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Improving attendance rates

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Motivational interviewing

How it helps

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Spondyloarthritis

The physio's role

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Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

5 July 2017
Volume 23
Issue 12



Stroke care

A service redesign

Inside: Jobs • Physio findings • Courses • In person



TAKE CONTROL of Workloads

Under pressure from increasing workloads? Is stress compromising your health and patient safety?

Work with colleagues and CSP reps to identify the pressure points.

Together we can take control of workloads.

www.csp.org.uk/pressure

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

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Enough 'making do'

This week it is the NHS's 69th birthday, on 5 July. It's an opportunity to remind politicians that the staff who work for it deserve a decent salary. And, while some celebrating is in order, there are many reasons to be concerned about our much loved but ailing institution.

For many members the impact on funding is affecting their day-to-day lives and not just their pay packets. 'Make do and mend' rather than 'innovate' is the mantra for many.

Frontline consistently shows how CSP members go that extra mile, both in the NHS and beyond.

This issue features an article on stroke care improvements at Papworth Hospital (page 32), a centre of excellence for cardiothoracic surgery. (There is a link between this type of surgery and increased risk of stroke.)

How do you encourage patients to do

'For many members the impact on funding is affecting their day-to-day lives and not just their pay packets'

their recommended exercises on a regular basis? Some have taken up the 21-day challenge: practising what they preach and following the same exercise regimes as their patients (see www.csp.org.uk/node/1060092). Gill Hitchcock's article looks at some other motivational approaches in this issue (page 24).

Meanwhile, our clinical update feature looks at physiotherapy and spondyloarthritis, an umbrella term for various inflammatory joint diseases (page 30).

NHS birthday or not, we know that every day is one to celebrate the work of the CSP and its members. As the society adapts to meet the challenges ahead, do read about the proposed CSP Council changes and how you can get involved (page 16).

Lynn Eaton

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

Bradford breaks the mould

The University of Bradford is launching a Health and Care Professions Council-approved physiotherapy programme. Called MPhysiotherapy (Sport and Exercise Medicine), we believe it is the first integrated master's course in physiotherapy in the UK with a sport and exercise medicine focus.

After completing the four-year programme, which starts in September, graduates will have a professional master's-level qualification, opening up a range of career opportunities.

They will have experienced a variety of clinical placements in sport and exercise settings as well as the core areas of physiotherapy. This will allow them to seek employment in a wide range of arenas, such as the NHS, private enterprise and elite sport. As part of its approval process, the CSP commended the programme for its 'engagement, positivity and open-mindedness towards innovation'.

■ *Claire Graham, programme lead, school of health studies, University of Bradford.*

For more information, see bit.ly/2tkh7n6



Thank you kindly

I have just read Karen Middleton's latest In person column (page 37, 7 June). Karen wrote about the importance of kindness with compassion and empathy.

I have been a physio for more than 20 years and have worked for the NHS, the military and as a civil servant. For the past 10 years, I have been a serving member of the British Army.

Leadership is always under discussion in my world. I totally agree with Karen: it is the small things that make all the difference

and ensure that you as a leader remain grounded and gain respect for the right behaviour.

Well done, Milton Keynes! Physiotherapy does work and we need to be very proud of our profession.

■ *Anne Vickerstaff, physiotherapist in the military*

Locum low-point

I would like to tell you what is happening in the world of physiotherapy locums.

First came pay capping: effectively, a

20 per cent pay cut. In April, the tax law changed. Those of us who paid into our own limited companies for NHS work via an agency were no longer allowed to do so. Previously, we received a good hourly rate of pay, but no holiday, no sick pay. We paid corporation tax on our company profit and Class 2 national insurance (NI) contributions

The law changed and we comply with the law. This NHS

work must be paid to us via an 'umbrella' limited company. They drew us in with promises of holiday and sick pay. Extra few pounds a week? No! It is 'factored in' to our existing hourly rate!

We understood we must pay our umbrella limited company a weekly fee to process our time sheets. We got a good deal – £10 a week – others pay a lot more.

We understood we would pay PAYE tax and employee's NI

contributions and were horrified to discover that all other expenses normally covered by an employer would also be deducted from our pay. This means we also pay employer's NI contributions and apprenticeship levy.

I wanted my professional colleagues to know what is really happening out there – and why few people are now taking locum positions.

■ *Elizabeth Yeates*

Top Tweets

■ [@AnnMarieRiley](https://twitter.com/AnnMarieRiley) 10 Hospitalised older adults are 61 times more likely to develop disability in ADLs than those who are not hospitalised #endPjparalysis


■ [@KMiddletonCSP](https://twitter.com/KMiddletonCSP) retweeted @greyhoundvicky Exercise classes for over 65s help cut falls risk <http://bit.ly/2s7UHpe>

■ [@DementiaUK](https://twitter.com/DementiaUK) Should dementia or delirium be given greater priority in acute hospitals, given the limited resources available? <http://ow.ly/OfSu309U2dj>

■ [@NWISupdates](https://twitter.com/NWISupdates) Find out from NHS staff how digital is making a difference, by reading our case studies and watching our videos www.wales.nhs.uk/nwis/page/91131

■ [@guardian](https://twitter.com/guardian) Do you always feel busy and struggle to complete tasks? Recognise that you can't do it all, say productivity experts <http://bit.ly/2rSSsBX>

■ [@mytherappy](https://twitter.com/mytherappy) Here's a research study for the #slt community to keep an eye on @sheffielduni <http://bit.ly/2sSitTe>

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

You've added...

Physiotherapy lecturer JD Coleman commented on an article about shaping pre-registration practice (www.csp.org.uk/node/1062725):

■ Only by working as an extended team with our clinical colleagues can we

ensure we are providing 'quality pre-registration education', that we are delivering programmes that produce current, contemporary and competent graduates.

Therapists who embody the values of

our profession and who can stand tall in the ever changing landscape of healthcare ...

Thank you for the 'Bend it, shape it!' article for raising awareness of the validation process. [I] implore all CSP members

to get involved. Having recently transferred from a clinical to an academic post, I can honestly say academics don't bite and that we can't do this without you!

Karin commented on news item about a respiratory resource for

physiotherapists (www.csp.org.uk/node/1061850):

■ Brilliant work Sarah and great contribution from Scottish Physiotherapists in Critical Care Practice development group. Brilliant to have support from NHS Education for Scotland. A fantastic resource.

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.

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

Chronic mid-Achilles tendonopathy

Members discuss an appropriate diagnosis and treatment programme for a patient with this condition.

Comments: 18

Network: Sports and exercise medicine

www.csp.org.uk/node/1041372

How many domiciliary visits a day by a physiotherapist are usual?

A member whose service is being redesigned asks if an average of five home visits a day is acceptable and seeks guidelines on this topic.

Comments: 6

Network: Older people

www.csp.org.uk/node/1054734

Reasonable adjustments

A member seeks examples of colleagues with attention deficit hyperactivity disorder and dyslexia, and asks about making reasonable adjustments at work.

Comments: 17

Network: Neurology

www.csp.org.uk/node/1036837

Correction

The print version of the Home, sweet home article (page 32, 21 June) had an incorrect link to a resource on the plan, do, study, act model. It should have been bit.ly/2r0kcbf

NewsinPictures



1



2

Georgia Tech



3

Thomas Eisenhuth/DPA/PA Images

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

For the stories behind the images just follow the shortcut codes

1 Modified rice could help to ward off cancer. The grain's purple colour is due to anthocyanins, which can help to protect humans from diabetes and cancer. Source: The Times (subscription service) bit.ly/2sTODPH

2 A flu jab patch for people who are scared of injections has passed safety tests, The Lancet reports. Unlike flu jabs, the patches don't need to be kept in a fridge. Source: BBC bbc.in/2s4Lzqx

3 Concussion protocols for footballers at the 2014 World Cup failed to meet agreed standards, a Journal of the American Medical Association study claims. Source: Guardian bit.ly/2t37k2c

4 The Royal College of Nursing is encouraging more hospitals to explore the use animal therapy and will launch a nationwide protocol to support safety and best practice. Source: RCN bit.ly/2tn9Xhz

5 An exhibition of posters illustrating the impact of NHS cuts from 1977-1980 runs until 9 July. The things that make you sick is at the ICA in London. Source: Guardian bit.ly/2sUpynZ

6 Middle-aged men who work in offices are more sedentary than people aged over 75 years, according to a University of Edinburgh study. The findings were published in the Journal of Sports Sciences. Source: Telegraph bit.ly/2sknXZP



4



5

ICA



6

Frontline

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

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

Want to place an advert? Reach 56,000 CSP members with your product, course or recruitment ad. cspads@media-shed.co.uk 0845 600 1394

Got an item for Networks & networking? networkads@csp.org.uk

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

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

CSP calls for extra funding as NHS marks its 69th birthday



The CSP celebrated the NHS's birthday on 5 July, praising the dedication and professionalism of physiotherapy staff and their colleagues in delivering quality care despite unprecedented pressures.

Founded in 1948 as a universal system delivered free at the point of need, the NHS is going through one of the toughest periods in its history, said CSP director Claire Sullivan. 'The NHS remains one of the world's most effective and efficient health systems but is underfunded, understaffed and surviving on goodwill.'

Pointing to seven years' pay restraint at a time of soaring demand for services, the CSP joined other health unions in calling for more government funding. This would enable the workforce to expand and finance above-inflation pay rises, with an end to the one per cent pay cap.

Research by health unions has found some 60 per cent of NHS staff work unpaid overtime. If their

input was charged to the Treasury, the bill would be £1.5 billion a year, the TUC has calculated. The CSP says the NHS needs an extra 500 physiotherapists a year – just to keep up with demand.

Says Ms Sullivan: 'The NHS needs more money in real terms, to ensure there is safe, effective and high quality care. Some of these funds need to be used to address the real-terms pay loss experienced by NHS since 2010 and ensure that our health service retains and recruits its dedicated professional staff.'

The latest annual British Social Attitudes (BSA) Survey published on 30 June indicates that 48 per cent of the public are prepared to pay more tax (for the first time this is more than the proportion – 44 per cent – who want it to stay the same) to

fund health, education and social benefits, said Ms Sullivan.

Last week a vote on lifting the pay cap took place as part of the debate by MPs on the Queen's speech and there were other signs that the government might be rethinking its public sector pay restraint policy. Meanwhile, as *Frontline* went to press there were indications that the Scottish government would lift the one per cent ceiling in the next public sector pay review.

■ *Gary Henson*

More information

BSA survey bit.ly/2sYI2Vs

Tackling workloads www.csp.org.uk/pressure

Research has found that
60%
of NHS staff work unpaid overtime

Booklet shows the difference physio makes to primary care

How can physiotherapy make a positive contribution to primary care? And what's the potential for new physio roles in GP surgeries? Think Physio for Primary Care in Scotland, a CSP resource answers these questions, and was launched at last month's NHS Scotland's annual conference. It highlights the success of general practice physio roles, taking on musculoskeletal caseloads and with benefits for patients and services. See www.csp.org.uk/primarycarescotland

Talks could lead to bigger role for physios in issuing fit notes, CSP says

The CSP moved speedily to talk all things physio with Northern Ireland's Democratic Unionist Party (DUP) – the party of power following its 'confidence and supply' deal with Theresa May's minority UK-wide government.

CSP representatives met DUP politicians on the morning of 27 June, the day after its 10 MPs agreed to help the Conservatives get legislation through the House of Commons.

In return for DUP backing, the government will make an additional £1.5 billion available to boost health, education and infrastructure in Northern Ireland.

The UK government will allocate £100 million a year for two years to help the Northern Ireland Executive deliver its health service transformation plans.

In what is potentially good news for members throughout the UK, the DUP agreed to ask the government to bring forward the legislative changes needed to allow physiotherapists to issue fit notes.

CSP Northern Ireland public affairs and policy manager Tom Sullivan said: 'We had a very positive discussion with the DUP about physiotherapy self-referral and first contact physiotherapy roles in primary care in Northern Ireland.

'We were very encouraged by the MP's comments about the need for the health and care budget to be used to achieve sustainable transformation of the system.'

'The CSP stressed that the profession sees the emerging GP physiotherapy roles as part of this wider change.'

Northern Ireland has been without a power-sharing executive since March and without a first and deputy first minister since January.

'While the CSP welcomes additional funding for health in Northern Ireland, without a functioning Northern Ireland Executive there is no mechanism for



DUP MP Gavin Robinson, centre, met the CSP's policy manager Rachel Newton and Tom Sullivan

distributing this funding,' Mr Sullivan warned.

'The devolved institutions should be restored as a matter of urgency.'

■ *Gary Henson*

Network tenders for £110,000 programme to prepare AHPs for primary care work

England's North West AHP Network is planning a £110,000 programme to support the development of allied health professionals (AHP) in first point of contact roles in primary care.

It has advertised for education providers to design and deliver a postgraduate level module on primary care readiness for AHPs, which will be funded by Health Education England.

The money is expected to create 75 places in two or three groups, which will be available from January 2018.

Leading the development of the plan is Naomi McVey, the North West AHP workforce lead. She is being supported by the CSP and members from across England, including consultant physiotherapist Neil Langridge.

She said: 'This will build on learning from primary care physiotherapy taking place in the south of England as part of the Hampshire vanguard.'

'We are expecting universities and other organisations accredited to provide post-graduation education for AHPs to bid for the contract.'

Education bodies interested in applying have until the closing date of 14 July.

■ *Gill Hitchcock*

More information

On the tendering process on Contracts Finder bit.ly/2rW030Z



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

Latest apprenticeship standard consultation opens

CSP members who want to comment on plans for setting the standard for a master's level advanced clinical practice (ACP) apprenticeship have until 25 July to respond.

The consultation follows a series of proposals to develop apprenticeships at various levels for physiotherapy staff and allied health professionals.

If approved, the apprenticeship could offer CSP members the opportunity to develop into advanced practice roles by pursuing a master's level (level 7) route, financed by their employer.

Apprenticeships must be employer-led and are supported by education providers. They must also adhere to nationally agreed standards. The ACP consultation is a first-stage exercise to establish what the standard should be.

Sally Gosling, assistant director at the CSP, said: 'We are keen to ensure that the standard takes full account of the diversity of physiotherapy advanced practice and roles across all settings and sectors.'

Dr Gosling encouraged members to respond to the consultation via the online survey. She said: 'It is extremely important that views are fed in on how the ACP standard is developed further so that, once it has gone through formal approval, it can be implemented by employers to meet skills development needs.'

■ Lynn Eaton

More information

Advanced-Clinical-Practitioner-Apprenticeship-Standard-Survey
www.surveymoz.com/s3/3574823

CSP to sponsor England amputee football team physiotherapist

The England Amputee Football Team has announced a partnership with the CSP to sponsor a physiotherapist.

The England team will compete in the European Amputee Football Federation Championships in Turkey in October. Each player and member of the support squad needs to raise funds to participate.

The CSP is sponsoring the team's physiotherapist, Charlie Wilton, who works in private practice and as assistant physio for Lancashire County Cricket Club.

England's coach, Owen Coyle Jr, said: 'We're delighted to be working with the CSP and to have professional physio support. Chartered physio support is important for any elite sports person. It

is all the more important for our team because of the particular stresses players put on their bodies.'

Rob Yeldham, CSP director of strategy, said:

'As the professional body for physiotherapists we understand the vital role of physiotherapy in amputee rehabilitation and in sport.'

'Amputee football proves that with the right support disability is no barrier to enjoying sport at the highest level, or just to stay fit.'

'So when we heard the team needed funds to play in Istanbul, we decided the best way we could help was by sponsor a team physio.'

England won the 2107 Amp Futbol Cup in Poland in late June. The England Amputee Football Association's (EAFA) aim is to provide the

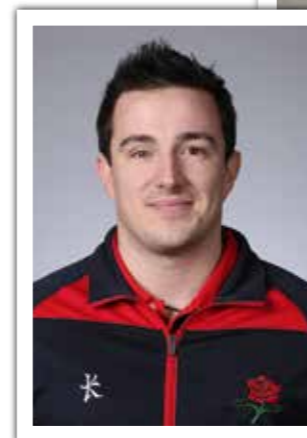
opportunity to play football whether locally, nationally and internationally for amputees, people with congenital limb deficiencies and players with restricted limb use.

Amputee football is growing. Eight league clubs currently compete in a national league. EAFA is running development sessions with the aim of forming more teams.

■ Gary Henson

More information

England Amputee Football Association
theaafa.co.uk/index.html



Left: Charlie Wilton
Above: England's Ray Westbrook (in white) in a match against Poland

LAJ Photography

8
amputee football clubs compete in the national league

West, north and east Cumbria and Northumberland to join the eight ACSs later in the year



NHS England announces new joined-up care systems

NHS England has announced eight areas that will lead action to join up care, breaking down barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.

Simon Stevens, NHS England's chief executive, said: 'For patients this means better joined-up services in place of what has often been a fragmented system that passes people from pillar to post.'

NHS England expects west, north and east Cumbria and Northumberland to join the group of accountable care systems (ACSs) later in the year.

It also announced a new devolution agreement in Surrey Heartlands, similar to the existing one in Greater Manchester.

Following the announcement, CSP director Sue Hayward-Giles said: 'What makes a difference

to whether transformation is successful or not is clinical engagement. If clinicians are engaged, these new developments stand a better chance of being successful.'

The aims of ACSs were outlined

this March in the Next Steps on the NHS Five Year Forward View. It says that an ACS will be an 'evolved' version of a sustainability and transformation plan, and implemented in stages.

■ Gill Hitchcock

The eight accountable care systems are

■ Frimley Health including Slough, Surrey Heath and Aldershot

■ South Yorkshire and Bassetlaw, covering Barnsley, Bassetlaw, Doncaster, Rotherham

and Sheffield Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe

■ Blackpool and Fylde Coast, with the

potential to spread to other parts of the Lancashire and south Cumbria at a later stage

■ Dorset
■ Luton, with Milton

Keynes and Bedfordshire
■ Berkshire West, covering Reading, Newbury and Wokingham
■ Buckinghamshire

Welsh Ambulance Trust distributes Get Up and Go booklet

Patients using non-emergency transport vehicles in Wales are receiving bilingual copies of the CSP's Get Up and Go guide to preventing falls and getting up after a fall. Philippa Ford, who is the CSP's public affairs and policy manager in Wales, said: 'The profession is absolutely delighted that the Welsh Ambulance Service is now using the Get Up and Go booklet.'

Awards Roundup

Wolverhampton NHS trust's teletracking system picks up Carter innovation award

CSP member Samantha McIntosh played a key role in implementing an NHS electronic tracking system which was picked from 30-plus entries as the winner of the first Carter innovation award.

Ms McIntosh, the integrated health and social care manager at Royal Wolverhampton NHS Trust, said: 'The system gives us absolute visibility into what is going on across New Cross Hospital.

'Ward staff can make physiotherapy referrals on the system, and the physiotherapist will print off the work list for the day. This shows all their patients by ward areas.'

The award was made by Lord Carter, whose 2016 report highlighted areas where NHS trusts could make efficiency and productivity gains and how they might use technology and innovation to achieve this.

Using electronic tags on patients, staff and equipment, the system had since 2014 reduced the number of patients on the wrong ward from

3,213 to 1,089 last year, a trust spokesperson said.

It had reduced breaches of the four-hour A&E treatment target caused by a lack of beds by 35 per cent, despite a 10 per cent increase in people coming to the casualty department, he added.

NHS Lanarkshire recognises 'outstanding' team

The learning disability physiotherapy team at Kirklands Hospital was named outstanding team of the year at NHS Lanarkshire's annual staff awards ceremony on 17 May.

The team, based at the hospital in Bothwell, received nominations from patients, their relatives and friends, as well as colleagues and managers.

Its staff of seven physiotherapists, four assistant practitioners and a healthcare support worker has been working with colleagues in north and south Lanarkshire to offer opportunities for adults with learning disabilities to increase their physical activity.



Wolverhampton trust's teletracking delivery team, with CSP members Samantha McIntosh (third from right) and Jenny Hamblin (far right)

Physiotherapist and team member Lynn Frew said: 'The team will continue to work in partnership with relevant agencies to reduce health inequalities experienced by adults with a learning disability, and to help improve their quality of life.'

George Eliot Trust spinal care lead wins patient choice award

Extended scope practitioner Sandra Jepson said it was a lovely surprise to win the patient choice award at

George Eliot NHS Trust's first Team Eliot awards for staff in April.

Ms Jepson has led the spinal care musculoskeletal outpatients department at the Nuneaton hospital since 2016 and has practised at the hospital since 1989.

She was nominated by a patient for getting him back on his feet after an operation and able to play with his son again.

'We are in the job to help our patients and it is very satisfying to know that you have helped to change someone's life,' she said.

'Our trust is trying to show that we are valued and so it's a positive thing to celebrate some of the good work that happens.

'What I liked was that the vote came from a patient. You feel like you are doing a worthwhile job.'

Projects led by physios triumph at HSJ awards

Physiotherapists were among the winning teams at this year's Health Service Journal (HSJ) Value in Healthcare Awards, which celebrates outstanding efficiency and improvement in the NHS.

The winners were announced at a ceremony in London on 25 May. They included a physio-led team



Have you received an award?

tell Frontline about it

frontline@csp.org.uk



Sandra Jepson (right) receiving her award from Alison Grant, lead at George Eliot Hospital therapy services

from Leicester, which won in the training and development category.

The Effective Diabetes Education Now (EDEN) team from Leicester Diabetes Centre is a collaboration between the local NHS trust and university. The team uses artificial intelligence algorithms to generate course recommendations for diabetes training and to monitor response rates and the training needs of healthcare professionals.

EDEN lead Laura Willcocks, a physiotherapist and senior research

associate at Leicester Diabetes Centre, said: 'My role shows how skills from physiotherapy practice can transfer across into a variety of leadership and management roles.'

Meanwhile, another physiotherapy-led team from NHS England was named as the winner in the pharmacy and medicines optimisation category.

The team members were recognised for their work to standardise chemotherapy drug doses across England, through the



The award winning EDEN team from Leicester Diabetes Centre, led by physiotherapist Laura Willcocks (front row, centre)

implementation of a standardised approach to dose banding.

Jill Lockhart, the team's improving value manager, has a background in physiotherapy and is an improvement methodology specialist.

She said: 'This work didn't involve physiotherapists. It involved pharmacists, but the training and experience I have as a physio – and the qualifications I subsequently gained around understanding improved methodology – provided

the skills that enabled me to take on this job and do the work I've done.'

A team of extended scope physiotherapists from Homerton University Hospital NHS Trust in London was praised for providing point-of-care diagnostic ultrasound in the community.

The physios, from the trust's Locomotor service which serves the population of Hackney and the City of London, triumphed in the improving the value of diagnostics category of the awards.



Members of the learning disability physiotherapy team collecting their award

Stroke rehab researcher recognised in Queen's birthday honours

A research physiotherapist from London has received recognition in the Queen's 2017 birthday honours list.

Fiona Jones, professor of rehabilitation research at Kingston University and St George's University of London, was made a Member of the British Empire (MBE) for her services to stroke rehabilitation.

Speaking to *Frontline*, Professor Jones said she felt 'shocked and humbled' by the recognition of her work.

Professor Jones became a CSP fellow in 2011 and was president of the Association of Chartered

Physiotherapists Interested in Neurology until March.

She is also the founder and chief executive of Bridges self-management, a social enterprise that helps people to manage their own care after a stroke.

More information
Frontline article about
Bridges self-management
www.csp.org.uk/node/443325

Fiona Jones MBE
became a CSP
fellow in 2011



NewsDigest

Focus of CSP hip fracture audit shifts to the community sector

More than 400 physiotherapists have signed up to Hipsprint, the CSP's national audit of hip fracture rehab in England and Wales.

The audit follows patients all the way through to 120 days post-op and is the first audit of its kind to look at the whole hip fracture rehabilitation pathway.

More than 40 per cent of all patients who have fractured their hips since 1 May are now registered on the project's web tool. They are being tracked through the input of data about physiotherapy interventions.

After a good response from physiotherapists in acute settings, the focus of the audit is shifting to



Du Cane Medical Imaging Ltd/SPL

the rehabilitation pathway outside the acute sector.

'This is a real opportunity to understand how continuing rehabilitation for hip fracture

progresses outside hospital,' said Léonie Dawson, part of the CSP's Hipsprint team.

'It is so important for all physiotherapy teams within

intermediate care and community services to register for the Hipsprint audit and upload their data, even if a team only has one patient to record.'

Any service yet to register should email the project lead at phfsa@rplondon.ac.uk

Physiotherapists working in the acute services have until the end of July to upload any data they have collected to the Physiotherapy Hip Fracture Sprint Audit web tool.

■ Gill Hitchcock

More information
www.csp.org.uk/hipsprint

CSP backs resource to help physios measure their impact on public health

The CSP has contributed to a new resource to help healthcare professionals in England record and measure their impact on public health in a uniform and comparable way.

Public Health England and the Royal Society for Public Health (RSPH) launched the Everyday Interactions resource last month.

Kelly Clifford, CSP impact and evaluation manager, and Anna Lowe, a senior lecturer in physiotherapy at Sheffield Hallam University, represented the CSP on the steering group that produced the resource.

Ms Clifford said: 'It's important for all health professionals, including physiotherapists, to measure what impact they are having on public health.'

'This toolkit will help members see what they are achieving through their interventions as well

as enabling them to make service improvements, where necessary.'

Ms Lowe said: 'It takes a handful of public health priorities and breaks down exactly what you could measure, what you could record and what you could collate in order to create evidence of impact.'

The RSPH has developed a free e-learning package to accompany the resource.

■ Robert Millett

More information
<http://bit.ly/2rBUSEU>



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Governance Review



Something to add?

go to *Frontline* online to start a debate

CSP's governing structure is set to change next year, if members accept proposals from council. **Catherine Pope**, CSP chair, explains what's happening



Your council, your voice

What are you trying to do and why?

Council has set out to ensure the CSP and physiotherapy profession have transparent, effective and modern governance systems in place. That means that we will have a council which provides inspiring and strategic leadership for the whole profession. One which holds the CSP organisation to account on delivering its strategic plan and providing value for money for our subscriptions. As part of that, we'll be reducing the number of people on council so it's much smaller.

Is this proposed change definitely going to happen now?

Council have agreed their preferred model and this is what we are presenting to the membership. But members will have the final say at the AGM in November on whether it is implemented.

If it gets the green light at the AGM when will the change take place?

If members support the change, we will immediately start the process for electing a new council. Members will be asked to put themselves forward early in 2018 with the results expected in March. The aim is for the new council to take office in April.

What makes you think a smaller council will be more effective?

It is very hard with 27 people in the room to ensure everyone has a say and to have meaningful debates, building on each other's contributions. All the evidence suggests that a smaller council enables better debate and decision making. Anecdotally, advice from governance experts is that a board of between nine and 12 provides for effective decision making. The new council would also be working at a more strategic level than the present one. It will focus on the best outcome for the whole profession rather than the individual constituencies which they currently represent. We are

hoping to attract inspiring and enthusiastic people from across the whole membership so we end up with the 12 best leaders elected.

What will happen to the existing council members?

All the existing council members have taken the decision to stand down, even if their term of office hasn't yet ended. This will help to enable the change in a smooth and timely way. Where existing council members haven't already served the new maximum length of office (a maximum of two terms of four years for each term) they are eligible to stand for re-election, and I hope some do.

Will the members be democratically elected?

Because we are a trades union we have to hold a postal ballot for a fully elected council. All members of the CSP will be able to vote in the elections for their preferred candidates. We will continue to use single transferable voting. That's what members are used to. It's really important that members use their vote to ensure the best 12 candidates are elected with support from across the whole membership.

I work in Wales. If my country is not represented, how will that affect CSP decisions affecting Wales?

Wherever you live it's really important that council make the effort to hear your concerns and act on them. We are proposing to move away from a model of representation of individual constituencies based on where you live or your type of work. Instead, we would have a model of leadership where all council members would need to consider the needs of the whole membership. As I've said earlier, we want to end up with the 12 best leaders. This may well mean there isn't one from your

country or region, or it may mean there are several.

Council will have to ensure it communicates effectively with the membership wherever they live to understand their pressures and priorities. The CSP has offices in each country, with staff dedicated to working with members in each of those countries. There are also membership structures in place to support different groups of members, including the country boards and regional networks. I would expect council to work closely with these existing structures and develop new ones to make sure it brings on board a diverse range of views and opinions.

How will I be able to influence the new council's decisions?

First and foremost, they will be accountable to you as you will have elected them.

Unlike the present arrangement, where all council papers are only made available to council members, we will post non-confidential papers on the CSP website in the future. This more transparent approach will give you a chance to know more about what is going on. All council members can be contacted personally via email should you have a particular issue of concern. They would be delighted to receive feedback from you.

You can also expect council members to seek your views at events such as country board meetings, various network meetings and the annual representative conference (ARC). They will also be inviting members to apply to be on CSP committees, short life working groups and other types of networks, and to get involved in consultations and events where they will be able to influence policy and decisions.

How will the CSP council deal with complex issues, such as higher

education, when it doesn't have education representatives on it?

Our members have a high level of expertise in their specialist areas. But even with the current model, it is very unlikely we would solely rely on the expertise of individual council members for complex issues to ensure our position is fully informed and robust. The CSP has some very able staff drawn from different areas of expertise, and already these staff and council draw on the knowledge and skills of members who work in different sectors or hold positions of influence to inform our decisions.

How will the proposed council take account of employment issues without industrial relations reps on it?

The plan is to have an employment committee who will have the delegated authority to consider issues relating to our work as a trades union, including members' employment and pay. It would make recommendations to council. It is envisaged that this committee will be made up of members with a particular interest and expertise in these issues. The committee and CSP staff would be expected to consult widely with affected members which would help inform council in their decision making.

I want to stand for the new council. How do I start?

That's great news. Details of how to apply will be made public after the AGM, but in the meantime why not talk to a council member about their experience, so that you understand what it entails?

Also, have a think and discuss with your colleagues what you would want to achieve if you were successful. Then you can start to put together an election address encouraging people to vote for you. **FL**

The CSP wants the best

12

leaders for council

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Hannah Harniss
Interim Director, Digital Health, London Accelerator Programme
DigitalHealth, London Accelerator Workshop



Dr Susan Greenhalgh
Consultant Physiotherapist, Bolton Musculoskeletal Service
40 years on - do we really have autonomy?

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PhysioFindings

Caroline White on the latest physio research



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

Intensive lifestyle change reduced medication

An intensive lifestyle change programme combining vigorous exercise, calorie restriction, and education could cut the amount of routine medication needed in patients with type 2 diabetes and save health services money, suggests a small French study.

Improved blood glucose control is the critical factor associated with these reductions, show the findings, which are based on 29 people aged 50 to 70 years old with uncomplicated type 2 diabetes.

Study participants first attended a three-week residential course, comprising educational workshops on nutrition and sustainable lifestyle change; 15-20 hours a week of endurance and resistance exercises; and a daily 500 calorie reduction in energy intake.

They then continued this programme at home for a year, during which time changes in diabetes risk factors and routine medication use were regularly monitored.

Most (83 per cent) were taking drugs to lower blood pressure while two thirds were taking lipid lowering drugs. Three people weren't taking drugs specifically for diabetes.

The ability to stick to the programme fell significantly over the course of the year. But 26 people completed it, by which point 14 (54 per

cent) had stopped or reduced their medication and five (19 per cent) had increased it.

In all, 19 out of 140 medications were reduced or stopped. On average, these reductions amounted to almost 1.5 pills per person a day, with an estimated annual saving of around €110 (£97).

After 12 months, blood glucose had fallen by an average of 22 per cent, waist circumference by seven per cent, and central fat by 150 per cent.

Blood glucose and HbA1c (glycated haemoglobin) were the only factors associated with routine medication costs. Patients with an

HbA1c above 6.5 per cent doubled their drug use during the 12-month monitoring period.

The researchers acknowledge the small size of the study and lack of a comparison group. But they conclude: 'Taking into account the global pandemic of type 2 diabetes, lifestyle intervention would represent non-negligible fiscal savings.'

Lanhens C *et al.* Long term cost reduction of routine medications following a residential programme combining physical activity and nutrition in the treatment of type 2 diabetes: a prospective cohort study. *BMJ Open* 2017 <http://bmjopen.bmj.com/content/7/4/e013763>



Science Photo Library

Need to Know

Updated National Institute for Health and Care Excellence (NICE) guidelines for the management of type 2 diabetes in adults explain that this chronic metabolic condition is commonly associated with obesity, physical inactivity, raised blood pressure, disturbed blood lipid

levels and a tendency to develop thrombosis, and therefore is recognised to have an increased cardiovascular risk.

Implications

The guidelines highlight that diabetes care could account for up to 10 per cent of NHS costs.

The BMJ study found evidence of some clinically important changes in outcomes measured during and following the intervention. But the authors don't elaborate on why those with an HbA1c level greater than 6.5 per cent in the last quartile doubled their routine medication costs. They

also identify important potential barriers to implementing a similar lifestyle intervention – namely, costs and the drop-off in adherence.

The NICE guidelines outline the following key priorities for implementation: patient education; dietary advice; blood pressure and blood

glucose control; and drug treatment. These priorities reinforce the need for lifestyle advice that includes increasing physical activity. The guidelines emphasise the importance of a tailored approach, and of giving particular consideration to the broader health and social care needs of older

adults. More research into the effects of stopping and/or switching drug treatments to control blood glucose levels is needed, they say.

Resource

NICE 2017. Type 2 diabetes in adults: management www.nice.org.uk/guidance/ng28

Comments and conclusions

Intensive endurance exercise may not harm cardiovascular health as much as thought. A study of 97 men who had each run at least 11 marathons showed that the only factor independently associated with stiffer arteries and impaired vessel function was age. Pressler A *et al.* *European Journal of Preventive Cardiology* 2017 <http://journals.sagepub.com/doi/full/10.1177/2047487317713326>

Chronic pain itself may not increase the risk of early death; its the impact on daily living, suggests a long term study of more than 17,000 British adults aged 50-plus. Smith D *et al.* *Arthritis Care & Research* 2017 <http://onlinelibrary.wiley.com/doi/10.1002/acr.23268/abstract;jsessionid=50D6C4EBCC5FD64E9614C6502729779.f03t02>

People whose partners responded more empathically to their daily feelings of pain had better physical function over time than those whose partners were less empathic, reveals an 18-month study of 145 middle-aged patients with knee osteoarthritis. Wilson SJ *et al.* *Psychological Science* 2017 <http://journals.sagepub.com/doi/full/10.1177/0956797617697444>

by CSP research adviser Katherine Jones

Children's knee problems make up hefty caseload for GPs

Out of all GP appointments for musculoskeletal disorders, knee problems were the fourth most common reason for a GP visit by children and teenagers, and responsible for the second highest number of consultations, finds a year-long UK study.

Records on appointments for knee problems made throughout 2010 at 14 surgeries in North Staffordshire were extracted from a general

practice consultation database (CiPCA). The consultations were coded into 'symptom' or 'diagnosis' and further categorised as 'trauma' and 'non-trauma'. Patients were classified by age group, sex, and area of deprivation.

In 2010, a total of 5,081 consultations for musculoskeletal conditions were recorded for 2,836 children and teenagers between the ages of three and 19 years, equivalent

to an annual consultation prevalence of 1,034 per 10,000 registered patients.

The number of consultations for knee pain increased up to the ages of 12 to 15 before levelling off.

Symptom codes such as 'knee pain' were used more often than diagnosis codes such as 'knee sprain'. But symptom code use declined

with increasing age. More symptom codes were used in girls than in boys, and more diagnosis codes were used in patients from areas of high deprivation.

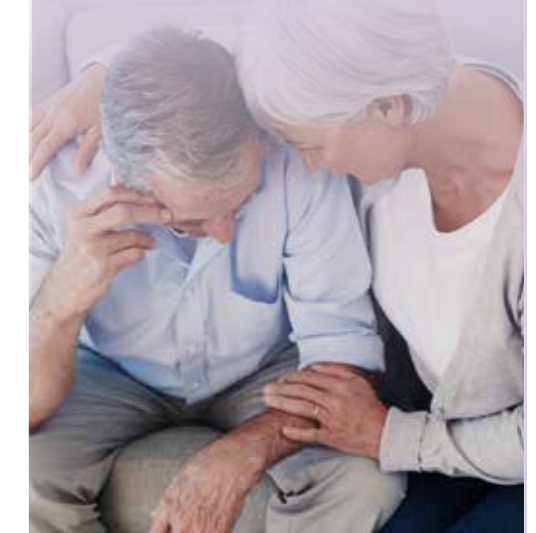
'Knee problems in children and adolescents represent a significant caseload for GPs and the propensity for these problems to persist presents a significant challenge for

general practice,' conclude the researchers.

Michaleff ZA *et al.* Consultation patterns of children and adolescents with knee pain in UK general practice: analysis of medical records. *BMC Musculoskeletal Disorders* 2017 <https://bmcmusculoskeletal.biomedcentral.com/articles/10.1186/s12891-017-1586-1>

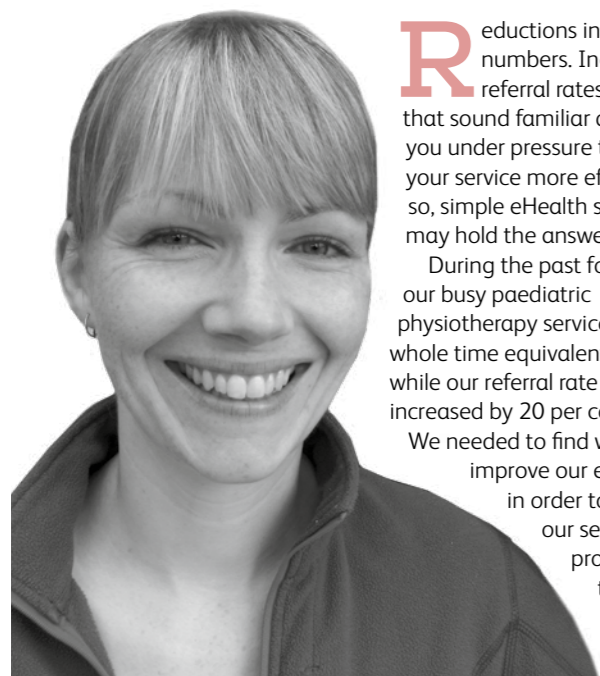


Chassenet/BSIP



Views & Opinions

A simple solution



Reductions in staff numbers. Increases in referral rates. Does that sound familiar and are you under pressure to make your service more efficient? If so, simple eHealth strategies may hold the answer.

During the past four years, our busy paediatric physiotherapy service has lost whole time equivalent staffing while our referral rate has increased by 20 per cent.

We needed to find ways to improve our efficiency in order to sustain our service provision in the long term.

I have a keen

interest in eHealth and looking at our missed appointment rate seemed the obvious place to start.

During a seven-month period, more than 300 appointments were lost to DNAs or CNAs (did not attend or cannot attend). This figure represented nearly a quarter of our available appointments, or five weeks' input from a full-time physiotherapist. Clearly, the situation could not continue. Looking outside my immediate specialist area helped me to provide a solution to our problem.

Services are increasingly using short message service (SMS) appointment reminders in an attempt to improve attendance rates. The technology is readily

available, and research strongly supports this approach, with reminders being sent within a week of the appointment date.

An SMS appointment reminder system was set up in our musculoskeletal clinics. DNA and CNA rates over a seven month period were compared with those from the previous year. We assessed patient satisfaction levels using questionnaires over a four-week period. The responses were overwhelmingly positive, showing that patients welcomed the reminders and saw them as a valuable addition to our service. Patients were happy with the clear content of the message and said they had received them at a helpful time in the run-up to their



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

Sending text reminders to patients about their appointments is popular and cuts waste, says Laura Cameron

appointment.

Results of the DNA and CNA analysis showed statistically significant differences in both DNA and CNA rates for new appointments after the SMS system was introduced. DNAs fell from 10 to four per cent, and CNAs from seven to two per cent. Similar trends emerged in review appointments. Here, DNAs fell from 14 to 10 per cent, and CNAs from 11 to six per cent.

Overall, the rates of missed appointment rates fell from 22 to 13 per cent, and wasted hours were cut by 53 per cent. A staggering amount, considering

what a simple step we took.

This change demonstrates how easy it can be for clinicians to use technology to improve their services. With increasing pressures across the UK, and management teams looking to be as cost-effective as possible, physiotherapists must look beyond traditional methods, embrace technology, and demonstrate their forward thinking in improving service efficiencies, with no reduction in the quality of care.

Laura Cameron is a specialist paediatric physiotherapist, NHS Fife

Wasted hours were cut by
53%



Adviceline

Katherine Jones congratulates the Physiotherapy journal on a milestone

Physiotherapy is the official journal of the CSP. Published in an online format. It has a searchable archive that goes back to 1988. One of the journal's key aims is to publish original research and encourage continuing professional development for physiotherapists and other health professionals worldwide. The journal also aims to advance physiotherapy itself through its publication of research and scholarly work.

The latest metrics for Physiotherapy show an increase in its journal impact factor, up from 1.814 in 2015 to 3.010 in 2016. These figures reflect an increase in the average number of citations received in a particular year by papers published in the journal during the two preceding years (Physiotherapy, 2017).

The ratios are calculated by dividing all citations the journal receives by the number of items expected to be cited. Based on these metrics, the Physiotherapy journal is currently ranked seventh of 65 journals in the rehabilitation category (Clarivate Analytics, 2017).

So, why is the journal impact factor important? Clarivate Analytics explains that by analysing citation references, it is possible to measure the influence and impact at the journal and category levels, visualise the relationship between citing and cited journals, and trace a journal's impact over time.

However, they also highlight that different academic fields have different patterns of citation activity. For example, the latest journal impact factor data suggest that the Quarterly Journal of Economics is the most influential journal at this time, and Robotics is the category with the highest percentage increase in aggregate journal impact factor score (Clarivate Analytics, 2017).

To read about the latest research in physiotherapy, CSP members can access Physiotherapy online free of charge via the CSP website. Articles submitted to the journal can also be considered for the CSP Charitable Trust's Open Access Award, helping to disseminate top research to an even wider audience.

Katherine Jones is the CSP's research adviser

More information
Physiotherapy (2017) www.physiotherapyjournal.com
Clarivate Analytics (2017) bit.ly/2tt49JT

Quality placements

Be imaginative about widening the range of practice-based learning opportunities for students, says Katrina Kennedy

As head of clinical effectiveness in a community trust, I have recently been encouraging all physiotherapy students who are placed in our community teams to spend at least one day in the quality directorate under my supervision.

This has a dual benefit: it means that part-time staff can use this day with me rather than

relying on other team members, and it is hugely beneficial to the Bournemouth University students as they can ask me to sign off their quality competencies (if they have reached the required standard, of course).

During their days in the quality directorate they are given the option to benchmark their clinical practice against the most recent National Institute for Health and

Care Excellence (NICE) guidance, such as low back pain and multi-morbidity. They attend clinical effectiveness meetings with me and are also involved in clinical audit activities, including national audits such as Hipsprint, falls or Sentinel Stroke.

This gives students an opportunity to see that physiotherapists have the skill sets to be very effective in

corporate services such as quality.

In my role, I lead on the clinical audit programme and we are involved in all national audits that are relevant to the services we provide, I have to ensure trust compliance with NICE clinical guidance. I encourage teams to deliver effective pathways with robust patient outcome measures and I manage the national contractual quality

improvement initiatives.

I supported first, second and third year students in the last few months – all gained from their experience and were able to see the link between quality and the delivery of effective patient care.

In their feedback, on student said: 'Really useful day reflecting on my clinical practice and NICE guidance.' Another said: 'Good to see what quality means in a trust.'



Katrina Kennedy is head of clinical effectiveness, Dorset Healthcare University NHS Trust

Motivating Patients

Physiotherapists are finding that motivational interviewing and biopsychosocial approaches can bear fruit, as Gill Hitchcock discovers

From little seeds

Gardeners use tiny seeds to produce great results. Physiotherapist Jonathan Morgan uses the analogy to describe motivational interviewing: 'It can plant a seed to help patients understand how their behaviour is impacting on their health. And it doesn't have to take much time.' Mr Morgan, who works at St Woolos Hospital in Newport, south Wales, believes the NHS's sustainability will rely on clinicians enabling patients to understand how they can help themselves. 'Motivational interviewing is helpful in establishing that deep understanding,' he says.

The technique is not new and, on the surface at least, the approach is fairly simple. Developed by psychologists William Miller and Stephen Rollnick, it is based on having helpful conversations about change that can be applied in many areas, including physiotherapy. In a book they co-wrote, *Motivational Interviewing in Health Care*, the authors say the approach works by activating patients' own motivation for change and adherence to treatment.

They say clinical trials reveal that patients who

have been exposed to motivational interviewing were more likely to enter, stay in and complete treatment; to participate in follow-up visits; to increase exercise; reduce behaviours that put their health at risk; and have fewer hospital admissions.

It is not a technique for tricking people into doing what they do not want to do, they argue. Rather it is a skilful clinical style for eliciting from patients their own motivations for making behaviour change in the interest of their health. The professors describe the 'overall spirit' as collaborative, evocative and a way of honouring patient autonomy.

The patient decides

Collaboration in motivational interviewing rests on a cooperative and collaborative partnership between patient and clinician, instead of an uneven power relationship in which the expert clinician directs the passive patient. Evocation is about connecting health behaviour change with what the patient cares about, with their own values and concerns. And honouring patient autonomy requires an acceptance that

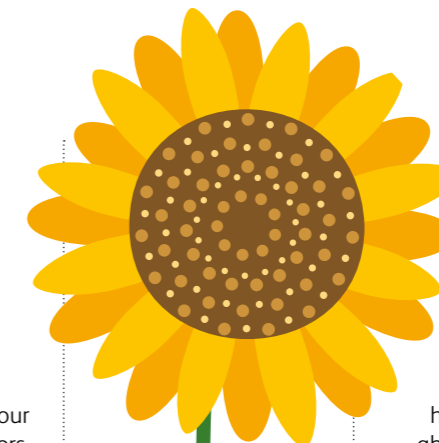
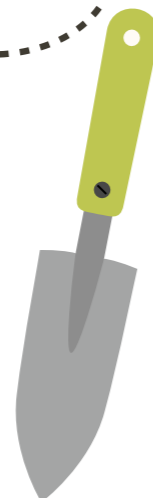
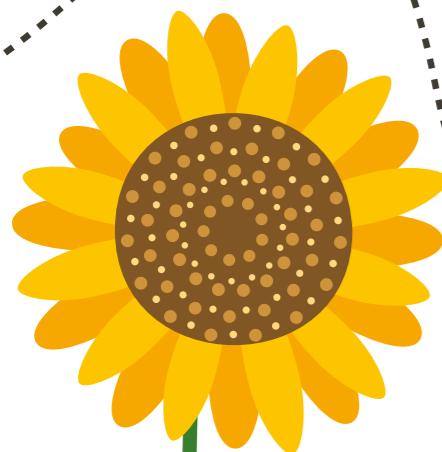
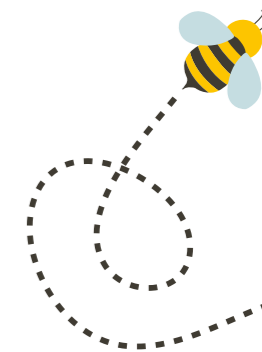
patients can and do make changes in their lives.

Clinicians may inform or advise, but, ultimately, it is the patient who decides what to do.

Mr Morgan, a band 6 musculoskeletal physiotherapist, is in the second year of an MSc in public health. He is particularly interested in motivational interviewing because he works in a part of Wales which, he says, has above national average levels of physical inactivity and obesity.

'A typical patient I may see is one with an arthritic knee who is overweight,' he says. 'Now some patients will come in knowing they need to lose weight, but have not been able to do anything about it. Motivational interviewing suggests trying to see the world through the patient's eyes. I think that resonates quite deeply with patients because maybe there have been situations where they have not been listened to.'

'I'm also trying to establish a discrepancy between their values and behaviours. I'm trying to find out if



Motivating Patients



Something to add?

email Frontline at
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'It's about people reflecting on what they are doing, how they are managing their pain, and reviewing whether what they are doing is helpful'

Emma Bartlett

there are barriers to improvement, and if the patient can come up with ways of getting over them. It is much more powerful if a patient comes up with an idea, rather than having it told to them by a clinician.'

At North Bristol NHS Trust's pain management service, Peter Gladwell, a clinical specialist physiotherapist, favours a biopsychosocial approach. This is where the clinician and the patient consider biological, psychological and social factors and their complex interactions to understanding health. Dr Gladwell sees it as 'meeting the patient half way', starting with what the patient thinks their issues are. But he recognises that adopting a biopsychosocial approach needs a cultural shift.

For Dr Gladwell, this began in 1998 when he was seconded from a general outpatient department to cover for a colleague in a pain management programme. He moved from a more traditional physiotherapy perspective, where physiotherapists prescribe exercise, to working with patients who were setting their own baselines.

The programme allowed Dr Gladwell to go beyond assessment to look at ways of improving outcomes. 'The first part of my work is developing a therapeutic relationship with the patient, by listening to them and their problems in order to build on that relationship and find where they are looking for help,' he says.

'I have just worked with a gentleman who has had significant

surgery on his neck. He didn't fully understand the findings of the follow-up MRI scan. Nobody had the time to spend with him, so I looked through the post-operative scan with him, and compared it with the pre-op scan. And it was just what he needed at this time in his rehabilitation. He didn't need exercise guidance as such, he just needed to know what had been done.'

Symptoms can improve

Dr Gladwell believes physiotherapists need to understand patients' concerns and what might be slowing recovery or improved function. 'The same skills should apply across the board, they shouldn't only happen in pain clinics,' he says.

Such is his enthusiasm for this approach, that together with Emma Bartlett, a clinical specialist physiotherapist in pain management at St Mary's Hospital, Portsmouth, Dr Gladwell runs courses in psychological approaches to pain management. Most participants are physiotherapists, but nurses, occupational and psychological therapists also attend.

Ms Bartlett describes a biopsychosocial approach as 'a way of being' with patients. Most of her NHS practice is with patients in groups, facilitated by a physiotherapist and a psychologist.

'It's an exploratory approach,' she says. 'It's about people reflecting on what they are doing, how they are managing their pain, and reviewing whether what they are doing is helpful or not. Through the things we discuss within the programme, they start to consider where they need to make changes in their behaviour to improve their quality of life.'

One of her recent patients was a woman with a diagnosis of fibromyalgia. Through the course of the programme, the woman identified that she tended put a lot of demands on herself to go out and earn money for her family. This was causing enormous stress, which affected her health.

But she went on to re-evaluate her behaviour, to recognise the contribution she was making to the family and that she didn't need to push herself and experience the stress that was creating.

Ms Bartlett says: 'Once she had reduced the pressure and stress, her symptoms improved quite significantly.'

Asked how he knows that motivational interviewing works, Mr Morgan says patients who have 'light bulb moments' are more likely to do something about their problem.

Those who are 'engaged' in their behaviour change or intervention are much more likely to improve, compared to those who receive directed interventions.



Conversations that 'blossom'

Measuring success is difficult, he admits. This is because some changes take years and occur after people have been discharged. It is hard to gauge which part of an intervention influenced the patient. 'For example, if someone found information in our waiting room that resonated with them, it would be hard to know if the information had helped to change their behaviour, rather than what had happened in the session,' he says.

Returning to the gardening analogy, Mr Morgan says that having the 'right conversations' with patients is not time consuming and can blossom into health improvements. 'It's a communication style and for me it works fantastically. And the great thing is that it's transferable to pretty much anything.' FL

More information

Motivational Interviewing in Health Care: Helping patients change behavior (2008) Stephen Rollnick, William R Miller and Christopher C Butler. The Guilford Press.

See bit.ly/2sJEne7

Physiotherapy Pain Association (PPA) ppa.csp.org.uk

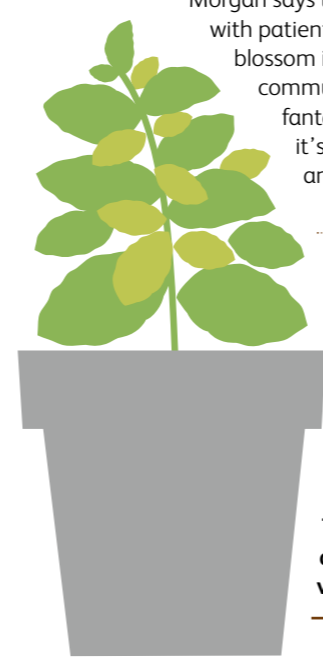
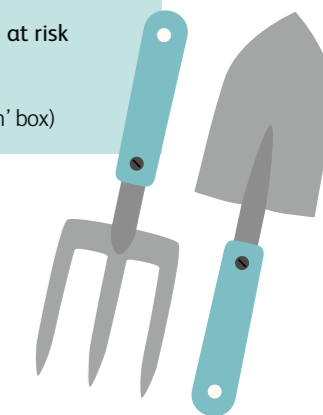
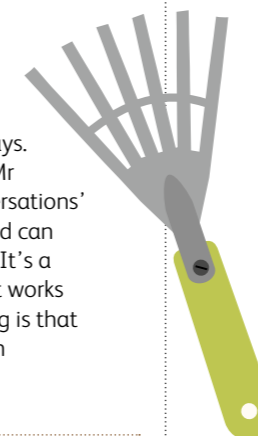
To find out more about Peter Gladwell and Emma Bartlett's PPA courses, visit bit.ly/2shjhT6

Is it effective?

After being exposed to motivational interviewing people are more likely to

- enter, stay in and complete treatment
- participate in follow-up visits
- exercise more
- cut behaviours that put their health at risk
- have fewer hospital admissions

Source: Rollnick S et al (see 'More information' box)



What's in the box?

W@W!
workout@work

Work Out@Work is the CSP's member-led wellbeing campaign. Hurry up! Registration closes 31st July.

You'll get a box rammed with leaflets and support material. And there's a big promotional ideas pack to download.

Use W@W! to raise your profile while promoting the importance of health, wellbeing and daily exercise in the workplace.

*Contents may be subject to variation. Quantities approximate.



BACK PAIN MYTH BUSTERS

Half of all people experience back pain at some point in their lives and it is one of the leading causes of sickness absence.

Myth: Moving will make my back pain worse
Fact: Don't fear moving and stretching - it's essential to keep moving. Gradually increase how much you are doing, and stay on the go.

Myth: I should avoid exercise, especially weight training
Fact: More cardiovascular and strength activities, in fact, reduce the risk of back pain. With these can help you get better posture - reducing some weight where appropriate.

Myth: A scan will show me exactly what is wrong
Fact: Sometimes a scan is needed to rule out other causes. Many scans are done without back pain. About 10% of people who have a scan will find out they have a problem.

Myth: Pain equals damage
Fact: This was the old paradigm but research has shown that pain is not always a sign of damage. Pain is a signal that something is wrong, but it doesn't always mean there is damage.

Find out more at: www.csp.org.uk/mythbusters



10 THINGS YOU NEED TO KNOW ABOUT YOUR BACK



DO YOU sit at a desk all day?

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<p>SIT-STRETCH</p> <p>Stretching your legs while sitting can help to improve your posture and reduce the risk of back pain. It's a simple exercise that can be done at any time of the day.</p>	<p>WALL-PRESS</p> <p>Pressing your back against a wall can help to improve your posture and reduce the risk of back pain. It's a simple exercise that can be done at any time of the day.</p>
<p>PERFECT POSTURE</p> <p>Good posture helps to reduce the risk of back pain. It's important to be aware of your posture at all times, especially when sitting at a desk.</p>	<p>THE LEG-UP</p> <p>Raising your legs while sitting can help to improve your posture and reduce the risk of back pain. It's a simple exercise that can be done at any time of the day.</p>

THINK PHYSIO for primary care



W@W! workout@work

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EVENT: _____
TIME: _____
WHEN: _____
WHERE: _____

Your copies

- Fit For Work x50
- Do You Sit at a Desk All Day? x100
- Drive Clear of Pain x50
- 10 Things You Need to Know About Your Back x50
- Think Physio for Primary Care x10
- Mythbusters poster x10
- W@W posters x 5
- MSK briefing.

Register now www.csp.org.uk/wow



Clinical Update

Our feature gives an accessible overview of a clinical issue of interest to all physio staff

Spondyloarthritis (Part 1)

Physiotherapists can play a central role in ensuring patients with spondyloarthritis receive an early diagnosis and are treated appropriately, says consultant physiotherapist **Carol McCrum**

Spondyloarthritis encompasses a group of inflammatory conditions with some shared clinical features. These conditions are important to recognise to enable early management to reduce the impacts and improve outcomes. A second article will appear in the future.

These conditions can have diverse symptoms and be difficult to identify. The average time to diagnosis spondyloarthritis is eight and a half years, despite a better understanding of these conditions, advances in imaging and effective treatments. These conditions are often mistaken as chronic back pain, tendonitis or joint problems. Symptoms can also be intermittent. They can move around peripheral areas and flare and settle, mimicking acute or recurrent back pain or tendon/joint problems.

Spondyloarthritis can present with predominantly peripheral problems, including dactylitis (inflammation of a whole digit joints, tendons and entheses – ‘sausage finger or toe’), enthesitis (inflammation at the tendon attachment to a bone), and joint pain/swelling, or predominantly axial problems (sacro-iliac joint/spine), or involving both regions.

Spondyloarthritis is often associated with extra-articular inflammatory conditions.

These include skin/nail psoriasis, inflammatory bowel disease (Crohn’s disease/ulcerative colitis) and uveitis (acute severe eye pain, eye redness, sensitivity to light or blurred vision). Some people may have several of these conditions or none (undifferentiated

spondyloarthritis). These conditions may not be active, or only manifest later. Separate recommendations are offered for recognising axial and peripheral presentations, which relates to evidence for different signs and symptoms, risk factors, investigation strategies and treatment. However, both regions may be involved.

Recognition and referral of suspected axial spondyloarthritis

Refer patients to rheumatology if they have low back pain that started before the age of 45 years and has lasted longer than three months, and if four or more of the following points apply

- low back pain started before the age of 35 years (increases likelihood of axial spondyloarthritis)
- waking during second half of the night because of symptoms
- buttock pain
- improvement with movement
- improvement with taking non-steroidal anti-inflammatory drugs (often within 48 hours)
- current or past enthesitis
- current or past psoriasis
- current or past arthritis
- first-degree relative with spondyloarthritis or psoriasis

If only three additional criteria are met, then HLA-B27 testing is recommended and referral to rheumatology if the result is positive. When screening criteria are not met but clinical suspicion remains, advise the person to seek re-assessment if new signs, symptoms or risk factors develop. This may be particularly appropriate if the person has or had psoriasis, inflammatory bowel disease or uveitis.

While morning stiffness lacked sensitivity and specificity as a referral criterion for axial spondyloarthritis, prolonged morning stiffness (lasting more than 30 minutes) can be an important factor when an inflammatory disease is suspected.

Peripheral spondyloarthritis

Peripheral spondyloarthritis is often misdiagnosed as an unrelated tendon or joint problem. Symptoms can often move around between areas or flare and settle. A person presenting with dactylitis should be referred to rheumatology.

Suspect peripheral spondyloarthritis in people who have enthesitis without apparent mechanical cause, and if the symptoms are persistent and occur in multiple sites. Other key factors include: back pain without apparent mechanical

Spondyloarthritis: key points:

- it is often missed in non-specialist settings and mistaken as chronic back pain, tendonitis or joint problems
- assess for axial spondyloarthritis for back pain onset before 45 years and lasting more than three months
- ask about extra-articular conditions – psoriasis, inflammatory bowel disease, uveitis and a family history of psoriasis or spondyloarthritis
- axial spondyloarthritis affects women and men equally and people can be human leukocyte antigen negative
- MRI imaging should perform an inflammatory back pain protocol which includes sacro-iliac joints and spine
- be suspicious of peripheral spondyloarthritis if dactylitis, or persistent or multiple site enthesitis occurs, particularly with associated extra-articular risk factors
- inflammatory markers C-reactive protein and erythrocyte sedimentation rates may be normal

cause; current or past uveitis (acute anterior uveitis symptoms require immediate referral for same day ophthalmological assessment); current or past psoriasis; inflammatory bowel disease (Crohn’s disease or ulcerative colitis); a first-degree relative with spondyloarthritis or psoriasis; gastrointestinal or genitourinary infection. For suspected undiagnosed psoriasis, follow the NICE guideline on psoriasis.

Blood tests

It is important not to rule out a diagnosis of spondyloarthritis on the basis of a negative human leukocyte antigen-B27 test. Inflammatory markers C-reactive protein and erythrocyte sedimentation rates can be normal.

Diagnostic imaging

The diagnosis of spondyloarthritis will be based on an evaluation of clinical features, blood tests and imaging findings. Imaging may involve X-ray, MRI or ultrasound depending on presentation, regions involved and other factors influencing imaging decisions. Importantly, the MRI protocol to investigate for inflammatory back pain/sacroiliitis differs from standard lumbar spine MRI protocols.

The MRI protocol should perform T1 and short T1 inversion recovery (STIR) of both the sacroiliac joints (coronal oblique view) and cervical, thoracic and lumbar spine. If a disparity occurs between clinical suspicion and imaging findings, consider having the imaging reviewed by a specialist MSK radiologist. **FL**

Dr Carol McCrum is a consultant physiotherapist, East Sussex Healthcare NHS Trust, and a NICE fellow

For more information
NICE guideline on Spondyloarthritis for 16s and over (2017) www.nice.org.uk/guidance/ng65



The illustration highlights areas of the body that are affected by spondyloarthritis and spondylarthropathy

Spondyloarthritis conditions include

- axial spondyloarthritis and ankylosing spondylitis
- psoriatic arthritis
- enteropathic arthritis, which is related to inflammatory bowel disease
- reactive arthritis, which is triggered by a recent gastrointestinal or genitourinary infection
- undifferentiated spondyloarthritis has no identified associations)

ServiceRedesign



Perfecting the pathway

Robert Millett meets the team at a specialist cardiothoracic hospital that's improved the care of patients who have a stroke after surgery

A physiotherapy-led project is raising the standards of stroke care at a specialist heart and lung hospital, by taking heed of audit results, reshaping the care pathway and upskilling staff. The initiative is taking place at Papworth Hospital, sited a dozen or so miles west of Cambridge.

Physiotherapist Adam Baddeley is the hospital's critical care, cardiothoracic surgery and cardiology team leader. He explains that Papworth is one of Europe's largest specialist cardiothoracic hospitals and acts as the UK's main heart and lung transplant centre.

But despite specialising in heart and lung conditions, he explains that hospital staff also see patients who have experienced post-operative strokes. 'It's a relatively common complication in cardiothoracic surgery,' says Mr Baddeley. 'On average, we do 2,000 cardiothoracic operations a year, and last year there were 73 patients with post-operative strokes. We are doing more and more complex surgery on older patients with more co-morbidities, and, theoretically, the risk is going up.'

This was confirmed in an audit of the hospital's stroke

Help at hand: senior physio Helen Woollard with a patient

ServiceRedesign

care and management, which highlighted a rise in post-operative stroke rates. As a result, Mr Baddeley has been leading a service improvement project, which aims to ensure that Papworth's stroke pathway meets the standards in the National Institute for Health and Care Excellence (NICE) clinical guideline for stroke rehab in adults.

'Our 2014-15 audit showed that we had quite a few areas to improve upon,' he says. 'In particular, in terms of the time scales from a stroke occurring and certain interventions needing to happen. For instance, with physiotherapy NICE recommends that patients are seen within 24 hours of a stroke being confirmed.'

During a one-year trial, from 2015-16, the trust provided extra funding to allow the project to create two new roles, for a band 6 neuro-specialist physiotherapist and a band 4 rehab assistant. Senior physiotherapist Helen Woollard,

Of the
73 post-operative
stroke patients
41
received a daily
45-minute
session

who has worked at the hospital for 10 years, took up the neuro-specialist post and gained responsibility for revamping the stroke service.

One of her first steps was to seek guidance from the neuro physio team at nearby Addenbrooke's Hospital, as Papworth had no on-site neurological specialists to consult with.

'Their team were invaluable in supporting us, and in sharing their knowledge and resources,' she says. Following their advice Ms Woollard went on to set-up a multidisciplinary stroke group, which now meets every two months.

The membership is made up from physiotherapists, occupational therapists, a medical consultant, speech and language therapists, alert nurses, social workers, link nurses from the surgical wards and the hospital's clinical lead nurse for stroke.

Ms Woollard says the hospital's focus on specialist cardiothoracic care meant some staff members were somewhat apprehensive about caring for patients who had had a stroke. 'It may have been years since some staff members had seen a patient with a stroke,' she says. 'So we realised that to support our patients and staff, and to improve on adherence to the NICE guidelines, a stroke group needed to be formed.'

Timely and effective

As well as chairing the stroke group meetings, Ms Woollard assesses, reviews and helps to rehabilitate the patients, both in surgical wards and in critical care, monitoring them until discharge and providing support to other staff.

She also maintains her band 6 rotational duties and provides daily mentoring and support to Frida Burnet, the project's rehab assistant. 'Together, Frida and I rotate throughout the surgical wards,' says Ms Woollard. 'Most of them are patients who have had a stroke as a complication of surgery.' These patients tend to stay two or three weeks before being transferred to a district general hospital or their nearest specialist hospital, Ms Woollard explains.

'Those first few weeks are crucial for maximising stroke recovery potential,' says Ms Woollard. 'There is a good 10-12 week window, where if you're aiming for a good recovery you want to do as much rehab as you can. In that first month, in particular, it's vital to get it started, at the right intensity and do as much as possible.'

To ensure her neurological skills were up to date, Ms Woollard attended stroke-specific courses, including Bobath training and the National Centre of Rehabilitation Education training programme at Derby Teaching Hospitals NHS Trust. And she now uses that knowledge to



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



Physiotherapy team leader Adam Baddeley

'Seeing staff, and nurses in particular, being confident with positioning and handling of patients is one of the more rewarding aspects because the nurses spend the most time with our patients'
Helen Woollard

help educate and inform other physiotherapists and stroke service colleagues. 'Seeing staff, and nurses in particular, being confident with positioning and handling of patients is one of the more rewarding aspects because the nurses spend the most time with our patients,' she says.

A better pathway

Ms Woollard's and Ms Burnet's posts were initially trialled for a year and have now become permanent, after a service audit last year showed positive results. The audit indicated that out of 73 patients who had experienced post-operative strokes, 41 received a daily 45-minute rehab session, in accordance with NICE guidance, while rehab was not deemed appropriate for 11 patients.

Meanwhile, 65 of the 73 people with post-operative strokes were seen by the stroke team five days a week, which meets the recommended minimum set out by NICE, (out of the total group of it was decided that this frequency was not appropriate for seven patients).

In addition, every patient with a suspected stroke was seen and assessed within 24 hours. Other positive changes

have included the introduction of an online stroke referral system, and an updated neurological assessment that is now more 'user friendly'. The online referral system, known as an Integrated Clinical Environment (ICE), allows patients who have already been assessed by a doctor or alert nurse after a stroke to be collectively referred on to all the professionals in the stroke team. And this has led to a more timely and comprehensive multidisciplinary approach, says Mr Baddeley.

Ms Woollard says that, overall, the project has led to faster and more effective rehab for patients, better joint-working with other professions and an improved profile for physiotherapy. 'We led the 2016 audit data collection and will be reporting our findings at a hospital-wide meeting which the consultants attend.' And last year, Ms Woollard won a staff achievement award for inspiring excellence, in recognition of her work.

Mr Baddeley adds that further improvements will be made. 'We know we are offering a much better experience for patients who have had a stroke.'

'As a tertiary centre of cardiothoracic speciality we aren't aware of any other centre that has invested and focused so much on stroke care. The audit will give us more ammunition to be able to say to the powers that be that we need more investment to meet more of the NICE guidance.' FL

More information
NICE guidance on stroke rehabilitation
in adults <http://bit.ly/2rMzbkX>

Physiotherapy assistant practitioner Frida Burnet gives upper limb therapy

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InPerson

I'm #backingrehab

Personal experience plays a role in promoting physiotherapy, says Karen Middleton, the society's CEO

I almost feel I could turn my In Person into a blog about my experiences as a family member of someone who has had a stroke. I won't, but there are some interesting parallels going on in my life right now. In my last column, I talked of the links between leadership and being a clinician and how the little things matter.

Now that my relative has been discharged home, I am seeing the difference community rehabilitation can make and why our #backingrehab campaign is so important.

Despite the excellent care in hospital, I was really unsure of my 92-year-old relative's ability to manage at home, but the in-patient and community team had enough confidence for us all. My relative wanted to go home but was anxious about discharge. Hospital seemed a safer option.

I have heard many patients describe the 'cliff edge' of discharge but I saw for myself what this anxiety can do – even with a full rehab team and a reablement care team due to be on hand.

I have seen how the care package my relative has been given to start with can be reduced as her rehabilitation takes effect and she can do more for herself. I have seen how the equipment and modifications that had been delivered before she got home can provide greater independence, which gives her more confidence. And I know how more relaxed we, her family, are now about her being at home, at least for the time being.

What I also know, however, is that this is not what happens everywhere. Andrew Marr talked to *Frontline* (2 November 2016) about this and the difficulty he had getting rehab at home, despite amazing rehab in hospital. This is why improved community rehabilitation is such a priority for the CSP. We know it works and we know it can save money. It's good for patients, their families and tax payers and

it's something physiotherapists are the experts in, whether it is neurological, respiratory, cardiac, falls or MSK rehab. Physiotherapy is rehabilitation.

That's why it's so important that we have led the #backingrehab campaign, using it as the basis of our political influence. It appeals on so many levels.

It can help reduce demand on the system, deliver secondary prevention, speed up discharge and save money.

For the general election, we contacted every single candidate, whatever their political persuasion, and asked them to support the campaign. 158 candidates affirmed their support. In terms of influence, we have initiated a relationship and we have a hook to go back to them in future.

Our next move

is critical. We need members locally to provide meaning to the campaign with real-life examples.

In England, it will help influence the sustainability and transformation partnerships (STPs) as they develop their implementation plans. We need to support what we say with real-life examples of the difference rehabilitation can make.

For all the wonderful things that hospital teams do to save lives, those lives require rehabilitation in order for people to return to a fulfilling and enjoyable life.

On a personal level, I'm watching as my relative gets used to being back in her home; watching her to see she is safe and check her confidence is growing.

Worrying a bit, too, about what might happen next. Suddenly the policies are real to me and my family.

It's also made we realise we absolutely must shift the narrative from saving lives and mortality rates.

What matters to most is the quality of the life people lead.

We need, as a profession, to show that rehabilitation can help to deliver that quality.

Even as chief executive at the CSP, I can only do so much to change that, but perhaps by talking about my own family's experience I'm making a start. You could too.

Think about how you can use your patients' experience, or that of a family member, to support our #backingrehab campaign. Encourage and empower your patients, families and the general public to speak up. FL



Contact Karen
You can email Karen at:
middletonk@csp.org.uk



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'Together with the James Lind Alliance, we are finding out what topics about physiotherapy are important to patients, carers and clinicians...'

#PhysioPriorities
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What research priorities matter to you?
Complete the survey and let us know at:

www.csp.org.uk/priorities

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Contact the Enquiries Team
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www.csp.org.uk/membership

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
Jul 19	Jul 3
Aug 2	Jul 17
Sep 6 Sep 20	Aug 21 Sep 4
Oct 4 Oct 18	Sep 18 Oct 2

p54 Courses & conferences

Advertise your course or conference by contacting our advertising agents, Media Shed, tel: **0845 600 1394** or email: cspads@media-shed.co.uk 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.

p58 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

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Networks & networking

English networks news



English regional networks

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

Find out more at

www.csp.org.uk/nations-regions

Be part of a movement

CSP English Regional Networks (ERNs) play a key role promoting physiotherapy in the region as well as exerting influence on decisions that impact on services regionally and locally. As well as creating an opportunity to network with like-minded professionals, the CSP local events give you a chance to campaign on behalf of the profession and learn some new skills to support you with influencing.

Any CSP member can volunteer to 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. It doesn't take up very much time, the Network get support from the CSP and it is very rewarding.

If you want to help to ensure that more people can gain the benefits that physiotherapy can provide in your region and are looking for a way to kick-start your career in 2017 and promote the physiotherapy profession this could be just the thing for you. *What's stopping you?* Email the campaigns and regional engagement team (CRE) at: cre@csp.org.uk today to find out more.

London

Bringing HEIs and clinicians closer together

A lively and informative discussion took place at the June London regional network (LRN) forum between physiotherapists from a range of provider organisations and representatives

from five HEIs focussing on how joint working can be optimised to develop the future physiotherapy workforce.

Nina Paterson, CSP education adviser, gave an overview of the CSP's role in ensuring quality and referred members to the practice based learning resources whilst encouraging members to be creative in their approach. Updates were provided by the HEIs on curriculum innovation including the use of simulation.

Further information on practice based learning can be found at: <http://www.csp.org.uk/pbl> and physiotherapists can register for practice based learning webinars by emailing at: patersonn@csp.org.uk

Patricia Hill, LRN core team member said: 'This was a most productive evening drawing interest from education and both the public and private sectors. Feedback was positive and both providers and HEIs enjoyed sharing ideas for new models of student placement and curriculum design in view of a changing health and social care economy. The LRN welcomed a number of new faces to the group who found the meeting most informative.'

The next LRN meeting on 18 September will focus on apprenticeships. Further information will be available on the CSP LRN webpage and the e-link to register will be sent to London members via email later this summer.

The LRN plays a key role promoting physiotherapy in London as well as exerting influence on decisions that impact on services locally. It also provides members with CPD opportunities and a chance to engage in the work of the CSP with a focus on London. If you would like to take an active role in the LRN or would like further information please contact: londonchair@csp.org.uk

Date for your diary

The LRN is hosting forums on 18 September and 4 December. Please hold the dates in your diary and keep reading *Frontline* for more details.

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

East Midlands

Date for your diary

The East Midlands regional has set the date for their autumn event. On Wednesday 29

November members will meet to review progress and share advice on influencing Sustainability and Transformation Plans (STPs) in the region. Please keep reading *Frontline* to keep up to date with the latest details about the event as they are released.

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

'Creating a case for change' – CSP West Midlands English regional network study day 2017

An event to inspire, educate and empower our regional members to achieve their ambitions when it comes to evaluation of impact, service innovation and taking your service to the next level.

Free to CSP members, the event will open with the CSP's chief executive, Karen Middleton, on the leadership of change and will feature a workshop delivered by the Head of Research at RJA Orthopaedic Hospital Foundation Trust, Teresa Jones, together with Dr Andrea Bailey, research physiotherapist and CAHPR lead for Shropshire, Yvonne Rimmer. The role of technology in facilitating change will also feature in the programme delivered by Naomi McVey, the North West Allied Health Professions (AHP) workforce lead.

Places are limited so do book your tickets now via Eventbrite (link accessed via the West Midlands CSP web page).

Date: Monday 11 September

Time: 9am-4pm

Place: The Learning Hub, Royal Orthopaedic Hospital, Birmingham

Cost: Free to members

Members hear the latest from the CSP and receive tips on Twitter from co-chair Helen Owen

Members attending the West Midlands regional network meeting in June benefitted from a packed agenda of CSP updates including the latest on the governance and membership review as well as highlights from Karen Middleton's report, available in the council papers on the CSP website.

Co-chair Helen Owen delivered a session for members on 'Twitter the next steps', with tips on setting up and updating your

profile, creating lists, and using analytics to maximise your impression and grow influence. Members were encouraged to get involved with #Physiotalk which takes place every other Monday.

W@W! in the West Midlands



Pictured above: West Midlands ERN taking part in a W@W! activity

W@W! is in full swing in the region with events such as street physio and lunchtime walks. The students at Birmingham ran a stair climbing event, climbing the height of Kilimanjaro. The network got active, running its own WO@WD 'balloon ball' activity during the meeting.

West Midlands ERN join forces with Physiotalk and other regional networks to host tweetchat on the general election

On the eve of the general election, the West Midlands, North East, South East Coast and Yorkshire and Humber regional networks joined forces with @physiotalk to discuss the impact of the general election on physiotherapy. It was a good hour long debate live on Twitter with members from across England sharing non-political party viewpoints on topics from NHS funding through to the roles members can play in influencing policy and funding locally and nationally. Chair of the CSP council Catherine Pope and vice-chair Phil Hulse, took part in the debate along with officers from the CSP. To view the conversation visit: @physiotalk on Twitter and view tweets from 7 June.

West Midlands ERN forum

Date: Monday 27 November

Time: TBC

Place: Birmingham University

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

Save the date! South Central's 2017 event – Physiotherapy: This is what we can do for you

This free event will bring members from the South Central CSP region together with fellow influential members and healthcare decision-makers to showcase the many possibilities for the healthcare system in the region across the care pathway – acute, primary, community and more. So make sure you have Thursday 28 September in your diary – more details on booking and the programme to follow soon.

Physiotherapy: This is what we can do for you (member and healthcare decision-maker event)

Date: Thursday 28 September

Time: 10am-3pm

Place: Guildhall, Winchester

Booking: Via Eventbrite – visit the South Central web page to access the link.

Guernsey members initiate first meeting to collaborate for the profession

Following the meeting with staff from the CSP at Les Cotils in May, a meeting has been initiated by members on the island to enable other CSP members in Guernsey to get involved, engage with each other and share common objectives to benefit the whole profession in Guernsey. The full details are below. Please can you email: physiosofguernsey@gmail.com if you wish to attend so that the organisers know how many members to expect.

If you are unable to attend the meeting but want to express an interest in getting involved please email: physiosofguernsey@gmail.com Members are also welcome to email Mindy Daubeny, campaigns and regional engagement officer, at: daubenym@csp.org.uk

If you work as a physiotherapist in Guernsey but have not received emails about member news and meetings, please email: daubenym@csp.org.uk so that your details can be added to our distribution list. Information about a dedicated Guernsey iCSP group will be published in a forthcoming issue of *Frontline*.

CSP Members of Guernsey meeting

Date: Wednesday 12 July

Time: 7pm

Place: Emma Fairbrache Room, PEH

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. >

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South East Coast

Save the date – Thursday 14 September – South East Coast conference

Not to be missed, this free event for South East Coast members will empower delegates to influence by celebrating success through sharing and broadcasting achievements. Explore new ways of promoting the profession, share your story, identify who to influence to realise your goals and be part of the next chapter for physiotherapy.

Physiotherapy: Our next chapter – South East Coast regional conference 2017

Date: Thursday 14 September
Time: 9.45am-4.15pm (registration 9.30am)
Place: Reigate Hill, Reigate, Surrey RH2 0TU
Booking: Via Eventbrite – visit the South East Coast web page to access the link.

For news, events and updates from your visit: www.csp.org.uk/nations-regions/south-east-coast

Follow us on Twitter: @CSPSouthEast

North East

CSP members offered discounted tickets to inaugural North East MSK Society conference

The CSP North East Regional network is proud to announce the news that CSP members are being offered heavily discounted tickets to the inaugural North East MSK Society conference.

The event, which is being held in association with the CSP North East regional network, will take place on Saturday 16 September at the Mercure George Washington Hotel, Washington, Tyne and Wear from 8.30am-5pm.

Cost: CSP members are being offered a discounted rate of £60 per delegate. Tickets will be available in mid-June.

Booking: To book your place please visit: <https://nemsconference2017.eventbrite.co.uk>
Follow NEMS on Twitter @nemsoc16 to be the first to hear news about the event. The event is being sponsored by Physiotherapy Matters and TRB Chemicida.

Date for your diary

The CSP North East regional network has confirmed the date of their next event as Tuesday 28 November which will be themed on bringing evidence to practice. Please hold the date in your calendar and keep reading *Frontline* for more information.

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**Date for your diary**

Please hold Saturday 7 October in your diary so that you can attend the network's autumn event which will be themed on student and early career learning. The event will take place in Colchester, Essex. To register your interest in attending please email: cre@csp.org.uk

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

South West members look forward to PTUK thanks to free tickets funded by the network

Following a competition for members to bid for a South West ERN funded place to PTUK, the network are delighted to confirm that Jane Mitchell, Jane Clarke and Alec Rickard have won their places after successfully submitting a 750-word reflective account on: 'How has a recent SW regional forum event informed and changed your professional practice?'

Commenting on their submissions, Shan Aguilar-Stone, South West ERN chair said: 'We were impressed with the very detailed accounts that were entered. From our point of view, it is good to hear that the network's activities are having an impact for members in the region and empowering members. We look forward to hear how they got on at PTUK when they will be doing presentations to members in the region at our 29 November event, sharing their observations of this year's conference.'

Influencing through leadership

Theme: Members can find out how they can influence across the entire career pathway – suitable for all types of membership from student to advanced practitioner
Date: Wednesday 13 September

Time: TBC

Place: Plymouth University

Booking: Via Eventbrite – access the link on the CSP South West regional web page

CSP South West ERN regional forum meeting

Theme: TBC

Date: Wednesday 29 November

Time: TBC

Place: Exeter TBC

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

Follow us Twitter: @CSPsouthwest

Yorkshire and Humber

Physiotherapy – Fit for the Future – free CPD event in Yorks and the Humber

The CSP Yorkshire and Humber regional network is proud to announce details for the next free regional event which will take place in York on Friday 15 September.

The event will focus on advancing physiotherapy practice and feature examples of innovative practice and inspirational leadership stories from Yorkshire and the Humber.

Tickets to the event will be free of charge and are available to all CSP members including students, retired, full members and associates.

To reserve your place please email: cre@csp.org.uk

Physical activity clinical champion Anna Lowe offers free training package in Yorkshire and Humber

Public Health England has developed a national network of physical activity clinical champions as part of its 'Moving Professionals' programme. The champions deliver peer to peer training on physical activity and the aim is to equip healthcare professionals with the knowledge and skills they need to effectively promote physical activity to their patients.

Anna Lowe is the physical activity clinical champion for the allied health professions in Yorkshire and Humber, Anna tells us about her work: 'My job is to find opportunities to teach AHPs in the region about physical activity, this might be through attending in-service training sessions, speaking at conference or visiting universities and talking to undergraduates. The teaching session lasts about an hour, it's really engaging and informative. Since starting the post I have delivered the session to radiographers, prosthetists, orthotists, occupational therapists, dietitians and of course lots of physiotherapists! The initial feedback from clinicians has been very positive and the impact of the programme is being formally evaluated by Public Health England.'

If you are based in Yorkshire and Humber and are interested in this training please contact Anna for more information at: a.lowe@shu.ac.uk

Twitter: @annaloweophysio



Pictured above: Recent physical activity clinical champions training session at Pinderfields Hospital

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

Follow us Twitter: @CSPYorksHumber

North West

Disability Awareness Day

The Northwest regional network will be hosting the physiotherapy stand at the annual Warrington 'Disability Awareness Day' or 'D.A.D.'. They are looking for ambassadors to help them promote the profession and its relevance in today's UK healthcare provision to the general public, as well as to any other professions, organisations, commissioners or CCG members who will be in attendance.

Date: Sunday 16 July

Time: 9am-5pm

Place: Walton Hall Gardens, Walton Lea Road, Higher Walton, Warrington, WA4 6SN

Cost: Free

Contact: If you are interested in helping out for the above event, please contact: karenmartin11@hotmail.com with the subject line of 'DAD's army Volunteers 2017'.

North West professional forum

Date: Monday 11 September

Time: 6pm-8pm

Place: Brooks Building, Manchester Metropolitan University, Manchester M15 5JH

Contact: Email: northwestchair@csp.org.uk and: ena.mitchell@aintree.nhs.uk to confirm your attendance.

North West study day

Theme: Intermediate Care

Date: Saturday 14 October

Time: TBC

Place: TBC

Booking: Opening soon via Eventbrite – link accessed via CSP North West regional web page

North West professional forum

Date: Tuesday 28 November

Time: 6pm-8pm

Place: Education Centre, Chorley Hospital, Preston Road, Chorley PR7 1PP

Contact: Email: northwestchair@csp.org.uk and: ena.mitchell@aintree.nhs.uk to confirm your attendance.

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

Follow us on Twitter: @PhysioforGM

@NorthwestCSP

CSP board news**Wales****CSP Development day and board meeting – June 2017**

CSP Welsh board met in Cardiff on 8 June and welcomed council member Katrina Kennedy, vice chair of council Philip Hulse and director of the strategy, policy and engagement directorate at the CSP Rob Yeldham to their meeting.

The day before the board meeting, CSP Welsh board held a development training day with guest presenters: Karen Field from 1000 Lives, Steve Tolan from CSP practice and development directorate, Pip Ford from the CSP Wales office, Dr Steph Best and Dr Sharon Williams from Swansea University and Ruth Emanuel from ABMU Health Board.

The development day provided an opportunity to consider how members can >

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30

sessions

of

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10-11 NOVEMBER 2017

BIRMINGHAM

#physio17

See the programme and book online at: www.physiotherapyuk.org.uk

put the spotlight on physiotherapy through abstracts to conferences, poster presentations and nominations for awards.



Pictured above: Steve Tolan

The event was opened up to a range of members, nominated from health boards as well as Welsh board members themselves. Attendees now have a requirement to undertake an in service training with their work colleagues on what they have learned. Look out for these locally.

At the board meeting Katrina Kennedy, Debbie Davies, and Philip Hulse discussed the governance review with board members. The board provided feedback for council members to take back to the next council meeting. If any member in Wales wants to know more about the review there is information here: <http://www.csp.org.uk/about-csp/our-structure/governance/governance-review>



Pictured above: Debbie and Katrina leading the discussions

As a CPD session during the meeting Welsh board heard from Siobhan Pearce, Macmillan specialist physiotherapist from Velindre NHS Trust highlighting the Macmillan Activity Promotion Programme (MAPP) demonstrating prudent healthcare in physiotherapy. The programme is having some encouraging results that are improving quality of life for patients.

In other discussions at board, members considered the Cywaith project, the work of

the professional officer in Wales with Gwyn Owen. They also provided feedback and views on the CSP's draft position statement on the student bursary for NHS training careers in Wales, which is being retained for 2017/18 but will only be available to students if they agree to stay and work in Wales for two years following graduation. The board discussed potential unintended consequences. Concerns about the bursary will be raised via Welsh Partnership Forum (trade unions and NHS Wales) and in discussions with the Workforce Education Development Service (WEDS).

The board said a fond farewell to Steph Best who is off to Australia!



Steph (pictured above) has been the directly elected representative to the research committee and has also represented the Board on the Welsh Therapies Advisory Committee (WTAC). She has been a very active and hardworking member of the board.



Also finishing on Welsh board was Julie Knight (pictured above). Julie has been the regional safety representative and executive communications officer for many years. The board thanks Julie for her fantastic contribution. In the time honoured way that has become a bit of a tradition with Welsh board they both received an engraved Welsh love-spoon. Thanks Steph and Julie – we will miss you!

Professional networks news



Professional networks

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

Send an email to networkads@csp.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex
Sussex ACPIN weekend course: **BBTA An introduction to the Bobath concept – module 3**

Tutor: Helen Lindfield

Dates: 15 and 16 July

Place: Eastbourne District General Hospital, East Sussex BN21 2UD

Cost: £100 members, £130 non-members

Contact: For more details and to secure your place please contact: adriane.phebey@nhs.net

Medico Legal Association of Chartered Physiotherapists (MLACP)

MLACP Advanced seminar for physiotherapy experts (MSK)

Date: Thursday 14 September

Place: Irwin Mitchell Solicitors, 27 Quay Street, Manchester M3 4AW

Cost: £150 MLACP members, £200 non-members

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

MLACP Winter conference and AGM – Securing your practice for the future

Date: Friday 24 November

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

Cost: £50 MLACP members, £85 non-members, £40 CSP students

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

Association of Trauma and Orthopaedic Chartered Physiotherapists

ATOCP Awards

The 2017 ATOCP Awards are now open for entries. Please see website: <http://atocp.csp.org.uk>

org.uk for more information. Categories include doctorate, MSc, professional (eg: audit) and undergraduate. Prizes of £250.

Chartered Physiotherapists Working With Older People (AGILE)

In association with **British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR)**

AGILE Regional study days 2017: Managing the older person amputee – A community perspective

AGILE have collaborated with BACPAR to deliver a day of lectures and practical sessions in each AGILE region for physiotherapists to build and consolidate their knowledge when managing the older amputee. Particular emphasis will be to problem solve those that are difficult to manage – those that don't fit the expected pathway, from a community perspective.

BACPAR will provide an overview on the reasons for amputations, levels of surgery and the wearing of a prosthesis – or not. Group work using a problem based approach will review phases of rehabilitation, treatment planning and additional referrals. More detailed discussion will reflect:

- understanding basic prosthetics and gait deviations
- PPAM aid / femurett use
- transfers with/without limbs
- the contra-lateral foot
- potential therapy constraints; pain, oedema, dementia, the chronic amputee.

Speaker: Led by Julia Earle, BACPAR chair and supported by local BACPAR representatives

Date: 9 July

Place: London

Contact: Claire Betts at: agileeast@gmail.com

Date: 28 October

Place: Dundee

Contact: David Hegarty at: agilescottishrep@gmail.com

Cost: £50 AGILE members, £65 non-members

Contact: Full details on particular AGILE course via organiser or on AGILE website at: <http://agile.csp.org.uk/network-events>

Chartered Physiotherapists Working With Older People (AGILE) – East

2017 AGILE learning event 'Living well with long-term conditions'

Date: 14-15 October

Place: Croydon Conference Center (South London)

Contact: For further information and booking see: <http://agile2017.eventbrite.co.uk> >

Do you work with hip fracture patients?

Are you involved in delivering rehabilitation following hip fracture in **community settings?**

Be part of the national clinical audit.

By being involved in the **National Hip Fracture Database (NHFD)** sprint audit you can improve the rehabilitation experience for people who have had a hip fracture.



Contact hipsprint@csp.org.uk to register and prepare your service for the NHFD audit

Get the inside track at: www.csp.org.uk/hipsprint

ON YOUR MARKS...
GET SET... GO!

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2 days of CPD for £309

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BIRMINGHAM
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www.physiotherapyuk.org.uk

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

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

Date: 14-16 July

Place: Nottingham

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

**Advancing your skills into men's health
Part 1: Physiotherapy assessment and
management of lower urinary tract symptoms**

Date: 9 September

Place: York

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

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

Date: 22-24 September

Place: Chichester, West Sussex

Cost: £350 POGP member/affiliate,
£420 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: 29 September-1 October

Place: Glasgow

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

**Physiotherapy assessment and management
of pregnancy related musculoskeletal
conditions – Part 2**

Date: 7 October

Place: Ashton under Lyne, Greater
Manchester

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: 20-22 October

Place: Portsmouth, Hampshire

Cost: £335 POGP member/affiliate,
£405 non-member

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

Date: 4 November

Place: Hitchin, Hertfordshire

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

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

Date: 10-12 November

Place: Swindon, Wiltshire

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

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

Date: 10-12 November

Place: Cambridge, Cambridgeshire

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

**Introduction to physiotherapy in the
childbearing year**

Date: 18 November

Place: Ashton-under-Lyne, Greater Manchester

Cost: £125 POGP member/affiliate, £160 non-
member, £100 physiotherapy student

**Advancing your skills into men's health
Part 1: Physiotherapy assessment and
management of lower urinary tract symptoms**

Date: 25 November

Place: Dartford, Kent

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.

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

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

**WEBINAR – An introduction to occupational
health – to be delivered via a series of
webinars**

Dates: 10 July to 23 October

Cost: Complete course £380. Stand alone
sessions (sessions 1, 2 and 3) Session 1: £20
(one hour), session 2 and session 3: £30
(both 1.5 hours)

**Changing Health Behaviours: Using a
cognitive behavioural approach to achieve
better outcomes**

Date: 10-11 November

Place: Birmingham

Cost: £280 members, £340 non-members

Introduction to applied ergonomics

Date: 15-16 September

Place: Camden, London

Cost: £300 members, £360 non-members
**Advanced office workstation ergonomics
(DSE) level 2**

Date: 13-14 October

Place: Boxgrove, Guildford

Cost: £280 members, £340 non-members

An introduction to occupational health

Date: 8/9/10 November

Place: Peterborough

Cost: £455 members, £515 non-members

Office workstation ergonomics (DSE) level 1

Date: 11-12 November

Place: Guildford

Cost: £300 members, £360 non-members

**Advanced office workstation ergonomics
(DSE) level 2**

Date: 25-26 November

Place: Newcastle-Upon-Tyne

Contact: Tracy Long, administrator, on tel:
01284 748202 email: acpohe@buryphysio.co.uk

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

NEW! AACP Bristol conference

Date: 23 September

Booking now open at: www.aacp.org.uk

Upcoming CPD courses

Sports injury course

Date: 12 August

Place: London

Fascia and anatomy

Date: 4 September

Place: Peterborough

Back and upper limb acupuncture CPD

Date: 14 September

Place: Leicester

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: 5, 6, 19 and 20 August and 16 and 17
September

Place: Watford

Dates: 26 and 27 August, 2 and 3 September
and 7 and 8 October

Place: Manchester

Dates: 2, 3, 16 and 17 September and 4 and 5
November

Place: Bournemouth

Cost: £495 – Including one year's 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

Physio First

**Physio First offers five core unique benefits
only available to members**

1. **Unique member marketplace information**

Up-to-date information gleaned from
discussions with marketplace holders.

2. **Practice benchmarking reports**

An anonymous and safe crowd sourced
evidence for us to learn 'best private
business practice' together.

3. **Private, trusted LinkedIn forum**

A unique colleague to colleague, safe and
trusted forum where we can ask and
answer more specific and searching
questions than it is possible for any
organisation to answer centrally.

4. **Data for Impact**

Quality demonstrated by our 'evidenced
based cost effectiveness'. It delivers
marketplace evidence for us to use as
individuals, and as clinics to prove our
quality based on our outcomes. It is also
the engine to drive benefit number 5.

5. **Quality Assured Practitioner scheme**
Sign up to our Data for Impact project
and represent our response to the changing
healthcare marketplace and above all,
represent a change in our mindset.

Contact: To join or for further information
see our website: www.physiofirst.org.uk

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

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

Soft tissue techniques

Date: Part 1: 29-30 July

Place: Sussex Cricket Club

Date: Part 2: 9-10 September

Place: Royal London Hospital

Cost: From £200

**The 2nd World conference on sports physical
therapy: Optimal loading in sport**

Date: 6-7 October

Place: Titanic, Belfast

Contact: www.physiosinsport.org/courses.html

**British Association of Chartered
Physiotherapists in Amputee Rehabilitation
(BACPAR)**

**Save the date for the 2017 BACPAR
Conference and AGM**

The 2017 conference will be held on 16 and
17 November at Wolverhampton Science Park.

Contact: Any questions about conference
applications to email: [bacpar2017conference@
gmail.com](mailto:bacpar2017conference@gmail.com)

Programme and application forms will be made
available at: <http://bacpar.csp.org.uk>

**Musculoskeletal Association of Chartered
Physiotherapists (MACP)**

**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 23 September

Place: Cornwall Outpatient Physiotherapy
Dept., Liskeard Hospital, Clemo Road, Liskeard
PL14 3XD

Date: Saturday 11 November

Place: Loughborough Hospital, Epinal Way,
Loughborough, Leics LE11 5JY

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.

**The MACP presents: Integrating imaging into
musculoskeletal practice**

An interactive three-day course aimed at
senior physiotherapists and new ESPs with
limited radiology background, wanting to >

learn more about requesting and basic interpretation of musculoskeletal imaging in practice. You can choose to attend one, two or all three days

Dates: 23 September (lumbar spine), 30 September (shoulder) and 14 October (knee)
Place: Dynamic Health, Brookfields Campus, Mill Road, Cambridge CB1 3DV
Cost: One day: £120 MACP members; £130 non-members. Two days: £240 MACP members; £260 non-members. Three days discounted: £330 MACP members; £360 non-members
Facilitators: Christopher Mercer, consultant musculoskeletal physiotherapist (spinal), Western Sussex Hospitals Trust; Jessica Gent, clinical physiotherapy specialist lower limb), extended scope practitioner; Cathy Barrett, specialist physiotherapist, Shoulder Academy, Central Health Physiotherapy, previously lead extended scope practitioner in shoulder unit, Imperial College Healthcare Trust
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.
Date: 15 July
Place: Hinchingsbrooke Hospital, Huntingdon, Cambridgeshire
Cost: £125 MACP members, £135 non-member
Facilitator: Dr Nicholas C. Clark, PhD, MSc, MCSP, MMAPC, CSCS
Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Physiotherapy Pain Association (PPA) Physiotherapy Pain Association introductory course: Psychologically informed approaches to physiotherapy assessment and management of pain

Date: Saturday 30 September and Sunday 1 October
Place: City Hospital, Dudley Road, Birmingham, West Midlands B18 7QH
Cost: PPA members £200, non PPA members £220
Contact: Email: ptecourses@gmail.com

British Association of Hand Therapists (BAHT) Level 1 courses

Date: 30 November to 2 December
Place: Derby
Contact: Tel: 01332 785178/786964/789874 or email: anicia.baron@nhs.net; ella.donnison@nhs.net or: linda.tozer1@nhs.net
Level 2 courses
Hand Dynamics: Mobilisation/immobilisation splinting
Date: 29 September to 1 October

Place: Dublin
Contact: Email: handdynamics@gmail.com
 Tel: 00 353 1 8092523/ 8528318
Paediatric hand therapy
Date: 6-8 September
Place: Brunel University
Contact: Debbie at email: hand-ed@outlook.com
Fractures
Date: 6-8 September
Place: London NW11 7EN
Contact: www.neshands.co.uk
Radiographic imaging of the hand
Date: 18-20 October - Radiographic
Place: University of Derby
Contact: Email: anna.selby@nhs.net Tel: 01332 786964
NES WRULD
Date: 30 November to 2 December
Place: Redditch
Contact: Email: alison.hinton1@nhs.net/ www.neshands.co.uk Tel: 01905 760462
Optimising soft tissue repair
Date: 21-23 September 2018
Place: Mount Vernon Hospital, Middlesex
Contact: Nikki Burr/Ella Donnison at email: handtherapy@sky.com Tel: 07951341270
Level 3 courses
Contemporary practices in injection therapy (upper limb)
Date: February 2018
Contact: Sharon Goodwin at: sharon.goodwin@nottingham.ac.uk Tel: 0115 823 1927.

Association of Paediatric Chartered Physiotherapists (APCP)
APCP Respiratory workshops – Respiratory update for paediatric physiotherapists working in the UK
Date: Saturday 7 October
Place: Milton Keynes
Date: November
Place: Edinburgh (TBC)
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>
APCP Neonatal committee:
Three-day neonatal committee – Lacey assessment of pre-term infants
Date: 15-17 November
Place: Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Road, Edinburgh EH16 4SA 51

Cost: £450 APCP members, £500 non-members
Contact: For further information/to book your place, visit: apcp.csp.org.uk/courses-events or contact: office@apcp.org.uk

Association of Chartered Physiotherapists for People with Learning Disabilities (ACPPLD) National annual learning event 2017

A packed two day conference covering an exciting variety of topical subjects. Members and non-members welcome. One day delegates are welcome and special rates are available for students.
Dates: 25 and 26 September
Place: Mercure Atlantic Tower Hotel, Liverpool
Cost: Day delegate £70 per day (ACPPLD members); £90 per day (non-members). Accommodation is available – see application form for details.
Contact: for further information on course details and application forms please visit the ACPPLD website: acppld@csp.org.uk or contact Sian Dillon at: sian.dillon@cwpl.nhs.uk or Sue Sumner at: sue.sumner@cwpl.nhs.uk or tel: 0151 488 8091.

Other groups news

Grant opportunity

Physiotherapists who completed their training at the former St Thomas' Hospital School of Physiotherapy are invited to apply for a grant from the Physiotherapy Education and Welfare fund.

This fund comprises the former St Thomas' Hospital Physiotherapy Trust funds and the Mennell-Randell and Bauwens-Carlisle fund which, with the consent of the Charity Commission, has been transferred to Guy's and St Thomas' Charity.

Applications may be made for training, professional development, conference attendance or welfare related costs (retrospective costs will not be considered).

The deadline for applications is 17 July. For full details and application form, please contact: Ruth Bishop, Funding Manager at Guy's and St Thomas' Charity, Francis House, 9 King's Head Yard, London SE1 1NA Tel: 020 7089 4558 Email: ruth.bishop@gsttcharity.org.uk

The Margie Polden Memorial Fund and Bursary

Margie Polden, FCSP, who died in 1998, worked at the Hammersmith Hospital in London, where she initiated and developed physiotherapy in obstetrics and gynaecology, and within ACPPOG – now POGP – made an enormous contribution to the education of physiotherapists and other professionals. Never afraid to be combative, she vigorously and knowledgeably debated and discussed with clinical colleagues, lectured, and wrote for professional publications. She also had the ability to reach out to the public, with witty, pertinent and informative articles and talks on women's health issues. In doing so she furthered the cause and raised the profile of physiotherapy in obstetrics and gynaecology and made a real impact on the lives of countless women.

Through her work and books, Margie, a loved and respected member of POGP influenced and educated numerous physiotherapy students.

Within our own professional network many members of POGP wished to honour Margie and this was made possible through the generosity of Margie's family. This has enabled the creation of the Margie Polden Memorial Fund, which supports the Margie Polden Memorial Lecture and the Margie Polden Bursary.

The Margie Polden Bursary

A bursary was set up in memory of Margie by the generosity of her husband to fund a place at the POGP conference for a student or newly-qualified physiotherapist. This bursary will be awarded annually to an applicant who is able to demonstrate an interest in the field of pelvic, obstetric, and gynaecological physiotherapy and is keen to develop that interest further.

The applicant should be a pre-registration physiotherapy student, or have qualified during the same year as the conference. He/ she must also be a member or student member of the Chartered Society of Physiotherapy (CSP).

The bursary funds both the conference fee and accommodation costs, however it does not fund the travel costs for the recipient.

Applicants must: Complete the application form and provide a personal statement as requested on the application form.

An application form can be found on the >

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for the
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Physiotherapy UK
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10-11 NOVEMBER 2017
BIRMINGHAM
#physio17
See the programme and book online at:
www.physiotherapyuk.org.uk

POGP website and should be returned by email to the chairman by 1 July 2017.

If you know of anyone who would be a suitable recipient of this award, please encourage them to apply.

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 (Black Minority Ethnic) network meeting

Date: 27 September

Disabled members' network meeting

Date: 11 October

LGBT+ (Lesbian, Gay, Bisexual and Transgender) network meeting

Date: 16 November

Place: All meetings are held at the CSP in London

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

CSP Retirement Association



CSP Retirement Association

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

Contact Sue Russell at:
news4sue@keleus.com

Are you newly retired or about to retire?

If you are interested in joining the CSP Retirement Association, let us know who you are and where you live and then we can tell you the benefits of our organisation and maybe put you

in contact with one of our local social groups. We look to hearing from you. Judith Saunders, chair CSPRA, email: judith6072@hotmail.co.uk

CSPRA Committee meeting

The CSPRA executive committee met on 15 June and had a very lively meeting with new ideas and plans for moving forwards.

We discussed a CSPRA outing for March 2018, the York Event, plans for our AGM; the major topic this year will be Diabetes, our involvement with the CSP strategy; producing a CSPRA pack, and the future of our joint conference with OT and SLT in 2019. It will be our turn to host it, and after the very successful event hosted by the RCOT in April, we have a job to do!

Professor Ann Moore joined our meeting to update on the new musculoskeletal oral history project. Four members of CSPRA are involved as interviewers in this joint venture with Brighton university lead by Ann. Leaders in the musculoskeletal field across the world will take part in interviews. This is an exciting project and we are delighted to be a part of it.

CSPRA York event 2017

Date: Monday 2 October

Time: 10am to 3pm

Place: Bar Convent, Blossom Street, York (five mins walk from station)

Cost: £15 including lunch and refreshments all day

Programme

- 10am-10.30am Coffee and registration and pay on the day
- 10.30am-11.30am Open forum session on falls. Discuss your ideas on why falls happen, better prevention of falls and your experiences.
- 11.45am-1pm lunch
- 1pm-2pm Mark Hampshire (USit U Exercise)
- 2pm-3pm Mary Ellerington Lynch (Bobath specialist) will speak on 'Brain plasticity has nothing to do with age.' We are most fortunate to have Mary come along as she is a very busy lady spending time abroad with lectures and the stroke hospitals she founded.

Contact: To reserve a place please email: judith6072@hotmail.co.uk (Pay on the day)

I look forward to welcoming you at this event. Last year was very successful. Come and visit York for the weekend and stay for our event on the Monday. Accommodation is available at the Bar Convent as well as lots of hotels in York. It is a fascinating city with lots to explore and do.

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!

University Of Ulster 1983-1987 reunion

It's 30 years since we qualified and I would like to reach out to those of you who I haven't been able to contact through Facebook or the Northern Ireland Hospital/University network.

It would be great to catch up with each other. I'm planning for 4 November in Belfast City Centre. Venue still to be arranged. Please contact: tonicaraan@yahoo.co.uk if interested and to confirm details.

West Middlesex School of Physiotherapy '74-'77

Join us on our amended reunion date of Saturday 21 October at lunch time in Richmond. Place TBC. Please contact any past friends of Ailsa Rd. too, and email: jude.monteath@ntlworld.com or: ronnie.devon@gmail.com for further details.

University of Ulster 1988-1992

Can you believe it's 25 years since we graduated? We are planning to meet up in Belfast on Friday 11 August (venue to be confirmed). If you were in that year, post-grad around that time, or lecturer it would be great to see you. Even if you can't make it, get in touch to let us know how you are. Contact Cathy Liggett (now Armstrong) at: cathyarmstrong@sky.com Alison Mercer (now Wolseley) at:

alisonwolseley@yahoo.com Brona McDowell at: brona.mcdowell@belfasttrust.hscni.net or join Facebook UJ Physiotherapy class of 92.

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

Cardiff School of Physiotherapy ('73 intake)

This year's reunion is planned for 16 September for lunch in Cardiff. As its 40 years since we were unleashed on the unsuspecting public as fledgeling physios it would be so good to get as many as possible of us back together! We have a good lunch, an even better catch up, and lots of laughs! Please get in touch with Jan Short (nee Roberts) at: dulaspt@hotmail.com for the time and venue.

We are still hoping that Pat King, Katherine Morgan, Ulrike Leach, Hilary Rowlands, Val Fear, Anne-Marie Olausen will get in touch and join the group – if anyone knows of their whereabouts – please ask them to e-mail me. Lets get the whole gang back together!

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. Chris Mallows.

Mater Hospital School of Physiotherapy/UCD, Ireland, Class of 1983 to 1987

We are planning a reunion, which is due to happen on Saturday 16 September in Dublin. We are gathering information to see if enough people are interested in joining us. If interested please contact Mary Cooney at: cooney.mary@sivuh.ie

London Hospital School/NELP 1987-1991

It is 30 years since we first met! Would you like to meet up again in East London on 7 October? Venue TBC. Contact Camilla (nee Tolson) at: camilla.simpson@yahoo.co.uk or Ruth at: bailey.ruth@bopenworld.com

We hope to can get as many of the year together as possible and look forward to catching up.

Withington Hospital School of Physiotherapy 1974-1977

It is 40 years since we qualified. Where did the time go? Did you train with Sally Gray, Dee Wilkinson, Gillian Gibson and Gaye Crompton? If so I am arranging a reunion.

Join us for afternoon-tea at the Midland Hotel in Manchester on Saturday 21 October between 1pm-6pm. It would be great to catch up and see what we are all doing. If you are interested contact Gaye Jackson (nee Crompton) at: robin.jackson54@btinternet.com or text me on: 07789 307507 for more details.

If you cannot attend it would be great to know what you are up to so contact Gaye with your news.

University Of Ulster 1993-1997 reunion

Reaching out to those not in contact on Facebook. Reunion to be held in Belfast City Centre, Friday 8 September. Please contact: suzalexander@hotmail.com if interested and to confirm details.

75 years of physiotherapy education in Leeds

Ex-students, educators, clinical colleagues and friends are invited to spend the afternoon celebrating 75 years of physiotherapy education in Leeds. Join us for afternoon tea and meet up with physiotherapy friends old and new. See what has changed at Leeds Beckett, come and look at our clinical skills teaching suite, reminisce about faradism, PNF, those anatomy practical sessions and escaping to the dry dock! Date: 30 June 2017, 1-5 Rose Bowl Lecture Theatre A. <http://www.leedsbeckett.ac.uk/events/faculty-events/leeds-school-of-physiotherapy-75/>

Leeds School of Physiotherapy 1972-1975

Di (nee Keating), Helen (nee Pain), and Kathy (nee Slater) are planning to attend the open afternoon at Leeds Beckett on 30 June 2017 celebrating 75 years of physiotherapy education in Leeds. It would be great if we could arrange a meal in the evening for any of our set who would like to join us. Please contact Diana at: dnkverndal@hotmail.com

University of Northumbria 1994 - 1997

20 years since we qualified! Some of us are thinking about a get together in the North East later in the year – possibly September/October. If you are interested please can you let me know and feel free to pass this info on to anyone who you are still in touch with but may not receive *Frontline*. Email: emma@synergyhealthcare.co.uk >

Guy's Hospital School of Physiotherapy 1975-78. 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

University of Salford Physiotherapy Class 1994-1997

It is our 20th anniversary since qualifying as physiotherapists from Salford and to mark it we are organising a reunion in Manchester City Centre at 2pm on Saturday 1 July. We would love to get of many of us together as possible to share memories and stories, catch up with old friends and find out where we all ended!! Please contact: cbonfield96@yahoo.co.uk (Carol Bonfield nee Barnes) or: michelle.aspinall@hotmail.com (Michelle Aspinall nee Duckworth) by 30 April if interested.

Wolverhampton School of Physiotherapy 1984-1987

Can you believe 2017 is 30 years since we qualified. I hope some of you feel as I do that it would be great to meet, catch up and share tales of the last 30 years. If you are interested please email Janet at: romsleyphysio@hotmail.co.uk and I will organise something in June/July in the Midlands. Look forward to hearing from you.

Royal Air Force School of Physiotherapy Course 19

As hard as it is to believe it is now 40 years since we qualified. Therefore, I think that this is something we should either celebrate or commiserate on. So, if you agree and would like to get together in July or August please let me know and we can start to sort something out. Look forward to hearing from you soon. Graham Smith, email: g.smith@physiotech.biz

Oswestry and North Staffordshire School of Physiotherapy, Set 46 (1984-1987)

This year it is 30 years since Set 46 qualified. I am organising a reunion on 1 July in Baschurch, Shropshire, and would welcome any of our tutors who admit to knowing us! I have located most of our set, but struggling to find Ann Pearson and Angela Wyatt. If anyone knows where they are, please can you ask them to contact Alison (nee Pope) Slater at: email: alislater1@hotmail.co.uk

Middlesex Hospital 1982-1985 sets

Michelle (Cook), Sue (Cox), Vanessa (Bogash) and Jenny (Frogatt) are having a reunion in London at lunchtime on Saturday 19 August. It would be great if anyone else would like to join us. Please contact Michelle at: mcdowd48@gmail.com if you are interested.

Withington Hospital School of Physiotherapy 1977-1980

Unbelievably, 2017 will be 40 years since we met and started training! It would be great to meet and catch up. If you are interested please email Heather Sherrard (Redwood) at: heathersherrard@yahoo.co.uk Look forward to hearing from you.

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.

Addenbrooke's School of Physiotherapy 1984-1987

This year is 30 years since we qualified. Where are we all now? If anyone is interested in a reunion, in Cambridge, July, please email Angela Waite (Thirtle) at: angelaw@keme.co.uk Looking forward to hearing from you!

Addenbookes School of Physiotherapy 1988-1991

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

Sheffield School of Physio 1974-1977

It is 40 years since we qualified so we are planning to hold a reunion in Sheffield on Saturday 30 September 2017.

The initial idea will be to meet up around midday and then have a meal out, and for those wanting accommodation, to stay at the Mercure St Paul's Hotel (in the city centre). The celebrations can be extended over the weekend if folk are in favour of meeting earlier, staying later.

We would love to meet up with as many from our year as possible so please forward to anyone you know who may not read *Frontline*. Email please to Gill Richardson, nee Heatley at: gill@matrock.fsnet.co.uk or: mary_riches@hotmail.com (nee Mary Stanser).

London Hospital – Autumn Set 74-77 Reunion

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

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

King's College Hospital 1966-1969, October set, 50th reunion

We had a lovely time last October and we have decided to do it again this year and not to wait till the 50th anniversary of our qualifying! Thank you so much to Maureen for finding somewhere suitable to meet up. So if anyone couldn't make it this time please watch this space in *Frontline* nearer the time (October 2017). Many thanks to all. Carolyn Beavis, email: carolyn@beavisnet.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/equalitynetworks

or email: keatings@csp.org.uk



Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

- CSP ePortfolio: www.csp.org.uk/ePortfolio
- 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



Courses & conferences

Complementary therapy

ACUPUNCTURE FOUNDATION COURSE: 6 DAYS

When: 1 Sept. 2017 – 1 Oct. 2017

Where: North East Clinic Newcastle Upon Tyne

When: 3 Nov. 2017 – 10 Dec. 2017

Where: Molineux Health Centre Newcastle Upon Tyne
Each course is delivered over two, 3 day blocks. Head to www.acuphys.co.uk for full course details

Contact: Dr. Carl Clarkson
enquiries@acuphys.co.uk
07799433528

Acupuncture for migraines and tension headaches (1 day) £100

When: 29th July

Where: goPhysio, Hampshire

With: Jennie Longbottom

Contact: fiona@gophysiotherapy.co.uk

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

With: Hubert van Griensven
16th Sept 2017 - Southampton
30th Sept 2017: Bath
2nd Dec 2017: Warrington

Contact: info@physiouk.co.uk or call 0208-394-0400

Health Professionals in Reflex Therapy- HPIRT (Former ACPIRT) Study Day: "Top to Toes"

Increase knowledge, refresh the mind. Lectures and practical workshops to compliment your treatment using reflex points on the feet.

When: 28th October 2017

Where: Hullavington Village Hall, Chippenham, SN14 6EB

Cost: £35 members, £50 non members

Contact: Sally Martin

Email: sallycmartin@hotmail.com
Tel: 07810550080

Miscellaneous

MLACP Winter Conference & AGM: Securing your practice for the future

When: Friday 24th November 2017

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

£50 MLACP Members /
£85 non-members /
£40 CSP Students

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

Miscellaneous

TAPING DAY 1: DYNAMIC AND KINESIOLOGY TAPING FOR BEGINNERS

When: 3 Oct. 2017

Where: London Road Community Hospital Derby

This course, for qualified physiotherapists and occupational therapists, will explore basic kinesiology & dynamic taping techniques and tips along with the concepts and research supporting its use. £130 per day. £240 for both day 1 and day 2.

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

Advertise in Frontline

Get in touch with Media Shed
cspads@media-shed.co.uk

Manual therapy

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

15th-16th July 2017:
Loughborough

23rd-24th Sept 2017:
Cambridge

4th-5th Nov 2017: Warrington

Contact: info@physiouk.co.uk or call 0208-394-0400

TAPING DAY 2: THE USE OF KINESIOLOGY TAPE IN THE ADULT WITH NEUROLOGICAL DAMAGE

When: 4 Oct. 2017

Where: London Road Community Hospital Derby

This course is designed for physiotherapists and occupational therapists working in neurology who have already attended a basic kinesiology taping course. It will explore possible kinesiology taping techniques for use with the adult neurological patient. It will build on the students clinical reasoning skills and response based practice to decide how, when, where and with which patients to try taping. The two days can be done individually but you MUST have either attended day 1 or provide certificate evidence of having attended a kinesiology taping course prior to attending day 2. £130 Per day. £240 for both day 1 & day 2.

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

Manual therapy

ENJOY CPD AT YOUR LEISURE AT HOME

Access our various online lectures on running, hips, hamstring tendinopathy, whiplash, neuropathies, behaviour change and many more.
Visit www.physiouk.co.uk/cpd

3D BIO-MECHANICAL FASCIAL MOBILISATION PART 1

When: 9th and 10th September 2017

Where: Thomson Therapy, Main Street, Skinflats, FK2 8NU

Contact: Helen Thomson MCSP

This Unique Cutting Edge course has been developed and taught over 18 years to give the practicing clinician the knowledge, understanding and clinical skills to meet the needs in resolving presenting conditions whether simple or complex resulting in a Rx average of 2.5. (Bupa statistics)

The assessment and treatment techniques activate and recruit the mechanoreceptors in order to correct Fascial and Biomechanical anomalies.

Treatment effects are immediate and can be applied to musculoskeletal, myofascial, women's health, sports, paediatrics, TMJ, and respiratory conditions with equal success. The longevity factor is excellent.

(Dural System) - Part 1 Pelvis, Spine and Cranial Vault , Sub-occipital Muscles, Cervical & Brachial plexus release

(Deep Fascial System) - Part 2 Deep Cervical Fascia, 1st ribs, Sternum, Pleural & Cardiac Suspensory systems Diaphragm

(Superficial Fascial Systems) -Part 3 Shoulder girdle and Upper Quadrant joints & muscles, Hyoid, TMJ. Part 4 Lower Quadrant joints, Hip musculature, Lumbar & sacral plexus release.

Ideally, the courses are taught at 3 monthly intervals

Cost: £350

Numbers limited to 12
Booking Deposit £100.
Non refundable

Musculoskeletal

MLACP Advanced Seminar for Physiotherapy Experts (MSK)

When: Thursday 14th September 2017

Where: Irwin Mitchell Solicitors, 27 Quay Street, Manchester, M3 4AW

£150 MLACP Members /
£200 non-members

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

PROF GWEN JULL - A UNIQUE OPPORTUNITY

When: 16 Sept. 2017 – 17 Sept. 2017

Where: Remedy Courses, Remedy House, 24 Wilkinson St, Sheffield, S10 2GB Sheffield

Management of Cervical Spine Disorders - a research informed multimodal approach. Exclusive tuition from world-leading clinician and researcher. Only UK date!

Contact: Thomas Mitchell
secretary@remedycourses.co.uk
0114 349 1281

ACUPUNCTURE FOUNDATION COURSE

When: 14 Sept. 2017 – 25 Nov. 2017

Where: London Road Community Hospital Derby

6 day course running 14th-16th September & 23rd-25th November 2017. The course is designed to introduce acupuncture as a modality for the treatment of common musculoskeletal conditions, both acute and chronic. The course will include all the key areas necessary to enable the physiotherapist to practice acupuncture including review of safe practice, treatment planning for optimum effect, review of relevant anatomy, application of relevant pain physiology, critique and application of acupuncture evidence and the development of safe and effective needling skills. £512 for AACP members and £640 for non-members

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

KINETIC CONTROL - LEVEL 2 - MOVEMENT EFFICIENCY FOR LOW BACK AND HIP

When: 26 Sept. 2017 – 27 Sept. 2017

Where: London Road Community Hospital Derby

This course will help you consider what matters for movement at the low back and hip including functional anatomy, recruitment and neuroscience. It will help you understand the relationship between movement impairments and muscle efficiency, As well as develop practical skills targeting key muscle groups including the gluts, oblique abdominals, segmental back extensors and deep hip flexors. £300.

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

Advertise in *Frontline*
Get in touch with Media Shed
cspads@media-shed.co.uk

Musculoskeletal

THE FOOT AND ANKLE COMPLEX

When: 19 Oct. 2017 – 20 Oct. 2017

Where: London Road Community Hospital Derby

Course aims to give participants an understanding of the functional and regional anatomy of the ankle complex. Also, to identify the common injuries and problems likely to be encountered in this frequently injured anatomical region. Whilst specifically focused on musculoskeletal problems the principles taught and demonstrated can be applied to all spheres of musculoskeletal practice. £260.

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

REAL TIME ULTRASOUND FOR MUSCULOSKELETAL REHABILITATION BY DR ALISON GRIMALDI

When: 11 Sept. 2017 – 12 Sept. 2017

Where: APPI Kensal Rise/London London

Primary focus of the course: dynamic assessment and muscle retraining

Contact:
Kasia Zielina
kasia@vitalpm.com
07940015169


LIVING WITH LYMPHOEDEMA - 19/09/17 AT THE ROYAL MARSDEN CONFERENCE CENTRE, LONDON

When: 19 Sept. 2017 – 19 Sept. 2017

Where: Royal Marsden Conference Centre London

An update day for healthcare professionals working with people with lymphoedema and chronic oedema. To critically explore the latest evidence in relation to lymphoedema management; to critically discuss the implications of this in relation to clinical practice and provide networking opportunities.

Contact:
Margaret Ijegbai
margaret.ijegbai@rmh.nhs.uk
0207 808 2924



Advertise in Frontline

Get in touch with Media Shed

cspads@media-shed.co.uk

Neurology

2 day Vestibular Rehabilitation Course for Physiotherapists

Friday 13th and Saturday 14th October 2017

The National Hospital for Neurology and Neurosurgery, 33 Queen Square, London WC1N 3BG

This two day course is aimed at physiotherapists with little or no experience in vestibular rehabilitation working in a variety of clinical settings. Anatomy, common pathologies, assessment and outcome measures will be presented with time allocated to practice the oculomotor assessment. Treatment and principles of progressions will be outlined and illustrated using several case studies. BPPV will be covered in detail on day two with theory sessions, observation of eye movement videos and practice of assessment and treatment manoeuvres. Pre-reading will be provided and there will be ample time for questions on both days.

Course coordinator:
Amanda Male, Highly Specialist Vestibular Physiotherapist, NHNN

Fee: £200 for 2 days with comprehensive delegate pack provided.

For application form and further details please contact:

Alkida Domi,
Tel: 020 3448 3476
Email:
therapy.courses@uclh.nhs.uk
www.uclhcharitycourses.com

Paediatrics

Understanding Newborn Behaviour and Supporting Early Parent-infant Relationships

Anniversary Conference
Celebrating 20 years of the Brazelton Centre UK: How the NBAS, NBO and Touchpoints contribute to our understanding of newborns
21st September

Training courses in the Neonatal Behavioural Observations (NBO)
13th & 14th November

Neonatal Behavioural Assessment Scale (NBAS)
9th & 10th October

(Recommended in the HCP and the National Health Visiting Service Specification 2014-2016, NHS England)

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or info@brazelton.co.uk

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CSP Charitable Trust Funding for Qualified, Student and Associate Members Autumn 2017

Academically Accredited Courses Award

- Up to £300 for 20 credit course
- Up to £1200 for 180 credit course (MSc)
- Up to £1500 for a PhD.

Courses supported in previous years include:

- Research Design and Research Management
- Independent and Supplementary Prescribing for Nurses, Midwives and AHP
- PG Certificate in Advanced Lymphoedema Management
- MSc Global Health and Development
- MSc Musculoskeletal Medicine
- PhD in Sports, Exercise and Rehabilitation.

Conference and Presentations Award

This award is for members who have been invited to lecture or demonstrate at national and international physiotherapy related conferences in the UK and overseas (with the exception of WCPT).

It also supports attendance at:

- National conferences or meetings relevant to, but outside the domain of physiotherapy
- Physiotherapy or interdisciplinary international conferences in the UK.

Awards of up to £1000 are available.

Submit your application via the CSP ePortfolio. Deadline: **1 September 2017**.
Find out more, including conditions of the awards, at: www.csp.org.uk/charitabletrust

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Recruitment

Charity job opportunity with Arthritis Action

Are you looking for a new challenge? Interested in working in the charity sector? Do you have excellent stakeholder management, presentation and communication skills?

UK charity Arthritis Action is looking for an enthusiastic osteopath with experience of managing persistent pain conditions such as arthritis to join our team and oversee and co-ordinate the development of Arthritis Action's therapies service ensuring it is evidence-based and widely used by the Members of the Charity.

Responsible for contributing to educational presentations to people with arthritis and building the Charity's relationship with our network of clinicians, this is an exciting opportunity for an osteopath who is ready to take their career in a new direction and contribute to the activities of this innovative Charity.

Role: Therapies Manager
Salary: £40,000 - £45,000 plus benefits and dependent on experience (pro rata. 3 days-per-week with room to increase as the role expands)
Closing date: 24 July 2017 at 5:00pm
Location: London office based (Victoria) with occasional travel around the UK

For more information visit:
www.arthritisaction.org.uk/jobs

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Provide

Cambridge and Peterborough Specialist Wheelchair Therapist Adults and Children

Job Ref: 828-PROVIDE616-2
Salary: Band 7 £31,696 - £41,787 pa, Permanent

This is an exciting time in wheelchair services; There are many opportunities for forward thinking therapists who embrace change and want to deliver a first class service. You'll be working as part of a diverse multi-professional team, providing a high standard of clinical assessment relating to posture management, wheelchair provision and neurology paediatrics and/or long term conditions.

The skills required for this exciting role include practical problem solving for complex postural and mobility needs, highly developed clinical reasoning, team work and advanced communication skills (verbal and written).

You'll work as part of a supportive team consisting of physiotherapists and occupational therapists, technician, rehabilitation engineer and administration staff. We encourage personal development and provide opportunities to develop your leadership skills in a supportive environment.

The successful applicant will hold a Diploma/degree in occupational therapy/Physiotherapy, have current HCPC registration and have evidence of CPD in posture and mobility management. Due to the nature of the role, you'll need to travel to various locations within Cambridge and Peterborough.

For further information, please call Imelda Doherty on 07580 912164 or email: imelda.doherty@nhs.net. You can also find out more at www.provide.org.uk

To apply, please go to www.jobs.nhs.uk and search using the job reference number.

Closing date: 19 July 2017



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SENIOR PHYSIOTHERAPIST

Herts & Essex Border

Permanent role- an average of 44 hours per week, Term Time Only
Salary: £36,238 - £39,795 per annum

St. Elizabeth's is a specialist Centre in Hertfordshire for adults and children with epilepsy, learning disability and/or complex health needs. We are seeking a dynamic and innovative Physiotherapist to join our established multi-disciplinary team working in our residential special school and children's home. The role requires a flexible, professional approach while maintaining a sense of fun. The Physiotherapist will engage with pupils and students, developing and delivering a high quality and effective physiotherapy service across the school and bungalows helping our pupils and students to live life to the full.

The candidate should have at least two years post graduate experience and be passionate about facilitating young people to achieve their full potential and maximum independence. This post requires a Physiotherapist who has experience of working with children with autistic spectrum disorders and PMLD. The post holder will link with our friendly multi-disciplinary team which provides therapy across the Centre.

The post holder will:

- Provide a clinical service to children in their academic and residential settings.
- Carry out assessments/target setting.
- Contribute to annual and transition reviews.
- Involvement in supervising students on clinical placements.
- Have experience of supervising therapy assistants.

HCPC and CSP registration is essential.

Informal visits available. To discuss the role/arrange a visit, contact Zoe Halliday ext 379 or Wendy Savill ext 479

We are a recognised Investor in People employer offering a variety of staff benefits including optional contributory pension scheme, free parking, and a Childcare Voucher scheme. Accommodation available £70 per week.

Closing date: 19 July 2017, 5pm

Interviews: TBA

For further details and to apply on-line www.stelizabeths.org.uk.

St Elizabeth's is committed to safeguarding and promoting the welfare of all children and adults who use our services and expects all staff to share this commitment. All posts are subject to enhanced DBS clearance. **An equal opportunities employer.**

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**PAEDIATRIC
PHYSIOTHERAPIST**

Salary: £30,000+ Competitive dependent on experience
Location: London Hackney
Part Time: 3 Days a Week



Side by Side Special School is an independent, special needs day provision based in North London, for pupils aged 2 – 19. The nursery department is fully integrated enabling children with and without special needs to learn and play alongside each other with the pupil 5 – 19 being part of our special school.

We are seeking an experienced Paediatric Physiotherapist (Band 6/7) to join our multi-disciplinary team.

Our pupils have varying difficulties; learning, developmental and physical and we believe that regardless of disability, every child should receive the support they need to reach their potential and enjoy life to the full.

You will have a proven track record in paediatrics and working with special needs. You will have experience monitoring seating and mobility arrangements and manage the special equipment requirements for pupils across the nursery and school. You will be able to work independently, be organised and confident in setting therapeutic goals for the children. You will be an active member of our multi-professional team.

You will need to be registered with the HCPC and the post will require an enhanced DBS check.

Employer Information
Side by Side School, 9 Big Hill, London E5 9HH
Head teacher: Mr Gerald Lebrett
For further information and/or application pack please contact the school 020 8880 8302 or school@sidebyside.org.uk.

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EXCITING NEW POSITION AVAILABLE for motivated and dynamic musculoskeletal physiotherapist with good CPD required for busy centres and occupational health sites across the midlands. Candidate must be five years qualified, registered and insured. Self-employed basis with good communication and organizational skills. Driver essential own car. Full-time position available on £36 per hour. Contact Darren on tel: 07484 773535.

RUGBY, WARWICKSHIRE Experienced musculoskeletal physiotherapist required for established private practice. Two to three days to include some evening work. Happy to consider part time and term time applicants on a self-employed or permanent basis. Pilates and acupuncture qualifications an advantage. Call tel: 07961 378418 for further information.

SELF-EMPLOYED PHYSIOTHERAPIST REQUIRED part-time in Central Croydon (South London) in a growing multi-disciplinary clinic. One to two years experience required. If interested call tel: 07984 052823 or email: bea@myptstyduio.co.uk

FULL-TIME POSITION based at our clients' workplaces in central London. Back in Action UK is seeking a full-time physiotherapist to join our team delivering evidence based musculoskeletal solutions in on-site workplace environments in central London. 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.

PURE SPORTS MEDICINE, LONDON

Full and part-time opportunities in London. If you are a driven, passionate clinician with a desire to work in a stimulating MDT environment striving for clinical excellence then we are keen to hear from you. We're looking for clinicians with proven experience and passion for providing expert musculoskeletal care understanding the benefit of MDT working. Previous private practice experience is an advantage but not essential. Full time positions are employed with excellent remuneration and benefits package including a commitment to CPD. Starting in August Send your CV and covering letter to: sam.wilde@puresportsmed.com or apply through our website: www.puresportsmed.com/about/join-us

CHESTER AND WREXHAM

Musculoskeletal physio. Private practice Back to Health are looking to recruit a dynamic physiotherapist to join our friendly, multidisciplinary team. Musculoskeletal experience essential, private practice experience an advantage. Part-time role. Flexible working hours. In Wrexham, you would be taking over a busy, mixed caseload – self-funded and insurance based work. Client group: elite sports people, the fit elderly and children. An opportunity to join a 10-plus expanding team of clinical and support staff, working alongside chiropractors, podiatrists, sports massage therapists and more. Established clinic (10 years plus). In Chester, we are opening a brand new clinic with many opportunities. Full CSP membership and HCPC registration essential. Regular CPD updates. Please send an email to the practice manager, Nia Wagenaar at: nia@back-to-health.co.uk to register your interest and to organise a chat.

PLYMOUTH Part-time work available in small practice. Self-employed, flexible working arrangements, afternoon/evening work, approx. 10 hours per week initially, manual therapy skills essential. Contact: info@stokephysio.com

A LIVE-IN PAEDIATRIC PHYSIO IS

SOUGHT for a three year old boy living in Saudi Arabia (Riyadh). The candidate will live with or close to the British family in the diplomatic zone and can supplement their work with some lucrative free-lance work. The assignment is for one year, starting September or October. Send a CV and photo

to: maryann.alexandra.horne@gmail.com or What's app to 00966 53 901 55 40.

EXCITING OPPORTUNITY to join us in busy Shaftesbury clinic. Recruiting due to expansion two part-time or one full-time physiotherapist to join our dynamic, motivated, athletic and fun team. Your role will be diverse and can be modelled to suit your interests from pitch side cover to over 60's strength and conditioning or Pilates classes. Excellent interpersonal skills, motivated and sunny disposition required. The team has a wealth of experience, with an ethos for lifelong learning at its heart. Flexible working hours, excellent pay. To start in September preferably. Look us up at: www.abbeyviewphysiotherapy.com contact Julia Stewart at: info@abbeyviewphysiotherapy.com

CENTRAL SCOTLAND – THOMSON THERAPY FULL/PART-TIME POSITION

This cutting edge physiotherapy practice which has developed innovative clinical techniques and efficacy, resulting in unparalleled outcome measures, is seeking a passionate and enthusiastic individual who is keen to improve their knowledge, understanding, clinical skills and job satisfaction levels. This post is open to newly qualified as well as experienced physiotherapists or physiotherapists returning after a break in service, as a comprehensive training programme will be given to the successful applicant. There will also be mentoring and peer support as required. This clinic has a hugely varied caseload, musculoskeletal (all ages), women's health, respiratory, sports, neurology and paediatrics, all of which respond equally well to these techniques. All applicants should be CSP and HCPC registered. Please send applications CV with a covering letter to: thomsontherapy@btconnect.com and for further information, or tel: 01324 664066.

RUGBY, WARWICKSHIRE Busy, friendly private clinic with hands-on approach seeks an enthusiastic musculoskeletal physiotherapist. Evening sessions on a self-employed basis are available for you to use your excellent assessment/ manual skills and achieve the job satisfaction you seek. Expressions of interest (to include CV) to: kate.kirkbride@cliftonroadphysio.co.uk

PAEDIATRIC PHYSIOTHERAPIST – NORTH LONDON

Part-time. MAES Therapy Private Practice. A great opportunity to increase your knowledge and further develop your specialist clinical skills, in the context of the treatment of children (babies, toddlers, school-age and adolescents) with CP and similar neurodevelopmental conditions. The role would be as a self-employed clinician working part-time, with the potential to increase hours as the clinic grows. You will be willing and eager to learn, outgoing, as well as competent and conscientious, with excellent clinical skills and interaction with children and their parents. Email: jsalsbury@maestherapy.com Web: www.maestherapy.com

NW LONDON – HARROW

Multiple Sclerosis Therapy Centre (registered charity) require part-time neuro physiotherapist from September 2017 to join friendly team. Post includes some domiciliary work so own transport essential. Contact us on tel: 020 8423 6268 or send CV/cover letter to: lynn@harrowmstherapy.co.uk

BUCKINGHAM Outpatient musculoskeletal physiotherapist, with five years postgraduate experience, sought for part time self-employed work within small friendly practice. Email CV to: angela@buckinghamphysio.com

ENTHUSIASTIC PILATES INSTRUCTOR

Orchard Clinic, St Albans, Hertfordshire is a busy private physiotherapy clinic in the city centre. Situated on the M25, easily accessible from North London and Bedfordshire. Friendly clinic with a reputation to rehabilitate our clients to the highest level. Seeking an enthusiastic Pilates instructor who has completed MW1. Matwork classes available on Monday and/or Thursday evenings 6pm-8pm with good remuneration. Please contact: pjb.carnell@icloud.com

ISLE OF WIGHT Private practice seeks physiotherapist for their busy private practice on a part-time, self-employed basis. The ideal candidate will have at least five years postgraduate experience, be an AACP member and have worked in a rehab environment. Own transport is essential as the role will include clinic time and home visits. CVs please to Practice Manager, PhysioCare, 102 George Street, Ryde, PO33 2JE or: manager@physio-care.com

HARROGATE PHYSIOTHERAPY PRACTICE, NORTH YORKSHIRE

We are looking for a musculoskeletal physiotherapist (minimum five years experience) to join our friendly, multidisciplinary team at the Harrogate Squash and Fitness Centre. We require a therapist with excellent hands-on skills and a proven track record of adopting a holistic outlook on healthcare. Must have a strong desire to work self-employed in private practice. Acupuncture/Pilates/ yoga would be beneficial skills. Email your personalised cover letter and CV to: annelize.physio@gmail.com Web: http://www.harrogatephysiotherapypractice.co.uk/opportunities.html

WE ARE A LEICESTER CLINIC

looking for two full-time enthusiastic and forward thinking physiotherapists working within a well-established clinic with excellent facilities and only private patients. Further expansion is planned with the development of a rehabilitation/education area. Salary and career development opportunities will be generous and exciting. We also offer the opportunity to work with a professional sports team. Email: donna@ashleighclinic.co.uk Tel: 0116 270 7948.

RADLETT, HERTFORDSHIRE Do you enjoy teaching Pilates? Would you like a part time role combining Pilates classes and musculoskeletal patients? Then get in touch! Hours are negotiable. Please email a CV and covering letter to: info@radlettphysiotherapy.co.uk

NEWCASTLE UPON TYNE

We are looking for a qualified physiotherapist who has experience working with a wide variety of musculoskeletal conditions and can manage an often-demanding caseload that offers personal development opportunities. The clinic offers an excellent environment to develop your hands on manual therapy skills, also to further enhance core skills in biomechanical assessment, exercise and rehabilitation therapy. Successful candidates will be part of a 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 a high quality service provider. Please send your CV and covering letter to: jennifer@newcastlesportsinjury.co.uk

BROMLEY, KENT Experienced part-time self employed physiotherapist required to work flexible daytime and evenings at friendly established musculoskeletal/sports injury clinic. Excellent manual skills essential. Pilates and acupuncture desirable. Email your CV to: info@bromleyphysio.co.uk

BUSY HARLEY STREET CLINIC Recruiting one to two new graduate physiotherapists as interns; salary commensurate with Band 5; excellent CPD and mentoring package >£5K; an interest in musculoskeletal; exercise health in special populations; gym training and rehabilitation is essential. Further development in business administration and customer service skills are desirable. Please send cover letter and CV to: HStreetrecruitment@gmail.com

THE KENT MULTIPLE SCLEROSIS THERAPY CENTRE IN CANTERBURY

requires experienced neurophysios for part-time/full-time work. Our services are expanding following the opening of our purpose built centre. We provide a variety of therapies to MS members from our state of the art treatment rooms, gym and hydrotherapy pool. The Centre also has a dedicated physiotherapy wing which is integral to the support offered to our members. You will work alongside other experienced neurophysios already in post with access to support and CPD opportunities. Excellent rates flexible hours and job-share considered. Please contact the centre manager on tel: 01227 470876 or: manager@kentmstc.org

DEVON AND SOMERSET Part-time opportunities for independent manual therapists possessing positive and enthusiastic approaches towards patient care, to join our team. Download the full information pack from: www.amsphysio.co.uk/careers

KIDS PHYSIO WORKS are looking for full-time band 5 physiotherapists and Weekend bank staff to join the weekend team. Offering dynamic treatments such as NMES and treadmill training from our clinics in Essex. Full training given, excellent CPD opportunity and excellent pay rates. Tel: 01206 212849 email: info@kidsphysioworks.co.uk

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

PART TIME COMMUNITY WORK, LONDON

Looking for self-employed physiotherapists to join our team. All specialities required: neurological, orthopaedic, and musculoskeletal physiotherapists. Good pay and flexibility – suitable for NHS and private physiotherapists looking for additional work. CVs to: info@londonhp.com Website: www.londonhomephysio.co.uk

STIRLING, SCOTLAND MacFarlane Physiotherapy requires an enthusiastic physio to join their team as a part-time associate. Must be experienced with musculoskeletal, sports and whiplash injuries. Flexible hours, competitive pay. Please contact: office@macfarlanephysio.co.uk

PART-TIME MIDDLESBROUGH

Musculoskeletal in the Workplace. Back in Action UK is seeking a part-time physiotherapist to join our team delivering evidence based musculoskeletal solutions for four hours each fortnight in an on-site workplace environment in Billingham, near Middlesbrough. 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.

NORTH BIRMINGHAM AND SURROUNDING AREAS Experienced paediatric physiotherapist required for ad-hoc work, must have some after school availability. Good rates of pay. Please contact: jane@neuro-therapy.co.uk or call tel: 07906 810832 for more details.

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ThreeMinutes

Practising what I preach

A bout of ill-health 10 years ago made physiotherapy pain specialist Georgie Oldfield realise she had to fundamentally change her approach to life

How do you keep a work-life balance?

Leading up to 2007, I had a number of recurring health problems. Although I resolved them all quickly, I realised I needed to 'practise what I preach' in order to maintain my own health. With so many responsibilities and a personality that tends to create self-induced stress (I can be self-critical, overly-conscientious and perfectionist, for example), I knew maintenance was about prioritising my own self-care and self-compassion.

It is a challenge at times, but I meditate regularly, use expressive writing to offload how I feel, run or walk in nature, set boundaries with my work where I can, and take time out to visit my family in Devon. I've decided to move the Stress Illness Recovery Practitioner's Association (SIRPA) pain relief and recovery

training for health professionals online next year. That should also free up some time for me to do some of the other things I love. This includes writing, speaking about this work, and spending more time supporting both patients and health professionals who are interested in this approach.

And you're planning a conference

Yes. The second SIRPA conference will be held at the Royal Society of Medicine in London on 15 October. For more information, see www.sirpaconference.com Three of our US-based specialists will be speaking about the concepts and approach we use, as well as discussing their own clinical experience and the evidence base. Our guest speaker is the award-winning author and science writer Donna Jackson Nakazawa, who is also from the US. Donna will be speaking about the mass of evidence linking adverse childhood experiences to ill-health in later life, including chronic pain. The feedback from our attendees at the last event was exceptional and I know this is going to be another exciting day.

What prompted you to write a book?

For many years I had been struggling to understand some of the anomalies we see in chronic pain. Finally finding out in 2007 that it is fuelled, and often even triggered by, psychosocial factors created not only an epiphany for me, but life-changing results for so many of my patients. This was the catalyst for my passion for this work.

Sadly, I could find no one in the UK or Europe who knew about this approach, so my 'training' came from visiting the US to attend conferences and spend time with some specialists. I began training health professionals in 2010 and also wrote my book, *Chronic pain: Your key to recovery*, because nothing was available on this side of the Atlantic. I wanted to let people know that help is available in the UK too.

As this approach is primarily an educational and self-empowering one, I also wanted to ensure that there was enough information and plenty of strategies in my book to enable some people to recover on their own, and for readers to know that additional support and guidance was available, if required.

Is your book aimed at patients or health professionals?

Although it is aimed at patients with chronic pain and other persistent conditions, any interested health professional would benefit from reading it. This is because it provides a good understanding of the concept and approach. It also includes a number of self-empowering strategies.

Give us three of the key messages from your book

- chronic pain is caused by neuro-physiological changes in the brain and nervous system as part of our primal protective response
- cognitive, behavioural, lifestyle and emotional (past and present) factors can reinforce these changes and even trigger them in the first place
- understanding, acceptance and using simple, self-empowering strategies frequently results in a full recovery from chronic pain – no matter how longstanding or severe these symptoms have been

Any summer holiday plans?

My husband works in agriculture, so our annual holiday will be in the winter! In the meantime, though, most of my family live in Devon so I enjoy some lovely long weekends with them.

Georgie Oldfield is a physiotherapist whose practice is based in Huddersfield, west Yorkshire. Visit www.georgieoldfield.com

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