



## Physio findings

Hopes for hypermobility

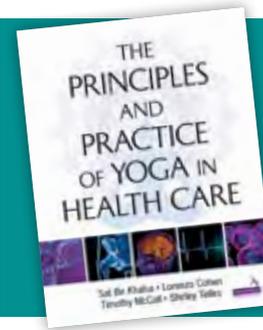
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# Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

23 November 2016  
Volume 22  
Issue 20



## Follow the leader

Physios embrace new roles

**Inside:** Jobs • Physio findings • Courses • In review

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## RESISTANCE BANDS

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Frontline is the physios' magazine from the CSP, sent direct to every member 21 times a year

# Comment

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## What kind of learner are you?

How do you keep yourself up-to-date and well-informed about clinical and professional issues in physiotherapy?

Are you someone who prefers reading around a subject? Or talking to your peers and exchanging ideas verbally? Perhaps listening to podcasts is for you, or engaging with online training resources?

Another way is attending conferences and networking or training events. Last week's congress of the European Region of the World Confederation for Physical Therapy (ER-WCPT) was one such learning opportunity.

**'Mingling with like-minded, inspirational people can be an energising and learning experience in itself'**

Our reports from the event (pages 14-17) give a flavour of the main sessions. What they don't capture are the informal conversations, the networking and new friendships made. That's something you don't normally get interacting with an online training module!

One session – where delegates debated whether there was still a place for a 'real' conference in this digital age – reminded me that informal discussions can be as valuable as attending the more formal presentations.

Of course conferences eat into your work (and personal) time. They also cost money. But mingling with like-minded, inspirational people can be an energising and learning experience in itself.

If you can, do come to next year's Physiotherapy UK event in Birmingham, from 10-11 November.

### Lynn Eaton

managing editor *Frontline* and head of CSP member communications  
[eatonl@csp.org.uk](mailto:eatonl@csp.org.uk)



### Designs on you

When arthritis stops people doing the ordinary things in life it can impact on their independence and confidence. That's why Arthritis Research UK is supporting Design Council Spark, a support programme and fund created to help people turn ideas into commercially successful products. We are looking for innovative product designs that offer practical solutions to the challenges of living with arthritis. The deadline for entries is 10 January.

Three successful projects will receive £15,000 and a place on a Design Council 16-week programme providing expertise and mentoring. One finalist will then be awarded up to a further £50,000 of the £200,000 funding available, as well as bespoke one-to-one mentoring if their product idea has the proven potential to assist those with the condition.

In 2016, Handy-Fasteners, the brain-child of three Sheffield University graduates won this category (pictured, right). The magnetic clothes fasteners can be retrofitted to existing garments, replacing fiddly buttons. Handy-Fasteners will make getting dressed independently much easier. The team of designers will now receive funding to bring their product to life. Physio staff are in a unique position to know the limitations arthritis can place on an individual.

■ *Helen Hurman, Arthritis Research UK*

If you have a design idea, visit [designcouncil.org.uk/spark](http://designcouncil.org.uk/spark)



### A role to fill

Levels of obesity are increasing in the UK, bringing with them a number of chronic health conditions that can reduce a person's quality of life and increase the risk of premature mortality.

For some, bariatric, or weight loss, surgery offers the only realistic strategy for swift, significant weight loss with the potential for concomitant improvement in related comorbidities such as Type 2 diabetes.

While the primary aim of surgery is to reduce fat mass, the surgery will also

reduce metabolically active fat free mass, which is likely to be detrimental in the longer term. The National Institute for Health and Care Excellence recommends that following surgery, patients should receive 'exercise counselling'.

In practice, this is unlikely to be delivered by physiotherapists, despite the fact that we have the knowledge and skills to facilitate increased levels of physical activity and exercise. Research shows that body composition following bariatric surgery can be influenced by exercise, and

that it could play an important role in optimising longer term surgical outcomes by promoting a preferential loss of fat mass and conservation of the more metabolically active fat free mass.

The absence of physios in post-bariatric care is a missed opportunity for physiotherapists, patients and the NHS as a whole.  
■ *Jennifer James, senior physiotherapist, Aintree Weight Management Service*

### Can you help?

I am a physiotherapist in Uganda and work with a consultant orthopaedic surgeon. We have found that having discussions about patients before, during and after surgery has been helpful to their eventual recovery.

I have gained more understanding of the orthosurgical procedures and have come up with clear rehabilitation plans for patients

However, I need more evidence to back up my involvement as a physiotherapist in theatre during orthopaedic procedures and to present this to top colleagues.

If you can offer any form of assistance, such as formal training or published papers, please contact me at [edrine2011@gmail.com](mailto:edrine2011@gmail.com)

■ *Edrine Galiwango, China Uganda Friendship Hospital, Naguru, Kampala-Uganda*

## You've added...

*A news item titled 'Press coverage leads physio lecturer to defend hip replacements' prompted Shirley-Ann Walters to respond:*

■ 'Just as I was leaving the NHS ... a study said patients have the same

outcome nine, or was it 12, months after THR [total hip replacements] whether they had rehab or not ... Now here we are 25 years down the line wondering why people don't go that extra mile and take on

more activity ... there are many reasons for this, but one of them is that no one shows a patient how far they can take it ... experience tells me that they ... want to continue their lifestyle without severe pain ...

For many years, patients went home with the fear of God in them that [if] they made the wrong moves, crossed their legs, had to sleep on their backs and so forth post-op and no one "un-says" it, so not much encouragement to do more at all there.'

*A news item titled 'CSP helps West Midlands ESPs to up-banding victory' was welcomed by Rebecca Lewis:*

■ 'Great to have a good news story in terms of staff banding, professional progression and protecting our clinical skills.'

### Got something to say?

**Write to us or comment on articles from the latest issue of *Frontline* online. Log in at: [www.csp.org.uk/frontline](http://www.csp.org.uk/frontline) and then go to the current issue section. You will also find icons to like on Facebook or tweet articles. Comments posted online may be edited for print.**

### Top Tweets

■ **@physiotalk** Our next #physiotalk is on 28th Nov at 8pm GMT on Practice Based Learning with @gwyn\_owen @cat\_pope\_CSP

■ **@OfficialNIHR** We need people to #peerreview research into sedentary behaviour and #physicalactivity <http://ow.ly/170b3050Ppg>

■ **@profchrisham** STPs in the NHS: a progress report based on research in 4 areas [www.kingsfund.org.uk/publications/stps-in-the-nhs](http://www.kingsfund.org.uk/publications/stps-in-the-nhs)

■ **@ShelaghDCAHPO** TransformingHealthcare. The guidance on clinical academic careers covers org readiness, identifying/enthusing/supporting, impact/evaluation

■ **@PhysioMACP** interested in a FREE PLACE on @DrNickCC 's Early Stage Knee rehab course? Hosts needed, contact [admin@macpweb.com](mailto:admin@macpweb.com) for details!

■ **@NHSEngland** #HealthierYou: The NHS #Diabetes Prevention Programme. Identifying high risk people & referring them to a better way. <http://ow.ly/o8c0306bPwr>.

 Follow us on Twitter at [@thecsp](https://twitter.com/thecsp)

## icsptalk

Interested in recent topical discussion? If so, read our selection below.

iCSP is our peer led knowledge sharing area of the website – view all our popular discussions [www.csp.org.uk/popular](http://www.csp.org.uk/popular)

### Thoracic compression fracture in a cyclist

Members discuss how to manage the condition in an elite mountain biker.

**Comments:** 10

**Network:** Sports and exercise medicine

[www.csp.org.uk/node/1004007](http://www.csp.org.uk/node/1004007)

### Patients as educators

A member would like to hear your thoughts on the topic of patients acting as educators.

**Comments:** 5

**Network:** Learning and development  
[www.csp.org.uk/node/1009423](http://www.csp.org.uk/node/1009423)

### Temporomandibular joint and muscle disorders (TMJ)

Members share their clinical opinions regarding the treatment of a person with chronic bilateral TMJ pain, who also has a range of other conditions.

**Comments:** 5

**Network:** Pain management  
[www.csp.org.uk/node/1001043](http://www.csp.org.uk/node/1001043)

### Fixed focal dystonia

A member asks for help in treating a person with isolated fixed knee flexion deformity, which could be due to fixed focal dystonia rather than being musculoskeletal.

**Comments:** 13

**Network:** Neurology  
[www.csp.org.uk/node/1006036](http://www.csp.org.uk/node/1006036)

**Did you know that the CSP website contains five regularly-updated blogs? To find out more, visit [www.csp.org.uk/news-events/opinion](http://www.csp.org.uk/news-events/opinion)**

# NewsinPictures



We showcase some of the best health-related items in the news

For the stories behind the images just follow the shortcut codes

**1** Drinking a pint or two of beer a day could help reduce the risk of having a stroke or developing cardiovascular disease, say researchers from Pennsylvania State University. Source: Telegraph <http://bit.ly/2f1rdUZ>

**2** A diminished sense of smell could be an early warning sign that a person will go on to develop Alzheimer's disease, say US-based researchers. Source: Daily Mail <http://dailym.ai/2FYRQpd>

**3** Being a scout or guide 'can help improve mental health in later life', a study in the Journal of Epidemiology and Community Health suggests. Source: Independent <http://ind.pn/2f1sTOt>

**4** Physiotherapy may not be the best way to treat sprained ankles, a BMJ paper suggests. Researchers compared treating simple sprains with physiotherapy or self-care. Source: Telegraph <http://bit.ly/2g0cEPI>

**5** Eating one egg a day reduces the risk of a stroke by 12 per cent, a study in the Journal of the American College of Nutrition suggests. Source: Mirror <http://bit.ly/2FYPOAu>

**6** A person's chances of falling ill from a new strain of flu are at least partly determined by the first strain they ever encountered, according to a study appearing in the journal Science. Source: BBC <http://bbc.in/2g1DnJw>



## Frontline

Got a news story or idea for Frontline? See [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline) for details of how to contribute, email [frontline@csp.org.uk](mailto:frontline@csp.org.uk) with a short summary and your phone number or call the news desk on 020 7306 6665

Want to send us a photo? Use our dataseed photo service. For details see 'photographs' at: [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline)

Want to place an advert? Reach a 50,000+ physiotherapy audience with your product, course or recruitment ad. [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk) 0845 600 1394

Got an item for Networks & networking? [networksads@csp.org.uk](mailto:networksads@csp.org.uk)

Contact the CSP [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk) 020 7306 6666 14 Bedford Row London WC1R 4ED Members have access to the CSP's journal, *Physiotherapy*. [www.csp.org.uk/journal](http://www.csp.org.uk/journal)

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Trinity Mirror/Mirror pix/Alamy Stock Photo

# NewsDigest

Something to add?  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## CSP adds 'rehab focus' to NICE quality standard for hip fracture

Input from CSP members has informed guidance calling for people with hip fractures to begin rehabilitation the day after surgery.

The National Institute for Health and Care Excellence (NICE) has updated quality standard for adults with hip fracture.

CSP professional adviser Carley King said physios had helped to shape the quality standard, as the society had responded to a consultation on the draft document – and its submission was informed by members' views.

She told *Frontline*: 'We've made a real difference to this standard, as the final version has more emphasis on the community aspects of the patient pathway in comparison to the draft document.'

'The CSP's consultation response has also

made an impact on the use of terminology. In the draft document the term "mobilisation" was used instead of "rehabilitation", with

**'The focus on rehabilitation could have a major impact on the National Hip Fracture Database'**

Carley King

an incorrect definition of mobilisation being provided in the supporting information.

'The focus on rehabilitation could have a major impact on the National Hip

Fracture Database, and is a step forward in championing the use of the term rehabilitation.'

The standard advises that

■ people with hip fracture should receive a physiotherapy assessment and, when appropriate, be offered daily rehabilitation starting on the day after surgery

■ hip fracture patients should be cared for within a Hip Fracture Programme at every stage of the care pathway

■ Robert Millett

More information  
NICE [www.nice.org.uk](http://www.nice.org.uk)

## Physio student promotes the profession to secondary pupils

A physiotherapy student has begun to visit schools to tell pupils of the attractions of physiotherapy as a career.

Vicky Baldy, a third-year student at the University of the West of England, decided off her own bat to spread the word about physiotherapy to schoolchildren.

With the help of her university, she has already addressed 60 GCSE and A-level secondary students at a local school in Bristol, and she hopes to carry out more visits in the future.

Ms Baldy worked as a personal trainer and in sports massage after leaving school, but after her father received treatment from a physio for a heart aneurysm, she decided on a career change.

'When I saw what the physio did for my father, I was completely inspired and thought I wanted to do that,' she said.



Student Vicky Baldy has been talking physio to schoolchildren

'Children at school are told about studying English and maths, but even if healthcare is mentioned it tends to focus on nursing. Some of the children I spoke to didn't even know what physiotherapy was.'

Ms Baldy said a good number of the pupils she met wanted more details on physiotherapy as a career, and she now plans to arrange more talks as a student, and will aim to continue her education mission once she graduates.

CSP students' officer Jamie Carson welcomed Ms Baldy's commitment. He said: 'With the changes in student funding coming in soon, this shows a really proactive way for students to promote the profession to young people who haven't perhaps thought about physiotherapy before.'

■ Graham Clews

## World COPD day gets staff and patients active



Physio staff joined up with members of the Ottringham pulmonary rehab group



Respiratory physios at Humber NHS Foundation Trust marked World COPD Day on 16 November with a double-pronged approach.

The community respiratory service took part in a sponsored stationary bike event all day while scores of staff, patients and relatives took part in walking relays during the week.

They made more than £600 to put towards the cost of running a mini-bus as well as raising awareness of COPD.

'The money raised will help ensure patients who do not have access to transport are able to access the pulmonary rehabilitation programme using our links with voluntary and community transport systems,'

explained clinical specialist respiratory physio Alison Lethbridge.

'Ours is a big rural area and if people haven't got transport to get to our venues they wouldn't get pulmonary rehabilitation.'

'Our services hold clinics throughout the East Riding – including Aldbrough, Bridlington, Goole, Haltemprice, Market Weighton and Ottringham areas, with a 120-mile radius. Covering such a large geographical area (1,000 square miles) was the team's inspiration for this year's dual challenge.'

■ Gary Henson

More information  
To make a donation <http://bit.ly/2gnaYAI>

## Raise the profile of physiotherapy at the TUC

The CSP invites members to join a delegation and take part in debates affecting their profession at next year's TUC Women's Conference.

This annual event is an opportunity for all members – first time and experienced conference-goers – to listen to and take part in thought-provoking debates on women's, trade union and social issues.

Speakers at the event earlier this year included the former head of the Child Poverty Action Group, MP Kate Green, and activists from the US, who brought a fascinating perspective on organising in unions and local communities.

The conference presents opportunities

to help shape TUC policies, including those on healthcare affecting physiotherapy.

The next conference will be held from 8-10 March at the TUC headquarters in London.

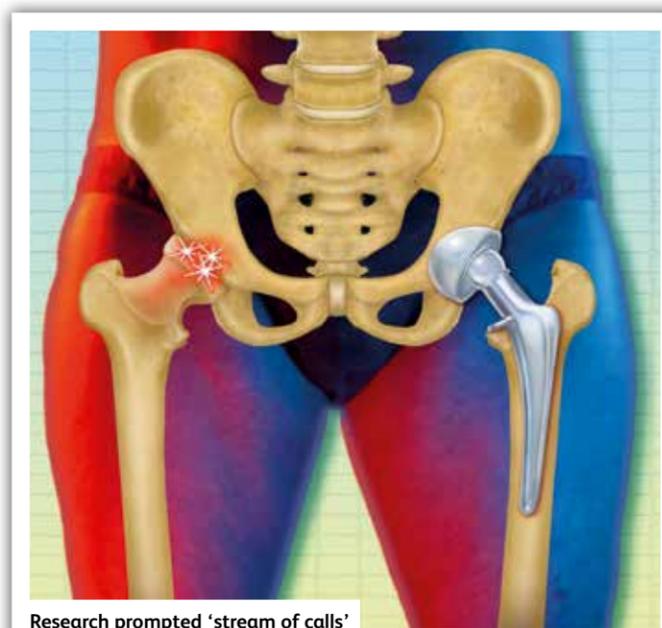
Interested members should email a short statement, setting out their involvement in the CSP and saying why they would like to attend, to Julie Maxted at [matedj@csp.org.uk](mailto:matedj@csp.org.uk)

The deadline for statements is 16 December. And if you would like to chat informally about attending, feel free to call Kate Moran, head of employment research, on 0207 306 6687.

■ Gill Hitchcock

# NewsDigest

## UEA lecturer leads defence of hip replacements



Research prompted 'stream of calls'

A physiotherapy lecturer was inundated with calls from concerned members of the public following research that demonstrated patients with hip replacements were no more active after their surgery than before.

Toby Smith, a lecturer in physiotherapy at the University of East Anglia, said he faced a 'stream of calls' from patients defending the worth of their operation after newspapers reported that the UEA study had found the replacements could 'do more harm than good'.

Dr Smith said he was grateful for the press coverage of his team's study, but insisted the research was done as part of a process of helping patients with new hips to become more

physically active.

'I told the callers that I thought hip replacements are wonderful, and that what we are trying to do is to translate the success of the operations into successfully encouraging patients to increase their physical activity,' he said.

The study, published in the journal *Clinical Rehabilitation*, analysed data from about 1,000 hip replacement patients contained in previous research papers, and it found there was no objective evidence of an increase in physical activity following surgery.

Dr Smith there was a need for further research into this lack of activity, as well as investigation into how personal characteristics or pre-existing conditions might

influence the results.

National Joint Registry medical director, Martyn Porter, an orthopaedic surgeon, said the primary function of a hip replacement was to reduce pain, but he accepted that tests did not show a marked improvement in activity levels.

■ **Graham Clews**

**For more information**  
**Clinical Rehabilitation**  
**Is there a difference in physical activity levels in patients before and up to one year after unilateral total hip replacement? A systematic review and meta-analysis** <http://bit.ly/2ewW61L>

## Minority of patients given specialist rehab after trauma

Only five per cent of NHS patients in England receive specialist rehabilitation after trauma, research has found.

The finding is based on a survey of 65 adult services in England designated as inpatient specialist rehabilitation units. Together they provided nearly 1,000 occupied beds for specialist rehabilitation, with 19 per cent of those being used for patients following trauma.

According to the research, published in a report commissioned by the Health Quality Improvement Partnership (HQIP), the provision of inpatient specialist rehabilitation for patients with trauma varies across England, from one to eight beds per one million population.

A further problem is that from half to two-thirds of specialist rehabilitation units had insufficient staffing to manage such a complex caseload.

Only half of England's 22 major trauma networks use a specialist rehabilitation prescription to direct the care for patients with complex needs after they leave major trauma centres.

The HQIP said its report was the first national clinical audit focused on access to and provision of specialist

rehabilitation for patients with traumatic injuries.

It hopes the document will mark a major step towards improving the quality of care delivered to this patient group.

The president of the British Society of Rehabilitation Medicine is Lynne Turner-Stokes. She said the results in the report showed the need for better access to, and provision of, specialist rehabilitation

provision in some major trauma networks.

■ **Gill Hitchcock**

Only **5%** of NHS trauma patients in England receive special rehabilitation

## Physio breaks record for double cross-Channel swim

A physiotherapist has become the fastest British woman to swim from England to France, and back.

Becky Lewis, who runs her own private clinic in Barrow-in-Furness, Cumbria, completed her double Channel crossing this August in 20 hours and 15 minutes.

Ms Lewis is a veteran Channel swimmer, having made seven one-way crossings, and now she is toying with the idea of tackling a three-way swim. Only four people have completed that feat.

For this summer's record-breaking effort Ms Lewis set off from near Dover in complete darkness, and returned in the dark. On reaching France, she had to leave the

water before making her return journey.

'I think I stayed on the rocks for about 20 seconds before I just jumped back in and started to swim back,' she said.

'I think you're allowed up to 10 minutes out of the water, but everyone says you should just get straight back in or you'll talk yourself out of it.'

Ms Lewis, who has been a keen swimmer since she was very young, trains regularly in Windermere and Coniston Water near her home in the Lake District.

She said she mentally packages the Channel swims into distances she knows, such as lengths of

Coniston Water.

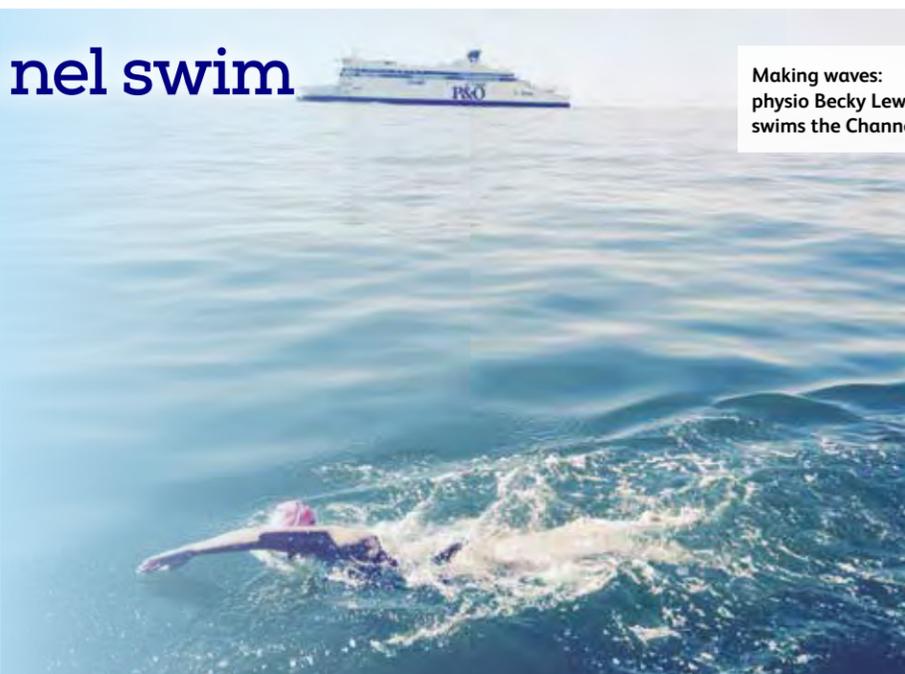
'This was so much further than I'd ever swum before, so I just set out to complete it and breaking the record was a bonus,' Ms Lewis said.

'It was a beautiful sea, completely flat, but the tides were strong, so although it's 41 miles there and back, my GPS [Global Positioning System] told me I'd actually travelled 66 miles.

'I was relieved more than anything when I finished, and I didn't really feel any more sore than when I did the one-way crossings.'

Ms Lewis has another cross-Channel swim booked for next September and she said she will decide nearer the time whether to attempt the three-way crossing.

■ **Graham Clews**



Making waves: physio Becky Lewis swims the Channel

## CSP guide for overseas-qualified physios goes online

If you are a physio who qualified overseas and are planning to work in the UK, a new CSP guide has everything you need to know.

The document explains registration with the Health and Care Professions Council, demonstrating your English language abilities, visas and more.

Answers to frequently asked questions, such as how can I find a hospital to provide me with a period of adaptation, are also included.

The CSP's advice for overseas qualified physios is available at [csp.org.uk/node/268421](http://csp.org.uk/node/268421)

# Awards Roundup



## Crystal Palace Physio Group blazes trail in rehab scheme for London firefighters

Crystal Palace Physio Group's programme to improve the musculoskeletal (MSK) health of London firefighters was recognised by a national award on 9 September.

The south London-based occupational health provider won the rehabilitation initiative of the year award at the Rehabilitation First Awards 2016. The event was organised by Incisive Media, a business information and events company.

Miles Atkinson, head of occupational health services at the group, said the programme with the London Fire Brigade began in 2013. It was a response to the relatively high rates of MSK-linked long-term absences.

According to Mr Atkinson, the initiative had been 'extremely successful'. Results included

- pain – reduced by an average of 48 per cent
- 'unhealthy beliefs' – reduced by 24 per cent
- quality of life – improved by 25 per cent
- strength – improved by 24 per cent
- readiness to return to work – improved by 54 per cent
- return on investment of £27 for every £1 invested

Pain reduced by an average of **48%**

'This award is a culmination of years of hard work by a number of team members,' Mr Atkinson said.

'It is a wonderful recognition of what we as physiotherapists can offer both employers and employees in assisting individuals back into the workplace.'

In July, the practice was the first to be accredited by the Safe, Effective, and Quality Occupational Health Service scheme.

The scheme, which is managed by the Royal College of Physicians, is a set of standards for occupational health services.

### Physio wins best business woman award

Physiotherapist Nikki Robinson had a double celebration this autumn, after running her practice for 10 years and winning a Best Business Women 2016 award.

The founder and owner of Holisticare Physiotherapy and Myofascial Release in Hatfield Broad Oak on the Essex-Hertfordshire border, triumphed in the competition's health and wellness category.

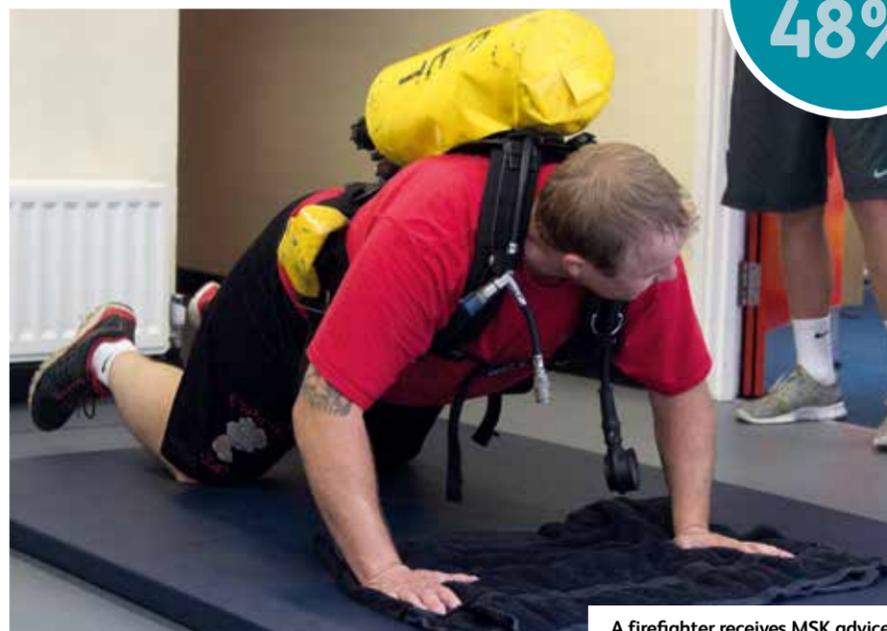
Ms Robinson picked up her award at a ceremony on 20 October, where organiser Debbie Gilbert described all the winners as 'amazing entrepreneurs'. Judges said Ms Robinson started her business in a spare room and had taken it to a purpose-built centre with 'passion and vision'.

The practice specialises in myofascial release, a treatment developed by US physical therapist John Barnes. Ms Robinson said hers is one of only a few specialist centres in the UK providing this treatment.

She employs six staff: two physiotherapists, two myofascial release therapists and two receptionists.

'I have been working with some business coaches who suggested entering this competition,' Ms Robinson told *Frontline*.

'Previously, I never had the confidence, but this year I thought I would try. So this win has inspired me to think of myself as a businesswoman as well as a physiotherapist.'



A firefighter receives MSK advice



Have you received an award?

tell Frontline about it  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)



Nikki Robinson said the award had inspired her to see herself as a businesswoman as well as a physio

The awards are designed to recognise the achievements of women in a range of business categories across the UK.

#### More information

Best Business Women Awards

[www.bestbusinesswomenawards.com](http://www.bestbusinesswomenawards.com)

### Lymphoedema network wins award for raising awareness

A physiotherapy-led network in Northern Ireland has won a national award for raising awareness of lymphoedema among healthcare professionals.

The Lymphoedema Network Northern Ireland (LNNI) was honoured by UK charity the British Lymphology Society (BLS) at its annual conference in Birmingham on 3 October.

Their award recognised the network's commitment to improving the referral pathway for lymphoedema in Northern Ireland. This includes raising awareness of the condition among multi-



BLS representative John Huddlestone with members of the award-winning lymphoedema network (left to right) Laura Henry, Jill Hamilton, Pippa McCabe and Jane Rankin

professional undergraduate and postgraduate students. It also addresses the educational needs of referrers, including GPs, public health agencies and community groups.

The network aims to make sure that all referrers

- possess a specific level of knowledge about the condition
- are able to provide first line advice and management
- can make timely and appropriate referrals

Physiotherapist and network lead Jane Rankin told *Frontline*: 'Lymphoedema awareness is embedded in the LNNI work plan. Initially, this involved the common referring groups, such as breast cancer, but it has evolved, as a result of referral analysis and feedback, to include those outside normal referring groups.'

'Our overall aim is to identify all our referring groups and build relationships with them. After eight years, we are still experiencing an annual increase in new referrals, which demonstrates the increasing recognition of lymphoedema and chronic oedemas, and their management.'

Physiotherapists and network members Laura Henry and Jill Hamilton also received awards at the BLS conference for their poster presentations.

#### More information

Lymphoedema Network Northern Ireland  
<http://lnni.org>

## New MSK research awards open to physios

Physiotherapists can apply to a new awards scheme for funding for musculoskeletal research projects.

The initiative has been launched by the Society of Musculoskeletal Medicine.

There are three categories

- a bronze award of up to £3,000, to support activities such as poster presentations
- a silver award of up to £10,000, to fund novice PhD researchers
- a gold award of up to £20,000, for projects led by experienced postgraduate researchers or research teams

For more information email Christine Williams [christine.williams@sommcourses.org](mailto:christine.williams@sommcourses.org)

## Canadian chief urges the profession to demonstrate its value to decision makers

Physiotherapists need to understand and leverage the politics of decision making, according to Michael Brennan, chief executive officer at the Canadian Physiotherapy Association.

'We may be factually correct in what we know, but we are bringing incomplete information to the task at hand,' said Mr Brennan, an economist by background. He was presenting the CSP Founders Lecture at the congress.

'Put another way, all evidence is information, but not all information is evidence.'

He said the profession was unlikely to have high level evidence to apply to every healthcare decision. And there will almost always be incomplete data and

unique contextual consideration.

But as the gaps in evidence are going to be filled by assumption, physiotherapists should find a way to structure evidence so that assumptions and circumstance are accounted for.

He told delegates about a project in 2013 when his association used a multi-criteria decision analysis (MCDA) framework. The tool had been used for more than a decade in different economic settings and had achieved 'considerable traction' in healthcare.

'At the end of this project we had a very well-informed assessment of the value of physiotherapy in 12 practice settings,' said Mr Brennan.

'We produced short information sheets for each, with pithy statements as to the positive impact of physiotherapy on patient care, population health and resource management.'

**'All evidence is information, but not all information is evidence'**

'These documents, and our much better appreciation of the decision making process, have allowed us to greatly improve our advocacy efforts at the grass roots and ministerial level.'

But in his speech on the theme of the value of physiotherapy, Mr Brennan said that every day practitioners, administrators and politicians are choosing how best to allocate scarce healthcare resources.

'The closer these decisions are to the patient, the more likely we in this room are to understand them, and hopefully affect them in a way that is favourable to good outcomes,' he told delegates.

■ Gill Hitchcock

**More information**  
Canadian Physiotherapy Association  
[physiotherapy.ca](http://physiotherapy.ca)



Canadian Michael Brennan kickstarted the congress by delivering a challenging Founders Lecture

## Dublin dean warns on wearable tech pilots

Brian Caulfield, professor and dean of physiotherapy at University College Dublin, warned physiotherapists to be extremely cautious about including activity sensors into their practice.

He is leading research into wearable technologies in health and sport at the Applied Research for Connected Health (ARCH) centre in Dublin.

In a debate about how technologies can enhance healthcare education and clinical practice, Professor Caulfield said that, over the past 10 years, personal sensors had massively increased the capacity to measure human performance.

But he cautioned that, particularly in relation to consumer products, there was a lack of scientific evidence and huge variations in the accuracy of data they produced.

Meanwhile, patients were asking physiotherapists to prescribe wearable technologies and integrate them into their practice, he told delegates.

'The problem is that there is an awful lot of rubbish out there. So we need to be very, very careful,' he said.

■ Gill Hitchcock

Photos: Darren O'Brien/Guzelian

## Use social media wisely and keep firm boundaries

Social media provide opportunities to debate, influence and share good practice – but physiotherapists need to be wary of crossing professional boundaries.

This was one of the messages from a panel discussing the power – and potential pitfalls – of social media platforms such as Twitter and Facebook.

Among a panel of speakers was Unnur Pétursdóttir, president of the Icelandic Physiotherapy Association.

She advised delegates to consider their intended audience when using social media and to be mindful of the impact their posts could have.

'We have to think about ethics on social media,' Ms Pétursdóttir said.

'In smaller communities the lines can become blurred. But as a general rule I suggest that you do not become friends with patients, as you need to maintain a professional relationship.'

■ Robert Millett

Iceland's Unnur Pétursdóttir

## Put patients 'at the centre' of all healthcare planning

Physios and other healthcare professionals need to go one step further than just using new technology for their patients. They also need to change patterns of working to reflect the possibilities for healthcare delivery that such innovations offer.

That was the message from Brian Caulfield, professor and dean of physiotherapy at University College Dublin.

Using the devices without changing the way healthcare was delivered will not maximise the benefits of the various devices currently available, he said.

'One of the central pillars is bringing the patient into the centre of the process,' he said. The technology itself was nothing groundbreaking. 'But it requires

the reorganisation of work patterns and processes.'

'What we need to do is move towards new models, but what is really important is that change is needed right across the system.' And physios could be the ones to lead that change, he suggested.

He ended with a warning to the physio audience: 'If you don't grasp this opportunity it will be gone. There are other health professionals waiting in the wings – mainly the nursing profession – and they are going to eat your lunch.'

■ Lynn Eaton





## Physios should give patients a voice and listen to their stories

Physiotherapists should be listening to patients' stories and working with them to improve research, education and clinical practice.

This was one of the ideas debated during a discussion panel about how physical therapists can make better use of patients' views and experiences.

Jonathan Harvey, a research fellow

at the University of Southampton, suggested that physiotherapists could benefit from the insights provided by patients' accounts.

'I think it's important that we use a multitude of different opinions to improve the quality of services,' he said.

'The patient voice offers an alternative and important

perspective on physiotherapy provision. It offers a perspective which encourages the clinician to evaluate their practice and imagine how things could be otherwise.'

Denis Martin, professor of rehabilitation at the health and social care institute at Teesside University, spoke about his work with patients who experience chronic pain.

He told delegates: 'Living with pain is a really complex and personal experience, and everyone has their own story to tell that goes well beyond a number from 0-10.'

'But the personal story is often unheard for many reasons, such as a reluctance to divulge or an inability to articulate ... and even when the story is told, often the audience is unreceptive.'

As a result Professor Martin and his colleagues are developing ways of telling patient stories in inventive ways.

One completed project is a comic that aims to help children understand the experiences of an older person living with chronic pain.

Krysia Dziedzic, a professor of musculoskeletal therapy at Keele University, argued that researchers should value the views and personal experiences of patients.

She spoke about her work at the Arthritis Research UK Primary Care Centre, which actively involves patients in all aspects of its research.

'Our strategy has put the patient at the heart of every stage of the research cycle from identifying priorities through to implementation of research findings,' she said.

'We have a patient and public involvement and engagement team that had been involved in research for 10 years, and an active research user group made up of people with experience of long-term conditions.'

■ Robert Millett



Congress attracted about 1,200 delegates



## CSP awards accolades to physiotherapy champions

Five coveted CSP awards were made in recognition of services to physiotherapy. A fellowship went to Cherry Kilbride (pictured, centre), senior lecturer in physiotherapy at Brunel University, for her work on stroke rehabilitation. Former CSP chair Sue Rees (second right) was awarded a fellowship for her regular contribution to CSP responses to government consultations.

Dawn Skelton (far left), professor in ageing and health at Glasgow Caledonian University, received an honorary fellowship for her work in falls prevention over the last 20 years. And a distinguished service award went to Karen Winrow (second left), vice chair of Physio First, who has championed high quality continuing professional development materials in conjunction with the University of Brighton. Also present was Vikki Goodwin (far right), who was made a fellow in 2015. CSP president Ilora Finlay presented the awards.

■ Lynn Eaton

## Comic physio takes a serious look at incontinence

The conference drew to a rather quirky close with physio-cum-stand-up comic Elaine Miller, who's made her name on the comedy circuit talking about the unlikely subject of female incontinence.

Humour, as everyone knows, is a very personal issue. But not as much as incontinence. Yet Ms Miller, aka Gusset Grippers, managed to turn this serious subject into comedy. She highlighted a big issue for many women (and some men), while breaking many taboos.

Delegates had been given an origami-style flyer which, when,

folded 'looks remarkably like a vulva, wouldn't you say?' prompted Ms Miller. Orgasms, and confessions of wetting herself accidentally in a Zumba class, were all part of her presentation, where she raised the cost to society of incontinence.

'Is it possible to be professional and funny?' she asked. Yes, if it raised awareness of a problem, she said, citing a study into the cost of incontinence.

This was as high as £25.5 billion a year in Australia, when you take account of the social costs – including welfare payments when couples

divorce because their sex lives are marred by incontinence.

Yet many physiotherapists don't ask their patients whether continence issues might stop them exercising, for example.

'You can't expect physios to open that can of worms when they've not been trained to treat it,' she said.

To close her 'show', Ms Miller asked delegates to give a resounding belly laugh, then turn to their neighbour, put their hands on his or her shoulder, and laugh out loud together.

■ Lynn Eaton



Elaine Miller

Don't treat all patients the same, says WCPT chief

While physios need to look at how they provide equality in the services they offer, that doesn't mean all people should be treated as equal, Jonathon Kruger, new chief executive at the World Confederation for Physical Therapy (WCPT), told delegates.

Mr Kruger, who moved from Melbourne to London to take up the post, drew on his experiences as an Australian national to support his argument.

He cited disparities in life expectancy between indigenous and non-indigenous Australians to show that there are inbuilt inequalities in the system. These were based on the way people were governed, their spiritual beliefs, their housing and the environment.

The life expectancy of indigenous Australian men was 59.4 years and 64.8 years for women. Non-indigenous men's life expectancy was 76.6 years and 82 years for women. Yet these groups live alongside each other in cities like Melbourne. 'The only way to treat people fairly is to treat them different,' he argued.

A physio's own beliefs could affect the care they provided, he suggested, citing a view held by some in Australia that indigenous people don't exercise, so there's not much a physio can do to help them. 'What can we do in the physio department so we don't treat people equally, but equitably?' he asked.

In the same session, Jenny Tinkler, chair of the Association of Chartered Physiotherapists for People with Learning Disabilities, highlighted the shoddy care some patients receive. One man with learning disabilities went to see his doctor because a cataract impaired his vision in one eye. The doctor's response? He said to the man's carer: 'Well he can still see in the other one, can't he?'

■ Lynn Eaton

# PhysioFindings

Janet Wright on the latest physio research



Something to add?  
email *Frontline* at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## Study shows promise for hypermobility care



Joint hypermobility syndrome (JHS) doesn't only make people 'double-jointed'. The condition can cause pain, fatigue, proprioception difficulties, soft-tissue injury and joint instability.

Shea Palmer, professor of musculoskeletal rehabilitation at the University of the West of England, and colleagues set up a study and recruited 29 people aged 16 or more with JHS.

The team aimed to find out if it would be worth conducting a larger full-scale randomised controlled trial. They also looked at cost-

effectiveness and a range of clinical measures including physical function and quality of life.

All participants had a session with a physio, in which they could ask questions and receive tailored advice. All were given advice booklets, and the control group had no further treatment.

The physiotherapy group received six more half-hour sessions over the next four months, learning skills to help them manage their condition more effectively. Both groups were followed up at four and seven months.

The physiotherapy package 'was generally very well received by both patients and physiotherapists, and shows evidence of promise in improving the impact of JHS', the team found.

The control group reported more adverse events than the physiotherapy group. Palmer *S et al.* The feasibility of a randomised controlled trial of physiotherapy for adults with joint hypermobility syndrome. *Health Technology Assessment* 2016; 20, <http://dx.doi.org/10.3310/hta20470>

### Q&A

#### Why is this study important?

Physiotherapy, especially exercise, is considered the mainstay of treatment for JHS. However, the authors of this study say there is little robust evidence of its effects in adults. They identified a need to explore the perspectives of patients and health professionals, and used this information to develop a pilot physiotherapy intervention and training package.

The authors investigated the acceptability of a physiotherapy intervention to patients and therapists. They assessed the feasibility of doing a randomised controlled trial (RCT),

making an in-depth assessment of issues relating to study design and delivery.

#### What are the implications for research and physiotherapy practice?

In the study's focus groups, people thought physiotherapy would be 'beneficial if used to manage JHS holistically, rather than to treat acute injuries in isolation'.

The study's findings suggest 'that the physiotherapy intervention may produce moderate clinical effects on outcome measures that are specific to rheumatological conditions ... over and above advice alone.'

This pilot research activity is important for researchers who might be considering doing a more detailed RCT on this condition. However, for practitioners treating a patient who has JHS, it's advisable to exercise some caution when interpreting implications from these initial findings as this is a small scale preliminary study.

The authors have produced recommendations on designing and delivering a trial, and concluded that an RCT would be feasible.

Patients and health professionals emphasised the importance of education and raising awareness of JHS to optimise physiotherapy provision.

by CSP research adviser Katherine Jones

## Comments & Conclusions



■ People who have hip replacements do not become more active within the next year, say researchers – even though the main reason people give for seeking the operation is to reduce pain when moving. The team did a systematic review of studies with 1,030 patients.

Withers T *et al.* *Clinical Rehabilitation* 2016; <http://dx.doi.org/10.1177/0269215516673884> - open access

■ Acupuncture may relieve some neurological problems and improve activities of everyday living for people with chronic stroke, say the Cochrane Stroke Group after reviewing 31 trials with a total of 2,257 participants. But they could not make recommendations, as the quality of evidence was rated as low or very low. Yang A *et al.* *Cochrane Database of Systematic Reviews* 2016; <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004131.pub3/full> - open access

■ There's no clear evidence that exercises help people who have swallowing difficulties after cancer treatment, say researchers who reviewed seven studies covering 326 people.

Perry A *et al.* *Cochrane Database of Systematic Reviews* 2016; <http://dx.doi.org/10.1002/14651858.CD011112.pub2> - open access

## Physios help people with ALS to keep breathing

Breathing problems are the main cause of illness and death from amyotrophic lateral sclerosis (ALS), the commonest form of motor neurone disease.

Physiotherapists use a number of techniques to help. Researchers in the Department of Rehabilitative Medicine and

Program in Physical Therapy at Columbia University Medical Center, New York, weighed up the published evidence on the effectiveness of different interventions.

They searched six databases and found seven suitable studies that measured improvements in

forced vital capacity and peak cough expiratory flow.

'With the exception of diaphragmatic breathing, pulmonary physical therapy interventions were effective in improving multiple respiratory outcome measures in this population,' they report.

Inspiratory muscle training (IMT) substantially improved respiratory muscle strength. In addition, patients receiving IMT lived on average one year longer. Lung volume recruitment (LVRT) training strongly enhanced immediate cough efficacy, although manually assisted cough

(MAC) only improved peak cough expiratory flow by a small amount.

'Specific pulmonary physical therapy interventions (IMT, LVRT, and MAC) have effectiveness in improving respiratory outcome measures and increasing survival,' say the authors.

'These should be routinely incorporated into the comprehensive management of

individuals with ALS,' they add.

The authors call for further research to check these findings. Macpherson CE & Bassile CC. Pulmonary Physical Therapy Techniques to Enhance Survival in Amyotrophic Lateral Sclerosis: A Systematic Review. *Journal of Neurologic Physical Therapy* 2016; 40:165-175, <http://dx.doi.org/10.1097/NPT.0000000000000136>

# Views & Opinions

Something to add?  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)



## Adviceline

Pip White sheds light on what is and what isn't covered by the CSP's public liability insurance

Although rare, there appears to be an increasing incidence of allegations that physiotherapists have touched their patients inappropriately during the course of physiotherapy treatment. In some cases, patients report their concerns to the police. Non-consensual touching covers a range of actions and is investigated by the police as either a 'battery' or a 'sexual assault', both of which are criminal offences. The CSP provides clear chaperoning guidance to help avoid situations that might lead to claims being made later on (see below).

Members often believe that any allegation that arises against them during the course of their work will be covered by the terms of the CSP public liability insurance (PLI) scheme. This is not the case and the PLI scheme has a number of exclusions that limit the extent of cover provided.

Members should be aware that the PLI scheme does not provide any cover for any criminal proceedings brought against members, or for any claim arising from allegations of actual or attempted sexual relations, sexual contact or intimacy, harassment or exploitation.

This means that where a member is under investigation or charged with any criminal matter relating to inappropriate touching, it will not be covered by the PLI scheme and they may have to fund their costs themselves. For members in England and Wales only, the CSP no longer pays for members' defence costs at either magistrates or crown court. As access to legal aid in England is means tested, most physiotherapists will not have access to state funding for their defence – even if they are subsequently acquitted of a criminal offence. Costs can be considerable, running into thousands of pounds.

Legal expenses insurance is available to cover criminal defence costs, and the CSP provides information on this. All members might like to consider whether they wish to obtain additional insurance for what is hopefully a rare and extremely distressing event.

Pip White is a CSP professional adviser

### More information

**Criminal defence costs** [www.csp.org.uk/professional-union/practice/insurance/additional-csp-insurance-schemes](http://www.csp.org.uk/professional-union/practice/insurance/additional-csp-insurance-schemes)

**Chaperoning Guidance** [www.csp.org.uk/chaperoning](http://www.csp.org.uk/chaperoning)

## Home banker

Delegates at this year's Annual Representative Conference heard about the benefits of credit unions. Mark Lyonette outlines their role



The festive season is almost upon us, and for many, overdrafts and credit cards will fund this year's gifts and celebrations – followed by a distinctive type of new year hangover when we stop to work out how we're going to pay for it all.

And that's before we think about all the other planned and unplanned expenses that put pressure on household finances these days. For many people, money is a source of real worry, and money-related stress is having a serious impact on the nation's health.

Research conducted by StepChange

Debt Charity in 2014 estimated that the annual cost of problem debt to the British economy was £8.3 billion.

This included a direct cost of almost £1 billion to the NHS for the treatment of debt-related health issues, and a loss of £2.3 billion to the economy from absence and low productivity related to debt worries.

So it's clearly in everyone's interests to help people get – and stay – on top of their finances. And one of the best ways to do that is to join a credit union. A credit union is a member-owned financial institution that provides savings accounts, loans and a range of services to its members.

Britain's credit unions already serve over 1.25 million people

from all walks of life. Over the last decade, credit union lending has doubled to more than £760 million, and deposits have trebled to more than £1.2 billion.

Which credit unions you can join depends on where you live or work or the employer or industry you work in. You can search for credit unions you can join at [www.findyourcreditunion.co.uk](http://www.findyourcreditunion.co.uk)

As well as providing a face-to-face service in communities around the country, more and more credit unions are partnering with employers so that staff can save or repay loans direct from their payroll.

Major public sector employers, such as local councils, the NHS, the Department for Work and

Pensions and the Armed Forces, already offer this service, and we're seeing more private sector employers recognise the value of helping their staff manage their money with a credit union.

Household names, including British Airways, Stagecoach, First Group and Royal Mail, let their employees pay into credit unions direct from payroll.

Saving straight from your monthly pay is the easiest possible way to get into a saving habit, and repaying loans direct from payroll gives credit unions more

confidence to make loans when other providers might say no.

So joining a credit union today could make next Christmas – and all the other financial challenges life throws at us – feel a lot more under control.

Credit union lending has doubled to more than **£760m** over the last decade

Mark Lyonette is chief executive of the Association of British Credit Unions Limited

More information  
ABCUL [www.abc.ul.org](http://www.abc.ul.org)

## Keep it simple

Anne Duffy says straightforward messages can sometimes be the most powerful ones when you are trying to influence others

As chair of the CSP professional network for leaders and managers (LaMPS) in Northern Ireland, I was recently involved in a successful promotional event for our profession, 'Physio Works: The patient perspective'. It was held at Stormont, the seat of the Northern Ireland Assembly.

The event was organised by LaMPS Northern Ireland and the Northern Ireland CSP board. The programme aimed to reinforce the 'Physiotherapy Works'

agenda by way of patient stories. Promoting personal and public involvement is a strategic priority. The event was a good example of the value of a collective leadership approach. It involved people with national, regional and local backgrounds. Those involved included Catherine Pope, chair of Council members of LaMPS Northern Ireland, the Northern Ireland CSP board, clinicians and, importantly, patients.

The input from patients and

clinicians alike reinforced the strategic message, giving it more credibility for those who attended. The patients' stories highlighted good outcomes in core areas of physiotherapy and introduced examples of innovative practice to those present, including Northern Ireland assembly and health committee members.

The exposure I experienced recently as a seconded allied health professions officer for Northern Ireland made me

aware of the importance of relaying memorable messages rather than giving too much detail in certain forums.

I'd like to end with a quote from the material available as part of the CSP's Leadership resources [www.csp.org.uk/leadership](http://www.csp.org.uk/leadership). An unnamed therapy services manager said: 'We need to have a vision, we need to know how we are going to try and achieve that vision and we need to understand that we need to work together for that vision.'

Anne Duffy, assistant physiotherapy manager, learning and development/governance, mental health learning disability, Belfast Health and Social Care Trust

More information  
LaMPS <http://lamps.csp.org.uk>  
For a report on the Stormont event, visit [www.csp.org.uk/node/1015701](http://www.csp.org.uk/node/1015701)



\* See also page 24

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# Leadership

## Taking flight

Moving from your traditional clinical role to something outside your comfort zone takes guts. But members who have done so have had a pleasant surprise – and share their tips.

*‘Being a physio has given me the skills to do this job’*

**Deborah Neal**  
Physiotherapy consultant at Yeovil NHS Trust and lecturer at Bournemouth University.



I am the training and evaluation lead for the South Somerset Symphony programme, one of NHS England’s 50 ‘vanguards’, or new models of care, that were created last year.

Initially I went to South Somerset Symphony as one of the stakeholders during the consultation process and then I got pulled into developing the programme. I was in the team that designed a new model of care for people with complex multiple long-term conditions. The vanguard programme allowed us to expand that.

### A creative approach

I believe strongly that being a physio has given me the skills to do this job. And particularly being a neuro physio, having the ability assess and problem solve. That creative approach.

What I brought to the design team was a strong understanding, and an evidence-base and ethos around supporting self-management. And very much a patient-centred focus. There was a danger that it might have gone more towards meeting the needs of

The prospect of taking an influential post can be daunting. Four CSP members who are helping to transform the NHS tell **Gill Hitchcock** why their physiotherapy skills were key

# Leadership

the providers rather than patients.

It's a juggernaut of a programme. But because I was involved from the beginning and my expertise is valued I can still pick up the phone and speak to the programme director.

## Taking the cue

I think it's important to think about what makes people tick, which is a core physio skill. You learn quickly to pick up the verbal and non-verbal cues and to understand somebody's agenda and couch things in terms that will bring them on board.

If someone's main issue is around power, autonomy or respect, you work out what it is that makes them enjoy their job, or what irritates them. If it's the bureaucracy, or not being able to do the best thing for patients, you have an in-depth knowledge of the model that you're trying to implement and you present that facet of it to bring people on board.

Some people will resist change whatever, but if you can build a critical mass of people who are for the change, then they get swept along.



*'You have got to inspire people'*

## Helen Annandale

Head of physiotherapy at Hywel Dda University Health Board and therapies adviser to the Welsh government.

It's 10 years since I moved into more of a leadership role for a musculoskeletal service, and eight years since I became head of services at Hywel Dda. I never had a burning ambition to be the head of physiotherapy, but an opportunity arose. I could see in my clinical practice that I was making a significant difference to patients, but this was an opportunity to make a difference on a much greater scale. I had ideas, and I'm a doer.

## Voice in government

I am part of the Welsh Physiotherapy Leaders Advisory Group and their representative to the Welsh Therapies Advisory Committee. The committee is one of the main routes in to influence the government and ensure the therapy voice is heard at national level. We were influential in making the diploma for physiotherapy support staff happen – and it's unique in the UK.

To be a leader you have got to have a vision, but it's important that it's a shared vision. You can have a vision, but if other people aren't on board, it's not going anywhere. You have got to inspire people and my role is about enabling others. I am one cog in the team.

I have no interest in the 'badge', it is not about me as an individual. This is a service, it's about the patient, also my team and I am very loyal to my team.



## Something to add?

email Frontline at  
frontline@csp.org.uk

## Self-knowledge

I think you have got to know yourself. I know more about myself now than I have ever known, but I am still learning new things about my behaviour and how it affects others.

I would say is that we are in challenging times and it's good to have a mentor or a coach. I am not always positive and when I am having difficult days, I have got to have some way of off-loading. I have not always had that.

*'As a physiotherapist I am fairly pragmatic and solution-focused'*

## Jane Milligan

Chief officer at NHS Tower Hamlets clinical commissioning group (CCG) and executive lead for the north east London sustainability and transformation plan (STP).

I am working with a lot of clinical board members. So having a clinical background gives me quite a lot of credibility, and obviously an understanding, from an operational perspective, of the people working on the frontline, patients and their families too.

Facilitating people by using physiotherapy skills, for example with someone who has had a stroke, is not dissimilar to working with a range of people who have clinical as well as managerial roles.

I think as a physiotherapist I am obviously fairly



pragmatic and solution-focused. And the skills needed to build relationships and trust are similar whether I'm working with patients or colleagues. Those transferrable skills have been very much part of what I have carried into my day-to-day role.

## Physios get pigeonholed

There is a tendency in physiotherapy, and in other allied health professional areas as well, to pigeonhole people. You are either a clinician doing physiotherapy or you're not.

I get asked sometimes by people outside of work "why did you stop being a physiotherapist?" Well, actually I never stopped being a physiotherapist, I have just transitioned.

Certainly post-graduate, there is more emphasis and support for doctors and nurses in leadership. I know that Darzi fellowships are open to therapists, but I have not yet come across one who is not a doctor. But you need to have a wide range of people to take on clinical leadership roles because they shape how services are delivered. So it's a wasted opportunity.

## Service transformation

My role is broader than the CCG these days, as I'm the STP lead for north east London. STPs are an opportunity for physiotherapy to be delivered at a community basis, as opposed a hospital. And certainly self-referral to physiotherapy is something we would want to encourage.

If you haven't got a voice at the table, however, there is a tendency for people, under financial pressures, to revert to what they know or what they believe the evidence to be. **FL**

\* See also page 20



*'You need a real self-belief'*

## Nicola Moran

Clinical physiotherapy specialist at Belfast Health and Social Care Trust and chair of NIMAST, the Northern Ireland multidisciplinary association of stroke teams.

In 2010, when I came back to Northern Ireland I really wanted to understand how stroke care worked regionally, the interface between services, the direction services were taking.

I came across NIMAST, quite by chance, and joined to understand stroke services regionally, what work streams were being developed, what research was going on.

I ended up joining the committee, but when I was appointed chair in May 2015, it was the first time there has been an allied health professional chair. So I am absolutely delighted.

I felt NIMAST was a bit of a faceless organisation, in that people just thought it was a conference. So I wanted to ensure that we could increase the membership and make sure they were getting value for money.

Since then I've been diligently working away at ways of changing that. Now our faces are the website and people can contact me. There are posters in every stroke unit and we are trying to engage undergraduates too, and asking what we can offer, what would you like to see.

## From small acorns

I think leadership takes commitment, energy,

perseverance, looking for opportunities, and bringing people with you – not telling but encouraging people. And recognising that people have many different strengths.

Nobody has all the answers. I am a really great believer that people come with different ways of looking at things and it's really important that you hear those people and encourage them. From small acorns, great oak trees grow – you catch the idea.

You need a real self-belief that it's possible to move things forward, and optimism – not a false optimism, but a belief that sometimes in the face of adversity good things happen.

## Understanding the political landscape

In the NHS today it's just not sufficient to be a good clinician. It's understanding politically where the NHS fits and the direction of travel. And if you have good ideas, voice them, but you must be committed to moving them forward.

As a physio you have good communication and organisational skills, so the type of personality that is drawn into physiotherapy is very well-placed to influence how the NHS is moving forward.

# Heart Failure

Hot stepper: Susan Eriksen at St George's



Robert Millett meets a physiotherapist who is helping patients at a pioneering heart failure unit

Cardiology-based care is associated with a  
**40%**  
reduction in mortality

# Take heart

**R**esearch suggests that people with heart failure are more likely to survive if they receive treatment in a cardiology ward, rather than in a general hospital setting. The latest National Heart Failure Audit shows that cardiology-based care is associated with a 40 per cent reduction in mortality, and in 2014 the National Institute for Health and Care Excellence (NICE) recommended that all hospitals should have specialist, cardiology-based teams.

In line with this advice a pioneering unit opened this year at St George's Hospital in south London, part of St George's University Hospitals NHS Trust. The trust believes the specialist centre is the first of its kind in both the UK and mainland Europe. It was set-up with funding of £1.42 million from the trust's clinical commissioning group and NHS England's commissioning for quality and innovation initiative.

Susan Eriksen, a highly specialist physiotherapist, is part of the unit's multidisciplinary team. She says that the 11-bed centre provides a consultant-led, patient-centred service that aims to improve the care of people with acute and chronic heart failure. 'Audits show that if a patient is in a cardiology ward then that alone increases their outcomes,' she says. 'So what we are doing is improving that further by treating them on a specialist unit with specialist staff.'

Ms Eriksen explains that heart failure occurs when the heart is unable to efficiently pump blood around the body. It affects around 900,000 people in the UK at any time and the most common causes are heart attacks, high blood pressure and cardiomyopathy (diseases of the heart muscle). 'The average

# Heart Failure



Something to add?  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

age of inpatients on the unit is around 75,' says Ms Eriksen. 'But we have had people as young as 40 and as old as 98.'

In the past heart failure had a poor prognosis, says Ms Eriksen, but mortality rates have fallen due to medical advances. These include the use of medications such as beta blockers and angiotensin-converting enzyme inhibitors [which reduce high blood pressure] and treatments such as cardiac resynchronisation therapy, in which an implanted device is used to resynchronise the contractions of the heart's ventricles.

But Ms Eriksen says corresponding improvements have not been made to identify 'how best to treat patients in an acute hospital situation' to maximise their wellbeing. 'People are living longer, but aren't necessarily living better – so what we are trying to do is improve their quality of life.'

## The benefits of exercise

The team includes four consultants, two clinical fellows, specialist heart failure nurses, a highly specialised occupational therapist, a dietician and a cardiothoracic pharmacist. Ms Eriksen provides ward-based physiotherapy – focusing on mobility, respiratory and discharge planning – along with specialist exercise prescription, goal setting and onward referrals to cardiac rehab. She also gives patients exercise education, such as using heart rates to identify an 'optimal training range' that will maximise the benefits of any exercise.

'A lot of people with a heart problem shy away from exercise, but the research out there shows that it's really important and beneficial for them to be active,' she explains. 'So it's about making them aware that they should be active every day, explaining what sort of things constitute activity, how to progress in a sensible, controlled manner and how to know if they are working too hard or not hard enough.' With this information discharged patients are able to continue to exercise and improve, she adds.

Referrals can come from any area of the hospital or the community. The service commonly treats people with acutely decompensated heart failure. This is when a person with chronic heart failure has worsening symptoms, such as swelling of the feet and legs, breathing difficulties and fatigue.

'When that happens they have a build-up of fluid around the lungs and the body, so they put on quite a lot of weight and can get tired and short of breath,' says Ms Eriksen. These

'People are living longer but aren't necessarily living better – so what we are trying to do is improve their quality of life'

Susan Eriksen

patients often find normal levels of activity hard to maintain and can even find walking difficult, due to the accumulation of fluid in their legs.

'We have people at varying levels of function and some younger people, who are overloaded with fluid, can still walk reasonably well,' she says. 'But when older, less mobile patients are affected by extra fluid then just getting out of bed can be quite a feat for them.'

## Patient education is key

Decompensated patients receive an intravenous diuretic [medication that increases the production of urine]. This helps the body to 'offload' accumulated fluid and allows the heart to work more functionally. But patients must be connected to an IV pump, which can severely restrict activity, says Ms Eriksen. 'On a general medical ward they might just go from bed to chair for days on end without mobilising, because they are offloading and haven't been seen by a physiotherapist yet – and that means that they are actively getting weaker.' In contrast, all decompensated patients in the unit receive early physiotherapy, which helps to prevent hospital-related deterioration. This often includes range of motion exercises and lower and upper limb strengthening, which can be performed bedside or in the unit.

'The outcomes so far have shown that as well as preventing deterioration in "higher level" patients, the "lower level" ones are being made stronger before they leave hospital - which doesn't usually happen - as normally they'd leave much weaker.'

Six months after opening in January, inpatient mortality rates on the unit were 4.5 per cent, in comparison to figures from the National Heart Failure Audit, which reveal a national average of 9.4 per cent. In addition, 30 days after leaving the centre there were no deaths among discharged patients, which, Mrs Erikson says, is a significant improvement on the national average of 5.4 per cent for patients treated in cardiology settings. The unit has also cut the number of patients readmitted with decompensated heart failure within 28 days, and reduced all cause readmission rates.

Physiotherapy-specific data has also been collected by Ms Eriksen to analyse the effectiveness of her input. This shows



Lining up from the left: Jesley Mendes, health care assistant, Rebecca Jones, highly specialised dietician, Doris Mensah, lead cardiothoracic pharmacist, Jane Nokes, ward sister, Luke D'Urban Burgess, admin and data analyst, Susan Eriksen, Dr Hamza Zafar, heart failure fellow, and Niamh Duggan, highly specialised OT



Stretching a point: Eric Dalby, 86, and Alan Marchant, 84, join Ms Eriksen



Heart failure, a life-limiting condition, affects

900,000

people in the UK

that, out of 40 patients and six months after opening, 85 per cent felt physiotherapy had helped them during their stay. And all patients reported that Ms Eriksen's input had provided a good understanding of how exercise could help their condition.

'I had one patient who became very emotional after I took him on the stairs and provided exercise education and advice,' she says. 'He was blown away with the change in his exercise tolerance from admission to discharge. But on a normal cardiology ward he wouldn't have been seen by a physio as he was mobile and independent.'

Data collected from 45 patients also indicated that physiotherapy prevented deterioration while on the ward and improved functional outcomes. And almost half (46 per cent) of all suitable patients were referred on to cardiac rehabilitation in the community, which is much higher than the national average of less than 10 per cent.

Ms Eriksen intends to continue to focus on early intervention, preventing deterioration and providing education that will help patients after discharge and improve their long-term quality of life. 'The majority of patients are open to it,' she says. 'And the better educated a person is around their condition the less likely they are to come back into hospital and the more likely they are to enjoy their life.' FL

## More information

NICE guidance on acute heart failure: diagnosis and management <http://bit.ly/2fHLEIT>  
National Heart Failure Audit 2014/15  
<http://bit.ly/2fHB4gB>

# ServiceRedesign

Revamping musculoskeletal services in Tayside helped a physiotherapy-led team win a prestigious CSP award, as **Ian A McMillan** discovered

**W**inning one of the four CSP service excellence awards last year was a considerable feather in the cap for Janice McNee and colleagues at NHS Tayside. The team, which redesigned its musculoskeletal (MSK) outpatient service, won the 'enhancing patient dignity and standards of care' category at the awards ceremony in London last December.

'All Scottish health boards had been tasked by the government with bringing down waiting times for physiotherapy MSK appointments to a maximum of four weeks by March 2016,' explains Janice McNee, who leads the MSK outpatient team in Dundee. 'So far, we have brought waiting times down from 12 weeks to six.'

Ms McNee was speaking during a *Frontline* visit to Tayside earlier this year. As well as being a national figure – she is secretary to the CSP Scottish Board – and holding down her MSK lead post, Ms McNee is also interim head of physiotherapy and community therapy services, which she holds on a job-share basis. She is based at Dundee's Kings Cross health and community care centre, where Ms McNee and her colleagues' pride in winning the CSP award was clearly evident.

Also present at the visit were some of those who took up the challenge of revamping the local MSK service

to meet the NHS Scotland waiting times limit. They explained that NHS Tayside has three constituent parts: Dundee, Perth and Kinross, and Angus. Sharing coterminous boundaries with the local police force, this region of east Scotland has a range of urban and rural communities with some relatively deprived and affluent patients. The region spreads over some 3,000 square miles.

As well as Ms McNee, also present were Morag Hambleton, who combines a part-time role as physiotherapy service manager in Angus with another as service improvement lead for the allied health professions (AHPs) in Dundee, and Lynne Sutherland, outpatient lead for the physiotherapy service in Angus. We were joined via telephone by Norma Patrick, head of the Perth and Kinross physiotherapy service. Angela Murphy, AHP lead for Angus was another member of the core team.

## Consulting stakeholders

How did they go about redesigning the MSK service? 'We got together at the beginning to look at where we were and where we wanted to end up,' says Ms McNee. They consulted with key stakeholders, such as orthopaedic, neurology and plastic surgery consultants, GPs, clinicians such as nurses and

Stuart Pennykid



MSK lead  
Janice McNee

radiologists, managers, allied health profession (AHP) leads and patients.

'We held both staff and patient focus groups,' says Ms McNee. 'The patients were very positive: all they wanted was to be seen by the right person, in the right place and at the right time. Local audits showed that about 40 per cent of people being referred to orthopaedic surgeons could be dealt with at primary care level. So the surgeons were "on board" with the redesign because they could see how their workload would be cut.'

Ms Hambleton says: 'In recent years, we had concluded that we needed a single pathway for patients with MSK problems. We opted, probably uniquely, to have a collective MSK pathway. We recognised for the patients, staff and system, we wanted to keep it as smooth as possible, and with the least amount of "waste".'

She said that other boards had opted to set up pathways linked to specific parts of the body, such as the foot and ankle. 'But at the end of the day, all the patients are going to end up at the same point: the MSK pathway. Then you have physiotherapy or are referred to secondary care.'

Ms McNee says: 'We did a whole lot of up-skilling for our staff. Now all our band 7 physios and above can request imaging: X-rays, MRIs, ultrasound. A lot of our band 6s and above can do joint and soft tissue steroid injections, which has changed the patient experience because of lot of our GPs don't inject.' A recent audit showed that 95 per cent of patients treated with corticosteroid injection were managed solely by physiotherapists, she says.

'Now patients can be referred directly to physio rather than to secondary care. It's improved the skills of physios, reduced the pressure on secondary care and means patients can get all their treatment in one centre.'

The service  
has reduced  
waiting times by  
**50%**

# Getting it right

# ServiceRedesign



Lining up at the CSP Awards 2015 (from the left): CSP chair Catherine Pope, with Tayside team members Neil Bryson, Andrew Suttie, Alison Reid, Janice McNee, Morag Hambleton and Angela Murphy

**'We can now refer patients directly to secondary care, rather than having to refer them back to the GP'**  
**Morag Hambleton**

## Imaging innovation

Cost-wise, the revamped AHP pathway, which includes occupational therapists and dietitians, has meant £151,000 less is spent on patients with patients with MSK problems. 'We are, for example, cheaper than a consultant when giving an injection,' says Ms McNee.

Ms Sutherland says 38 physios in the region can now request imaging, having followed standardised training programmes with additional mentoring each year. For Ms Hambleton, such developments are welcomed by staff, some of whom, she acknowledges, could get 'stuck in a treadmill' in the past. Anecdotal reports from radiography departments suggest AHPs have a superior imaging 'hit rate' compared to GPs [meaning the right kind of image was requested], says Ms McNee. When consultants see the patient, they already have the image needed and can refer them for surgery when this is appropriate, she notes.

## Interactive technology

Ms Hambleton stresses the new pathway takes a lot of strain out of the patient's journey because they are now less likely to undergo long waits to see a consultant and have tests done, only to be referred to physiotherapy at the end of the process.

'The whole process is much more streamlined,' she says. 'We can now refer patients directly to secondary

care, rather than having to refer them back to the GP suggesting that they do a referral, for example. There is an awful lot of "to-ing and fro-ing" that we have eliminated.'

As a result of the service overhaul, three patients in 10 attending fracture clinics are referred to a physiotherapy fast-track service where they receive advice on the day of referral. As a result, they report less of the stiffness and pain traditionally associated with fractures and soft tissue problems, and a reduction in 'chronicity'.

Patients are also able to refer themselves for physiotherapy, without going through a GP, giving them speedy access to telephone triage and treatment. One patient stated: 'I was very unsure about how this would all work, making a phone call, but the service from start to finish has been marvellous.'

In addition, says Ms McNee, a Tayside GP/AHP MSK decision support tool has been developed that replaces the need for individual documents for each clinical MSK pathway. 'This has now been so successful the national MSK team has commissioned it for all health boards. To find out more, visit <http://msksolutions.nhs.scot/register> It is accessible to anyone with an nhs.net or scot.nhs.uk email address.' **FL**



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# InReview

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## Featured book

**The Principles and Practice of Yoga in Health Care**  
*Sat Bir Khalsa, Lorenzo Cohen, Timothy McCall, Shirley Telles (eds)*  
ISBN: 9781909141209

There is a growing body of evidence to support the use of yoga for a wide range of medical conditions. A number of studies has found that asana (yoga postures or poses), combined with breathing practices, reduce pain in a range of conditions. These include arthritis, low back pain and cancer. Practising yoga can also help people to attain emotional balance, heal after illness and gain symptom relief from long-term conditions.

Not surprisingly, a growing number of healthcare professionals, particularly physiotherapists, are using yoga in a range of settings and conditions. Yoga therapy – the

application of yoga for therapeutic purposes and as a preventive intervention – is on the increase and is recognised as part of the health systems in many countries.

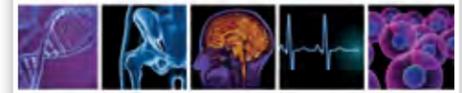
As a physiotherapist who has reaped many benefits from practising yoga and as a recently-qualified yoga teacher, this book was of particular interest to me. Physiotherapists are interested in evidence-based practice, particularly for more holistic interventions, and often feel we have to justify such practices.

This book aims to bring together the science and the practice of yoga therapy and supports the emergence of yoga therapy as a credible profession. It explores the practical implications for professionals who use yoga or refer patients for yoga practice in a comprehensive way.

By 2014, we are told, the number of published randomised controlled trials that included yoga interventions stood at 312, of which 205 were therapeutic efficacy trials. This demonstrates an increase in biomedical research on yoga and yoga therapy and I was surprised at the number of studies.

The authors have reviewed the various studies and collated them systematically for comparison. As well as outlining the history, philosophy and practice of yoga therapy, the authors look at the use of yoga for people with mental health problems, musculoskeletal and neurological conditions, and cancer. I enjoyed reading about

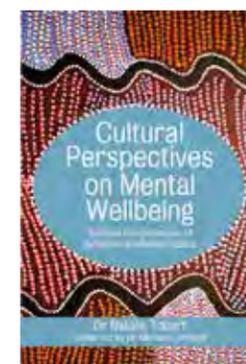
## THE PRINCIPLES AND PRACTICE OF YOGA IN HEALTH CARE



Sat Bir Khalsa • Lorenzo Cohen  
Timothy McCall • Shirley Telles

its use in paediatric, obstetric and gynaecological settings, as well with pregnant women. If you are interested in yoga and research – it's definitely worth a read.

*Priya Dasoju, CSP professional adviser and registered yoga teacher*



**Cultural Perspectives on Mental Wellbeing: Spiritual interpretations of symptoms in medical practice**

*Natalie Tobert*  
ISBN: 9781785920844

The book offers a foundation for understanding different approaches to medicine and health around the world.

**The Researcher**  
This digital publication aims to raise awareness about research careers among nurses, midwives and allied health professionals. It was created by Health Education England, NHS Research and Development North West and the National Institute for Health Research, working with a team of 'early career' researchers.



**Tail of the Tigress: Views on the road to gender equality**

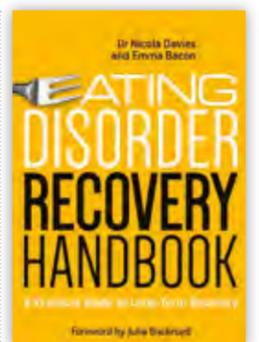
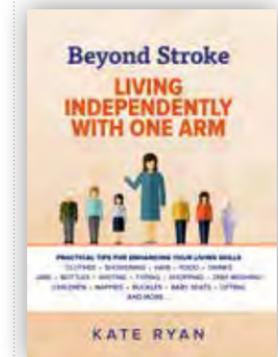
*David deVire*  
ISBN: 9780995457607

David deVire investigates the potential for radical change in how society is structured. He supplies information and suggests potential scenarios but leave readers to draw their own conclusions.

**Beyond Stroke: Living independently with one arm**

*Kate Ryan*  
ISBN: 9781876498962

This handbook is said to be an essential guide for people overcoming a stroke, or who have shoulder, arm or hand injury and pain. It is aimed at carers, health professionals and community groups.



**Eating Disorder Recovery Handbook: A practical guide to long-term recovery**

*Nicola Davies and Emma Bacon*  
ISBN: 9781785921339

The authors present activities that have been designed to help people understand, overcome and maintain recovery from eating disorders.

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## p40 Networks & networking

Catch up with news and announcements regarding the CSP’s work at region and country level and also courses and events from CSP recognised professional networks. All recognised networks may list their events free of charge in this section to a limit of 180 words. Reach out to members, previous colleagues and classmates through the info exchange, retirement groups, or reunions sections. Send the information you wish to include to: [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

### Frontline schedule

Issue date	Booking deadline
Dec 7	Nov 21
Jan 4 2017	Dec 5 2016

## p54 Courses & conferences

Advertise your course or conference by contacting our advertising agents, Media Shed, tel: **0845 600 1394** or email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk) Send your text and have your lineage advertisement typeset by Media Shed to our magazine house style. Add a box or shading to make your advert stand out on the page. Alternatively you can choose to send your completed display artwork to Media Shed. Call to discuss rates.

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## p58 Recruitment

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# Networks & networking

## English networks news



## English regional networks

News from the CSP English regional networks, branches and country boards.

Find out more at [www.csp.org.uk/nations-regions](http://www.csp.org.uk/nations-regions)

### Your regional network needs you!

Have you ever considered getting involved in the CSP regional networks? If so now is the time to step forward. The core teams are looking for new members to get involved. All CSP members can get involved including students, associates, retired and full members. The networks play a key role in organising members to influence local decision makers on both local and national issues as well as engaging members in the work of the CSP and informing the CSP about regional issues and opportunities. The core teams support national campaign delivery and run local campaigns relevant to members in the region as well as organising learning events and forums. If this sounds like the sort of thing you would like to get involved with email: [cre@csp.org.uk](mailto:cre@csp.org.uk) to find out more.

### East Midlands

#### The East Midlands regional forum

As well as providing updates from the CSP and the opportunity to feedback any issues and opportunities from the region the event will feature a presentation on leadership and the development of the advanced physiotherapist practitioner role from Marcus Bateman, consultant physiotherapist. It will also feature an alcohol awareness briefing from Nick Southorn, pain management specialist physiotherapist

**Date:** Wednesday 7 December

**Time:** 5pm-7.30pm

**Place:** London Road Community Hospital - Training Room 1 London Road, Derby DE1 2QY

**Cost:** Free of charge (members who travel more than ten miles will have their travel expenses refunded).

To keep up to date with your region and register to attend an event visit: [www.csp.org.uk/nations-regions/east-midlands](http://www.csp.org.uk/nations-regions/east-midlands)

### East of England

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/east-england](http://www.csp.org.uk/nations-regions/east-england)

### West Midlands

#### Update on Worcester Campaign and news on the local STP

Since it was first announced by the Worcestershire CCGs that a consultation was to take place on restricting access to physiotherapy, the CSP team with members and local trade union council support, have been working tirelessly to campaign against the proposals.

Further to the action reported in the summer on the West Midlands regional web page, the final report on the public survey results was very supportive of physiotherapy. As a result, the CSP issued a statement welcoming the findings and urging decision makers to listen to public opinion and recognise that restricting access would be both detrimental to patients and a false economy.

The CSP's SNO and organising officer Jim Fahie and Kevin Dale, together with local members, have been attending CCG meetings to make representations and ensure the key messages about physiotherapy and how it can help CCG plans were heard and understood by governors.

The conclusion drawn by the CCGs was that physio should not be part of the cuts and the feedback received from CSP attendance at these meetings complimented the evidence base for physiotherapy that was provided.

As a result of CSP and member input, Worcester CCG wish to engage our knowledge in the Emergency Care Centre

review and the South Worcestershire Service Development and Transformation team also wish to consult the CSP to have our input.

Although this campaign has been a success, we need to be aware that threats to physio may still occur in the future as the CCGs plus Herefordshire are required to make £80 million savings by 2020.

So it is important that we continue to engage with key decision-makers on the governing bodies to build on progress and seek out opportunities to promote physiotherapy. This is particularly timely as Worcester starts to progress STP plans – information available on the West Midlands regional news page.

### The West Midlands regional forum

**Date:** Monday 5 December

**Time:** 10am-1pm

**Place:** Birmingham University, Sport, Exercise and Rehabilitation Sciences Building, Room G86

**Cost:** Free of charge

**Contact:** To register your place at the forum, please email: [westmidlandschair@csp.org.uk](mailto:westmidlandschair@csp.org.uk)

For news, event and updates from the West Midlands visit: [www.csp.org.uk/nations-regions/west-midlands](http://www.csp.org.uk/nations-regions/west-midlands)

### North West

#### People power – how members convinced management not to downgrade more than 20 physiotherapy posts



Pictured above: Rosie (second from right) and the team

Downbanding and scrapping physio posts – it's a scenario that has become all too common in the NHS and instances of ill-informed management decisions have been keeping our stewards and SNOs busy up and down the country.

A recent case of attempted downbanding in Stockport shows that when staff come together to build a robust business case for keeping a post – management listen. As a result of the team's hard work, as well as that of other departments, the trust's management agreed that the team's counter proposal was the better option, because of the cost savings and benefits to patient safety outlined by the team.

North West SNO, Karen O'Dowd, said: 'We were delighted with the result, in fact this was the first time that management had agreed wholesale to all the suggestions against downbanding. Phil Gordon and the members worked so hard and should be proud of their efforts and achievement.'

Commenting on the CSP rep support, Rosie said: 'Phil was fantastic, he supported all of the teams and helped us work effectively together to deliver our counter proposal.'

The trust is now advertising for the band 7 post.

Read the full case study on the North West regional web page.

### Neurological physiotherapy team make the most of Older People's Day



Member Megan Knowles-Eade reports: Neurological Physiotherapy, Cheadle, Stockport hosted an 'Older People's Day' event at our local cafe. The team offered BP checks and advice on exercise, falls prevention and keeping active.

The picture above shows Megan Knowles-Eade, physiotherapist, on the right, Iris, centre, and Stephanie Ingham, physiotherapist on the left.

Neurological Physiotherapy is an independent practice who have an NHS-commissioned service to provide physiotherapy to the people of Stockport presenting with a neurological condition. The team are strong advocates of exercise

for the management of long term conditions and hold weekly balance classes and Parkinson's exercise classes. See: [www.neurologicalphysiotherapy.co.uk](http://www.neurologicalphysiotherapy.co.uk)

### Regional forum

**Date:** Tuesday 6 December

**Time:** 6pm

**Place:** Chorley Education Centre

**Cost:** Free of charge

Come along and meet the CSP's policy officer, Alice Sorby, who will be talking about the CSP's DevoManc campaign and asking for member contributions to case studies for the 'Buzzing with Great Ideas for Manchester' report to help influence key decision-makers.

**Contact:** For more details and to confirm your attendance email: [ena.mitchell@aintree.nhs.uk](mailto:ena.mitchell@aintree.nhs.uk) or visit: [www.csp.org.uk/nations-regions/north-west](http://www.csp.org.uk/nations-regions/north-west)

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### South Central

#### Make sure you follow 'Physiotherapy – a brave new world' on Twitter

The event takes place on Tuesday 22 November in Oxford, but if you haven't got a ticket you can still participate by following #BraveSCphysio – make sure all your tweets include this hashtag to follow the discussion and take part. Information after the event will be made available to all South Central members on the key outcomes and topics covered with articles on iCSP and in these pages.

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/south-central](http://www.csp.org.uk/nations-regions/south-central)

### London

#### London regional forum event

**Date:** Monday 12 December

**Time:** 4pm-7pm

**Place:** The Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED (nearest Tube station is Chancery Lane)

**Cost:** Free of charge for CSP members.

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/london](http://www.csp.org.uk/nations-regions/london)

### South East Coast

#### Mastering research for patients and for your career – a SEC Member's story



Pictured above: Sharon Colebrook Hutchens, left, with Helen Balcombe

Sharon Colebrook Hutchens, a woman's health physiotherapist at First Community Health and Care, a social enterprise based at East Surrey Hospital, had always wanted to get involved in research. Like many working mothers, Sharon had put this ambition on hold due to lack of time and concerns about loss of earnings. However, a fully-funded opportunity to study for an MRes in the NIHR Programme arose and after achieving a place on the course, two years down the line her research led her to present a poster at the recent SECERN Conference on 'the lived experience of women with post-natal anal incontinence.' The research was inspired by Sharon's patients and her observations on how the care pathway and support network could be improved. Sharon's ambition is that, despite the fact that it is a relatively small study, it will help to ultimately drive service development and policies and improve life for patients.

Read the full story on Sharon's achievements plus her tips on putting together a scientific poster by visiting the South East Coast regional web page.

### SECERN Regional forum

**Date:** Tuesday 6 December

**Time:** 10am-1pm (tea/coffee and refreshments provided)

**Place:** University of Brighton, School of Health Professions, Eastbourne >

**Cost:** Free of charge

**Contact:** For more details and to confirm your attendance email: southeastcoastchair@csp.org.uk or visit: www.csp.org.uk/nations-regions/south-east-coast

For news, events and updates from South East Coast visit: [www.csp.org.uk/nations-regions/south-east-coast](http://www.csp.org.uk/nations-regions/south-east-coast)

#### North East

**North East Leadership and Influencing Skills Conference and North East Musculoskeletal Society evening lecture on rotator cuff-related shoulder pain**

**Date:** Tuesday 6 December

**Place:** Novotel, Newcastle-upon-Tyne  
The CSP North East Regional Network is hosting a Leadership and Influencing Skills Conference featuring perspectives on leadership from both a national and local perspective including a presentation from Catherine Pope, Chair of CSP Council. It will be followed by a free evening CPD lecture hosted by the North East Musculoskeletal Society themed on rotator cuff related shoulder pain featuring Chris Littlewood, physiotherapist lecturer, and David Cloke, surgeon.

**Cost:** Tickets for both events are free of charge. **\*UPDATE\*:** All tickets for the North East Musculoskeletal Society evening lecture have now been booked. You may join a waiting list via the Eventbrite link below. Tickets for the Leadership and Influencing Skills Conference are still available.

**Event timeline:**  
1.30pm-5.30pm CSP North East Regional Network Leadership and Influencing Skills Conference  
5.30pm-6.30pm Refreshments and networking  
6.30pm-8.30pm North East Musculoskeletal Society CPD lecture on rotator cuff-related shoulder pain

**Booking:** Registration: Book your free ticket online at: [https://north\\_east\\_06\\_12\\_16.eventbrite.co.uk](https://north_east_06_12_16.eventbrite.co.uk)

**Correction** – In issue 19 of *Frontline* we reported that Richard Holmes held a Mythbusters event at North Tyneside Council. This was incorrect. The members who held the event were Summer Cusack and Mark Henderson.

To keep up to date with your region and register your attendance at an event visit: [www.csp.org.uk/nations-regions/north-east](http://www.csp.org.uk/nations-regions/north-east)

#### South West

**South West regional network event with award winning physio Claire Madsen**

**Date:** Wednesday 7 December

**Time:** 1.30pm

**Place:** Exeter Racecourse, Kennford, Exeter, Devon EX6 7XS

**Contact:** To confirm your attendance email: southwestchair@csp.org.uk

For latest updates on events and news from the South West visit: [www.csp.org.uk/nations-regions/south-west](http://www.csp.org.uk/nations-regions/south-west)

#### Yorkshire and Humber

**CPD event featuring Dr Mick Thacker**

On Friday 27 January a friend and colleague of Louis Gifford, Dr Mick Thacker from Kings College London, will lead a morning lecture and workshop on pain in honour of Louis Gifford at the Hull Royal Infirmary Lecture Theatre. The event is open to all CSP members in the Yorkshire and Humber region. Places are limited to 140 attendees and will be offered on a first come, first served basis. They are sure to be very popular so don't delay.

**Date:** Friday 27 January 2017

**Time:** 8.45am-11.45am

**Place:** Medical Education Centre (MEC) Lecture Theatre, Hull Royal Infirmary

**\*UPDATE\*** All tickets for the CPD event featuring Dr Mick Thacker have now been booked. You may join a waiting list via the Eventbrite link below.

**Cost:** Free of charge

**Booking:** You may join the ticket waiting list via the following link: <http://bit.ly/2cbqtrG>

**CPD event themed on neurology and musculoskeletal physiotherapy**

**Featuring:** Mandy Young – speaking on spinal pathways; Dr Angela Clough – giving an update on the context of whiplash associated disorders; Steve Young – giving an update on evidence for treatment of lower back pain

**Date:** Saturday 4 March 2017

**Time:** 10am-3pm

**Place:** Leeds Beckett University (City Campus)

**Cost:** TBC

**Booking:** You may book a ticket via the following link: <http://bit.ly/2cVHzLL>

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/yorkshire-humber](http://www.csp.org.uk/nations-regions/yorkshire-humber)

#### Professional networks news



## Professional networks

Courses and events from CSP recognised professional networks. Share your events here free of charge.

Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

#### Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire

**The walking wounded: An in-depth look at primitive reflex inhibition therapy**

This one day workshop is aimed at physiotherapists working in neurological rehabilitation. The day will focus on exploring different assessment and treatment methods to treat patients who are functioning at a fairly high level but report not being 'quite right'. This group of patients are often difficult to progress further and objective measures are limited.

The workshop has a large practical component and therapists will practice assessment and treatment skills together in small groups/pairs. Through this workshop, participants will:

- discuss and review the 'issues' that patients' present with clinically eg. include, headaches, dizziness, lack of concentration, high level balance difficulties, reduced co-ordination...
- discuss and review their own knowledge as to the current techniques that clinicians use
- gain an understanding of the philosophy of Primitive Reflex Inhibition (PRI)

- explore the assessment techniques and interpretation of the findings related to PRI related to neurological patients
- acquire the ability to apply the findings into a structured treatment programme
- devise and select exercises for patients' home exercise programmes and how to progress them.

**Tutor:** Pam Bagot, MSc MCSP principle physiotherapist

**Date:** Saturday 11 February 2017 9am-4.30pm

**Place:** TOPS Fitness and Rehabilitation, 1 Cobham Parade, Leeds Road, Wakefield WF1 2DY

**Cost:** £55 for ACPIN members, £90 for non-ACPIN members – too include refreshments (but not lunch). Places limited to 18, due to the practical nature of the course. No course prerequisites required

**Contact:** For further information contact Heidi Thomas at: [yorkshire@acpin.net](mailto:yorkshire@acpin.net)

#### Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands

**Study afternoon: Respiratory management for neurological conditions**

Including how to identify respiratory compromise early, investigations, interventions and monitoring. Also end of life issues, documentation and ethical dilemmas with case study discussion.

**Date:** Wednesday 30 November, 4pm-7pm.

**Speaker:** Rachael Moses, consultant respiratory physiotherapist, Preston Royal Hospital.

**Place:** Lecture Theatre 2, School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham

**Cost:** Free for ACPIN members, £5 for non-members

**Contact:** Email: [joasia.ohagan@heartofengland.nhs.uk](mailto:joasia.ohagan@heartofengland.nhs.uk)

#### Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent

**Kent ACPIN study day 'ATAXIA'**

This one day course aims to augment knowledge and skills and will focus on rehabilitation for people with cerebellar ataxia, reviewing aspects of neuroanatomy and neurophysiology. Participants will develop their clinical reasoning skills through a patient workshop and practical sessions aimed at enhancing clinical effectiveness.

**Tutors:** Ann Holland and Janice Champion – Bobath tutors

**Date:** 3 December

**Place:** Maidstone Hospital, Kent

**Booking deadline:** 25 November

**Cost:** ACPIN members £65, non-members £80

**Contact:** Email: [kent@acpin.net](mailto:kent@acpin.net) to book your place or for more information.

#### Physio First

**Physio First AGM 2017**

**Date:** Saturday 1 April 2017 at 4.05pm

**Place:** East Midlands Conference Centre, Nottingham

**Details:** Our annual general meeting, open to all members of Physio First. Members are invited to submit motions for inclusion on the agenda of our AGM. These must be proposed and seconded and reach the Physio First office by Monday 16 January 2017. Please address your submissions for the attention of Pam Simpson, Physio First chairman, and send to: Physio First, Minerva House, Tithe Barn Way, Swan Valley, Northampton, Northamptonshire NN4 9BA or email: [minerva@physiofirst.org.uk](mailto:minerva@physiofirst.org.uk)

#### Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)

**Physiotherapy assessment and management of lower bowel dysfunction – a practical skills-based workshop**

**Date:** 27-29 January 2017

**Place:** Chertsey, Surrey

**Cost:** £325 POGP member/affiliate, £395 non-member

**Physiotherapy assessment and management of pregnancy related musculoskeletal conditions Part 1: L spine and pelvis**

**Date:** 3-5 February 2017

**Place:** Tameside, Greater Manchester

**Cost:** £275 POGP member/affiliate, £345 non-member

**Understanding pelvic organ prolapse – assessment and conservative management**

**Date:** 4 March 2017

**Place:** Chertsey, Surrey

**Cost:** £125 POGP member/affiliate, £160 non-member

**Advancing your skills into men's health**

**Part 1: Physiotherapy assessment and management of lower urinary tract symptoms**

**Date:** 11 March 2017

**Place:** Salford, Greater Manchester

**Cost:** £100 POGP member/affiliate, £130 non-member

**Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)**

**Date:** 17-19 March 2017

**Place:** Henley on Thames, Oxfordshire

**Cost:** £350 POGP member/affiliate, £420 non-member >

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**Contact:** For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: <http://pogp.csp.org.uk/courses-events>  
Contact our course administrator at: [pogpcourses@yahoo.com](mailto:pogpcourses@yahoo.com)  
Follow us on Twitter: @ThePOGP  
Check out: [pogp.csp.org.uk](http://pogp.csp.org.uk) for information on bursaries and funding opportunities.

#### Association of Chartered Physiotherapists in Sports and Exercise Medicine (ACPSEM) Membership

For just £55 per annum full members enjoy the benefits of a strong network of sports physios, three sports journals online, a structured CPD pathway supported, by a suite of evidence-based training courses in taping, soft tissue and rehabilitation and discounts with more than 20 companies. Student membership £21.

#### Current taping techniques

**Date:** Monday evenings in January 2017  
**Place:** Ulster University

**Cost:** From £175

#### Current taping techniques 2017

**Date:** 4-5 March 2017

**Place:** Royal London Hospital

**Cost:** From £175

#### The 2nd World Conference on Sports Physical Therapy – Optimal loading in sport

**Place:** 6-7 October 2017

**Place:** Titanic, Belfast

**Contact:** [www.physiosinsport.org/courses.html](http://www.physiosinsport.org/courses.html)

#### Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)

ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics.

#### Changing health behaviours: Using a cognitive behavioural approach to achieve better outcomes

**Dates:** 24-25 January 2017

23-24 May 2017

10-11 November 2017

**Place:** Birmingham

**Cost:** £280 members, £340 non-members

#### NEW – Pilot course – An introduction to occupational health – to be delivered by a series of webinars

**Date:** 9 January 2017 to 15 May 2017

**Cost:** Complete course £380

Stand alone sessions:

Session 1 £20 1 hour

Session 2 £30 1.5 hours

Session 3 £30 1.5 hours

All our other 2017 courses are in the process for being finalised by the tutors. The dates and venues should start appearing on the ACPOHE website soon.

#### Other courses run by ACPOHE

- Occupational rehabilitation and work hardening
- Office workstation ergonomics (DSE) level 1
- Office workstation ergonomics (DSE) level 2
- Manual handling – Train the trainer and risk assessment
- Introduction to occupational health
- Assessing fitness for work and function.

**Contact:** Administrator Tracy Long, tel: 01284 748202 email: [acpohe@buryphysio.co.uk](mailto:acpohe@buryphysio.co.uk)

#### Acupuncture Association of Chartered Physiotherapists (AACP)

##### Two-day acupuncture refresher

**Date:** 7 January 2017

**Place:** London

##### Two-day acupuncture refresher

**Date:** 14 January 2017

**Place:** Peterborough

##### Fascia and anatomy

**Date:** 7 February 2017

**Place:** Peterborough

##### AACP Basic acupuncture foundation courses

Expand your skillset and increase patient choice by training in acupuncture with the AACP. Our foundation courses have been designed to offer you a level of knowledge, skill and understanding that will allow you to practise acupuncture in a safe and appropriate manner, in a clinical setting.

**Dates:** 14, 15, 28 and 29 January 2017 and 11 and 12 March 2017

**Place:** Didcot

**Dates:** 16, 17 and 18 January 2017 and 27 and 1 March 2017

**Place:** Peterborough

**Cost:** £495 – Including one year's full membership of the AACP with many benefits!

**To book:** Visit: [www.aacp.org.uk](http://www.aacp.org.uk) > Training and Conferences > Foundation Courses or CPD Courses Tel: 01733 390007 #3

Email: [claire@aacp.org.uk](mailto:claire@aacp.org.uk)

#### AACP Grants

AACP have a number of grants available for AACP members. For more information please contact Mindy Cairns, AACP research adviser, at: [research@aacp.org.uk](mailto:research@aacp.org.uk) or see the AACP website: [www.aacp.org.uk](http://www.aacp.org.uk)

#### British Association of Hand Therapists (BAHT)

For the most up to date information on BAHT accredited courses see: [www.hand-therapy.co.uk](http://www.hand-therapy.co.uk) and follow @BAHTEducation

##### Level I courses

**Place:** Dublin (Hand Dynamics)

**Date:** 16-18 February 2017

**Place:** London (NES)

**Date:** 10-12 May 2017

**Place:** Derby

**Date:** 11-13 October 2017

##### The PIP joint

**Place:** St George's Hospital, London

**Date:** 7-9 September

**Contact:** Web: [www.neshands.co.uk](http://www.neshands.co.uk)

##### Splinting

**Place:** Dublin (Hand Dynamics)

**Date:** 22-24 September

**Contact:** Email: [handdynamics@eircom.net](mailto:handdynamics@eircom.net)

#### Radiographic imaging of the hand

**Date:** 19-21 October

**Contact:** Email: [melanie.arundell@nhs.net](mailto:melanie.arundell@nhs.net) or tel: 01332 786964

#### The wrist

**Place:** London (NW11)

**Date:** 7-9 December

**Contact:** Web: [www.neshands.co.uk](http://www.neshands.co.uk)

#### Level III courses

##### Contemporary practices in injection therapy – MSc module

**Place:** University of Nottingham

**Date:** Eight days attendance between 17 October and 13 December.

#### Extended Scope Practitioners (ESP)

##### Managing complex spinal conditions in ESP MSK practice

**Date:** Friday 10 February 2017

An interesting and varied day looking at spinal conditions frequently encountered by ESPs. By the end of the day clinicians will have a better understanding of the diagnosis and management of various conditions such as inflammatory arthritis, cervical myelopathy, chronic pain and the clinical relevance of incidental radiological findings. There will be the opportunity to hear about research about ESP clinical reasoning, case studies and time over lunch and coffee to network with colleagues old and new.

#### Provisional speakers (to be confirmed):

Dr Jess Manson: consultant rheumatologist on early inflammatory spinal disease; Mr Parag Sayal: consultant neurosurgeon on incidental MRI findings or are they?; Mr James Allibone: consultant neurosurgeon on the role of lumbar fusion surgery in the management of degenerative spine; Neil Langridge: ESP on clinical reasoning for ESPs

**Cost:** Members: £80 (until end November 2017) then £95. Non-members: £120

**Contact:** Book online now at: [www.esp-physio.co.uk/courses](http://www.esp-physio.co.uk/courses) You are advised to book early to avoid disappointment.

If you are interested in joining our group for only £25 go to: [www.esp-physio.co.uk/join-online-now](http://www.esp-physio.co.uk/join-online-now)  
All general enquiries to: [esp-physio@outlook.com](mailto:esp-physio@outlook.com)

#### Physiotherapy Pain Association (PPA)

##### Psychologically informed approaches to physiotherapy assessment and management of pain

A two-day course run by the Physiotherapy Pain Association in collaboration with Pain Training and Education

**Tutors:** Dr Pete Gladwell and Emma Bartlett

**Date:** Saturday 4 and Sunday 5 February 2017,

9.30am-4.30pm

**Place:** Stort Physio, Jenkins Lane, Bishop's Stortford, Herts CM22 7QL

**Cost:** PPA members £200, non-members £220

Includes tea/coffee and buffet lunch on both days.

**Contact:** For further information and an application form, please apply to Kate McAllister at email: [ptecourses@gmail.com](mailto:ptecourses@gmail.com)

Closing date for applications: Friday 27 January 2017.

#### Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD)

##### Physiotherapy management of Temporomandibular Disorders (TMD)

These two one-day courses cover relevant clinical anatomy and classification of TMD, physiotherapy assessment of the masticatory system and treatment and management of TMD, using case studies to demonstrate clinical reasoning of common conditions

**Tutor:** Philip Bateman

**Date:** Saturday 4 March 2017 (8.45am to 5pm)

**Place:** Cumberland Infirmary Hospital, Newtown Road, Carlisle CA2 7HY

**Date:** Saturday 13 May 2017 (times as above)

**Place:** Cambridge Physiotherapy Clinic, Unit A, Magog Court, Shelford Bottom CB22 3AD

**Cost:** £149 (£129 early bird fee up to one month before course date)

**Contact:** Email: [cathy.gordon@stockport.nhs.uk](mailto:cathy.gordon@stockport.nhs.uk) for further information or see: [www.acptmd.co.uk](http://www.acptmd.co.uk) for an application form.

#### Other groups news

#### The James Lind Alliance (JLA) Scoliosis Priority Setting Partnership (PSP)

The JLA brings together patients, carers and health and social care professionals in Priority Setting Partnerships (PSPs) to agree what research matters most in given healthcare areas. This Priority Setting Partnership will identify important uncertainties in the diagnosis and management of scoliosis in people of all ages.

The PSP is led and managed by a steering group of people with personal and professional experience of scoliosis including patients, carers and clinicians, and is chaired by the JLA. >

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The aims and objectives of the Scoliosis PSP are to:

- work with patients, carers and clinicians to identify uncertainties about the diagnosis and management of scoliosis
- agree by consensus a prioritised list of those uncertainties, for research
- publicise the results of the PSP and process
- take the results to research commissioning bodies to be considered for funding.

In order to achieve these aims, organisations and individuals will be invited to take part, representing the following groups: people who have scoliosis, carers of people who have scoliosis, medical doctors, nurses and professionals allied to medicine with clinical experience of scoliosis.

**Methods and timing:** An online survey will be used to gather questions from people with scoliosis, their carers and healthcare professionals. The responses will then be analysed and checked against existing evidence. Once a long list of verified unanswered questions has been identified, a process of prioritisation will begin. The end result will be a top 10 list of questions

that people with scoliosis, their carers and healthcare professionals want researchers to address.

How you can help: We wish to reach a wide and diverse range of people: patients, carers and guardians, clinicians and healthcare professionals, and we will provide you with information and materials to help us to do that.

For details of the online survey please contact email: [sandra.regan@ouh.nhs.uk](mailto:sandra.regan@ouh.nhs.uk)

#### info exchange

#### Paediatric MSK Outcome measure survey

A survey by Worcestershire Health and Care NHS Trust to benchmark clinical outcome measures and identify suitable Patient Reported Outcome Measures (PROMs) for clinical use in paediatric MSK patients. Results will be shared with paediatric and MSK CSP networks.

Can you help? Are you a MSK physiotherapist treating any paediatric patients? Are you willing to complete a five-minute survey?

If so, please complete the 10 question survey available via iCSP/APCP networks or request the survey by contacting: [caroline.watkins1@nhs.net](mailto:caroline.watkins1@nhs.net)

#### Postural Assessment Survey

**The research and its relevance:** We want to find out whether manual therapists are using postural assessment when treating patients with back and neck pain and if so, what methods they use and which specific aspects of posture they measure. Postural assessment may form an integral part of the assessment process used by many physiotherapists, yet visual assessment lacks objectivity and data cannot easily be shared, making it difficult to assess the relationship between posture and pain, or to accurately monitor change.

**Aim of the study:** The purpose of this survey is to gather information about the use of postural assessment by manual therapists, including physiotherapists.

**How you can help:** You are invited to complete an anonymous, 11-question online survey that takes approximately three minutes to complete. To complete or share the survey please contact Jane Johnson at email: [j.c.johnson@tees.ac.uk](mailto:j.c.johnson@tees.ac.uk)

#### Army School of Massage/Physiotherapy 1905-1977

**Can you help?** I am researching into the history of the Army School of Physiotherapy with the help of former students. Most of them trained between 1955 and 1977. There are two noticeable gaps in my research so far: 1920-1926 and 1940-1954. If through any research you have undertaken, you trained at the Army School Netley or Woolwich (civilian or service) or you have worked as a civilian at a military hospital and can provide me with any further information, I would be grateful if you could contact me at email: [lasplin@btinternet.com](mailto:lasplin@btinternet.com)

#### Clinicians, we need 10 minutes of your time

Greater acceptance of chronic pain is associated with less distress and disability. Pragmatically, however, the idea that one might want to be more 'accepting' of chronic pain runs contrary to common sense. Pain @ Neuroscience Research Australia are developing a questionnaire examining the role of acceptance in chronic pain. We are looking for 200 clinicians to answer a 10 minute questionnaire. To get involved email: [m.rabey@neura.edu.au](mailto:m.rabey@neura.edu.au)

#### CSP Retirement Association



### CSP Retirement Association

News and information from the CSPRA. Upcoming meetings, events and also details of get-togethers in your area.

Contact Sue Russell at: [news4sue@keleus.com](mailto:news4sue@keleus.com)

#### CSPRA Annual General Meeting

On Monday 7 November, the AGM of the Retirement Association took place at Bedford Row. Members were welcomed by chairman Judith Saunders. Following a short business meeting we were introduced to the first speaker, Angela Clayton-Turner.



Pictured above: Delegates attending the AGM

Angela gave a fascinating and interactive talk about dementia and the work of Dementia Friends for whom she is a volunteer. Dementia Friends is the UK's biggest ever initiative to change the way that people think, act and talk about dementia. It is an initiative of the Alzheimer's Society. Dementia is an umbrella term that covers very many conditions, including vascular dementia, fronto-temporal dementia and Alzheimer's. But every patient is different and suffers in a unique way. To demonstrate this, Angela asked for 10 volunteers to come forward, gave each a card and with details of a patient and asked the volunteers to step forward depending on how they thought 'their' patient would be able to react to differing circumstances Angela described. Some stepped forward many times, others hardly at all. Then it was revealed that everyone had the same card and the same patient! We all had anticipated different responses to Angela's questions. Angela pointed out that dementia is not a normal part of ageing it is caused by diseases of the brain. Having said that, it is possible to live a good life with dementia.

Our second speaker was Catherine Pope, MA MSCP, chair of CSP council, who kindly stepped in when Rachael Maskell MP was forced to cancel at short notice. Catherine has been chair of council for two years. She explained that she has spent some time listening to the oral history recordings in particular to Lois Dyer and attended Lois' funeral earlier this year. She was struck by the big decisions our predecessors had to make. Our current membership needs to be brave and bold. Currently, Council is reviewing governance. It is aiming to make it easier for members to get involved and have their say. Catherine also told us the story of the broach, that chair of council wear. It was given to the society by a member who received it from King George VI, after she treated him.



Pictured above: Angela Clayton-Turner



Pictured above: Catherine Pope, CSP chair of council speaks at the AGM

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Pictured above: Karen Middleton, CSP chief executive speaks at the AGM

Karen Middleton, chief executive of the CSP, was our final speaker. She gave us an update of strategy for 2017-2020. The key words are Transform, Empower and Influence. The mission of the CSP is to transform the health and wellbeing of individuals and communities by empowering members and exerting influence. We are not always leading the debate but Karen wants to ensure that we are at the leading edge. To get there we must champion evidence, have difficult conversations about what is cost effective and what is not. The CSP has a three-year strategy; a lot of it is quite loose as the political position in the country is very fluid right now. There followed a lively discussion from the floor.

During the lunch, members had the opportunity to chat with the speakers and network with each other.

The date for next year's AGM has not been finalised but it will appear here as soon as it is decided.

#### Yorkshire and Humber Group

##### Date for your Diary! Thursday 1 December

Our next meeting in York, 11am to 3pm.

Light lunch and visit to the Treasurer's House.

Details later. Look forward to seeing you all again.

Judith Saunders

#### A visit to Hunterian Museum at Royal College of Surgeons, Lincolns Inn Fields

**Date:** Planned for Thursday 30 March 2017, 2pm

**Cost:** Around £5

We may meet for lunch beforehand, details later.

Judith Saunders

#### Equipped for retirement: Routes to success

**Date:** Friday 7 April 2017

**Place:** College of Occupational Therapists, 106-114 Borough High Street, London SE1 1LB

Jointly hosted by the British Association of Occupational Therapists, Chartered Society of Physiotherapy and the Royal College of Speech and Language Therapists, this event is for retired members and members approaching retirement.

With a combination of presentations and interactive sessions, you will be able to:

- network with inter-professional colleagues
- understand the legal requirements if you wish to continue to practice
- discuss ways of adapting to lifestyle changes
- get updates on the latest money management issues
- gain practical skills in the use of social media
- appreciate the importance of maintaining fitness and health using the principles of Pilates.

Places are limited. Please book early to avoid disappointment.

**Cost:** Early bird delegate fee (until 31 December 2016): members: £30, non-members: £40  
Rates will increase by £10 from 1 January 2017.  
Delegate fee includes lunch, refreshments and materials.

**Contact:** For more details and to book your place, visit: <https://www.cot.co.uk/event/equipped-retirement-routes-success>

#### Reunions

#### London Hospital – Autumn Set 74-77 Reunion

In 2017 we have been qualified for 40 years! We are planning a reunion for Saturday 21 October 2017 in Hertford. If you are in contact with friends please pass this message on and get them to contact me at: [dorothy.toyn@ntlworld.com](mailto:dorothy.toyn@ntlworld.com)

We are planning ahead to try to get as many people back from abroad, as well as all those in the UK. We plan to meet mid morning, have lunch and go on until mid afternoon – or longer! The venue is fully accessible and there is accommodation locally if required. Hertford has two train connections to London and the East Coast line. Look forward to hearing from you all.

#### Addenbookes School of Physiotherapy 1988-1991

We have been qualified a whole quarter of a century. It is also 15 years since our last reunion. If anyone is interested in a catch up, probably in Cambridge, please contact me and I will organise something. Spread the word to anyone you're still in touch with. It would be great to hear from you. Julie Caplan (nee Sterling), email: [julie@thecaplans.org](mailto:julie@thecaplans.org)

#### University of Teesside 1996-1999

It is 20 years since we all we started our physiotherapy course in sunny Middlesbrough. A reunion is being planned so if would like to attend or just get in touch with your old class mates you have lost contact with, please email us at: [devtailor@hotmail.com](mailto:devtailor@hotmail.com) or at: [joyeccles@outlook.com](mailto:joyeccles@outlook.com) We look forward to hearing from you.

#### Sheffield School of Physio 1974-1977

In 2017 it will be 40 years since we qualified so we are planning to hold a reunion in Sheffield on Saturday 30 September 2017.

The initial idea will be to meet up around midday and then have a meal out, and for

those wanting accommodation, to stay at the Mercure St Paul's Hotel (in the city centre). The celebrations can be extended over the weekend if folk are in favour of meeting earlier, staying later.

We would love to meet up with as many from our year as possible so please forward to anyone you know who may not read *Frontline*.

Email please to Gill Richardson, nee Heatley at: [gill@matrock.fsnet.co.uk](mailto:gill@matrock.fsnet.co.uk) or: [mary\\_riches@hotmail.com](mailto:mary_riches@hotmail.com) (nee Mary Stanser).

#### Bradford Hospitals School of Physiotherapy 1978-1981

It's 35 years since we qualified! Nicky, Lorraine, Jill, Lesley and myself are arranging a get together, near Bradford, on the weekend of 12 November. We would love to get as many of the set as possible there. Please pass this on to everyone you are still in touch with. Details TBC. Come and share the memories and just a smidge of wine! Contact Debbi Cook at: [debbicook55@googlemail.com](mailto:debbicook55@googlemail.com)

#### Middlesex Hospital 1984-1987

2017 will be our 30 year anniversary of our three years at Arthur Stanley House under the watchful eye of Miss Coggins. Where did the time go? Anyone interested in having a reunion next summer? If so, please contact Sally Schofield (was Durnford) at: [schofields815@gmail.com](mailto:schofields815@gmail.com) and if enough are interested I'll plan something.

#### Royal Infirmary of Edinburgh 1966-69

In October this year it will be half a century since we started our training. Is there anyone interested in getting together to celebrate – possibly in Edinburgh in November. Please contact Jenny Currie (nee Dowie) at: [jenmcurrie@gmail.com](mailto:jenmcurrie@gmail.com)

#### Nottingham School of Physiotherapy class of 1983-86 – 30 years

We could not let this landmark date pass without celebrating those heady days in Nottingham in the mid-1980s! Are you up

for getting together? Come and celebrate with us. We hope to meet for a Saturday in October or November. Will work out location and activities once we know where people are living. All welcome. Please email Ruth ten Hove (nee Dubbey) and Dean Phillips at: [dean@timberlandphysio.co.uk](mailto:dean@timberlandphysio.co.uk)

#### Coventry University School of Physiotherapy, class of 1988-1991

As it is 25 years since we qualified we are getting together in Coventry for lunch and an afternoon catching up on Saturday 26 November. Some of us will stay overnight on the Saturday night.

Please spread the word to any physios from our course who you are still in touch with, or can manage to locate.

If you'd like to join us please email me to book a place, as we need to pre-order our meal and pay a £10 deposit. Looking forward to seeing you! Jill Davis (nee Bowerman) email: [jilldavis685@yahoo.co.uk](mailto:jilldavis685@yahoo.co.uk) >

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**Middlesex Hospital School of Physiotherapy – 1966-1969, April set**

It is 50 years this year since we began our training. If you are interested in a get-together to celebrate and reminisce please contact Geraldine Mann (nee Oldring) at: geraldine.mann@btinternet.com or on tel: 01225 706148. I look forward to hearing from you.

**Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976**

40 years since we qualified! It seems a good milestone for a reunion. If interested, we could arrange something for autumn. Please contact Debbie Stokes at: debstokes@hotmail.co.uk How exciting!

**United Liverpool Hospitals School of Physiotherapy 1977-1980**

Hello! I was wondering if after all this time you'd like to meet? If you would, contact Karen (McLoughlin) at email: ladylittler@gmail.com Please share with tutors et al – Eileen Thornton that includes you!

**United Liverpool Hospitals School of Physiotherapy 1977-1980**

Thanks to the advert in *Frontline*, I have managed to find 13 of us. Arranging a reunion for all has not been possible to date, but eight of us reunited in September for a catch up. As we now have each other's emails, future gatherings are guaranteed. So a huge thank you to *Frontline* for making this possible.  
*Karen Littler*

**The Robert Jones and Agnes Hunt Orthopaedic Hospital 1961-1966  
50-year reunion**

On 5 October 2016, 10 of us met, at the Wallace Collection in London, for a reunion to celebrate 50 years since qualifying. The restaurant there allowed us to arrive at 10am and stay till closing time at 5pm. Needless to say, we were so busy talking and catching up on family news and retirement that we had no time to walk round and admire the collection, except in the final 10 minutes!

Whilst some of us meet up fairly regularly, it was about 10 years since the majority had met together, so we had plenty to talk about! We left deciding that for obvious reasons we had best not leave it another 10 years and that next time we should try and make the venue somewhere in Oswestry so we could visit the hospital and see all the changes. Unfortunately, one of our set was unable to make it, but we spoke to her in turn so hopefully she didn't feel too left out.



We were thrilled that another of our set was able to make it, as she is wheelchair bound. The photo is incomplete – as unfortunately one member had to leave early, and another was taking advantage of having made the journey to London and was having a quick whizz round the collection.

*Joan Gabbett*

**Obituary****Sally Hogg (nee Gray)**

Sally was born and brought up in Gosforth before she moved with her parents and her brother Ian to Alnmouth in 1972. In 1974 she started her Physiotherapy training at Withington Hospital School of Physiotherapy,

Manchester where she forged friendships with Gaye Jackson (Crompton), Gillian Urmston (Gibson) Dee Hanney (Wilkinson), Marian Fitzpatrick (Caulfield) and Karin Abraham (Qvam).

The years of training were hard work combined with great fun where lifelong friendships were formed. Sally was always part of the crowd having the most enjoyment! One of the best treats was being invited back to Sal's parents at Alnmouth where they ran a gift shop. Sal stayed in close contact with her physio year and attended all the reunions and unofficial get-togethers, where the stories of our escapades whilst we were students in Manchester were relived, causing much laughter.

After qualifying Sally moved back to Northumberland and joined a private practice in Jesmond (near Newcastle) and also carried out manual handling training in schools and care homes.

She married Tommy Hogg in 1981 and they had two daughters, Philippa and Suzy. After she had the girls, Sally worked in Alnwick Hospital for over 20 years, initially on the wards and then outpatients. Sally always ran her own private practice clinic from home which was always busy as her reputation as a professional, proficient and caring physiotherapist was well-known.

For the last 10 years Sally worked part-time at Alnwick and worked closely with GPs at Hadston Community Centre.

Sally had a full life outside of work being very involved with the church all local community activities in Warkworth, where the family lives.

Sally loved spending time with her family including her two grandsons and her friends. Her particular pleasure was holidaying with this group in Nerja, in Spain.

Sally was a warm, friendly outgoing person, who could always be relied on to help anyone in need and she also had a great sense of fun. Sally was an excellent physiotherapist who was highly regarded by colleagues and patients alike.

Sally died at the end of July 2016 after a short illness.

She will be sadly missed by all who knew her and those whose lives she touched. We are grateful to have known her.

As Sally said – 'Don't cry because it's over, smile because it happened'.

*Gaye Jackson, Gillian Urmston, Dee Hanney, Marian Fitzpatrick and Karin Abraham.*

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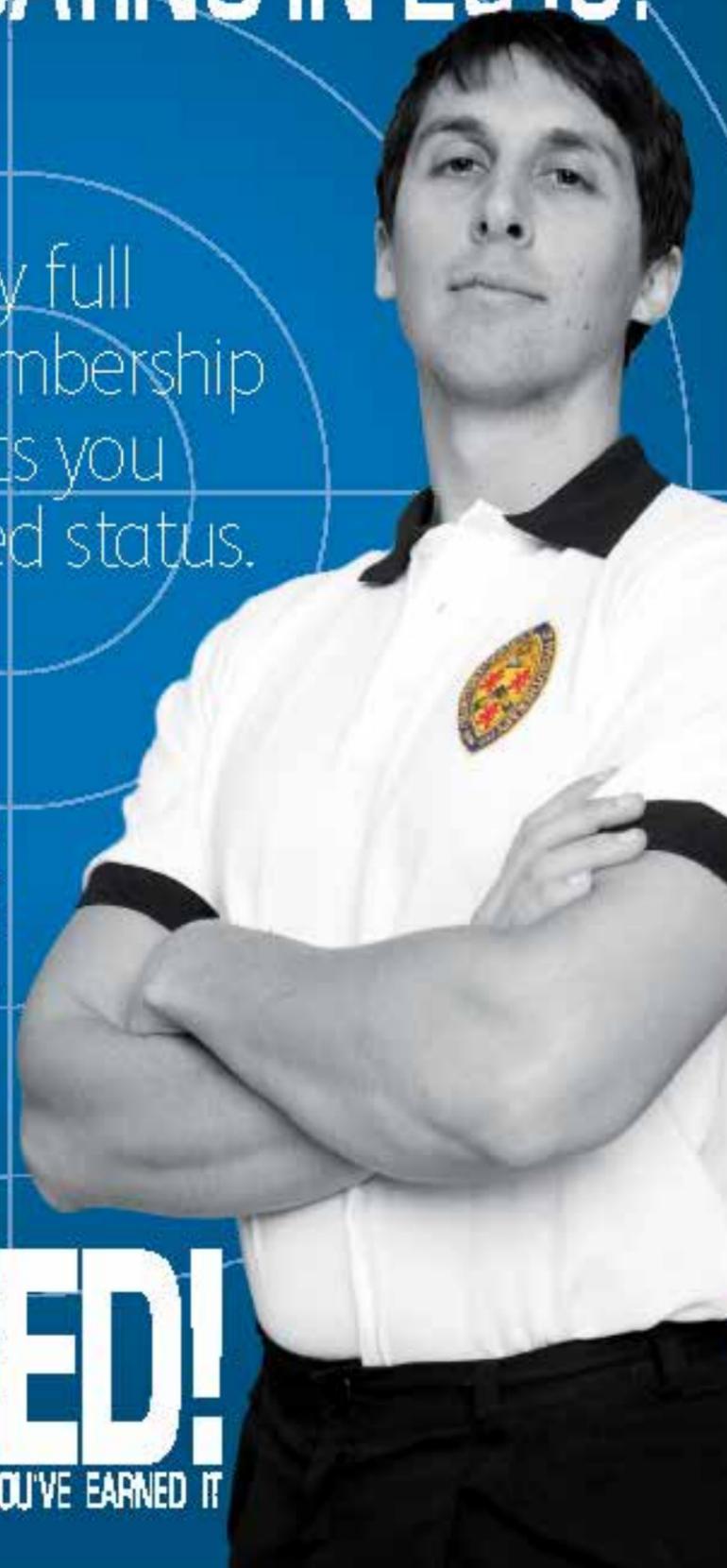
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## JOIN UP!

### CSP Equality and Diversity Networks

welcome members of  
the CSP who are disabled,  
from black minority ethnic  
(BME) groups, or are  
lesbian, gay, bisexual  
or transgender (LGBT)



For more details go to:

[www.csp.org.uk/  
equalitynetworks](http://www.csp.org.uk/equalitynetworks)

or email:  
[keatings@csp.org.uk](mailto:keatings@csp.org.uk)



## Courses – Guidance for members

Members have a responsibility to limit their practice to those areas in which they have established and maintained their competence. Completing a course may not be sufficient to establish personal competence in a new area, while members are responsible for undertaking CPD to maintain their competence in all areas of their current practice.

Members should explore individual courses' suitability and value (including their quality, intended outcomes and whether they include formal assessment of learning) for meeting and demonstrating fulfilment of their personal learning needs. Members should also think about the broader ways in which they can address their learning needs. These include day-to-day practice, self-directed and mentored learning, and professional networking and peer review.

It is important that members evidence their learning: maintaining a record of CPD is a regulatory requirement of the Health and Care Professions Council (HCPC), while recording the education and training undertaken to support progression into a new area of personal practice is a condition of CSP professional liability insurance (PLI) cover.

A course being advertised in *Frontline* does not necessarily mean that it is relevant to all members, has gone through a quality assurance process (courses advertised in the magazine are not formally recognised by the CSP unless explicitly stated), or that its topic area falls within the scope of UK

physiotherapy. In addition to issues of competence, including an area within personal and collective scope of practice depends on the context in which it is practised, how it is integrated into physiotherapy activity, how it is promoted as a service delivered by a physiotherapist and how its physiotherapeutic value is demonstrated.

Some areas ordinarily sit outside the scope of UK physiotherapy. However, they may be undertaken by CSP members as part of extended activity. Members should ensure that this is with the agreement of their employer and/or explicitly as a service delivered outside their activity as a physiotherapist; is supported by appropriate education and training; and is covered by insurance from a source other than the CSP. Courses advertised in *Frontline* may be relevant to members extending their activity in this way.

Further guidance and support:

- CSP ePortfolio: [www.csp.org.uk/ePortfolio](http://www.csp.org.uk/ePortfolio)
- CSP Code of Professional Values and Behaviour: [www.csp.org.uk/code](http://www.csp.org.uk/code)
- *Frontline* CPD series (published in each issue)
- HCPC CPD requirements: [www.hpc-uk.org/aboutregistration/standards/cpd](http://www.hpc-uk.org/aboutregistration/standards/cpd)



# Courses & conferences

## Aquatic therapy

### HALLIWICK CONCEPT FOUNDATION COURSE

**When:** 7 Jan. 2017 – 15 Jan. 2017

**Where:** Oxford Oxford

**When:** 4 Feb. 2017 – 12 Feb. 2017

**Where:** Hull Hull

**When:** 21 Aug. 2017 – 24 Aug. 2017

**Where:** York York

Halliwick Association of Swimming Therapy - Courses 2017 Foundation Courses – 4 days. Oxford - Jan 7th/8th & 14th/15th, Hull - Feb 4th/5th & 11th/12th, York - Aug 21st to 24th Advanced Course Teaching – 4 days. Hull July 1st/2nd & 8th/9th For more information – visit [www.halliwick.org.uk](http://www.halliwick.org.uk).

**Contact:**

Pamela Galloway  
pgalloway1@gmail.com  
07989 122389

## Advertise in Frontline

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[cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

## Complementary therapy

### THE 50 MOST USEFUL ACUPUNCTURE POINTS REVISED (10 hrs CPD) (1 day)

**With:** Hubert van Griensven

10th Dec 2016: Surrey

18th Feb 2016: High Wycombe

13th May 2017: Loughborough

**Contact:** [info@physiouk.co.uk](mailto:info@physiouk.co.uk) or call 0208-394-0400

### UPPER LIMB ACUPUNCTURE CPD COURSE (10 hours CPD) (1 day)

**With:** Hubert van Griensven

11th March 2017:

Loughborough

**Contact:** [info@physiouk.co.uk](mailto:info@physiouk.co.uk) or call 0208-394-0400

### ACUPUNCTURE REFRESHER COURSE – IDEAL FOR RETURNING TO PRACTICE

AACP approved 1 day course

**With:** Hubert van Griensven

3rd Dec 2016: Loughborough

21st Jan 2017: Surrey

**Contact:** [info@physiouk.co.uk](mailto:info@physiouk.co.uk) or call 0208-394-0400

## Electrotherapy

### Laser Therapy Training 2016

**When:** 29 November

**Where:** Glasgow

**When:** 30 November

**Where:** Newcastle

**When:** 3 December

**Where:** London, St Pancras Renaissance Hotel

Theory, dosage, safety, contraindications, regulations, hands on training. Cost: £200.

**Contact:** Course Leader:

James Carroll FRSM.

01494 797100,

[www.thorlaser.com](http://www.thorlaser.com)

Register online - Early Bird

Discounts available

## Manual therapy

### WANT 2 FREE SPACES ON MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)

If you host this course you get two free spaces. Contact us on [info@physiouk.co.uk](mailto:info@physiouk.co.uk) for details.

### Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

## Manual therapy

### RECOGNISING POST-TRAUMATIC STRESS DISORDER

**When:** 23 Jan. 2017

**Where:** London Road Community Hospital Derby

The workshop aims to help health professionals understand more about the development, assessment and treatment of PTSD.

The workshop combines both elements of didactic teaching and participative exercises.

**Contact:**

NCORE

[dhft.ncore@nhs.net](mailto:dhft.ncore@nhs.net)

01332 254679

### DOUG HEEL BE ACTIVATED LEVEL 1 (PLUS A 2017 DATES)

26th–27th Nov 2016: Scotland

28th–29th Nov 2016: Manchester

1st- 2nd Dec 2016: London

3rd-4th Dec: Milton Keynes

18th – 19th March 2017:

Loughborough

25th – 26th March 2017:

Hemel Hempstead

**Contact:** [info@physiouk.co.uk](mailto:info@physiouk.co.uk) or call 0208-394-0400

## Manual therapy

### INTRODUCTION TO MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)

4th-5th Feb 2017: Sheffield

17th-18th June 2017:

Hemel Hempstead

15th-16th July 2017:

Loughborough

**Contact:** [www.physiouk.co.uk/john4](http://www.physiouk.co.uk/john4) or call 0208-394-0400

### LUMBAR SPINE - COMBINED MOVEMENTS AND LUMBAR MANIPULATION (GRADE V)

**When:** 14 Jan. 2017

**Where:** Milton Keynes Hospital Milton Keynes

Practical course. Taught by Neil Bowler (Fellow of the Australian College of Physiotherapists). Maximum of 12 participants. £130.

**Contact:**

Sarah Jones

info

[@manualtherapycourses.co.uk](mailto:@manualtherapycourses.co.uk)

.uk

07745819601

## Advertise in Frontline

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### RICHARD NORRIS 'THE TRAUMATIC KNEE'

**When:** 3 Dec. 2016 – 3 Dec. 2016

**Where:** Remedy Physio, Remedy House, 24 Wilkinson Street, Sheffield, S10 2GB Sheffield

Learn diagnosis, imaging and rehabilitation for the acute traumatic knee injury with a UK leader in the field.

**Contact:**

Thomas Mitchell

[thomas@remedyphysio.co.uk](mailto:thomas@remedyphysio.co.uk)

07976931983

### MSK ASSESSMENT COURSE

**When:** 4 Feb. 2017

**Where:** Royal United Hospital, Bath Bath

**When:** 11 Nov. 2017

**Where:** Royal United Hospital, Bath Bath

Only £99 per day, benefit from two experienced tutors Visit: <http://www.physioimpulse.co.uk/cpd-courses.html>

**Contact:**

Jo Galise

[jo.galise@physioimpulse.co.uk](mailto:jo.galise@physioimpulse.co.uk)

07917327322

### DRY NEEDLING COURSE; LEVEL 1

**When:** 20 Jan. 2017 – 22 Jan. 2017

**Where:** Function Jigsaw Leicester

Get safe and effective needling techniques in just 3 days!

**Contact:**

Craig Smith

[craig@club-physio.net](mailto:craig@club-physio.net)

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## Miscellaneous



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MATWORK LEVEL THREE - Inter/Advanced		
28th -29th Jan	London	
4th - 5th Feb	Falkirk	
11th - 12th Feb	London	

**Contact us for further dates, courses & locations**  
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## Paediatrics

### AN INTRODUCTION TO MYOFASCIAL RELEASE FOR NEURO-PHYSIOTHERAPISTS (PAEDIATRIC FOCUS) WITH JOHN ANNAN

28th-29th Jan 2017: Liverpool  
**Contact:** info@physiouk.co.uk  
 or call 0208-394-0400

## Sports medicine

### Laser Therapy Training 2016

Please refer to advert in  
 Electrotherapy section

### APPI PILATES TEACHER TRAINING COURSE

**When:** 3 Dec. 2016 – 4 Dec. 2016

**Where:** ctchealthcare Ltd.  
 Training Centre Nantwich  
 Nantwich  
 Matwork 1 Foundation  
 Pilates

**Contact:**  
 Gemma Street  
 gemma.s@ctchealthcare.co.uk  
 01270 361363

## Sports medicine

### LUBAS SPORTS TRAUMA MANAGEMENT

**When:** 12 Nov. 2016 – 13 Nov. 2016

**Where:** Cambridge Centre  
 fo Health and Performance  
 Cambridge

**When:** 19 Nov. 2016 – 20 Nov. 2016

**Where:** Durham City  
 Physio & Sports Injury Clinic  
 Durham

**When:** 3 Dec. 2016 – 4 Dec. 2016

**Where:** Royal London  
 Hospital  
 London

**When:** 10 Dec. 2016 – 11 Dec. 2016

**Where:** SSE Swalec  
 Stadium  
 Cardiff

**Contact:**  
 Lubas Medical  
 info@lubasmedical.com  
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# Recruitment

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Integrated Neurological Services (INS) is looking for an experienced, person-centred physiotherapist to join our integrated community team based in Twickenham, London. INS is a well-established and highly regarded charity, offering evidence based, long term rehabilitation, education and emotional support to people with neurological conditions.

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**or email:** admin@ins.org.uk

Registered Charity No. 1107273

**Website:** www.ins.org.uk

**Closing date:** 12th December

**Interviews:** 19th December

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You will also work very closely with teaching staff, helping to integrate therapy and learning objectives, as well as educating and supporting teaching staff in such aspects as postural management, manual handling, delivering therapy programmes, aquatic therapy and use of specialised equipment. In addition the post will involve delivering training to other staff and provision of aquatic therapy. You will be responsible to and supported by the Band 7 equivalent Physiotherapist as well as the Lead for Therapies.

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# Annual Representative Conference

2017 **Palace Hotel, Manchester**  
6-7 March 2017

## What is ARC?

ARC is an opportunity for the CSP's members to come together for two days to discuss and debate matters of importance to members, the services they offer and the health and welfare of the community.

## How can you be involved?

- Write a motion to give your group's opinion of what CSP should do
- View the motions on the website each year and discuss views with your group and other members
- Come to ARC – All CSP members are welcome to attend ARC and take part in the debate.

## Submitting a motion?

The ARC Constitution allows the following groups to submit motions: Council, Country Boards and Regional Networks, Branches, Stewards' regional groups, the National Group of Regional Stewards, the Student Executive Committee, the Associates Committee, the Professional Networks, the National Group of Regional Safety Representatives, each equality and diversity network and the retirement group network.  
Deadline for receipt of motions 12 noon 30 November 2017

To submit a motion and for further information visit the website at: [www.csp.org.uk/arc2017](http://www.csp.org.uk/arc2017)

## Private work available

**CAPITAL PHYSIO** are seeking ambitious physiotherapists across the UK to join its expanding team. We currently have vacancies in London, Manchester, Cambridge and Birmingham, with opportunities coming up in other major cities. For up an up to date list of vacancies, please visit: [www.capitalphysio.com/jobs/](http://www.capitalphysio.com/jobs/)

**NEAR ASHFORD, KENT** Physiotherapist required for part-time position in a friendly well-established practice. Hours and days negotiable and peer support provided. Email CV to: [jowyephysio@yahoo.com](mailto:jowyephysio@yahoo.com) or tel: 01233 812596.

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**FULL-TIME PHYSIOTHERAPIST (FLEXI/PART-TIME AVAILABLE)** Are you a five-year postgraduate physio with excellent musculoskeletal skills. Would you enjoy being part of an enthusiastic team within a busy, friendly practice. The practice includes a purpose built aquatherapy pool, three treatment rooms and Pilates classes. We are very much hands-on physiotherapists ensuring the best experience for our patients. Previous experience of private practice and aquatherapy, would be an advantage as well as acupuncture and Pilates qualifications. For the ideal candidate, support and training will be available for aquatherapy. Available from late December/January. Please send your CV to: [mail@broadstonephysiotherapy.com](mailto:mail@broadstonephysiotherapy.com)

**LOW FELL, GATESHEAD** The Performance Clinic, the leading regional clinic in sports injuries and complex conditions, is expanding and recruiting physiotherapists 4 four years plus, experience in the following specialties; musculoskeletal/sport, chronic pain, rehab specialists, women's health, CST. Competitive rates of pay, excellent CPD amongst a holistic integrated team of experts. You will be part of a likeminded team where we can refer inhouse to help deliver a highly effective level of patient care. Work with motivated elite athletes and members of the public. Part-time/full-time available. Applications with CV and covering letter to: [admin@theperformanceclinic.co.uk](mailto:admin@theperformanceclinic.co.uk)

**HUTTON, PRESTON, LANCASHIRE** Friendly, self-motivated musculoskeletal physiotherapist required for well-established clinic. Sports injuries experience preferable. Hours to suit, on self-employed basis. Minimum three years experience. Must be CSP and HCPC registered. Enquiries and CV to: [sara@woodlandsphysio.co.uk](mailto:sara@woodlandsphysio.co.uk) Please include your availability.

**KENT, CANTERBURY** Tracey Miles Physiotherapy requires a part-time musculoskeletal physio for seven to 14 hours per week to work in a well-established private practice in a beautiful rural location. Three years experience preferred; needs to be enthusiastic and hard working. Split hours to cover musculoskeletal and AposTherapy –All AposTherapy training provided. The ideal candidate should have excellent skills in assessment and diagnosis of all musculoskeletal conditions, they need to be people focused and have good clinical reasoning skills. New gym space has been created with Scope to develop classes, etc. Mentorship, advanced learning, wonderful environment, designated room All enquires to: [tracey@traceymilesphysio.com](mailto:tracey@traceymilesphysio.com) Tel: 01304 813408.

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**MUSCULOSKELETAL PHYSIOTHERAPIST** required for a busy clinic/gym near Bolton, Greater Manchester. We specialise in strength athlete injuries and also mechanical spinal conditions. We treat many world class athletes so an interest in this area is imperative. We welcome newly qualified applicants as in-house training will be given to a high standard. The position is for up to 30 hours a week and on a self employed basis. Own transport is required. For further information please email: [callmestuartcosgrove@hotmail.co.uk](mailto:callmestuartcosgrove@hotmail.co.uk)

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**NORTH STAFFORDSHIRE** An excellent opportunity for an enthusiastic full/part-time self-employed physiotherapist to join a friendly, busy well-established private clinic with private treatment rooms and a fully equipped rehabilitation gym. Applicants must have a minimum of three years musculoskeletal experience and be able to demonstrate good manual therapy and diagnostic skills for a wide range of musculoskeletal conditions. A good level of rehabilitation and exercise knowledge would be preferable. Must be CSP and HCPC registered. Send CV and covering letter to: Mr M Copeland, Lakeside Physiotherapy Clinic, Festival Way, Stoke-on-Trent, Staffs ST9 9BG.

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# ThreeMinutes

## My wonderful career

Meet Ulrike Hammerbeck, who swapped clinical work for stroke research after a colleague spotted a job advertisement in *Frontline*

### How did you get into research?

I was looking for a new challenge in my physiotherapy career when a colleague spotted an advert in *Frontline* for a research physiotherapist at the Institute of Neurology at University College London (UCL). As I had always been interested in research (having completed my MSc at UCL), I was delighted when offered a post working with world leaders in neurophysiology and motor learning (Jörn Diedrichsen). By securing funding from the CSP Charitable Trust and the Stroke Association, I was able to pursue a PhD investigating the effect of movement speed during training on arm recovery processes in survivors of strokes.

### What do you focus on?

I am interested in the mechanism of performance change after neurological insult, particularly stroke. Despite numerous studies investigating therapeutic interventions our understanding of why some of these succeed or fail is very limited. Neurophysiological and kinematic measures can detect how people learn new patterns of movement and I use them to investigate proximal arm recovery after a stroke.

I use brain stimulation (single pulse transcranial magnetic stimulation) to measure corticospinal connectivity from the affected and unaffected hemisphere and alterations in the control of reaching (kinematics). We have found that movement training after stroke should be performed at a variety of movement speeds. We also established that in chronic stroke accuracy improvements can be achieved (without compensation), a fact that was recently questioned in the literature. Our current work is investigating changes in corticospinal connections in acute stroke to establish targets for future intervention.

### And you are a Stroke Association fellow. How did that happen?

After completing my PhD I applied to the Stroke Association for a post-doctoral fellowship. These three-year fellowships are designed to assist researchers to gain further experience and develop research independence. I am working at the University of Manchester with Professor Sarah Tyson in a very dynamic, multidisciplinary team.

### What are the main challenges?

Money! In research job security is unfortunately not easy. Most posts are not substantive and continual applications to competitive funding bodies are required.

The same applies for stroke research, which receives proportionally far less funding than other diseases, such as cancer. NHS spending cuts make the delivery of sufficient therapy very tough.

Therefore, it is vital that we understand what interventions are effective for which patients so that we can tailor interventions and increase our cost-effectiveness and patient outcomes.

### Would you encourage others to follow in your footsteps?

Absolutely! Involvement in research is very rewarding and it is a wonderful career. However, to stick at research in the longer run requires resilience and a bit of a thick skin (I'm still working on this one!). If you are passionate about your research question and are driven to find the answers, a research career will provide a lot of highs.

### The best thing about your work?

The constant challenge. There is almost nothing I haven't had to put my hand to in the last seven years. In addition to the expected aspects of a research career, I have had wonderful patient interactions without the usual time pressures. I had to learn to write computer programs to analyse kinematic data, add hardware to computers, perform maintenance on robotic devices, design devices such as an electromyogram amplifier and, of course, learn so much about neurophysiology and motor learning.

Neuroscience is incredibly interesting and I still can't quite believe that I have met so many inspirational world leaders in this field. The prospect of contributing to our understanding of the recovery mechanism after stroke and thereby improving outcome after this often devastating disease is exciting but also very daunting. **FL**

**Dr Ulrike Hammerbeck** is a post-doctoral Stroke Association research fellow, Faculty of Biology, Medicine and Health, University of Manchester.

Ulrike's fellowship lasts 3 years



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