You may not yet be familiar with the term translational research, but there will be no escaping the explosion of interest in this trend in the near future (Woolf, 2008; Thomas, 2009; Pincus, 2009; Blüher and Mantzoros, 2009).

The term implies the ways in which what emerges from basic research, in laboratory settings ("the bench"), becomes clinically usable ("the bedside"). Translational Research has become a priority for major organisations such as The National Institutes for Health (NIH), which in 2006 initiated the Clinical and Translational Science Award (CTSA) program, as well as the formation of number of academic centres to promote these concepts.

For more on NIH's translational research initiatives go to: http://nihroadmap.nih.gov/clinicalresearch/overview-translational.asp

This growing trend has spawned a number of peer-review journals (several of them are open access) including:

- Translational Research <http://www.translationalresearch.com/>

Clearly the focus of these publications is broadly biomedical — rather than biomechanical — however, the drawing together of research and clinical practice in the manual/physical medicine arena is also well advanced.

For some time JBMT has been asking research oriented authors of accepted submissions, to attempt, as far as possible, to indicate to readers the clinical relevance of their studies, i.e. what does this piece of research mean to the therapist/practitioner in their work, in relation to examination, assessment, treatment and rehabilitation, of those they are treating and advising?

Without such explanations, published papers risk being skimmed and left with (at best) a sense of: "interesting, but how can I use this information?"

And of course, the informational traffic flows both ways.

Researchers need to have information as to just what clinicians do.

- What means of assessment are used — and how accurate/useful are these clinically?
- What modalities are used — and how — and with what expectations — and outcomes?
- What are the mechanisms involved when different modalities are employed?

Both aspects of translational research (what scientists do, and what clinicians do) will be actively presented and on display, during October’s Second International Fascia Research Congress (http://www.fasciacongress.org/2009/).

JBMT is a sponsor of the Fascia Congress and will — during 2010 — be publishing a large number of papers from speakers, as well as from those who submitted abstracts, that are of particular interest, and most importantly, that are clinically relevant.

During the Congress scientists will be informing clinicians of their latest lab findings, and clinicians will be demonstrating their methods to scientists over four action-packed days (followed by post-event workshops) at the Free University in Amsterdam.

And next year (March 21 – 26, 2010), The University of Ulm (Germany) will be hosting a unique event in which researchers and clinicians will gather for an Interdisciplinary Fascia Research Course.

The aim of this workshop (restricted to 48 participants) is to train clinicians in basic principles of fascia directed research. Participants will include physiotherapists, bodyworkers, medical doctors, sports coaches, movement instructors, etc.

The classes will include hands-on fascia explorations on human cadavers, animal tissue dissections as well as clinical examination and palpation — and more.

Read more about this event by visiting: <http://www.uni-ulm.de/index.php?id=19883>

Another 2010 event — which JBMT is also co-sponsoring — that has translational research as a major focus (the other is public health), will be the Massage Therapy Foundation’s second "Highlighting Massage Therapy in CIM Research" conference, to be held in Seattle May 13–15, 2010.

For more about this visit: http://www.massagetherapyfoundation.org/researchconference2010.html
Looking at this clutch of conference and workshop prospects, the future seems a tad brighter — with translational concepts emerging as a catalyst for enhanced dialogue between scientists and clinicians — to the ultimate benefit of patients.

References


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