



Moving images

The CSP's rehab film

Page 16



Rob Hulse

Top striker turns physio

Page 66



Endurance challenge

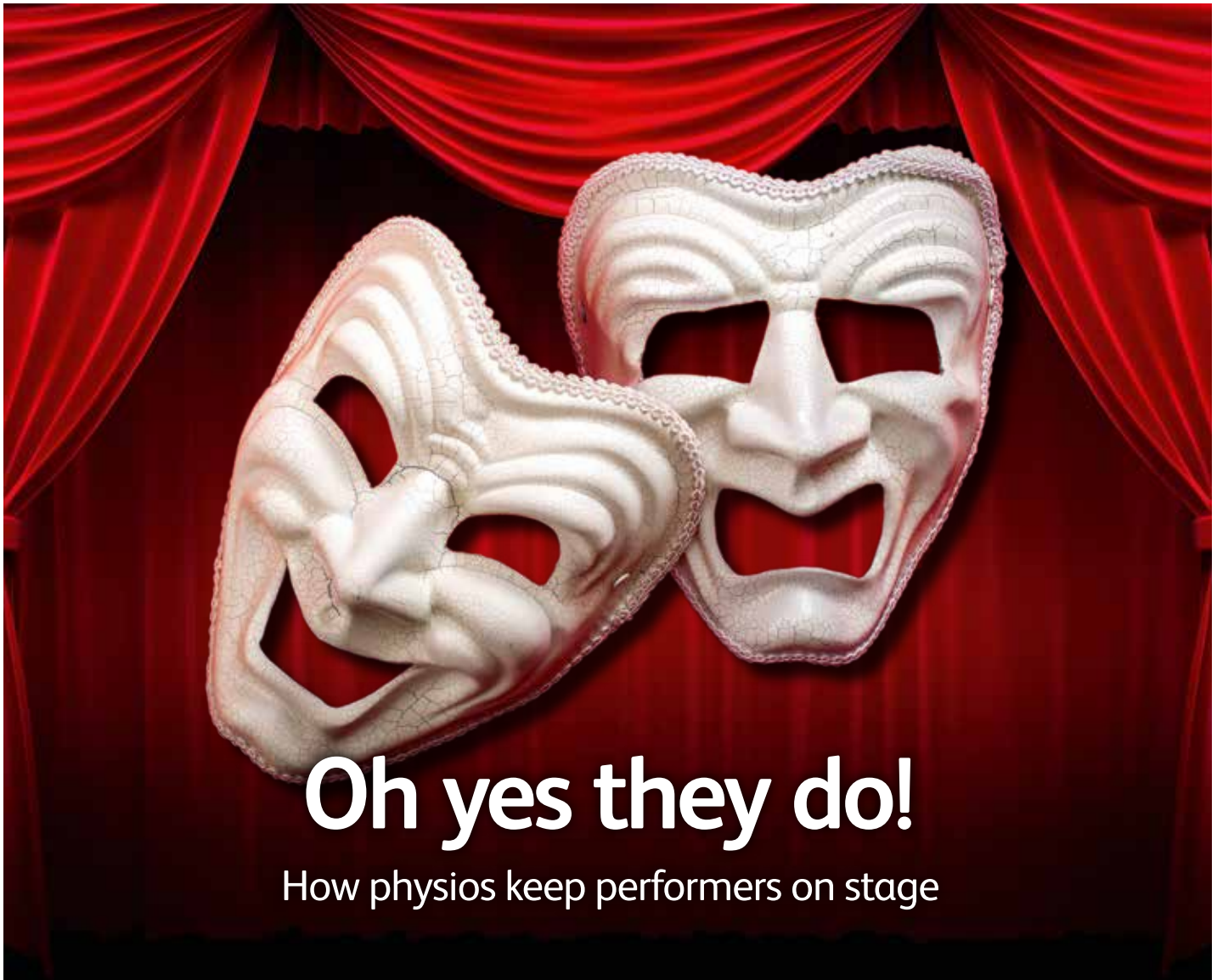
Physio aids Gobi Desert runners

Page 32

Frontline

6 December 2017
Volume 23
Issue 21

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS



Oh yes they do!

How physios keep performers on stage

Inside: Jobs • Views and opinions • Courses • In person

Contents

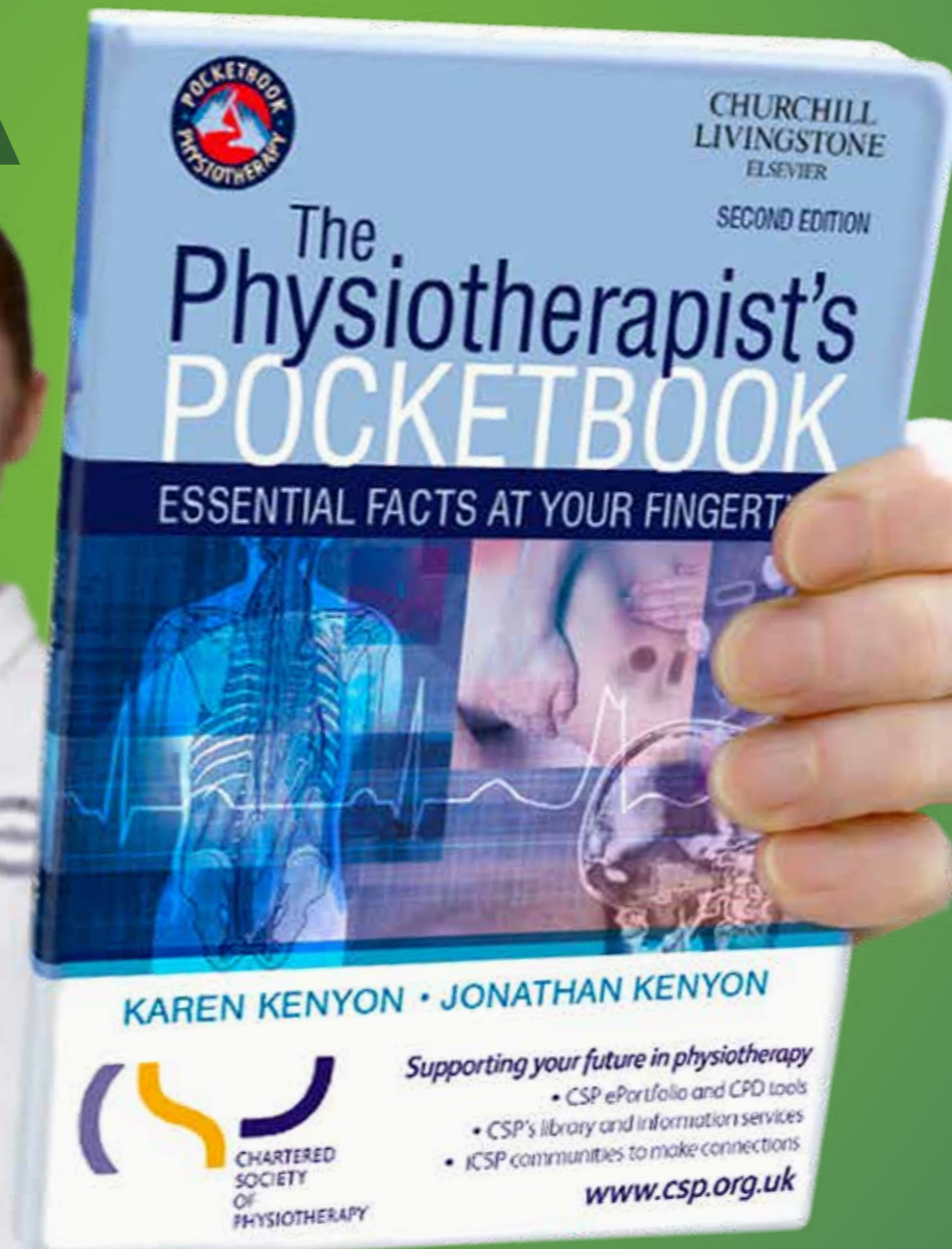
Congratulations

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

Comment



Looking forward

Tis the season to be jolly ... so we thought you might enjoy a lighter look at the role of physiotherapy in this year's Christmas issue of *Frontline*.

While we're not claiming to be Screen International magazine, do check out the backgrounder on how the CSP's hit film, *Rehabilitation Matters*, was made. It started out as an idea in the head of Jon Ryan, our head of press and public relations, and ended as a full blown (well five-minute long) feature film. And one with an Oscar-shortlisted director, no less (page 16).

Read the cover feature to find out how physios keep performers in peak condition over the festive season, whether they are in pantos or ballets. As one physio found out there is a lot in common between dancers and football players! Hard to believe? Find out more on page 24.

'Let's look forward to another positive year ahead for the profession, with the support of every member of the CSP'

On page 32, you'll find the amazing story of Ben Watkins, who helped support members of a British team racing through the forbidding Gobi Desert. What an incredible experience!

And you can find the final part of our series on developing your next career move (page 28) – something no doubt many of you will be considering in the year ahead.

So have a great break, assuming you are planning some fun away from the workplace.

I hope you find a bit of space to reflect on your achievements in 2017.

Let's look forward to another positive year ahead for the profession, with the support of every member of the CSP.

Lynn Eaton

managing editor *Frontline*
and head of CSP member
communications
eatonl@csp.org.uk

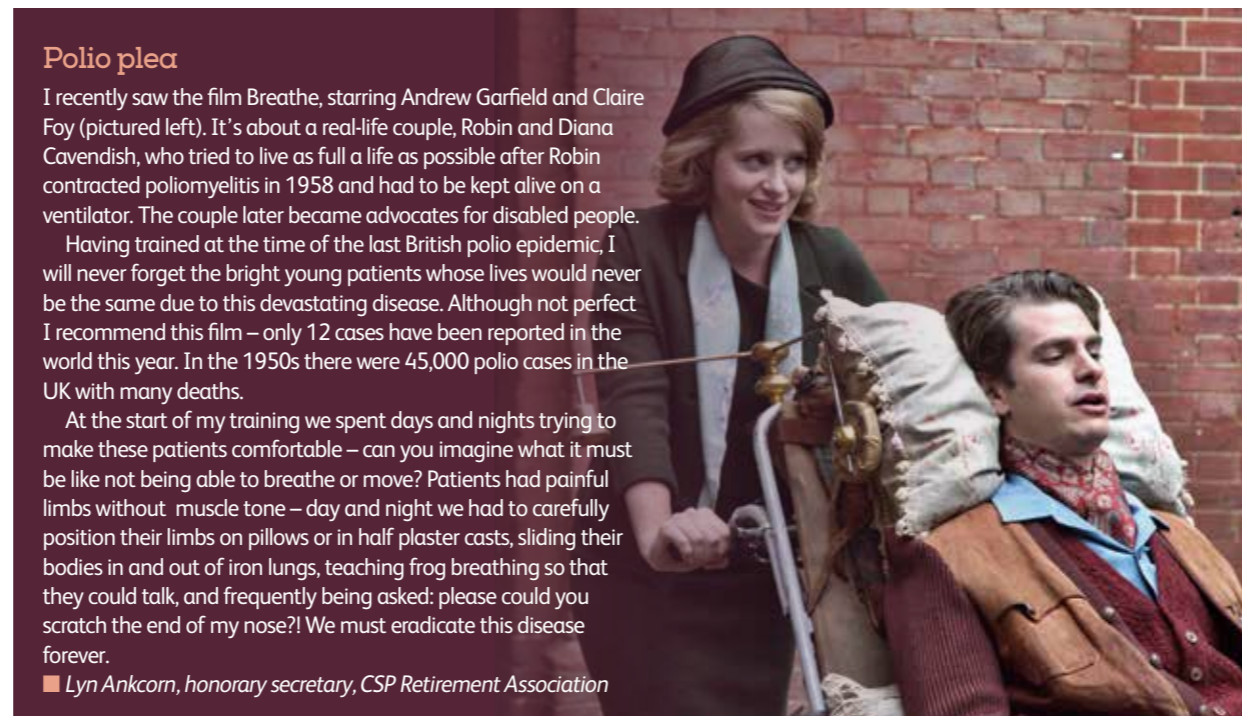
Polio plea

I recently saw the film *Breathe*, starring Andrew Garfield and Claire Foy (pictured left). It's about a real-life couple, Robin and Diana Cavendish, who tried to live as full a life as possible after Robin contracted poliomyelitis in 1958 and had to be kept alive on a ventilator. The couple later became advocates for disabled people.

Having trained at the time of the last British polio epidemic, I will never forget the bright young patients whose lives would never be the same due to this devastating disease. Although not perfect I recommend this film – only 12 cases have been reported in the world this year. In the 1950s there were 45,000 polio cases in the UK with many deaths.

At the start of my training we spent days and nights trying to make these patients comfortable – can you imagine what it must be like not being able to breathe or move? Patients had painful limbs without muscle tone – day and night we had to carefully position their limbs on pillows or in half plaster casts, sliding their bodies in and out of iron lungs, teaching frog breathing so that they could talk, and frequently being asked: please could you scratch the end of my nose?! We must eradicate this disease forever.

■ *Lyn Ancom, honorary secretary, CSP Retirement Association*



Pioneering leaders

I read the article on ward managers (page 24, 1 November issue) with interest and excitement. It resonates with me as I have a similar role in a community team.

At Airedale NHS Trust, there are two collaborative care teams, each with a deputy team leader and an overarching clinical lead. I hold the position of deputy team leader at Airedale collaborative care team, a managerial and leadership role.

As a physiotherapist by background, I lead a multidisciplinary team of nurses, support workers, physios, occupational therapists and a mental health nurse. I am responsible for approximately 35 people – similar to a ward, but with all the exciting variables that community work offers!

There are challenges of blurred boundary leadership, but I have learned a lot from my nursing colleagues and we now gel really well and learn together.

You've added...

Fiona Fraser liked our recent article on hand therapy www.csp.org.uk/node/1119626 noting:

■ Very well described and a thoroughly fabulous specialism to secure if you can, making significant improvement to patients' daily life. Join the British

Association of Hand Therapists and get regular helpful articles, learn about validated courses to help clinical practice and more.

It is quite unacceptable, though fairly common, to have to regularly treat very urgent patients during a clinician's lunch break (usually 30 minutes these

days) ... in a service so stretched that clinicians rarely get to have that time back. To the patients' benefit, at least their clinicians realise, albeit to their cost, the positive impact of early/timely intervention.

MAColes commented on

Karen Middleton's latest In person column. See www.csp.org.uk/node/1111450

■ I can vouch for what Karen has shared with us. [In] 2005 the writing was on the wall, both for the NHS and our profession. I searched out the scenario and what had provoked it, together with

solutions which I believed we could offer. I took Karen's advice about seeking out opportunities to raise my voice, convinced we had the answers. One of them was to approach our CEO directly. This turned out to be hugely successful as we formed a team to reconfigure community services ...

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 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

@Ageing_Better 41% of over 70s don't realise strength and balance exercise can help reduce risk of falls. ow.ly/o52k30gCoyQ

@LaurenceVick Dave Lindorff author of *Marketplace Medicine* @LRB - fraud in US healthcare and the crucial lessons for our NHS. bit.ly/2iUdttu

@thecsp Take part in the latest #PhysioPriorities survey. Tell us the top questions you need answered: www.csp.org.uk/priorities @LindAlliance

@RogerKerry1 'Knowledge does not exist in isolation but exists within a social context. An exchange of knowledge occurs through shared cultural understanding, practices and assumptions and not by a mere exchange of factual information. Read this from @MattLowPT bit.ly/2iW1J9T

@jkruger71 Please read this blog from @pdavocabra on advocacy in physiotherapy, and the importance of reaching all the stakeholders. It is always exciting to see these ideas discussed by the #GlobalPT community. bit.ly/2AA4uZ5

Follow us on Twitter at @thecsp

Prescribing guide

More than 40,000 nurses, pharmacists, physiotherapists, podiatrists, optometrists and therapeutic radiographers can now prescribe medicines, and there are ongoing plans to extend prescribing rights to others.

The University of Surrey's school of health sciences has launched a guide to aid non-

medical prescribers. Dr Karen Stenner and I led the team that developed the *Preparing to Prescribe* toolkit, with input from educators, researchers and policy makers, inspired by more than a decade of work on non-medical prescribing. It is available free of charge: bit.ly/2zCAQBe

■ *Dr Nicola Carey, University of Surrey*

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

Inappropriate referrals from care homes to community physio

A member seeks feedback regarding referrals from care homes and would like to find out what is done to tackle inappropriate referrals.

Comments: 17

Network: Older people
www.csp.org.uk/node/1099546

Resistance training

A member wants to gain more knowledge in order to start incorporating a resistance-training programme within their phase three cardiac rehab programme. What would your recommendations be?

Comments: 10

Network: Cardiac Rehab
www.csp.org.uk/node/1116637

Hydrotherapy screening of contraindications

Members discuss updating hydrotherapy screening forms to include transdermal patches within a list of precautions.

Comments: 5

Network: Aquatic Therapy
www.csp.org.uk/node/1070528

Correction

An item in *Physiofindings* (18 October), titled *High impact exercise boosts older women's bone density*, had an incorrect link to the research paper. It should have been doi.org/10.1186/s12877-017-0534-0

"IF YOU LIKED SLIDING DOORS, YOU'LL LOVE THIS!"

**THINK
PHYSIO** for...
primary care

See our news focus
on pages 16-17

Rehab Matters

NO-ONE SHOULD MISS OUT



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PHYSIO-VISION

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'My life - starting over'
- Jane, 45



'I'm out and about again'
- Parim, 72



'Back playing with my grandkids!'
- Mae, 68



'Returned to work - stronger than ever'
- Mia, 28



www.csp.org.uk/rehabmatters

New health and work strategy focuses on MSK and rights of physios to sign fit notes

Physiotherapists will be able to sign fit notes in a move by the government to better identify health conditions and treatments to help workers go back into their jobs faster.

Extending fit note certification beyond GPs to physios, psychiatrists, senior nurses and other healthcare professionals in England, Wales and Northern Ireland was included in a strategy launched on 30 November.

It included a commitment to develop first contact musculoskeletal (MSK) practitioners 'to ensure better access to care and treatments for people with MSK conditions.'

Fit notes are designed to help patients develop a return to work plan tailored to their individual needs. The government says

its aim is to get one million more disabled people into work over the next 10 years.

The CSP has been campaigning on the fit notes issue for many years, working with the British Medical Association and Royal College of General Practitioners. As a result it was included in NHS England's General Practice Forward View in April 2016 and the government's Health and Work Green Paper.

CSP chief executive Karen Middleton said: 'The proposal to allow physios to issue fit notes is excellent news for patients, as is the focus on musculoskeletal conditions, which are one of the leading reasons for sickness absence in the UK.

'Physiotherapists are experts in

rehabilitation but also in understanding a person's condition and identifying what adaptations can be made to enable them to return to work.

'This proposal should mean fewer unnecessary appointments for patients and faster access to the answers they need.'

But, Ms Middleton said, 'it must be backed up by action and we need more roles for physiotherapists in GP surgeries to deliver that expertise and fully realise the potential of this policy.'

Arthritis and Musculoskeletal Alliance (ARMA) chief executive Sue Brown added: 'I very much welcome the government's firm recognition of the need to address

musculoskeletal conditions and work. We look forward to working closely with government to ensure the details are right, but it's vital that there is rapid progress if we are to curb the growing impact of MSK conditions on people's working lives.

'The specific proposals in the document for a Challenge Fund need to ensure that musculoskeletal conditions are a high priority in their activity.'

■ **Gary Henson**

More information

Improving lives: the future of work, health and disability: <http://bit.ly/2kbwOtG>
ARMA briefing www.csp.org.uk/arma

NI trust introduces first contact physio

South Eastern Health and Social Care Trust is believed to be the first in Northern Ireland to introduce a first contact physiotherapy service.

The launch was on 1 December with an advanced practitioner physiotherapist in a GP practice in Comber, Co Down.

A trust spokesperson told *Frontline*: 'We are excited to be carrying out this four month pilot, which will be fully evaluated and the results shared with the region.'

In June 2015 South Eastern was the first trust in Northern Ireland to introduce self-referral to physiotherapy services for patients over 16 years with a musculoskeletal (MSK) problem.

Currently approximately 45 per cent of referrals from primary care for the trust's MSK physio outpatient services come via the direct access route.

However at present 21 per cent of these patients still contact their GP practice prior to referring themselves to the service, and a further 55 per cent still see their GP and ask to be referred.

'There is therefore an opportunity for our physiotherapy services to support GPs further and build capacity and diversity in the primary care workforce through increasing physiotherapy roles in general practice settings,' the spokesperson said.

The physio providing a first point of contact service in a GP practice means that patients presenting with a MSK problem will be offered an appointment with a physio in the GP practice.

A number of pilots are running across the UK, with results showing improved patient outcomes, high satisfaction rates and significant cost savings.

CSP membership swells to a record 57,000

The CSP has a record 57,000 members, an increase of 5,000 over the past four years. The increase is due to more practising qualified physiotherapists, up from 39,000 in 2013 to 44,000 in 2017. 'This is a very positive indication of members recognising the value of belonging to the CSP and having chartered status,' said the society's chief executive Karen Middleton. 'We're constantly working to develop and improve services for members and these numbers are an indication we are moving in the right direction.'

Physio Stuart Barker is vaccinating staff at East Lancashire Hospitals NHS Trust – where take up is 70 per cent and growing



Not too late: get your flu jab

With many NHS staff unvaccinated against flu, Natalie Beswetherick, the CSP's director of practice and development, asked: 'I have had my flu jab. Have you?'

She also gave a stark seasonal warning: 'With NHS resources overstretched, an increase in sickness because of flu could be devastating.'

Last winter, about 40 per cent of frontline healthcare workers did not get a flu vaccine, said NHS Employers. The figure was an improvement on the previous year, when about 50 per cent of staff were unvaccinated.

This October NHS England wrote to all 1.4 million NHS staff, reminding them of their professional duty to protect patients by being vaccinated.

It said that many people with flu show no

symptoms, meaning healthcare workers who feel fit and healthy can unwittingly infect vulnerable patients.

There is positive news from the north of England, however. At East Lancashire Hospitals NHS Trust where 70 per cent of staff have been vaccinated so far, physiotherapist Stuart Barker is helping to reach the 100 per cent target.

Mr Barker is the occupational health therapy team leader at the trust and this year – for the first time – he has been vaccinating his colleagues.

Sickness absences – among the nurses – who usually vaccinate staff – left the trust short of people to do this, and Mr Barker stepped in.

'It's been good to be involved in a project that's vital to keeping our trust staff

healthy through the winter,' he said. 'From a physio point of view, it shows that our profession can be involved in a broad range of treatments.'

To allow him to vaccinate staff, his manager and the pharmacy department collaborated to draw up a local patient group directive. This was agreed by the trust's board.

Mr Barker explained that the directive allows the administration of medications to groups of people, without the need for individual prescriptions.

But for all NHS staff, Ms Beswetherick's firm message is: 'I urge anyone working in the NHS to get vaccinated.'

'It's important to protect yourself, your family and the patients that you care for.'

■ **Gill Hitchcock**

£170k robots help stroke patients regain upper limb movement

Staff at University College London Hospitals' stroke rehab unit have become the first in the NHS to use robotic devices alongside more traditional therapies to help patients regain arm and hand movement.

The robots, which help patients practise exercises to build up strength and dexterity, can be supervised by a physiotherapy assistant and were introduced as part of the trust's intensive three-week upper limb neuro rehabilitation programme.

The unit's consultant neurologist Nick

Ward explained that most rehabilitation focused on walking and balance rather than arm and hand movement. This programme, set up four years ago, was a response to that.

The patients, most of whom had a stroke more than a year ago, attend every day for three weeks, receiving 90 hours' intensive therapy. Over 200 patients have now been through the programme and over half have shown significant gains in movement.

'These people have been told there's no longer any change possible but this

programme shows quite clearly that we have written these people off too early,' said Dr Ward.

The devices – the Armeo Spring rehabilitation robot and four smaller pieces of equipment made by Tyromotion – help motivate and interest patients while carrying out repetitive exercises, said Fran Brander consultant physio for rehab and stroke.

But she stressed they were always part of an individual programme devised and overseen by a qualified therapist. 'It enhances what we have been working on and gives the patient more intensity. But

we don't believe technology is the be all and end all – it just adds another tool in the toolbox.' The unit's skill mix hadn't changed as a result of introducing the robots.

'Therapists shouldn't see them as a threat and, to be honest, they're so expensive most NHS departments can't afford them anyway. If I were a boss I'd rather pay for a therapist than a robot because you're going to have better outcomes.'

The Armeo Spring and Tyromotion robot devices cost £170,000 in total and were funded by the UCLH's charity arm.

■ **Andrew Cole**

Scotland fails to increase sports participation

The number of people taking part in sports in Scotland has remained static for 10 years, says the Scottish parliament's health and sport committee. It found no evidence that £500 million of public funding in the last year had increased the number of people getting active.

Committee chair Neil Findlay said: 'We look forward to a response from the Scottish government to tell us what its plans are to increase participation rates.'

Read more at <http://bit.ly/2iVYtex>

Photo ©UCLH



A therapist supervises a stroke rehabilitation patient as they use the robotic device

Event marks successful collaboration between physiotherapists and British Geriatric Society

The British Geriatric Society (BGS) devoted part of its 70th anniversary conference last month in London to a co-production with Agile, the CSP's professional network for physiotherapists working with older people.

Melody Chawner, a consultant physiotherapist for frailty at Petersfield Community Hospital, said the day was a 'significant collaboration' between BGS and the physiotherapy world.

'It was significant in targeting audiences in two ways,' she said. 'First, professionals such as doctors and nurses who are not responsible for providing exercise, but who may need to know how to signpost patients to services. Second, physios and exercise professionals to make sure that they

are updated with the latest best practice evidence on providing exercise.'

Louise McGregor, who chairs Agile and is a consultant physio at St George's Hospital, south London, spoke about exercise therapy for people with cognitive impairment.

Meanwhile, Rachael Colclough, a clinical specialist physiotherapist at Birmingham's Queen Elizabeth Hospital, shared the story of a goal orientated exercise regime devised with a patient whose chronic obstructive pulmonary disorder made walking short distances almost impossible.

'Alan achieved his goal of taking his wife Muriel to the local social club and they had a jolly nice time,' she said.

■ **Mark Gould**

Prescribe exercise for frail elderly

Physiotherapists should treat exercise in the same way as doctors prescribe medication.

This was the message from Dawn Skelton, professor of ageing and health at Glasgow Caledonian University and an honorary member of the CSP, in her keynote lecture at the British Geriatric Society (BGS) conference.

Professor Skelton told delegates that the quality of life of too many patients was being compromised, or even endangered, by inadequate treatment.

'We should treat exercise like a drug and

prescribe the correct dose and duration and the right people should be prescribing it.'

Speaking with *Frontline* she said: 'GPs would never dream of prescribing half a recommended treatment regime – they would create havoc if they were told that resources were so constrained. I want physiotherapists to rise up. If physiotherapists are being constrained from being allowed to deliver the appropriate amount and frequency of treatment they should be saying no.'

■ **Mark Gould**



Dawn Skelton

Delegates at the British Geriatric Society's 70th anniversary conference



Christian Smith



Something to add?
email Frontline at
frontline@csp.org.uk

Physio assistant uses her own experience to highlight brittle bone disease to researchers



Newcastle-upon-Tyne Hospitals NHS Trust

Charlotte Proud feels her condition gives her an insight into her patients' concerns

Charlotte Proud was born with brittle bone disease. But she told a conference on rare diseases that her condition had not stopped her holding down a demanding job as a physiotherapy assistant – nor her ambition to become a fully qualified physio.

Ms Proud, who works in the critical care unit at Newcastle's Freeman Hospital, was speaking to researchers and clinicians in October at an event in the city organised by charity Find a Cure.

She explained that she was diagnosed with the disease

osteogenesis imperfecta at the age of two, and since then she has had between 40-50 fractures. 'If I trip or fall I will have a fracture, and I never know how serious the next one will be.'

Despite that, she was determined from a young age to work in healthcare. After completing a sports degree she became a band 2 assistant and then a band 4 physiotherapist associate practitioner earlier this year.

Ms Proud helps to provide enhanced mobilisation to post-operative patients and tries not to let the disease interfere with her life.

'Brittle bone disease is a condition that can be invisible to other people, so at times it can be difficult. But I don't like to be treated any differently to anybody else,' she said.

She feels her condition gives her an insight into her patients' experience and makes it easier to empathise with their concerns, such as the need to get back on their feet. She hopes to train to become a physiotherapist in the future.

Delegates heard that Ms Proud had not suffered any fractures in the last three years, which may be partly because she had taken up running.

She has already completed 10 half marathons and two full marathons.

Although her condition can be frustrating, she said it did not affect her work and her message was to be positive: 'You just have to accept that you have got this condition and not let it get in the way of everyday life.'

About one in 15,000 people in the UK have brittle bone disease. It is caused by a rare genetic mutation and affects the body's production of collagen, which is found especially in bones and other tissues.

■ Andrew Cole

£1.1m pessary trial could provide physios with new options to treat pelvic organ prolapse

A £1.1 million trial will assess whether a self-management programme could offer physiotherapists new treatment options to improve the lives of women with pelvic organ prolapse.

The condition, affecting about 40 per cent of women over 40, occurs when the bladder, bowel or womb descend into the vagina, causing distressing symptoms.

Many women initially choose to be fitted with a pessary inserted into the vagina to support the pelvic organs. The procedure is usually carried out at a gynaecology clinic or GP surgery. Patients return approximately every six months to have the pessary replaced.

The trial, involving 330 women, will examine whether women could remove and reinsert their pessary themselves at home.

It will also explore whether self-management



The trial will involve 330 women and be completed in 2021

is more, or less, expensive than standard practice.

The trial involves the nursing, midwifery and allied health professions research unit at Glasgow Caledonian University and St Mary's Hospital, part of Manchester University NHS Trust. It will be completed in 2021.

Claire Brown, who leads the women's and men's physiotherapy team at Addenbrooke's Hospital, Cambridge, said: 'If this trial is a success, it will give physiotherapists scope for offering more treatment options to women – in addition to pelvic floor exercises, lifestyle adjustment and conservative management – as an alternative to surgery.'

■ Mark Gould

Falls risk screening tools 'not accurate'

A report warns physiotherapists that falls risk screening or prediction tools are not an accurate enough assessment device and should not be used in hospitals.

The Royal College of Physicians' National Audit for Inpatient Falls assessed 5,000 falls. It shows that, although prevention across England and Wales has improved slightly, many patients are not receiving the right assessments that can help prevent harm.

The audit reveals that, since 2015, many trusts and local health boards have stopped using 'falls risk screening or prediction tools' (a drop from 74 per cent in 2015 to 34 per cent).

It also records a series of incremental improvements, including access to mobility aids within a patient's reach (up from 68 to 72 per cent), delirium assessment (37 to 40 per cent) and measurement of lying and standing blood pressure (16 to 19 per cent).

However, the research found that there was no overall change in other areas to prevent falls in hospital. These include continence and visual assessment, call bells within reach and medication reviews.

The CSP's head of research and development, Ruth ten Hove, said: 'We fully support the recommendations for multi-factorial risk assessment that assesses strength, balance hearing and so on.'

'But I do find it a little bizarre that the report rejects risk assessment tools entirely.'

'If they are simply used as a tick-box it's a waste of time, but these tools do give clinicians a check list as to what problems they should be looking for.'

■ Mark Gould

More information

The full report can be found at:

www.rcplondon.ac.uk/fffap

How to transform MSK elective care

NHS England has published a handbook designed to 'transform' musculoskeletal elective care services through better management of rising demand and patient-centred care. It says there is a clear need to re-design elective care services. Since 2005, outpatient appointments have nearly doubled from 60.6m to 118.6m. Some 418,000 patients were waiting longer than the 18-week standard for hospital treatment in September 2017 – a 20 per cent increase on the previous year. Stockport's orthopaedics service is among the best practice examples in the handbook. It introduced telephone follow-up appointments, which has limited the time spent on routine follow-ups and the need for patients to come to hospital. See the handbook: <http://bit.ly/2hOdA9b>

NewsDigest

Make excellence a habit, Olympic physio lead tells NI members

Phil Glasgow, Team GB's chief physio during the 2016 Rio Olympics, told CSP members to 'make excellence a habit' by developing their leadership skills.

Mr Glasgow was delivering the CSP Northern Ireland Board lecture at the Stormont parliament buildings in Belfast on 22 November.

He identified aspects of leadership, which he had developed during his Olympic experience, and said these could be applied to physiotherapists working in teams and clinical settings.

'We won 65 medals – more than ever before – in London in 2012. And we said, "We're going to do even better next time".'

And they did: at the Rio games, Team GB achieved a record-breaking 67 medals.

Delegates heard that the biggest challenge at the 2016 Rio games was to create the

environment necessary for success. Mr Glasgow identified the importance of clear communication and emphasised the difference between a world-class group of individuals and a world-class team.

Speaking of the athletes, he said: 'Your expertise is what got you through the door, but it was your character that got you on to the plane.'

Mr Glasgow said it is crucial for good practitioners to maintain 'contextual intelligence'.

He explained that this meant creating a team in which each individual is aware of their own scope, which is developed through reflection, and the ability to modify strategies depending on circumstance.

'It's our deliberate, reflective practice,' he said. 'It's the stuff we know how to do. It isn't the thing we do every year before our reviews, or the thing we do



Phil Glasgow, Team GB's lead physio for the Rio Olympics: 'Environment is key to excellence'

John Rush

when filling something out on the CSP website.

'It's something we do after every encounter, every day.'

In the question and answer session after the lecture, CSP Northern Ireland Board chair Catherine Burke asked how staff in physiotherapy departments could create a successful environment over the course of many years to allow staff to flourish.

'The environment is the key to excellence,' said Mr Glasgow. 'That's something that has to come from both the top down and the bottom up.'

'Leaders can set the tone for what's expected, but it's collaborative. I can't overstate the importance of creating that environment.'

Paula Bradley MLA and chair of the health committee, described leadership as 'that

elusive blend of knowledge, vision, communication and networking skills, hard work, and motivational qualities.'

Natalie Beswetherick, CSP director of practice and development, added: 'A lot of what Phil says is absolutely transferable to every leader.'

'It's important to give time to your team, starting with your shared vision, understanding what the values are, and then looking at the behaviours.'

'If you do that, you're going to have the highest-performing team.'

■ **Kiran Acharya**

More information
CSP Leadership
development programme
www.csp.org.uk/leadership



From left: Hazel Winning, AHP lead at the Department of Health; Catherine Burke, NI Board chair; Paula Bradley MLA; and Phil Glasgow

John Rush

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Want to join us for an inspiring, enlightening and supportive experience in 2018?

We're looking for women members who can raise physios' profile at the TUC.

We want to hear from you if you'd be keen to join our delegation. You could take part in debates affecting your profession, from employment rights to social concerns, such as violence against women.

Interested? Then why not apply to be among the CSP delegates at the TUC Women's conference in London, 7-9 March 2018.

Send a short statement about your involvement in the CSP and say why you would like to attend the conference to Julie Maxted at the CSP: maxtedj@csp.org.uk by Friday 22 December. Alternatively, contact Kate Moran, head of employment research, for more information: 020 7306 6687 or: morank@csp.org.uk

Accommodation costs and expenses are met by CSP.

RehabMatters



Not seen it yet?
view it now at
www.csp.org.uk/rehabmatters

Screen success

A CSP film on rehabilitation has won praise from critics and campaigners alike, as **Mark Gould** discovered

If the film director Ken Loach wanted to cast a naturalistic actor for a film about the NHS he need look no further than Charlotte Wilce, a senior physiotherapist at Guy's and St Thomas' Hospital in London. Miss Wilce, 31, is one of the stars of Rehab Matters – a short film commissioned by the CSP to highlight the importance of more funding and resources for community rehabilitation. The film also features a brief performance by another physio, Rohima Begum, a former CSP professional adviser who is based in Northern Ireland.

In a nod to the Sliding Doors style of 'what if?' drama, it compares and contrasts the different outcomes in the life of a woman who is discharged from hospital after a stroke. Although only five-minutes long, the film, made by the Oscar-shortlisted British director Chris Jones, is compelling and packs a poignant punch. The story contrasts the positive experience and expectations

of the woman's return to mobility through rehabilitation with a community physiotherapist, with the very different outcome experienced by her distressed, disabled alter ego who misses out.

Times columnist Melanie Reid described it as 'brief, moving and brutally effective, it's about us. You, me, our future. Do we want independence and quality of life? Or the alternative?'

Media spotlight

Iona Price joined the CSP campaign to raise the profile of community rehabilitation after her mother died following a lengthy and frustrating battle to get appropriate physio rehab. Her response to Rehab Matters? 'I think the film illustrates the problem perfectly.'

Miss Wilce, had already been unwillingly thrust into the media spotlight as a consequence of the terror attacks last March on Westminster Bridge and the Palace of Westminster, which are a five-minute walk

from St Thomas'. 'I was one of the first responders with colleagues from St Thomas' and was featured in *Frontline* when we met Prince William. A bit later on, someone from the CSP contacted me to say that they were planning to make a film highlighting the importance of rehab and would I agree to do a bit of filming,' she said.

Miss Wilce hadn't acted before. 'I did drama lessons at school but never any acting. I wasn't even in the school panto.' She did not know what to expect when filming started one Sunday in July but at least the surroundings were familiar. 'The film was shot in the simulation centre at St Thomas' where staff are trained. It was converted to look like a real hospital ward, as Chris Jones wanted it to look as authentic as possible. I didn't really know what sort of film was being made but I didn't expect an Oscar-shortlisted director and a full crew with cameras, sound, lighting and makeup. 'Chris just told me to be as natural as possible. He gave me free rein to

do what I would normally do and to tell them how things should be – they wanted it to look authentic.'

Miss Wilce said she was impressed by the actors' and crew's professionalism. The film follows the rehabilitation of a middle-aged woman, played by actor Vanessa Bailey, after a stroke. 'Vanessa's mother had died a couple of years earlier, following a stroke, so the emotions were pretty raw and real for her,' Miss Wilce said. 'She told me she wanted to be as authentic as possible and took advice about how to carry herself after a stroke, and how that would change as she had more rehab. The make-up people were also excellent and gave her the appearance of someone who had recently had a serious illness – it looked really impressive in the flesh.'

Social media success

The film had nearly more than 200,000 views on Facebook within a month of being launched. Miss Wilce said: 'There has been

a bit of banter about me wanting a red carpet on the wards, but all in good fun.

Colleagues are really encouraging and have been sharing the film on social media, as have my friends and family. Everyone knows someone who has had or needed physio – after a hip operation, sports injury or stroke – so they can relate to the story. Some of my colleagues were at the Physiotherapy UK event in November where the film was shown on a big screen. Everyone says I look completely natural but it was a bit daunting on the set when I realised how much was going into the production. Chris let me act as normal and do some long takes but I felt that they managed to get the sense of lengthy physio sessions even though he had to compress and cut them into five minutes of film.'

Director Chris Jones was also full of praise for the physios, who were cast after initial attempts with actors did not work. 'The choice

to use a real physio over an actor was a no brainer. Actors are wonderful at conveying

emotional shorthand to deliver the meaning in a scene, but unless they are an expert or have been trained, it usually shows the moment they need to do something like play a musical instrument, perform gymnastics or indeed, perform physiotherapy – especially when the audience would contain many experts in this field.

'I was blessed to work with expert physios, Charlotte and Rohima, who both took to acting immediately. We did overshoot scenes knowing we could cut it down in the edit, but what they were doing had, first and foremost, to be authentic.'

Miss Wilce hopes Rehab Matters will raise the profile of rehabilitation and help to improve funding. 'Rehab really does make a difference – it gives people their freedom and independence back. And it saves money and beds for the NHS in the long run. **FL**



Main photograph: on set. Top right: physio Charlotte Wilce and actor Vanessa Bailey. Below: director Chris Jones and director of photography Don McVey



Naomi Koji-Paton

The film had more than **200k** Facebook views in a month

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Home and centre-based cardiac rehab both effective

Home and centre-based forms of cardiac rehabilitation seem to be equally effective for helping patients with heart problems to recover and stave off further illness, concludes an updated systematic review of the available evidence.

The researchers compared the effect of home-based and supervised centre-based (hospital, gym, sports centre) cardiac rehabilitation on rates of death and illness, exercise capacity, and health-related quality of life in patients with heart disease to update the most recent review of the evidence, published in 2015.

They included six new studies, published up to September 2016, involving 624 participants for the update, adding up to a total of 23

randomised controlled trials of 2,890 people undergoing cardiac rehabilitation after a heart attack, revascularisation, or heart failure.

Most trials were relatively small, with an average of 104 participants whose ages ranged from 51 to 69. Women accounted for only around one in five participants; four trials didn't include any women.

After 12 months, there was no evidence of any difference in numbers of deaths, exercise capacity, and health-related quality of life among patients undergoing either form of rehabilitation. Slightly more of those on home-based rehab completed the full programme.

The quality of the evidence ranged from very low (total mortality), to moderate (exercise capacity over 12 months and health-



Nathan Clarke

related quality of life). The main reasons for assessing the quality of the evidence as low was poor reporting.

The authors conclude that their findings back previous conclusions on comparisons of home and centre-based forms of cardiac rehabilitation among patients with heart disease. And the results justify the continued expansion of evidence-based, home-based cardiac rehabilitation programmes, which were introduced to widen access and participation, they say.

Anderson L *et al.* Home-based versus centre-based cardiac rehabilitation. *Cochrane Systematic Review*. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007130.pub4/full>

Comments & conclusions

■ Frailty is a risk factor for dementia, and should be considered alongside deteriorating cognitive abilities, concludes a study of nearly 9,000 older people, whose health was tracked for 10 years. Frail adults were around 3.5 times as likely to develop dementia during this time as those who were in good health, while those who were on the verge of frailty were twice as likely to develop it. *Scientific Reports* 7 2017 www.nature.com/articles/s41598-017-16104-y

■ Partial cryotherapy – exposure to extreme cold air (below -100°C) – is regarded by some athletes and coaches as more effective than an ice bath for speeding up muscle recovery after competition and enhancing performance. But the first study to compare cold water immersion with cryotherapy in 19 athletes found very little difference between the two treatments on recovery. *Scandinavian Journal of Medicine and Science in Sports* 2017 <http://onlinelibrary.wiley.com/doi/10.1111/sms.13014/full>

■ Cuts and burns heal approximately 60 per cent faster if the injury happens during the day rather than at night, suggests the first study of its kind to show how the body clock regulates healing by skin cells. This could have implications for medical procedures such as surgery and the development of drugs to speed up wound healing, suggest the researchers. *Science Translational Medicine* 2017 <http://stm.sciencemag.org/content/9/415/eaal2774.full>



Physiotherapy

Michele Harms, editor of *Physiotherapy*, highlights some of the recent papers on www.physiotherapyjournal.com. As a CSP member you can access the journal free via the CSP website

Managing hip fracture and dementia

The authors of this scoping review received an award from the CSP Charitable Trust to allow their paper to be published with full open access.

The review recognises that people with dementia are almost three times more likely to suffer a hip fracture than those without. This scoping review summarises available evidence for physiotherapy interventions in this population.

Twenty-six studies met their inclusion criteria. Despite the number of trials, the authors found that there is limited



Science Photo Library

evidence to guide physiotherapists in the management of people with dementia who fracture their hip.

Hall AJ *et al.* Physiotherapy interventions for people with dementia and a hip fracture – a scoping review of the literature

DOI: <http://dx.doi.org/10.1016/j.physio.2017.01.001>

Can we predict ankle sprain?

Researchers based at the University of Sydney found that people with a history of a recent index (first) sprain, as well as a younger age, independently increase the risk of ankle sprain. Height and weight also had some bearing.

Ninety-six participants completed their study. They found that balance impairments after an index ankle sprain did not independently predict re-sprains. Rather, the causes of recurrent ankle sprain were multi-factorial.

People with a higher risk had an increased number of foot lifts during single-leg balance, increased ligamentous laxity, and perceived instability. These factors predicted the occurrence of sprain in 90 per cent of participants.

While many of the predictors were non-modifiable factors, the authors

suggest that their findings will allow therapists to target the population at risk. Pourkazemi F *et al.* Predictors of recurrent sprains after an index lateral ankle sprain: A longitudinal study DOI: <https://doi.org/10.1016/j.physio.2017.10.004>

Can patients remember having, and be dependable in using, pre-operative education?

Preventing post-operative pulmonary complications is a common goal for physiotherapists.

A research team led by Ianthe Boden, who is based at the physiotherapy department at the University of Melbourne, looked at a group of patients following elective upper abdominal surgery.

The patients in the study had attended a pre-admission clinic within six-weeks of surgery. In contrast, members of the control group had received an information

booklet about preventing pulmonary complications with early ambulation and breathing exercises.

The experimental group received an additional face-to-face 30-minute physiotherapy education and training session on pulmonary complications, early ambulation, and breathing exercises.

Interestingly, the experimental group were six times more likely to recall their breathing exercises and felt very positive about the value and content of their pre-admission physiotherapy education. They said they found it fascinating and intriguing.

This made it memorable, standing out from the other information they had received.

Boden I *et al.* Physiotherapy education and training prior to upper abdominal surgery is memorable and has high treatment fidelity: a nested mixed-methods randomised-controlled study DOI: <https://doi.org/10.1016/j.physio.2017.08.008>

Views & Opinions

Freewheeling now



I'm not a cycling novice but when it comes to commuting I make a lot of excuses: I live at the top of a big hill, it's due to be windy today, I've got a lot of things to carry, I've got a gym session tonight, I've got to get home quickly for the dog/put the tea on/change for the gym.

In early 2015, I decided to swap the car for the bike just once a week. That first time, I zipped off to work and back, thoroughly enjoying the experience despite the February weather. I arrived home hot and sweaty, but happy. Then I checked my phone. I found a text from an old university mate to say that our dear friend Steph had

been killed that morning as she rode her bike to work.

After a rollercoaster of emotion and much reflection, I decided I must keep going and stuck to my plan. Steph pushed me up that hill and through the headwind every time I did my weekly cycle commute.

But my list of excuses didn't disappear and I stuck to my one day a week regime.

Then came the cheater. I'm lucky enough to have friends in the cycling industry. One works for Raleigh and offered to lend me an electric bike for my daily commute. This has been an absolute revelation. My no-excuses bike.

As the saying goes, there is no such thing as bad weather – just the wrong clothing. I've got two panniers which hold all my kit, plus

my laptop. On the way to work I turn up the pedal assist, so I don't arrive sweaty, and on the way home I push on a bit. It's quicker than driving, especially when the schools are back. Win, win!

It's also cheaper than driving. I have meetings up at our acute hospital sites and it costs £2.50 to park. (I can claim it back but the money comes out of our budget).

Clearly, the cost of the bike is significant initially but, over time, it will pay for itself although the gains are immediate.

I also thought I would get fitter by using the bike. My theory was that I would spend more time in lower heart rate zones than my usual commute and this would therefore improve my fitness. I'm not convinced this has been the case but it has got me exercising



Something to add?
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frontline@csp.org.uk

Lucy Wheater had plenty of excuses for not cycling to work every day. Then she tried an electric bike – a small motor made everything so much easier

regularly. Not only do I feel fitter when I get back on my non-electric bike, but I'm beating my previous travel times (which I record on a GPS).

I also took this a step further to satisfy my inner geek. At the start of my trial with the ebike, I did a fitness test on a Wattbike which measures (among other data) your average power output. So I decided on a 12-minute, as-hard-as-I-could time trial. Six weeks later, I repeated it and to my delight I'd gained 10 watts which equates to approximately five per cent increased power output.

In terms of speed, the bike gets me to places about 30 per cent faster than my standard commuter bike. This means I'm exposed to traffic fumes for less time and, at the risk of sounding too pessimistic, 30 per cent less chance of being knocked off my bike too! Oh, and I get home quicker.

I'd like to think that my patients' experience is enriched too. I'm more energetic and mentally alert, and I can use my experience to encourage them (where appropriate) to consider an ebike, breaking down the stereotypical reaction of thinking that it's cheating, and highlighting the benefits. I'm a strong advocate of physiotherapists promoting exercise so to add this experience to my toolbox is great.

So, all in all, I am sold on the ebike and I look forward to the arrival of my very own model to continue commuting and maybe even try some longer rides without all the daily baggage I need for work.

Lucy Wheater is a specialist physiotherapist at Sheffield Teaching Hospitals NHS Trust and a CSP steward



Adviceline

Alexandra Hejazi argues that donating substandard assistive aids for disabled children to use in countries such as Uganda must end

On a career break, I volunteered at a centre for children with disabilities in a small town in Uganda. While there, a local organisation asked me to help go through a shipping container full of wheelchairs, walking frames and standing frames sent by its main European donor, as we use similar equipment at my workplace in London. It was an exciting prospect for me because many of the children would benefit enormously from assistive equipment.

My excitement soon turned to confusion, frustration and anger. At first, I thought there must have been an accident because everything was a mess. Most of the equipment was broken or had large parts missing. We spent the time trying to salvage what we could, instead of identifying what would be most useful to the children.

It was clear that much of the container contents had been donated in that state – broken wheels, missing parts, seats and belts ripped beyond repair – and shipped to Uganda. Why?

The donor has supported the beneficiary from the start. They have visited over the years and receive regular reports, so I assumed they would have a good idea of what would be useful.

I believe these donations were made with the best of intentions but I also think donations that are not clearly planned and managed jointly with the beneficiary can be wasteful, and, for numerous reasons, even harmful. If, for example, a wheelchair is missing brakes or one of its backrest poles, or a walking frame is minus one leg, it is unsafe and useless. Local technical expertise is often scarce, so broken equipment won't be mended.

The World Health Organization's Guidelines for Health Care Equipment Donations state: 'There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.'

I doubt that any equipment in that state would, or could, be used in the donor country, so why was it acceptable to ship it to Uganda? For more on this and related topics, see bit.ly/2mZxV0d

Alexandra Hejazi is a children's physiotherapist at Hackney Ark, Homerton University Hospital NHS Trust

Show your support for older people's care

Add your name to a petition to boost older people's social care funding, says Caroline Abrahams

Despite the tremendous contribution older people have made over many years to our society as citizens, workers, parents and grandparents, when they in turn come to need extra support, many are effectively being abandoned by a social care system that is unable to cope.

More than one million older people in England are currently abandoned by the care system. This means they have difficulty with at least one of the basic daily tasks, such as washing, eating, getting out of bed, dressing and going to the toilet. Astonishingly, nearly one in three of the entire 80-plus population

have some element of unmet need for care.

People failed by the system often end up in crisis and then need help from acute NHS services, which is more expensive than the care they actually need. As physiotherapists, you know all too well the vicious cycle that emerges when people struggle to get initial care and support.

The care system is currently leaving people unsafe and alone. It's also leaving carers at

breaking point and families at a loss as to what to do. It damages our health and care services by having to provide an increased level of emergency support.

The government has made a commitment to set out proposals to fix funding for the social care system 'once and for all' but they haven't published them yet.

We are campaigning to ensure that the government brings forward proposals soon.

We need your support to make

sure the government produces a meaningful consultation that results in a sustainable solution for everyone who needs care.

Caroline Abrahams, charity director, Age UK

More information
Please join us by signing and sharing our petition today at bit.ly/2hzTq66



Christmas Panto

Curtain up on Christmas

It's panto season and the show must go on – twice a day or more. **Jennifer Trueland** meets some physios who keep the actors, dancers and musicians fit for the stage

Physiotherapist Ed Walsh isn't sure yet which of Manchester's blockbuster pantomimes he'll be going to this Christmas – but the chances are that he's already met some of the performers. Mr Walsh, who works with Metro Physio, a practice that regularly treats actors, dancers and musicians in productions across north west England, says the festive season is one of the busiest. 'This is when we really notice demand rising from all kinds of performers,' he says. 'Once people start rehearsing for shows, there's a gradual increase in numbers.'

Physiotherapists the length and breadth of the land are, like Mr Walsh, working behind the scenes to make sure the show goes on. Whether it's pantomime, special Christmas shows or year-round productions that add extra performances, this is a demanding time for performers that can take a toll on their bodies.

Metro Physio has contracts with a number of theatres in Manchester and is often the first port of call for performers. It's an area that Mr Walsh loves,

partly because of his background.

'I'm very interested in the arts – my wife is a former contemporary dancer,' he says. 'I did gymnastics and used to be involved in a comedy show, so I have an understanding of performers' needs.' Indeed, having taken part in a show where he was dropped from a stretcher, he has personal experience in injury mitigation. 'Every night the stretcher got higher – I ended up wearing padding,' he says, laughing.

Is dealing with artists different to treating 'ordinary' patients? Mr Walsh admits that there can be pressure to keep the show on the road.

Fit for purpose

'Full-time performers want to keep fit so that they can stay in the role,' he says. 'We try to keep people active and fit and performing, but if it's going to be to their detriment, you have to be strong and tell them not to do it. Of course, it's up to them whether or not they take your advice.'

Physiotherapists often have to draw on their own creativity. Mr Walsh says that sometimes costumes or uniforms need to be adapted so that strapping or harnesses are invisible. 'For me, as a physiotherapist,



ChristmasPanto



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it's an exciting job because there are so many different types of performer and so many different types of presentation – it keeps it diverse and interesting. You have to look at the demands on a particular performer and what it is that they need to do, then tailor the treatment to each individual. It's busy, but rewarding.'

Touring Germany with the musical *Cats* was Nikki Rawlings' first experience of performance physiotherapy. She was working for Physio Ed Medical, the Harley Street practice that has become synonymous with providing physiotherapy to theatres in London's West End and beyond. Today she is lead clinician, based at its relatively new branch in Belsize Park in north London, where the client list is just as starry. The practice offers dance, performance and vocal physiotherapy to shows ranging from *Matilda* and *The Lion King* to *Mamma Mia* and *The Book of Mormon*.

'We have a lot of contracts with West End shows, providing acute injury and chronic injury management – if it's show-related, we do it,' she says. 'Some performers do eight shows per week, sometimes more around Christmas. They work very hard and can be rehearsing for the next job as well – it's gruelling on bodies and on [performers'] time. Ms Rawlings and her colleagues see a lot of pantomime performers. 'They often have to do three shows a day. Pantomimes use a lot of pop music now and there are full-on dance routines – and the cast has to sing and act as well.'

Pattern of injury

It's important for the physiotherapist to go to the shows, she says, especially if a pattern of injury is showing up in clinic. 'It's good for us to see what they have to do,' she says, adding that the clinicians also treat backstage staff who may develop injuries through, for example, having to move piles of heavy costumes. As well as dealing with acute and chronic injuries, the clinic's team tries to forestall issues by taking a proactive approach. 'We have a focus on injury prevention – we do a talk and will suggest specific exercises to counteract risk.'

What happens if there is a serious injury – must the show go on at all costs?

'Our approach is that as long as it's safe, they can keep doing it. But there are some injuries you can't work through and we have to deliver the gloomy news – they have to stop to get better. When you load the body so much, there's potential for things to go wrong.'

Ms Rawlings has a lifelong interest in performance. She danced from the age of two, and performed with

the English Youth Ballet. She has always been too much of a 'planner' for a career in dance, she says, laughing, but loves working with dancers and in a theatre environment. 'When I graduated, the job prospects for physiotherapists were a bit bleak,' she says. 'I emailed clinicians working with dancers to ask if I could shadow them for a couple of days. Then I was offered the chance to be a touring physio. That was great because you get weekly tutorials on the road. It was three months of intense training. I had to think very fast, and on my feet, but I had good support and I liked having to fly with it. I love the job.'

Isaak Tyros, a physiotherapist with the Edgbaston Physiotherapy Clinic and a visiting lecturer at the University of Birmingham, often treats pantomime performers. 'They are really no different from sports/over-use related injuries, apart from the fact that some

of their injuries are due to colliding on stage with scenery and costumes, for example. As with all injuries, we ask performers to describe the mechanism of their injury or the overuse activity. This can be a slapstick-related injury, too!

'We often ask performers for videos of their performance/rehearsal in advance, so we can better identify the mechanism of injury. When this is not available, due to copyright restrictions, we can visit them at the theatre during rehearsal.'

As a musician, Mr Tyros has a special interest in working with performers. 'I can fully understand the impact of an injury in their professional lives, which can be devastating sometimes,' he says. 'It is vital to discuss the performer's needs, re-assure them and get them back on track as quickly as possible, which is a very similar approach to "elite sports rehabilitation".

It's an exciting job ... there are so many types of performer and so many different types of presentation – it keeps it diverse and interesting'
Ed Walsh

Our clinic is registered with the British Association of Performing Arts Medicine and we see many musicians from the Royal Birmingham Conservatoire and the City of Birmingham Symphony Orchestra, but also ballet dancers from the Birmingham Royal Ballet. I haven't made plans yet to see a pantomime this year but I hear the *Cinderella* at Birmingham Hippodrome is great.'

For many people, *Nutcracker* is the quintessential Christmas show. But while Gemma Hilton recognises the beauty of the ballet, she can't help but watch with a professional eye. As one of the in-house physiotherapists at the Royal Opera House, Covent Garden, it is her job to help the Royal Ballet dancers stay on top form, looking effortless on stage.

From football to ballet

Ms Hilton joined the company in 2016. After graduating in 2007, she worked in the NHS and then in private practice, having realised that musculoskeletal work was where her interest lay. 'I had been doing part-time academy football work in Norwich, then with West Ham in London, and was looking for a full-time sports position,' she says. 'I hadn't thought about ballet, but the job came up on a UK sports website. Yes, there's an artistic dimension, but dancers are phenomenal athletes,' she says.

Day-to-day, her job includes running clinics before the dancers take their daily class, dealing with 'little niggles' and perhaps doing some taping or mobilisation. The rest of the day includes ongoing rehabilitation and working with other members of a multidisciplinary team (which includes Pilates teachers, sports scientists and a fortnightly doctor's clinic) to keep the dancers on point. 'Sometimes there's pre-show prep too,' she says. 'It's challenging, but exciting.'

The team also works closely with artistic staff and watching every ballet in rehearsal and in performance is an important part of understanding the dancers' needs. That includes knowing when a dancer has to have time out to allow an injury to recover. 'We're looking after a dancer's body and their career longevity.' While the audience at Covent Garden in central London is glorying in the beauty of the ballet, she knows the demands on the dancers. 'The snowflakes have lots of jumps,' she says, thoughtfully. 'And jumpy roles can be difficult, so we have to look out for bone stressing and tendon problems. But *Nutcracker* is magical. For some people, it's the start of Christmas.' **FL**

More information

British Association of Performing Arts Medicine
www.bapam.org.uk

Many physiotherapists who are drawn to the field have a long interest in performance



Main photo: *Nutcracker*. Physiotherapists' line-up (from the left): Ed Walsh, Nikki Rawlings, Isaak Tyros (working with a musician) and Gemma Hilton

Tristram Kenton

CPD Practice



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In the fifth and final article in our series on career development, CSP professional adviser Gwyn Owen looks at breaking into research

Your physiotherapy



Welcome to the latest in our series of articles on career development. We have already looked at career development in clinical, education and leadership and management roles. This article shines the spotlight on research.

We profile three CSP members at different stages of a career in research. Although has a unique story, they show how a research career is shaped by various factors, from organisational culture and access to advice and support, to personal circumstances and a networking ability.

We hope these stories and tips will help you to explore the opportunities and resources available to support your journey into research. If you're looking for some structure to guide your reflections – the prompts in parts one to four of this series should help.

Jennifer Harris

Ms Harris is a children's physiotherapist at Doncaster and Bassetlaw Teaching Hospitals NHS

Trust. She is about to start a secondment with National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care, Yorkshire and Humber. The secondment is funded by the regional hub of the Council for Allied Health Professionals in Research and will work to develop an allied health professional (AHP) clinician researcher career competency framework.

'My journey into research started in 2015 through the NIHR /Health Education England (HEE) integrated clinical academic pre-masters internship scheme. I used that opportunity to develop my research knowledge and skills and then got a place on the NIHR /HEE MSc in clinical research methods at the University of Leeds. Studying part-time meant I could keep my links with clinical. I was able to champion research within the trust and find opportunities to develop my research interests and profile. In 2016, I was involved in "Way Forward Doncaster" – a collaborative project exploring how co-productive

approaches work to help transfer research knowledge into action. In 2017, I was selected to become an Allied Health Professions for Public Health (AHPs4PH) advocate completing a local public health service improvement project. In September 2017, I was nominated for the trust's research of the year award and also received the star of stars award.'

Andrew Kerr

Dr Kerr is a lecturer in biomedical engineering at the University of Strathclyde. He teaches clinical and sports biomechanics and rehabilitation technology to engineers and AHPs enrolled on the MSc in rehabilitation studies. The main focus of Mr Kerr's role is directed at leading a small team of researchers working to explore technology and stroke rehabilitation.

'I qualified as a physiotherapist in 1988 then spent 10 years in the NHS specialising in paediatrics. My interest in understanding human movement led to a postgraduate diploma in gait analysis, an MSc in physiotherapy and a PhD in biomechanics, which I completed while working as

a physiotherapy lecturer. I became quite frustrated about how the emphasis on teaching in the department at that time limited my ability to conduct research. So I took a pay cut and a temporary contract to work at a university with an active rehabilitation research programme led by a professor with a drive for rehabilitation research using technology. After a few years on a temporary contract, with a number of successful applications for funding under my belt, I met the criteria for moving to a permanent academic post, which I have held for two years.'

Stephanie Best

Dr Best is a post-doctoral research fellow with the Australian Institute of Health Innovation, Macquarie University and Australian Genomics Health Alliance. She is part of a centre that researches healthcare resilience and implementation science. Dr Best is currently working on a project researching the implementation of genomics into clinical practice across Australia. During the next phase of the project, she will use interviews, focus groups and

(part 5)

other research methods to gather data from clinicians, healthcare scientists, service leads and policy makers to identify barriers and enablers to the use of genomics. Once a baseline is established, the project will start to explore behaviour change techniques.

'My research career has developed through a combination of luck, excellent family support, great mentors and a lot of hard work! Having spent over 25 years in clinical and managerial roles in the UK and internationally, I applied for a PhD scholarship – much to my surprise I got it. The PhD explored the adoption of innovation in health and social care, which led to a post as programme director of the MSc in health care management at Swansea University. While I was teaching and researching in south Wales I decided to apply for my current postdoctoral position and was delighted to get it.' FL

Top tips to get you started from our three researchers

- 'no research is an island' – make contact with networks where people share your passion and can offer information, advice and support to develop your work
- use your clinical experience and conversations with patients, the public and your peers to develop research questions that will really make a difference
- be brave – you have to put your head above the parapet. Take opportunities to present your work, voice your opinion and discuss your work with your peers
- grab opportunities, but be prepared to wait – you will have different flexibility at different points in your career
- be honest – sell yourself but be truthful if don't have a particular skill or experience
- reconnect with your favourite chair in the library. Making time to read is critical and easily forgotten under other pressures or distractions
- be open to ideas and support offered by people who know more than you do – your work may benefit from their input
- get to know your local research and development and information and communications technology teams so that you can access technical advice and support when you need it

Support for research

- Research pages on CSP website bit.ly/2zSicWO
- CAHPR offers opportunities for learning, sharing, networking collaborations, and access to advice and support for research bit.ly/2yWGzSY
- CSP Mentoring scheme bit.ly/2mkBU7e
- CSP Charitable Trust has bursaries to support physio education and research bit.ly/2zTZApI

Celebrating Physiotherapy Works Programme

The PW programme funded by Charitable Trust is coming to its planned end after successful completion. The programme comprised of several strands of work, with outputs intended to give members the tools and resources to demonstrate their value and impact to decision makers and patients.



2014

Physiotherapy Works events

What it is: Throughout 2014 and 2015, a series of 14 Physiotherapy Works events took place across the UK. These were designed to motivate and inspire members about the future of the profession. Members were invited to set pledges stating what they intended to do to promote the future of physiotherapy.

'The inspirational speakers motivated me to put more energy into securing the future of physiotherapy at my employer.'
Member



Falls Model

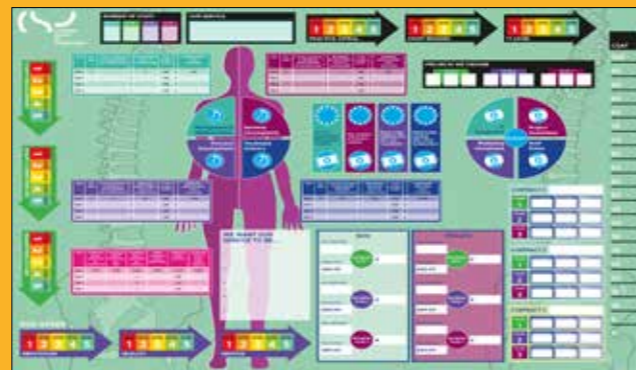
What it is: The Falls Prevention Economic Model (FPEM) shows how preventative physiotherapy saves money when planning care for older people. It will help you support a business case for investment in physiotherapy to prevent falls.

Preventative physiotherapy could save £275 million for the NHS.

Web link www.csp.org.uk/costoffalls



2015



Business Skills Simulation

What it is: The Business Skills Simulation Game is a training event designed to develop your capacity to turn strategy for physiotherapy practice into action. At the heart of the workshop is a business game, specifically designed to represent challenges and business priorities.

'I feel I have learnt how to make strategic decisions and how they impact on the business profile and service development.'
Member



Workforce Data Model

What it is: The Workforce Data Model (WDM) provides a forward thinking approach to workforce planning. We are able to lobby for policy changes now which can address issues we foresee coming up.

Web link www.csp.org.uk/workforce

2016



Cost Calculator Primary Care

What it is: The Physiotherapy Cost Calculator helps you estimate how much time and money can be saved by having physiotherapists as the first point of contact in GP surgeries.

Web link www.csp.org.uk/costcalculator

Case Studies

What it is: The Case Studies database highlights transferable examples of quality and service improvements. Going forward as 'Innovations in Physiotherapy' in 2018.

Web link www.csp.org.uk/casestudies



Mentoring

What it is: The CSP Mentoring Scheme is designed to offer career and continued professional development to CSP members via a digital portal.

Web link www.csp.org.uk/mentoring

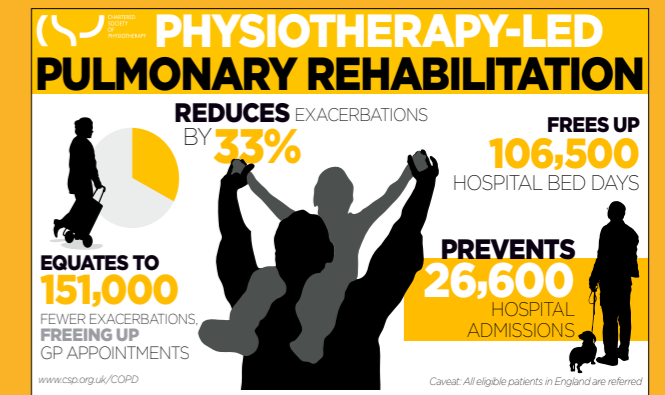


2017

COPD Model

What it is: The Pulmonary Rehabilitation (PR) Impact Model on Exacerbations (PRIME), demonstrates the potential impact of Physiotherapy-led PR on exacerbations of COPD. You can use the PRIME tool to review data for your area, practice or CCG, and benchmark against other areas.

Web link www.csp.org.uk/COPD



Leadership Development Programme (LDP)

What it is: The CSP's Leadership Development Programme is a year-long programme, to develop leadership capacity within the profession. The programme offers you the opportunity to spend time considering what your leadership role means for you and how you will choose to execute it. It provokes participants to consider their leadership style and how to increase their impact to produce optimum results for themselves, their team and service users.

100% of participants would recommend the programme to a colleague.

Web link www.csp.org.uk/LDP



GOING FORWARD

It is important that the legacy of the programme continues and members keep up the momentum using the resources highlighted. If you have any queries regarding the programme's resources, please contact: pas@csp.org.uk

UltraGobi

Something to add?
 email Frontline at
frontline@csp.org.uk



The Ultra Gobi race is one of the most extreme endurance tests. **Ben Watkins** didn't know what he was in for when he volunteered as UK team physio

The **400k** non-stop race must be completed in 149 hours



Our 4x4 desert transport



Exile Medics' Dr Abby Nicholson on a fun run



Ben Watkins, left, and Dr Sam Westall at an ancient watchtower



Dr Adam Brown, clinical director of Exile Medics



At the 346k point, L-R: Dr Sam Westall, Ben Watkins, Dr Brown



Ben Watkins and the race command vehicle



The medical team, after all the British runners are across the finishing line

My desert challenge

A light blinked on the horizon – dot-dot-dash-dot – stirring memories of learning Morse code at scout camp in Devon. But I was a long way from England and these lights were inching across what is known as the 'wind storage room' of north-west China – the Gobi desert. As if to emphasise the point, the tarpaulin billowed under another dusty gust.

Our medical tent was pitched in the relative shelter of a beacon tower in the ancient city of Tuhulu and the blinking light belonged to a runner in the Ultra Gobi race. This 400k non-stop race over desert, mountains and dried riverbeds must be completed within 149 hours in ferocious winds.

Over five days, 28 September to 4 October, an 11-strong team from the UK-based Exile Medics, which provides medical care for extreme events all over the planet, were there to support the super-human efforts of the athletes. There were checkpoints dotted along the historic Silk Road, complete with logistics, race officials, press, interpreters and Chinese medical staff. Periodically, the whole circus would load itself into convoy and move on to yet another breath-taking location.

The challenges of operating in China are considerable. Aside from gaining initial access to work in the region, the team had anticipated cultural and communication barriers to conspire with the alien, inhospitable landscape. Keeping a clinical workspace clean of dust for more than a few minutes was difficult and as the race leader crashed into the medical tent that night, the press cameras snapped,

UltraGobi

assistants rushed to fetch food and water and officials presented gifts to runners: unusual stones, chocolates and mooncake, a traditional treat at this time of year. All that activity encroached upon our clinical headspace and sometimes made it physically difficult to move around the runners, let alone assess them methodically.

Conflict and harmony

As sole physiotherapist in the British team, I worked alongside Sam Westall, a medical registrar from Liverpool. He displayed great humour and resolute patience, helpful when it came to prescribing medicines to exhausted athletes across multiple dialects. If there were several runners in the medical tent, we would try to match our skills to individual clinical need but, invariably, they all needed their feet checked and re-dressed. Sometimes large blisters had to be aspirated or antibiotics prescribed for those that had already popped and become suspect.

The smell in the crowded tent could be distinctly off but the runners were insightful about their bodies and interesting people who mostly all smiled throughout. I soon overcame my Englishness and returned athletes' hugs with equal gusto when they left to rejoin the race.

We were very lucky at our checkpoints to work with an excellent Chinese nurse, Sun Yu. Although she didn't speak English we managed with hand signals or expressions and after a day together understood what each other needed. I learned xiè xie, Mandarin for thank you, and Sun Yu would simply say okay, when she thought the foot care was good enough. Until I got her verbal approval, I tried not to breathe through my nose and kept working.

The harmony was fragile. Inevitably, at times, much like those tired feet rubbing away on the sand, friction arose between the teams. We had imagined there might be conflict between traditional Chinese and western medicine but, paradoxically, it was their strict adherence to the textbook that caused tension. One such difference of opinion involved the application of tape: our Chinese counterparts were rigid in their prescribed application techniques, whereas we preferred a more flexible approach to accommodate the athletes' preferences. Eventually, the UK team leader, Adam Brown, an emergency consultant from Bristol, was called in to mediate after one checkpoint became particularly confrontational. It was an interesting and slightly amusing insight into the contrasting approaches to 'evidence-based' medicine under the duress of sleep deprivation and the odd attack of what our hosts called 'Chinese bowel'.

'One athlete had to be tracked down and rescued from the desert, suffering from exhaustion and hypothermia'

Ben Watkins

The finishing line

Happily, the race concluded without serious incident or injury. One athlete had to be tracked down and rescued from the desert, suffering from exhaustion and hypothermia after going off course at night when the temperature drops. It was a great feeling to greet the athletes on the finishing line and feel as if, in some small way, we had helped them to get

there. After it was all over, we rewarded ourselves with fun and sightseeing in Beijing, visiting Tiananmen Square, the Forbidden City and the Great Wall of China before jetting home.

Back in England, I reflected on my first Ultra as a physiotherapist. I had seen acute stress fractures, strapped the worst-looking Achilles tendon I have seen (to my amazement, the doctors 25 miles on had reported it was holding firm, the athlete still going strong), experienced the buzz of working under the media spotlight and hammered along the dirt tracks of the Silk Road in a 4x4.

Most of all, I felt I had added value as a physiotherapist among experienced expedition medics in an austere environment when I hadn't been sure I'd be able to do that. So my advice would be this: worm your way in, get the gig first and find out what you can contribute later. You might be surprised where this old physio lark can take you. FL

Ben Watkins is a physiotherapist in Exeter and director of www.my-therapynetwork.com



Sam Westall reviews a runner's knee at the 346k checkpoint



Dr Westall waits for a runner to arrive

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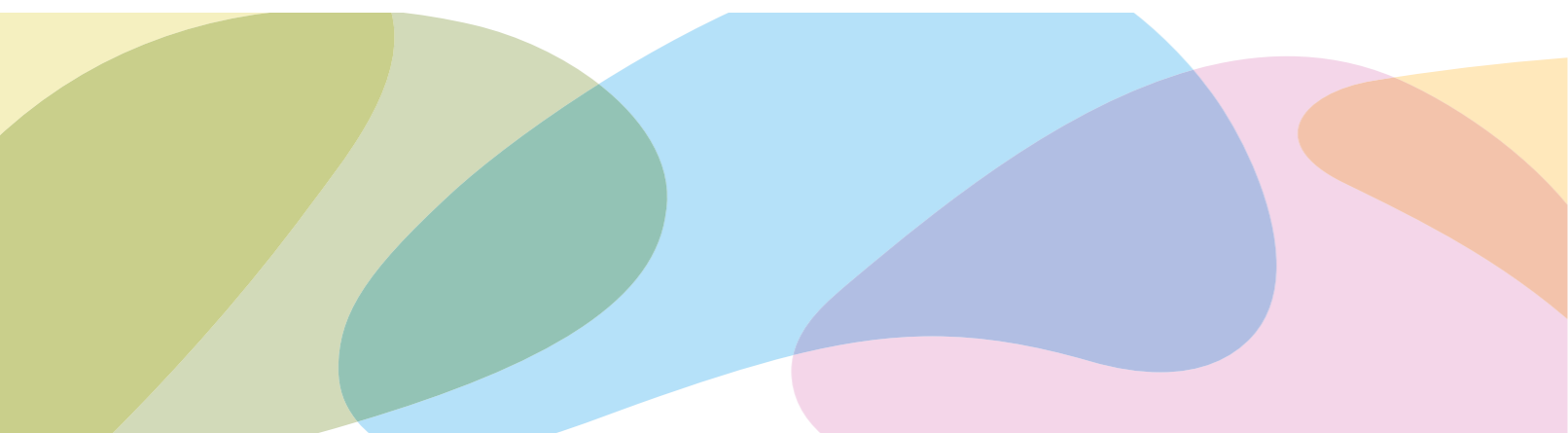
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CSP Council elections 2018

DO YOU WANT TO SHAPE THE FUTURE OF THE CSP?



If yes, then why not stand to be a member of CSP council? To find out what's involved and how to get elected, visit: www.csp.org.uk/council2018



InPerson

Could it be you?

CSP chief executive Karen Middleton encourages members to be part of the new-look council

Well, the year is coming to a close and the excitement of the CSP annual general meeting is over. Those of you who were there will appreciate that some critical decisions were taken which will shape our profession and the CSP for many years to come.

After two years of reviewing the governance arrangements at the CSP, of council proposing a new model and of intense engagement with members, we are now in the business of turning the decisions into operation, while continuing with the council and committee transition arrangements.

'Into operation' means launching the election process for the new council of 12 members. The council of 12 won't be doing the same as the council of 27, so this isn't just about structure. This council will be working at a much more strategic level, dealing with the big issues the physiotherapy profession and the CSP is facing. All 12 will be working with members much more all over the UK and making sure all 56,000 are engaged with the CSP strategy to deliver its mission and vision for physiotherapy.

I recognise that members giving of their time voluntarily is tough on top of everything else so it is important that being on council benefits you and your employer. It's very common in the medical world for doctors to be engaged in their professional body and trade union and to use their experience as part of their continuing professional development (CPD) and, indeed, as evidence in job applications.

I hope that the purpose of council – to lead the profession and provide governance to the CSP – will certainly provide plenty of CPD for members who stand. They'll need to understand organisational governance, working strategically (so many ask me 'what does that mean?'), finance, grappling with difficult professional dilemmas, debating in a diverse forum, public speaking ... the list goes on.

Of course, we want a diverse range of members to stand for council, the governing body for the CSP and our profession, but it will be down to the membership to choose the 12 best leaders for the profession. For the first time, all members will be able to vote for all council members. So the membership, too, has a responsibility to choose a diverse council.

This is critical because we know that while a diverse group of people can make debate more challenging, it is also likely to produce a much better outcome. Diversity avoids group think and with 12 physiotherapists we already have a pretty homogenous group! Evidence shows that diversity brings improved performance and productivity.

It is imperative that the membership digests the evidence that candidates put forward to see if they fulfil the competence required and whether the 12 reflects the diversity of the profession. And remember that diversity can relate to the ethnicity, LGBT (lesbian, gay, bisexual or transgender) identity, disability, religious beliefs or caring responsibilities of members as well as clinical expertise or work setting. Lastly, the issue of the



12 best leaders. Anyone who was at #Physio17 will have seen and heard some fantastic examples of leadership from all parts of the membership and from all levels, including associates and students. Leadership is not about position but about influence and creating 'followership'.

So as the year closes, and most are looking forward to a well-earned break over Christmas, I ask you to read the information about council and the elections.

While there will be plenty of other ways to engage and influence the work of the CSP, this is an opportunity to shape the profession and the organisation. With 2018 looming, why not think about being there at the beginning of something that members will one day see as a seminal moment.

Thanks everyone – and if you've any queries about what the role might involve, please contact CSP chair Catherine Pope (email popcec@csp.org.uk) or read her blog at www.csp.org.uk/your-profession-needs-you. Bring on 2018! FL

Contact Karen: middletonk@csp.org.uk



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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

Frontline schedule

Issue date	Booking deadline
3 Jan 2018	4 Dec 2017
17 Jan 2018	2 Jan 2018
7 Feb 2018	22 Jan 2018
21 Feb 2018	5 Feb 2018

p56 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 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.

Online
Create your course advert online by using our easy to use website. Go to: www.csp.org.uk/courseadverts

Please note The courses and conferences advertised in this section have not been subject to the CSP's formal recognition processes unless explicitly stated. *Frontline* accepts advertisements in good faith and is not responsible for the content of advertised events (except those delivered by the CSP itself). In the event of queries or comments relating to a specific course or conference, please contact the relevant organiser directly. Please see additional *Guidance for Members* in this section on broader issues relating to CPD, competence and scope of practice.

p60 Recruitment

Advertise your vacancy, agency or service in *Frontline*, or online at www.jobscalator.com by contacting our advertising agents, Media Shed, on tel: **0845 600 1394** or email: cspads@media-shed.co.uk

Send your completed display artwork or contact Media Shed to discuss typesetting options. Alternatively submit your text for our lineage section. Call Media Shed to discuss rates.



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

Want to help promote physiotherapy in 2018?

The CSP has made it as simple as possible for members to help raise the profile of physiotherapy. This list gives a few ideas of how you can support CSP campaigns. For more information and support on promoting physiotherapy in your region contact the CSPs campaigns and regional engagement team (CRE) at: cre@csp.org.uk

Rehab Matters – csp.org.uk/rehabmatters Share this film about the impact that rehab has on patients, with the public and decision-makers. On Twitter use #RehabMatters

Falls prevention & exercise advice for older people – csp.org.uk/opd Encourage your local GP to show the falls prevention animation on their waiting room screens. Present on falls prevention to patients and decision-makers using bespoke powerpoint presentations developed with help from AGILE. Share the falls animation on your social media profiles

Backpain Mythbusters – csp.org.uk/yourback Share the back pain animation with the public and decision-makers and on your social media profile. Hand out the '10 things you need to know about your back' leaflet to patients and patient groups.

Think Physio for Primary Care – Influencing GPs and practice managers at a local level to run first contact physio is a key priority for 2018. The 'Think Physio for Primary Care' document is a great tool to help with

influencing. To order a hard copy contact The enquiries team or view it online at: <http://bit.ly/2jfVqAQ>

The CSP English regional network teams and the CSP campaigns and regional engagement team would like to wish all members a very happy Christmas and best wishes for the new year. As we look back on 2017, here are some fond memories of members helping to promote physiotherapy this year – thank you to all of you for helping communicate the value of physiotherapy across the nation!



Students in MSK placements productivity, quality & legacy' an event for practice educators and clinicians



Emma Graham, Maggie Throup MP and Jackie Danvers



Left to right, Marie-Claire Wadley, Mandy Pike, Karen Middleton, Cate Leighton, Beverley Harden outside the Winchester Guildhall



Jonathan Humberstone, Cathy Burton, Ruwani Mawella and Dr Coffey at an Older People's Day event in the East Midlands



Julie Jones, Justin Madders MP, Helen Spreadborough



Krys Czajkowski, Paula Coelho & Efen Lagat promote physio at the Mayor's Newham Show



Marlon and Eleanor Mata promote physio to decision makers at the North East London Health and Care Partnership Launch event



NE Hants and Farnham CCG Workout@Work



Nick Livadas and Roisin Fallen-Bailey at the inaugural NE MSK Society conference in September



North East member of the year, Rob Goddard (left) and Nick Livadas



North Hampshire CCG with CSP physiotherapists



Members competing in a race to cover as many miles as possible across Oxfordshire for W@W! 2017



Physios in force at the AHP conference



Sean Anstee, Sue Pattison and Bury MS Society members



Richmond Stace, Maria Lekan-Ashimi and Karen Fergus promoting physio to Waltham Forest Mayor Cllr Osho and leader Clare Coghill



SEC team with Karen Middleton



South Central at ARC 2017



West Midlands – Helen Owen, Phil Hulse and Lyn Ankcorn >

London**Do you believe Rehab Matters?**

High quality community rehab transforms lives and is key to improving the NHS and social care sustainability for the future. Therefore it affects us all.

Regardless of your own clinical area(s) of interest, please help the London regional network (LRN) to advance this major new CSP campaign.

The core group of the London regional network is recruiting your ideas about how to best promote and support this campaign in London during 2018. So, please email any suggestions for events and activities that members in London can share to promote the campaign, to London regional network honorary chair, Carole McCarthy, at: londonchair@csp.org.uk

With over 7,000 members in London, together we can make an impact – thank you.

To keep up to date with your region visit: www.csp.org.uk/nations-regions/london
Follow us on Twitter: @CSPLondon

East Midlands**Do you want to meet the leaders of your regional network?**

If so, the CSP East Midlands regional network core team has issued an open invite to all East Mids members to join them for an informal get together on the evening of Thursday, 18 January at The Otter in Kegworth.

The get-together will be your chance to find out more about the network and input your ideas into plans for the region.

All CSP members can attend and get involved. So whether you're retired, a student, a full member or associate, privately employed or an NHS employee there's nothing stopping you.

There is no need to register to attend the get together, but for more details email: chappellc@csp.org.uk

To keep up to date with your region visit: www.csp.org.uk/nations-regions/east-midlands
Follow us on Twitter: @CSPEastMidlands
Like us on Facebook: @CSPEMRN

West Midlands**CSP West Midlands ERN AGM and professional forum**

Date: Monday 19 March 2018

Time: AGM (including election of core team) 9.30am, English regional network meeting 10am

Place: TBA – details will also be published online on the West Midlands CSP regional web page once confirmed

Cost: Free to members

To keep up to date with your region visit: www.csp.org.uk/nations-regions/west-midlands
Follow us on Twitter: @WestMidlandsCSP
Like us on Facebook: @WestMidlandsCSP

South Central**Guernsey physiotherapists promote profession to deputies**

Since the establishment of a physiotherapy network on the Bailiwick earlier this year, members have hit the ground running promoting the profession following a face-to-face meeting with Mark De Garis, chief secretary, committee health and social care and deputy Heidi Soulsby, president, committee health and social care.

The meeting presented an opportunity to discuss the scope of physiotherapy, referral pathways and how the profession can assist the HSC transformation project. The officials welcomed members' input and the group have since developed a response to the States' proposals on the transformation of health and care services in the Bailiwick of Guernsey with support from the CSP.

The group are looking forward to 2018 and are planning a schedule of CPD events for members throughout the year. Members can subscribe to the iCSP Guernsey Group at: www.csp.org.uk/icsp/guernsey-support
To contact the group directly, email: physioguernsey@csp.org.uk

CSP South Central needs you!

We are actively recruiting more members to join our core team. If you want the opportunity to help promote physiotherapy in your area and get some fantastic CPD then please contact Mandy Pike or Marie-Clare Wadley, CSP South Central joint chairs, by emailing: southcentralchair@csp.org.uk

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-central
Follow us on Twitter: @CSPSouthcentral
Like us on Facebook, email: southcentralchair@csp.org.uk for the link.

South East Coast

For news, events and updates from your visit: www.csp.org.uk/nations-regions/south-east-coast
Follow us on Twitter: @CSPSouthEast

North East**Nick Livadas, clinical manager at Physiotherapy Matters Ltd, has been selected to receive the North East member of the year award**

The CSP North East regional network core team selected Mr Livadas, who received multiple nominations, as the award winner because of his commitment to improving standards of clinical practice through the provision of CPD, commitment to promoting the profession and his work establishing the North East Musculoskeletal Society. The society regularly attracts more than 100 physiotherapists to the quarterly CPD seminars.

The nomination was accompanied by evidence including positive feedback from patients and colleagues as well as a local GP.

Robert Goddard, honorary chair of the North East regional network, said: 'We decided to select Nick for the award because of his commitment to supporting and encouraging members in the North East and in particular the access to free CPD for significant numbers of members. Nick will receive a prize equivalent to his 2016 CSP membership fee. Well done Nick!'

To keep up to date with your region visit: www.csp.org.uk/nations-regions/north-east
Follow us on Twitter: @CSPNortheast
Like us on Facebook: @CSPNortheast

East of England**CSP East of England needs you!**

The CSP East of England regional network is actively recruiting more members to join our core team. If you want the opportunity to help promote physiotherapy in your area and get some fantastic CPD then please contact: chappellc@csp.org.uk to find out more about what's involved and express an interest.

Date for your diary

The next East of England event will be taking

place on Wednesday, 21 March in Newmarket. The event will include the network's AGM as well as a presentation and Q&A session on physiotherapy apprenticeships. Please hold the date in your diary and keep reading *Frontline* for more information on the programme and how to book your place.

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

Follow us on Twitter: @PhysioEast
Like us on Facebook: @CSPEastofEnglandregionalnetwork

South West

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-west

Follow us on Twitter: @CSPsouthwest

Yorkshire and Humber

The next free CSP Yorkshire and Humber regional network event will take place on Friday, 26 January in York. Please hold the date in your calendar and keep reading *Frontline* and the regional iCSP pages for more information and details on when tickets are available.

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

Follow us on Twitter: @CSPYorksHumber

North West

To keep up to date with your region visit: www.csp.org.uk/nations-regions/north-west

**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

Professional networks news**Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent****BBTA Short course: Ataxia**

Tutors: Ann Holland and Janice Champion

Date: Saturday 12 May 2018

Place: Stroke Gymnasium, Maidstone Hospital, Maidstone

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.

The course will provide participants with the opportunity to review the current evidence base as well as identify and modify existing knowledge in relation to practice based on the Bobath concept.

Cost: ACPIN Members £65, non-members £80 includes refreshments (but not lunch).

Contact: Email: kent@acpin.net to book your place or for further information. Booking deadline 1 March 2018.

Association of Chartered Physiotherapists in Neurology (ACPIN)**ACPIN Awards 2018**

The Association of Chartered Physiotherapists in Neurology (ACPIN) 2018 conference will host the third ACPIN Awards ceremony. The conference will be held at the Hilton Hotel, Deansgate, Manchester on 19 and 20 March 2018. Three types of awards, distinguished service, fellowship, and honorary fellowship will be awarded.

ACPIN members are invited to submit nominations for these awards. Completed nomination forms must be sent to the ACPIN board member for marketing and publicity at: marketing@acpin.net by 5pm Friday 9 December 2017. Full details are available on: www.acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Merseyside**Shoulder pain in the neurological patient: steps to success**

An evidence-based look at the shoulder complex including:

- understanding the dynamic stabilisers
- differential diagnosis: Getting decision-making right
- treatment – where to start? >

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- barriers to success and case studies.

Tutor: Jo Gibson, MSc MCSP

Date: Friday 5 January 2018 5.30pm-8pm and Saturday 6 January 2018 9am-5pm

Place: Sid Watkins Building, The Walton Centre NHS Foundation Trust, Lower Lane, Liverpool L9 7LJ

Cost: ACPIN members £95, non-members £120

To book: Please contact: merseyside@acpin.net to request an application form to book a place.

The Bobath concept: The 24-hour approach to recovery and functional skill acquisition in neurological rehabilitation – A problem-solving workshop

This day and a half day themed workshop will cover the following learning outcomes:

1. to discuss postural and motor control, neuroplasticity and motor learning in to recovery of function in the neurological patient
2. to have an understanding of factors that influence task practice and skill acquisition
3. to develop human movement analysis skills, especially in relation to specific task

analysis – to progress treatment intervention and task practice in the neurologically impaired patient.

Tutor: Clare Fraser, BBTA tutor, clinical director at Therapy Matters, neurological physiotherapy and rehabilitation clinic.

Date: Saturday 10 March 2018 8.45am-4.30pm, Sunday 11 March 2018 9am-1pm

Place: Therapy Matters, Aldford House, Bell Meadow Business Park, Park Lane, Cuckoos Nest, Pulford, Chester CH4 9EP

Cost: ACPIN Members: £90, non ACPIN members: £110

To book: Please contact: merseyside@acpin.net to request an application form to book a place.

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP) ATOCP Awards

The 2017 ATOCP Awards are now open for entries. Please see website: <http://atocp.csp.org.uk> for more information. Categories include doctorate, MSc, professional (eg: audit) and undergraduate. Prizes of £250.

The ATOCP has opened more local branches

and now runs several education evenings in the following areas: Scotland, North West, South Wales, Oxford, South and London. If you require any further information please email: atocpchair@gmail.com

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)

Advanced pelvic floor course: In-depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunctions FULLY BOOKED

Date: 26-28 January 2018

Place: Bradford

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

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – Part 1

Date: 2-4 February 2018

Place: Henley-on-Thames, Oxfordshire

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

Physiotherapy assessment and management of female urinary dysfunction

Date: 2-4 March 2018

Place: Scunthorpe, North Lincolnshire

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 17 March 2018

Place: London

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: 21 April 2018

Place: Wishaw, Glasgow

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

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – Part 1

Date: 11-13 May 2018

Place: Wishaw, Glasgow

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 19 May 2018

Place: Milngavie, Glasgow

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

Advanced pelvic floor course: In-depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunctions

Date: 14-16 September 2018

Place: Chertsey, Surrey

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

Advancing your skills into men's health

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

Date: 29 September 2018

Place: Milton Keynes

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

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>

Email our course administrator at:

pogpcourses@yahoo.com

Follow us on Twitter: @ThePOGP

Check out: pogp.csp.org.uk for information on bursaries and funding opportunities.

Acupuncture Association of Chartered Physiotherapists (AACP)

Upcoming CPD courses

Electroacupuncture

Date: 7 January

Place: Crewe

Trigger points

Date: 13 January

Place: Wirral

Fascia and anatomy

Date: 26 January

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: 20 and 21 January 2018, 3 and 4

February and 17 and 18 March 2018

Place: Warwickshire

Dates: 27 and 28 January, 10 and 11

February and 24 and 25 March 2018

Place: London

Dates: 3, 4, 17 and 18 February and 14 and

15 April 2018

Place: Stratford Upon Avon

Cost: £495 – Including one years full membership of the AACP with many benefits!

To book: Visit www.aacp.org.uk > Training and Conferences > Foundation Courses or CPD Courses

Tel: 01733 390007 #3

Email: 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 advisor, at: research@aacp.org.uk or see the AACP website: www.aacp.org.uk

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

ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics. Registered members of ACPOHE are physiotherapists who have demonstrated specialist competency in the fields of occupational health or ergonomics.

Manual handling: Train the trainer

Date: 27 January 2018

Place: Bury St Edmunds

Cost: £150 members, £210 non-members

Introduction to applied ergonomics

Date: 23-24 February 2018

Place: Snow Hill, Birmingham

Cost: £320 members, £380 non-members

Assessing fitness for work and function

Date: 16-17 March 2018

Place: Islington, London

Cost: £300 ACPOHE members only

Occupational rehabilitation and work hardening

Date: 21-22 April 2018

Place: Ashbourne

Cost: £300 ACPOHE members only

Introduction to applied ergonomics

Date: 14-15 September 2018

Place: Islington, London

Cost: £300 members, £360 non-members

Contact: Administrator, Tracy, on tel: 01284

748202 email: acpohe@buryphysio.co.uk

Medico Legal Association of Chartered Physiotherapists (MLACP)

Paediatric and adult neurology: The role of the physiotherapist as an expert witness

Date: Wednesday 25 April and Thursday 26

April 2018

Place: CSP, 14 Bedford Row, London WC1R 4ED

Cost: £300 MLACP members, £350 non-

members

Contact: For further details email: info@mlacp.org.uk

or visit: www.mlacp.org.uk

or visit: www.mlacp.org.uk

Physiotherapy Pain Association (PPA)

The PPA Introductory course:

Psychologically informed approaches

to physiotherapy assessment and

management of pain

Tutors: Dr Pete Gladwell and Emma Bartlett

Date: Saturday 10 and Sunday 11 March

2018

Time: 9.30am-4.30pm

Place: Weston General Hospital, Grange Road,

Uphill, Weston Super Mare BS23 4TQ

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

Contact: Email: ptecourses@gmail.com

British Association of Bobath Trained Therapists (BABTT)

Founder Mrs Jennifer Bryce MBE FCSP

Training day – Therapeutic management of

children who have dyskinetic cerebral palsy

Led by: Christine Barber, director of clinical

services, The Bobath Centre, London

Date: Friday 19 January 2018

Place: Bobath Children's Therapy Centre

Wales, Cardiff

Cost: £70 >

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*CSP member discount has been applied to all prices shown online

This event is open to BABTT members only. Due to the practical nature of this day, there will be a limit of 24 places. Places will be allocated on a first-come basis – upon receipt of completed application form and payment. **Contact:** Enquiries to: sandra.mackay@bobath.scot

Education day – Dyskinetic cerebral palsy update: What is new in measurement and management?

Date: Saturday 20 January 2018

Time: 9am-5pm

Place: Bobath Children's Therapy Centre Wales, Cardiff

This event is open to anyone with an interest in the field. Topics will include:

- recognition, discrimination and measurement of dyskinetic cerebral palsy, Dr Elegast Monbaliu and professor Bernard Dan
- Bobath approach to treatment of children who have dyskinetic CP, Christine Barber
- communication in children who have dyskinetic CP, Rina Van der Walt
- promoting function in children who have Dyskinetic CP, speaker tbc
- medical interventions for dyskinetic CP,

Professor Bernard Dan.

Cost: Members £70, non-members £90.

More details to follow.

Contact: Enquiries to: sandra.mackay@bobath.scot

Physio First

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4. Do you want access to our 'Data for impact' reports to help demonstrate your quality and evidence based cost effectiveness?
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Contact: To join or for further information see our website: www.physiofirst.org.uk

Musculoskeletal Association of Chartered Physiotherapists (MACP)

Spinal masqueraders: Expanded

Following on from the highly regarded spinal masqueraders study day, the MACP have developed a further stand-alone course designed to enhance awareness and clinical reasoning in the management of non-musculoskeletal causes of back and radiating leg pain. Spinal masqueraders: Expanded covers new issues not covered on the original study day. Developed from delegate feedback and evolving evidence, attendance on the original masqueraders study day is not a prerequisite to this course. Knowledge and skills gained from the first course will however be further enhanced and new skills accrued.

Date: 17 February 2018, 9am-4.30pm

(Registration 8.30am)

Place: The Royal London Hospital, Outpatient Therapies Department

Cost: £110 MACP members, £130 non-members

Facilitators: Laura Finucane, consultant musculoskeletal physiotherapist, East Surrey Hospital. Christopher Mercer, consultant musculoskeletal physiotherapist, Western Sussex Hospitals. Sue Greenhalgh, consultant musculoskeletal physiotherapist, Bolton Primary Care Trust

Contact: Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Manual therapy in early-stage knee rehabilitation

The early-stage of rehabilitation after acute knee injury and surgery is the most important stage of a rehabilitation process intended to restore knee functional joint stability. The purpose of this course is to present a rational, evidence-informed, multi-modal approach to integrating manual therapy, taping, and exercise therapy. Emphasis is placed on clinical reasoning, practical manual therapy, taping, and exercise therapy techniques that are targeted at enhancing knee joint mobility, proprioception, and neuromuscular control in early-stage knee rehabilitation for acute injury and surgery.

Facilitator: Dr Nicholas C. Clark, PhD, MSc, MCSP, MMAPC, CSCS

Date: Saturday 3 March 2018

Registration: 8.30am-9am, course runs 9am-5pm

Place: Therapies Department, The Royal London Hospital, Whitechapel Road, London E1 1BB

Cost: £125 MACP members, £135 non-members

Contact: Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Moving beyond exercises for managing patellofemoral pain: Expanding the need for tailored management

This exciting, practical and innovative course will focus on tailored treatment and how it can be applied in clinical practice. The tutors will present methods for identification of the primary symptom driver and examine tools that can be easily adopted within the clinical setting.

This course will provide you with a broader approach to understand, stratify and manage individuals with a diagnosis of patellofemoral

pain. Most importantly, this course will provide you with the practical and clinically applicable knowledge and competences when you encounter a patient with patellofemoral pain.

Date: Saturday 14 April 2018

Place: The Royal London Hospital, Whitechapel Road, London E1 1BB

Cost: £130 MACP member £140 non-members

Facilitators: Simon Lack MSc (sports and exercise medicine) BSc (Hons) MCS and Bradley Stephen Neal MSc (Adv Phys) BSc (Hons) MCSP

Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Association of Paediatric Chartered Physiotherapists (APCP)

APCP Respiratory workshops – Respiratory update for paediatric physiotherapists working in the UK

Date: January 2018

Place: Liverpool (TBC)

Cost: £75 APCP and ACPRC members, £115 non-members

Contact: For further information or to book your place, visit: <http://apcp.csp.org.uk/respiratory-committee>

British Association of Hand Therapists (BAHT)

Date: 5-7 February 2018

Place: Cardiff and Vale Therapy Centre

Contact: Jennifer Hall/Kate Lane on tel: 02920 335269 email: jennifer.hall@wales.nhs.uk

or: kate.lane@wales.nhs.uk

Date: 16-18 May 2018

Place: Mount Vernon Hospital, Middlesex

Contact: Juliette Bray on tel: 020 7317 7703 email: juliette.bray@nhs.net

Date: 12-14 September 2018

Place: London

Contact: See: www.neshands.co.uk

Date: 28-30 November 2018

Place: Enterprise Centre, Derby

Contact: Linda Tozer on tel: 01332 787491 email: linda.tozer1@nhs.net

Level 2 courses

PIPJ (NES)

Date: 25-27 January 2018

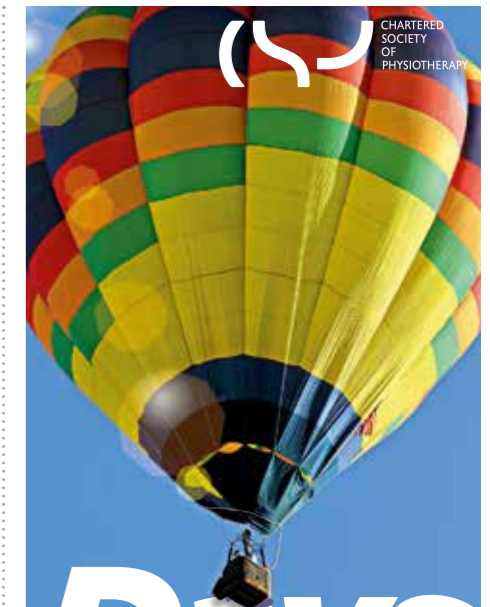
Place: William Harvey Hospital, Ashford, Kent

Contact: Michael Keane at: ekh-tr.KCHHandTherapy@nhs.net

See: www.neshands.co.uk Tel: 01227 783195

Wrist (NES)

Date: 25-27 April 2018 >



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#PhysioPriorities

Have your say on the future of physiotherapy

How would you rank the research priorities for physiotherapy?
Complete our prioritisation survey and let us know at:

www.csp.org.uk/priorities

Place: Chesterfield Royal Hospital

Contact: Sarah Barnard at: sarahbarnard1@nhs.net See: www.neshands.co.uk Tel: 01246 512177

Splinting: A clinical reasoning approach

Date: 24-26 June 2018

Place: Chelmsford, Essex

Contact: Debbie Miles at: hand-ed@outlook.com

Optimising soft tissue repair

Date: 21-23 September 2018

Place: Mount Vernon Hospital, Northwood

Contact: Nikki Burr/Ella Donnison, email: handtherapy@sky.com Tel: 07766554787

Surgery and therapy management of flexor/extensor tendon injuries to the hand

Date: September 2018

Place: Queen Elizabeth Hospital, Birmingham

Contact: Suzanne Beale, email: suzanne.beale@uhb.nhs.uk Tel: 0121 3713488

Radiographic imaging of the hand

Date: 3-5 October 2018

Place: University of Derby Enterprise Centre

Contact: Ella Donnison, email: linda.tozer1@nhs.net Tel: 01332 786964

PIPJ (NES)

Date: 6-8 December 2018

Place: Queen Alexandra Hospital, Portsmouth

Contact: Gemma Willis at: gemma.willis@porthospi.nhs.uk See: www.neshands.co.uk Tel: 02392 286130/02392 286899

Burn injuries of the hand and upper limb

Date: TBC

Place: Park Inn Hotel, Nottingham

Contact: Nicole Glassey, email: n.glassey@ntlworld.com Tel: 07901500713

Level 3 courses

B94027 Contemporary practices in injection therapy (upper limb)

Date: February 2018

Place: Nottingham

Contact: Sharon Goodwin, email: Sharon.goodwin@nottingham.ac.uk Tel: 0115 8231927.

Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)

Save the date: ACPIVR AGM and study day 2018 with Susan Herdman

Date: 19 May 2018

Place: Lecture theatre, 33 Queen Square, National Hospital for Neurology and Neurosurgery WC1N 3BG

Topic: Vestibular treatment

Description: Join us for this exciting study day and AGM with the world renowned

Professor Susan Herdman. Professor Herdman is a pioneer in vestibular rehabilitation and is considered a world authority due to her outstanding clinical research. She has recently retired and this may be her last visit to the UK, so don't miss out!

Contact: The full programme and list of speakers will be available soon and booking will be open in the New Year at: www.acpivr.com/news-events/

Other groups news / events

CSP Diversity Networks

The CSP diversity networks are for any members who self-identify as disabled, are from black or minority ethnic (BME) groups or are lesbian, gay, bisexual or transgender (LGBT+). Please come along to network meetings for discussion, peer support, CPD and a warm welcome.

Upcoming meetings:

BME Network

Date: 25 September 2018

Disabled members network

Date: 9 October 2018

LGBT+ members network

Date: 13 November 2018

Place: All meetings are held at the CSP in London

Contact: Please contact Gill Feldman at: feldmang@csp.org.uk with any queries.

Physiotherapy for hyperventilation

We are in the process of re-vamping our website and are aware that many of the contact details of the site are out of date. If you treat hyperventilation or dysfunctional breathing and would like to be listed on the new site please email: louisa.stonehewer@uhcw.nhs.uk

Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD)

Physiotherapy management of Temporomandibular Disorders (TMD)

Tutor: Phil Bateman

Date: Saturday 27 January 2018

Place: St Georges Hospital, St James Wing, Ground Floor, Blackshaw Road, London SW17 0QT

Cost: £149 (early bird discount of £129 if booked by 1 January 2018)

This one day course reviews:

- relevant clinical anatomy
- physiotherapy assessment of the masticatory system

- classification of common TMD's
- theoretical and practical aspects of physiotherapy management
- case studies and clinical reasoning.

Contact: Cathy Gordon at cathy.gordon@stockport.nhs.uk for further information and an application form.

Charity news / events

Working with charities to help tackle challenges in special needs school in Kenya

Neurological physiotherapist Emily Buckle spent two weeks in north east Kenya, as part of a multi-disciplinary team with the Akamba Aid Fund.

Emily and Rachel Pragnell (an occupational therapist) spent the majority of their time working at a special needs school for those with mental and physical health problems.

Kenya sadly does not have a system to support children born with disabilities and therefore this unique school is a vital resource for children and their families, explained Emily.

It has links with a mainstream primary school that allows the children to receive an education and sit their primary school exams.

Emily and Rachel ran a clinic to establish treatment plans for those with physical difficulties and workshops that included crafts, music, dancing, sensory activities and sports. They also introduced the Ruby Cup (menstrual device) for suitable pupils, to improve hygiene for the young women and their caregivers. Menstruating females often miss school days due to the lack of affordable hygiene products and this is a particular focus for the Akamba Aid Fund charity.

Alongside their direct work, a collaboration was established with Motivation, a British based charity, to assess and issue suitable wheelchairs and walking aids to the students.

Emily also provided physiotherapy training session for clinic staff including awareness of the profession, getting someone out of bed, focusing on end stage HIV and looking after themselves as workers. As part of this, they donned the CSPs Work out at Work t-shirts and completed a seated workout.

'Having not visited this school for five years, I could not believe how far the young people had progressed with regards to their social skills and interaction,' Emily said.



Pictured above: Work out at work – Emily Buckle gives a seated workout for clinic staff at the Tei Wa Yesu family care centre in eastern Kenya

'They were attentive, co-operative and well disciplined. Their eagerness to participate was heartening and there is no doubt that this was a mutually beneficial experience. Sadly we only had two weeks, but I hope we have left the staff with lots of ideas for future activities and I plan to return in a few years to see their development. Meanwhile, we will continue to support them with fundraising and building our collaborations here in the UK.'

To find out more about the charity's projects, visit their website www.akambaaidfund.org or follow them on social media @AkambaAidFund

Retirement groups' news/events



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

Physiotherapy UK, Conference and trade exhibition, Birmingham 10-11 November

I attended the exhibition to promote the CSPRA and we shared a stand with MBF. This is a most interesting event and as our stand was

quiet I wandered around the 89 stands and caught up with old colleagues on the paediatric stand.

I was fascinated by how much technology is creeping into our profession, with exercise apps to talking technology which produce medical reports no longer using audio typing. An eminent knee surgeon and I talked at length about benefits of post-surgery physiotherapy to aid a good recovery outcome. He has developed a computer based knee rehab programme. There was some exciting new inventions for exercise and fitness from Spain and advanced splinting techniques to increase joint range from Australia. A state of the art walker for neurological conditions to prevent falls was complete with laser lights! I really enjoyed my visit and may be now I feel inspired to buy a new iPhone and progress into the 21st century!

Judith Saunders (Chair CSPRA)

Glasgow physio retirement group

A small group of us met on Wednesday 8th November at the Royal Concert Hall in Glasgow, and had a lovely catch up and lunch together.

Our next get together is at 1pm on Wednesday 7 February 2018 at Cafe Fame on Hope Street in Glasgow.

Please let us know at least two weeks in advance if you would like to come along as we will need to book a table. If you would like to join us, please contact Anne at: a_forrester50@hotmail.com

Message from the CSPRA committee

Judith and the committee would like to wish all our members a Happy Christmas and a peaceful New Year. We are always looking for members to come and join the committee. We usually meet four times a year at Bedford Row and our next meeting will be on Wednesday 21 February 2018. If you would like to come along and observe you would be more than welcome. Contact Judith at: judith6072@hotmail.co.uk >

Thinking of having a reunion?

Need to contact old friends?

Send an email to networkads@csp.org.uk

Don't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!

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/diversity

or email: belmontj@csp.org.uk



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Reunions



Thinking of having a reunion?

Need to contact old friends?

Send an email to networkads@csp.org.uk

Don't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!

St Thomas's School of Physiotherapy 1985-88

Next year marks 30 years since we qualified, and we wondered if we could really try to get the whole set together? Morag and Derrick are joining us from Australia and USA respectively, and we hope to find everyone else.

We are planning to meet for the weekend of 30 June 2018 in Edinburgh. We will have a big night out on the Saturday but are planning to do something during the day on Saturday – any ideas gratefully received. Please mail Emily at: goodlads2@yahoo.co.uk or Nicci at: nicci@thecaswells.uk or Selina at: selinacollinson@btinternet.com to confirm you can join us and who you are in touch with to spread the word.

Middlesex Hospital 1975-1978 sets

Jane (Harland), Karen (Horsley) and Ruth (Jones) will be meeting for a 40 year reunion lunch on Saturday 22 September 2018, 1pm in Sheffield, venue to be confirmed. We hope as many as possible will join us so if you are interested please contact Ruth at: ruth_vaughan@btinternet.com

Bradford Hospitals School of Physiotherapy 1984-1987 set

30 year reunion... we would like to contact as many of our set as possible for a reunion in Yorkshire in the autumn. Please contact Rona King at: ronaelizabeth@yahoo.co.uk or tel: 07974 181301 or Steve Redmond at: steve.redmond@ntlworld.com or tel: 07973 687378.

Pinderfields College of RG's 1975-1978

As we are all nearing or have reached 60 we are planning another get together this October – anyone interested in joining us please get in touch with Carol Adkins (Gant) or David Hughes. We've got in touch with most of the set but would really like to find Iain Mitchell and Sheila Beck. Please email: carolbphc@gmail.com or email: david.hughes46@sky.com

Brighton University Graduates 1993 (First cohort at Brighton!)

I'm looking to arrange a 25th year reunion for next year. If you are interested please go to the Facebook page: 'Brighton Uni Physio 25th Anniversary 2018' or email me at: cjmallows@aol.com Look forward to hearing from you.

Royal Liverpool Hospital College 1978-1981

Next year marks 40 years since we started our training, and I wondered if any of my fellow students would be interested in a reunion in Liverpool next summer? I would love to catch up with you. If you are interested, email me at: lesley.walters@hotmail.co.uk or visit my Facebook page (Lesley Walters), or the FB page I have set up called Royal Liverpool Hospital College School of Physiotherapy 78-81. *Lesley Walters (nee Pritchard).*

Guy's Hospital School of Physiotherapy 1975-1978. B and C Sets

Let's have a 40 year reunion in 2018. Ali, Beth, Maggie, Mary, Sally and Sue Rogers are in touch with each other and we would like to meet up with the rest of our two sets, in 2018. Please get in touch and then we can arrange a convenient date and venue. Contact: maggieboase@hotmail.co.uk

Newcastle Polytechnic School of Physiotherapy 1984-1987

2017 is our 30th year since graduating. I am sure we all have so many stories to share. If you would like to meet up again in the summer please let me know, I am happy to coordinate something. Come back to Newcastle and see how much has changed. Please contact Louise Lewis (nee Gilchrist) at: loulew@live.co.uk or text to: 07986 563175.

Withington School Physiotherapy 40-year reunion (1974-77)



This great event took place on Saturday 21 October at The Midland Hotel, Manchester where we enjoyed a wonderful champagne afternoon tea and lots of chat catching up on the last 40 years.

Fifteen people attended and we are planning another event in five years time.

If you are interested in hearing what your colleagues are up to or want to get your name down for the next reunion, please contact Gaye Jackson nee Crompton at: gayejackson@btinternet.com

Guy's Hospital Physiotherapists Association (GHPA) Centenary

Guy's Hospital Physiotherapists Association (GHPA) commemorated its Centenary on 7 October with a celebratory reunion meeting and lunch in the Robens Suite, Guy's Hospital. The first meeting of what was then Guy's Hospital Massage Association (GHMA) was held on 13 December 1917.

Since then the Association, albeit with a few name changes, has remained true to the primary objective articulated so long ago in the record of that very first meeting 'that an Association is to be formed as a means of uniting all students, past, present and future of the Massage School, Guy's Hospital'.

Such was the response to the notice of the Centenary Reunion that the maximum number (130) Guys could accommodate was reached within about a month and a fairly lengthy waiting list was necessary.



Pictured above: Our oldest member, Bunty Leatherdale, cutting the cake



It was, indeed, a wonderful day. All who came seemed to thoroughly enjoy themselves and with crackers, menu cards, flowers and balloons all in the Guy's blue and gold colours giving a really special feel to a rather special day.

Guy's catering produced a lovely buffet lunch and our celebratory cake was complemented with glasses of fizz! >

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www.csp.org.uk/membership

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www.csp.org.uk/cspplus

GHPA holds a reunion every other year at Guy's and our next date is 5 October 2019. Notice of that meeting and contact details together with an account of our reunion and some of the many photographs which were taken will be on the GHPA website: www.gHPA.org.uk We welcome all our members and any who might wish to join GHPA. Contact: **Jackie Anderson, GHPA honorary secretary**, at: jackie.saracen@gmail.com

Bradford Hospitals School of Physiotherapy reunion



Bradford Hospitals School of Physiotherapy 1984 to 1987 set held their 30 year reunion in Harrogate on 28 October. Thirteen of the set had dinner at The Old Swan Hotel and we were able to also read messages from others who were unable to attend. We plan to make this a more regular event as it was 20 years since the last reunion! It was a superb evening and amazingly everyone looked exactly the same... must be the Yorkshire air in our youth! It was also heartening to discover everyone was still working in the profession in various fields both in the UK and as far afield as Canada and New Zealand.
Rona King



Thinking of having a reunion?

Need to contact old friends?
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Don't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!

Obituary

Janet Mary Simpson, PhD, FCSP.
16/12/37-24/8/17



Janet was a physiotherapist, psychologist, academic and researcher. After qualifying from the London Hospital School of Physiotherapy in 1959 Janet worked first in London and then in a clinic in Switzerland. Between 1965 and 1968 she took time out of clinical practice to attend art college in Berlin. She was a talented artist and this could have been an alternative career for her.

Returning to the UK Janet worked as a clinician and physiotherapy manager at the Royal Free and Mile End Hospitals. Janet's particular clinical interest was the physiotherapy management of older people and the psychological aspects associated with their health, well-being, mobility, and safety. This led her to study for a degree in psychology at Bedford College, University of London, followed by a Masters and subsequently a PhD. During this time Janet worked as a psychologist on Professor Exton-Smith's Memory Clinic team at St Pancras Hospital. Here she helped develop a psychometric assessment tool to assist in the diagnosis of early stage dementia. Later in life the irony of herself being diagnosed with dementia was not lost on Janet.

Remaining in the academic world she became a lecturer at Coventry Polytechnic, and later at the University of East London. Her final academic post was as Lady Youde senior

lecturer in rehabilitation of elderly people, at St George's Hospital Medical School, London. Janet published many research articles, and contributed to several books, on the physiotherapy management of older people. She lectured extensively at home and abroad, including a two-month lecture tour of Australia. She also made broadcasts on TV and radio.

Janet's research, and her work with multi-disciplinary health care students, helped raise the profile of physiotherapists specialising in working with the older population. She made working with this client group a dynamic and positive experience. One of Janet's many strengths was that her research recommendations could be implemented immediately into clinical practice. She had high standards and expected the same of others. Janet was instrumental in the development of the national guidelines (NICE) for The Management of Older People Who Fall. In 2000 Janet was awarded Fellowship of the CSP in recognition of this work and her wider contribution to the physiotherapy profession. Receiving her Fellowship was a very proud moment for Janet, and also for the many friends who attended the CSP Congress in Birmingham to see her receive her award. She was an inspiration to both students and practising physiotherapists.

Janet was different. She liked obscure foreign films, contemporary music, art, and walking. She appreciated designer jewellery and stylish clothes. Fees received for her many publications would be spent on evenings with the St. George's Wine Society, or going out for meals with friends, - which invariably would be an epicurean adventure! Janet was a life-long active member of the Labour Party.

Janet loved to travel and, being Janet, visited the most obscure destinations one could imagine. It was on one such holiday to the Yemen she met her loving partner, David. Many of the places they visited together are no longer accessible to tourists. David cared for Janet devotedly during her illness, enabling her to remain at home where she died in August.

Janet loved to challenge the status quo and conversations with her were always lively and stimulating. Her larger than life personality meant that she could be infuriating but never dull! She will be missed by many.

Viv Pert and Alison Routh



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



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Part B: 14-15th April '18 London
 21-22th April '18 Liverpool
 9-10th June '18 Glasgow
Part C: 2nd-3rd June '18 Sheffield
 22-23rd Sept '18 Glasgow
 £270 per part; £750 for all parts includes Handbook and Treatment belt

The Complete Upper Limb Course: An MSK practitioner guide to assessment and management
 Lecturers: Andrew Cuff & Thomas Mitchell
 4-5th November Sheffield
 27-28th January '18 Glasgow
 10-11th March '18 London
 £250

From localised to widespread pain: a clinical guide to navigating the pain continuum
 Lecturer: Dr Derek Griffin, PhD
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Where: The Physio and Pilates Rehab Centre, Clevedon

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Contact: Karen Pearce or Sarah Sessa
 info@physioandpilatesrehab.co.uk
 01275871935

Musculoskeletal

COMBINED MOVEMENT THEORY

When: 20 Jan. 2018 – 14 July 2018

Where: The Manchester Movement Unit, Manchester Met University Manchester

One day, two day & five day certificate, in combined movements. Tutor Dr Chris McCarthy
www.mmu.ac.uk/movement

Contact: The Manchester Movement Unit
movement@mmu.ac.uk
 0161 247 6837

JOHN ANNAN: MYOFASCIAL RELEASE PART ONE COURSE

When: 20 Jan. 2018 – 21 Jan. 2018

Where: Tameside Hospital Ashton-Under-Lyne
 See iCSP for further details or contact course organiser

Contact: Vera Jakovljevic
verajakovljevic@me.com
 07958 550857

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When: 19 May 2018 – 27 May 2018

Where: Queen Margaret University Edinburgh
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Contact: Toby Hall
info@manualconcepts.com
 +61 8 93176022

JOHN ANNAN: MYOFASCIAL RELEASE PART TWO COURSE

When: 3 Feb. 2018 – 4 Feb. 2018

Where: St. Peter's Hospital Chertsey, Surrey
When: 10 March 2018 – 11 March 2018

Where: Yeovil District Hospital Yeovil, Somerset
 Refer to iCSP for further details or contact course organiser.

Contact: Vera Jakovljevic
verajakovljevic@me.com
 07958 550857

KINETIC CONTROL - MYOFASCIAL TRIGGER POINTS FOR MOVEMENT OPTIMISATION & PAIN

When: 20 March 2018 – 21 March 2018

Where: London Road Community Hospital Derby

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Musculoskeletal

SHOULDER REHABILITATION: MOVEMENT MATTERS**When:** 23 March 2018**Where:** London Road Community Hospital Derby

Course Aims: To present the current literature regarding dynamic stability of the shoulder complex and explore the application to clinical assessment and treatment. To explore the role of the kinetic chain in shoulder pathology and rehabilitation. To demonstrate key assessment tools to explore function of the dynamic stabilisers of the shoulder as a basis for treatment planning. To demonstrate key treatment approaches based on the current evidence to address movement dysfunction in the shoulder complex. Fee: £145

Contact:
NCORE
dhft.ncore@nhs.net
01332 254679

PATELLO-FEMORAL REHABILITATION COURSE**When:** 12 Feb. 2018**Where:** APPI Kensal Rise/London London

by dr Christian Barton
International Expert at PFJ
Rehabilitation

Contact:
Kasia Zielina, Vital
Performance Management
kasia@vitalpm.com
07940015169

LOWER BACK PAIN - SOLVING THE LUMBAR-PELVIC COMPLEX**When:** 11 April 2018**Where:** Royal Derby Hospital Derby

This workshop aims to give a clear understanding of the reasons why back pain occurs in 80% of the population the population, a clear understanding of the biomechanics and pathology underpinning Low Back Pain. Fee: £145

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THE SPINE : DIFFERENTIAL DIAGNOSIS AND MANAGEMENT**When:** 23 Feb. 2018 – 24 Feb. 2018**Where:** Heatherwood Hospital Ascot

Steve Young MCSP, MSc, DipMDT, SOM Gary Rogerson MCSP, MSc, MACP, MPAA Ascot, Berkshire, 23/24 February, 2018 This course is designed for the more experienced and clinical specialist physiotherapists, with the objective of providing an evidence based approach to the diagnosis and management of less common and uncommon/rare causes of spinal and radiating symptoms. For full details visit: www.spine.uk.com

Contact:
Surita Dohil
Surita.Dohil@fhft.nhs.uk
01344 877919 Option 5

Neurology

BALANCE REHABILITATION: TRANSLATING RESEARCH INTO CLINICAL PRACTICE; BASED ON TEACHINGS OF ANNE SHUMWAY-COOK AND MARJORIE WOOLLACOTT**When:** 3 Feb. 2018 – 4 Feb. 2018**Where:** Upton Hospital, Slough, Berkshire Slough

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Contact:
Krishna Gundapudi
balancecourseuk@gmail.com
07827921189

MLACP Paediatric and Adult Neurology: The Role of the Physiotherapist as an Expert Witness

This two day course is for experienced physiotherapists working in paediatric or adult neurology who are interested in developing their skills as an expert witness.

When: Wednesday 25th April & Thursday 26th April 2018**Where:** CSP, 14 Bedford Row, London, WC1R 4ED

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Contact: For further details email info@mlacp.org.uk / ww@eamedicolegal.com or visit www.mlacp.org.uk

Neurology

ASSESSMENT AND IDEAS FOR THE TREATMENT OF THE WRIST AND HAND IN ADULTS WITH NEUROLOGICAL DAMAGE**When:** 1 March 2018**Where:** London Road Community Hospital Derby

This is a practical course designed to explore aspects of clinical reasoning and treatment techniques for use in the community and hospital settings. Fee: £130

Contact:
NCORE
dhft.ncore@nhs.net
01332 254679

Pain management

CHRONIC PAIN MANAGEMENT IN REHABILITATION**When:** 26 Feb. 2018**Where:** London Road Community Hospital Derby

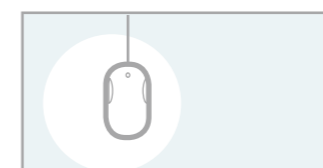
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Contact:
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NEURO-PHYSIOTHERAPY ASSESSMENT AND MANAGEMENT**When:** 5 March 2018**Where:** Oxford Centre for Enablement Oxford

The course consists of short lectures, patient demonstrations, and practical sessions including: comprehensive neuro-physiotherapy assessment, use of outcome measures, setting goals, and developing treatment plans. Practical workshops on 24 hour postural management, analysis and treatment of sit-to-stand and gait. Suitable for Band 5 physiotherapists, new graduates and return-to-workers.

Contact:
Course Coordinator
coursecoordinator@ouh.nhs.uk
01865 227879

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Email: Sara.Rouget@gov.gg
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Clinical lead at Physiotherapy Matters Limited. PML is dedicated to providing a high standard of service to clients suffering from musculoskeletal problems. We have three private clinics in the North East and offer occupational health services to our clients. We also provide services to GP practices for the NHS. The successful applicant will ensure a genuinely exceptional client and customer experience through excellent clinical management, whilst maintaining their own clinical caseload. This permanent part or full time position comes with an enhanced company pension scheme and CPD budget for professional development. Salary £36-42K FTE. CV and covering letter to: nick@physiotherapymatters.co.uk Closing date 5 January 2018.

PHYSIONET BRISTOL are looking for experienced musculoskeletal physiotherapists to work in private clinics to undertake face to face assessments as part of a city-wide NHS initiative for improved access to physiotherapy. The service is an out of hours, triage assessment and would ideally suit physiotherapists looking to supplement their incomes. Excellent pay rates and flexible hours in early mornings, evenings or weekends. Band 6 or above and experience in triage is essential. Immediate start and must be willing to travel within Bristol and the surrounding area. See: www.physionetbristol.co.uk

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CAPITAL PHYSIO are looking for ambitious physiotherapists to join our established team in Scunthorpe. As an expanding company, we are looking for experienced physiotherapists who have an interest and passion for musculoskeletal. To apply please visit: <https://www.capitalphysio.com/physio-jobs/>

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We are looking urgently to recruit an experienced 'hands on' musculoskeletal physiotherapist to meet an increased work load, in a friendly, successful, long-established clinic, treating both private and NHS patients. Applicants must be prepared to be engaged on a self-employed basis. Experience in the private sector an advantage but not essential. Must have varied clinical experience with acupuncture an advantage. Afternoon and evening sessions essential. Initially on Monday late afternoons and evenings and one other afternoon which could be extended as you develop your list. Please send your CV to: lizthephis@hotmail.com

WE ARE LOOKING FOR AN INNOVATIVE, ENTHUSIASTIC AND MOTIVATED MUSCULOSKELETAL PHYSIOTHERAPIST

to join our team in Bovey Tracey on a part-time basis. Needs to be self-motivated and enthusiastic with the ability to work alone and unsupervised. Excellent customer service skills essential as are competent IT skills. Summary of job specification: diploma/BSc degree in physiotherapy HCPC/CSP registration. Evidence of postgraduate study and additional qualifications. Acupuncture an advantage. Sports massage an advantage. Contracted. Contact Joanna Bower at: info@wellhealed.com

PART-TIME PORTSMOUTH – MUSCULOSKELETAL IN THE WORKPLACE

Back in Action UK is seeking a part-time physiotherapist (four hours per week) to join our team delivering evidence-based musculoskeletal solutions in an on-site workplace environment in Portsmouth. You will be addressing the musculoskeletal health of the working population, including manual and sedentary workers and treating both work and non-work related injuries. You will take a holistic approach, addressing biopsychosocial factors, as well as contributing to injury prevention strategy and fostering broader positive health behaviours. We are looking for an enthusiastic, self-motivated physiotherapist with exceptional communication skills and strong musculoskeletal experience. Experience in a work based/occupational health will be viewed favourably. Please send your CV and brief covering letter to: jobs@backinactionuk.com for further information on this unique role.

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WANDSWORTH PHYSIOTHERAPY is looking for an ambitious, hard-working physiotherapist with an interest in women's health. Someone with a business head on a therapists shoulders, prepared to develop their clinical skills to help their >

patients, but also prepared to learn the systems of working in a successful private practice. You will be a friendly and outgoing person with a 'can do' attitude and a minimum of two years clinical experience. CV and covering letter to: info@wandsworthphysiotherapy.co.uk

NEUROLOGICAL PHYSIOTHERAPISTS REQUIRED

Neurocare Physiotherapy is a well-established specialist neurological/ paediatric service in the Lancashire/ Cumbria region, treating patients both in the clinical and community setting. Due to the popularity of the service, we require additional therapists to join our friendly, highly motivated team. Hours are flexible and can range from two to 36 per week. Applicants should have at least three years experience in neurological physiotherapy and evidence of post grad training in neurology. Please email your CV to: apply@neurocarephysio.co.uk

PART-TIME PHYSIOTHERAPIST NEEDED FOR MULTIDISCIPLINARY PRACTICE

in rural West Sussex. Three sessions per week for experienced physiotherapist with good manual and rehab skills. Private health insurance registration required. Acupuncture qualification necessary. Contact: info@ovingclinic.co.uk

SOUTH WALES Due to ongoing expansion, Performance Physiotherapy Ltd are looking to recruit physiotherapists with a minimum of four years postgraduate experience for a mix of part time daytime clinic work and/or evening/ Saturday morning work. Flexible hours, with a mix of clinic/sports/occupational health based caseload with great opportunities to develop professionally. For further details please email: info@performance-physiotherapy.co.uk

POTTERS BAR EN6 5BS – MUSCULOSKELETAL PHYSIOTHERAPIST

Self-employed, part-time, enthusiastic physiotherapist required at our Potters Bar clinic. Key requirements: strong diagnostic and manual therapy skills, MCSP and HCPC registered, able to work independently. Acupuncture desirable. Computer literate. Please send CV to: admin@arleth-health.co.uk Arleth Health: www.arleth-health.co.uk Tel: 07748 616525.

SUDBURY, SUFFOLK Part-time musculoskeletal physiotherapist required to

join multidisciplinary practice. Experience and manual skills essential. Flexible working arrangements, initially two days per week. Contact: theivesonclinic@talktalk.net

THE PHYSIO COMPANY, CLAYGATE

We are recruiting for a part-time musculoskeletal physio with great manual therapy and rehab skills to join our team. You need to be at least five years qualified, with private practice, good musculoskeletal experience, clinical reasoning and communication skills. The Physio Company has clinics in London and Surrey and excellent relationship with London/Surrey GPs and consultants. We offer a supportive environment, good remuneration, regular CPD with our other clinics and clinical support from experienced physios. CV with covering letter to: amanda@thephysiocompany.co.uk

CHESHUNT Self-employed part-time physiotherapists with three plus years UK experience required. Varied shifts. Mainly musculoskeletal and neurological conditions. Call tel: 07484 688942 or send CV to: admin@iftob.com

NEWCASTLE UPON TYNE Motivated and experienced physiotherapist who wants to work with a wide variety of musculoskeletal conditions is required to join our dynamic multidisciplinary team that is highly specialised, patient focused and multi-faceted. All of which has helped develop the clinic's 20-year reputation as an exceptional quality service provider. The clinic offers an excellent environment to develop your hands on manual therapy skills, assessment, exercise and rehabilitation provision and CPD. Please send your CV and covering letter to: jennifer@newcastlesportsinjury.co.uk

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ThreeMinutes

Striking prospects

Recent physio graduate Rob Hulse played for West Bromwich Albion and Leeds United. His degree was part-funded by the Professional Footballers' Association

What led you into physiotherapy?

After spinal surgery to correct my spondylolisthesis, I understood that a career in football could be taken away at any moment and knew it was important to find a passion for something else. I had some fantastic help over the years from physios and medical teams and soon realised that my exit strategy lay in physiotherapy.

Did you enjoy being a mature student?

I loved it and cannot speak highly enough of Salford University. I found it quite daunting stepping back into education after such a long time, but the course and staff were fantastic. The balance of support and self-governed learning helped to generate a fun and stimulating environment. As I am

dyslexic, I dreaded the written assignments but, as with most things, if you have a passion and desire for your subject, learning is much easier.

Are there tensions between the need to rest after injury and having to play again?

I would say 90 per cent of players are nursing and managing injuries throughout the season. With the added internal and external pressures placed on players, medical teams and coaches in the modern game, it can be a very fine balancing act to find a happy medium for players and teams. Unfortunately, players' welfare can sometimes take a back seat due to the high expectations and pressures placed on teams today.

Would you like to be a sports physio one day?

I am sure I will be involved in sport at some point but feel it's important not to be pigeonholed. I intend to develop my career and gain experience in other areas of this diverse profession. I know this will set the foundations to help make me the best practitioner possible in the long term.

Just because I have played sport doesn't mean I'll be any better than the next physiotherapist but I believe the cognitive empathy of knowing what players and athletes have to endure, and are going through, mixed with experience of team environments and expectations, all helps.

How did it feel to make the switch?

I am determined not to let my life be defined by my footballing career and have always thought being a physio would be a rewarding way to spend the rest of my working life. It is well-known that athletes can face emotional difficulties as they make the transition away from elite sport and experience identity changes. But it was ultimately my decision and I felt happy that it was time for a change in my life. I have a wonderful family and feel excited about my new profession. I am really enjoying the learning experience of going up a new path. I am a firm believer that there is a huge scope for improvement within professional sport, particularly football. More emphasis needs to be placed on improving support systems for players of all ages and standards as they make the transition out of the game. Sport has a duty of care to help its athletes, particularly as mental health issues have been at the forefront of late. Let's be honest, football has the financial resources to lead the way, if it so wishes.

How do former footballers stay fit?

Well, after I retired I rowed across the English Channel to raise money for the Melanoma Cancer Fund. That helped give me something to aim for, which was important after spending my life dedicated to training. Exercise for me is a real stress reliever and we all know how integral it is to our profession. At times, I have struggled to adapt to the lack of organised training but am improving.

Your tip for the Premier League title?

I don't watch football much nowadays. Manchester City aren't looking bad, but I hope Leeds will get promoted this season and win the title in the following one (you can dream). **FL**

Rob Hulse is based with Dudley Group NHS Trust

90%
of players might be managing injuries all season



Rob Hulse's career took him to West Brom from 2003-5

PA

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