

Editorial

It is difficult to comprehend how much all our lives have changed since our last editorial was written! When the Spring 2020 edition was in the hands of the printers in readiness for distribution, we heard the first news from China that a new virus was affecting a city called Wuhan. Many of us had little or no real comprehension of how this would affect the world in the way that it has done.

We are grateful and indebted to our authors, peer reviewers, and of course, the journal team as a whole for their resilience and determination to get this Autumn edition to press. They have overcome a myriad of challenges, not least the sudden transition to working from home, changed working practices and the associated emotional challenges of this very serious situation. Therefore, more than ever, we hope that you will enjoy the fruit of their fortitude as much as we have!

During the initial stages of lockdown, many of us had to learn and embrace new ways of working. Even the technophobes among us were forced to adapt swiftly to online meetings and consultations. As clinicians, it has been inspiring to see how much value and support we can offer our patients on these platforms. There are some understandable concerns that we may miss a serious pathology if we cannot examine our patients physically. However, thanks to the advice and selfless offers of free webinars by experts in the field like Chris Mercer and Laura Finucane (Finucane & Mercer 2020), this risk has been mitigated somewhat. The recent publication of the International Framework for Red Flags for Serious Spinal Pathologies online (Finucane *et al.* 2020) has further enhanced our knowledge. This collaboration is available as an open-access publication (www.jospt.org/doi/pdf/10.2519/jospt.2020.9971), and is recommended reading.

As a special interest group, it is important that we support one another. We need to facilitate collaboration and discussion while we navigate this uncharted route back to practice and face-to-face consultations. With a constantly changing evidence base, it is not feasible to lay down guidelines since these could be appropriate in one department, but completely unrealistic in another.

The Chartered Society of Physiotherapy is providing regular updates concerning our working practice based on directives from the Department of Health and Social Care. As autonomous practitioners, we are used to creating protocols and adopting working routines that incorporate national guidelines and reflect best practice, but are still fit for purpose where we work and with our own patient cohort. Nevertheless, it is useful to debate these topics, share ideas and consider different approaches.

Facebook has provided a useful forum for such discussions, and all over the UK, groups have met via Zoom, Microsoft Teams and other video conference platforms in order to share ideas and agree on good working practices. Those who are already familiar with the use of this kind of technology in their workplace have freely given their advice to others. To this end, we have included an interview with Jilly Bond in this edition's "Notes and news" section (see pp. 83–99) to better illustrate ways of including virtual consultations within our practice. She addresses the legalities of this approach, and also explores how to optimize the patient's experience.

It is difficult for many of us to fully appreciate how difficult the past few months must have been for our colleagues who work directly with COVID-19 patients, and also those of you who have dealt with the infection yourselves or within your own family. Our kindest wishes and prayers go out to you all, and we thank you for your courage.

However, we should also acknowledge the positive things that have come out of this crisis. The kindness and support of our physiotherapy and pelvic health community has been invaluable as always. The innovation and adaptability of the membership of POGP in this novel situation goes without saying, as does the generosity of all of you in sharing new ideas. While it is likely that, as in most other areas, working in pelvic health will never be quite the same, I think we can feel quietly confident that, in some ways, many of these changes may well be for the better.

Gillian Campbell & Biljana Kennaway

References

Finucane L. M., Downie A., Mercer C., *et al.* (2020) International Framework for Red Flags for Potential Serious Spinal Pathologies. *Journal of Orthopaedic & Sports Physical Therapy* **50** (7), 350–372.

Finucane L. & Mercer C. (2020) *Screening for Serious Pathology*. [Online video.] URL <https://youtu.be/a-OOXgsgAIM>

Copy deadlines

Copy for the Spring and Autumn 2021 editions of the journal (Nos 128 and 129) must be submitted to the editor by **15 October 2020** and **22 April 2021**, respectively. Please note that academic and clinical articles must be received well before the deadline since time must be allowed so that these can be peer-reviewed. Manuscripts should be presented double-spaced with a wide margin, and adhere to the author's guidelines found on pp. 100–102 and on the POGP website (<http://pogp.csp.org.uk/documents/acpwh-journal-writing-guidelines>). Articles for consideration should be sent to Dr Gillian Campbell, Ashbourne Physiotherapy and Sports Injuries Centre, 1 Spire House, Waterside Business Park, Ashbourne DE6 1DG, UK.