner is a topic that has never been discussed in a public forum – until now.

In my clinics, I have experience of having more than 20 physiotherapists alone leave my businesses since COVID, for a myriad of reasons – some relating to me as the leader, some completely unrelated.

I am going to present to you a raw and honest 30-minute talk on the reasons why therapists move on, how I have learned to manage and optimise this process, and how I have kept my head right in doing so.

You will see industry data relating to therapist tenure and learn proactive strategies to spot whether a therapist is likely to move on and get ahead of the game with strategies to be on the front foot during this process.

I will discuss a process I call the ‘transition’ in detail, which is the process of making the scenario of one therapist leaving and another starting as seamless as possible.

Most importantly, I will open up and discuss the mental toll of this process on us – the clinic owners. And how we learn from post-traumatic growth.

Leadership and psychological safety in physiotherapy practices

Winnie Wu[1]
[1]The Clinic Project, [2]Movement Laboratory, [3]Papaya Clinic

3B: Leadership & Management, Mossman Room, 16 October 2026, 10.50–11.35 am

Background: Psychological safety is increasingly recognised as an important contributor to healthy workplace cultures and clinician wellbeing. In physiotherapy practices, discussions of psychological safety often focus on team environments for clinicians. However, many clinic leaders experience a less visible challenge: carrying the emotional and organisational load of the entire practice. As clinics grow, leaders must navigate difficult conversations, performance issues and cultural standards while continuing to provide clinical care.

Relevance to conference themes: This presentation aligns with the conference focus on empowering physiotherapy by exploring the leadership dynamics that influence workplace culture, practitioner wellbeing and staff retention within private practice.

Concept/approach: Drawing on leadership experience within growing multidisciplinary physiotherapy practices, this session explores common leadership patterns that emerge as clinics expand. These include over-accommodation of staff, avoidance of difficult conversations, and gradual erosion of professional standards. The presentation will examine how leadership clarity, boundaries and decision-making influence the long-term culture and sustainability of physiotherapy teams.

Conclusion/outcomes: Rapid clinic growth requires deliberate leadership development and organisational design. Psychological safety is essential for both clinicians and leaders. By strengthening leadership capacity and establishing clear leadership pathways, physiotherapy practices can maintain psychological safety, protect team culture and support sustainable growth.

Embedding planetary health in physiotherapy education through Indigenous knowledges

Michael Watkins[2], Dr Sarah Barradell[3], Dr Anna Phillips[2], **Dr Kerstin McPherson**[1], Dr Katrina Li[4]
[1]UNSW, [2]Adelaide University, [3]Swinburne University of Technology, [4]La Trobe University

3C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 10.50–11.35 am

Project description: Physiotherapists as both responders and contributors to the climate crisis, have a clear professional responsibility and opportunity for leadership in planetary health. Indigenous Peoples have been custodians of lands, waters, and ecosystems for thousands of years, holding knowledges grounded in stewardship, reciprocity, and the interconnectedness of human and environmental wellbeing. This project argues that physiotherapy education must learn from Indigenous knowledges to embed planetary health as a core professional capability and contribute to healthier futures for people and Country.

Relevance to conference themes: This project relates to education and climate change, sustainability and environment themes, advocating for embedding planetary health in physiotherapy education using culturally grounded approaches.

Background: Although planetary health is gaining traction in health professional education, there is limited clarity regarding how Indigenous knowledges are being embedded to support this work. A scoping review was undertaken to examine how Indigenous perspectives are incorporated into planetary health education in pre-registration health programs.

Outcome: This scoping review identified 11 studies, most commonly using place-based learning and Indigenous knowledge systems. Indigenous authorship and leadership were limited, with most studies originating from the Global North. Findings highlight an opportunity for physiotherapy leadership through accreditation-aligned, Indigenous-informed curriculum reform to strengthen sustainable practice, cultural capability and workforce readiness.

Take-home messages:
- Physiotherapists manage and contribute to climate-related health impacts.
- Indigenous knowledges are foundational to sustainable healthcare practice.
- Accreditation and educator leadership are essential for change.
- Physiotherapy education must evolve to prepare for climate-related challenges.

Integrating First Nations ways into physiotherapy education

Blayne Arnold[1,2], Associate Professor Benjamin Weeks[1], Dr Sean Horan[1], Associate Professor Samantha Bunzli[3], **Dr Taryn Jones**[1], Dr Ramona Clark[1], Dr David MacDonald[3], Dr Lee Barber[3], Dr Emmah Baque[3], Associate Professor Leanne Bisset[1], Dr Kerry Hall[2,4,]
[1]School of Allied Health, Sport and Social Work, Griffith University, [2]Indigenous Research Unit, Griffith University, [3]School of Allied Health, Sport and Social Work, Griffith University, [4]Office of Deputy Vice Chancellor (Indigenous), Griffith University

3C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 10.50–11.35 am

Background: Physiotherapy programs are required to demonstrate cultural safety and responsiveness to First Nations Australians. Although accreditation standards mandate this capability, physiotherapy educators often report uncertainty, limited confidence, and fear of 'getting it wrong', particularly for non-Indigenous academics, when teaching using First Nations approaches. Students similarly report feeling underprepared for practice with First Nations peoples, highlighting the need for practical, structured, and sustainable educational models.

Relevance to conference themes: This session aligns with the 'Education' theme and offers participants a practical, scalable approach to integrate First Nations Ways of Knowing, Doing and Being into physiotherapy curricula, underscoring conference key subthemes of culture, innovation, and student readiness to practice. The FOCUS26's aim of elevating educational practice and empowering the profession is directly supported.

This how-to session will:

- demonstrate how First Nations approaches can be meaningfully scaffolded across a physiotherapy program
- share strategies to build staff capability and reduce reliance on First Nations academics
- provide practical examples of learning activities that enhance student preparedness for culturally safe and responsive practice.

Participants will gain practical knowledge and strategies to:

- design culturally responsive curriculum activities
- support staff capability development
- embed First Nations pedagogies in a sustainable way.

Take-home messages:

- Cultural capability must be intentionally scaffolded across programs.
- Authentic learning experiences improve student preparedness.
- Staff capability grows through supported, codesigned approaches.
- First Nations ways of teaching strengthen physiotherapy education and supports a culturally safe and responsive learning environment.

Commercialisation: maybe not a dirty word after all?

Dipthi Holloway[1], Anthea Goslin[1], John Fitzgerald[1]
[1]*Active Rehabilitation Physiotherapy*

4A: Business, Kuranda Room, 16 October 2026, 11.40 am–12.40 pm

Concept: At Active Rehabilitation Physiotherapy, we have spent more than a decade developing structured clinical systems and patient programs that support high-quality, safe, consistent and evidence-based care. In recent years we have matured as a business and reimagined several of our internal programs and frameworks as scalable assets, leading to successful commercialisation.

Business: Physiotherapy-led innovation can extend beyond clinical care. By recognising and developing internal intellectual property, physiotherapists can elevate practice standards, contribute at scale and create sustainable revenue streams that support innovation.

Background: Many health professionals express discomfort around 'selling,' and there is a tendency to value individual patient care over systems thinking. As a result, valuable tools often remain underutilised beyond the organisations that created them, representing a missed opportunity for the profession and healthcare systems. Our experience reflects a deliberate shift in mindset, from seeing our work as purely service-based to recognising the systems, frameworks and programs we have built over time as saleable products. This has allowed us to expand our external clinical impact and internal revenue streams, while maintaining alignment with our business values.

Conclusion: By embracing commercialisation, we have disseminated proven systems more widely and created a sustainable mechanism to reinvest in quality improvement. Importantly, this has strengthened clinical integrity by enabling continued refinement and scalability.

Key messages:

- Physiotherapists are already creating valuable products in everyday work.
- Reframing internal systems as assets creates opportunities for broader impact.
- Rather than detracting from patient care, revenue from commercialised products can be reinvested in internal quality improvement.

Eating disorders in physiotherapy clinical practice: recognition and referral

Rebecca Gawler[1], **Claire Weiss**[2]
[1]Eat Love Live, [2]Claire Weiss Physiotherapy

4B: Practice, Mossman Room, 16 October 2026, 11.40 am–12.40 pm

Background: Eating disorders are highly prevalent across the general population, and even more so in sporting populations. In Australia, self-reported disordered eating has been found to affect 57.1 per cent of athletes (Ghazzawi et al 2024). Physiotherapists in sports and private practice are already likely managing affected individuals, often unknowingly. In Australia, 58.5 per cent of instances where eating disorders are identified by clinicians are for unrelated presentations (Hay et al 2021), highlighting the importance of clinician awareness. As first contact practitioners, physiotherapists may recognise warning signs that could otherwise go unnoticed and that may negatively affect treatment outcomes.

Relevance to conference themes: Aligned with the 'Practice' theme. Eating disorders have widespread physiological consequences including reduced bone density, decreased muscle strength, impaired tissue healing, prolonged recovery, increased injury risk, and Low Energy Availability (LEA) that may contribute to Relative Energy Deficiency in Sport (RED-S). Such factors directly compromise physiotherapy treatment, contributing to recurrent or non-resolving presentations. Skills in identifying eating disorders are essential in effectively optimising patient outcomes.

Aims/objectives: Following this presentation participants will be able to define eating disorders and their various presentations, recognise key signs and symptoms, raise concerns with patients utilising appropriate screening questions, and describe referral pathways and the role of the multidisciplinary team.

Take-home messages: Physiotherapists frequently encounter patients with eating disorders in clinical practice. Developing skills to recognise these presentations and facilitate appropriate referral is essential for optimising patient outcomes. Physiotherapy interventions are more effective when eating disorders are identified and appropriately managed.

Neurosurgery Spine Evaluation Clinic (NSEC): a workforce-focused model for sustainable spine care

David Simondson[1], Catherine Knight[1], Paul Smith[1]
[1]*St Vincent's Health Melbourne*

4B: Practice, Mossman Room, 16 October 2026, 11.40 am–12.40 pm

Project: Building on established surgeon-led and physiotherapy-led models of care, we implemented a half-day hybrid neurosurgery/physiotherapy spine evaluation clinic with capacity for 30 appointments. The clinic integrates two neurosurgeons and three experienced advanced practice physiotherapists, while supporting three physiotherapists new to the neurosurgery environment.

Through joint clinical leadership and governance across neurosurgery and physiotherapy, and strong management and executive sponsorship, NSEC delivers an innovative, workforce-focused approach to managing outpatient spinal referrals. The model strengthens practice through multidisciplinary decision-making, supports education via structured training and supervision, and advances sustainable workforce pathways. A robust business case underpins long-term service viability and scalability.

Background: Meeting demand for outpatient neurosurgery services remains a challenge, resulting in prolonged wait times and dissatisfaction among patients, referrers, and staff. Workforce constraints lead to hospital-initiated cancellations that are distressing for patients. Opportunities to expand physiotherapy-led screening clinics are limited by space, workforce shortages, and supervisory burden. Increasing clinical complexity heightens clinician anxiety and burnout risk, while middle-career physiotherapists lack clear pathways to advanced practice, impacting retention.

Conclusion: Following implementation, capacity for new appointments markedly increased. A team-based clinic model eliminated hospital-initiated cancellations. Staff satisfaction was high, with 100 per cent physiotherapist retention at 12 months. Improved clinical confidence enabled definitive management decisions, reduced review appointments, thereby further increasing system capacity.

Take-home messages:

- Integrated spine services improve access and patient flow.
- Joint leadership enables safe, sustainable workforce expansion.
- Education and supervision strengthen advanced practice pathways.
- Team-based models deliver system and business value.

Barriers and enablers to creating an online vestibular learning package

Dr Caitlin Farmer[1]
[1]*Royal Melbourne Hospital*

4B: Practice, Mossman Room, 16 October 2026, 11.40 am–12.40 pm

Project description: Royal Melbourne Hospital (RMH) created an online learning package for acute vestibular conditions due to lack of workforce skills and confidence in treating these patients.

Relevance to conference themes: This project supported physiotherapy education in vestibular conditions through open access online training.

Background: Recognising a significant gap in knowledge and confidence treating vestibular conditions, RMH physiotherapists created an online vestibular learning package for physiotherapists. Barriers included lack of dedicated project time, digital challenges, external participant access and completion rates. The biggest enabler was funding to support a dedicated project officer highly skilled in both education and vestibular conditions. Other enablers to the project included skilled emergency department (ED) physiotherapists, strong in-kind support from ED, neurology and physiotherapy departments as well as the RMH quality and research teams, the RMH learning hub team and the Victorian Vestibular network. These factors enabled the package to be delivered free of charge to Australian physiotherapists.

Conclusion/outcome: Delivering an online vestibular package is challenging and requires dedicated funding to overcome barriers and access enablers including ensuring content accuracy. To date around 1400 physiotherapists have signed up for the package.

Take-home messages:

- Creating an online learning package in an acute public hospital setting is challenging without dedicated project funding.
- Numerous barriers were identified and required time and ingenuity to overcome.
- Strong enablers include multiple stakeholders within and external to the organisation who provided feedback on the content and technical skills.
- There is significant appetite for this package across Australia.

Rural health students' views of climate change and sustainability in their curricula

Dr Kerstin McPherson[1], Dr Brendan Cantwell[2], Dr Vagner Dos Santos[2]
[1]UNSW, [2]Charles Sturt University

4B: Practice, Mossman Room, 16 October 2026, 11.40 am–12.40 pm

Project description: This study explored the perspectives of entry-level physiotherapy, medical and occupational therapy students from a rural university, on climate change and sustainability, as well as their views on its integration into healthcare education in Australia.

Relevance to conference themes: This project relates to the education and climate change, sustainability and environment themes.

Background: Climate change is an increasing global health concern, affecting healthcare systems and patient care. Healthcare professionals, including physiotherapists, medical practitioners and occupational therapists, play a vital role in promoting sustainability and reducing the environmental impact of healthcare. Entry-level education provides an opportunity to equip future practitioners with the necessary knowledge to address climate-related health challenges.

Outcome: A total of 131 students responded to an online survey at rural university – 52 physiotherapy, 62 medical and 18 occupational therapy students. While most students acknowledged climate change, fewer recognised its relevance to their discipline. Concern for healthcare pollution varied, and sustainability was widely accepted as important. Few students supported integrating climate change into their curriculum, citing an already overloaded course structure.

Take-home messages:

- Knowledge of climate change does not necessarily lead to concern about pollution stemming from the healthcare sector.
- Students need their disciplines and educators to lead and advocate for climate change knowledge, show relevance to their disciplines and healthcare sector.
- Climate change has an emotional response – instead advocate for planetary health within healthcare sector.
- Embedding climate education within existing coursework may enhance understanding without adding to perceived curriculum burden.

Defining transition to practice programs for new graduate physiotherapists

Jacqueline North[1,2,3], Dr Daniel Treacy[2,3], Dr Alexandre Stephens[4,5], Associate Professor Michael Lee[2], Associate Professor Roma Forbes[1]
[1]The University of New South Wales, [2]The University of Queensland, [3]South Eastern Sydney Local Health District, [4]Northern New South Wales Local Health District, [5]The University of Sydney

4C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 11.40 am–12.40 pm

Project description: Physiotherapy transition-to-practice (TTP) programs or 'new graduate' programs are widely used to support physiotherapists in their first two years of work, yet inconsistent terminology and structure limit evaluation, benchmarking and workforce planning (McAleer 2023). This project addresses a critical gap by developing a clear definition of a TTP program.

Relevance to conference themes: Aligned with 'Education' theme by providing an evidence-informed framework to guide the educational design and evaluation of TTP programs.

Background: A multi-method, iterative approach was undertaken, including a systematic review of allied health literature across five databases (n=21 papers), an environmental scan of Australian programs, and consultation with 30 public, private and academic stakeholders. These data sources informed the development and refinement of a clear definition of a TTP program for physiotherapists.

Outcomes: Findings demonstrated considerable variability in existing programs across allied health, with limited physiotherapy-specific evidence. Programs typically targeted early-career clinicians over 3–24 months and incorporated structured supports such as supervision, mentoring, professional development and peer support. Stakeholder consultation enabled iterative refinement of a physiotherapy-specific definition and clarified key features that distinguish a TTP program. The resulting definition provides a practical framework to support workforce policy development and future research.

Take-home messages:

- TTP programs are structured, time-limited initiatives supporting physiotherapists within their first two years of practice.
- TTP program supports include orientation, clinical supervision, mentoring, professional development and peer support.
- A shared framework supports sector consistency in program design and evaluation.

Are we underutilising AI in pain communication?

Michael Tong, Dr Daniel Harvie
[1]*Adelaide University*

4C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 11.40 am–12.40 pm

Research on large language models (LLMs) in healthcare has largely focused on evaluating the accuracy, quality, and readability of AI-generated information. This scoping review challenges that framing by examining how LLMs are conceptualised in pain communication. It synthesises emerging evidence to identify dominant research patterns and highlights overlooked uses of LLMs, particularly their role as interactive tools rather than static information providers.

Patient education is central to physiotherapy practice, especially in chronic pain management. As patients increasingly access LLMs for health information, clinicians must consider not only what information is delivered, but how interactions shape patient interpretation, beliefs, and engagement. This work encourages physiotherapists to reconsider how AI may influence communication, learning, and therapeutic alliance.

A scoping review was conducted across multiple databases (PubMed, Embase, PsycINFO) from 2023 to March 2026. Current studies predominantly assess LLMs outputs using readability metrics and quality scoring tools, with limited attention to interaction dynamics or user-level outcomes.

Current research underutilises the interactive capabilities of LLMs beyond information provision. Future directions should include interaction-based outcomes such as user perception, engagement, and shifts in emotional or cognitive responses during dialogue.

Take-home messages:

- AI research in pain care focuses primarily on information quality.
- LLMs are often used as enhanced search engines.
- Interaction processes may influence patient outcomes.
- User perception and emotional response are underexplored.
- AI may be underutilised in pain communication contexts.

Assurance of physiotherapy graduate readiness in the age of generative artificial intelligence

Dr Heidi Kiely[1], Dr Nahid Divandari[1], Dr Conor Lambert[1], Dr Nagarajan Manickaraj[1], Dr Rutger de Zoete[1]
[1]*University of Tasmania*

4C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 11.40 am–12.40 pm

Project/concept description: This project details a framework for Assurance of Learning in a Master of Physiotherapy program, designed to mitigate the risks posed by Generative Artificial Intelligence (GenAI). By transitioning from vulnerable written assignments to authentic performance-based assessments, the model ensures student readiness, integrating GenAI as a developmental tool rather than allowing influence on high-stakes assessments.

Relevance to conference themes: In alignment with the FOCUS26 theme of 'Education,' this project addresses the challenge of maintaining academic integrity and aims to elevate practice by ensuring competence of the next generation of physiotherapists.

Background: The proliferation of GenAI has created vulnerabilities in traditional assignments, which is especially concerning in health professions education where a high-level of competence is required upon graduation. To address this, we restructured our core units around AI-resistant tasks. This framework prioritises authenticity and provides a blueprint for securing student learning outcomes.

Conclusion/outcome: The framework includes clinical reasoning vivas and practical examinations across all core units. External examiners provide an objective benchmark for student performance, minimising assessor bias and ensuring achievement of industry-ready standards. This restructure secures the assessments against GenAI interference, ensuring graduates are career-ready physiotherapists.

Take-home messages:

- Assurance of Learning prioritises direct observation to ensure validity amid challenges around GenAI interference.
- Integration of GenAI is imperative to develop future-ready leaders, but should be restricted to assessment for learning, not assurance of learning.
- Regardless of advancements in technology, assessments must directly assess the core principles and practice thresholds of physiotherapy.

Integrating virtual reality with teacher-centred learning to enhance physiotherapy cardiorespiratory skill acquisition

Dr Serena Hong[1], Jacqueline North[1], Associate Professor Michael Lee[1], Dr Wei-Ju Chang[1], Dr Daniela Castro de Jong[1]
[1]UNSW

4C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 11.40 am–12.40 pm

Description: This explanatory descriptive mixed-methods study describes the design, implementation and evaluation of virtual reality (VR)-enhanced bimodal-flexible learning activity within a cardiorespiratory course for an accredited physiotherapy program in Australia

Background: Hands-on practice of physiotherapy clinical skills is important for developing competency and confidence, but the VR can support students' learning, engagement, and satisfaction (Luginibuehl et al 2023; Pagels et al 2025) by facilitating self-guided learning in a safe environment (King et al 2018). A 120-minute laboratory class including a bimodal-flexible learning activity was designed (VR activity + hands-on training of auscultation of the lungs). Participants completed a questionnaire (DeLone-McLean 2003) to measure their learning experiences and acceptance of VR as an addition to hands-on skill learning activities. Descriptive statistics were used to interpret the questionnaire data, and qualitative data from the focus group were analysed using Reflexive Thematic Analysis (Braun & Clarke 2022) and triangulated to enhance analytical rigor.

Outcome: The cohort (n=86) were invited to complete the questionnaire, with seventy-one students completed the questionnaire (83 per cent). Participants strongly agreed they were satisfied with the overall learning experience (82 per cent), found it seamless and effective (73 per cent), and reported enhanced understanding of auscultation concepts (79 per cent). Preliminary focus group (n=8) analysis shows that the novelty, technical aspects, authenticity, and opportunities for individual learning contributed to positive learning experiences.

Take-home messages:
- VR-enhanced bimodal-flexible learning enhances participants' learning experience.
- VR may complement hands-on physiotherapy skills training.
- Learning activity should "include hands-on and technology," as, "interaction with peers is key to learning."

Building capability in physiotherapy clinical education: a framework supporting career progression

Dr Denise Jones[1,2], Jane Dow[1], Kathryn Vick[1], Angela Brommeyer[1], Charlotte Molesworth[3], Annie Gould[1], Chris Lindner[1], Dr Paula Harding[1]
[1]Barwon Health, [2]La Trobe University, [3]Deakin University

5A: Education, Kuranda Room, 16 October 2026, 1.45–2.30 pm

Project description: The role of Australian physiotherapists as an educator is recognised as a core competence required for registration and continuing practice. Despite this expectation for all physiotherapists, the capabilities associated with delivering clinical education often fail to be explicitly recognised, valued and taught.

The *Capability Framework for Physiotherapists Delivering Clinical Education* ('the framework') was developed with the aim of providing accessible, structured guidance for physiotherapists to recognise and progress capabilities in clinical education across the continuum of their careers.

Background: The framework, structured around six key domains, was developed through analysis of published literature, extensive consultation with physiotherapists and clinical education experts in Victoria using surveys and focus groups. Each domain describes a range of capabilities that are central to providing effective clinical education. Descriptors for each capability are given across a range of skill development from foundation to expert, supported by suggested resources and case studies.

Outcome: The framework, based on research, is designed to support self-directed, non-linear progression, relevant to the varying needs and capabilities of physiotherapists. High-quality clinical education delivered by skilled, capable physiotherapists in the workforce has far-reaching benefits for consumers, the profession and broader health system.

Take-home messages:

- Clinical education skills are frequently acquired through an unstructured range of non-formal learning experiences.
- The framework provides structured guidance for physiotherapists to recognise and develop capabilities in clinical education across the continuum of their careers.
- The framework provides a resource for clinical physiotherapists, educators and managers to champion and embed the importance of lifelong education.

Beyond supervision: a holistic interdisciplinary physiotherapy graduate program for quality disability practice

Trish Hill[1]
[1]*Everyday Independence*

5A: Education, Kuranda Room, 16 October 2026, 1.45–2.30 pm

Project description: A nationwide Physiotherapy Interdisciplinary Graduate Program was implemented in 2025 to strengthen graduate capability and workforce sustainability in community-based disability practice. The 12-month program integrates physiotherapy-specific training with an accelerated interdisciplinary curriculum, supported by structured clinical supervision and multimodal learning.

Relevance to conference theme: This program empowers physiotherapy graduates through evidence-informed, practice-ready community disability training. Embedding clinical reasoning, reflective practice, and interdisciplinary learning within supervision, this program supports confident, capable graduates delivering high impact interventions in complex community contexts.

Background: Workforce sustainability and graduate readiness remain key challenges in National Disability Insurance Scheme (NDIS) aligned physiotherapy. The graduate curriculum aligns with recommended foundational allied health competencies and disability best practice, grounded in socio ecological and human rights practice models. Monthly interdisciplinary topics are followed by physiotherapy-specific workshops covering NDIS supports, clinical reasoning, coaching and courageous conversations, behaviour and habit change, capacity building, assistive technology, multimodal communication, safe physical assistance, aquatic physiotherapy risk management, and behaviours of concern. Learning is delivered via online modules, live and recorded workshops, Communities of Practice, and structured knowledge translation opportunities link directly with supervision.

Outcomes: Early program metrics demonstrate positive graduate feedback, improved graduate recruitment and retention, and maintenance of productivity within a competitive workforce environment.

Take-home messages:

- Structured, best practice graduate programs support workforce sustainability.
- Integrated interdisciplinary and discipline-specific learning builds disability-specific capability without reducing practitioner productivity.
- Embedding supervision, reflection, and knowledge translation develops confident, practice-ready, community-based physiotherapists.

Co-designed curriculum initiative to support physiotherapy students in specialised clinical placements

Michelle Franklin[1], Amy Tinetti[1], Chantelle Wheatley[1], Sarah Kenagy[1], Caris Savin[1], Heidi Welch[1], Dr Merrolee Penman[1], Dr Daniela Aldabe[1]
[1]*Curtin University, Curtin School of Allied Health*

5A: Education, Kuranda Room, 16 October 2026, 1.45–2.30 pm

Project/concept description: This project presents a co-designed, stakeholder-driven curriculum enhancement to bridge the gap between academic preparation and clinical placement readiness in a specialised physiotherapy practice such as Continence and Pelvic Health, utilising the design thinking process.

Background: Physiotherapy students in Australia are commonly underprepared for clinical placements, which are dynamic and complex due to their unpredictability and variability, yet essential for providing authentic learning experiences. This complexity is further amplified in specialised areas such as Continence and Pelvic Health (CPH), where students may have limited prior exposure to clinical content and the practice environment. Drawing on literature supporting stakeholder collaboration, this project engaged clinical supervisors, academics, and students in the co-design and evaluation of online resources to enhance student readiness for CPH clinical placements.

Conclusion/outcome: This project demonstrates a process utilising the design thinking process from ideation through to developing and evaluating a co-designed resource, bridging the knowledge and student preparedness gap for CPH clinical placements. The co-design process shows promise as a scalable approach for other specialist placement areas across allied health. The next steps of the project will involve utilising this process to consult on industry expectations and align clinical educational curriculum to optimise students' readiness for specialist CPH clinical placements.

Take-home messages:

- Utilising current curriculum assessments is a viable option to enhance curriculum development and engage external stakeholders.
- This process is transferable to other specialist areas where curriculum content is limited.
- Qualitative student perspectives provide valuable evidence for continuous resource improvement.

A practical framework for safely introducing AI to new graduate physiotherapists

Barry Nguyen[1]
[1]*CliniScribe AI*

5B: Business, Mossman Room, 16 October 2026, 1.45–2.30 pm

Background: AI documentation tools are now being used in many MSK private practices, including by new graduate physiotherapists. While they reduce administration time, using them too early or without structure can shortcut clinical thinking – particularly history taking, assessment, and reasoning. Many practice owners and senior clinicians are unsure: how do we let new graduates use AI without compromising their development or patient care?

Relevance to conference themes: This session aligns with FOCUS26 by addressing a real-world challenge in modern MSK clinics – how to integrate AI while maintaining high clinical standards and developing strong clinicians.

Aims/objectives: This session introduces a simple, practical framework for bringing AI into new graduate workflows safely. You'll learn a clear three-stage approach that defines:

1. What new graduates should do themselves (no AI)
2. Where AI can assist (eg, documentation, reflection)
3. How supervisors review and approve AI-supported work.

By the end, you'll have a repeatable system you can implement in your clinic immediately.

Take-home messages:

- AI should be introduced gradually, not all at once.
- New graduates must learn to think before they automate.
- Clear structure beats 'just use it if you want'.
- Reviewing AI outputs together turns it into a teaching tool, not a shortcut.
- The way you implement AI matters more than the tool itself.

From clinician to leader: managing multidisciplinary teams as a physiotherapist

Trystan Conway[1]
[1]*Conway Consulting Group*

5B: Business, Mossman Room, 16 October 2026, 1.45–2.30 pm

Background: Physiotherapists increasingly take on leadership roles within multidisciplinary allied health businesses, often while continuing to work clinically. In these roles, leadership involves more than clinical expertise. It includes responsibility for how teams operate day to day, including across professions they do not clinically supervise. When the difference between clinical leadership and operational leadership is unclear, teams can experience role confusion, slow decision-making, and unnecessary strain as they grow and become more complex.

Relevance to conference themes: This session aligns with the 'Management and leadership' theme by focusing on the practical leadership skills required as physiotherapists take on broader responsibility within allied health businesses.

Aims and objectives: This how-to session aims to support physiotherapists, including team leaders and business owners, to lead multidisciplinary teams more effectively by clearly separating clinical leadership from operational leadership. Drawing on lessons from both small private practices and large, distributed allied health organisations, participants will develop practical skills to lead across disciplines without relying on clinical seniority or formal titles.

Participants will gain practical understanding of how to clarify leadership responsibility, improve decision-making, and reduce pressure on themselves and their teams.

Participants will learn how to:

- understand the difference between leading clinically and leading the business
- lead clinicians from other disciplines without relying on professional hierarchy
- clarify who makes which decisions to avoid slow or stuck teams
- put leadership structures in place that continue to work as teams grow.

Evaluating artificial intelligence in healthcare: accuracy, bias and prompt design effects

Dr Bruno Tirotti Saragiotto[1]
[1]*Discipline of Physiotherapy, Faculty of Health, University of Technology Sydney*

5B: Business, Mossman Room, 16 October 2026, 1.45–2.30 pm

Project description: Artificial intelligence, particularly chatbots, is increasingly used by physiotherapists, students and patients to seek health advice. This program of research examines how AI systems perform in realistic healthcare scenarios, addressing accuracy, language bias and user prompting.

Relevance to conference themes: This presentation aligns with FOCUS26 by empowering physiotherapists to engage critically with emerging technologies and prepare a future-ready workforce. It aligns with 'Education' theme, focusing on building AI literacy, judgement and informed decisions.

Background: The presentation synthesises findings from multiple studies (published and unpublished data) evaluating AI chatbots across musculoskeletal and paediatric settings. Methods include accuracy assessments, vignette-based evaluations, analyses of performance across languages, and simulations examining prompt design. These studies examine how AI behaves in realistic contexts.

Conclusion: Chatbot accuracy was moderate to good, improving over time. Performance was more consistent when AI supported clinician reasoning rather than patient use. Prompt design had a greater impact on output than language, highlighting risks related to confirmation bias, over-agreement and false reassurance. These findings suggest AI can support physiotherapy education and practice, but safe use depends on how users interact with these tools.

Take-home messages:

- AI can be a useful support tool, but its value depends more on how it is used than on the technology itself.
- Chatbot accuracy is variable and context-dependent, requiring active questioning rather than passive acceptance.
- Prompt design plays a critical role.
- Educators and leaders have an essential role in developing AI-literate clinicians who can think with AI without over-trusting it.

Effectiveness and cost-effectiveness of a digital falls prevention program for older adults

Professor Kim Delbaere[1], Associate Professor Kim van Schooten, Professor Michele Callisaya, Associate Professor Marina Pinheiro
[1]*UNSW*

5C: Practice, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 1.45–2.30 pm

Project description: Falls remain a leading cause of injury, disability and healthcare utilisation in older adults, yet access to effective, scalable interventions is limited. This project evaluates a digital fall prevention program that integrates balance exercise, cognitive-motor training and cognitive-behavioural therapy. It extends existing physiotherapy practice by embedding evidence-based interventions into a scalable, home-based model, with implications for service delivery, workforce efficiency and health system sustainability. The project advances current practice by operationalising guideline-recommended care in a digital format.

Relevance to conference theme: Aligned with the FOCUS26 'Elevating practices, empowering physiotherapy' theme, this work demonstrates how digital innovation can extend physiotherapy beyond traditional models. It is particularly relevant to the 'Practice' and 'Leadership' themes, highlighting new models of care that improve reach, efficiency and integration within health systems.

Background: In a randomised controlled trial of 518 community-dwelling older adults at high risk of falls, participants received a tailored digital program or health education control. The intervention targeted physical, cognitive and affective risk factors and was delivered over 12 months.

Conclusion: The intervention reduced injurious falls by 42 per cent at six months and improved balance, activity and mood. It had a high probability of being cost-saving, supporting its scalability and potential for implementation in routine care.

Take-home messages:

- Digital physiotherapy programs can safely deliver high-dose, tailored fall prevention at scale.
- Digital exercise programs can reduce injuries from falls and improve key risk factors.
- Cost-saving potential supports integration into health systems.
- Digital models can extend physiotherapy reach and support sustainable care delivery.

Getting the assessment right: a practice-derived systems approach to hamstring strain prevention

Amanda Berntsen[1]
[1]*Amanda Berntsen Physiotherapy*

5C: Practice, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 1.45–2.30 pm

Hamstring strain injuries remain common in sport and musculoskeletal practice, with recurrence rates remaining high despite sophisticated rehabilitation strategies. This suggests opportunities to broaden how clinicians assess and manage these injuries from first presentation.

This presentation introduces a practice-derived systems model founded on the premise that preventing recurrent or chronic hamstring injury begins with accurate identification and treatment of dysfunctions contributing to the initial strain. Rather than viewing hamstring injury as an isolated muscle problem, this model considers injury within a broader neuromusculoskeletal system, recognising that thoraco-lumbo-pelvic dysfunction, neural and myofascial mobility factors, and proximal muscle and joint movement dysfunction may influence both injury occurrence and recurrence.

Central to this approach is an assessment-led clinical reasoning model: get the assessment right, get the diagnosis right, and accurate diagnosis is the key to effective treatment. The presentation proposes that unresolved dysfunction within these systems may contribute to recurrent or chronic hamstring injuries, and that identifying and treating these dysfunctions may improve recovery and reduce recurrence.

Developed through more than 35 years of clinical practice, elite sport experience and research in early mobilisation for hamstring strain injury, this framework integrates skilled hands-on treatment with rehabilitation within an innovative systems model.

Through clinical reasoning and case examples, this presentation explores how systems-based assessment may support full recovery, prevent recurrence and provide a transferable framework for managing calf and quadriceps strain injuries.

Escaping the classroom: designing an acute care escape room for physiotherapy education

Jacqueline North[1,2,3], Dr Daniela Castro de Jong[1], Associate Professor Michael Lee[1], Dr Wei-Ju Chang[1], Dr Serena Hong[1]
[1]The University of New South Wales, [2]The University of Queensland, [3]South Eastern Sydney Local Health District

5C: Practice, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 1.45–2.30 pm

Project/concept description: Educational escape rooms (EER) represent an emerging, experiential learning strategy that aligns with the growing need for physiotherapy graduates to demonstrate clinical reasoning and teamwork under pressure. This study describes the design, implementation and evaluation of an acute cardiorespiratory physiotherapy EER embedded within an accredited program in Australia. The approach is novel in physiotherapy education, shifting simulation away from task-based performance towards integrated, team-based clinical problem-solving reflective of acute care practice.

Relevance to conference theme: This presentation aligns with the 'Education' theme by showcasing innovative curriculum design that strengthens work readiness.

Background: EERs combine gamification, simulation and collaborative learning, yet evidence within physiotherapy remains limited (Veldkamp et al 2020; Quek et al 2023). An acute care EER was designed using principles of constructive alignment and simulation pedagogy (Eppich & Cheng 2015). Learners engaged in clinically authentic challenges requiring interpretation of patient information, prioritisation of care and effective communication. Evaluation will examine learner perceptions of learning effectiveness using a validated survey tool (SET M), focus groups and facilitator observations. Quantitative data will be analysed descriptively, with qualitative data analysed using reflexive thematic analysis. Triangulation of data sources will enhance analytical rigour.

Conclusion/outcomes: This presentation will report preliminary evaluation findings and outline key design considerations for educators seeking to integrate similar approaches into physiotherapy curricula.

Take-home messages:

- Educational escape rooms can support integrated clinical reasoning in physiotherapy.
- Purposeful design is critical to educational value.
- Debriefing may support translation of experience into learning.

The Australian Physiotherapy Attrition and Retention Collaboration (PARC) project: practitioner perspectives

Dr Paula Harding[1], Dr Sunita Bayyavarapu Bapu, Dr Jade Tan, Dr Lee Barclay, Dr Eva Saar, Browyn Darmanin, Sheila Lennon, Gillian McDermott, Jackie Robertson, Lowana Williams, Dr Sarah Anderson, Kim Gibson
[1]*Physiotherapy Board of Australia*

6A: Leadership & Management, Kuranda Room, 16 October 2026, 2.35–3.20 pm

Background: Physiotherapy is the fourth-largest health profession, regulated nationally by the Australian Health Practitioner Regulation Agency (Ahpra) and is listed as being in national shortage on the Australian Government's 2024 Skills Priority List. Understanding workforce retention and attrition is therefore critical to supporting the profession's sustainability.
In response, a collaboration among the Physiotherapy Board of Australia, Ahpra's Research Evaluation and Insights Team, and the Australian Physiotherapy Association, explored practitioners' perspectives on factors associated with retention and attrition.

Methods: A mixed-methods approach was used, qualitatively analysing open-ended survey responses and 21 semi-structured interviews with registered physiotherapists.

Four key themes were identified:

- anchors of retention
- barriers to workforce entry: navigating identity and system constraints
- drivers of attrition, and
- retention strategies: addressing systemic constraints and individual needs.

Together, these themes depict a purpose-driven profession shaped by the interplay between physiotherapists' needs and systemic challenges that affect clinical engagement.

Conclusion: Strategies to support physiotherapist retention include improved remuneration, clearer career progression pathways, supportive workplace conditions, and burnout prevention. Future research on early-career physiotherapists may help address workforce shortages.

Take-home messages:

- Improved remuneration to recognise experience and expertise, and supportive work environments, may support physiotherapists' retention.
- Career progression opportunities warrant further consideration, given their potential influence on both retention and attrition.
- Further research is needed to quantify the contribution of experience, additional training, and specialised skills to workforce retention.

Spotting the zebra: recognising and managing complexity in neurodivergent adults

Michelle Garland[2]
[1]Ht Health Group, [2]Glebe Hill Family Practice

6B: Practice, Mossman Room, 16 October 2026, 2.35–3.20 pm

Background: In an area poorly understood by many clinicians, this presentation invites participants to 'walk on the wild side' and explore a practical framework for delivering high-quality, holistic care to neurodivergent adult patients. Growing research demonstrates that neurodivergent adults present with a constellation of complex, chronic health conditions.

Relevance: Physiotherapists can play a pivotal role within multidisciplinary teams by assessing, prioritising, and coordinating holistic care for this population.

Methods: This presentation aims to:

- describe key features of neurodivergent conditions relevant to physiotherapy practice
- review current research on comorbid conditions commonly associated with neurodivergence and their implications for physiotherapy management
- use case studies and lived experience to illustrate the development of an effective framework that supports physiotherapists in co-designing holistic decision-making and management plans with their clients.

Learning objectives: By the end of this session, participants will be able to:

- identify clinical features of adult neurodivergence relevant to physiotherapy assessment and management
- understand emerging research linking neurodivergence with other chronic health conditions
- demonstrate a foundational understanding of these comorbidities and their impact on function and quality of life
- apply a structured framework to identify, prioritise, and deliver high-quality care for neurodivergent adults.

Take-home messages:

- Neurodivergent adults often present with complex clinical needs that require thoughtful, individualised management.
- Neurodivergent conditions frequently coexist with other chronic health conditions, contributing to this complexity.
- Structured physiotherapy intervention and holistic, patient-centred management can be transformative for both therapist and patient.

Physiotherapy has embraced clinical Pilates exercise treatment. What does the future hold?

Craig Phillips[1]
[1]*Dma Clinical Pilates & Physiotherapy*

6B: Practice, Mossman Room, 16 October 2026, 2.35–3.20 pm

Concept description: Physiotherapists have adopted Pilates widely since its introduction into Australia more than 35 years ago. The recent boom in Pilates in gyms and studios, attempting to manage injuries and pathology presents great opportunities for physiotherapists to demonstrate their expertise using exercise for treatment and our key point of difference in the exercise space.

Relevance to conference theme: While 'exercise as medicine' is promoted widely, the current standard of generic exercise programs does not have the ability to be individualised to specific patient presentations and pathologies.

Background: With low back pain being one of the major costs in healthcare globally, a recently published, three-arm double-blinded randomised controlled trial demonstrated that patient 'matched' clinical Pilates exercise treatment programs were significantly better ($p < 0.001$) than 'unmatched' generic Pilates and generic exercise when measured for pain, function and disability over a 12-week intervention.

Conclusion: Physiotherapists can apply this approach by 'matching' the right exercise treatment to the right patient at the right time with a clear clinical pathway and strong outcome predictors. Patient intervention can be individualised by being subgrouped on a directional loading model.

Take-home messages:

- Physiotherapy clinics with existing Pilates infrastructure and training can deliver these more patient-specific programs.
- Individualised exercise treatment can demonstrate the significant cost benefit and value of physiotherapists reducing morbidity and unnecessary surgical interventions.
- This model can be applied across the chronic complex musculoskeletal landscape with the subgrouping model providing a clear pathway that can be extended beyond low back pain.

Raising the bar: a new approach to assessing entry-level physiotherapy practice

Dr Alan Reubenson[1], Professor Leo Ng[1,2], Dr Vidya Lawton[3], Associate Professor Irmina Nahon[4], Dr Rebecca Terry[5], Professor Daniel Gucciardi[1]
[1]Curtin University, [2]Swinburne University of Technology, [3]Macquarie University, [4]University of Canberra, [5]Bond University

6C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 2.35–3.20 pm

Project/concept description: The Assessment of Physiotherapy Practice (APP) is the national instrument used across Australia and New Zealand (ANZ) to determine whether students are ready to enter the profession. For 15 years it has been scored as a single measure. This body of research identifies a new way of operationalising the APP that better reflects safe, effective practice.

Relevance to conference themes: Within the 'Education' theme, strengthening how we assess future physiotherapists directly elevates the standard of performance required to enter the workforce.

Background: Two studies tested whether the APP is best interpreted as a single measure or two separate dimensions. Using archival placement data from an initial single-site longitudinal study (n=561) and a multi-site replication across 19 ANZ universities (n=1,865 students; 8,979 assessments), both found a two-factor model – with a professional (items 1–4) and a clinical dimension (items 5–20) – better represented performance than the original single-factor approach. The two-factor model held consistently across time, placement types and settings.

Conclusion/outcome: While the original single-factor scoring remains valid, the two-factor approach is preferred as it better captures the complexity of entry-level performance. Following sector-wide consultation across ANZ, agreement has been reached to adopt this interpretation. The presentation will cover the research and practical steps to translate findings into practice.

Take-home messages:

- Professional and clinical skills are distinct, equally essential dimensions of safe practice.
- Graduates must demonstrate competence in both – one cannot compensate for the other.
- Evidence-informed change is achievable when the profession works together.

Evaluation of a physiotherapy student clinical educator support program using RE-AIM framework

Jane Dow[1,2], Emma Edwards[1], Professor Clarice Tang[2]
[1]Barwon Health, [2]Victoria University

6C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 2.35–3.20 pm

Project description: Evaluation of a structured support program for early-career (EC) physiotherapy clinical educators (CEs) during student placements using an implementation science approach. The evaluation used the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework and feasibility measures to assess a formal educator support program in a regional setting.

Relevance to conference themes: The project strengthens physiotherapy education and workforce capability by supporting EC clinicians undertaking CE roles. This approach is novel in physiotherapy, reframing educator support as an evidence-based, scalable intervention rather than reliance on ad hoc support.

Background: Rising demand for physiotherapy student placements has increased the proportion of EC physiotherapists undertaking CE roles. Evidence consistently highlights EC physiotherapists report reduced confidence, limited access to timely and tailored support. Given known workforce attrition in EC years, structured approaches to CE support are increasingly important for workforce sustainability.EC in this program was defined as those who had supervised between zero and three clinical placement blocks. Thirteen EC physiotherapists undertook the program, with ten completing the evaluation.

Outcomes: The program demonstrated strong reach and acceptability, low perceived workload burden, and good compatibility across settings. Observation and psychologically safe feedback enabled rapid translation of learning and increased confidence. Implementation science supported the evaluation and sustainable revision of the program, building departmental capacity.

Take-home messages:

- Structured, individualised educator support is acceptable enabling immediate application of learning, across settings.
- EC physiotherapists are open to observation and value immediate feedback.
- Implementation outcomes informed CE support has potential to strengthen workforce confidence and retention.

Equivalence in clinical educator training: online and face-to-face workshops using the APP

Tanya Palmer[1], Dr Taryn Jones[2], Dr Andrea Hams[2], Dr Michael Donovan[3], Ruth Dunwoodie[3], Julie Gauchwin[4], Dr Rebecca Terry[5], Gitte Nielson[6]
[1]CQUniversity, [2]Griffith University, [3]University of Queensland, [4]Australian Catholic University, [5]Bond University, [6]James Cook University

6C: Education, Bluewater Rooms 1 & 2 – Level 1, 16 October 2026, 2.35–3.20 pm

Physiotherapy students undertaking clinical placements are assessed using the Assessment of Physiotherapy Practice (APP). Clinical educators (CE) complete these assessments; however, many have limited formal training in education and assessment. Although professional development opportunities exist, ranging from self-directed online resources to facilitated workshops, there is limited evidence to guide best-practice approaches for supporting consistent, high-quality assessment. Understanding how training delivery formats (online versus face-to-face) influence educators' confidence and perceived competence is essential for maintaining standardised assessment practices.

Aim: To determine whether participation in an online-workshop influences CE perceived knowledge, skills, attributes, and confidence in undertaking standardised assessment of physiotherapy students on placement, compared with face-to-face delivery.

Methods: CEs participated in a structured workshop incorporating standardised content, facilitated discussion, simulated assessment activities, and calibration exercises focused on applying APP performance standards. Workshops were delivered either face-to-face or online (Zoom). Pre- and post-workshop surveys were administered (Qualtrics) to assess self-perceived knowledge, skills, attributes, and confidence related to student assessment. Pre–post differences were analysed.

Results: Data from 204 CEs were analysed, with 49 per cent attending the online workshop. Educators reported significant improvements across all measured domains, including confidence in making assessment judgements and perceived capability to apply the APP in a standardised manner, irrespective of delivery format.

Conclusion: A structured, interactive workshop was perceived to be effective in building confidence and calibrating assessment judgements when using the APP, regardless of delivery format. Well-designed online training can be equivalent to face-to-face delivery when a strong emphasis is placed on interaction, calibration and assessment consistency.

Rethinking physiotherapy care: hybrid models and value-based patient journeys

Winnie Wu[1]
[1]*The Clinic Project,* [2]*Papaya Clinic,* [3]*Movement Laboratory*

7A: Business, Kuranda Room, 17 October 2026, 9–10.15 am

Background: Traditional physiotherapy services are commonly structured around time-based, one-to-one treatment sessions. While effective for acute care, this model can limit the profession's ability to support long-term behavioural change and patient transformation. Increasingly complex health conditions require care models that integrate education, behaviour change and multidisciplinary collaboration.

Relevance to conference themes: This presentation aligns with the conference focus on elevating practice and empowering physiotherapy by exploring innovative service delivery models that improve patient outcomes while supporting sustainable physiotherapy businesses.

Concept/approach: This session explores how hybrid care models combine individual treatment with structured programs, education and multidisciplinary collaboration to support patient transformation. Drawing on hybrid programs currently implemented within private practice settings, the presentation outlines practical steps clinicians can take to redesign patient journeys beyond symptom management. Topics include designing structured care pathways, packaging physiotherapy expertise into outcome-focused programs, integrating education and behaviour change strategies, and overcoming common implementation challenges within private practice.

Conclusion/outcomes: Hybrid and integrative service models provide physiotherapy practices with practical opportunities to deliver deeper patient outcomes while creating more sustainable and scalable care models.

Take-home messages:

- Traditional time-based physiotherapy models can limit long-term patient outcomes.
- Hybrid models allow physiotherapy practices to shift from treating episodes of care to supporting meaningful, long-term patient transformation.
- Integrative multidisciplinary care expands physiotherapy's role in healthcare.
- Value-based pricing aligns services with outcomes rather than treatment time.

Would Australians choose physiotherapy over a free GP for musculoskeletal care?

Jim Zouch[1], Dr Michelle Hall, Dr Manuela Ferreira, Hanzhi Zhang, Dr Thomas Gadsden, Dr Christopher Hayward, Dr Claire E-Ashton James, Leo Li, Dr Blake Angell, Dr Moserrat Conde, Dr Paulo Ferreira
[1]*Sydney Musculoskeletal Health, Faculty of Medicine and Health, The University of Sydney*

7A: Business, Kuranda Room, 17 October 2026, 9–10.15 am

Project/concept description: Care-seeking for musculoskeletal (MSK) conditions is shaped by factors beyond clinical need, including cost, access and provider preference. This study applies a discrete choice experiment (DCE) to quantify what patients value most when choosing their MSK provider.

Relevance to conference themes: These findings support physiotherapists in understanding the value patients place on healthcare, highlight consumer willingness to pay, and inform policy conversations about equitable MSK care access in Australia.

Background: A DCE elicited preferences of Australian consumers choosing a healthcare provider for non-traumatic MSK pain, following best practice guidelines. Attributes were identified through systematic literature review, nominal group techniques and expert panel discussion. Pilot testing (n=50) informed the final Bayesian D-efficient design, administered to 600 participants and analysed using mixed multinomial logit modelling across subgroups including age, income, education and rurality.

Conclusion/outcome: Pilot data (n=50) demonstrated all five attributes significantly influenced provider choice. Specialist physiotherapy was strongly preferred, with consumers willing to pay $121 (95 per cent CI $56–$187) more than a GP consultation. Same-day appointments were valued at $90 (95 per cent CI $46–$134) more than waiting more than two weeks. Even when a free GP alternative was available, the probability of forgoing MSK care increased from 5.5 per cent at $0 to 16.8 per cent at $240 physiotherapy cost, suggesting participants might preference physiotherapy care. Results from the full sample will be presented at FOCUS26.

Take-home messages:

- Consumers place significant monetary value on specialist physiotherapy.
- As physiotherapy costs rise, some consumers forgo MSK care entirely.
- Public funding may reduce MSK care avoidance.

Beyond the break-even: a 90-day framework for 30 per cent practice profitability

Natasha Ace[1]
[1]*Private Practice Alliance*

7A: Business, Kuranda Room, 17 October 2026, 9–10.15 am

Background: Many physiotherapy practices operate on razor-thin margins, often prioritising clinical volume over financial health. This leads to a cycle of 'revenue wastage' that compromises business sustainability. This session assumes participants have access to basic financial reports, including profit and loss statements, practice management system reporting tools and service fee agreements, but lack a structured methodology to transition from operational survival to a consistent 30 per cent profit benchmark.

Relevance to conference themes: This session relates to the conference proposition 'Elevating practices, empowering physiotherapy' by providing practical insights to enhance business performance. Under the 'Business' theme, it addresses financial management and data analytics.

Aims/objectives: The session aims to provide a structured approach to increasing practice return on investment through systemic expense auditing and billable optimisation. Participants will acquire skills in using data analytics to identify revenue wastage and apply activity-based funding principles to stabilise operational cash flow.

Take-home messages:

- Calculate your 'line': define your 'cost of doing business' to establish the baseline for every clinical hour in your practice.
- Stop the wastage: audit your client journey and administration workflows to identify where the 'nice tax' is draining profit through unpaid tasks and awkward money conversations.
- Define your health-based activities: implement subtle, high-impact changes to your service fee policy to eliminate 'below the line' losses, improving both patient retention and your cashflow.
- Preserve the time: shift the patient mindset from 'paying for a service' to 'preserving the time' to ensure adherence to attendance rather than a passive focus on the booking.

Australia's Advanced Practice Physiotherapy (APP) workforce: matching skills mix to service priorities

David Jovic[1], Professor Steven Milanese, Dr Sarah Barradell, Matthew Beard, Dr Romany Martin
[1]*Swinburne University*

7B: Education, Mossman Room, 17 October 2026, 9–10.15 am

Project description: This project examines Australian advanced practice musculoskeletal physiotherapy competency development, exploring the extent to which current training pathways meet health service and advanced practice needs.

Relevance to themes: Aligns with people, clinical and workforce themes.

Background: Trusted, high-quality education is essential to the development, implementation and success of advanced practice. The recent development and dissemination of the Australian Physiotherapy Association's advanced practice competency framework obligate leaders to consider the extent to which current education and training pathways towards advanced practice are fit for purpose.

Through mapping two documents (advanced practice statements of duties and postgraduate Masters units intended learning outcomes) onto the competency framework and undertaking a qualitative study of Tasmanian advanced practice physiotherapists, the competency needs of Australian advanced practice are defined. The strengths and limitations of current competency development pathways are subsequently exposed.

Conclusions: With the increasing scope and responsibilities of advanced practice comes the need and expectations for credible and high-quality education and training pathways, to an acceptable breadth and depth across competency domains. The optimal pathway to this competency is not defined, with opportunities for optimisation of the current pathway described.

Take-home messages: Advanced practice requires practitioners to be competent across multiple domains. Current education and training do not align with health service expectations of for advanced practice. Opportunities to align enabling institutions are essential for the development of Australian advanced practice.

Recovery after severe traumatic brain injury (TBI): return to life and work as a physiotherapist

Ché Phillips[1]
[1]*Wilkes Physiotherapy*

7B: Education, Mossman Room, 17 October 2026, 9–10.15 am

This talk will centre on the lived experience and recovery of Ché Phillips. Ché sustained a traumatic brain injury (TBI) in late 2009, characterised by a severe diffuse axonal injury (DAI). The accident occurred while riding a motorbike down Springbrook Mountain on the Gold Coast; he fell 40 metres off the side of a cliff.

Though he has no personal memory of the subsequent two months he spent in a coma, with only emerging memories of the remaining six months in hospital, this talk will account his personal narrative, alongside that of his family and friends, detailing his recovery. After two years, he remarkably returned to his life and work as a physiotherapist. In light of his personal experiences and rehabilitation, his career focus changed to focus on acquired brain injury (ABI)/TBI clients. He will discuss the unique perspectives he has gained, first as a patient and now as a therapist treating people with ABI/TBI in community settings around the world, including the Gold Coast and Melbourne in Australia, London in England and Christchurch in New Zealand.

Ché's story is one of great personal motivation. Research shows that returning to pre-injury employment can be a challenge, with up to 80 per cent of individuals not working at two years after a moderate-to-severe TBI (Sandhaug et al 2015). He will discuss the importance of his journey and return to work, which has marked impacts on quality of life, societal roles, contribution to society and one's sense of purpose.

Concussion confident: closing the education gap for physiotherapists

Liz Jemson-ledger[1]
[1]*Your Brain Health*

7B: Education, Mossman Room, 17 October 2026, 9–10.15 am

Background: Concussion is prevalent across physiotherapy settings, yet clinicians report low confidence in screening, assessment, and rehabilitation. Despite evidence-based guidelines, no standardised education framework exists to systematically upskill physiotherapists across the full management spectrum. This session describes a structured concussion education workshop and presents preliminary outcomes data from initial cohorts. No prior specialist concussion training is assumed.

Participants will learn how to:

- identify clinical domains where physiotherapists report lowest baseline confidence in concussion management
- describe a blended workshop model integrating evidence-based content, case-based learning, and technology-assisted clinical tools
- interpret pre–post confidence survey data demonstrating meaningful improvement across management domains
- apply core principles from this model within their own practice or education context.

Take-home messages:

- Structured concussion education workshops produce measurable, significant gains in clinician confidence across all clinical domains.
- Blended learning across subspecialty areas, incorporating technology-assisted tools effectively bridges theory and clinical practice.
- Pre–post confidence surveys are a practical and meaningful metric for evaluating professional development outcomes.
- A condensed workshop format can achieve substantial upskilling without sacrificing clinical depth or applicability.
- Investing in concussion education directly improves physiotherapy workforce capacity and patient outcomes.

Advancing physiotherapy education and practice: Australian standards for health practitioner pain education

Genevieve Nolan[1], Janet McConville[1], Maral Richards[1], Adjunct Professor Emily Haesler[2,3], Martina Otten[1], Dr Noam Winter[1]
[1]Faculty of Pain Medicine - Australian and New Zealand College of Anaesthetists, [2]Curtin University, [3]La Trobe University

7B: Education, Mossman Room, 17 October 2026, 9–10.15 am

Project description: Almost one in five Australian adults lives with chronic pain. Despite this, there is evidence that patients experiencing pain continue to receive inadequate care. This gap is reflected in the longstanding underemphasis of pain management knowledge and skills in health practitioner education. The new *Australian Standards for Health Practitioner Pain Management Education* ('the standards') assist in addressing this deficit.

Relevance to conference theme: Aligned with the 'Education' theme, this work supports the conference focus on elevating practice and empowering physiotherapy by strengthening practitioner capability, confidence and clinical decision-making in pain management.

Background: The standards were developed through a robust and inclusive, national process, including governance oversight; multidisciplinary stakeholder consultation workshops, also including people with lived experience of pain; inductive thematic analysis and internal and external validation of the findings. The final standards were endorsed by the Australian government in 2026.

Outcome: The standards provide clear guidance for curriculum design, teaching approaches and assessment, with a focus on person-centred care, communication, interdisciplinary practice and reflective practice. They offer a scalable framework to improve consistency and quality of pain education across physiotherapy programs.

Take-home messages:

- A national, evidence-based framework now exists to guide physiotherapy pain education.
- The standards support curriculum development and contemporary teaching approaches.
- Adoption can strengthen clinician confidence, capability and patient outcomes.
- The standards embed person-centred, culturally responsive and multidisciplinary care.

Student-led interprofessional falls prevention: a feasible work-integrated learning model

Dr Danielle Baxter[1], Dr Elisio Pereira[1], Dr Jack Feehan[1], Amy Lawton[1,2], Professor Rebecca Lane[3], Associate Professor Adrian Pranata[1], Kate Burke[1], Julian Grace[1,4], Professor Sophia Xenos[1], Dr Jenny Robinson[1], Dr Brett Vaughan[4]
[1]RMIT University, [2]Victoria University, [3]Swinburne University, [4]University of Melbourne

7B: Education, Mossman Room, 17 October 2026, 9–10.15 am

Project description: Falls-EDU Phase Two is an innovative, student-led, interprofessional model integrating education and service delivery within a university health clinic. Physiotherapy and osteopathy students collaboratively delivered supervised falls prevention for community-dwelling older adults, combining individual risk assessment with group-based exercise interventions. The model was underpinned by a structured interprofessional education (IPE) framework co-designed by an expert working group and embedded within authentic clinical workflows. Project outcomes were evaluated using student IPE surveys, including Readiness for Interprofessional Learning Scale (RIPLS) and Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R), alongside patient-reported and functional measures.

Relevance to conference themes: This model aligns with FOCUS26 by elevating practice through innovative education. It demonstrates how work-integrated learning enhances student readiness, interprofessional capability, and clinical reasoning while delivering community-based preventative care. The program reflects priorities in workforce development, collaborative practice, and sustainable, value-based service models relevant to physiotherapy.

Background: Falls prevention remains a priority for older adults living independently, yet access to multidisciplinary services is limited. Traditional education often lacks authentic interprofessional clinical exposure. Falls-EDU builds on a pilot by incorporating physiotherapy, introducing group-based interventions, and embedding a structured IPE framework within clinical delivery.

Conclusion/outcome: This feasibility study evaluates acceptability, implementation fidelity, and preliminary patient and student-reported outcomes. Early findings demonstrate strong engagement and support scalability. The model shows potential to deliver value-based care by aligning preventative outcomes with workforce development in a cost-efficient setting.

Take-home messages:

- Student-led work-integrated learning (WIL) supports community falls prevention delivery.
- Structured IPE enhances collaboration and clinical reasoning in allied health students.
- Feasibility data supports scaling innovative care models.

Beyond technology: co-designing telehealth musculoskeletal pathways: organisational perspectives on implementation

Adnan Asger Ali[1], Professor Trudy Rebbeck[1,4], Dr Alla Melman[1], Dr Tania Gardner[1], Dr Alison Sim[1,2], Associate Professor Kerrie Evans[1,3]
[1]University of Sydney, [2]La Trobe University, [3]Healthia, [4]Kolling Institute

7C: Education, Bluewater Rooms 1 & 2 - Level 1, 17 October 2026, 9–10.15 am

Project/concept description: Rural Australians face worse musculoskeletal (MSK) health outcomes than metropolitan populations, yet access to specialist physiotherapy remains inequitable. The PAthway of CarE for people with chronic musculoskeletal conditions living in RURAL Australia (PACE-RURAL) trial addresses this through a digitally enabled pathway combining risk stratification, telehealth, and patient e-resources. This co-design study examines organisational perspectives on successful implementation in rural and regional Australia.

Relevance to conference themes: This research explores organisational barriers and facilitators to adopting the PACE-RURAL program across rural and regional Australia, with direct relevance to workforce challenges, technology integration, and leadership for sustainable change.

Background: Online focus groups were conducted with rural health service leaders across allied health peak bodies, healthcare organisations, government agencies, consumer advocacy groups, and public hospitals (n=37 participants, 10 organisations). Data were analysed using reflexive thematic analysis. Four themes were identified: navigating fragmented healthcare systems; valuing local expertise and community connections; managing competing priorities and resource constraints; and workforce capacity.

Outcome: Effective implementation demands more than technological solutions. It requires leadership, relational trust between local and specialist clinicians, and co-designed strategies addressing systemic fragmentation and resource constraints. Pathways implemented without these foundations risk displacing the local expertise and community connections that rural care depends on.

Take-home messages:

- Telehealth implementation is not just a technology problem.
- Co-design with service leaders produces strategies that are contextually grounded and more likely to sustain.
- Telehealth pathways designed to deliver specialist mentorship can strengthen rural workforce retention.
- Funding structures and scope-of-practice recognition remain systemic barriers requiring active physiotherapy advocacy.

Transitioning to in-house physiotherapy in rural aged care: a practical blueprint

Anu Sankar Purushothaman[1]
[1]*Edgarley Assisted Living, Casterton*

7C: Education, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 9–10.15 am

Background: Rural aged care services frequently rely on outsourced physiotherapy models that create financial inefficiencies, fragmented care, workforce instability, and limited integration with governance. Agency-mediated recruitment pathways may add 15–20 per cent to annual salary expenditure, while contractor models reduce continuity and interdisciplinary collaboration. This session assumes participants have foundational knowledge of aged care service delivery and are seeking sustainable workforce and leadership solutions within regional settings.

Relevance to conference theme: Aligned with the FOCUS26 theme, 'Elevating practices, empowering physiotherapy,' this session integrates 'Management and leadership,' 'Business,' 'Practice' and 'Education.' It demonstrates how an embedded physiotherapist can serve as a clinical lead, risk manager, accreditation contributor, workforce educator and driver of value-based care within a not-for-profit rural facility.

This interactive session provides a step-by-step framework to:

1. Conduct financial and workforce mapping, comparing outsourced versus in-house models.
2. Embed physiotherapy within governance, accreditation, and risk reporting structures.
3. Expand scope to include falls prevention, manual handling training, mobility outcome auditing, complex case management, and respite rehabilitation.
4. Develop workforce capability through micro-teaching and interdisciplinary education.

Participants will acquire practical tools, implementation templates, and measurable sustainability indicators transferable to their own settings.

Take-home messages:

- In-house physiotherapy improves cost efficiency, governance alignment, and care continuity.
- Workforce sustainability requires leadership integration, not service outsourcing.
- Physiotherapists can function as strategic drivers of accreditation readiness and risk reduction.
- Rural models must align financial planning, workforce capability and quality standards to remain future-ready.

Resourcefulness and opportunity: funding for a public hospital physiotherapy prostatectomy service

Catherine Willis[1], Thomas Harris, Ariane McKinnion
[1]*APA*

7C: Education, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 9–10.15 am

Background: Securing funding for a public hospital physiotherapy service is challenging, yet with persistence, opportunity and some well-timed budget surplus a team of staff from the Royal Brisbane and Women's Hospital (RBWH) were able to utilise a RBWH Foundation Grant and some Metro North Allied Health outpatient activity uplift to launch the hospital's first preoperative and postoperative physiotherapy prostatectomy service for male patients diagnosed with prostate cancer.

Relevance to conference themes: Through the application of evidence-based clinical practice and trans-perineal ultrasound for the education of male patients undergoing radical robotic prostatectomy we have conclusively shown that the outpatient weighted activity units (WAU) generated by this service has covered the cost of staffing full-time equivalent (FTE) (both clinical and administrative). There was also opportunity for physiotherapy staff to learn from an experienced clinician who could provide ongoing supervision. The Prostate Cancer Distress Screening tool was also used pre- and post-appointment to gather data on the patient's experience of the service.

Aims/objectives: To increase understanding of opportunities for funding in a public hospital service, methods for monitoring data/occasions of service though PowerBI, grant applications for equipment procurement, providing meaningful staff training, and future cost-savings to a healthcare service.

Take-home messages:

- Public hospital physiotherapy services can provide high-quality care to patients undergoing treatment for cancer.
- Physiotherapy outpatient models of care provide value to health services
- Alternate sources of funding need to be considered.
- Skill development should be incorporated into short-term funding opportunities.

Private practice sustainability, staff and success. How to measure and defining enough?

Cate Boyd[1]
[1]*Eltham Physiotherapy Centre*

8A: Leadership & Management, Kuranda Room, 17 October 2026, 11.05 am–12.05 pm

Sustainable private physiotherapy practice is increasingly challenged by workforce burnout, staff turnover, and rising community expectations. This presentation explores a practical, values-driven approach to building and maintaining a successful private practice, with a central focus on staff development and retention.

Over a 25-year period, one clinic has grown from two to 16 physiotherapists and from one to more than 120 classes per week, while maintaining long-term staff tenure. This session examines the key decisions and inflection points that supported this growth, highlighting the transition from expansion to sustaining a high-functioning team.

A consistent theme underpins the entire journey; investing in people and your clinic. Strategies discussed include structured mentoring, clear remuneration and progression pathways, leadership development, and fostering a supportive workplace culture. Importantly, this clinic does not focus heavily on key performance indicator (KPI)-driven management, instead emphasising trust, accountability and alignment with shared values.

The presentation will also address the more challenging aspects of business ownership, including managing performance, navigating generational change, balancing leadership and family, and making difficult decisions to protect team culture and long-term viability. Attendees will be encouraged to consider definitions of success, the journey of growth and the proposition that ‘maintenance’ of a high-functioning, well-supported team may represent the most complex and valuable stage of private practice.

This is a real-world look at building a business that lasts, without burning yourself or your team out. A chance to reflect on a simple question: what does success actually look like?

Leadership curriculum for agile and resilient future physiotherapy professionals

Professor Doa El-Ansary[1,2,3], Ryan Ebert[1,4,5], Evelyn Jonkman[1,6], Professor Sophia Xenos[1], Professor Paul Callaghan[1,7], Professor Leila Karimi[1], Andrew Erzen[1,8], **Associate Professor Adrian Pranata**[1,2]
[1]RMIT University, [2]Shanghai University of Medicine and Health Sciences, [3]Department of Surgery, University of Melbourne, [4]Health2You, [5]Sues Home Care, [6]All Together Different. Leadership, Strategy and Stakeholder Engagement, [7]The University of Melbourne, [8]Physica

8A: Leadership & Management, Kuranda Room, 17 October 2026, 11.05 am–12.05 pm

Project/concept description: This project implemented a vertically integrated leadership curriculum within an entry-to-profession Master of Physiotherapy program to develop future-ready graduates for complex healthcare environments. The curriculum is co-designed by industry leaders, interdisciplinary academics in Indigenous knowledge, business, psychology and physiotherapy.

Relevance to conference themes: This submission aligns primarily with ‘Education’ and secondarily with ‘Management and leadership’ by addressing future-ready leaders, workforce sustainability, professional capability and graduate preparedness.

Background: Healthcare attrition, burnout and workplace complexity highlight the need for graduates with capabilities beyond technical competence alone. This presentation outlines an immersive curriculum structured around Leading Self, Leading Teams and Leading Together, informed by Knowing, Being and Doing. It incorporated evidence-based communication, self-awareness, reflective practice, conflict management, and Indigenous-informed concepts, including kinship, storytelling (‘lore’), listening circles (Dadirri), connection to Country, and responsibility to self and community (Noongar). This adds to current knowledge by presenting outcomes from an interdisciplinary, Indigenous-informed leadership curriculum embedded within physiotherapy education.

Outcome: Thirty-one physiotherapy student participants completed the Strengths Self-efficacy Scale and the Self Awareness Scale before and after the curriculum. Strength Self-efficacy and Confidence improved from 78.07 (SD 13.25) to 84.82 (SD 10.81), p=0.003, Strengths Awareness improved from 37.25 (SD 3.80) to 39.00 (SD 3.01), p=0.008. These findings suggest that interdisciplinary and Indigenous-informed leadership education can strengthen self-awareness, confidence and leadership capability in future physiotherapists.

Take-home messages:

- Leadership capability can be deliberately developed within physiotherapy curricula.
- Indigenous-informed and interdisciplinary approaches can enrich leadership education.
- Longitudinal leadership training may develop workforce resilience and professional longevity.

Intentionally embedding a diversity, inclusion and culture charter is good for business

Annie Strauch[1]
[1]*Performance Medicine*

8A: Leadership & Management, Kuranda Room, 17 October 2026, 11.05 am–12.05 pm

Project/concept description: Private practices are in the business of humans. Creating Diversity, Inclusion and Culture teams in private practices is not commonplace. By intentionally embedding the conversation about diversity, inclusion and culture into our team we encouraged our team to be curious about themselves, our clients and our communities.

Relevance to conference theme: This relates to the overall theme, 'Elevating practices, empowering physiotherapy,' 'People' and 'Management and leadership' because as leaders in the private sector, we are not governed to include these aspects to our businesses. However, what can we learn from our team, ourselves and our business if we do?

Background: Creating a diversity charter to embed the celebration and acknowledgement of differences in our client community leads to a deeper understanding of not only our clients but also the team with each other. As our team became more aware, the business observed a direct response from our clients wrestling in a stronger word of mouth referral base, the best type of referral.

Conclusion/outcome: By starting the conversation and creating an intentional move toward understanding each other deepens the understanding of your own team and their connection to your clients.

Take-home messages:

- Curiosity and an open mind start with the leaders.
- Starting a conversation about our differences is not taboo.
- Being intentional and deliberate about diversity, inclusion and culture may feel uncomfortable, but isn't that where the growth always is?

Preventing burnout in physiotherapy: reducing stress load before it escalates

Dr Anne Jensen[1]
[1]*Deakin University*

8A: Leadership & Management, Kuranda Room, 17 October 2026, 11.05 am–12.05 pm

Background: Burnout, emotional exhaustion and workforce attrition are growing concerns within physiotherapy. High case loads, complex presentations and administrative pressures contribute to cumulative stress load, including sustained psychological stress. When this stress remains elevated, clinical decision-making, professional confidence and long-term career sustainability are affected. While resilience strategies are often promoted, many clinicians lack structured, practical methods for reducing psychological stress activation during the workday.

Relevance to conference themes: This presentation aligns with the 'Management and leadership' theme and the FOCUS26 proposition of elevating practice and empowering physiotherapy. Supporting practitioner wellbeing strengthens retention, performance and leadership capacity within physiotherapy workplaces. Addressing psychological stress proactively enhances both individual and organisational sustainability.

Aims/objectives: Participants will understand how accumulated psychological stress contributes to burnout risk, recognise early indicators of escalating stress load, learn a brief structured method to reduce internal stress activation during clinical practice, and develop strategies to integrate this approach into daily workflows to support sustainable performance.

Take-home messages:

- Burnout is preceded by prolonged unmanaged psychological stress load.
- Early recognition prevents escalation.
- Reducing internal stress reactivity supports clearer clinical decision-making.
- Practical in-day strategies can strengthen professional longevity.
- Workforce wellbeing underpins elevated physiotherapy practice.

How to conduct complex chronic pain musculoskeletal assessments collaboratively via telehealth

Dr Michelle Cottrell[1,2], Adnan Asger Ali[3], Associate Professor Kerrie Evans[3,4], Professor Trevor Russell[1], Dr Andrea Mosler[5], Dr Darren Beales[6], Professor Trudy Rebbeck[3,7]
[1]University of Queensland, [2]Royal Brisbane and Women's Hospital, [3]University of Sydney, [4]Healthia Limited, [5]La Trobe Sport and Exercise Medicine Research Centre, [6]Curtin University, [7]North Sydney Local Health District

8B: Practice, Mossman Room, 17 October 2026, 11.05 am–12.05 pm

Background: Chronic musculoskeletal (MSK) conditions are Australia's largest disease burden, with the burden higher in rural regions. Rural physiotherapists providing MSK care often report they lack access to education and clinical experts/peers who could assist them manage more complex patients. Telehealth provides a solution, both for education and for collaborative care with experts. In response, our team of MSK clinician-researchers collaborated with telehealth experts to produce resources in how to conduct aspects of complex MSK examinations via telehealth.

Relevance to conference themes: This how-to will demonstrate practical applications of how to conduct components of MSK assessment via telehealth, aligning with the 'Practice' theme. It also aligns with the 'Education' theme as the innovation is being tested in the PAthway of CarE for people with chronic musculoskeletal conditions living in RURAL Australia (PACE-RURAL) project, an implementation study that provides an opportunity for collaboration between rural clinicians and allied health specialist clinicians and for rural clinicians to receive support and education in real-time via telehealth.

Participants will increase knowledge and skills in how to conduct aspects of a complex MSK assessment via telehealth, including:

- pain sensitivity assessment in a patient with low back pain
- functional assessment of a patient with low back pain
- sensorimotor control in a patient with neck pain.

Participants will view some of the videos then can practise one of these skills within the session.

Participants will learn how to:

- provide the rural workforce with practical skills in how to assess key techniques via telehealth
- collaborate and use technology to provide the best care for complex MSK pain patients.

Structured online rehabilitation: Physio Chi as a scalable physiotherapy delivery model

Jenny Lucy[1]
[1]*Jenny Lucy Physio Chi*

8B: Practice, Mossman Room, 17 October 2026, 11.05 am–12.05 pm

Background: Access to physiotherapy remains limited across regional Australia, contributing to poorer health outcomes and reduced continuity of care. People in remote areas are 1.4 times more likely to be hospitalised after a fall than those in inner regional locations. These higher rates are associated with reduced access to rehabilitation, workforce shortages, long travel distances, highlighting the need for more efficient and scalable rehabilitation models.

Physio Chi provides an example of evidence-based online rehabilitation suitable for both individual and group delivery. Online supports clients requiring falls prevention, strengthening, conditioning, mindfulness training, offering an accessible model that complements physiotherapy.

While telehealth has improved initial access, few provide ongoing, guided rehabilitation. Integrating online programs into physiotherapy practice offers an opportunity to enhance accessibility, consistency and outcomes. Jenny Lucy's Physio Chi program is a model for online rehabilitation within contemporary physiotherapy practice.

Relevance to conference theme: The session aligns with the 'Practice' theme through integration of structured online rehabilitation into patient care, and with the 'Business' theme by demonstrating scalable, efficient service models that support sustainable delivery.

Participants will learn how to:

- improve access for regional populations
- deliver consistent, guided rehabilitation
- enhance outcomes through structured, repeatable programs
- increase efficiency and scalability
- support data collection and digital physiotherapy research
- implement and evaluate online rehabilitation within existing services
- use online rehabilitation to improve access, cost efficiency and consistency, and reduce barriers to care
- use digital delivery supporting outcome tracking and future research.

Integrating telehealth competencies into physiotherapy education: an evidence-based curriculum framework

Dr Bruno Tirotti Saragiotto[1]
[1]*Discipline of Physiotherapy, Faculty of Health, University of Technology Sydney*

8C: Education, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 11.05 am–12.05 pm

Background: Telehealth is now embedded in physiotherapy practice, yet many graduates report limited confidence and readiness to deliver care remotely. Despite rapid adoption, telehealth education across physiotherapy programs remains inconsistent, lacking agreed competencies, structured learning outcomes and assessment. To address this, an international Delphi study established consensus on core telehealth competencies for healthcare education and informed the development of a practical curriculum integration toolkit.

Relevance to conference theme: This session directly supports FOCUS26 by elevating educational practice and empowering physiotherapy educators to prepare a future-ready workforce. It aligns with the 'Education' theme, covering curriculum design, student readiness, simulation, placements and assessment, while also responding directly to growing demands for digital and telehealth capability in contemporary practice.

Aims and objectives: This session aims to demonstrate how evidence-based telehealth competencies can be embedded into physiotherapy curricula. Participants will learn how to map competencies to existing subjects, develop learning objectives, implement simulation and placement activities, and assess using standardised rubrics. By the end of the session, participants will be able to design or adapt telehealth teaching within their own context.

Take-home messages: The competencies and curriculum strategies presented here are grounded in an international Delphi study, involving more than 100 experts from 18 countries and a transparent consensus methodology.
These competencies and the practical toolkit have already been successfully implemented in the University of Technology Sydney (UTS) physiotherapy program and adopted by other courses.

If you're responsible for preparing students or clinicians for digital care, this session gives you practical tools and strategies you can use straight away.

Modernising assessment of internationally qualified physiotherapists in Australia

Anton Barnett-Harris, Maxine Te, **Darren Lee**[1], Dr Tamsin Garrod
[1]*Australian Physiotherapy Council*

8C: Education, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 11.05 am–12.05 pm

Background: Australia's physiotherapy workforce faces sustained demand. Government and policy reviews of health workforce accreditation and regulation have called for entry-to-practice assessment that is contemporary, efficient and proportionate to risk. In response, the Australian Physiotherapy Council (the Council) sought to replace the Standard Assessment Pathway to improve accessibility and supports to assessments, while maintaining a robust approach.

Methods: Australian Physiotherapy Entry Pathway (APEP) was developed using a programmatic assessment methodology. Pathway components were blueprinted to the physiotherapy practice thresholds and sequenced to build a holistic judgement of readiness for practice. Design decisions were guided by an assessment philosophy that is supportive, efficient and risk proportionate.

Conclusion/outcome: The former clinical assessment model was replaced by a single, remote-based capability assessment that integrates evidence across core domains. Instead of separate judgements in each clinical area, candidates demonstrate transferable capabilities (eg, clinical reasoning, safe intervention, communication and professionalism) through standardised tasks and structured scoring. A clinical workshop provides complementary face-to-face confirmation of practical competence, enabling observation of hands-on skills and reinforcing safety-critical performance alongside the remote model.

Take-home messages:

- APEP modernises entry-to-practice assessment by shifting from discrete clinical-area testing to an integrated, capability-focused model aligned to the physiotherapy practice thresholds.
- Remote delivery of the capability assessment is supported by standardised tasks, structured scoring, assessor calibration and strengthened integrity controls to maintain defensible decisions and public safety.
- The clinical workshop provides complementary face-to-face confirmation of practical competence, balancing accessibility gains from remote assessment with observation of hands-on performance.

Modernising physiotherapy education standards to uphold the profession's reputation

Anton Barnett-Harris, Kriti Gupta, **Dr Tamsin Garrod**[1]
[1]*Australian Physiotherapy Council*

8C: Education, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 11.05 am–12.05 pm

Background: The Australian Physiotherapy Council (APC) is the accrediting authority for physiotherapy under Australia's National Registration and Accreditation Scheme. The APC reviewed the accreditation standards for entry-level physiotherapy programs to ensure they are contemporary, outcomes-focused and aligned with community expectations and government priorities, including stronger requirements for cultural safety for Aboriginal and Torres Strait Islander peoples.

Methods: We conducted a scoping review (peer-reviewed and grey literature), benchmarked comparable accreditation frameworks, and consulted stakeholders via focus groups and public consultation. Feedback was synthesised and used iteratively to refine domains, criteria and guidance.

Results: Findings informed a revised draft framework that reduces duplication and clarifies expectations to support consistent assessment and continuous improvement of physiotherapy programs. Key updates include a dedicated cultural safety domain and revised terminology, plus clearer requirements for consumer-centred care, psychological safety, fit to practise, interprofessional education, evidence-based practice, and responsiveness to national health and workforce priorities. The revised structure is intended to improve usability for providers and assessors and support transparent evidence mapping.

Conclusion: APC's revised draft standards aim to strengthen public protection and drive quality improvement in physiotherapy education, with an emphasis on cultural safety, national alignment and outcomes-focused program design to support safe, contemporary graduate practice and ongoing international recognition.

Take-home messages:

- Outcomes-focused standards to ensure contemporary graduates with practice-readiness.
- Cultural safety is embedded as a core accreditation expectation.
- Stronger, clearer standards to protect the public and sustain trust in the profession.

Succession isn't a plan: it's a practice

Adjunct Associate Professor John Fitzgerald[1], Anthea Goslin[1]
[1]*Active Rehabilitation Physiotherapy*

9B: Business, Mossman Room, 17 October 2026, 12.05–12.50 pm

Background: When leaders think of succession planning, many think simply of lists of individuals, earmarked for specific roles. In practice, succession planning (or 'succession thinking') is much more. It's a strategic, continuous process that ensures continuity in business-critical roles. At Active we are intentional about developing internal talent for roles essential to service delivery and organisational performance. This approach has strengthened business continuity, supported knowledge transfer and reduced our need for reactive external recruitment.

Relevance: This session focuses on how physiotherapy businesses or departments can become future-ready by embedding succession thinking into everyday practice. It addresses workforce sustainability, retention of top talent through visible career pathways, and the development of future-ready leaders.

This session provides a practical framework to embed succession as a way of working. Participants will learn how to:

- apply a targeted approach to identifying critical roles and building 'bench strength' – a ready pool of individuals, rather than one single replacement
- use mentoring to explore career trajectories and develop talent pipelines
- translate career conversations into structured learning and development plans, including stretch opportunities for team members
- use leadership development strategies at mid and senior levels where low attrition increases risk
- build systems and processes that support knowledge transfer so that high-potential leaders are not held back.

Take-home messages:

- 'Succession thinking' should be the everyday, not crisis-driven.
- Succession planning demands radical generosity, not gatekeeping.
- Mindful development of internal talent improves retention and reduces recruitment cost and risk.

Addressing inequity and workforce demand through student-led physiotherapy services

Dr Andrea Hams[1,4], Linda Parnwell[2], Chanelle Louwen[3], Associate Professor Leanne Bisset[1], Dr Tyler Collings[4], Dr Taryn Jones[1]
[1]Griffith University, [2]Logan Hospital, Queensland Health, [3]Gold Coast University Hospital, Queensland Health, [4] Australian Centre for Precision Health and Technology

9B: Business, Mossman Room, 17 October 2026, 12.05–12.50 pm

Project/concept description: Access to physiotherapy is often limited in disadvantaged communities due to cost, wait times, and workforce constraints. Student-led physiotherapy services offer a potential solution by integrating service delivery with work-integrated learning (WIL); however, evidence describing their impact on health outcomes remains limited. This study evaluates a musculoskeletal student-led physiotherapy service in a high-need community, examining patient outcomes and service delivery.

Relevance to conference themes: This work aligns with 'Education' and 'Workforce' priorities, demonstrating how student-led models expand access, increase capacity, and support workforce development

Background: A prospective observational pre–post study was conducted in a university health service partnership clinic in a socioeconomically disadvantaged region. Final-year physiotherapy students delivered care. Patient-reported function, pain and quality of life were collected. Service activity, including occasions of service (OOS), was compared descriptively with a similar physiotherapy service model.

Conclusion/outcome: Patient-specific function improved significantly from initial to final visit (mean change +2.0, 95 per cent CI 1.4 to 2.5, $p < 0.001$), while no significant change was observed for pain (mean change −0.60, 95 per cent CI −1.5 to 0.3, $p = 0.211$) or quality of life. Functional gains were most evident early, plateauing after approximately seven sessions. The student-led service delivered high clinical activity (2,840 OOS; 1,628 per full-time equivalent), exceeding comparator output (893 per full-time equivalent). Limitations of single-site evaluation are acknowledged.

Take-home messages:
- Student-led services expand access to physiotherapy in underserved communities.
- High service output demonstrates potential to address workforce constraints.
- Supervised student care delivers meaningful patient outcomes in complex populations.

Fill the GAP! Implementation of a transprofessional advanced practitioner role

Tanya Gilmour[1], Mia Wolff[1], Karyn Grehan[1], Jane Carlin[1], Clare Byrne[1], Dr Alisha Spiteri[1]
[1]*Monash Health*

9C: Practice, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 12.05–12.50 pm

Hospitalised frail patients face complications and longer stays due to fragmented, discipline-specific care. This often leads to duplicated assessments, delayed decision-making, and outcomes that may not align with patient priorities. In 2025, Monash Health introduced novel Grade 4, Geriatric Allied Health Advanced Practitioner (GAP) roles to address these challenges. These pioneering roles aimed to improve patient flow and minimise avoidable admissions for frail patients presenting to the emergency department (ED), through early, senior allied health assessment and decision-making. Bold clinical innovation and leadership have transformed the care for these patients.

The innovative GAP roles showcase how physiotherapists have helped shape the development of new models of care across three Monash Health EDs with subsequent implementations across other Victorian healthcare networks. These roles exemplify empowerment in practice, with advanced clinical expertise applied across professional boundaries to deliver timely, appropriate, evidence-based care.

This session aims to provide practical guidance to implement new clinical expert roles, highlighting the key enablers, resources, lessons learned and challenges encountered.

Participants are expected to gain knowledge and skills relating to:

- practical application of the ‘Plan-Do-Study-Act' methodology
- utility of the Clinical Frailty Scale in ED setting
- implementation of a novel, top-of-scope role allied health role to help embed service-wide, evidence-based frailty-informed care.

Take-home messages:

- Advanced physiotherapy practice improves patient outcomes and reduces avoidable hospital admissions.
- Structured approaches and reflective practice are essential to new role development.
- Empowering physiotherapists to expand scope creates meaningful change for patients and healthcare teams.

An inclusive physiotherapy honours entry model: strengthening research literacy and bridging clinician–researcher binary

Dr Ishanka Weerasekara[1,2,3], Professor Marie-Louise Bird[1], **Paul Kemel**[1], Associate Professor Maryam Zoghi[1], Professor Louisa Remedios[4]
[1]Institute of Health and Wellbeing, Federation University, [2]Faculty of Health and Medical Sciences, Adelaide University, [3]Cochrane Norway, Western Norway University of Applied Sciences (HVL), [4]Australian Physiotherapy Association

9C: Practice, Bluewater Rooms 1 & 2 – Level 1, 17 October 2026, 12.05–12.50 pm

Project/concept description: This case study describes the implementation of an inclusive, embedded physiotherapy honours model at a regional Australian university. Unlike traditional honours pathways that rely on grade point average (GPA)-based competition, this model allows all eligible students who self-report motivation to participate.

Relevance to conference theme: Aligned with the FOCUS26 theme, 'Elevating practices, empowering physiotherapy,' this work also contributes to the 'Education' theme by demonstrating how inclusive curriculum design can strengthen research capability and evidence-based practice across the profession.

Background: Traditional physiotherapy honours entry models in Australian higher education typically rely on academic ranking, offering admission only to students with the highest pre-honours grades. This competitive approach can exclude capable students and reinforce the inequities for students from first-in-family and low socio-economic backgrounds, and perpetuate the perception that research is separate from clinical practice. At Federation University, an alternative inclusive honours model was introduced, allowing any eligible student who self-reports motivation to participate.

Conclusion/outcomes: Forty-eight students (79 per cent) completed the embedded honours degree, eight (13 per cent) withdrew after commencing, and five (8 per cent) chose not to begin honours. Entry GPA showed a statistically significant but modest association with thesis marks, with entry GPA explaining 19 per cent of the variance ($\beta = 0.44$, $p = 0.002$).

While stronger academic performance was linked to higher thesis marks, most variation in honours outcomes was influenced by factors other than previous grades. The model demonstrates that research capability can be developed alongside clinical training.

Take-home messages:
- Research capability is developable, not fixed.
- Grades alone do not predict honours success.
- Embedded honours models strengthen research-practice integration.