



Career moves

A new job and you

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WorkOut@Work

Why you should get involved

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Know your rights

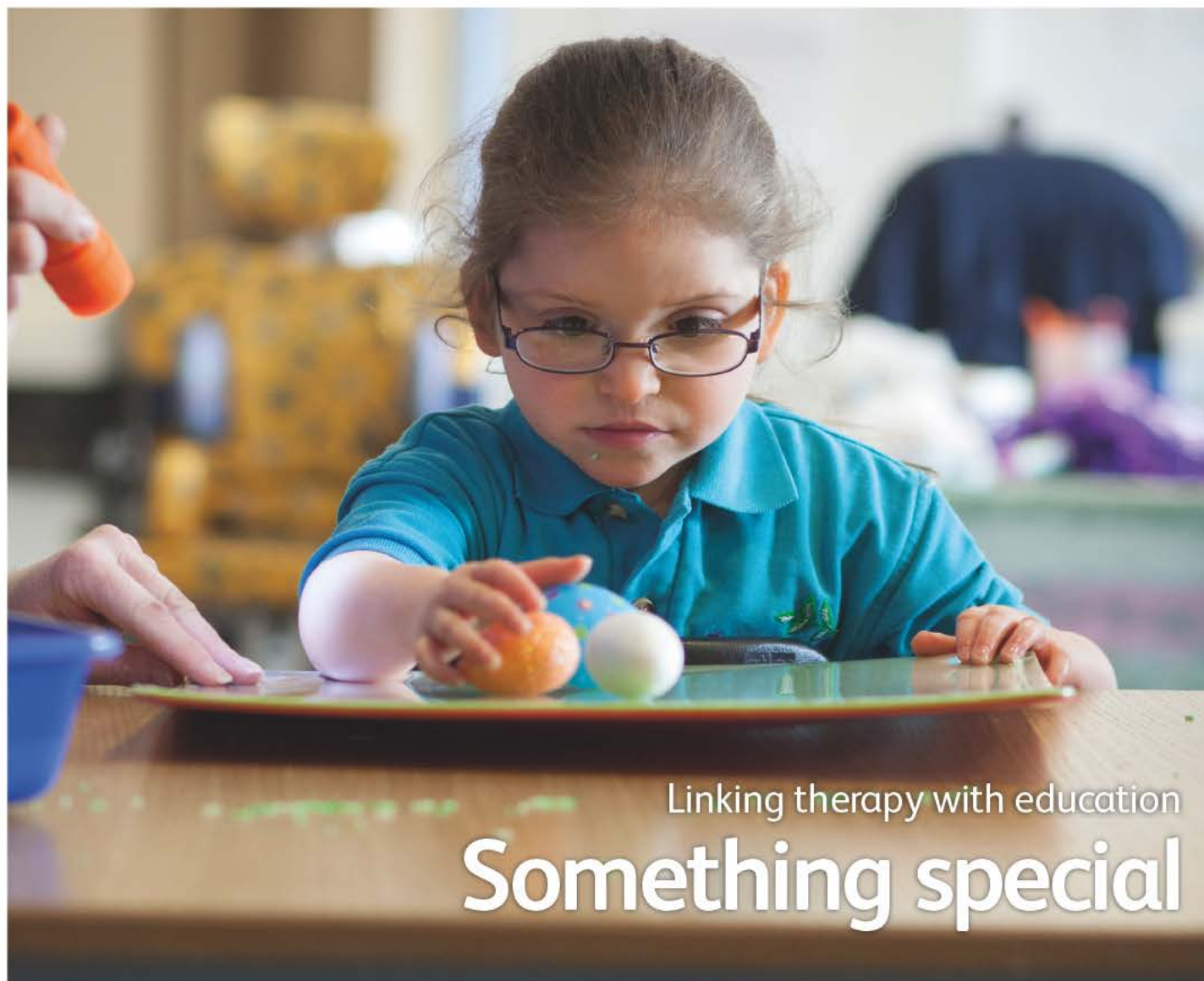
The Trade Union Bill

Page 16

Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

18 May 2016
Volume 22
Issue 9



Linking therapy with education

Something special

Inside: Jobs • Physio findings • Courses • In review

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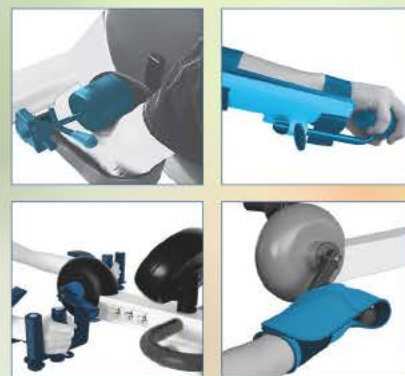
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Comment



Write to us
email your letters to
frontline@csp.org.uk

Knowing your CSP

We've yet another fascinating range of articles for you to read in this issue. For example, there's our cover feature on advances in therapies in a special school (page 30) and an update on the wins for trade unions in the bill that's just passed through the Commons (page 16).

As both a professional body and trade union, the CSP plays many roles on the national stage. On any one day, members of CSP staff could be persuading MPs to recognise that self-referral to physio is a key component in primary care, or campaigning to protect pay and conditions

'The CSP fight for you, your job and for the services you provide to your patients'

in both the NHS and independent sector.

But for individual members, the chances are that any distinctions between the CSP's union and professional sides are not obvious. The CSP fights for you, your job, for the services you provide to your patients and for your professional role to be recognised appropriately. It's all one and the same.

Frontline aims to reflect the breadth of work that's going on across the UK, in all four country offices – not just London. And much of what we report is about more than just national events – such as elections, referendums and policy initiatives. It's about what you're doing locally, what matters to you, and to your patients. Your experiences of what's important can help shape CSP national strategies as they develop.

So, keep in touch. Remember, it's your magazine and one of the key ways you can keep in touch with your organisation and your fellow members.

Lynn Eaton

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



Let's banish the stigma

I would like to thank both *Frontline* and Tom for the article in the last issue on his experience of bipolar disorder www.csp.org.uk/node/975150

As a musculoskeletal physio with anorexia athletica, it was refreshing to see an article demonstrating that the CSP and *Frontline* embrace physio mental health issues.

There is still stigma attached to mental health issues and by Tom's bravery in being open about his bipolar disorder and this being published, I applaud you. I am lucky in having tremendous support at work, where I work privately for a large organisation.

I only wish that outside – with friends, family and work – it was similar. My experience of working in the NHS and receiving treatment as a patient was not only detrimental to my health but soul-destroying as, fundamentally, it is such a great provider. I urge physios to embrace one another's mental wellbeing.

■ Member's name withheld on request



Physiotherapist on board

The charity Arthritis Research UK has just appointed a new trustee, Professor Sallie Lamb based at the University of Oxford.

Professor Lamb is a health researcher with an established programme of internationally recognised research in arthritis. She is a chartered physiotherapist and has worked in research and clinical practice in the NHS over many years. Sallie brings primary care and clinical experience to the board.

Arthritis causes pain and disability to

10 million people in the UK. In 2015, the charity re-focused its vision on the prevention and cure of arthritis, as well as improving the quality of life of people who are living in the pain of arthritis now.

Over the next five years, Arthritis Research UK plans to expand its activities to include personalised information content, an enhanced enquiries service and the extension of its influencing activities.

I believe it is vital for our board to have the right mix of skills and expertise in order for us to achieve our aims and for the board

You've added...

The article on the CSP member with bipolar disorder (see item above) also prompted several members to add comments to the online version. Justdoit said:

■ 'Well done for speaking out, hope

you've [got the] support you need now. I also hope that one day we will be as comfortable discussing MH [mental health] issues as talking about common cold.

'It's fear of not knowing what certain

conditions bring with them. I had nice bipolar patients in the past and no problems managing them. But I understand "normal" colleagues can be full of judgement. There's no shame Tom, so why care what your



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Comment
join the debate online at
www.csp.org.uk



Top Tweets

Tweets from conferences are a great way to keep abreast of developments if you can't be there in person. Just follow the conference hashtag

Primary care #Primarycare16:

■ **I'veTobyOSmith** tweeted: Just finishing my slides for next week's Primary Care & Public Health 2016 Conf. in Birmingham. Great programme.

Evidence based practice #CauseHealthPT:

■ **TPMPodcast** reported: @ekstokes reflecting on her history with EBP and importantly her own biases and how they've affected her clinical career.

■ **AdamMeakins** also chipped in with: I'm an optimist for EBP, the increased inter connection we have thanks to social media is a huge benefit #CauseHealthPT.

Health inequalities #healthinequalities

■ **TheKingsFund** tweeted from its event: NHS has a role in tackling the determinants of health as an employer and as an influencer on local economies.



Follow us on Twitter at **@thecsp**

to hold us truly accountable. I am hugely excited about Sallie's appointment.

She is a leader in her field and will bring with her the experience and vision to help us to make a real positive difference to the lives of people with arthritis.

■ **Dr Liam O'Toole**, chief executive officer at Arthritis Research UK

To find out more, visit:
www.arthritisresearchuk.org

Hats off

For years I have been exasperated by the slow progress in bringing physiotherapy into the wider public domain.

A chance conversation woke me up to the nature of our new chief executive. We invited Karen Middleton to meet our team at CTC Healthcare. She came and gave her vision for physiotherapy. In her last *Frontline* column, Karen detailed the success of her team

in affecting the very pillars of the NHS referral system **www.csp.org.uk/node/975154** Monumental. A game-changing legacy.

Last month, we were awarded two pilot schemes at GP practices in our locality under the GP access scheme. Exactly the vision that Karen and her team have lobbied for. So hats off. Thank you team Middleton. Push the boat out ...

■ **Rick Carter**, managing director, CTC Healthcare, Crewe

colleagues think? Those who care don't mind and those who mind – don't matter.'

Clgrm said:

■ 'Sorry to hear a CSP member has had such a difficult time. Could happen to anyone of us. Our jobs are full on most of the time and

I can see any trigger could cause an onset of mental health. I'm sure getting back into work must be even more difficult.'

And Diana Beaven added:

■ 'You could make a great contribution as a mental health physio.'

Got something to say?

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

icsptalk

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

iCSP is our peer led knowledge sharing area of the website – view all our popular discussions
www.csp.org.uk/popular

Spinal manipulation and the role of the CSP

Members address a claim that chiropractors are safer and more effective than physiotherapists in relation to manipulation and mobilisation therapy.

Comments: 16

Network: Musculoskeletal

www.csp.org.uk/node/969898

Physiotherapy role in an integrated health and social care team

The morale of members is being adversely affected and some have left their jobs because case coordination takes time that could have been spent rehabilitating patients.

Comments: 13

Network: Effective practice

www.csp.org.uk/node/967300

Best treatment for localised neck pain with arm numbness

Advice and opinion is sought on a patient who reports having 'pins and needles' that rapidly changes to numbness in the C6-C8 dermatomes and right shoulder pain over the medial scapula/neck area. A more in-depth analysis of the patient's condition can be found by reading the discussion on iCSP.

Comments: 14

Network: Massage and soft tissue therapy

www.csp.org.uk/node/963002

NewsinPictures

Biophoto Associates/Science Photo Library



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

For the stories behind
the images just follow
the shortcut codes

1 The World Health Organization is backing a shorter treatment plan that it says will help tackle drug-resistant tuberculosis.
Source: BBC
<http://bbc.in/1qfWpPd>

2 The benefits of cycling and walking 'outweigh air pollution risk' in cities, says an international report. The study included Delhi, where cycling five hours a week was beneficial – despite pollution levels being 10 times higher than London.
Source: Guardian
<http://bit.ly/220vXa2>

3 Scientists from the Wellcome Trust Sanger Institute have identified five genes that could trigger breast cancer and herald a treatment breakthrough.
Source: Independent
<http://ind.pn/1T8s39r>

4 A care home in Gloucestershire has purchased technology that simulates a vintage train journey to improve the wellbeing of its residents with dementia.
Source: Nursing Times
<http://bit.ly/1qfXCWS>

5 Being around trees makes you less stressed, according to a study led by Bin Jiang from the University of Illinois.
Source: Telegraph
<http://bit.ly/1Xn0v5C>

6 In a bid to tackle childhood obesity and tooth decay, public health officials in Liverpool published the amount of sugar in fizzy drinks. A 500 ml glass of Coca-Cola has the equivalent of 13.5 sugar cubes.
Source: Telegraph
<http://bit.ly/1Ws78of>





AJ Photo/Science Photo Library



Frontline

Got a news story or idea for Frontline?

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

Want to send us a photo?

Use our datasend photo service. For details see 'photographs' at: www.csp.org.uk/ideasforfrontline

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Got an item for Networks & networking?

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

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NewsDigest

Educating patients pre-op does not save physio time

Jess Hurd

Educating patients before they have shoulder surgery costs more than it saves in reduced physiotherapy time after surgery, a study has found.

A team at Ashford and St Peter's Hospitals NHS Trust, in Surrey, introduced an educational talk as part of the pre-operative assessment for patients due to receive shoulder surgery. The talk incorporated a review of shoulder anatomy and biomechanics, the types of shoulder surgery and a comprehensive look at post-operative recovery.

Almost 250 patients attended the classes, which were run by a band 7 physio. The study found that, compared with patients who did not go to class, as a group total the class attendees accessed just 46 fewer hours of post-operative physiotherapy time.

But 116 hours of physiotherapists' time had been used to run the education classes, leaving researchers to conclude that the classes were not value for money.

Clinical specialist physiotherapist Paul Sealey, who oversaw the research, said: 'The demand on physiotherapy services is ever-increasing and trusts need to establish methods of meeting the demands of the patients while not sacrificing quality of care.'

'The introduction of a pre-operative education class failed to show any reduction in physiotherapy appointments, but required the use of four appointments per week of a band 7 physio's time.'

'The introduction of this class offered no benefits in waiting times and is unlikely to have altered patient outcomes.'

■ **Graham Clews**

More information
email Paul.Sealey@asph.nhs.uk



Knowing more about a shoulder didn't affect physio patients needed

CSP backs review on NHS staff shortages

The CSP is strongly supporting a parliamentary committee's call for an urgent review of NHS clinical staffing levels in England. The Public Accounts Committee report raises serious concerns about staffing levels, budgeting, agency costs and leadership. It calls on the Department of Health, NHS Improvement and Health Education England to issue a report on the impact of seven-day services on workforce demands by December. View the report: <http://bit.ly/1T5tKoi>

AHP-led model could

A new therapy-led supported discharge service could provide a model for resolving the national problem of vulnerable patients leaving hospital without sufficient care in place.

After a successful three-month pilot, the discharge to assess service has been implemented into the acute hospital at home team of Dorset County Hospital NHS Trust.

The service is led by occupational therapist Patricia McCormack and senior physio Katie Whitlock. It is designed for adult patients who are deemed medically fit but who remain under the care of the team, which

includes nurses and the hospital social workers, until community services take over.

'We are bridging the gap between hospital and community services,' explained Ms Whitlock. 'We can complete

'We can provide assessments at home, which can provide a more accurate picture of patients' needs'

assessments at home, which can provide a more accurate picture of patients' needs, and provide therapy input until community packages are in place.'

During the pilot, the team saw 52 referrals, including 23 people who received rehab and reablement. 'That's 52 bed stays that have been saved,' said Ms Whitlock, adding that they are hoping to increase staff and expand the geographical



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

CSP expects self-referral to be extended across Northern Ireland

The CSP in Northern Ireland has reiterated its commitment to the long-awaited introduction of self-referral to physiotherapy across the country. Northern Ireland is the only part of the UK where self-referral is not available.

The society has expressed disappointment at the pace of progress and will step up its attempts to bring about change.

CSP Northern Ireland policy manager Tom Sullivan said: 'We are convinced that self-referral can and will be the catalyst in transforming how services are delivered in the future.'

South Eastern Health and Social Care Trust was selected to host a self-referral pilot in June 2015. Additional data on the pilot is currently being gathered and once analysed

'We are convinced that self-referral can and will be the catalyst in transforming how services are delivered in the future'

Tom Sullivan

will form the basis of a report regarding recommendations on how such a model could be rolled out across the country, Mr Sullivan said.

'How and where to proceed will depend on other factors such as current waiting times in each of the five trusts and their

state of readiness in terms of resources and capacity. Despite the significant challenges posed by waiting times we remain optimistic that the decision to introduce direct access physiotherapy services will proceed in the near future,' Mr Sullivan said.

It was 'particularly encouraging' that first minister Arlene Foster recently referred to the Democratic Unionist Party assembly manifesto commitment to 'support the Northern Ireland-wide roll out of the physiotherapy direct access scheme'.

'Innovative and radical approaches to delivering services such as self-referral need to be mainstreamed across the health and social care system here,' Mr Sullivan said.

■ Gary Henson

resolve discharge crisis

reach of the service.

The scheme is an example of an integrated health and social care approach that the CSP suggests is key to resolving the problem of discharge-related patient failures.

A report by the parliamentary and health service ombudsman, published on 11 May, showed a 36 per cent increase in discharge related investigations. It highlighted cases of patients whose death or suffering could have been prevented if hospitals had carried out the right checks before discharging people.

Responding to the ombudsman report Steve Tolan, CSP head of practice, said the long-standing

issue of time lags between discharge and community care packages kicking in was yet to be resolved and more integrated services were needed.

'It's really important that this issue is acknowledged at a structural level and also by frontline staff who can make grassroots changes by improving communication links between services.'

■ Louise Hunt

More information
To view the report visit
<http://bit.ly/1T4sntt>

NewsDigest

Physios to be charged for Euro card once law in place

Charges for the European Professional Card, which allows physios to practise in EU countries outside the UK, will be introduced once new legislation is in place, the Health and Care Professions Council (HCPC) has confirmed.

Physiotherapists will be charged £25 for the card, for each country they apply to work in, and will have to pay if their application is still being processed when the legislation is introduced.

Physios wanting to work abroad have been able to apply for the new card, which is actually an electronic certificate, since 18 January. The aim is to simplify the process of recognising professional qualifications across the EU. So far, the HCPC has received 21 applications from UK physios applying to work elsewhere in Europe.

It has also received paperwork for 23 physios from other EU countries looking for permanent registration in the UK, and 14 asking for temporary permission to practise in the UK.

The Department of Health has told the HCPC that the legislation is likely to be in place before the end of this year.

■ **Graham Clews**

Physios
will be charged
£25
for the card for each
country they apply
to work in

Funds available for healthcare innovation

Pioneering physio teams could claim up to £75,000 to implement and measure their ideas, thanks to the latest round of grants from charity the Health Foundation.

This is the fourth round of the Health Foundation's Innovating for Improvement scheme, which aims to support healthcare teams to improve the delivery of services and how people manage their own healthcare.

The foundation particularly wants to hear proposals from practitioners in primary care. Last year, programmes awarded funds from the £1.5m pot included a pilot of a spinal specialist-led patient self-referral clinic in a GP setting, and



a mobile phone app to improve self-management in young people with arthritis.

CSP professional adviser Stuart Palma said: 'This scheme

offers an excellent funding opportunity for physiotherapists who have innovative ideas. Finding funding is usually the first pitfall for many great ideas, so I would encourage any physio who is interested to apply straight away.'

The deadline for applications is 3 June, and the Health Foundation will hold a dial-in information call on Friday 20 May. More information can be found by emailing innovating.enquiries@health.org.uk

■ **Graham Clews**

Niranjan Shrestha/AP/Press Association



Physios responding to humanitarian disasters should register with international medical teams or NGOs



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

Betsi Cadwaladr support workers attend diploma day

Nearly 30 physiotherapy support staff from Betsi Cadwaladr University Health Board attended an event on 21 April to hear about opportunities to study for a diploma.

Launched last October by the Welsh government, the support workers' diploma is the first qualification of its type in the UK. It was designed to develop skills and provide a qualification that will be recognised across Wales.

Janet Fereday-Smith, head of physiotherapy at Betsi Cadwaladr, led the event in St Asaph, Denbighshire. The CSP was represented by public affairs and policy manager for Wales,



Physio support staff from across north Wales were in St Asaph for the diploma event

Philippa Ford, who said: 'I was really enthused by the day. There was lots of interest from participants and some good questions about how it would work in practice.'

Ms Ford said she had wanted to tell everyone how the diploma had been

established, starting in 2014 with a development group that included representatives from the CSP and every Welsh health board and trust.

The event was organised by two Betsi Cadwaladr physios: Annabel Meayers, from Colwyn Bay Hospital

and Eleanor Edwards, team lead at Dolgellau Hospital.

'I'm very positive that the diploma will create an opportunity for all non-registered staff to be trained to the same level of competency in their particular area of physiotherapy,' said Ms Meayers.

'And we really want as many people as possible to engage with this.'

■ *Gill Hitchcock*

More information
Diploma launches in Wales
www.csp.org.uk/node/974898

WCPT publishes disaster management guide for physios

Physios and other therapists should play a key role in preparing for and responding to major humanitarian disasters, a report has concluded.

The Role of Physical Therapists in Disaster Management, published by the World Confederation for Physical Therapy, calls for the creation of a global framework that includes agreed standards to prepare physical therapists to deal with such events.

The report says that therapists should receive training in how to respond to disasters during entry-level and post-qualifying education programmes, where this is appropriate.

In addition, it suggests that

interested professionals should follow specific courses and register with international medical teams or non-governmental organisations (NGOs).

It also says that in the aftermath of a disaster, physical therapists can work in assessment, coordination, psychosocial support and advocacy, as well as providing direct rehab to those affected.

Birgit Mueller Winkler, the CSP's professional adviser for international development, said the report's recommendations would apply to many UK physiotherapists working abroad.

Peter Skelton, a physio with charity

Handicap International, said it provided key international guidance and evidence for anyone interested in disaster response.

'Critically, it is also designed to help physical therapists plan and prepare for disasters before they occur and to support those who are re-building after a disaster,' he said.

■ *Graham Cwebs*

More information
The Role of Physical Therapists in Disaster Management
<http://bit.ly/1Mp4w12>

Managers: the CSP needs you!

Do you manage a physio service or recruit staff in the NHS, private or any other sector? If so, the CSP needs you to complete the 2016 managers' survey before 27 May. Your feedback will help the CSP to influence the workforce planning process. Visit: www.csp.org.uk/managersurvey

NewsDigest



Advanced physiotherapist Fran Lace helps five-year-old Winnie to try out race-running. Winnie said: 'It was great.'

South Yorkshire physios launch sports day for disabled children

Physiotherapists in south Yorkshire held a 'taster day' to give disabled children a chance to try out a range of inclusive sports.

The first Ryegate Sport for Life event took place at the English Institute of Sport in Sheffield last month.

It was organised by paediatric physios Helen Johnston and Sophie Appleby, who work for Ryegate Children's Centre, part of the Sheffield Children's Hospital.

The day gave children with physical and learning disabilities opportunities to try activities that included race-running, boccia (a precision ball sport), disability football, wheelchair basketball, trampolining, dance and power-wheelchair football.

Ms Appleby told *Frontline*: 'It was inspiring to see so many families

enjoying the sports together.

'Families tell us they find it difficult to find sport activities that are suitable for their children, but the benefits of sports are well documented.

'They include improving physical and mental health and help establish friendship groups by giving parents and carers opportunities to network,' Ms Appleby added.

A survey showed that 88 per cent of the parents would attend a similar event in the future.

■ Robert Millett

More information
Ryegate Children's Centre
<http://bit.ly/1TaZvh0>

Tackle obesity, CSP urges gove

A sharp rise in obesity means the government must make improving public health an urgent priority, according to the CSP.

Rates of obesity among adults in England increased from 15 per cent to 26 per cent from 1993-2014, according to figures released by the Health and Social Care Information Centre (HSCIC) last month.

And the HSCIC found a link between poverty and obesity. In 2014 women living in poverty were 11 per cent more likely to be obese than their wealthier counterparts.

Figures for that year also show that although more men than women were overweight or obese – 65 per cent and 58 per cent, respectively

– most patients who had bariatric surgery were women (76 per cent).

CSP chief executive Karen Middleton said: 'We need to see urgent action on public health and the government must set out its strategy at the earliest opportunity.'

The statistics also reveal that 33 per cent of children aged from 10 to 11 were obese or overweight in 2014-15.

Again, poverty appears to affect body weight, with children in poorer households twice as likely to be obese as their more affluent counterparts.

'Unfortunately, the childhood obesity strategy continues to slip down the government's "to-do" list – despite overwhelming evidence of the impact on individuals and the financial costs

to the NHS,' said Ms Middleton.

Bob Wood, a Norfolk-based private practice physiotherapist and athlete development specialist, said physios could play a role in helping to engineer more movement into people's lifestyles.

'Physios don't want to stretch themselves and try to take ownership of obesity management, but our role is educational with the people we can influence, mainly our clients or patients.'

To view the HSCIC data visit www.hscic.gov.uk/catalogue/PUB20562

■ Gill Hitchcock and Graham Clews

Infographic highlights

An infographic that displays the physical activity guidelines for children and young people (aged from five to 18) has been released by the UK's Chief Medical Officers.

The infographic provides an easy way for health professionals to highlight that children and young people should engage in moderate to

33%
of children aged from 10-11 were obese or overweight in 2014-2015



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

Sports charity joins skills council to run register

Two of the UK's leading sports organisations are joining forces to maintain a register of qualified exercise professionals.

Sports coach UK, a charity that promotes the education of sports coaches, has teamed up with SkillsActive, a careers advisory council, to run the national Register of Exercise Professionals (REPs).

First launched in 2002, the independent register – previously run by just SkillsActive – regulates health and fitness instructors across the UK.

Anna Lowe, co-founder of social enterprise Active Together, told *Frontline*: 'Physios and exercise professionals have a shared interest in supporting the national physical activity agenda. Both have a huge



role to play in encouraging and enabling people to be active through sport, activity or rehabilitation.

'Ensuring quality and governance in this sector is essential and safeguarding the future of the register is a really positive step.'

CSP members are not automatically eligible to join the register, but can be included if they gain a recognised exercise referral and instructor qualification.

For more information visit
Register of Exercise Professionals
www.exerciseregister.org

Workout at Work Day takes a new turn



The society's highly-successful annual Workout at Work initiative is to take place over a four-month period this summer, rather than on a single day.

The shift from a single day will enable members to put on an event locally at a time that suits them best.

'We want members to hold as many events as possible in 2016, creating the biggest impact yet,' said organiser Becca Bryant.

Over the last five years, members have held hundreds of events to highlight the value of physical exercise during the working day. They've been in a variety of workplaces, including local councils, John Lewis and shopping centres.

The events have also promoted the CSP's message that physio can keep people 'Fit for Work'.

■ Lynn Eaton

For more information

see Views and Opinions, page 20, the advert on 22-23 or go to www.csp.org.uk/wow

Register your event between 18 May and 30 September to receive support and a resource pack from the society



Environment

activity guidelines for children

vigorous physical activity for at least 60 minutes every day, minimise the time they spend being sedentary or sitting for extended periods and engage in vigorous activity on at least three days a week

More information
To download the infographic visit:
<http://bit.ly/1RWg8x1>



NewsDigest

Poll highlights barriers faced by those with dyslexia

A CSP poll has revealed that many members with dyslexia experience problems gaining the reasonable adjustments they need at work or university.

In all, 65 members responded to the survey, providing information about their experiences of either having dyslexia or managing people with dyslexia.

Barriers to adjustments were reported by 54 per cent of respondents with dyslexia. They included the negative attitudes of others, excessive time taken to implement adjustments and the loss of additional time needed for administration.

One respondent said: 'I requested an access to work assessment which was refused and they tried to put me on competency due to the speed of my written work affecting my caseload.'

Another explained: 'While on placement I was told by my clinical

educator that they didn't have time for my individual learning plan.'

The negative emotional impact of struggling with dyslexia was also raised.

A student with dyslexia who responded to the poll said: 'I have to get my assignments in a week or two earlier than the rest of the students so my dyslexia tutor can check spelling and grammar.'

'This means I essentially have an earlier deadline and have to work harder than everyone else, and I still come out with low grades.'

'I cry a lot. I feel stupid. I work weekends and evenings and I still don't make the grade, it's demoralising.'

In response to the findings the CSP Disabled Member's Network is hosting a study day on

Barriers
were reported by
54%
of respondents with
dyslexia

implementing reasonable adjustments for dyslexia. The event will be held in London on 12 July.

Cliff Towson, convenor of the network, said: 'The focus of the day will be positive and proactive, understanding the legal rights to reasonable adjustments and looking at best practice solutions for the workplace and at university, using real CSP members' stories.'

'We encourage any member with an interest in dyslexia to come along, including managers, educators, stewards, clinicians and students.'

■ Robert Millett

More information

Study day: www.surveymonkey.co.uk/r/cspdyslexia2016



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YourRights

The CSP has joined other trade unions in welcoming a government climb-down on key aspects of its Trade Union Bill. **Gill Hitchcock** reports



SIGNIFICANT

SUCCESS

Civil liberties groups described it as a major attack on human rights, while trade unions saw it as the biggest crackdown on workers' rights for a generation. The Trade Union Bill – arguably targeted to undermine people's ability to organise, protect their jobs, pay and the quality of their working lives – 10 months on, now includes some positive amendments. But not without concerted action.

The changes do not apply in Northern Ireland, and the Scotland and Wales governments have indicated their strong opposition to implementing them. However, across the UK, the CSP's 1,100 stewards and safety reps help give physios a collective voice at work, as well as supporting them individually. The original bill proposed to cap local reps' time, limiting their ability to help members.

This was bad news for staff, but many employers recognised that it threatened them too. Among them were NHS trusts who work in partnership with unions so problems are resolved and less likely to escalate into a dispute.

Thankfully, the government backed off. And it goes without saying that Claire Sullivan, the CSP's director of employment relations, is delighted: 'We couldn't see any rationale for new legal restrictions on "union facility time", which at the end of the day is agreed between reps and employers locally.'

'Most unions, including the CSP, could not do the bread and butter of their work without the many thousands of hours that



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local reps devote to their role. It's what connects unions with workplaces and members. Here at the CSP, we simply couldn't offer the employment support and services that we do without our stewards and safety reps.'

Digital dilemma

Electronic banking and shopping are commonplace. Political parties now use e-voting to select candidates for leadership roles. Unions, including the CSP, use online channels where they can to get the views and votes of their members. But in another back track, instead of blocking e-voting for strike ballots, as originally intended, the government has agreed to an independent review and pilot scheme, with a verbal pledge that it will be introduced if found to be safe.

'We're strongly in favour of e-balloting, and have been campaigning for alternatives to a traditional postal vote,' says Ms Sullivan. 'Evidence suggests that people are more likely to participate in something that's easy to access. E-balloting is in line with the preferences of a growing proportion of the population and measures that increase participation are very welcome. Postal ballots overseen by a third party are also very costly and e-balloting is a much better use of CSP resources, which are, largely, members' subscriptions

Proposals to stop public sector workers from paying their union subscriptions through payroll – the so-called 'check off system' – is out of the amended bill too.

CSP members don't pay their subs by 'check-off' but this change is good news for them nonetheless, as Ms Sullivan explains: 'The vast majority of achievements in the NHS locally depend on health



CSP members
joined the fight

80%
of those opting to vote
must vote in favour for
industrial action
to be legal

unions working together. So if reps from fellow health unions, including Unison and Unite, had to divert substantial resources into changing members over to other forms of payment, it would weaken all of us and make things tougher for CSP members locally.'

Frances O'Grady, the TUC general secretary, has hailed the changes – including dropping measures to force everyone on a picket line to give their personal details to the police – as a victory.

'It's been a difficult 10 months,' she admits. 'But the bill that passed the Commons (on 27 April) was hugely reduced from what the government had originally proposed – an amazing turnaround for a flagship bill at the start of a new parliament.'

It is significant that this was achieved, not just by the TUC, the CSP and other unions, but by many thousands of individuals.

'Our own members have lobbied MPs, written to peers, and taken lots of action locally,' says Ms Sullivan. 'Alongside our national work, it has been very effective.'

Last October, for instance, CSP members and stewards joined a 100,000-strong demonstration in Manchester, to protest about the bill. A month later, during a lobby of parliament against the bill, physio and industrial relations

committee chair Jill Barker spoke in Westminster Hall warning that it was 'undemocratic', 'unnecessary' and 'bad for the nation's health'.

Devil's in the detail

Ms Sullivan notes that there was strong opposition to parts of the bill among members of the general public. 'When the bill was first introduced the media coverage was largely about strike ballot thresholds, on which there appeared to be public support for the government's position.

But as the detail and wide-ranging nature of the bill emerged, there was a gradual realisation that the proposals were introducing one rule for unions and another for everyone else and that the government was interfering unnecessarily in matters between a union and its members.'

For the TUC, campaigning against the bill has been its biggest priority since last July. It is rightly proud of its achievements, but many of the bill's harmful proposals became law on 4 May.

People who lead pickets will have to be identified to police, for instance; there will be new powers for the union regulator and certification officer. Both measures add already time-consuming red tape to what is one of the most tightly-regulated union movements in Europe. And many health workers will be subject to a 'double threshold' on ballot turnouts, meaning on the required 50 per cent turnout, 80 per cent of those who opted to vote must vote in favour of industrial action.

'We believe the bill as a whole should not be there,' said Ms Sullivan. 'But the amendments are significant. That changes can be achieved is good for morale at a time when many workers are having a very tough time. The very positive fact is we can still be heard and make a difference.'



Union members with
TUC general secretary
Frances O'Grady

Physiotherapy reduces adhesions that



KTSDesign/Science Photo Library

Manual physical therapy can successfully treat the abdominal adhesions that cause or exacerbate some cases of infertility, physiotherapists have shown.

Amanda Rice and colleagues at Clear Passage Physical Therapy clinic in Gainesville, Florida, studied 1,392 women treated for infertility at the clinic between 2002 and 2011. The women had been diagnosed with conditions such as blocked fallopian tubes, endometriosis or hormonal dysfunction.

Therapists used manual treatments aimed at restoring

mobility to areas affecting fertility.

'The Clear Passage approach ... combines several whole-body and site-specific techniques of manual physical therapy,' say the authors. Their approach 'focuses on deforming the adhesive collagen cross-links that comprise adhesions and appear to contribute to the underlying causes of infertility.'

They report a success rate of 60 per cent in clearing blocked fallopian tubes, with 56 per cent of the women going on to conceive. The success rate was 49 per cent for lowering

Share a study

The infertility study (above) was recommended by Dr Pamela Gramet, Associate Professor Emeritus in the faculty of physical therapy at Upstate Medical University, New York.

If you'd like to alert other Frontline readers to a study you've found interesting, published in a peer-reviewed journal, please send the reference and link to frontline@csp.org.uk, marked 'for Physio findings'.

Online coaching tackles pain

An internet-based coaching programme can teach people to cope more effectively with osteoarthritis.

Pain coping skills training (PCST) is an evidence-based programme tackling the pain and stiffness of arthritis. To make it more widely available, Christine Rini of Gillings School of Global Public Health in North Carolina and colleagues developed an internet-based programme called PainCOACH.

They then studied its use by a group of people with hip or knee arthritis. The 113 participants were randomly selected either to follow the eight-week programme or to join a control group having no treatment.

The team assessed them before, during and after the trial for pain, pain-related interference with functioning, pain-related anxiety, ability to manage pain, and positive or negative feelings.

In the PainCOACH group, 91 per cent of

participants completed the course within eight to 10 weeks. The women reported significantly less pain, after completing the trial, than those who had no treatment.

Both men and women who had done the PainCoach programme were managing their pain better afterwards than those in the control group. They also made small improvements in mood, anxiety and interference with functioning.

'Findings underscore the value of continuing to develop an automated internet-based approach' to spread the use of PCST, the authors conclude.

Rini C *et al.* Automated Internet-based pain coping skills training to manage osteoarthritis pain: a randomized controlled trial, *Pain* 2015; <http://dx.doi.org/10.1097/j.pain.000000000000121>





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can cause infertility

excessively high levels of follicle stimulating hormone (FSH), with 39 per cent of the women in that group becoming pregnant.

The pregnancy rate was 42 per cent among patients with endometriosis and 53 per cent among women with polycystic ovarian syndrome (PCOS). The treatment also showed some success with premature ovarian failure. 'The manual physical therapy represented an effective,

conservative treatment for women diagnosed as infertile due to mechanical causes, independent of the specific etiology,' the authors conclude.

Rice AD et al. Ten-year Retrospective Study on the Efficacy of a Manual Physical Therapy to Treat Female Infertility, *Alternative Therapies in Health and Medicine* 2015; http://alternative-therapies.com/openaccess/athm_23_3_rice.pdf - open access

The clinic report a
60%
success rate in clearing blocked fallopian tubes



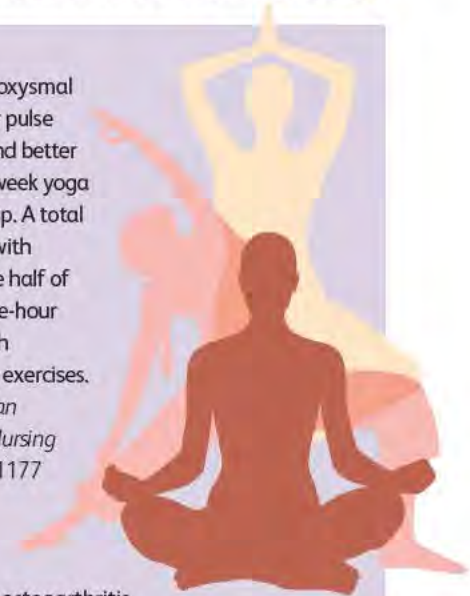
Comments and conclusions

■ Heart patients with paroxysmal atrial fibrillation had lower pulse rate and blood pressure and better mental health after a 12-week yoga course than a control group. A total of 80 patients continued with normal medical care, while half of them also did a weekly one-hour session of gentle yoga with meditation and breathing exercises. Wahlström M et al. *European Journal of Cardiovascular Nursing* 2016; <http://dx.doi.org/10.1177/1474515116637734>

■ A daily routine could reduce the symptoms of osteoarthritis. Researchers have found a link between arthritis and the body clock, which could lead to development of new drugs. Meanwhile, co-author Qing-Jun Meng told Arthritis UK, people with arthritis could benefit from the link by eating and exercising at set times each day, and using heat pads that approximate body temperature changes in cartilage tissue, which are also governed by the body clock. Dudek M et al. *Journal of Clinical Investigation* 2016; <http://dx.doi.org/10.1172/JCI82755> - open access

■ People with multiple sclerosis who carried out exercise training made small improvements in muscular fitness and moderate improvements in cardiorespiratory fitness, a meta-analysis of 20 randomised controlled trials has found. Platta ME et al. *Archives of Physical Medicine and Rehabilitation* 2016; <http://dx.doi.org/10.1016/j.apmr.2016.01.023>

■ Men taking prostate drugs have a significantly higher risk of falling, probably because of hypotension caused by the drugs, a Canadian study has revealed. Researchers compared data on nearly 300,000 men over 65, half of whom took tamsulosin, alfuzosin or silodosin. Those taking the drugs were also more likely to have a fracture or a head injury. Their risk of falls and injuries increased after they started taking the drugs. Welk B et al. *BMJ* 2015; <http://dx.doi.org/10.1136/bmj.h5398> - open access



Views & Opinions

Home, not so sweet,



Senior Lecturer Jo Dawes and colleague Cat Whitehouse see homeless patients as a positive professional challenge

Homeless people can present with challenging behaviour – perhaps turning up unkempt or drunk. They may not show up at all. They can, however, be very rewarding patients to work with and are often the ones who need you most. Physiotherapy can make a huge difference and yet they are often excluded from our services.

A national study of more than 3,355 homeless people found musculoskeletal and respiratory problems were rife. So why aren't we seeing them?

Little is known about

homeless people's access to physiotherapy. But we know some GPs might not register a person without an address. Unless self-referral to physiotherapy is available, having no GP can mean no referral. Some homeless people who are referred don't attend, don't understand what physiotherapy is, don't have the money to travel, leave the address where the referral letter was sent, or forget about the appointment. However, if you have no home you clearly have bigger problems on your mind.

When homeless people do attend, I've found simple

interventions can radically improve their health. Teaching someone how to use their inhaler properly might mean their asthma won't land them in hospital so often – a cost saving for the NHS.

Bearing in mind the difficulties homeless people face, and the differences treatment can make, perhaps it's time our profession reconsidered barriers to care.

Let's ask ourselves why so few homeless people are referred or miss appointments. Let's stop blaming individuals for 'not engaging' or 'failing to attend', and focus on making

Workout at Work – five years and

CSP vice chair Philip Hulse has found that the benefits of CSP's Workout at Work Days last far beyond the day itself. What might you do this year?

Workout at Work Days have always been much more than a photo opportunity for me: they were about promoting physiotherapy and delivering something tangible beyond the day itself.

So this year's shift away from a specific day, giving members a chance to set up an event on a day that's best for them, can

only be a positive step. For more details, see pages 22-3.

Our team's experience last year shows what can be achieved beyond just one day. I work at the Robert Jones and Agnes Hunt Orthopaedic Hospital (RJA) in Shropshire, where three physiotherapists held an event in partnership with 'Help2Change', Shropshire council's public health team.

The RJA physios have had a self-referral scheme for staff at the hospital for five years and offer a similar service to Shropshire fire service. They are also developing links with the council as part of the government's Making Every Contact Count initiative.

On Workout at Work Day last year, physios offered 30 council staff a 15-minute physiotherapy

triage assessment and advice session. Before the appointment staff were sent pain and functional questionnaires.

As a result, one third received lifestyle advice and some simple exercises. Another third needed a follow up within four weeks and the remainder, who had significant pain and/or pathology, were directed to primary care for investigation and referral on for management.

According to Miranda Ashwell, Help2Change lead, many staff were struggling at work with



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home

our services more accessible to 'easy to ignore' populations.

Homelessness is rising – last year more than 54,000 people were accepted as homeless, a rise of a third since 2009-10. People are sleeping on streets, in hostels, in break and breakfasts, on sofas and floors. Many are fleeing violence or have a physical health, mental health and addiction problems. We can't end the UK housing crisis, but we can make some lives better.

Organisations that help homeless people access healthcare include

■ Crisis runs 'Crisis at Christmas', which over a designated week offers homeless people shelter, food, support and health services. Last year, the London service provided 194 physiotherapy sessions in six days www.crisis.org.uk

■ the Faculty for Homeless and

Inclusion Health brings together 700 professionals working with multiply-excluded people www.pathway.org.uk/faculty/join

■ Pathway's hospital-based teams work with homeless people to maximise the clinical benefit of admission and improve options at discharge www.pathway.org.uk

■ Groundswell offers peer advocacy, helping homeless people attend outpatient appointments. Currently only available in London, the service is expanding elsewhere <http://bit.ly/21NAHzN>

Jo Dawes is a senior lecturer in physiotherapy at Kingston University and St George's, University of London and on Twitter @DawesJo

Cat Whitehouse is a communication and administration officer at Pathway

still going strong

musculoskeletal problems and that they valued the support.

Shropshire Council then funded a second day, held in February.

RJAH therapy staff are working in partnership with Help2Change towards further developing occupational health services at Shropshire council.

If successful, the model could well develop to offer work-based preventive health services in the West Midlands and beyond. All thanks to the Workout at Work initiative!



Philip Hulse is therapy outpatients team lead, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust



Adviceline

Ian Taylor looks at variations in working time arrangements in the health field

A recent iCSP discussion on on-call payments, compensatory rest and time off in lieu issues highlighted just how much employers' rules, policies and practices vary around the country.

While the Working Time Regulations (WTR) set out some basic principles in law, Agenda for Change (Section 27) requires employers to have their own policies about how they deal with these matters and how (if at all) these arrangements are paid.

Some of the key provisions of the WTRs include:

- a 20-minute rest break if the working day is longer than six hours
- a rest period of at least 11 consecutive hours in every 24-hour period
- where the 11-hour rest period is interrupted (by on-call callouts, for example), then an equivalent period of compensatory rest should be provided

The CSP offers extensive guidance on WTRs and compensatory rest. This includes case studies on on-call, standby, and calculating average weekly hours. Visit www.csp.org.uk/node/268571 The CSP believes that compensatory rest should be paid, but the WTRs are silent on that point. We also believe that the 11-hour rest break between shifts, required by the WTRs, should be properly enforced – not least for staff and patient safety reasons.

However, if an employer does not pay for compensatory rest but does enforce an uninterrupted 11-hour rest break, then members could be worse off financially.

Payment for compensatory rest should, therefore, be negotiated locally – wherever possible. The CSP information paper contains guidance for stewards and safety reps in this area.

If you are affected by an aspect of working time that you feel is unfair or leaves you worse off financially, or find an example of safety being compromised as a result of your employer's policies in this area, as a first step contact your CSP steward and/or safety rep. If you don't have one, contact the CSP enquiry handling unit. Tel: 020 7306 6666 or email enquiries@csp.org.uk

Ian Taylor is a CSP senior negotiating officer

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TraumaCentres

Learning the lessons

Thanks to an NHS-wide redesign, more people are surviving after a major trauma. But are rehabilitation services keeping pace, asks **Graham Clews**

Six years ago, London became the first place in England to create a system of trauma networks, which saw patients with major trauma receiving treatment at one of four highly specialised trauma centres.

The new major trauma centres operated 24-hours, seven-days-a-week, with consultant-led multidisciplinary teams treating victims of car accidents, shootings and stabbings. Two years later, in 2012, the rest of England followed suit, with 22 new centres opening as a result. What's emerged has been impressive. An audit by the Trauma Audit and Research Network (TARN) published in 2014 found that as many as 300 lives a year have been saved as a result of the major trauma network.

And TARN's 2015 audit concluded that the chances of a major trauma patient in England surviving following treatment in 2014-15 were 63 per cent higher than in 2008-9. But what about the rehabilitation of those patients, and has the rehab of trauma patients more generally been affected by the concentration of specialist services in a smaller number of centres?

Lucy Silvester is a therapy consultant in the major trauma and orthopaedic service at St George's Healthcare Trust in south London, one of the capital's four major trauma centres. She says that, from an acute physiotherapy point of view, the complexity of work has definitely increased and the physio team at St George's has had to upskill.

'At St George's we have started a band 6 trauma rotation for both

As many as

300

lives are saved each year as a result of the major trauma network





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The complexity of
working in trauma
centres requires
highly-skilled staff

TraumaCentres

physios and occupational therapists (OTs) so that they can share expertise across different areas of neurosciences, trauma orthopaedics, plastics and respiratory,' she says. 'And we're hoping to start one in senior health, because we have found that over a third of our major trauma admissions are over 65, so there is a big cohort of senior health coming in under the major trauma banner.'

But Hannah Farrell, therapy lead for major trauma at Queen Elizabeth Hospital Birmingham (QEHb) and clinical specialist physiotherapist in neurotraumatology, points out the flip side to the reorganisation. Before the network, patients with head injuries, complex orthopaedic requirements, trauma and spinal injuries would go to a larger range of hospitals for acute care, but now they are treated only at major trauma centres.

'Then at the point at which the care switches from being mainly medical or surgical to more rehabilitative, there is a push to repatriate patients, either back to their local hospitals or specialist rehab units. This is where there are huge differences and there are concerns that therapists who would have seen the occasional head or spinal injury don't any more and there is concern about deskilling,' she says.

NICE highlights gaps in rehabilitation

A 2010 National Audit Office report cited 'unacceptable variations' in rehab, and criticised a lack of evidence on what was available and how well patients' needs were met.

A suite of National Institute for Health and Care Excellence (NICE) guidelines on trauma care in England was published earlier this year. It called on hospital trusts and commissioners to provide specialist trauma rehabilitation services for patients, and it recommended further research is carried on into why some major trauma patients fail to get the rehab they need.

One of the biggest problems facing trauma rehabilitation is the lack of guidance for hospital trusts and commissioners on required standards. Neither NICE guidance, nor TQuINS (Trauma Quality Improvement Network System), which operates a peer review quality assurance programme for trauma services, contains any substantial guidance on rehab.

Ms Silvester says rehabilitation was raised as an issue at the time of the creation of the London trauma network, but it was 'put in the all too difficult box', as rehab often is. 'Funding rehab is not people's priority, we keep battling it for it but there are big gaps in the pathways,' she says. 'In our areas some boroughs have massive gaps, but other boroughs or counties are really well set up. It's just so variable. From my point of view, going into community services, trauma is such a small percentage of their workload. Hip fracture and stroke pathways are really well established and they see a lot of those patients on a regular basis, but they just don't see that number of trauma patients.'

Peter Wareham is director of rehab for the Wessex trauma network, as well being a clinical specialist for the Wessex Rehabilitation Centre, a musculoskeletal (MSK) intensive rehab centre at Salisbury District Hospital. He is

currently writing a clinical rehab pathway for the network for patients with complex MSK issues or polytrauma at the Wessex centre in Southampton.

Pushing for adequate treatment

Patients discharged from the centre could go anywhere in the Wessex region, to any outpatient department, and to any hospital, and Mr Wareham says patients with quite complex and significant injuries can be offered only standard 20-minute physio appointments, with perhaps the occasional hydrotherapy session. He hopes the clinical pathway will help him and his colleagues push for adequate treatment for these patients. 'I would hope you could audit against it and use data to show what services exist and I would expect it to show that there are insufficient MSK services, but that is a national, and not just a local, picture,' he says.

Ms Farrell says the improvements in acute treatment of patients since the introduction of the major trauma networks has meant the rehab requirements is often 'more complex than we have ever seen before'.

The QEHb embarked on a six-month study of its 'hyper acute rehab', focusing mainly, but not solely, on patients with major trauma. Preliminary findings are that about one third of patients who clinicians hoped would go to specialist rehab never got there, even if they had been referred,

because of a lack of beds.

Further resources from commissioners have been found to fund extra physios, OTs and a dietetic and a speech and language therapist to work as part of what is being called SHARP (specialist hyper acute rehabilitation pathway).

'As a result of improved coordinated medical care and the introduction of major trauma centres we have complex patients who are surviving and who might not have survived and we are rising to the challenge of meeting their rehabilitation requirements,' Ms Farrell says. 'It's probably a bigger challenge than we ever imagined, but we are striving to meet it and we are learning all the time. I qualified 20 years ago and I am still learning every day.' FL

'It's probably a bigger challenge, but we are striving to meet it and we are learning all the time. I qualified 20 years ago and am still learning every day'

Hannah Farrell

More information

NICE Major trauma: assessment and initial management www.nice.org.uk/guidance/ng39

TQuINS Online tool for improving trauma care through self-assessment and peer review <http://bit.ly/1TKCKBc>
National Audit Office Major Trauma Care in England <http://bit.ly/1TKCKBc>

TARN www.tarn.ac.uk



CSP Council *ELECTIONS*

Calling on members to put themselves forward as candidates for Council, the Society's governing body.

Members are invited to be at the cutting edge of decision making for physiotherapists and influence campaigning and support services for members.

Elections are being held for the following vacancies on Council:

- **English Regional Network representative (East of England)**
- **Associates representative.**

(term of office until the AGM 2019)

Any subscribing member meeting the criteria is eligible to stand for election to Council and it is hoped that members from all sections of the profession will take this opportunity to stand for one of these vacant seats. Alternates are required for both candidates.

Further information and nomination forms are available on the website:

www.csp.org.uk/elections or for queries contact the Chief Executive's

Office email: **coles@csp.org.uk** or telephone **020 7306 6642**.

The closing date for nominations for these elections is **12 noon 31 May 2016**.

Paediatrics

The eyes have it: Rosewood Free School pupil Amelia Broomfield takes part in an activity led by physios Lisa Adams and Sophie Chalk (left)

Robert Millett meets a physiotherapist who helps to ensure that therapy and education go hand-in-hand at a special school

Making an


 A young girl with glasses and a blue school uniform is looking up. In the background, there are shelves with colorful boxes. Overlaid on the right side of the image is a circular orange graphic containing the text '7 in 10 children at the school have a visual impairment'.

7 in 10

children at the school
have a visual
impairment

Physiotherapy is at the heart of an innovative educational approach that's helping to maximise the potential of children with profound and multiple learning difficulties (PMLD). Rosewood Free School, a special school in Southampton, has developed a needs-led curriculum that integrates physical therapy into day-to-day learning. It relies on a multidisciplinary approach between class teachers, assistants and on-site therapists, including physiotherapists and occupational therapy staff.

Lisa Adams, a band 7 children's physiotherapist for Solent NHS Trust, has worked part-time at the school since 2014. She explains that the school caters for pupils with PMLD, aged from two to 19 years, and that all the children have complex health needs and a combination of disabilities. 'We have a lot of children with cerebral palsy and an increasing number with rare genetic disorders,' she says. 'All of the children have a physical disability, and usually a learning disability as well. About 70 per cent have a visual impairment and 60 per cent have epilepsy, so they have a range of significant presenting factors.'

Unlike many special schools, Rosewood has developed its own learning and assessment system, addressing its pupils' complex needs. Launched in 2007, the ImPACTS (Individualised Profile Assessment Curriculum Target Setting)

impact

Paediatrics



Top: physio Lisa Adams in a one-to-one with teacher Lucia Ward. Above: Amelia Broomfield, five, explores Easter egg activities in an Atlas Walker

programme promotes a shared understanding of each child's needs by both education and therapy staff. It combines finely graded assessments, multidisciplinary monitoring and a child-centred planning process.

Head teacher Zoe Evans explains that the programme was developed over five years and took inspiration from research into learning and neurological and physical development. 'When I joined the school there was a division of responsibility between "bits" of the child that the therapy team "owned" and bits that belonged to the teaching team,' she says. 'But with ImpACTS we have developed a shared language and a shared focus on the children across disciplines,' says Mrs Evans.

The specialised curriculum sees children assessed in five key skill areas: communication; cognitive skills; environmental control technology; social and emotional wellbeing and gross and fine motor physical skills. Targets are set in each area and taught throughout the school day. As a result, teachers and therapists work collaboratively to meet the individual needs of each child, says Mrs Adams.

This includes an emphasis on providing teaching staff with basic therapy skills, giving pupils the opportunity to learn through ongoing routines and encouraging them to develop physically within a class setting. 'It means that teaching staff are given some ownership of the children's physical needs,' says Mrs Adams. 'And it allows those needs to be met within the school day and identified as a pivotal part of each child's learning.'

Giving teachers new skills

As part of her role Mrs Adams assesses children, reviews physical programmes and spends time in classes monitoring each child. 'But my main work is supporting and training the teachers and class staff so that they can do the daily, hands-on work,' says Mrs Adams. 'Staff training is vital because physiotherapy shouldn't be something that just happens when I come into a class once a week. It should be every move and every opportunity and all the time, and we achieve that by upskilling the teaching and support staff.'

All new teaching staff at the school receive a one-hour induction session with a physiotherapist, in which they receive a basic grounding in physiology. After being in post for six to eight weeks they have further training, which provides them with an understanding of postural management. In addition a physio regularly visits each class and demonstrates techniques to the staff as they work with each child.

'It involves a lot of role modelling and practising



Want to know more about working with children?

Why not visit the website of the Association of Paediatric Chartered Physiotherapists?

<http://apcp.csp.org.uk/>



Team meeting (l-r): nurse Wendy Wallis, head Zoe Evans, OT Amanda Dowse, nurse Lucy Trapp, physios Lisa Adams and Sophie Chalk, speech and language therapist Karen Brown

handling skills,' says Mrs Adams. With training, the teaching staff can provide pupils with daily opportunities to practise functional movements. 'The three "rs" of Rosewood are repetition, repetition, repetition: that's how neural pathways develop,' says Mrs Evans.

Children need opportunities to experience the repetition of a movement, in order for it become a learned behaviour explains Mrs Adams. But physical exercises need to be embedded into the entire school schedule to make this possible, and not treated as an 'add on'. 'In some schools if a physio or health support worker isn't there then physiotherapy positions aren't integrated into the day, and it just becomes something that happens during a set period of the timetable,' she says. 'But if a child is going to learn to roll then they must have every opportunity to practise – be it on the mat in a floor play session or on a visit to the bathroom – not just once a week in the physio room.'

The training also enables teachers and support staff to recognise the early indicators of regression, which can occur in some pupils who have degenerative conditions. 'Often the teaching staff are one step ahead at picking up if a child is struggling or needs their goals adjusting, because they've learnt how to recognise their physical needs,' says Mrs Adams.

Physical assessments

When a child first arrives at the school they receive an initial assessment and are prescribed a physical programme that may include core activities such as

using a standing frame or practising being prone over a wedge.

The physical assessments focus on functionality and positioning, says Mrs Adams. This includes examining a child's level of achievement and function in various positions, including supine, prone, standing, sitting and, possibly, in a sequence of movements. 'A common theme in children with PMLD is a lack of head control,' she says. 'So we may be looking at how much a child is able to lift their head when they are on their tummy, and how long they can do it for.'

Three-year development cycle

Every time a child achieves a target they receive a point score within the relevant skills area. Their total scores are analysed in an annual assessment review, which compares year-by-year data and determines each child's rate of progress. 'The usual definition of progress is every year you have to go up – but we are not about that,' says Mrs Evans.

'We look at how significant any changes have been, from where they were to where they are now, and then we work out how to help them meet their full potential.' This form of assessment means that a pupil's progress is not based on a comparison with other children who 'just happen to be the same age', she adds. Instead the focus is on whether a child has made a level of expected progress from year to year.

Rosewood has been collecting data since 2007 and uses the findings to inform their expectations of progress, which they view in terms of cycles of development. 'We have enough data, from ourselves and other schools that have adopted ImpACTS, to be able to state that most PMLD children go through a three-year development cycle,' says Mrs Evans.

'This means that they may have a peak year, then a couple of years of consolidating that learning into every area of their lives, before they then start another cycle.' Since its launch the ImpACTS approach has attracted the interest of many other schools and local authorities. 'About 20 schools have adopted it now – predominantly in the south, but I've recently been up to Hull to provide training,' says Mrs Evans.

In addition, the school received an 'excellence' rating from the schools inspector Ofsted in 2012. Mrs Adams attributes some of its success to the 'unfailing enthusiasm' of the staff she trains, and adds that the pupils are exceptionally rewarding group, because 'they give so much'. 'Many special schools still segregate education and therapy, but we believe that therapy is integral to teaching children effectively,' she says. **FL**

"The three "rs" of Rosewood are repetition, repetition, repetition: that's how neural pathways develop'
Zoe Evans

CPD Career Moves

In the final article in a four-part series, CSP professional adviser **Nina Paterson** looks at learning through career moves

Welcome to the fourth in our 'learning from ...' series. In the three articles so far we reviewed learning from events, from experience, and from helping others to learn.

In the second article, Gwyn Owen picked up on the theory relating to learning through experience www.csp.org.uk/node/959866 In this final article in the series we're going to consider a particular type of experience: career moves.

We are going to take a look at five steps to support your career development – the process, and we'll finish by thinking about getting the most out of looking back and reflecting on such developments – the outcome.

The process - five steps

■ Attitude

As Gwyn noted, development is hard work. It requires active involvement and a readiness to learn. It sounds obvious but without these ingredients the rest is redundant.

Chances are that wherever you are working there are external changes in abundance. How we respond to change is important. I was struck by a colleague that I met last year during a session for returners-to-practice at Physiotherapy UK. She talked about her career, her aspirations and where she ended up. In her case it was a combination of life events and regulatory restrictions after a move overseas that meant roles she expected to be open to her were firmly out of reach.

While her choices were limited or determined by factors outside her control, her drive and persistence



Making a m



Something to add?

email Frontline at
frontline@csp.org.uk



to find ways to work and develop were clear.

■ Looking for opportunities

Which brings us to our second point – while doors were shutting, the member I met at Physiotherapy UK looked for opportunities and was creative in her career. She kept an eye on adverts, phoned for information even if she knew she wasn't a complete match and considered what might be missing. She found ways to develop those skills. She followed up with ex-colleagues, sought out new contacts, and, in one particular post, found ways to develop the role so successfully for the benefit of the patient, that the service was able to justify a change to its service and a permanent position opened up.

Going beyond 'returning-to-practice', the underpinning principle is the same when thinking about a career move. Whether that's upwards or a lateral move or even reshaping our current role, it is about looking for opportunities.

Job adverts aren't the only way to discover opportunities, of course. Short-term projects, secondments or even responding to an unfulfilled need within your service or organisation can generate exciting and unexpected opportunities.

■ Knowing yourself

It's important to be clear about your strengths and weaknesses. If you haven't taken some time out recently to take stock, set some time aside this week. There are a number of tools and activities to support you within CSP ePortfolio and previous CPD articles and activities should provide some useful structure www.csp.org.uk/node/866494

Make sure you address your weaknesses. While courses are a great way to learn, don't forget that taking on a short-term role/project can help you strengthen an area before you take an even bigger leap. The CSP Framework at www.csp.org.uk/node/126 might be a useful tool to support you with this.

It's also important to be clear about what other factors are important to you – such as the ethos or culture of a practice or organisation, the type of role you're interested in, salary and security. In defining these you'll know what your priorities are.

It is tempting to think that career moves are always upwards. But in the last couple of years at the CSP I have had a very personal chance to rethink – I've taken two secondments back-to-back. I was happy with my job and had enough challenges to keep me fresh, but I'm curious by nature and when the posts were advertised I saw the potential in one to reconnect with skills and

abilities that I had developed prior to joining the CSP – to refresh and practise them again in a new environment.

■ Choosing the opportunities

Wherever you decide to look, focus on opportunities that fit with your strengths interests and correspond best with the other factors that you've identified as important. Take some time to think through these factors collectively and the put aside any opportunities that don't fit.

■ Action

As with every *Frontline* continuing professional development article, the above is a call to action. Apply for a post and see what happens.

Activity: the activities are threaded through the article this week but in summary

- look at what's out there
- take some time to review your strengths and weaknesses
- find ways to strengthen your weaknesses
- decide what's important to you and be clear about what you are looking for
- go for it

The outcome – a time to reflect

In the beginning of article two in the series, referred to earlier, Gwyn discussed how learning is both a process and an outcome – the end result of that change. In this case, a new job.

As with all experiences, learning is incomplete if we fail to reflect. Unless you're retiring shortly you'll repeat this cycle many times, so it's worth spending time reviewing what change the experience triggered in you, your skills, knowledge, confidence. Think about whether your expectations for your next role, or even your entire career, has shifted and where you want to go next.

My secondments came to an end. I had always intended to return to my former role but I had a goal in mind – to bring elements of both secondment roles back into my original one. Both posts gave me the chance to learn, consolidate, stretch and test myself.

With my line manager's agreement, I redefined the scope of my substantive post, taking the lead on a piece of work that takes our team in a new direction – a benefit to me and the organisation. I've had the chance to engage with challenging situations outside my comfort zone. In the midst of these have I wondered what possessed me. Yes. But would I do it all again? Of course! FL

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PHYSIOTHERAPY COST CALCULATOR WEBINARS

15th JUNE 13:00 - 13:45

13th JULY 13:00 - 13:45

These webinars are designed to equip CSP members with a deeper understanding of how to use the Physiotherapy Cost Calculator. Following this, attendees should be able to cost their own service and compare costs with other services, more specifically in primary care.

To sign up, please email Andy Lord at lorda@csp.org.uk indicating on which date you'd like to attend.

CONGRESS 2016 BRIGHTON 11-14 SEPTEMBER

TUC 

The CSP wants to hear from members keen to attend this year's TUC Congress in Brighton from Sunday 11th – Wednesday 14th September.

The conference is a lively mix of debate, external speakers, fringe meetings, exhibition stalls and evening events. It is a key event for those interested in trade union and wider social issues, and in helping the CSP to shape future TUC policy.

The CSP's delegation reflects its membership, and aims for a balance between members who have previously attended and those who are new to the event.

West Midlands Steward and CSP Vice President Mel Stewart who attended last year's Congress said: 'It was an opportunity to take an active stance in fighting for equality and justice with individuals who shared a common goal, represent the Society at a national level, join debates and to network with a wide range of activists.'

If you are interested in being one of the CSP delegates, please outline in up to 500 words why you would like to attend, your CSP/trade union experience and how you think you can contribute. Please send this to Hanna Smith at: smithh@csp.org.uk or fax: 020 7306 6693 by Friday 3 June at the latest. For an informal chat about what is involved, please call Claire Sullivan on: 020 7306 6673.

InReview

Featured book

How to do Constraint Induced Movement Therapy: A practical guide

Annie Meharg and Jill Kings

This book delivers what it says on the tin. It is useful for therapists thinking of setting up a constraint induced movement therapy (CIMT) programme or those interested in what it may look like but are unsure where to start. The manual begins with a patient story, bringing to life the patient's realisation of how under-utilised their affected upper limb was. Although brief, the patient's recollection touches on the emotional aspect of participating in a CIMT programme.

Throughout, the manual the authors have usefully included comments from patients and

therapists alike, who have used or are using a CIMT programme. This provides a good context for the reader. At the end of each chapter there are key take-home messages and useful suggestions for further reading.

This easy-to-read manual is divided into chapters dealing with different aspects of CIMT, from 'demystifying CIMT' in the first chapter to examining the relevant evidence base in the second.

Usefully, the authors address practical clinical questions, such as when CIMT should be used, and offer practical suggestions on a range of patient presentations. In addition, there is a very clear section outlining who would not be helped by CIMT.

The second chapter ends with quotes from clients on their experience of CIMT, which

strengthens the patient voice throughout.

In the next chapter, there are some helpful suggestions on how to keep clients and therapists motivated, and the issue of 'life after CIMT' is discussed. Chapter four covers what a CIMT programme and timetable could consist of in different settings.

Later on the authors look, for example, at intensive exercises for clients with contrasting functional levels. If you need examples of intensive exercises, patient information leaflets or checklists, I would highly recommend this book.

Adine Adonis is vice chair of the Association of Chartered Physiotherapists in Neurology and a clinical specialist physiotherapist in neurology at Imperial College NHS Trust, London



How to develop your healthcare career: A guide to employability

Lisa Taylor (ed)

This book aims to be an informative guide to the key aspects of employability for graduating students, educators, managers, and healthcare professionals. Written for healthcare professionals, it focuses on maximising employability potential and managing career progression.

Little Nudge <http://bit.ly/1USBRZM>

Created by physiotherapists, Little Nudge app offers an innovative solution to the issues facing office workers who spend most days sitting or standing at their desks. The app can be installed on to a desktop in a straightforward manner. It provides alerts at tailored times, reminding users to move, stretch, or hydrate. A recent trial at BUPA showed promising results.

Stuart Palma, professional adviser, CSP



MS Society

The MS Society's website features details of a recently-gained scientific consensus on how relapsing forms of MS should be treated. The evidence tells us that, rather than waiting to see whether more relapses occur, disease modifying therapies should be offered as close as possible to diagnosis to people with MS. To view the material, which includes an explanatory video, visit www.mssociety.org.uk/earlytreatment

Sea Hero Quest <http://bit.ly/1WokeCf>

Alzheimer's Research UK has teamed up with Deutsche Telekom and scientists from University College London and the University of East Anglia to develop Sea Hero Quest, a smartphone game that re-writes the rules on how dementia research is done. The charity says playing the game will enable scientists understand how our brains navigate space, and help to build the largest crowd-sourced database on human spatial navigation.



NHS Innovation Accelerator <http://bit.ly/1scJ0JB>

The NHS Innovation Accelerator (NIA) is a fellowship programme that is being delivered by NHS England, UCLPartners, the Health Foundation and the Academic Health Science Networks. Its aim is to ensure proven innovations are adopted more quickly and systematically in the health service. This will be achieved through integrating innovations into practice to benefit patients and the wider population.

Library ^{and} Information Services

The UK's largest resource
of physiotherapy related
published information

with access to:

- Online catalogue - books, reports, journals, theses, websites; many items with full text links
- Loans to members by post or in person with online reservations and renewals
- Information specialists to help you find the information you need
- Journal article/book chapter copying services
- Literature search services
- Online bibliographic databases, including CINAHL Plus with Full Text.

www.csp.org.uk/lis



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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
Jun 1	May 16
Jun 15	May 31
Jul 6	Jun 20
Jul 20	Jul 4
Aug 3	Jul 18

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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.



Networks&networking

English networks news



English regional networks

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

Find out more at
www.csp.org.uk/nations-regions



The ten English regional networks organise forums, events or conferences four times a year. These are:

- usually free to all CSP members including associates, students and retired
- great CPD for HCPC re-registration, your development, and developing your services
- a networking and sharing opportunity
- an opportunity to debate and find out what's going on.

Up to date information at: www.csp.org.uk/nations-regions

East of England

Information at: www.csp.org.uk/eastengland

Twitter: @Physioeast

Contact: Chair, Tracey Burge, at:

eastofenglandchair@csp.org.uk

Facebook: [https://www.facebook.com/](https://www.facebook.com/CSPEastofEnglandregionalnetwork/)

[CSPEastofEnglandregionalnetwork/](https://www.facebook.com/CSPEastofEnglandregionalnetwork/)

East Midlands

Information at: www.csp.org.uk/eastmidlands

Twitter: @CSPEastMidlands

Contact: Chair, Lucy Cocker, at:

eastmidlandschair@csp.org.uk

Facebook: [https://www.facebook.com/](https://www.facebook.com/CSPEMRN/)

[CSPEMRN/](https://www.facebook.com/CSPEMRN/)

Next regional forum

Date: Monday 13 June

Time: 5pm-7.30pm

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

East Midlands network leadership conference

'I am not just a physiotherapist I am a leader!'

Date: Saturday 2 July

Time: 9.30am registration and refreshments,
10am start

Place: Devonshire Place, 78 London Road,
Leicester LE2 0RA.

London

Information at: www.csp.org.uk/london

Twitter: @CSPLondon

Contact: Chair, Carole McCarthy, at:

londonchair@csp.org.uk

Next regional forum

Date: Monday 20 June

Time: 4pm-7pm

Place: Venue details to be confirmed.

North East

Information at: www.csp.org.uk/northeast

Twitter: @CSPNorthEast

Contact: Chair, Robert Goddard, at:

northeastchair@csp.org.uk

Next regional forum

Date: Tuesday 14 June

Time: Time TBC

Place: Durham County Cricket Club, Chester le
Street, County Durham DH3 3QR.

North West

Information at: www.csp.org.uk/northwest

Twitter: @northwestcsp

Contact: Chair, Jo Lishman, at:

northwestchair@csp.org.uk

Next regional forum

Date: Tuesday 14 June

Time: 6pm-8pm (5.30pm refreshments)

Place: Education Centre, Chorley Hospital,
Chorley PR7 1PP.

South Central

Information at:

www.csp.org.uk/southcentral

Twitter: @CSPsouthcentral

Contact: Chair, Amanda Pike, at:

southcentralchair@csp.org.uk

South East Coast

Information at: www.csp.org.uk/southeastcoast

Twitter: @CSPSouthEast

Contact: Chair, Helen Balcombe, at:

southeastcoastchair@csp.org.uk

Next regional forum

Date: Tuesday 14 June

Time: 10am-1pm

Place: University of Brighton, Room RD
201/2, Robert Dodd Building, 49 Darley Road,
Eastbourne BN20 7UR.

South East coast regional conference

Save the date – Thursday 15 September

Time: to be confirmed

Place: to be confirmed

Topic: CPD event more details of this exciting
conference to be advertised soon.

South West

Information at: www.csp.org.uk/southwest

Twitter: @CSPsouthwest

Contact: Chair, Adam Zawadzki, at:

southwestchair@csp.org.uk

Next regional forum

Date: Wednesday 8 June

Time: 1.30pm-5pm (lunch 1pm-1.30pm)

Place: Exeter Court Hotel, Kennford, Exeter,
Devon EX6 7UX.

West Midlands

Information at: www.csp.org.uk/westmidlands

Twitter: @WestMidlandsCSP

Contact: Sam McIntosh and Helen Owen (joint chairs) at: westmidlandschair@csp.org.uk

Next regional forum

Date: Monday 13 June

Time: 10am-1pm (sandwich lunch 1pm-1.30pm)

Place: Room G86, School of Sport Exercise and Rehabilitation Sciences, Birmingham University, Edgbaston, Birmingham B15 2TT.

Yorkshire and the Humber

Information at: www.csp.org.uk/yorksandhumber

Twitter: @CSPYorksHumber

Contact: Joint chairs, Angela Clough and Mandy Young, at: yorksandhumberchair@csp.org.uk

Next regional forum

Date: Tuesday 14 June

Time: 5.30pm-7.30pm (Note: 3.30pm pre-core team meeting)

Place: The Source Skills Academy Meadowhall, 300 Meadowhall Way, Sheffield S9 1EA.

Future dates

- From 8-20 June **quarterly English regional network forums**
- Tuesday 21 June, 3.45pm- 4.45pm **English network forum**
- Wednesday 22 June, **CSP council training** 9am-11am, **council meeting** 11.15am-3.30pm.

Professional networks news



Professional networks

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

Send an email to networkads@csp.org.uk

Association of Chartered Physiotherapists in Neurology – Wessex

Kinesiology taping for neurological conditions – Provided by Rocktape UK

Date: Saturday 11 June, 9am-5pm

Place: Rehabilitation Dept., The Royal Bournemouth Hospital, Bournemouth BH7 7DW

Cost: ACPIN members £50, non-members £90

Contact: Email: wessex@acpin.net

Association of Chartered Physiotherapists for People with Learning Disabilities (ACPPLD)

Save the date

The 2016 annual learning event will be on 26-27 September at The Hilton Hotel, York. Further information to follow.

Acupuncture Association of Chartered Physiotherapists (AACP)

Upcoming CPD courses

Electroacupuncture, Gua Sha and cupping

Date: 5 July

Place: Peterborough

Two-day sports injuries course

Date: 14-15 June

Place: Cheshire

Fascia and anatomy

Date: 21 June

Place: Peterborough

AACP Basic acupuncture foundation courses

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

Dates: 4, 5, 11 and 12 June, 16 and 17 July

Place: Wolverhampton

Dates: 25 and 26 June, 2 and 3 July, 13 and 14 August

Place: Wirral

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

To book: Visit www.aacp.org.uk > Find a Training Course > Foundation Courses or CPD Courses

Tel: 01733 390007 #3 Email: sec@aacp.org.uk

AACP grants

AACP have a number of grants available for AACP members. For more information please contact Mindy Cairns (AACP Research Advisor) at: research@aacp.org.uk or see the AACP website: www.aacp.org.uk

Association of Chartered Physiotherapists in 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 costs £21.

Current taping techniques for sport

Date: 21-22 May

Place: Stratford Upon Avon

Cost: Fees from £125

Clinical reasoning exercise and performance rehabilitation

Dates: P1 24-25 September

P2 15-16 October

Place: Holme Pierrepont, Nottingham

Cost: Fees from £200/weekend

Optimal loading in sport

Date: 6-7 October

Place: Titanic Centre, Belfast

Autumn study day: Technology in sport and rehabilitation

Learn about technology and apps used in sport and rehab today, and tomorrow.

Date: 5 November

Place: University of Cardiff

Cost: Fees from £80

Contact: Email: info@physiosinsport.org

Web: www.physiosinsport.org

Physio First

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

1. **Unique member marketplace information**

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

2. **Practice benchmarking reports**

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

3. **Private trusted LinkedIn forum**

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

4. **Data for impact**

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

5. Quality Assured Practitioner scheme

Sign up to our Data for Impact project and represent our response to the changing healthcare marketplace and above all, represent a change in our mindset.

We offer many more benefits such as discounted DBS checking. If you are a member, don't forget to renew for 2017!

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

Musculoskeletal Association of Chartered Physiotherapists (MACP)**Athletic screening and programme design, reducing injury risk and aiding performance**

This workshop provides the opportunity for clinicians to develop the knowledge and skills required to undertake a screening of an individual or squad, analyse the results and create specific treatment or exercise programmes. Current screening methods will be discussed and critiqued with the aim of clustering specific, evidence based assessments together. This is an evidence-based workshop with strong practical elements.

Date: 18 June

Place: Swindon Football Club

Tutor: Simon Noad

Cost: The cost is £110 for MACP members; £120 for non-members

Contact: For more information or to book please go to: www.macpweb.org or email: admin@macpweb.org or tel: 01202 706161.

Athletic screening and programme design, reducing injury risk and aiding performance

Date: 25 September

Place: Nuffield Vale Hospital, Vale of Glamorgan

Cost: £110 per member, £120 non-members

Contact: For more information or to book please go to www.macpweb.org

The below are all part of the pre and post-IFOMPT conference courses**Entrapment neuropathies with Annina Schmid**

Date: 2-3 July

Place: Glasgow

Christian Barton and Dylan Morrissey PFP and knee pain course

Date: 2-3 July

Place: Glasgow

Gwen Jull: The management of cervical disorders

Date: 2-3 July

Place: Glasgow

Two-day Explain Pain 2.0 – All the new stuff**understand and explain pain 2.0 with Lorimer Mosely**

Date: 2-3 July

Place: Glasgow

Toby Hall headache course

Date: 9-10 July

Place: Glasgow

Evidence-based soft tissue skills with Kevin Hall

Date: 9-10 July

Date: Glasgow

Diane Lee: The abdominal wall after pregnancy and diastasis rectus abdominis with Diane Lee

Date: One-day lecture on 9 July

Place: Glasgow

Alison Grimaldi: Rehabilitating the painful hip with chondrolabral pathology

Date: One-day lecture on 9 July

Place: Glasgow

Contact: To see full details visit: www.ifomptconference.org/pre-post-conference-courses or call tel: 0141 202 2888 for details and booking.

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)**Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)**

Date: 10-12 June

Place: Chertsey, Surrey

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

Physiotherapy assessment and management of pregnancy-related lumbo-pelvic conditions

Date: 17-19 June

Place: Stockport, Greater Manchester

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

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

Date: 24-26 June

Place: Winchester, Hampshire

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

For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: <http://pogp.csp.org.uk/courses-events>

Contact: Contact our course administrator at: pogpcourses@yahoo.com

Follow us on Twitter: @ThePOGP

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

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

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

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

Date: 7-8 June

Place: Birmingham

Cost: £280 member, £340 non-member

Office workstation ergonomics (DSE) level 1

Date: 10-11 June

Place: Guildford

Cost: £280 member, £340 non-member

Introduction to occupational health

Date: 21/22/23 September

Place: Edinburgh

Cost: £455 member, £515 non-member

Upper limb disorders in the workplace – Risk assessment and management

Date: 1 October

Place: Guildford

Cost: £140 member, £200 non-member

Introduction to applied ergonomics

Date: 14-15 October

Place: Slough

Cost: £300 member, £360 non-members

Occupational rehabilitation and work hardening

Date: 15-16 October

Place: Edinburgh

Cost: £280 ACPOHE members only

ACPOHE courses hosted by Central Health:**Office ergonomics (DSE) level 1**

Date: 17/18 September

Place: Central Health Network, Spondon, Derby

Contact: Jane Fearn on tel: 01332 281411, email: jane.fearn@centralhealth.org.uk

ACPOHE contact: Administrator, Tracy Long, tel: 01284 748202, email: acpohe@buryphysio.co.uk Web: <http://www.acpohe.org.uk/events>

British Association of Hand Therapists (BAHT)

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

Level I courses

Date: 9-11 November

Place: Derby

Date: 10-12 May 2017

Place: London (NES)

Hand therapy in practice, MSc module

Date: 31 May-19 August (attendance 11-15 July)

Place: University of Derby

Contact: Email: a.c.underhill@derby.ac.uk

The PIP joint

Date: 7-9 September

Place: St George's Hospital, London

Contact: www.neshands.co.uk

Radiographic imaging of the hand

Date: 19-21 October

Contact: Email: melanie.arundell@nhs.net or tel: 01332 786964

The wrist

Date: 30 November-2 December

Place: London (NW11)

Contact: www.neshands.co.uk

Level III courses

Contemporary practices in injection therapy, MSc module

Date: Eight days attendance between 17 October and 13 December

Place: University of Nottingham.

Aquatic Therapy Association of Chartered Physiotherapists (ATACP)

The ATACP committee needs you...

- are you a CSP member?
- are you an ATACP member?
- do you have a clinical interest in aquatic therapy?
- have you had postgraduate training in aquatic therapy?
- are you able to attend at least two committee meetings per year?

If you answered yes to the above questions, need to boost your CPD and would like to attend ATACP study days for free then volunteer to join us today!

The ATACP Committee are particularly looking for good organisational and editorial skills but plenty of motivation, enthusiasm and good ideas are also very welcome!

If this sounds like you, submit a short paragraph about yourself, your skills, your experience and why you would like to join by 31 March to: atacpweb@gmail.com

Chartered Physiotherapists Working With Older People (AGILE)

AGILE Regional study days 2016: Exercise and fitness for clinical and specialist populations: Evidenced based exercise programmes in practice

Date: 14 May

Place: Meadowlands Physiotherapy Department, Musgrave Park Hospital, Stockmans Lane, Belfast BT9 7JB

Contact: Gail McMillan at: agile.northernireland@gmail.com

Date: 18 June

Place: Neath Port Talbot Hospital Education Centre

Contact: Email: sheree.breckon@wales.nhs.uk

Date: 25 June

Place: City Academy, Bristol

Contact: Kate Bennett at: agile.rep.west@gmail.com

Date: 23 July

Place: St Mary's Hospital, The OT Gym, Green Hill Road, West Yorkshire LS12 3QE

Contact: Laura Proctor, Leeds at: >

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lau_proctor@yahoo.co.uk

Date: 24 September

Place: Sherwood Hall, Nottingham City Hospital, Nottingham

Contact: Bhanu Ramaswamy at: physiotherapy.thirdage@gmail.com

Date: 29 October

Place: Whitefield Day Hospital, Queen Margaret Hospital, Dunfermline KY12 0SU

Contact: Janet Thomas at: janetthomas@nhs.net

Cost: The cost per delegate is £50 for AGILE members; £65 for non-members

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

Association of Chartered Physiotherapists in Energy Medicine (ACPEM)

ACPEM AGM

Cost: Members £395 full rate, non-members £420 full rate, students £250 full rate, day rate £125

Contact: Jenny Gibbs for further information at: jennymb1@me.com or visit the ACPEM website for application form at: energymedphysio.org.uk

Association of Paediatric Chartered Physiotherapists (APCP)

East Anglia region study day – Outcome measures for children with cerebral palsy and allied condition

Date: 26 May

Place: Marconi Club, Chelmsford CM2 9FH

Speaker: Virginia Knox, consultant physiotherapist

Cost: £70 APCP members, £115 non-members

Contact: Further information or to book your place go to: <http://apcp.csp.org.uk/courses-events>

Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)

Evening lecture: Vestibular migraines diagnosis treatment and progression

Presenter: Miss Amanda Male, highly specialised vestibular physiotherapist

Date: Wednesday 25 May

Time: Registration: 6.30pm, lecture: 7pm-8.30pm

Place: Education Centre, 75-79 York Road, London SE1 7NJ

Cost: ACPIVR members £10, non-members £22
Description: This regional event is designed for physiotherapists with an interest in vestibular rehabilitation. The lecture will cover diagnosis

of vestibular migraine vestibular rehabilitation exercises and treatment. It is designed for people with some prior experience treating patients with vestibular or balance disorders.

Contact: To register a place please visit: <http://acpivr.eventbrite.co.uk>

Chartered Physiotherapists in Massage and Soft Tissue Therapy (CPMaSTT)

Fundamentals and clinical application of massage and soft tissue therapy

Date: Saturday 16 and Sunday 17 July

Place: Edinburgh

Date: Saturday 6 and Sunday 7 August

Place: Wigan

Cost: £220. Student or unemployed members £160

Tutor: Bob Bramah

Outline: This CSP approved course is open to physiotherapists, assistants and students who wish to:

- revise and develop expertise in massage and soft tissue therapy
- build on the fundamentals of massage, current research, clinical effectiveness and evidence based practice
- learn adaptations for specific effect including release of myofascia and trigger points
- develop expertise in manual therapy.

Participants have the opportunity to learn practical skills from specialist physiotherapist with emphasis on care of the patient; self care of the physiotherapist and palpation skills applied in realistic conditions.

Contact: To book contact Bob Bramah email: cpmasttcourse@googlemail.com or call; 07968 307717

The Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF)

The Association of Chartered physiotherapists in Cystic Fibrosis (ACPCF) held their annual study days and AGM on 28-29 January.

The study days are exclusively for members and had 88 attendees this year. The programme mainly focussed around exercise and included a range of topics from exercise physiology and testing to the benefits of Yoga in the CF population. The study days offer a great opportunity for sharing of practice and networking among those working with paediatric and adult Cystic Fibrosis patients. For more information on joining details can be found on the ACPCF network on iCSP.



Pictured above: Tracey Daniels, previous ACPCF chair, at the AGM



Delegates at the CF study day

The programme included: Ageing in CF, Dominic Kavanagh's transplant story, dysfunctional breathing, exercise and CF, principles of training and conditioning in CF, exercise for children non-medical prescribing, adherence and exercise, exercise testing in CF, CF and yoga.

There were a range of speakers including patients, physiotherapists, consultants, psychologist and exercise physiologist. The groups AGM was also held.

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 13 June. 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

CSP Disabled Members Network

Following the highly successful 'Dealing with Dyslexia' day held in November 2014 the network is pleased to announce a follow up study day to be held at the CSP on 12 July. This will focus specifically on the issue of reasonable

adjustments for dyslexia in the workplace.

In order to ensure that the content is as relevant as possible the CSP is keen to hear from students, practising members, reps or managers who would be happy to share their experiences of implementing reasonable adjustments for dyslexia. This can be in the workplace or at university.

Please email Jess Belmonte, national officer equality and research, at: belmontej@csp.org.uk if you are interested in contributing.

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

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

The PSP is led and managed by a steering group of people with personal and professional

experience of scoliosis including patients, carers and clinicians, and is chaired by the JLA.

The aims and objectives of the Scoliosis PSP are to:

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

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

Methods and timing: An online survey will be used to gather questions from people with scoliosis, their carers and healthcare professionals. We aim to launch this in April ➤

Public Health Research Awards

Call for abstracts

Have your contribution to improving public health recognised by applying for a CAHPR Public Health Research Award.

Winners will receive £750, the opportunity to display their work at the Public Health England Conference, September 2016 and help with travel expenses.

Deadline for submission is **31 May 2016**.

For more information and an application form please visit www.csp.org.uk/cahpr or email: cahpr@csp.org.uk

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2016. The responses will then be analysed and checked against existing evidence. Once a long list of verified unanswered questions has been identified, a process of prioritisation will begin. The end result will be a top 10 list of questions that people with scoliosis, their carers and healthcare professionals want researchers to address.

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

For details of the online survey please contact email: sandra.regan@ouh.nhs.uk

info exchange

Use of Mobile apps in physiotherapy practice – A UK-based survey research study

The research and its relevance:

Better use of data and technology has the power to improve clinical outcomes, quality and cost efficiency of healthcare services. One of the forms of such technology is mobile devices

based software applications commonly known as 'apps'.

Use of mobile apps in clinical practice is becoming more widely accepted in various health professions including physiotherapy. There are several potential advantages as well as limitations and potential problems associated with its use.

There is a dearth of research exploring physiotherapists' attitudes and perceptions towards use of mobile apps within clinical practice. This study could add relevance by gaining preliminary data on understanding adaptability and integration of specific technology use within UK physiotherapy practice.

Aim of the study:

The aim of the survey is to explore the patterns of use, and attitudes of UK-based physiotherapists, towards utilization of mobile apps (software applications for mobile devices) for clinical practice.

How can you help:

We would like to hear your views whether you are 'technophilic' or 'technophobic'.

To complete or share this survey please refer to: www.healthappsandphysio.com

Army School of Massage/Physiotherapy 1905-1977

Can you help?



Photo courtesy of Army Medical Services Museum

I am researching into the history of the Army School of Physiotherapy with the help of former students. Most of them trained between 1955 and 1977. At 89 Peter Fitchett was the oldest ex-army physiotherapist I had made contact with, but sadly he passed away recently. He commenced physiotherapy training in 1948 at the Royal Victoria Hospital (RVH) Netley.

There are two noticeable gaps in my research so far: 1920-1926 and 1940-1954.

Their lifestyle was secure even though Dorothy had been on long-term sick leave.

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If through any research you have undertaken, you trained at the Army School Netley or Woolwich (civilian or service) or you have worked as a civilian at a military hospital and can provide me with any further information I would be grateful if you could contact me.

Contact details: Email: lasplin@btinternet.com or write to: Ty Newydd Coed Bach, Defynnog Road, Sennybridge, Powys LD3 8RT.

Len Asplin

MSc BA Grad Dip Phys MCSP Cert Ed

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 Anneliese Barrell was presented with Maundy Money by CSP Patron, Her Majesty the Queen, on Maundy Thursday. She explains:

On Maundy Thursday 2016, I was very privileged to be presented with the gift of the Royal Maundy Money by Her Majesty the Queen in St George's Chapel, Windsor. The service, during which the money was presented, was awe inspiring. The chapel was full; the pomp and ceremony was at its best, from the Yeomen of the Guard, the Knights of Windsor all in their colourful uniforms, the choristers from the Chapel Royal and St George's Chapel, the school children carrying the posies and the Dean and clergy in procession. Her Majesty and Prince Philip arrived and the service began. The music, readings and prayers all were so meaningful, when the choirs sang the anthem Zadok

the Priest, there was not a dry eye in the congregation. There were many moments like that!

The presentation to 90 men and 90 women drawn from the whole of the UK was done in two stages. The Queen presented two leather pouches to each recipient: a white pouch containing specially minted silver coins to the value of 90 pence; a red pouch containing a silver 50p coin commemorating 950 years since the Battle of Hastings, and a silver £5 coin celebrating the 90th birthday of Her Majesty.

Following the service the Governor and Constable of Windsor Castle and his wife hosted a lunch in the state apartments. Another unforgettable part of what was a really memorable and awe inspiring day.



Above: Anneliese receives Maundy Money at Windsor Castle

Anneliese has met the Queen on other occasions. Her story and that of other members who have had the privilege of meeting Her Majesty can be found on iCSP, Retirement Association, 'The day I met the Queen!'

Glasgow retirement group

If you are approaching retirement or already retired, you are welcome to join our evolving Glasgow group who plan to meet a few times a year for lunch or other activities. We meet in Glasgow as a convenient central place, but you do not need to have worked in Glasgow to join us.

Our next meeting is on Friday 10 June. We will meet for lunch in Glasgow Merchant City at 1pm. If you would like to join us you are very welcome. Please confirm your attendance to: a_forrester50@hotmail.com by Friday 27 May at the latest if you would like to come along and we will give you further details.

Reunions



Thinking of having a reunion?

Need to contact old friends?

Send an email to
networkads@csp.org.uk

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

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

We couldn't let this landmark date pass without celebrating those heady days in Nottingham in the mid-1980s! Are you up for getting together? Come and celebrate with us. We hope to meet for a Saturday in October or November. Will work out location and activities once we know where people are living. All welcome. Please email Ruth ten Hove (nee Dubbey) and Dean Phillips at: dean@timberlandphysio.co.uk

Middlesex Hospital 31 year reunion 1982-1985

Michelle, Sue and Vanessa are getting together in London on Saturday 20 August at lunchtime. It would be great to meet up with some others from our training days. Please contact Michelle at: mcdowd48@gmail.com (venue to be decided depending on numbers).

Pinderfields 1996-1999 Reunion

It is 20 years since we all first met! We are having a reunion where it all began in Wakefield on Saturday 17 September. Please get in touch even if you can't make it as we are trying to track the whole year down. Contact via Nathan Humphries on email: nathanhumphries@hotmail.com Hope to see you all there! ➤

Royal Jones and Agnes Hunt Orthopaedic Hospital, Oswestry – Set 45 1983-1986

30 year reunion to be held in Edgmond, Newport, Shropshire on Saturday 25 June. Please contact Andrea Williams (nee Raymont) for further details at email: andrea@physiotherapyservices.co.uk Tel: 07791 678382.

Normanby College, Kings College Hospital 1981-1984

This year it is 35 years since we started training! It is also 15 years since our last whole set reunion. Would anybody be interested in meeting up this year - possibly September/October? We are also going to send out letters to the addresses that we have from 15 years ago - obviously many could well be very out of date so please pass this on if you are in contact with anyone you know who is not working and receiving *Frontline*. Please get in touch if you are interested. Once we have some response and an idea of numbers we can think about location etc. Would be great to hear from you.

Contact Alison Hodgson (nee Pilling), email: alih.sher@hotmail.co.uk or Sara Sandford (nee Croot), email: sara@sandford.me

The Queens College Glasgow, 30 year reunion (1983-86)

Its been 30 years since we became physios and we think it would be great to celebrate that in style. The date is planned for 3 September, in Glasgow for drinks and nibbles. Venue to be decided. Please contact us if you can make it and pass on the details to anyone else you are in touch with. Would be great to catch up! Contact via email: queenscolleg GlasGow86@gmail.com, or via facebook (event: 30 years since we qualified!!!)

Coventry University School of Physiotherapy, class of 1988-1991

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

Please spread the word to any physios from

our course who you are still in touch with, or can manage to locate.

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

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

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

Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

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

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Available now – a set of CPD resources designed to help all CSP members optimise the quality of patient care

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A set of 7 easy-to-read information/activity sheets to help you maximise the opportunities for/impact of CPD in your practice

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Information, guidance and examples to show how service users can support CPD in practice

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A bundle of 4 information/activity sheets to help you unpack what person-centred professionalism means for the development of your practice.

Available now to download from:
<http://bit.ly/1I4XGzV>

The Guy's Hospital 30 year reunion E and F sets

The Guy's Hospital 30 year reunion for E and F sets will be held on Saturday 1 October in Oxford. Pub lunch, walk, tea etc. All welcome. Please email Liz Ellis at: lellis52@hotmail.com for details.

Bradford School of Physiotherapy. 1991-1994.

Is it really 25 years since we first met? That's got to be worth a celebration. A small group of us have recently got together again and have loved catching up and remembering our time in Bradford.

If you are interested in meeting, perhaps sometime in June, then I suggest that in the first instance you email either myself, Sue Brook at: mrssueabrook@yahoo.co.uk or Paul Henry at: pdchenry@aol.com We are really looking forward to hearing from you all.

Sheffield Polytechnic 1978-1981

Some of us had a successful reunion in September 2015 and would like to do it again in 2016 – please save the date – Saturday 10 September. It will be 35 years since we qualified – please join us before people get harder to find as retirement options begin! We will walk in the morning, in beautiful Derbyshire countryside, and eat at lunch and in the evening. Come and join us for all, or part of the day. Please email Nikki Adams at: n.adams@adamsneurophysio.org.uk (originally Bramson) for more details.

Royal Orthopaedic Hospital Woodlands 1983-1986

Any one interested in meeting over the summer in Birmingham to celebrate 30 years? Please contact Fiona Harding (nee Johnson) or Pat Chapman (nee Leckenby). We would love to hear from you. Email please to: fiona.fm.harding@talk21.com or: trish.chapman147@googlemail.com

University of Northumbria 1993-1996

Save the date – Class of 96 reunion in Newcastle, Saturday 24 September 2016. It will be 20 years this year since we have graduated so it would be great to have a get together! Details TBC. Please pass this message on to people who you are still in contact with. Please get in touch via email to Nicola Idowu (nee Henderson) at: nichen74@yahoo.co.uk or see the Facebook page at: <https://www.facebook.com/groups/943057765730497/?fref=ts>

The Royal Orthopaedic Hospital School of Physiotherapy – 'The Woodlands' 1969 - 1972

It is 43 years since we qualified and, while some of us are in contact, we have never organised a set reunion. If you are interested in meeting up sometime during the summer of 2016 please email me, Marilyn Andrews, at: m.p.andrews@keele.ac.uk It would be lovely to catch up with everyone after all this time.

United Liverpool Hospitals School of Physiotherapy 1977-1980

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

St Mary's Paddington Class 1971-1974

Anyone out there from class 1971-1974 who would love to meet and catch up? Contact by emailing: lesrust@gmail.com

Kings College Hospital 1966-69 October set

I am trying to organise a reunion for our set and have so far been in touch with three others who are all keen to meet up. Please get in touch with me at: carolyn@beavisnet.co.uk if you are interested during 2016, probably October time, as it will be 50 years since we started our training! Venue is not decided yet. If you know of people from the set who don't get *Frontline* please can you pass this on. Thank you so much. Carolyn Beavis (nee Gray).

School of Physiotherapy, Withington Hospital Manchester 1973

Lenia from Nicosia, Cyprus would like to get in touch with friends from the school of physiotherapy, Withington Hospital Manchester 1973 intake. Email: elenidracopoulou@gmail.com

Bradford Hospitals School of Physiotherapy Set 1974-1977/8

It has now been more than 40 years since we all met in Bradford to start our physio training. Jill, Mary, Mary, Liz, Janet and Barbara shared a weekend in 2015 and plan to reunite this year.

We all wish to widen the circle by inviting everyone from our year to join us and meet this year. We plan to meet in Bradford over a weekend to revisit old haunts and local Yorkshire beauty spots – time and exact location yet to be decided. It would be great

to hear from you. If you would like to join us, please contact. Jill Cooper nee Emery at: jill.cooper@hotmail.co.uk or Barbara (nee Sharp) at: barbara.marsland@gmail.com

Prince of Wales (POW) Set A 1966-69

Remember us – Angela Hancock-Martin, Jenny Eve, Marion McKenzie, Anne Brown? We hope to get in touch with Elaine Slater, Prunella Patel, Tina Laflin, Sue Frankel and perhaps others from Set A for a possible get-together this year, or just to hear how the passing years have treated you! Please contact: angecourt@googlemail.com and/or: awbrown15@gmail.com. com Hope to hear from you.

Nottingham School of Physiotherapy

We are planning a reunion for the Nottingham leavers from 2001 in 2016 – it will be 15 years since we qualified. There are still people we have not been able to track down email addresses for – Darren, Cath, Carl, Nicky, Sue, Carol. If this is you please contact me at: rfieldhouse78@hotmail.com

The Queen's College Glasgow Class of 1981 – Nearly 35 years!

Are there any old gals and guys out there interested in a get-together perhaps in June to reminisce, celebrate and commiserate?

If there is an appetite for a bash we will be happy to do the planning. Please reply to: susan@familyhastings.com Looking forward to hearing from you! Jillian Rae (nee Craig), Irene Pullar (nee Caddie) Susan Hastings (nee Clunie).

Northern Ireland School of Physiotherapy – Belfast 50th anniversary reunion

We have continued to meet since our reunion and are now planning the 50th reunion of our qualification in 1964, which will take place at a suitable date in 2017. We hope to have another luncheon party this spring so if any other physiotherapists would like to attend please get in touch with me at: jarcherphysio@aol.com

Edinburgh Royal Infirmary 1963-1966

Anyone out there still working? Fancy meeting up? Email me on: madelinesg14@tiscali.co.uk or tel: 01992 586659.

West London School of Physiotherapy

John M B Long would like to hear from ex-students who were there in the 1950s. Email: jmblong@hotmail.com >

West Middlesex Hospital School of Physiotherapy 1975-1978

Reunion? I have now contact with 14 students/physiotherapists from our set, but some are still 'missing'. Are you 'one of us', or do you know someone who graduated from West Middlesex 1978? Of so, please contact Lars Andersen on email: la-and@online.no

Salford School of Physiotherapy, Hope Hospital 1974-1977

It's a long time since we left Salford. If you are interested in a reunion or just a catch up by email, please get in touch with Jane Heyer at: janeheyer@rocketmail.com

Middlesex Hospital Reunion 1960-1963

Twelve retired physios who trained together from 1960-1963, met for a reunion in London on 16-17 April 2016.

Coffee at the Royal Festival Hall, lunch at a little Italian restaurant near Waterloo Station, followed by a few staying on to continue further chatting over a cup of tea completed a memorable day of catch up and happy times spent together during student days.

On Sunday accompanied by some husbands we continued our get together on a fascinating boat trip from Westminster Bridge to Hampton Court and a late lunch in Hampton Court Village.

Most of us have grandchildren and some have celebrated golden weddings!

Are we the oldest group (nineteen in total) who are ALL in regular contact?

Thinking of having a reunion?

Need to contact old friends?

Send an email to

networkads@csp.org.uk

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

Deaths

WRIGHT On 9 March 2016 Felicity Victoria Wright MCSP nee De Wardt. Trained The London Hospital School of Physiotherapy.

GODFREY In April 2016 Heather Caroline Godfrey MCSP. Trained Manchester School of Physiotherapy.

Obituary

Jenny Ann Clough (nee Long)
26 August 1936 - 16 April 2016

Jenny was born in Cardiff and moved with her parents to Leeds, where her father was a master baker and educator. She attended Leeds School of Physiotherapy, 1954 intake.

As a newly qualified physiotherapist she was a member of a Youth Fellowship in Leeds, where she met her future husband Michael.

She qualified as a physiotherapist in the summer 1957 and began her career as a basic grade physiotherapist at St. Mary's in London, then moved for a short period of time to Birmingham Orthopaedic Hospital.

In 1964 she came to Macclesfield, as a senior physiotherapist, working predominantly in the outpatients department, where she continued her long career.

Jenny was very dedicated to her profession and enjoyed the work and contact with patients. She was always compassionate towards them. Her compassion and dedication to others was also noticeable when her parents became frail and moved to Macclesfield, so that she could care for them. She was a professional, stoical character and was highly respected by all her colleagues.

Jenny retired as a physiotherapist in 1990, but continued voluntary work in East Cheshire Hospice for further ten years.

Outside work she and Michael enjoyed family life with their son, daughter and five grandchildren.

Jenny enjoyed outdoor activities and was accomplished tennis player and golfer. She and Michael also enjoyed ballroom dancing and were staunch Welsh rugby supporters.

She will be greatly missed by her family and friends. Jenny is survived by her son and daughter. May she rest in peace.

Damjana Derham



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



For more details go to:

www.csp.org.uk/equalitynetworks

or email:

keatings@csp.org.uk



Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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



Courses&conferences

Complementary therapy

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

Multiple dates in Surrey, London, Bath and Loughborough.

With: Hubert van Griensven

Contact: www.physiouk.co.uk/ hubert or call 0208-394-0400

WANT TO HOST THE 50 MOST USEFUL ACUPUNCTURE POINTS REVISED (10 hrs CPD) COURSE

If you want to host this course in 2017 please email info@physiouk.co.uk for details

FEELING RUSTY WITH YOUR ACUPUNCTURE SKILLS OR RETURNING TO PRACTICE?

AACP approved 1 day return to practice course

When: 3rd Dec 2016

Where: Loughborough

When: 21st Jan 2017

Where: Surrey

With: Hubert van Griensven

Contact: www.physiouk.co.uk/ return or call 0208-394-0400

Pilates Teacher Training Course

When: 31 Jan. 2016 – 31 Dec. 2017

Where: The Physiotherapy & Pilates Rehabilitation Centre, Clevedon, Bristol
A comprehensive Pilates training course run in affiliation with Alan Herdman Pilates, covering all aspects of Pilates training from beginners matwork to advanced equipment including conditions and special populations. Flexible start date.

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

Electrotherapy

Laser Therapy Training 2016

When: 21 May

Where: London

When: 12 July

Where: Leeds

When: 4 August

Where: Bristol

When: 24 August

Where: London

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

Manual therapy

Certificate In Spinal Manual Therapy

When: 6 Aug. 2016 – 14 Aug. 2016

Where: Holloway Community Health Centre
Intensive evidenced based 8-day programme designed to advance knowledge and clinical expertise in spinal manual therapy. Specialist physiotherapist Dr Toby Hall will cover to an advanced level evidence-based examination, clinical reasoning, and management for the spine. This program has been presented in many countries and is highly recommended by participants.

Contact:
Toby Hall
toby@manualconcepts.com
+61412851385

Requesting Radiology, MRI and Spinal Pain

When: 3rd June

Where: London

Cost: £150

<http://www.csp.org.uk/events/advanced-study-day-radiology-spinal-pain>

Contact: bshealth@gmail.com

GET NEEDLING IN 3 DAYS – THE DRY NEEDLING LEVEL 1 COURSE

When: 10-12 June

Where: Stoke-on-Trent

When: 14-16 June

Where: Watford, London

When: 17-19 June

Where: Dublin

No acupuncture or previous needling experience required. The most comprehensive DN course in the UK!

Contact: www.club-physio.net; 07748 333 372

The Movement Solution

When: 6 March 2017 – 13 Nov. 2017

Where: St Mary's University, London
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Contact:
Kinetic Control
courses@kineticcontrol.com
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WANT TO HOST A MYOFASCIAL RELEASE COURSE WITH JOHN ANNAN?

We have dates in late 2016 and 2017 available. Please email us on info@physiouk.co.uk

Elderly rehab



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This course explores the biological basis of age-related musculoskeletal decline and associated pathologies. Factors influencing the reduction in musculoskeletal health with advancing

age and interventions to maintain or improve functional outcomes will also be investigated.

Designed to appeal to allied health professionals, especially physiotherapists working with older adults in a clinical context, the part-time study and mentored practice options are specifically in place to support you. With a range of optional modules to choose from you will be able to focus your studies in the areas in which you are most interested.

birmingham.ac.uk/postgraduate-mds

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Manual therapy

New Advances In Hip Rehabilitation**When:** 17 Sept. 2016 – 18 Sept. 2016

Where: Arches Physiotherapy Belfast

This 2-day course CLEARLY explains biomechanical relationship between OA, Labral tears and F.A.I., and how muscle imbalance plays a critical role in these conditions. Hands-on workshops showcase recently developed differential diagnoses tests for hip pain and scientifically supported rehabilitation strategies developed over 15+ years at the University of Calgary Sport Medicine Centre (Canada). Furthermore, the benefits and potential pitfalls of arthroscopic surgery are discussed. Comprehensive myofascial techniques will also be taught. NEW biomechanical understanding, NEW assessment techniques, NEW treatment approaches & a fully referenced extremely practical course manual

Contact: John Martin
info@archesphysio.com
+44 28 9067 2340

Movement Quality Masterclass**When:** 15 Oct. 2016 – 16 Oct. 2016

Where: St Mary's University, London

Movement Quality Masterclass: Connecting Movement Health to Quality of Life. 2-day workshop perfect for those who deliver & manage movement as part of their client & patient experience.

Contact: Movement Performance Solutions
courses@kineticcontrol.com
+44 (0) 3301 234233

INTRODUCTION TO MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)**When:** 21st-22nd May 2016**Where:** Surrey**When:** 25th-26th June 2016**Where:** London**When:** 16th-17th July 2016**Where:** Loughborough

Contact: www.physiok.co.uk/
john4 or call 0208-394-0400

LJ LEE – THE THORACIC RING APPROACH (3 Days)**When:** 13th -15th Oct 2016**Where:** Surrey

Contact: www.physiok.co.uk/
thorax or call 0208-394-0400

LJ LEE: THE THORACIC RING APPROACH: ADVANCED SKILLS WITH LJ LEE

For those that have completed a thoracic course or the Series with LJ Lee / Diane Lee.

When: 10th – 11th June 2016**Where:** Surrey

Contact: www.physiok.co.uk/
thorax or call 0208-394-0400

WANT TO LEARN MULLIGAN TECHNIQUES?**When:** 2nd-3rd July 2016**Where:** Loughborough**When:** 13th-14th Aug 2016**Where:** Hemel Hempstead**When:** 12th–13th Nov 2016

Where: Crawley, West Sussex

Contact: www.physiok.co.uk/
mulligan2016
or call 0208-394-0400

DOUG HEEL – BE ACTIVATED LEVEL 1 2016 DATES (2 days)**When:** 26th-27th Nov**Where:** TBC (Scotland)**When:** 28th – 29th Nov**Where:** TBC (Manchester)**When:** 1st-2nd Dec 2016**Where:** London**When:** 3rd-4th Dec**Where:** Milton Keynes

Contact: www.physiok.co.uk/
doug or call 0208-394-0400

HEAR THE LATEST ON HIP FAI ASSESSMENT AND TREATMENT?**When:** 15th-16th Oct 2016**Where:** Newcastle

With: Benoy Mathew
and Glen Robbins

Contact: www.physiok.co.uk/fai
or call 0208-394-0400

WANT TO DEMYSTIFY 'ODD' UPPER LIMB SYMPTOMS

Could well be Thoracic Outlet Syndrome. Learn an indepth assessment to make sense of it with Teri Bayford.

When: 1ST October 2016**Where:** Berkshire

Contact: www.physiok.co.uk/
teri or call 0208-394-0400

LIVE ONLINE EVENING LECTURE: HEADACHES: CLASSIFICATION, ASSESSMENT AND MANAGEMENT WITH TOBY HALL**When:** Weds 1st June (7-9pm)

Where: At home with a glass
of vino

With: Toby Hall

See www.physiok.co.uk/
headache
Or call 0208-394-0400

Advertise in Frontline

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cs pads@media-shed.co.uk

Manual therapy

**Dr Toby Hall
(Manual Concepts)
Integrated Thoracic
Spine & Rib Cage****When:** 30 May 2016 – 31 May 2016**Where:** Remedy Physio, Remedy House

Two-days evidence based clinical reasoning and manual skills

Contact:
Thomas Mitchell
reception@remedyhouse.co.uk
07976931983**Dr Toby Hall
(Manual Concepts):
Integrated Manual
Therapy For The
Upper Cervical
Spine & Headache****When:** 2 June 2016 – 3 June 2016**Where:** David Lloyd Heston, Hounslow
Two-days on three Vertebrae! Become a headache specialist**Contact:**
Thomas Mitchell
thomas@remedyphysio.co.uk
07976931983**Laser Therapy
Training 2016**

Please refer to advert in Electrotherapy section

**Patello-Femoral
Rehabilitation
Course by Dr
Christian Barton****When:** 30 June 2016 – 30 June 2016**Where:** Newcastle/ Sport City

The course explores ideal lower limb biomechanics, deficits related to PFP and how to identify and address them in a clinical setting

Contact:
www.vitalpm.com
Kasia Zielina
info@vitalpm.com
07940015169**Identifying
Uncontrolled
Movement In
People With
Amputations****When:** 4 March 2017**Where:** Specialised Ability CentreIdentifying Uncontrolled Movement in People With Amputations 3-day course designed specifically for physiotherapists & rehab therapists working with people with lower limb amputations 4-5 March and 1 April 2017
Specialised Ability Centre, Manchester**Contact:**
Kinetic Control
courses@kineticcontrol.com
+44 (0)3301 234233

Miscellaneous

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21st & 22nd May	London
4th & 5th June	Scotland
18th & 19th June	Dublin

MATWORK LEVEL THREE - Inter/Advanced

11th & 12th June	London
16th & 17th June	Scotland
2nd & 3rd July	Meira

*Book today!***Contact us for further dates, courses & locations**
info@appihealthgroup.com | 0345 370 2774**MSK Health 2016****When:** 21st June 2016**Where:** Kettering Conference Centre, Northamptonshire

This 1 day multidisciplinary CPD event offers healthcare professionals the opportunity to update their practice

Keynote speakers include: Craig Ranson, Kevin Jones, Maxine Cozens, Charlotte Fairweather and Paul Harradine.

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0845 600 1394

Miscellaneous

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Neurology

Posture, seating and wheelchair skills course

When: 17 June 2016 – 18 June 2016

Where: National Spinal Injuries Centre

For further information, please see contact details

Contact:

Rosie Crossley
Rosie.Crossley
@buckshealthcare.nhs.uk
01296 315839

An Introduction to Myofascial Release for Neuro- Physiotherapists (Paediatric Focus) with John Annan (2 days)

When: 2nd–3rd July 2016

Where: Liverpool

Contact: www.physiouk.co.uk/john4 or call 0208-394-0400

Neurology

Neuroplasticity in Parkinson's**When:** 11 June 2016 – 12 June 2016**Where:** GETEC George Eliot Hospital

This evidence-based, two day course will give you the theoretical and practical skills to apply neuroplastic training principles immediately in clinical practice.

Contact:

Melissa McConaghy
melissa@pdwarrior.com
+61414205533

Mirror Therapy Cpd Course**When:** 15 July 2016 – 16 July 2016**Where:** Leicester University, Centre for Medical Humanities

Mirror Therapy course for PTs, OTs and Psychologists on the treatment of stroke motor and sensory impairment as well as one-sided pain (CRPS, phantom pain and others). This course is highly interactive, based on research and practice, and fosters networking. Booklets, practical sessions, reflection, certificate of attendance, lunch (on Friday) and refreshments included.

Contact:

Annegret Hagenberg
ah413@le.ac.uk
+44 116 229 7605

Bridging The Gap - Physiotherapy Management Of Adults With Complete Spinal Cord Injury**When:** 26 Sept. 2016 – 28 Sept. 2016**Where:** National Spinal Injuries Centre**When:** 17 Oct. 2016 – 19 Oct. 2016**Where:** National Spinal Injuries Centre

For full details please visit
www.buckshealthcare.nhs.uk/k/NSIC

Contact:

Rosie Crossley
Rosie.Crossley
@buckshealthcare.nhs.uk
01296 315839

Pain management

Know Pain: Mike Stewart. A Practical Guide for therapeutic Neuroscience Education**When:** Saturday 16th/Sunday 17th July 2016**Where:** Royal Blackburn Hospital East Lancashire Hospitals NHS Trust**Contact:** Joanne Perry
Joanne.perry@elht.nhs.uk**Laser Therapy Training 2016**

Please refer to advert in
Electrotherapy section

Sports medicine

BIKE FIT COURSE (1 DAY)**When:** 16th Oct 2016**Where:** Derby**With:** Andy Brooke and Nick Dinsdale**Contact:**

www.physiouk.co.uk/bikefit

CYCLING INJURIES (1 DAY)**When:** 15th Oct 2016**Where:** Derby**With:** Nick Dinsdale and Andy Brooke**Contact:**

www.physiouk.co.uk/cycling

Laser Therapy Training 2016

Please refer to advert in
Electrotherapy section

WANT TO LEARN TO RETRAINING RUNNING TECHNIQUE?

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When: 6th Nov 2016**Where:** Loughborough**With:** Benoy Mathew and Glen Robbins**Contact:** www.physiouk.co.uk/edinburgh or call 0208-394-0400**LEARN TO ASSESS AND TREAT RUNNERS (S&C AND RUNNING TECHNIQUE)****When:** 5th-6th Nov 2016**Where:** Loughborough**When:** 18th-19th March 2017**Where:** Manchester**With:** Benoy Mathew and Glen Robbins**Contact:** www.physiouk.co.uk/runners or call 0208-394-0400

Women's health

ACUPUNCTURE IN WOMENS HEALTH**When:** 12th Nov 2016**Where:** Milton Keynes**With:** Cheryl Mason**Contact:** www.physiouk.co.uk/cheryl or call 0208-394-0400

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Tel: 01481 725241 ext. 4040 Email: Sara.Rouget@gov.gg

Guernsey Physiotherapy Group, Princess Elizabeth Hospital
Le Vauquiedor, St Andrews, Guernsey GY4 6UU

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Fiona Smith or Elaine Campbell on **01595 743323** or email shet-hb.physiotherapy@nhs.net

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Specialist Physiotherapist

Crediton

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Hours: f/t - p/t negotiable

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You will be based at Crediton Hospital and will be able to demonstrate a flexible approach, being able to work across the cluster as service needs require.

Good communication skills are important as is the ability to establish good working relationships with Health and Social Care Team members, GPs and the voluntary sector. The post will involve rehabilitation of clients within their own homes and there will be a requirement to take part in the urgent rota for Rapid Response / Urgent Pathway patients.

The successful candidate will have the chance to work with clients with complex / long term conditions, falls, trauma and orthopaedic follow-ups, stroke, other neurological conditions such as Parkinson's Disease and Multiple Sclerosis as well as clients with general mobility problems. There will also be the opportunity to lead and run exercise groups within the community.

Support will be given via supervision, specialist interest group attendance and training and there will also be opportunities to supervise and support junior staff.

You will be working in a very rural and beautiful part of Devon therefore it's essential that you are able to travel to meet the requirements of the post. Current HCPC registration is required.

For an informal discussion please contact Sharon Dunn on 01363 777561, email: sharont.dunn@nhs.net

Applicants are requested to apply online in the first instance www.jobs.nhs.uk. If you are unable to apply online, please request a job pack by calling our recruitment line on 01392 356194 leaving the job reference number and your name and address.

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www.northdevonhealth.nhs.uk



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

DO YOU LOVE WORKING WITH NEURO PATIENTS AS MUCH AS WE DO?

We are a dynamic and growing team providing community neuro physio to patients across the North West backed up by a friendly management team. We currently have two vacancies, one clinic-based (Bury) and one community neuro physio (South and East Manchester). Join us on an employed basis with flexible working hours, full or part-time, CPD opportunities, remuneration based on experience with company contributory pension scheme. More information see: www.neurologicalphysio.co.uk or contact Susan on tel: 07961 352182.

LONDON – EVENING WORK Are you looking for guaranteed extra income in the evenings or weekends? Do you want pay that is not commission based? Boost Physio has opportunities available at our four London clinics for fixed pay, evening and weekend work (ie. get paid by the hour, not per patient). Are you an excellent musculoskeletal physio, available at least two evenings for three to four hours, between 5pm and 9pm or at the weekend? www.boostphysio.com Call Jocelyn for a chat on tel: 020 82017788, or email: info@boostphysio.com

GREAT OPPORTUNITY for a full-time and part-time, flexible musculoskeletal physiotherapist and also a part-time community physiotherapist to join a friendly, busy clinic in London N14. Suit local person with excellent clinical and interpersonal skills. In-house CPD. Please send CV and covering letter stating availability to: info@oakwoodphysio.co.uk

PERTH, SCOTLAND Experienced musculoskeletal physiotherapist required for fantastic opportunity within growing practice. Pilates and acupuncture an advantage. Variety of hours available with

potential for self-employed or employed role. Email Gillian at: perthphysios@gmail.com

WE ARE LOOKING FOR AN OUTGOING PHYSIOTHERAPIST

to join our expanding team of physiotherapists, sports therapists, strength and conditioning coaches and psychotherapists. We have clinics in Luton and St. Albans, and provide home visit services throughout Bedfordshire and Hertfordshire. Essential skills needed are hands on manual therapy experience, exercise prescription knowledge and an interest in neuro rehab. New graduates welcome. Please send CVs to: haleymersh@hillspd.co.uk and if further information is needed then feel free to send queries via email.

MORLEY, LEEDS, WEST YORKSHIRE

Full and part-time musculoskeletal physiotherapists. Opportunities for musculoskeletal physiotherapists with the right personality and at least two years experience to join our fantastic team. 23-28k pro rata depending on skills and experience. Further information and instructions on our website at: <http://griffithsandhartley.co.uk/blog/physiotherapist-opportunities-in-our-growing-business>

ABERDEEN Dynamic and energetic candidate sought for full-time position taking a senior role in the delivery of highest quality musculoskeletal physiotherapy within our busy practice in Aberdeen currently employing a team of eight physiotherapists. Workload consists of mix of musculoskeletal, sports injuries, Pilates teaching and occupational health delivered in a modern well-equipped three-roomed building plus Pilates studio. Successful candidate will be involved in practice development and expansion and CPD planning and delivery thus taking on some management responsibility. Remuneration is by basic salary plus bonus based profit share and is negotiable according to experience. Minimum five years post-qualification preferred but consideration will be given to the right candidate with less. Applications with CV to Jeff Wallace, MCSP, at: admin@wallacepractice.co.uk

OUR EXPANDING TEAM needs a full-time and part-time, self-employed senior physiotherapists for clinics in Wandsworth

and Chiswick. Candidates must be experienced, motivated and proactive as well as flexible to fit in with the existing multidisciplinary team. Shifts may include evening and weekend work. To start ASAP. Acupuncture/Pilates preferable but not essential. CV/enquiries to: gill@physioedge.co.uk

OUTSTANDING, EXPERIENCED FULL-TIME MUSCULOSKELETAL PHYSIO SOUGHT

for busy London private practice Victory Health and Performance. Training with Diane Lee and/or LJ Lee especially valuable; yoga also a bonus. Contact: help@victoryhealthandperformance.com

WE ARE LOOKING FOR AN EXPERIENCED PHYSIOTHERAPIST

to join our large, thriving clinic where there is a strong focus upon staff development and education. Your role will include a clinical caseload with some teaching and mentoring responsibilities. Approximately six hours per week with potential to increase. If you are interested in this post, please contact Lisa Wiles on tel: 01453 548119, email: info@courtyardclinic.com

LEEDS AND WAKEFIELD Due to recent expansion, Sano Physiotherapy Ltd is looking to recruit a full-time musculoskeletal physiotherapist to join our large team and work at our private clinic in Leeds and a GP site in Castleford. This post is a full-time, employed, permanent position with an exceptional CPD and appraisal and training programme alongside an annual budget for external courses. Three months musculoskeletal experience essential with remuneration £22,000-35,000 pro rata depending on experience. Please email CV and covering letter to: matt@sanophysiotherapy.com for a job description and more information.

WINSFORD, CHESHIRE Band 6 full-time musculoskeletal physiotherapist vacancy in busy private practice. Salary £25-30k (experience dependent). Two years postgraduate musculoskeletal experience with confidence in manual therapy. Please contact: jill@physiocliniccheshire.co.uk

EXCITING, SUPER-FLEXIBLE PHYSIOTHERAPIST POSITION with great rates of pay and happy working environment at Action Physiotherapy,

Stony Stratford, Milton Keynes (www.actionphysiotherapy.co.uk) For full details please visit: www.jobscalator.com

BUSY NEWMARKET PRACTICE

providing treatment and rehabilitation to the horse racing industry is looking for an experienced musculoskeletal physiotherapist. This opportunity offers two days a week working in a fast moving environment. In the first instance please send a CV and covering letter to: kprehab@theracingcentre.org or contact us on tel: 01638 662828 option 4.

BEDFORD Friendly, expanding, well-established, multidisciplinary practice requires a musculoskeletal physiotherapist. Part-time weekday and weekend hours available. Must be CSP and HCPC registered. Please email CV and covering letter to: info@thetherapycentre.co.uk

NEWCASTLE UPON TYNE Due to expansion of our rehabilitation services On Medical Ltd are recruiting full and part-time musculoskeletal physiotherapists to join our established team in the North East Clinic. We also have opportunities within our telephone triage service for those seeking flexible part-time hours or the option of working from home. We are looking for enthusiastic, motivated physiotherapists with a keen interest in the treatment of acute/sub-acute musculoskeletal injuries. Excellent communication and computer skills are essential. Applications are welcome from new graduates and those with Band 5 experience. We offer a competitive salary and additional benefits including structured in-service training and mentoring, generous CPD funding, payment of professional subscriptions, pension scheme and discretionary annual bonus. To apply please email CV and covering letter to: cheryl.dixon@onmedical.co.uk Further information at: www.onmedical.co.uk

PART-TIME SENIOR COMMUNITY NEUROPHYSIOTHERAPIST REQUIRED

for private practice in Essex. Hours negotiable and pay dependent on experience. Car driver essential. Further info/CVs to: info@yourphysioathome.co.uk

PART-TIME, SELF-EMPLOYED PHYSIOTHERAPIST NEEDED for friendly, expanding practise in Princes Risborough, Buckinghamshire. Candidate should

be recognised by insurance companies and have strong manual therapy skills and sports experience. Acupuncture and Pilates would be an advantage. Hours to suit with evenings and weekends available. Interesting caseload with referrals from GPs, consultants, insurance and self-referral. Onsite Pilates and yoga studio including Pilates equipment. Please send CV to Kim Pedrick at: evolvehealthwellbeing.co.uk

THE PHYSIO COMPANY CLAYGATE, SURREY

Part-time evening/Saturday morning (self-employed) We are looking for a part-time musculoskeletal physio to join our busy team for two evenings per week and Saturday mornings (alternate Saturdays considered). The ideal candidate would be at least five years qualified with good musculoskeletal experience with a CPD portfolio demonstrating a commitment to developing musculoskeletal treatment and rehabilitation skills. Private practice experience required and Pilates an advantage. We are a group of experienced physios with a passion for high quality treatment in a friendly, supportive environment. Regular in house CPD with our other clinics. Please visit our website to see what we do at: www.thephysiocompany.co.uk If this position interests you (or you would like further information) please send you CV and a covering letter to: amanda@thephysiocompany.co.uk

PART-TIME PHYSIO REQUIRED for thriving Barnard Castle and West end Darlington clinics. Minimum five years private practice experience preferred. Contact Sarah Johnson at: info@sjphysiotherapy.co.uk

HAMPSHIRE Would you like to work in a progressive, well-established, supportive private practice where we invest heavily in our team and facilities. If you have musculoskeletal and APPI Pilates experience and are looking for a long term, full-time, employed position email: fiona@gophysiotherapy.co.uk

PHYSIOTHERAPIST – SPALDING PHYSIOTHERAPY CLINIC, SPALDING, LINCOLNSHIRE Full time musculoskeletal physiotherapist required, to work within a large holistic practice, minimum two years' experience, acupuncture essential, Pilates trained would be an advantage. Employed and self-employed options available, immediate start. Excellent opportunities

for CPD, working alongside consultants, podiatrists, and other healthcare professionals. Please send covering letter and CV to: paulawhite@physiohands.co.uk

SOLIHULL PHYSIOTHERAPY AND PILATES PRACTICE

Due to continued expansion, we require, motivated, self-employed, Pilates trained physiotherapists to join our friendly team. Reformer training highly desirable. Classes and Individual sessions, hours negotiable. Please email CV to: physio2pilates@gmail.com

BEACONSFIELD PHYSIOTHERAPY AND SPORTS INJURY CLINIC

require a part-time self-employed associate for a busy, friendly, musculoskeletal practice. Negotiable hours. Applications and CV to: mail@ashberryphysio.co.uk or call tel: 01494 681314.

WE ARE LOOKING FOR AN ASSOCIATE PHYSIOTHERAPIST

who has at least three years of musculoskeletal experience and three years of private practice experience, to join us in a busy, well-established private practice in Rutland. Please contact us on tel: 01572757795, for more information or email us at: info@rutlandphysio.com

NW LONDON/HERTFORDSHIRE – MUSCULOSKELETAL

Bodybalance Physiotherapy and Sports Injury Clinic require experienced and talented sports and musculoskeletal physiotherapist for full-time positions across both our sites. Interesting patient mix including sports, musculoskeletal and orthopaedics. Great working conditions, fun, friendly workplace with excellent remuneration for the right person plus mentoring, gym membership, etc. Pilates an advantage, as is private practice experience. Email for more details to: jobs@bodybalancephysio.com

WE ARE CURRENTLY LOOKING FOR ENTHUSIASTIC AND MOTIVATED BAND 6 PHYSIOTHERAPISTS

and occupational therapists to join our inpatient/outpatient rehabilitation team. There are permanent full-time positions (37.5 hours per week) which may require weekend cover. The caseload involves treatment and rehabilitation of adults with neurological and spinal injuries. The successful applicants will have: Full HCPC registration, minimum three years of experience preferably in neurology, sound >

clinical skills, experience of working in a MDT setting, excellent organizational, communication and prioritization skills. Salary: £29,885 to £36,986. Please send your CV to: eva.sobonova@royalbucks.co.uk

PHD STUDENTSHIPS AVAILABLE FROM OCTOBER 2016: INCLUDING FEES BURSARY AND STIPEND

The Institute for Primary Care and Health Sciences (iPCHS) at Keele University are looking to recruit a number of PhD students to work on projects. iPCHS is dedicated to undertake research that will improve the quality of care for people with arthritis, chronic musculoskeletal pain, mental health problems and associated comorbidities. 91 per cent of its research in Primary Care has been judged world leading or internationally excellent (Ref 2014). There are 16 projects available, and funding is available for three years to cover fees for PhD registration (2015/16 home/EU rates) and a research studentship stipend of currently £14,057 per annum 2015/6. Non-EU students would be required to pay the balance (currently approximately £8,000 per annum) of the overseas fees. Further details can be found here: www.keele.ac.uk/pgresearch/studentships/ Closing date is Friday 3 June. Any enquiries, please contact Robyn Till at: r.j.till@keele.ac.uk

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Practice for sale

A RARE OPPORTUNITY TO PURCHASE THIS LONG ESTABLISHED AND VERY WELL RESPECTED CLINIC Current partners are retiring. Based in a Victorian semi-detached house on a main road location. Three separate treatment rooms, reception and waiting room on the ground floor. First floor is residential with potential for a self-contained flat. Off-road client parking. For a sale prospectus contact G.W. Jones and Co Chartered and Certified Accountants at: office@gwjones.co.uk quoting ref. CB360.

READING, BERKSHIRE Thriving, long-established clinic for sale. Averaging ten per cent annual growth over past four years, with yet further potential. Owner now looking to retire. For further details contact: clinicsale@fastmail.fm

SOUTH WALES Town centre practice established over 13 years. Three treatment rooms plus waiting area. Massive potential. Email: bsearle@performance-physiotherapy.co.uk for further details

Business opportunity

CAPITAL PHYSIO is actively looking to acquire and partner with Physiotherapy practices across the UK. If you are a physiotherapy business owner considering selling your practice or exploring joint venture opportunities, please visit: www.capitalphysio.com/buy-my-practice

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ThreeMinutes

Why collaboration with service users is key

An advocate for self-management support, Petrea Fagan believes her fellow physios can encourage patients to manage their own long-term conditions

What is self-management support?

It's the support we give people with long-term health conditions to develop the knowledge, confidence, skills and resilience to manage their health and wellbeing on a day-to-day basis. Together with good quality clinical care, it ensures people receive the support they need to manage the physical, emotional and social impact of their condition at different stages and ages during their lives. It means working as collaborative partners, building on people's strengths and supporting them to achieve their goals.

What does this mean for staff?

Self-management support requires changes across the whole system and a cultural shift in how we understand the roles, responsibilities and relationships between people and the health and social care professionals who support them. While recognising our role as experts it encourages us to become enablers and catalysts of change rather than just providers of services. To achieve this we need effective core communication skills and additional knowledge. This includes facilitation and coaching skills, an understanding of new concepts such as patient activation and health literacy, and a commitment to sharing responsibility and building problem-solving skills in others. We also need to involve our service users in evaluation and service design.

Who can do self-management support?

Everyone can, and we can all integrate many things into our day-to-day practice that make a real difference. This includes how we say things, the words we use and specific skills, tools and techniques.

Any opportunities for physio staff?

There are plenty of opportunities in these new models of care for physiotherapy staff to develop their profile, influence and spread. We have a high baseline level of skills upon which to build, see people in contexts that lend themselves to this approach and have a relatively high degree of autonomy to change how we do things. Service users who have developed new ways of working say they experience increased levels of confidence, self-efficacy and engagement.

Practitioners say that their planning skills improve and their consultations are more effective. Job satisfaction rates improve, as does the health and wellbeing of staff.

For services, the benefits include a fall in the number of missed appointments, shorter episodes of care and cuts to readmission rates.

What drew you into this area?

I first got involved through The Health Foundation's Co-creating Health Programme, which started about seven years ago. Cambridge University Hospitals NHS Trust, where I am a self management support specialist, was a test site. I soon realised its positive impact, how much it was valued by service users and how much I enjoyed it.

Tell us about your role

My portfolio working style allows me to follow my passion in this area. What inspires me is coaching clinicians and hearing feedback about changes they have made to their practice and what impact this has had. As well as co-designing and delivering workforce training interventions I also help to influence at a strategic level, embed service improvement initiatives and measure impact. I work with health and social care staff in many settings and recently developed an e-learning programme. I help services build patient partnership groups, redesign services in collaboration with their users and increase their knowledge of peer support and community assets.

Where can people find out more?

A Health Foundation publication on self-management support offers a good overview <http://bit.ly/26P61lv> You can also go to the relevant section of the foundation's website <http://personcentredcare.health.org.uk> FL

More information
petrea.fagan@nhs.net



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