



Flexible working

CSP campaign

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Boundary changes

Women's cricket physio

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Hospital at home

Patients with COPD

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Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

21 June 2017
Volume 23
Issue 11

Bend it, shape it

How you can influence physiotherapy learning



Inside: Jobs • Physio findings • Courses • In review

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Community care

I had the pleasure of visiting members of a community team the day after the election. Politics wasn't on the agenda, but the issue of social care and older people definitely was. While driving around Oxfordshire with the physiotherapy lead, it became clear how complex people's lives can become, particularly after a bad fall or a stroke.

Where the patient had previously been caring for their partner, the knock-on effects can be tremendous. It can even lead to a husband and wife having little choice but to move into a nursing or care home, much against both their wishes.

Karen Middleton has written movingly in recent issues about a relative who faces returning home after having a stroke. How easy it is to think

'The community team showed how they can ... improve the quality of that person's life, by crossing a few boundaries about who does what'

there's no alternative but to move a person from their home after something like that happens. But the community team I visited showed how they can prevent hospital admissions, or improve the quality of that person's life, by crossing a few boundaries about who does what (all within their scope of practice, of course).

On the subject of flexibility, and working differently, you'll see the launch of our employment-related Building a better balance campaign on page 24. In part because physiotherapy is predominantly a female workforce, many members have caring roles away from work. How prepared are your managers to help you to manage that work-life balance? Find out how CSP reps can help you make the case for a more appropriate mix.

Lynn Eaton

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

Green fingers

Gardening can be a very rewarding way of keeping active in order to maintain and improve fitness and wellbeing. The Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR) professional network has added a new leaflet on gardening to an existing range on activities for patients with heart problems. These look at topics such as golf, swimming, resistance training and racquet sports.

The ACPICR is committed to promoting best practice in cardiac rehabilitation for the benefit of patients. As one of our objectives, we produce a new leaflet each year. All the leaflets are available to download from the ACPICR website.

Visit www.acpicr.com

■ *Melanie Reardon, co-chair, ACPICR*



Room for discussion

Starting to talk about death is like recognising there is an elephant in the room. As a physio with a post-graduate certificate in healthcare chaplaincy, I felt we needed a more open dialogue with patients of the pulmonary rehabilitation team at Midlothian Community Hospital, Dalkeith, near Edinburgh.

In Dying Matters Week, which ran from 8 to 14 May, we held three events during pulmonary rehabilitation classes that focused on death and dying. For more information on the week, visit www.dyingmatters.org

As well as offering a range of Dying Matters leaflets, we displayed a Hope Tree

poster that offered a quiet space for staff and patients to remember those they had lost. We also used 'fink cards' to encourage discussions relating to anticipatory care planning. For more information, visit finkcards.co.uk

Patients told us the sessions were helpful or very helpful. Comments included: 'It's good to talk', 'Useful to talk', 'Life is too short', 'It's not too bad to talk' and 'I need to get a will sorted.'

Dying Matters Week was a springboard for the pulmonary rehabilitation team to embed such conversations in our programmes all year round.

■ *Susan Begg, specialist physio in pulmonary rehabilitation, NHS Lothian*

The time is right

The NHS Five Year Forward View has given the green light to transformation when it comes to providing a more resilient, robust NHS. Numerous models of practice have been piloted, highlighting that having a diverse workforce outside the standard medical models is needed if the NHS is to meet the growing needs of the population.

One such model is the role of the musculoskeletal physiotherapist as a first-contact clinician in primary care. Early implementation schemes showed

Top Tweets

■ **Ha@GeriSoc** Patients with vertebral fragility fractures need access to skilled clinicians with ability to identify co-pathologies. bit.ly/2tbSt40

■ **@JeremyLewisPT** Corticosteroid injections and rotator cuff-related shoulder pain. Use needs to be judicious & kept to minimum. bit.ly/2r9FcIJ

■ **@WeAreARMA** Supported self-management – what are the key considerations? Let us know – we're writing a policy position on this across the #MSK community

■ **@SportsMemNet** Dementia and the power of sport. A @5liveSport special bbc.in/1WF3589 #MensHealthWeek

■ **@paulhodgkin** WhatsApp is providing a great tool for clinicians in emergencies. But what are the dangers? Very thoughtful article. <http://bit.ly/2setlWC>

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that having physiotherapists at the 'front door' helps to manage patients effectively, economically and safely.

There is a compelling need for our profession to show strategic leadership. If we do not, other professions will occupy the role and use the early work completed, leaving physiotherapy outside the clinical offer to primary care.

So, what needs to be done? First, a national database providing outcomes that have robust numbers supporting the narrative. Second, clear workforce models to help our health leaders

see how re-design can be implemented. Third, economic models that demonstrate the value on the wider system so that health commissioners can visualise the proposals. Last, a transparent, agreed national model of advanced practice, with clear frameworks, competencies and standards that are recognisable both within and across professions.

The time for saying we are useful is over, the time to prove it is now.

■ *Dr Neil Langridge, consultant physiotherapist, Southern Health NHS Trust*

You've added...

An article on practice-based learning (page 32, 17 May) prompted several comments from members. *deborahjudah* wrote:

■ I agree with everything in this article but it is nothing new. In 2005

I was employed ... to increase the number of placements offered in the area to physiotherapy and occupational therapy students. I worked with physiotherapists in all specialities and all job

situations (not just NHS hospitals).

Money was withdrawn for the posts after about a year and this was very disappointing. I also believe it was very short sighted as over 10 years later the

same issues abound.

racheltoland added:

■ As a recently retired physiotherapist I have worked for almost 40 years with a vast number of students and staff, who varied widely in ability, confidence and attitude. Some treat the physio course simply

as a university qualification, with no insight into the underlying traits of empathy and care for others that marks the difference between a caring profession, where the patient as an individual is central, and a job, where throughput and box ticking is more important.

Got something to say?

Write to us or comment on articles from the latest issue of *Frontline* online. Log in on the CSP site then to www.csp.org.uk/frontline and 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

Lone working

A member seeks feedback on a lone-working policy and its effects on staff sickness, annual leave or TOIL.

Comments: 10

Network: Older people

www.csp.org.uk/node/1046346

PIP disability assessors

Members share their experiences working for private companies.

Comments: 9

Network: Management

www.csp.org.uk/node/979126

Persistent postural perceptual dizziness

Members debate a case study.

Comments: 8

Network: Vestibular rehabilitation

www.csp.org.uk/node/1055626

Sports concussion

Members discuss what cognitive tasks can be used to help get the patient fully functional and on the field again.

Comments: 3

Network: Vestibular rehabilitation

www.csp.org.uk/node/1049497

Correction

■ The print version of an article on cerebral palsy omitted the final words from a quote from Sarah Bruce (page 24, 7 June). The sentence should have read: 'Having a learning disabilities physiotherapist at an 8b level who sits within a health trust, and has direct and close links with senior management and commissioners, has meant we have been able to influence change.' The full version is available on the CSP website at www.csp.org.uk/node/1059357

NewsinPictures



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

For the stories behind the images just follow the shortcut codes

1 A Huntington's disease trial test is 'major advance', says a study in *The Lancet Neurology*. It suggests a prototype test could help in finding new treatments. Source: BBC bbc.in/2t4Pprq

2 Airport noise increases the risk of heart disease, a study suggests. Published in *Occupational and Environmental Medicine*, the study found links to high blood pressure and heart flutter. Source: Guardian bit.ly/2sCOdhv

3 People aged over 75 taking a daily aspirin after a stroke or heart attack have a higher risk of stomach bleeding than was previously thought, a *Lancet* study suggests. Source: BBC bbc.in/2svTA2z

4 Dogs can help people aged over 65 keep fit. A study, published in *BMC Public Health*, found that older people with dogs walk 20 minutes a day more than those without. Source: Daily Mail daily.m.ai/2svcGpe

5 Some surprising health benefits have been associated with Marmite, according to a newspaper article. It might, for example, help stave off vitamin B12 deficiency. Source: Telegraph bit.ly/2svpfB8

6 Drying wet laundry inside could damage people's health, according to the Asthma Society of Ireland. One danger comes from the *Aspergillus fumigatus* spore. Source: Independent ind.pn/2rjWLPw



Frontline

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www.csp.org.uk/journal

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NewsDigest

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

Physios join Microsoft for ground-breaking cystic fibrosis tech project

A university physiotherapy department is working with Microsoft to develop computer games that motivate children with cystic fibrosis (CF) to complete exercises to clear their lungs.

Haiyan Zhang, innovation director at Microsoft Research, spoke about the company's partnership with physiotherapists at University College London (UCL) at the Createch2017 event in London on 13 June.

She explained that the 'Fizzyo' project takes conventional airway clearance devices and inserts a wireless chipped electronic sensor into the mouthpiece. As the user exhales, the sensor sends electronic signals that control computer games on a tablet.

The device was developed with the

help of the university's physiotherapy staff, including Eleanor Main, course director, and Sarah Rand, senior teaching fellow and research fellow.

A key part of the project is collecting data, which could inform clinicians about compliance with airway clearance and how effective it is.

'This is potentially a way for us to collect data we have never seen before,' said Ms Rand.

'We have been prescribing the same treatment for a number of years and there is no way for us to look and see whether treatments are the right ones for individuals and how they correlate to other outcomes. And that is what we are trying to do with this.'

■ Gill Hitchcock



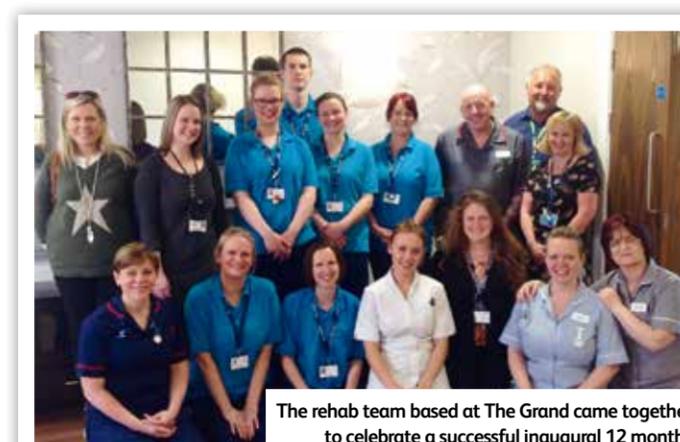
Morgan and Aiden Coxhead, who have CF, use the prototype chipped airway clearance devices

Physiotherapy-led rehabilitation unit helps to cut hospital readmission rates

An innovative NHS-led physiotherapy service designed to reduce readmission to hospital has celebrated a successful first 12 months of work. The short-stay rehab unit based at a Nottingham care home has managed to cut 90-day hospital readmission rates to just five per cent.

The unit at The Grand Care Centre takes patients who have been medically stabilised in hospital for a period of rehabilitation before going home. It works closely with community and social services to enable people to get home safely with the appropriate support, helping to free up hospital beds.

Some 382 patients have been through the pathway throughout



The rehab team based at The Grand came together to celebrate a successful inaugural 12 months

the year with an average length of stay of just under 17 days. Of those 78 per cent went home (14 per cent went back to acute, five

per cent went to a medical rehab unit, three per cent went to long-term placement). Of those who went home, after

90 days, only five per cent were readmitted to hospital (76 per cent stayed at home, five per cent went into long-term placement, four per cent died, and 10 per cent were designated 'unable to contact').

Senior physiotherapist Helen Caldwell, who works for Nottinghamshire Healthcare NHS Trust, said: 'This unit is an excellent example of not only the NHS working in conjunction with a private company, but how acute hospital beds can be freed up from patients who are medically fit. Due to our provision of therapy-led re-ablement, in a relatively short period of time we are able to get patients home safely with the correct support.'

■ Mark Gould

CSP governance review takes next steps

CSP council members have finalised proposals for a smaller and more strategic council, following a debate on 14 June. They suggested the creation of 12 council seats (reduced from 27), which would be filled by 'the best leaders of the profession' and represent all members – wherever they live and whatever their specialism. CSP members can vote on the proposals at this year's AGM, which takes place at Physiotherapy UK in Birmingham from 10-11 November.

For more information, visit: www.csp.org.uk/governance-review

Scotland's boards adopt respiratory e-learning modules

Health boards across Scotland have adopted online learning modules developed by respiratory physiotherapists.

Sarah Matthews, physiotherapy team lead at Ninewells Hospital, Dundee, part of NHS Tayside, helped develop the e-modules using resources produced by the Scottish physiotherapy in critical care practice development group.

The 15 interactive modules are designed to update band 5 physiotherapists with the latest clinical information about respiratory care. They cover arterial blood gasses,

airway clearance techniques, manual hyperinflation, tracheostomy, ventilation and other topics.

The information, interactive tests and quizzes in each module can form part of physiotherapists' continuous professional development (CPD).

After lengthy testing, the modules went live in NHS Tayside at the start of 2017. Since then they have been adopted by Highland, Greater Glasgow and Clyde, Fife, and Lothian health boards.

Ms Matthews said that about 20 physiotherapists at Ninewells Hospital have used the modules.

'It is up to each hospital how they use the modules, but how we use them is that all our staff have to complete each module before they go onto the on-call rota,' she said.

'There's a quiz at the end – and a pass or a fail – and they have to provide the evidence that they have passed each module.'

■ Gill Hitchcock

More information

To request links to the modules, email Sarah Matthews at sarahmatthews2@nhs.net



Sarah Matthews: All staff complete each module before they go onto the on-call rota

Arthritis Action pilots ESCAPE-pain in third sector

Charity Arthritis Action overcame several problems to successfully complete the first ESCAPE-pain pilots, an arthritis self-management programme, outside the NHS.

Arthritis Action said insurance companies initially wanted a full medical report from a GP on each potential participant. This would have made the cost of running the course prohibitive. But the charity said it was able to negotiate with an insurance provider to change its position.

Triage was also an issue. Arthritis Action said it was difficult to find venues and

clinicians to take a full case history and complete a triage process.

It dealt with this by completing a 20-minute telephone triage, supported by software. The charity said this dramatically reduced the costs and administrative burden of triage.

Although it has 2,000 members, they are based across the UK and it faced the challenge of finding enough suitable

people to fill the classes.

It contacted nearly 100 members to guarantee the attendance of eight people in each of its two pilot classes. With enough people signed up, the classes took place last year – in London during April and May, and in Eastbourne during September and October.

Arthritis Action said feedback from the 16 participants was very encouraging. Everyone was either

‘satisfied’ or ‘very satisfied’ with the education and exercises and would be ‘likely’ or ‘very likely’ to refer a friend or family.

Three-quarters of participants said the programme had improved their strength and confidence to perform daily activities, Matthew Rogers, director of therapies at Arthritis Action, said: ‘It was an excellent programme. After we worked out the insurance, and other

things, it was very easy to deliver and people with arthritis really liked it. We are looking into doing it again in the future.’

■ Gill Hitchcock

More information
ESCAPE-pain
www.escape-pain.org
Arthritis Action
www.arthritisaction.org.uk

Telephone triages lasting
20
minutes dramatically reduced costs



Keep Active coordinator Charlotte Ness (left) helps participant Kabia Kadidjatu during an exercise session

Physios support Stand Up, Stay Up campaign

Physiotherapists in England are taking part in a national initiative to prevent falls among older people, by helping to ensure that once they stand up, they stay up.

The Stand Up, Stay Up campaign was launched by the Royal Society for the Prevention of Accidents (RoSPA) in 2016 and is funded by the Department of Health until 2019. It aims to reduce the rising numbers of people who require hospital treatment due to a fall.

Since starting, Stand Up, Stay Up has helped fund two projects that involve physiotherapists.

One is a postural stability instruction programme in Southend-on-Sea, which includes assessments by GPs and physiotherapists. The other involves physio-led exercise classes for older people in London.

The London Keep Active classes are run by charity Bishop Creighton House, where Joy Wilson is the older people's services manager.

Keep Active classes are delivered by physiotherapists and occupational therapists from the Community Independence Service, part of West London Mental Health NHS Trust.

With the help of RoSPA funding, the charity has provided four core strength and balance exercise training events so far this year.

■ Robert Millett

NICE revises guidance on managing osteoporosis

The National Institute for Health and Care Excellence (NICE) has updated its guidance on the management of osteoporosis in adults, including assessing risks.

The quality standard, published in April, says healthcare professionals should consider all options to prevent and treat fractures as part of their care for people with osteoporosis.

It says that people with osteoarthritis at high risk of fragility fractures should be offered drug treatment to improve bone density and reduce the chance of future fractures and related problems.

The document follows NICE guidance for assessing the risk of fragility fracture in adults with osteoporosis, published in February. This includes advice on the selection and use of risk assessment tools for the care of adults at risk of fragility fractures in all NHS settings.

Arthritis Research UK's report, State of musculoskeletal health 2017, says that about three million people in the UK have osteoporosis.

Jonathan McCrea, the board member for public affairs at the Association of Chartered Physiotherapists in Neurology, said: ‘Younger patients with neurological conditions have reduced or absence of ambulation and exercise. As a consequence, they are at high risk of secondary osteoporosis.’

‘This document says these adults should be identified and offered drug treatment to reduce fracture risk.’

■ Gill Hitchcock

More information
NICE: Osteoporosis quality standard www.nice.org.uk/guidance/QS149

Physio's video on exercise for depression wins Cochrane competition

A physiotherapist has produced a competition-winning YouTube video, which explains the findings of a review of research on using exercise for depression.

Cynthia Srikesavan, a post-doctoral research assistant in physiotherapy at the University of Oxford, created the video in response to a contest run by Cochrane UK, a not-for-profit organisation that produces independent and accessible health information.

The competition challenged health professionals to create a resource that could share the findings of a Cochrane review, relevant to their practice, with their peers and colleagues.

Dr Srikesavan told *Frontline*: ‘I chose a 2013 review on exercise for depression, because I think it's a very relevant topic for physiotherapists.’

‘There is not enough evidence yet, but more is emerging and you can prescribe exercise if you integrate the general evidence for the benefits of exercise with your clinical judgment and a patient's needs.’

Her prize for winning the competition included a free ticket to the Cochrane UK-Ireland symposia, which took place in Oxford in March.

■ Robert Millett

More information
To view the video visit youtu.be/JQJNXresk-4
Cochrane review: exercise for depression www.cochrane.org/CD004366



NewsDigest

'21 Day Challenge' aims to improve exercise regimes



The 21 Day Challenge aims to find ways to make it easier for patients to comply with rehab

Physiotherapists are signing up to a '21 Day Challenge' to complete exercise programmes they typically prescribe, and make them easier for patients to comply with.

Brighton-based running injury specialist Tom Goom has thrown down the gauntlet along with physio David Pope from Australian-based online resource Clinical Edge.

The 21 Day Challenge was launched on Mr Goom's RunningPhysio website on 1 June and 4,200 people – mostly physios – have registered. No closing date has been set.

'It's really easy for us physios to give out exercises and expect the patients to do them, and sometimes we don't actually empathise with how hard it is to do them,' said Mr Goom.

'So the idea is to get physios – and other health professionals – picking a typical programme they might give to a patient and commit to doing it themselves for 21 days, to see what it's actually like.'

What prompted Mr Goom to create the project was partly his own

experience of injury when he struggled to complete a rehabilitation

programme. Another reason was research suggesting that a high proportion of patients – possibly as many as 70 per cent – did not exercise as advised.

■ Gill Hitchcock

Research suggests as many as **70%** patients do not exercise as advised

More information
21 Day Challenge
www.running-physio.com/join-our-21-day-challenge

UK therapists' book gets Russian translation

A book about constraint induced movement therapy (CIMT), written by two British therapists, is gaining global attention and has now been translated into Russian.

How to do constraint-induced movement therapy: A practical guide was co-authored by Annie Meharg, a private physio and associate for course provider at Harrison Training, and occupational therapist Jill Kings, the clinical director of Neural Pathways.

It is the only published guide on how to do CIMT, which is the best-evidenced intervention for recovery of arm function after stroke.

The book was positively reviewed in *Frontline* (18 May 2016 issue) by Adine Adonis, vice-chair of the Association of Chartered Physiotherapists in Neurology.

Mrs Meharg told *Frontline*: 'It's vital that therapists have the practical know how to undertake CIMT and that people with stroke and other neurological disorders get the opportunity to benefit from this high-intensity, task-specific intervention.'

'And it's very rewarding to feel that we've contributed to the use of CIMT, not just in the UK but beyond.'

■ Robert Millett

More information
How to do constraint-induced movement therapy: A practical guide is available from Harrison Training www.harrisontraining.co.uk and Amazon.



Physio uses 'F' words to improve communication

Children's physiotherapist Andrea Selley has developed an online learning programme and community to help professionals and parents work better together on supporting children with disabilities.

Her approach, called the 'F' words, is based on research by two professors in Canada. They developed an accessible way of understanding the World Health Organization's international classification of functioning, disability and health framework using the words: fun, family, friends, function, future and fitness.

The holistic approach is aimed at encouraging parents and professionals to focus on factors that are important to all children's development.

Ms Selley left her post as an NHS manager of children's services just over a year ago to start up a company, Synergy-Now, to deliver her 'F' word training.

'It is about getting parents more involved in helping children to achieve their goals,' she said,

giving the example of a family who were upset when a physiotherapist told them their son should not be using a walker because of concerns that it could damage hip joints.

'But by using the 'F' words in the conversation it helped them to communicate what was really important to the child.'

Ms Selley said she is sharing resources with the 'F' words' developers on her website. The learning community will be launched in September.

■ Louise Hunt

More information
<http://synergy-now.com>

Andrea Selley teaches the 'F words' to help parents and professionals support disabled children to achieve their goals



Children who have strokes need physiotherapy and timely care

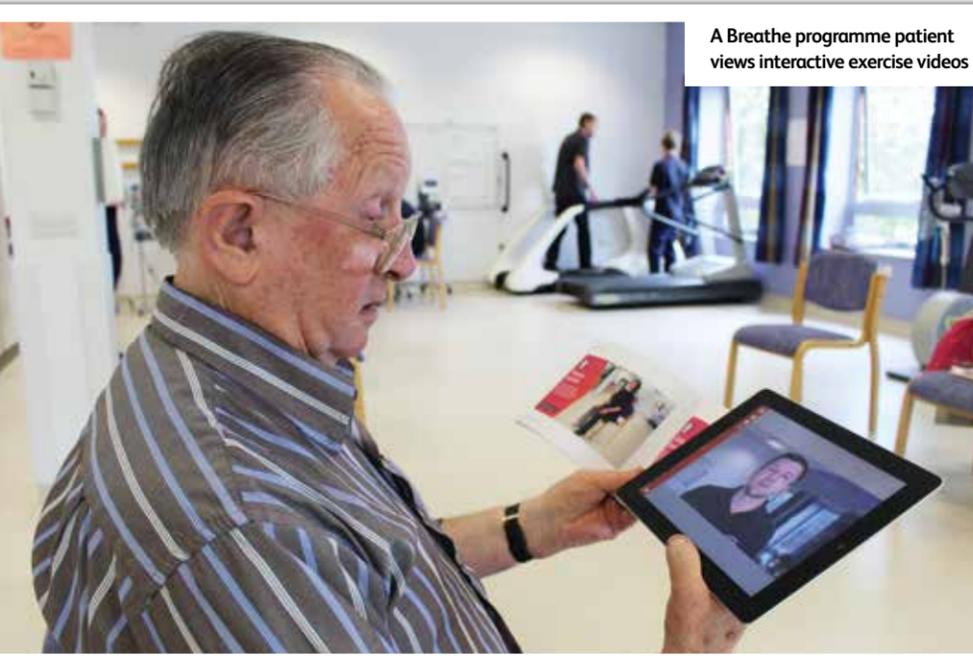
A multidisciplinary team, which includes physiotherapists, should assess children who have strokes within 72 hours of admission.

This is according to new clinical guidance published by the Stroke Association and the Royal College of Paediatrics and Child Health.

It sets out best practice for the long-term care of children who have a stroke, estimating the numbers at 400 each year in the UK.

For more information visit: www.rcpch.ac.uk/stroke-guideline Association of Paediatric Chartered Physiotherapists <http://apcp.csp.org.uk>

NewsDigest



A Breathe programme patient views interactive exercise videos



Liverpool's pulmonary rehab patients get digital access to physio advice

Patients attending Liverpool Heart and Chest Hospital's Breathe programme, for pulmonary rehabilitation, can now use their mobile devices to access instant advice about managing flare-ups.

The resource was developed in a move to embrace digital technology and make the programme's advice and support services more

accessible to patients.

It uses augmented-reality videos of physios demonstrating breathing control and chest clearance techniques, along with interactive 3D images, which are available on smartphones and tablets.

Anthony Burns, senior Breathe team member, said: 'The aim was to have a card that could be kept in a wallet and, once the programme is downloaded, the videos could be activated with the card to give patients practical tips for when their breathing worsens.'

The idea for the card came out of team discussions on how they could do more with digital technology and a digital company was employed to develop it.

In addition, a website for the Breathe programme was launched in mid-April to support patients during and after rehab. 'It's

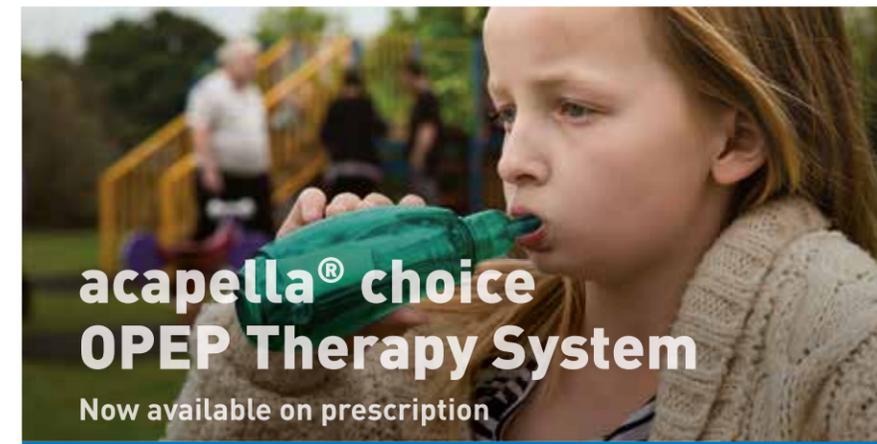
'Patients and their families can find out more before they attend and if they are not up to the programme they can still access support and advice'

Anthony Burns

an additional support to the Breathe programme,' said Mr Burns, who is a CSP member.

'It means patients and their families can find out more before they attend and if they are not up to the programme they can still access support and advice.'

■ Louise Hunt



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The NICE 'COPD Costing Report' from 2011 states: Improvement in the management and effectiveness of treatments for patients with COPD is likely to result in an estimated 5% fewer admissions to hospital, resulting in around £15.5 million savings each year.

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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

Have your say on the future of physiotherapy

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

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Newsfocus

Mesh implant review: UK-wide implications

A new review of transvaginal mesh implants in Scotland could influence clinical practice across the UK, says Louise Hunt

The troubled inquiry into the use of transvaginal mesh implants is to undergo a further review, Scottish health minister Shona Robison said last month.

The decision comes after campaigners raised concerns over the transparency of the initial process. However, the recommendations from the first review, which were welcomed by specialist women's health physios, are to be upheld.

The long-awaited 'Independent review of transvaginal mesh implants' report was published by the Scottish government on 27 March (<http://bit.ly/2sinar1>). It followed a series of post-surgery complications. Its conclusions are likely to have implications for practice across the UK.

CSP has been closely involved in the review process, with representatives on the review group and expert panel. 'This has been a long-running

for debilitating and life-changing problems they have incurred from mesh implant surgery. The lawsuits could amount to tens of millions of pounds in compensation. See <http://bbc.in/2qZ0WXR>

Elizabeth Crothers, the CSP representative on the review panel, told *Frontline* in May that the report's recommendations give specialist women's health physiotherapists a 'stronger footing' for making the business-case for greater involvement in advising and treating women with pelvic dysfunction.

The report recommends that mesh implants are not routinely offered as part of treatment for pelvic organ prolapse and urinary incontinence, and that women must be informed of alternative treatments, including physiotherapy.

But some mesh implant survivors were angry that implants have not been banned, and accused

'The vast majority of women who have implants do well. It is a small, but significant, group that has experienced terrible outcomes and this depends on individual factors'

Elizabeth Crothers, retired specialist physiotherapist in pelvic dysfunction

campaign by the CSP in Scotland,' said policy officer Kenryck Lloyd-Jones.

He said that national guidance on pelvic dysfunction, which has now lapsed, did recommend that women should be offered physiotherapy initially, before surgery.

'But this was clearly not happening because of the shortage of specialist pelvic health physiotherapists. As a result, some women did not receive their first physiotherapy appointment until after surgery.'

Earlier this year, a BBC investigation revealed that there are more than 800 women in the UK suing the NHS and mesh implant manufacturers

the inquiry of being a 'whitewash'. Two patient representatives and one consultant resigned from the review group just before it was published, voicing concerns that some evidence had been left out of the final document and of potential conflicts of interest among some inquiry members.

Following the outcry, Ms Robison agreed that Glasgow Caledonian University would examine the processes of the review. 'The results of that work will be used to inform what lessons can be learned on how independent reviews are conducted in future,' said a Scottish government spokesperson. He added that the medical director



Mesh matters: what women say

The mesh, usually made from synthetic polypropylene, is inserted by surgeons to treat pelvic organ prolapse and incontinence in women, often after childbirth. Some women have reported severe and constant abdominal and vaginal pain, been told that they can no longer have sexual intercourse, or experienced infections and bleeding. Many say their original incontinence symptoms have not been improved by the surgery.

Mesh report: key recommendations

- mesh must not be offered routinely to women with pelvic organ prolapse
- all procedures and adverse events to be reported
- better advice for patients to help them make informed choices.
- improved training for clinical teams
- better research into the safety and effectiveness of mesh implants

for Scotland had confirmed there will be no changes to the recommendations.

Dr Crothers, who has recently retired as a specialist physio in pelvic dysfunction, said she agreed with the government's position. 'I did not feel the implants should be banned. I felt the recommendations in the document were measured and reasonable,' she said.

The inquiry drew on evidence from a clinical review known as the Prospect trial. This found that outcomes for mesh implants used for pelvic organ prolapse were no better than for those who did not have the implants, and that some meshes were inferior. These products have since been

withdrawn. Dr Crothers added: 'The vast majority of women who have implants do well. It is a small, but significant, group that has experienced terrible outcomes and this depends on individual factors.'

The mesh report recommendations, which are likely to influence UK-wide guidance, will extend physiotherapists' work in this field. They include a new mandatory duty to report instances of mesh erosion, the need to attend multidisciplinary team (MDT) meetings to discuss patients with pelvic pain. There is also scope for providing more pre-surgery physiotherapy classes, which could become an alternative to surgery.

'There is evidence that physiotherapy can

effectively decrease the effects of pelvic organ prolapse and can potentially avoid the need for surgery,' Dr Crothers said.

She added that these additional responsibilities should be used to make the business case for more funding for women's health physiotherapy. 'It gives us a stronger footing to discuss our role with managers. Funding should be made available for training to identify cases, attend MDT meetings and to ensure that physiotherapy is considered within the development of gynaecology and uro-gynaecology treatment pathways.'

As the CSP's Mr Lloyd-Jones explains, when the health minister imposed a moratorium in 2014 on

the implants in response to a petition by the Scottish Mesh Survivors group, physios were concerned that their caseloads would increase if implants were no longer available.

While the spotlight may be on the surgical intervention, he wants to see a better understanding of the role of physiotherapists in treating and preventing incontinence.

'Our issues are around increasing the workforce so that all women with pelvic health problems are offered physiotherapy. We think there should be a national audit of pelvic health services. We want each health board to ensure they have the right number of physios to treat all patients,' he said. **FL**

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PhysioFindings

Caroline White on the latest physio research



Something to add?
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Health coaching boosts older people's activity levels



Physical inactivity increases with age, yet older people often have the most to gain from an active lifestyle, as this can help stave off the risk and impact of ill health and maximise functional independence.

Health coaching may offer a potential solution to this conundrum, suggests a systematic review of the available published evidence on the topic.

The study authors mined research databases and found 27 relevant

clinical trials that evaluated the effect of health coaching on physical activity (5803 participants), mobility (2051), quality of life (1923) and mood (769) in 60-79 year olds.

The type and delivery of health coaching varied, and involved a range of healthcare professionals, including physiotherapists. But behavioural change techniques and goal setting were common to all the trials.

Pooled analysis of the data from all 27 showed that health coaching

increased physical activity levels in older people, regardless of their underlying state of health. The effect was small but statistically significant, and didn't seem to be influenced by the quality or sample size of the trials.

Face to face works best

While both telephone and face to face coaching worked well, face to face health coaching was the most effective at boosting activity, the findings showed.

Pooled analysis of eight trials reporting

on mobility, five reporting on mood, and eight reporting on quality of life, showed that health coaching had no impact on any of these outcomes. Different approaches may therefore be required for these, suggest the authors.

Oliveira JS *et al.* What is the effect of health coaching on physical activity participation in people aged 60 years and over? A systematic review of randomised controlled trials. *British Journal of Sports Medicine* 2017 <http://bjsm.bmj.com/lookup/doi/10.1136/bjsports-2016-096943>

Need to Know

WHO recommendations on physical activity for adults 65 years and above show strong evidence that those who are physically active have lower rates of coronary heart disease, high blood pressure, stroke, type 2 diabetes, bowel and breast cancers.^[1]

There is evidence that higher levels of physical activity are linked to better cardiorespiratory and muscular fitness, healthier body mass and enhanced bone health, as well as improved functional health, a lower risk of falls, and better cognitive function.^[1]

Strategies to boost physical activity seem to be cost effective, the authors say.^[2]

Implications

The findings support health coaching as a strategy to promote physical activity – at least in the short-term – for

apparently healthy older adults and those with a range of different long term conditions. Future research will need to look at whether health coaching is sustainable longer term and the cost effectiveness of different approaches. Further investigation into its

impact on quality of life and mental wellbeing, which might in turn prompt healthier lifestyle choices, is also needed, say the authors.

Resources

^[1] WHO *Physical activity and older adults*. 2017

www.who.int/dietphysicalactivity/factsheet_olderadults/en/
^[2] Müller-Riemenschneider F, *et al.* Cost-effectiveness of interventions promoting physical activity. *British Journal of Sports Medicine* 2009; 43: 70-6. <http://bjsm.bmj.com/content/43/1/70>

Comments and conclusions

■ Regardless of their actual weight, people who feel they are being treated unfairly because of their weight are 60 per cent more likely to be physically inactive than those who don't feel discriminated against in this way, reveals a study of nearly 5,500 middle-aged adults. And they are 30 per cent less likely to engage in moderate to vigorous exercise at least once a week. Jackson SE *et al.* *BMJ Open* 2017 <http://bmjopen.bmj.com/content/7/3/e014592>

■ Pharmaceutical grade chondroitin sulfate is as good as a widely prescribed non-steroidal anti-inflammatory drug (celecoxib) for the treatment of painful knee osteoarthritis, show the results of a clinical trial of 604 patients from five European countries. It should be used as first line treatment, particularly for older people with the condition, say the researchers. Reginster J-Y *et al.* *Annals of the Rheumatic Diseases* 2017 <http://ard.bmj.com/content/early/2017/04/29/annrheumdis-2016-210860>

■ 'Noisy' knees may be an early sign of knee osteoarthritis, suggests an observational study of nearly 3500 high-risk participants. The more often they heard grating, cracking, or popping sounds in or around their knee joint, the more likely they were to develop painful knees. Lo G *et al.* *Arthritis Care & Research* 2017 <http://onlinelibrary.wiley.com/doi/10.1002/acr.23246/abstract>

Nathan Clarke

by CSP research adviser Katherine Jones

Older people's social isolation not eased by joint replacement surgery

Joint replacement surgery doesn't seem to ease social isolation or feelings of loneliness, suggests a study of 393 older people (60 to 88 years of age) who had had the procedure.

The researchers base their findings on participants in the English Longitudinal Study of Ageing (ELSA) who had had a new hip or knee between 2004-5 and 2014-15.

The ELSA Social Isolation Index was used to score a lack of meaningful interaction with friends, family and the wider community

before surgery, during recovery, and at least two years afterwards. Loneliness was assessed at the same time points using the revised UCLA Loneliness Scale.

There were no statistically significant changes in the proportion of people who felt socially isolated and lonely before and two years after their procedure. The prevalence remained at around 20 per cent.

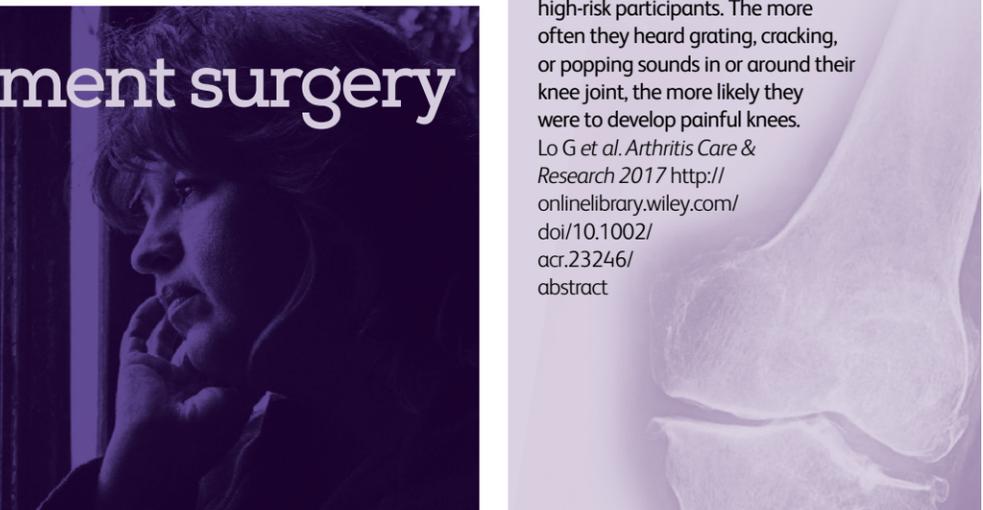
But there was a significant rise in the prevalence of social isolation during the

recovery phase compared with the preoperative phase, from just under 17 per cent to nearly 21.5 per cent. And this persisted up to the final assessment at least two years after surgery.

None of the potentially influential factors, such as pain, depression or job status, explained this change, although depression was associated with higher loneliness scores.

'Given the negative physical and psychological consequences of social isolation

and loneliness, clinicians should be mindful of this, and appropriate interventions should be made available to patients to address this major health challenge [after joint replacement],' conclude the researchers. Smith TO *et al.* Changes in social isolation and loneliness following total hip and knee arthroplasty: longitudinal analysis of the English Longitudinal Study of Ageing (ELSA) cohort. *Osteoarthritis and Cartilage* 2017. <http://dx.doi.org/10.1016/j.joca.2017.04.003>



Views & Opinions

Reasons for pride



The events in Manchester on 22 May were life-changing for many people. Staff working at Salford Royal NHS Foundation Trust (SRFT), which has a designated major trauma centre, found themselves in the middle of a major incident. There has always been a major incident policy for the hospital and, as a physiotherapist, I have always been aware that if a major incident was declared we would have a role. However, there has been

a change more recently. Over the past year, the focus changed from *if* there is a major incident to *when* there is a major incident. This change of focus helped the staff response last month. My role at the trust is consultant physiotherapist and clinical director for orthopaedics. This meant that most of my involvement was in my position within orthopaedics. The senior manager on call on 22 May happened to be the orthopaedic/theatre senior manager. Having been at work for 24 hours, she went home on Tuesday morning and handed over to a fresh team to co-ordinate theatre cases for that day and the rest of the week ahead.

My role that morning included supporting the surgeons (all grades)

who report to me, ensuring the right people with the right skills were available and everyone was having enough rest between shifts.

One of the first things I did was locate a phone charger for the consultant who had been on call during the incident. He had just one per cent charge on his phone in the morning. I attended the major trauma meeting on intensive care unit (ICU) on behalf of orthopaedics to ensure that the communication between teams worked. I spent a lot of time co-ordinating with anaesthetists and surgeons from other specialities.

The physiotherapists from ICU also attended this meeting to support victims of the incident and also worked closely with ICU staff. They provided



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

Victoria Dickens reflects on her colleagues' response to last month's bombing at the Manchester Arena

a link back to the team for patients who had stepped down from ICU slightly earlier than expected as part of the plan to create the beds for the expected victims.

Very early on a team from the military visited, offering support to all clinicians in managing the victims. Physiotherapists from ICU and I were present in the meetings and on ward rounds, entering into discussions about the immediate and longer-term management of patients (including rehabilitation).

As I reflect on recent weeks, the key attributes that physios possess stand out: leadership, prioritisation, communication, doing the 'right thing', short-term and long-term planning, caring for and supporting

colleagues, patients and relatives. Many more attributes were (and continue to be) displayed by all members of staff involved.

I think the preparation across Greater Manchester, especially since the London incident in March, helped staff cope and ensured that patients received excellent care across the city. The distribution of patients to different appropriate hospitals was key to this. I am extremely proud to be part of such a brilliant team during this difficult time.

Victoria Dickens is consultant physiotherapist and clinical director for orthopaedics at Salford Royal NHS Trust



Adviceline

Got something to say? Why not write about it for *Frontline*, asks Ian A McMillan

Have you got a burning issue that you'd like to share with 56,000 colleagues up and down the UK? It could be a project you have been working on, a fresh insight about your practice that's rekindled your passion in your profession, or an incident at work that made you feel so frustrated that you could explode. If this sounds like you, why not have a go and write something for *Frontline*?

We rely on CSP members to tell us what's going on in physiotherapy and many of you contact us every week to tell us what you are doing. Though not every idea will make it on to the pages of the magazine, we really appreciate every communication we receive. We are a fairly small team of journalists and putting a fortnightly magazine together and preparing news items for the CSP website takes up most of our time. But we also like getting out and about as much as possible in response to invitations to attend events and visit services. Of course, we can't write everything that's published. Indeed, it would be rather dull if we did because you are the ones who know what's really going on. So why not email us a letter for the Comment pages (of, say, up to 250 words) or a column for the Views and Opinions pages (either about 320 or 450 words)? You can also get in touch if you'd like to review a recently-published book on a topic that's in your speciality, perhaps. Shorter pieces of writing are often a surer way to get your work published than tackling something more daunting as your first attempt.

As regards the longer articles, or features, that appear in *Frontline*, we are always on the lookout for submissions that will spark readers' interest and perhaps offer ideas they can try out in their own clinical practice. While very few physiotherapy staff are involved in large-scale research studies, and the findings from these are more likely to appear in peer-reviewed publications such as *Physiotherapy*, we think that claims made in articles should be backed up by evidence and key references, where this is appropriate.

If you have something to say, please get in touch. Email frontline@csp.org.uk

Ian A McMillan is deputy editor, Frontline

Pyjama-free zones

Brian Dolan says physiotherapy staff are ideally placed to join a social media campaign to get hospital patients more active

The premise of #EndPJparalysis is remarkably simple and chimes with, and amplifies, the great work that physiotherapists do on a daily basis: get patients up, dressed and moving every day while in hospital. This significantly reduces the risks associated with prolonged bed rest, including sarcopenia, deep vein thrombosis, reduced peristalsis, constipation, lethargy and chest infections. The only remarkable thing about it is that it's also something that Dr

Richard Asher was writing about in the *British Medical Journal* back in 1947!

The secret ingredient of #EndPJparalysis has been that it's not about key performance indicators, targets or Gantt charts – it's about trusting clinicians to do the right thing in the context in which they work. It's why new graduates like Chloe Harris (@_ChloeHarris) in Salisbury NHS Trust, supported by early support discharge lead physiotherapist Emily Scotney (@emily_scotney),

can lead the #EndPJparalysis work there.

It's also shown in the great leadership of Barbara Pinguey (@Pinguey23), specialist respiratory physiotherapist at North Cumbria University Hospitals who has led a combined NHS trust effort, including their Cumbria community and mental health partnership colleagues. In many NHS settings, physiotherapists have launched local #EndPJparalysis campaigns by turning up at work

in their pyjamas, working closely alongside nursing, medical and other therapy colleagues. The launches have been a lot of fun, while being mindful of the serious message about deconditioning and related unintended harm that comes with it.

At its core, #EndPJparalysis is about valuing patients' time and recognising that their time is the most important currency in healthcare. While our time is important and we are busy, our patients' time is sacred and if you

had 1,000 days left to live, how many would you choose to spend in hospital? See www.last1000days.com

And it is in the fantastic leadership shown by physiotherapists in embracing and supporting this campaign, that by the end of May we had 70 million Twitter impressions. Together we can humanise healthcare and, in doing so, further humanise ourselves in our care, compassion and commitment to improving patient care.



Brian Dolan is director of Health Service 360 and honorary professor of nursing, Oxford Institute of Nursing, Midwifery and Allied Health Research, Oxford

Workplace Issues

A flexible approach to work patterns can benefit staff, their families and patients, CSP members tell **Daniel Allen**, who reports on a new CSP workplace campaign

Balancing act



Juggling a full-time, full-on job with the demands of having young children or older relatives is challenging at the best of times. It might only take a mislaid gym kit or a no-show carer for things to start falling apart. Three CSP members in four are women and most are aged under 40, so trying to balance employment and family will be a familiar tussle for many. But a CSP workplace campaign being launched this month aims to raise awareness of flexible working options that may make life easier.

Building a better balance offers practical advice for staff on alternative working patterns, and demonstrates the benefits that flexible working can bring. Many employers need little convincing but, says Kate Moran, the CSP's head of employment research, anecdotal evidence suggests that some managers' attitudes to flexible working are negative.

'We found that members who were working full time and then went on maternity leave, had a baby and wanted to come back part time were being



'We thought let's go for the most hours I feel comfortable with, with the view that if management had said no I would have been happy with a little bit less'

Lucy Thornton, a band 6 rotational physio at Addenbrooke's Hospital

told it's either half-time hours or full-time, with nothing in between,' she says. 'So if, say, somebody wanted to work three days a week rather than two and a half, or do four extended days, they found that quite difficult to negotiate.'

In fact, flexible working can take many forms beyond part-time hours.

Other options include

- job sharing
- compressed hours – working full time over fewer, longer days
- flexitime – beginning and ending the working day at different times

Case study: Kim Gainsborough

CSP East of England regional steward Kim Gainsborough is based at Addenbrooke's Hospital, part of Cambridge University Hospitals NHS Trust, where flexible working options are supported – she herself has recently reduced her working week to 30 hours. A robust policy that accentuates the importance of work-life balance is a good way to start embedding a positive view of flexible working. 'I see the role of stewards as being vigilant in negotiating good policies and then ensuring that we monitor them,' she says. 'I've heard of other places and other sectors where staff are not so supported.'

Part of the reason, she suggests, is that tight financial constraints mean managers are fearful that if they agree to reduce someone's working week the remaining hours may be lost and the service will suffer. And in places where recruitment is not a problem, employers may feel they have little incentive to allow flexible working. 'It's basically put up or get out, you're very easily replaceable. But I think here we retain valuable staff by trying to be accommodating.'

Locally, physios commonly ask for different working patterns because Cambridge is an expensive place, says Ms Gainsborough. 'So lots of our staff have to commute and we don't have enough parking spaces. There have been two requests from one team recently to start earlier because they already come in earlier anyway to get a car-parking space.'

Selina Keiller, the trust's professional lead and operations co-manager for physiotherapy, says granting such requests, where possible, can also benefit patients. 'Instead of all staff working from 8.30am to 4.30pm we can have some starting at 8am or working past 6pm, and that's helpful because it extends the time for patient provision.'

Flexible working helps to motivate staff to remain in post, Ms Keiller argues. 'We have to accept that people who work in physiotherapy tend to be quite young and may start having families. We have lots of examples of people – men as well as women – who, due to childcare and the cost of childcare, have applied for flexible working and we've supported them.' She adds: 'We also have more and more experienced staff who want to "retire and return" on different hours and if we didn't support that, we would be losing a very experienced workforce.'

There are challenges, of course. For example, staff need enough working hours for clinical practice on top of all the necessary training and updates, Ms Keiller adds.

Workplace Issues

Case study: Lucy Thornton

Lucy Thornton, a band 6 rotational physio at Addenbrooke's, will return from maternity leave to work 27 hours a week over three days. She is breastfeeding and says: 'Obviously we're weaning as well, but I explained to my managers that I'm still feeding Louise and on the days I'm not with her I will need to go and express, and they were very flexible about that.'

Having been a CSP steward before going on maternity leave, she negotiated her working hours herself. 'I was aware of what I was allowed to ask for and that the trust has a breastfeeding policy, with a dedicated room you can use.' She met with managers before her maternity leave and again more recently to discuss her hours on her return. Did she get all that she wanted? 'I feel I did. With my husband, we thought let's go for the most hours I feel comfortable with, with the view that if management had said no I would have been happy with a little bit less. I felt I was quite flexible.'

'Rather than losing employees because they can't get the flexible working they want, managers are much better off trying to negotiate something that suits both sides so they retain those staff'

Kate Moran, head of employment research, CSP

An aid to staff retention

The reasons behind a desire to work flexibly are many and varied. Although family responsibilities are behind many bids, some staff simply want more time to pursue other interests.

In the run-up to the launch of the Building a better balance campaign, CSP stewards across the country took part in workshops focusing on how to support members who might be keen to adjust their working hours.

The CSP encourages members to make informal requests as a first step. Employees have a statutory right to make such a request after 26 weeks' service and managers are expected to consider applications seriously. A stewards' training pack outlines arguments that can help build a convincing case and persuade bosses of the benefits of flexible working (see box on opposite page).

Ms Moran says: 'Rather than losing employees because they can't get the flexible working they want, managers are much better off trying to negotiate something that suits both sides so they retain those staff.'

Jill Taylor is the chair of the CSP's industrial relations committee. She says flexible working requests relating to return from maternity leave are usually fairly straightforward, but increasing numbers of staff need to find time for other caring responsibilities – a parent with dementia, for example.

'Often people feel less confident about making those kinds of requests,' she says. 'They may not have shared their circumstances with others in their team or

Employer benefits of flexible working

- helps retain experienced staff
- encourages staff satisfaction and motivation, and boosts productivity
- avoids the high cost of recruiting and inducting new staff
- increases the diversity of employees, ensuring they better reflect the patient population they serve
- provides an attractive recruitment benefit, especially in areas where managers struggle to recruit
- extends service hours

they may be vulnerable because of mounting stress.' The best advice for members who are thinking about making a flexible working request is to speak first to their CSP steward.

'It's important to get support in all aspects of the application,' Ms Taylor says. 'And a trade union representative is in an ideal position to give that support. That's what we're here for.'

Stewards can also identify whether a request denied is part of a trend and whether it can be challenged. And they can advise managers about flexible working requests, Ms Taylor says.

Selina Keiller is a manager at



This CSP information pack (above) provides advice and guidance on the right to request flexible working and the benefits it brings.

It also considers how to overcome any potential barriers that might obstruct the introduction of flexible working options.

To download a copy, visit www.csp.org.uk/balance

Cambridge University Hospitals NHS Trust. What is her message for managers who may feel hesitant about supporting flexible working? 'I would say, think outside the box because there's normally a way you can make it work for to the advantage of the service and for the staff member.' FL

More information

Visit www.csp.org.uk/balance

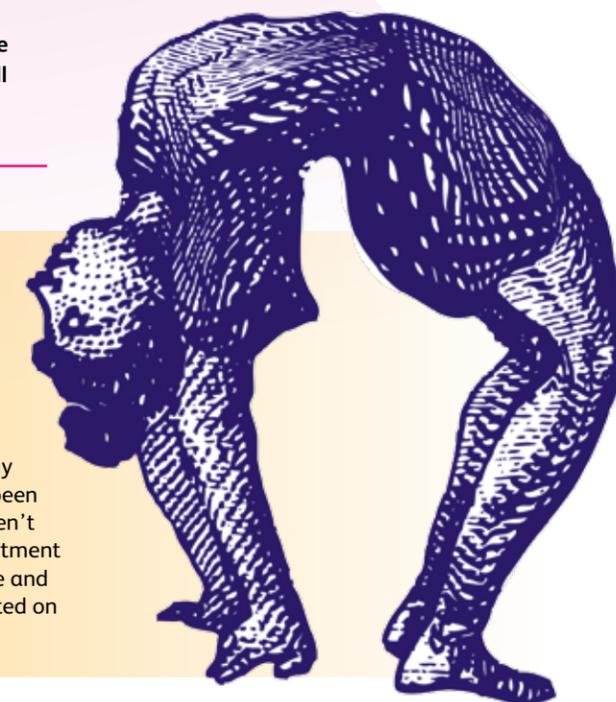
If you have an example of flexible working that you would like to tell the CSP about, email Kate Moran at morank@csp.org.uk

Case study: Kate Stephens

Kate Stephens, another physio at Addenbrooke's, reduced her hours, then took on more and has recently returned from maternity leave to work 15 hours a week in paediatric orthopaedics. There has been a lot of movement in the team, she says, and many people work split posts. 'But that's allowed others to have experience of paediatrics, which they otherwise might not have had, and for people to have experience of higher-band

jobs, which again they wouldn't have had if I hadn't gone on maternity leave.'

She adds: 'Throughout all my job changing, my manager's been 100 per cent supportive. I haven't spoken to anyone in the department who's been on maternity leave and who hasn't been accommodated on their return.'



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Help shape the profession's future
by influencing how students learn,
says CSP professional adviser

Nina Paterson



Bend it, shape it!

In the last continuing professional development (CPD) article (page 30, 17 May), we looked at the CSP's quality assurance role to give you an idea of what goes on behind the scenes. This article continues with the theme of quality in pre-registration education and looks at your role in maintaining it. While the CSP's campaign focuses on placements, there are many ways to shape and influence what students learn at university. The goal is to encourage you to take up opportunities to shape the profession – after all, the students of today will be your colleagues tomorrow!

Get involved

The last article highlighted the CSP's role in accrediting programmes. These have a formal structure. Prior to a major review, a two-person team (a CSP education rep and a CSP officer) review all of the programme's documentation.

This review covers everything from the aims of the course through to each module specification – going into detail about what will be taught and when, and how it will be taught and assessed. During the event itself, we meet with students, service users and, crucially, the clinicians and managers who take students on placement and employ them once qualified.

As you can imagine these meetings are

always lively. Though colleagues frequently have differing perspectives, what always comes through is that everyone there has the profession's best interests at heart. Some discussions are uncomfortable and challenging. But in my 13 years' experience I've only ever seen colleagues respond positively to even the most direct challenge, however hard it has been to hear. As these reviews only take place every five years, grab the chance to be involved.

Teams also welcome input from clinical colleagues about content, relevance and timings of what is being taught in the curriculum. Sometimes this takes the form of focus group-style meetings or they may ask you

to review their documentation. There are also other opportunities to get involved – providing feedback about placements, interviewing applicants and delivering lectures. All are ideal avenues for influencing what's being taught.

Constructive criticism

However you choose to get involved, take some time beforehand to identify the issues and consider how to offer solutions to address these concerns. The CPD activities provided [see box] will help you to structure your ideas.

And if you don't hear back from a team after you've provided feedback, feel free to question that – your input matters! **FL**

CPD activity

Feel free to focus on the most appropriate suggestion or work your way through all of them

Take some time to think through what the issues are with student education and how to resolve them. Look back through your reflections, or the feedback that students have given you. What do they say about you? Are there things that you could change? You might find the journal function or one of the action plan templates within the CSP's ePortfolio (www.csp.org.uk/node/796) useful to record your thoughts and plans for how you are going to resolve the issues.

■ Are your expectations reasonable? What are you like at giving feedback? How flexible and comfortable are you in your approach when dealing with students who are different to you? How comfortable are you at tackling concerns or failing a student? This may be a difficult question, and we speak to many physiotherapists who don't like doing this. The most commonly cited reason is that they feel like they have failed to help the student.

Have you considered how you grade or score compared to those from different organisations within similar settings? Do you pride yourself on being a hard or generous marker? Are you only prepared to give a high grading to a student if they are 'behaving like a band 5'? Is that a reasonable expectation?

Are you expecting the students to have the same knowledge that you do now? (This isn't as uncommon as it might sound). If you think that the issue may lie with you, then invest in yourself. Sign up to one of the training or refresher days offered by your local higher education institution, or find a module that helps you develop your teaching skills.

■ Are you clear about the expectations that emanate from the university? Do you agree with these expectations or is there a tension between your personal views and that of the programme team or link tutor?

Do your concerns focus on an isolated

incident or a general pattern? How might you explore these with the university? Have you already explored them, and would a formal avenue be appropriate, perhaps? If something isn't resolved, can you find an alternative route?

Again, if you are looking for structure, the templates and journal links in the ePortfolio might be useful.

■ Could you offer something to your local university programme team? Find out how to get involved with what is on offer. Each university will have a means to come together with practice partners to discuss practice placements – and if they don't have, don't be afraid to initiate!

If the concerns you've identified are broad ranging, you might want to consider the opportunities mentioned in the main article that will help shape the curriculum content and curriculum design.

■ Could you offer something nationally? If you are part of a professional network and see a need across several universities, could you offer something different? The CSP is piloting with two professional networks this year to deliver online material to support others to develop skills and competencies.

Putting aside the online nature, is there anything that you could develop to support students learning? As a starting point, begin to identify what you want to achieve and why. Will you need to develop a collaborative partnership to take on something of this size? Spend some time thinking through who strategically it might be worth connecting with, or what funding options are available.

And finally ...

Do it: put it into action. Don't just file your reflections or action plans away – take the next step, put them into action.

And remember to look back on them once implemented and evaluate their effectiveness.

RespiratoryCare

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

Home, sweet home

Andrew Cole meets Amy Wynne, who helps to lead a new hospital at home service in north east England that's proving to be a big hit with patients who have respiratory illnesses

Winning smile: Amy Wynne, respiratory physiotherapist and joint clinical lead, chats with a patient

Experiencing a sudden attack of breathlessness when you have chronic obstructive pulmonary disease (COPD) can be frightening. It can also be something of a vicious cycle. Anxiety leads to panic which can trigger exactly the symptoms you most fear. And, all too often, that can in turn lead to hospitalisation.

North Tees and Hartlepool Trust's Hospital at Home (H@H) service was launched in April 2016. The aim is to break that cycle by offering people whose COPD has worsened an alternative to calling 999 call and a bed in the local hospital. One year on it is already having a significant impact, says respiratory physiotherapist and joint clinical lead Amy Wynne. The number of hospital admissions for COPD exacerbations has dropped by about a third and the lengths of stay for those who are hospitalised have shortened.

It also appears to be very popular with patients. A recent survey found high satisfaction rates among users, with everyone saying they would recommend it to others. As one patient put it: 'This is 100 per cent better than being admitted to hospital.'

The Hartlepool area has a high incidence of COPD and has also seen worrying increases in the number of patients with COPD being hospitalised over the last decade with problems such as breathlessness and increased sputum and coughing. Some of these patients may be admitted on multiple occasions each year – and that is a very expensive business, estimated to cost the trust more than £2 million a year. Yet for many hospital is not the best place for their problems – it is just that until recently it has been the only place.

Following last year's launch, the H@H service began to change all that. The service – which covers Hartlepool and Stockton – is staffed by a multidisciplinary team of consultants, nurses, physios and care assistants. It is available seven days a week, from 8am to 8pm, and sees from 25 to 40 patients each day. Patients are initially referred through their GP, community matron or other health professional. If they are judged to be suitable they will receive a home visit within two hours where they will be fully assessed and a treatment programme agreed, tailored to the individual's particular needs.

Cutting the length of admissions

This could involve several follow-up visits that focus not just on treating the immediate condition but also educating patients about such things as medication management and use of a nebuliser. They may also be referred for pulmonary rehabilitation. And they are guaranteed an appointment with a specialist consultant within the first six weeks. Once on the H@H system, patients can self-refer if they further problems arise. Sometimes this may simply involve a reassuring phone call. Or they can be signposted to other services that would be more appropriate.

RespiratoryCare



Often, says Ms Wynne, just knowing the service is there will be sufficient to allay people's anxieties and avoid a relapse. 'Some patients we see wouldn't have gone to hospital but they have built a relationship with us that means when they're poorly they have that trust that allows them to ring us and seek reassurance.'

In her view the service is meeting an important need. 'I just feel we can give them more in their own home with their own comforts. They have a sense of continuity and they're receiving treatment on their own terms. In hospital it's not their home, their bed or their food – and it's a lot more costly.'

The team has also helped to reduce the length of stay of those patients with COPD who do find themselves in

Meet the team (l-r): Leah Neil, specialist respiratory nurse, Amy Wynne, Belinda Peckett, respiratory clinical lead, Chris Piper, respiratory nurse, Dr Catherine Monaghan, clinical director out of hospital care, Louise Parkin, specialist respiratory nurse, Gabriella Bell, healthcare assistant, Doreen Barnabas, specialist respiratory nurse, Amie Cronin, respiratory physio, and Sherri Warters, respiratory nurse

hospital, providing the home support necessary to allow most to be discharged after 72 hours rather than the previous norm of five to six days. This has led to an overall 20 per cent reduction in the length of stay.

Autonomous practice

Overall, team members reckon that six in 10 of the patients they see would otherwise have been hospitalised. And impressively, when it did a week-long PDSA (Plan, Do, Study, Act cycle) with local GPs to highlight the benefits of H@H, not a single patient with COPD was admitted to hospital.

As joint clinical lead of the service, Ms Wynne balances managerial with clinical responsibilities. It is a long way from the traditional physiotherapy role she used to undertake. In clinical terms, Ms Wynne now sees herself as a practitioner who can respond to most patient needs – not just the physiotherapy ones. 'We use a generic assessment which is a more effective way of operating,' she says. 'I now feel I can probably do about 95 per cent of a patient's package of care without having to get someone else in.'

She believes physiotherapists are particularly well suited to this holistic approach. 'As a physiotherapist I've always been an autonomous professional. I am used to identifying a problem and coming up with a treatment plan – and assessing the whole person, not just their chest, for instance.'

It is a job she 'absolutely loves', she says. And although pleasing to head a service that is saving the trust money, her real satisfaction comes from the feedback of patients themselves. 'What the patients are saying and telling us is the biggest thing. And their comments so far have been phenomenal.' **FL**

More information

To find out more about the PDSA cycle, visit <http://bitly/2r0kcbf>

Home truths: Dorothy Tiplady

For Dorothy Tiplady the H@H service has been a godsend. She had a series of debilitating chest infections in the months before she was referred to the service – probably exacerbated by her reluctance to go to hospital for treatment.

'I'm frightened I won't come back out alive,' she explains, only half jokingly. But she also felt hospital didn't really meet her needs. 'The staff just don't have the time and there are so many coming in with COPD they can't cope – they're overwhelmed,' she says.

So when her doctor told her about H@H last year, she jumped at the

chance. She was seen by a nurse almost immediately and put on a nebuliser to stabilise her condition.

Within a few weeks she received a new course of treatment and has experienced no further attacks since.

'I just felt alone before whereas now I've got people behind me,' Ms Tiplady says. 'They are very friendly and because they're coming to your own home I think they're more relaxed. I'm certainly more relaxed with them. I like to be at home and I think a lot of older people do.'

'It's also nice to know they'll be there for me whenever this happens again. They're just a phone call away.'



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www.csp.org.uk/lis

InReview

Featured book

Clinical sports medicine (5th edition)

Peter Brukner and Karim
Khan and others
ISBN: 9781743761380

Claiming to be the 'cornerstone' text on all matters relating to sports and exercise medicine, Brukner and Khan's book, is, without doubt one of the world leaders in this area. Used by clinicians from a variety of professions, it was one of my key texts while studying physiotherapy at university, and remains a central component in every student's reading list.

The text provides a thorough exploration of and guide to the world of physiotherapy and musculoskeletal medicine. Aspects covered include diagnosis, injury assessment

and management, working in a sports environment and the role of the sports clinician. The information is presented in a concise fashion, and pictures complement the instructions provided in the text.

A key feature is the quality of the authors. Physiotherapists and doctors working at the top of their fields provide valuable insights on contemporary sports injury management. Several CSP members, including Adam Meakins, Phillip Burt and Lawrence Mayhew, have contributed to or written chapters.

This latest edition features more evidence-based content than its predecessors. This enables the various authors to cover the latest developments in the sports medicine arena,

but also to supply guidance and information that can be applied in non-sporting settings.

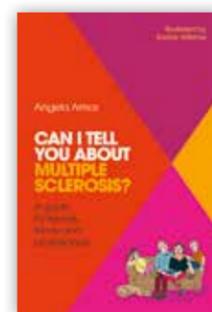
There are more than 300 new figures and tables, as well as six new chapters looking at topics such as

- training programming and prescription
- return to play
- pain: the clinical aspects

An ebook offering linked masterclass videos is also available. For details, go to www.mheducation.com.au

This is a great book for any physiotherapist working in the musculoskeletal setting, and certainly one for the department.

Stuart Palma, project manager, leadership and participation, CSP



Can I tell you about multiple sclerosis? A guide for friends, family and professionals

Angela Amos
ISBN: 9781785921469

Part of a series of on clinical conditions, this book tells the story of Maria, a woman with multiple sclerosis. This illustrated book will be a guide for children aged seven and older, as well as older readers.

Motivate 2 Move (M2M)

This continuing professional development resource is available through the website of the Wales Deanery, which delivers postgraduate medical and dental education for Wales. The resource aims to help health professionals to educate patients about the wide-ranging health benefits of physical activity. Topics include musculoskeletal health, neurological disorders, obesity and pregnancy. Visit bit.ly/2tc4hUb

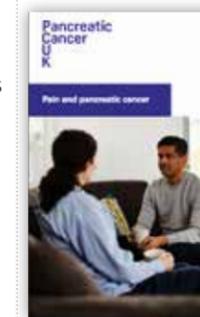


Inpatient falls

The National Audit of Inpatient Falls has collaborated with other agencies to produce a tool that will help staff in acute settings in England and Wales to assess patients' eyesight in a speedy way. The tool, Look out! Bedside vision check for falls prevention, is intended to reduce the chances of patients falling or tripping while in hospital. Visit bit.ly/2rRryNe

Pain booklet

Pancreatic Cancer UK has produced a booklet titled Pain and pancreatic cancer that can be downloaded from its website. A section on emotional pain explains that many factors influence how patients feel about their pain. These include stress and worry, depression, any spiritual and religious beliefs, and relationships with other people. Visit bit.ly/2tcegZp



Mindfulness-based cognitive therapy: Distinctive features (2nd edition)

Rebecca Crane
ISBN 9780415445023

Mindfulness-based cognitive therapy is being used increasingly in therapeutic practice. It encourages clients to process experiences, helping them to change their relationship with challenging thoughts and feelings.

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

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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).

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Find out more, including conditions of the awards, at: www.csp.org.uk/charitabletrust

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

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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.

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Recruitment

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

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



Date: 15-16 September
Place: Camden, London
Cost: £300 members, £360 non-members
Advanced office workstation ergonomics (DSE) level 2
Date: 16-17 September
Place: Newcastle-Upon-Tyne
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
Contact: Tracy Long, administrator, on tel: 01284 748202 email: acpohe@buryphysio.co.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> for more information. Categories include doctorate, MSc, professional (eg: audit) and undergraduate. Prizes of £250.

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- 5. Quality Assured Practitioner scheme**

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

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

Acupuncture Association of Chartered Physiotherapists (AACP)

NEW! AACP Bristol conference
Date: 23 September 2017
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
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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
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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.uk.com or see the AACP website: www.aacp.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

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>

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
 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 >

Do you work with hip fracture patients?

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

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

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

Chartered Physiotherapists in Therapeutic Riding and Hippotherapy (CPRTH)

2017 Conference and AGM:

Measuring success – a stimulating two-day programme of theory and practice

Date: Sunday 2 and Monday 3 July

Place: Mickleover Court Hotel, Derby and Scropton Riding Centre

Cost: Full conference – members: £95, non-members: £110. Sunday 2 July only (lunch included but not conference dinner) – members: £35, non-members: £50. Monday 3 July only (includes coffee and lunch) – members: £25, non-members: £35

Contact: Fiona Hainsworth, treasurer, on tel: 0113 255 8806, email: afhains@btinternet.com

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 ACPOG – 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 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. >

Charity news / events

London Marathon 2017 – fundraising for blind veterans



Steve Canning completed the recent London Marathon in two hours 49 minutes and raised £1,060 for Blind Veterans UK.

Frontline has previously featured

Steve's family which has included five physiotherapists. They are Leonard Howell, Bryan Howell, Nigel Howell, Julia Forsey and Steve.

'The photo on my justgiving fundraising page is of my great grandfather whilst he was training at St Dunstan's. It surfaced last year, from the Blind Veterans archive

'Over 100 years ago, in July 1916, my great grandfather, Leonard Howell was totally blinded in the Battle of the Somme.

'With the help of Blind Veterans UK, Leonard Howell began to study at the Incorporated Society of Trained Masseurs. Two years later he passed his exams which allowed him to become a fully qualified chartered physiotherapist. His son (my grandfather) also became a physiotherapist, and later my aunt and uncle trained in the profession. I grew up living above the family practice, and I wanted to follow in their footsteps from as long ago as I can remember.

'I moved to Sheffield to train as a physiotherapist in 1999, and qualified three years later. Although it would have been nice to go back home and continue the family

legacy of the practice in Sussex, I decided to settle in Sheffield, and I have made Yorkshire my home. I love my work in private practice at the White House Physiotherapy clinic, and continue to feel the strong bond of my family in the physiotherapy profession.'

Blind Veterans UK have been helping visually impaired ex-service men and women since 1915, by providing much-needed support to adjust to sight loss, overcome the challenges of blindness and enjoy daily life, Steve explained.

The charity continues to help blind veterans lead independent and fulfilling lives through its services.

'Any donations to my fundraising effort are greatly appreciated at: www.justgiving.com/fundraising/scanning'

Marathon challenge highlights rare heart condition

Fahim Dawood completed the 26.2 miles of the recent London Marathon to raise funds for Cardiomyopathy UK and in memory of rugby league player Danny Jones.

Danny died aged 29, on 3 May 2015,

after being hospitalised during a game for the Keighley Cougars. He was also a Welsh international player.

Fahim said: 'Danny always brought a smile and his charisma to both the dressing room and physio room.'

A game Fahim was due to cover as team physio became a day of sad events.

'Early into the game Danny suffered a heart attack which was later found as cardiomyopathy. He was a true athlete and leader and gave his sport everything. He would be the last I taped before he set on the field. We would discuss the latest Game of Thrones every week too. Both the sport and world lost a great individual.'

Cardiomyopathy is a condition also seen in A+E with young promising athletes.

In his memory and for those aspiring athletes in rugby (league and union) and sport, Fahim set himself the London marathon challenge.

Please donate to help prevent such events in the future. Donations can be made on Fahim's just giving page: www.justgiving.com/fundraising/Faz-Dawood

Or via text by sending CMDJ86 followed by £1, £3, £5 or £10, to: 70070

'Running the London marathon was an absolute amazing experience I'd highly recommend anyone looking for a challenge.'



Photographed with Fahim are his former colleagues from Harrogate district, physios Caroline Quinn, left, and Minu John, right, 'who looked after me on the finish line and kept me standing for the picture. It was great having physios looking after a physio having ran it.'

Physio rides across Britain to help friend's mother battle Multiple System Atrophy



A physiotherapist is cycling approximately 1000 miles, from one end of Britain to the other, to fundraise and increase awareness about a condition called Multiple System Atrophy (MSA).

Natasha Blanchett is a senior locum MSK physiotherapist and a serving soldier in the Army Reserves.

Miss Blanchett told *Frontline* that MSA is a progressive neurological disease that causes nerve cells to shrink in different areas of the brain.

This leads to problems with movement, speech, balance and autonomic body functions such as bladder function and blood pressure.

'It affects around five people per 100,000 and one of these people is my best friend's mother' she said.

'My friend Jen, also a senior MSK physiotherapist, knows only too well how difficult times ahead may be with functional and mobility maintenance, rehabilitation and caring for her mother.'

'To help her get the care, treatment and management she will need to battle what is unfortunately a terminal condition, I have decided to cycle the length of the country from Lands' End to John O'Groats to raise some money.'

Miss Blanchett started her ride on 13th June and she hopes to complete the journey in 12 days.

All donations will go to UK charity the MSA Trust.

Visit: <https://www.justgiving.com/fundraising/NATASHA-BLANCHETT1>

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

CSPRA member Barbara Richardson was honoured by the CSP for her work co-ordinating the Oral History Project with an invitation to a Royal Garden Party at Buckingham Palace. She writes:

I was delighted to be proposed by Catherine Pope, chair of council, to represent the CSP at a Buckingham Palace Garden Party this year. Each year the CSP can send four people to the Queen's Garden Party – three are drawn from the CSP membership and one from the CSP staff. This year my name was put forward as a CSPRA member, along with Fidelma Moran, senior lecturer at the University of Ulster, Clare Leonard, AHP manager at Avon and Wiltshire Mental Health Partnership NHS Trust and Ruth ten Hove CSP research and development department.

Following acceptance of the proposal (who would not accept?) our names were sent to the Palace, and in due course we received a formal invitation from the Lord Chamberlain at Buckingham Palace as 'commanded by Her Majesty'. This of course started a search for an outfit, including a hat – the accompanying guide clearly stated a day dress and hat!

On the day, we all met up at the CSP where we had the traditional photo taken on the office steps and a few words from Karen Middleton, the CSP chief executive. Then off to the Palace!

There were of course more than 1,000 others attending the garden party that day. Most of them seemed to be queuing with us to enter through the front of the Palace. We presented >

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quite a picture – colourful hats and dresses, beautiful national costumes and splendid forces uniforms. This greatly pleased the tourists who happily took our photos!



After the security check, we duly entered the Palace through the Marble Hall out onto the terrace. It is amazing to realise there is such an oasis of calm lying only footsteps from Trafalgar Square! Pristine green lawns, one of the longest herbaceous borders in the UK and beautiful trees and shrubbery leading to a lake. There were tea marquees and two military brass bands. Stepping down off the terrace we tried to catch the interest of the 'top hat' equerries who were spotting people to introduce to the Royals but sadly decided we did not appear to be old enough or young enough! Instead we explored the lake and the beautiful gardens before going to the tea tent. There we found a multitude of carefully made sandwiches and exquisite pastries elegantly set out for our selection.

On the dot of the appointed time the Royals arrived on the terrace – the Queen, Duke of Edinburgh, Charles and Camilla. Because of the atrocities in Manchester the previous day we stood for a one minute silence before the band played the National Anthem. Then the Queen and her party slowly processed through the ranks of assembled guests towards her own private tea tent. We were fortunate to have good close views of both the Queen and the Duke as they greeted those previously selected for the honour, and could only marvel at the fortitude and stamina of these nonagenarians as they carried out their duties with such dignity.

I felt truly honoured to be given opportunity to attend a Queens Garden Party. It will be a lasting memory of being a member of the CSP and of the profession of physiotherapy.

Reunions

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: tonicianan@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: cathyardstrong@sky.com Alison Mercer (now Wolseley) at: alisonwolseley@yahoo.com Brona McDowell at: brona.mcdowell@belfasttrust.hscni.net or join Facebook UUU 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 years 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. >

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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@btopenworld.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: suzealexander@hotmail.com if interested and to confirm details.

University of Teesside 1996-1999 reunion



It was a wonderful day to catch up with old friends at the University of Teesside's physio reunion in Middlesbrough with ex-class mates coming from as far-afiel as Norway as well as across the UK. It has been 18 years since we graduated and most of had not seen each other since then and yet it just seemed like yesterday as we reminisced about our time at Middlesbrough. Thank you to all those who attended. A great time was had by all.

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 >

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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.toynt@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

Deaths

SHAKESBY On 7 May 2017 Anthony Patrick Shakesby BSc(Hons) MCSP. Trained York St John University College.

SALMON On 26 May 2017 Matthew Salmon BSc(Hons) MCSP. Trained University of Nottingham.

GALLOWAY On 24 April 2017 Pamela Winifred Galloway MCSP nee Hiley. Trained Middlesex Hospital School of Physiotherapy.

GILLARD On 30 May 2017 Doreen Louisa Gillard MCSP nee Head. Trained Salford School of Physiotherapy.

SAVAGE On 23 March 2017 Jane Elisabeth Savage MCSP. Trained Manchester School of Physiotherapy.

Obituary**Doreen Gillard (née Head) 27.4.57 - 31.5.17**

Doreen was a very dear wife of David, devoted mum to Nicola and nannie to Archie and baby 'bump', a wonderful friend and colleague who sadly passed away after a long and brave fight against cancer. Doreen's mum Martha will miss her dreadfully as will her other family members.

Doreen graduated from Salford School of Physiotherapy in 1978 then completed her Masters degree in July 2012 with flying colours, just two weeks before her beloved grandson Archie was born.

Many colleagues will remember Doreen for her dedication, hard work and superb MSK skills which she used to benefit countless patients and mentored many students. She also worked for Bradford university supporting physiotherapy students on their clinical placements.

She maintained high professional standards whilst also having a little hint of mischief, rebellion and single mindedness.

Her long career spanned both the NHS and private practice at Warrington, Salford Royal, Hope Hospital, Walkden clinic, Royal Bolton Hospital, Pennine Acute Hospital NHS Trust, Sunnybank clinic and Pennine MSK.

Despite being so poorly she bravely and determinedly continued to work for as long as possible, so strong was her passion for physiotherapy.

I personally will never forget my pal and treasure the moments we shared during our training at Salford, right through to her untimely departing.

Doreen's family are grateful to all who provided her care and have therefore nominated the Christie Hospital and Mistletoe Therapy, which is a charitable organisation providing complementary therapy, for donations.

Janet Parkinson

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



Complementary therapy

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@physiok.co.uk
or call 0208-394-0400

Musculoskeletal

REAL TIME ULTRASOUND FOR MUSCULOSKELETAL REHABILITATION BY DR ALISON GRIMALDI

When: 11 Sept. 2017 – 12 Sept. 2017

Where: APPI Kensal Rise/London
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Primary focus of the course: dynamic assessment and muscle retraining

Contact:
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kasia@vitalpm.com
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5th - 6th Aug	London
12th - 13th Aug	Dublin
MATWORK LEVEL 2 - Class Instructor	
1st - 2nd Jul	London
26th - 27th Aug	Dublin
31st Aug - 1st Sep	Falkirk
9th - 10th Sep	Bristol
16th - 17th Sep	Coleraine
MATWORK LEVEL 3 - Inter/Advanced	
5th - 6th Aug	Manchester
19th - 20th Aug	London
18th - 19th Sep	London
7th - 8th Oct	Coleraine
7th - 8th Oct	London

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Manual therapy

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

1st-2nd July 2017: Bath

15th-16th July 2017:
Loughborough

23rd-24th Sept 2017:
Cambridge

4th-5th Nov 2017: Warrington

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

Advertise in Frontline

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Musculoskeletal

ADULT HIP PATIENT LEVEL 1 AND 2

When: 14 Oct. 2017 – 15 Oct. 2017

Where: Murrayfield Stadium, Edinburgh
Edinburgh

Tutors: Benoy Mathew & Glen Robbins

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

THE MOVEMENT SOLUTION ONE

When: 12 March 2018 – 16 Nov. 2018

Where: Richmond, Surrey
London

12-16 March, 4-8 June & 12-16 November 2018 For any therapists challenged by managing the complexity of pain and the enhancement of function. A systemised framework that puts movement into your clinical expertise. The Movement Solution: an answer for all movement questions. Help you patients move better, feel better and do more
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Contact:
Shirley Seabrook
courses@kineticcontrol.com
+44 (0) 3301 234233

Musculoskeletal

DYNAMIC STABILISATION OF THE HIP & PELVIS

When: 2 Sept. 2017 – 3 Sept. 2017

Where: Spire Murrayfield Hospital /Edinburgh
Edinburgh

When: 7 Sept. 2017 – 8 Sept. 2017

Where: APPI Kensal Rise / London
London

Dr Alison Grimaldi: World Expert in Optimal Hip & Pelvis Control

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

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When: 16 Sept. 2017 – 17 Sept. 2017

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

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

CERTIFICATE IN SPINAL MANUAL THERAPY: LONDON

When: 28 Oct. 2017 – 5 Nov. 2017

Where: Holloway Community Health Centre
London

London venue for intensive evidenced based 8-day spinal manual therapy programme led by Specialist musculoskeletal physiotherapists Dr Toby Hall

Contact:
Toby Hall
info@manualconcepts.com
+61412851385

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cspads@media-shed.co.uk

Paediatrics

Laser Therapy Training 2017

When: 21 January

Where: Birmingham

When: 4 March

Where: London

When: 14 March

Where: Manchester

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

Contact: Course Leader:
James Carroll FRSM.
01494 797100,
www.thorlaser.com
Register online - Early Bird Discounts available

Neurology

Introduction to Neurology – Course for Rehabilitation Assistants and Support Workers

Saturday 18th November 2017

NRU Gym, THE NATIONAL HOSPITAL FOR NEUROLOGY AND NEUROSURGERY, QUEEN SQUARE, LONDON WC1N 3BG

This one day course offers candidates the opportunity to gain knowledge, understanding and practical advice of the rehabilitation of patients with neurological conditions. The course is run by a multi-disciplinary therapy team and will include lectures and interactive workshops.

Suitable for assistants with less than 18 months experience working in neurology.

Course fee £90 with lunch included.

For information contact:
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ph: 020 3448 3476
www.uclhcharitycourses.com

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Paediatrics

PADOVAN METHOD NEUROFUNCTIONAL REORGANISATION

When: 7 Sept. 2017 – 10 Sept. 2017

Where: Brighton Brighton-Hove

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Contact:
Lorena Salerno
info.uk.nfrpadovan@gmail.com
01273 253556

Pain management

COMPLEX REGIONAL PAIN SYNDROME (CRPS) CONFERENCE CORK 2017

When: 31 Aug. 2017 – 1 Sept. 2017

Where: Rochestown Park Hotel, Cork, Ireland
Cork

This conference and its high-calibre international speakers will focus on helping to identify, treat and understand the nature of this disabling pain condition.

Contact:
Grainne Earley
crpscork2017@conferencepartners.ie
+35314878798

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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 training, especially with these can help you get better shape - reducing some weight where appropriate.

Myth: A scan will show me exactly what is wrong
Fact: Sometimes a scan can show what's wrong, but often it doesn't. Many people without back pain have abnormalities on their scans, so a scan can't tell you what's wrong. It's the combination of symptoms, history and physical examination that helps the physiotherapist.

Myth: Pain equals damage
Fact: This was the old paradigm, but research has shown that pain is not necessarily a sign of damage. Pain is a complex phenomenon and is often a result of the brain's interpretation of signals from the body.

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?

Does your 9 to 5 leave no time for structured exercise? Try these:

<p>CRIBS-STRETCH</p> <p>When sitting at a desk, your back muscles are in a static position. This can lead to muscle fatigue and discomfort. To counter this, use a chair with a backrest and adjust it to support your lower back. Take regular breaks to stretch your back muscles.</p>	<p>CHAIR-TWIST</p> <p>Twisting your torso while sitting can strain your back. To avoid this, sit with your feet flat on the floor and your hips, knees, and ankles in a straight line. Avoid twisting your torso while sitting.</p>
<p>SIT-STRETCH</p> <p>Regular stretching while sitting can help to keep your back muscles flexible and strong. Try these simple stretches while sitting at your desk:</p> <ul style="list-style-type: none"> Neck stretch: Tilt your head to the right and hold for 15 seconds. Shoulder stretch: Reach your right arm over your head and hold for 15 seconds. Lower back stretch: Sit on the floor with your legs straight out in front of you. Lean forward and hold for 15 seconds. 	<p>WALL-PRESS</p> <p>Pressing your back against a wall can help to improve your posture and strengthen your back muscles. Stand with your back, buttocks, and heels against a wall. Lift your arms and press them against the wall. Hold for 15 seconds.</p>
<p>PERFECT POSTURE</p> <p>Good posture helps to keep your back, neck and other joints healthy. Try these tips to improve your posture - especially if you're sitting at your desk for long periods:</p> <ul style="list-style-type: none"> Adjust your chair: Your feet should be flat on the floor and your hips, knees and ankles in a straight line. Adjust your desk: Your desk should be at a height that allows you to sit with your elbows at 90 degrees and your wrists straight. Take regular breaks: Stand up and move around every 30 minutes. Use a mouse and keyboard: Use a mouse and keyboard that are at a height that allows you to sit with your wrists straight. 	<p>THE LEG-UP</p> <p>Sitting on a chair with your feet up can help to improve your circulation and reduce the risk of varicose veins. Try these tips to improve your circulation:</p> <ul style="list-style-type: none"> Use a footrest: A footrest can help to support your feet and reduce the risk of varicose veins. Move your feet: Move your feet up and down every 30 minutes. Stretch your legs: Stretch your legs every 30 minutes.

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ThreeMinutes

Boundary breaker

Senior physiotherapist Susan Dale is preparing England players to compete in the 2017 Women's Cricket World Cup, which begins in Bristol on 24 June

Any hopes for the World Cup?

I hope I can hand over the girls injury-free and fit for selection. Once the competition starts anything can happen and we will aim to go as far as possible in the tournament. If lots of people come to watch the matches it should be a memorable summer.

Does women's cricket attract enough media attention?

The attention has increased massively in the past couple of years with our last two home series being fully televised on Sky Sports.

With a home World Cup this summer the interest will continue to grow. It is a great platform to show women's cricket off to the next generation of young girls playing sport.

Describe a typical working day

I run every day, which keeps my body and mind healthy. When I get to work I check the girls' daily monitoring scores. This can influence training and indicate how they are feeling (such as muscle soreness and mood). We use a system set up by our analyst, Chris Sykes, and our strength and conditioning coach Ian Durrant uses it to track workloads. I assess and treat any injured players and report to the head coach to discuss training modifications. Treatments usually involve manual therapy, massage and exercise sessions. I work closely with Ian to ensure that the strength and fitness work is appropriate for each individual, especially when they are managing injuries.

Once we're on tour, days can be long and I need to be able to react quickly to injury and illness. I am on call 24-hours-a-day so could have to deal with illness in the middle of the night. Training sessions on tour can last up to three hours and then gym sessions will be included in the schedule to fit in with cricket. I am at every training session and will then

work in the evenings treating players and writing notes. I also work on any university assignments that are due as I am currently completing an MSc in sports physiotherapy at the University of Bath.

Although I work hard, every day is different and it's an exciting environment to work in.

How did you get into elite sport?

After I qualified from Teesside University in 2007, I volunteered at my local non-league football club and that led to some work with Durham County Cricket Club. I used to do as much sport work as I could and got some great experience in a variety of sports including netball, rugby, basketball and boxing. I made sure to get qualified in acupuncture, massage and trauma management as these important skills are used regularly in elite sport.

I had some really good mentors along the way and eventually took up a role with the English Institute of Sport with GB water polo. When Olympic funding was cut I moved to work with the England Women's Cricket team. It's been a great experience so far and I would love to continue to work in elite sport over the next few years.

Any tips on following your lead?

Gain as much experience as you can in a variety of different sports and situations. Learn as much as you can from others you work with and never be afraid to ask questions. Don't underestimate the importance of skills such as communication, empathy and caring for your players as people.

How will you relax afterwards?

There is always the next competition to focus on. For the England girls it's the Kia Super league and then on to the Women's Ashes in Australia, which start on 22 October. However, I'm sure I'll be able to put my feet up for a few days. **FL**

Susan Dale is the senior women's squad physiotherapist, England Women's Cricket

Susan Dale graduated
10
years ago



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