

Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

7 December 2016
Volume 22
Issue 21

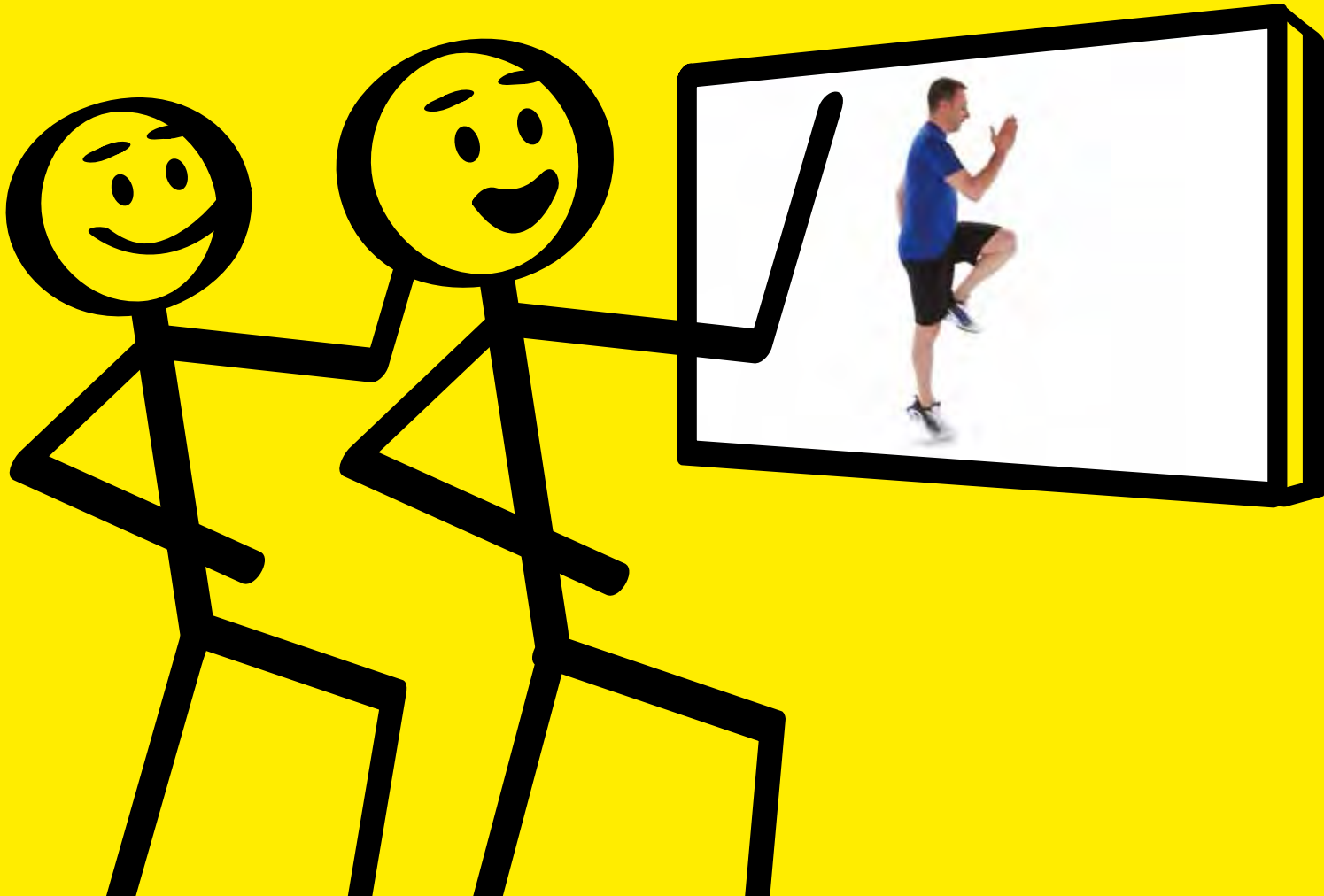
Under the spotlight

With the Royal Ballet



Inside: Jobs • Physio findings • Courses • In person

HAPPY DAYS ARE BACK



It's unanimous. Everybody's getting with the times and logging in to Physiotec's revolutionary way of showing patients how to do home exercises.

Do like stickmen worldwide and put Physiotec at the heart of your patient wellbeing. See how our custom designed video exercise programme can empower them and speed up their recovery time. With thousands of videos available plus our made-to-measure video option, we are redefining the way in which patients exercise their way back to health..

Get the full story on how we're changing the world of exercise programmes on stickmen.tv



+44 (0)2 032 865865
physiotec.co.uk
info@physiotec.co.uk



Contents

News	
News in pictures	6
NICE issues revamped low back pain guideline	8
Royal college unveils stroke rehab guidance	9
Reports from trauma and orthopaedics event	10
App boosts patients' exercise compliance	12
Building physiotherapy capacity in Sierra Leone	14
Features	
Celebrating our achievements in 2016	16
Physios keep Royal Ballet stars on their toes	24
Clinical update: NICE low back pain guideline	28
CSP reps help to tackle stress at work	30



Regulars	
Comment: your emails and views	4
Physio findings: Physiotherapy journal round-up; Parkinson's	18
Views & opinions: physios in primary care; sex and disability	20
In person: Karen Middleton on speaking from the heart	37
Networks & networking: what's going on locally and at CSP-linked professional groups	39
Courses & conferences: your guide to better practice	56
Recruitment: latest jobs	62
3 minutes: Sebastien Baugh's new public health role	66



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

Comment

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

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

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

New avenues

As we come to the end of another year, what better way to celebrate than by taking a look at the role of physios working with the Royal Ballet?

It's always amazing to hear of the wonderful work CSP members get up to. And while the idea of being the physio for a Premier League football club might appeal to some of you, for others their career takes a different path.

Clinical director, CSP member and New Zealander Greg Retter has had to learn how to motivate his dancers at the Royal Ballet in a different way from how he might inspire footballers. Find out how on page 24.

We also look at another physio who has worked for the last six months in Sierra Leone. Charmi Lathia has been working with the only two physios in Freetown's Connaught Hospital (page 14). There is

'If you think your work is that bit different, and that other CSP members might like to hear about it, don't hide your light under a bushel'

no undergraduate physiotherapy training there and the two staff did their training in Cuba.

Another physio, Seb Baugh, has moved from working as a musculoskeletal physio to become a speciality registrar in public health, working towards becoming a consultant (page 66).

Which all goes to show just how versatile our members are, and the wide range of potential career opportunities there are for physios, both in the UK and abroad. If you think your work is a bit different, and that other CSP members might like to hear about it, please don't hide your light under a bushel. Tell us about it – maybe others can learn from what you do?

Wishing you a happy, and hopefully restful, holiday!

Lynn Eaton

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

Developments in dance

It was wonderful to see international collaboration on the topic of dance medicine and science, as featured in the news item 'Physio travels to Brazil for dance medicine conference'. See www.csp.org.uk/node/1011123

As dance naturally evolves, there are many colleagues in the field who are passionate, and strive to optimise the dancers' performances and reduce injuries, and injury risk, in line with our sports medicine colleagues.

The article states that 'there is not much physiotherapy in dance school'. It should be noted that all the large dance schools in the UK have physio or similar professionals within their staff. These schools ensure students have access to knowledgeable practitioners. Many student researchers are also investigating the pre-professional field analysing trends, developing evidence-informed pathways and aiming to validate our outcomes.

The Association of Chartered Physiotherapists in Sports and Exercise Medicine (ACPSEM) has been proactive in having dance medicine specialists present at their conferences and their continuing professional network pathways are a great way for clinicians to plan, develop and hone skills in the area. The Twitter feed @ACPSEMdance regularly highlights up-to-date topics.

Yes, we can always improve, but there is no doubt the UK is leading the way internationally in this expanding field, at both academy and professional levels.

■ **Alexander McKinven**, ACPSEM dance rep and programme committee chair, International Association for Dance Medicine and Science

• See also page 24

Making a point

As course leader of the Society of Musculoskeletal Medicine's injection therapy module, I am confronted on a regular basis by students who tell me of rigid practices among physios relating to patient group directives (PGDs).

For those who don't know, PGDs provide a legal framework for non-prescribers to access and administer prescription-only medicines (POMs) to patients. Rightly, there are tight

regulations around PGDs and many physios in the UK use them to expedite patient care. Back in 2006 the MHRA produced a statement about the mixing of drugs, which created confusion in our profession. I have been involved subsequently with the CSP's successful strategy to gain independent prescribing rights for physiotherapists.

Many physios who regularly use medicines have yet to undertake independent prescribing training and still

use PGDs routinely. PGD regulations stipulate that two licensed drugs (Kenalog and Lidocaine) cannot be mixed prior to patient delivery as this creates an 'unlicensed' drug.

The CSP issued guidance about this in 2009 and produced a definitive guide to delivery techniques for each injection to assist students' decision making. Using two syringes should not be

the starting point when complying with regulations – it should be the last resort. Thankfully, physios can now sidestep these issues by training as independent prescribers. But, in the meantime, can physios working under a PGD look at the CSP's guidance and stop all this two-syringe nonsense? ■ **Paul Hattam**, module leader, Society of Musculoskeletal Medicine

Pip White, CSP professional adviser, replies: *Paul is correct that the CSP issued guidance on this topic several years ago, and it is now matter of professional judgment for individual clinicians to act reasonably and follow conventional logical practice.*

From a CSP perspective, we've refreshed all our medicines information to members. See www.csp.org.uk/injections

You've added...

Sarahbphysio also welcomed the news item 'Physio travels to Brazil for dance medicine conference'. See www.csp.org.uk/node/1011123 She said:

■ 'This is so great to see! As a dance graduate I have always felt there is a missing link between learning how to perform and injury prevention. My course unfortunately did not offer a module

that focused on what I felt was necessary education before entering into a career of dance.

All dancers fear the words from their doctor "I'm afraid you're going

to have to rest or even stop dancing all together". As every dancer knows, if I can't dance I can't work! With it being one the highest injury prone careers within the art/sporting world it is a wonder not more is said.

As a now budding physiotherapy student I hope to one day follow in the footsteps of physiotherapists like Ross Armstrong, to help dancers become educated in injury prevention and to help the ones injured back on their feet.'

Got something to say?

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

Top Tweets

■ **@DHealthLDN** Have you implemented #digitalhealth solutions that are now benefitting patients/service users? #DigitalPioneerAwards <http://bit.ly/2frYTVB>


■ **@davidkpope** Recommendations for shoulder pain #infographic w @JeremyLewisPT <http://bit.ly/2fHeOuA>

■ **@marklaslett_NZ** Posture is only a medical problem if it's habituated, repeatedly switches on pain, and posture modification consistently switches it off

■ **@TheBMA** Unmanageable #GPworkload means GPs are struggling to provide safe care to patients, finds BMA GP survey #gpincrisis <http://fal.cn/GPsurveyresults>

■ **@SuzanneRastrick** Delighted to help launch @SolentNHSTrust #AHP Strategy today. Themes reflect those in #AHPsMandate from AHPs across England.

■ **@NottsHealthcare** Huge congratulations to the Physical Healthcare Team from Rampton Hospital, highly commended in last night's #HSJAwards

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

icsptalk

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

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

Exercise practitioners

A new role has been designed for people with exercise rehab or sport rehab degrees and members share their reservations.

Comments: 8

Network: Profession wide

www.csp.org.uk/node/1011774

Staffing on care of the elderly wards

Evidence is shared by members to support a business case to increase physio staffing.

Comments: 14

Network: Older People

www.csp.org.uk/node/1018803

Physiotherapy on pre- or post-knee arthroscopy surgery

Members share their experience of pre- or post-op procedures.

Comments: 12

Network: Orthopaedics

www.csp.org.uk/node/1014435

Aquatic therapy for children with cerebral palsy

Members debate the research into hydrotherapy

Comments: 10

Network: Aquatic therapy

www.csp.org.uk/node/1009366

Cupping

Two clear concerns about this treatment are being discussed by members.

Comments: 25

Network: Musculoskeletal

www.csp.org.uk/node/968104

NewsinPictures



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

For the stories behind
the images just follow
the shortcut codes

James Cavallini/Science Photo Library

Trinity Mirror/Mirror pix/Alamy Stock Photo

1 About 9,000 stroke patients a year are missing out on a treatment which can prevent disability, the latest national stroke audit shows.
Source: BBC
<http://bbc.in/2fwK0q0>

2 Australian health officials have revealed a spate of scurvy due to poor diet, said Jenny Gunton of the Centre for Diabetes, Obesity and Endocrinology in Sydney.
Source: Telegraph
<http://bit.ly/2gpaDwa>

3 Academics writing in the journal *The Lancet Psychiatry* are urging parents to stop pretending Father Christmas is real in case the 'lie' damages relations with their children.
Source: Independent
<http://ind.pn/2g5oCoo>

4 Sing Christmas carols to improve your breathing, say doctors to those with lung conditions. The British Lung Foundation says singing increases lung capacity and strengthens muscles.
Source: Daily Express
<http://bit.ly/2gJ0yuo>

5 Lack of sleep costs the US economy up to \$411bn a year, research firm the RAND Corporation has found.
Source: Daily Mail
<http://dailym.ai/2fURJg7>

6 A study of 29 runners, published in *Medicine & Science in Sports & Exercise*, found much lower loading rates for those who wore trainers with little cushioning.
Source: Guardian
<http://bit.ly/2f2ry8c>



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

Want to place an advert?

Reach a 50,000+ physiotherapy audience with your product, course or recruitment ad.
cspads@media-shed.co.uk
0845 600 1394

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

Contact the CSP

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

Frontline team

Managing editor Lynn Eaton
Deputy editor Ian A McMillan
News editor Gary Henson
Staff writers Robert Millett and Gill Hitchcock
Designer Allyson Usher
Corporate publications and production officer Tim Morse
Creative head Nicky Forbes
Corporate design Tristan Reignier

ISSN 2045-4910
© Copyright 2016 CSP. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Chartered Society of Physiotherapy or a licence permitting restricted copying issued by the Copyright Licensing Agency. This publication may not be lent, resold, hired out or otherwise disposed of by way of trade in any form of binding or cover other than that in which it is published, without the prior consent of the publisher.



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

NICE highlights exercise for managing low back pain

New recommendations on the treatment of low back pain represent 'an important moment for our profession', according to the CSP's chief executive Karen Middleton.

The National Institute for Health and Care Excellence (NICE) has completely updated its guidelines for low back pain published in 2009.

The latest guidelines, produced after a consultation on draft recommendations earlier this year, call for a patient-centred approach to managing the condition. NICE recommends using a stratification tool, such as the STarT Back tool developed by Keele University, as part of the assessment to help inform shared decision-making about referring the patient for rehabilitation.

The guideline also recommends against the routine use of imaging as part of the assessment, unless the result is likely to change management –

echoing the message delivered as part of the CSP's back pain myth busters campaign.

There is a heavy emphasis on exercise programmes and self-management as key non-pharmacological interventions for the treating low back pain. It suggests there is potential for adjunct therapies such as cognitive behavioural therapy and manual therapy.

Ms Middleton said the guidance from NICE offered the opportunity for physiotherapy to take the lead on what is one of the most common causes of disability across the world.

But she said it was also a chance for CSP members to reflect upon their own practice to see what more they can be doing for patients.

'This can be a challenging thing to do, but it is an integral part of the development of any profession,' she said.

Acupuncture and electrotherapies are no longer recommended as a treatment for back pain, a change Ms Middleton acknowledged would leave some members unhappy.

'We recognise those feelings but the process has now concluded and a decision has been reached.

'Now we need to focus on ensuring that patients have access to high-quality physiotherapy services, and the recommendations give us the backing to making that happen across the country,' she said.

■ *Frontline staff*

More information

NICE guideline for low back pain

www.nice.org.uk/guidance/ng59

Karen Middleton's blog www.csp.org.uk/blog

Clinical evidence turn to page 28

Life in View/Science Photo Library



The guideline emphasises the role of exercise and self-management in treating low back pain

CSP produces grievance advice

Advice for CSP members on how to submit a formal grievance has been published on the CSP website. It outlines considerations for members before submitting a grievance, how to write a grievance statement, and 'top tips for a great statement'. These include: being concise; including evidence in the statement; getting someone impartial to read the statement; and editing the document before it is submitted.

The advice sheet is available at www.csp.org.uk/publications/grievance-advice-sheet

Audit finds stroke patients get rapid physio

The overwhelming majority of people admitted to hospital after a severe stroke receive a physio assessment within 72 hours, according to an audit covering April 2015 to March 2016.

Mind the Gap, the latest Sentinel Stroke National Audit Programme (SSNAP) report, says that 93.8 per cent of eligible patients were assessed by a physio within 72 hours, up from 93.3 per cent in the previous 12 months.

It found that access to all therapy services is rarely available to patients seven days a week, however. In addition, many patients feel they do not get enough therapy on their stroke unit, and spend many hours doing nothing that seems very productive, especially at the weekend.

But it acknowledges that some patients, especially soon after stroke, are not well enough

for therapy, and cannot tolerate much.

Although 81 per cent of hospitals now have a specialist early supported discharge team, this still means that many patients do not benefit from this type of highly-valued service, the report says.

The SSNAP's Acute Organisational Audit Report, published the same day, says that early supported discharge is the only evidence-based care model shown to be of benefit following discharge from a stroke unit. It calls on commissioners to ensure that everyone has access to specialist care at home.

■ *Gill Hitchcock*

93.8%
of eligible patients
were assessed
within 72
hours

More information

Mind the Gap <http://bit.ly/2fPsDio>

Audit Report <http://bit.ly/2fVS5mN>

Stroke guidance advises 45 mins of daily therapy

John Cole/Science Photo Library



New recommendations for stroke highlight the need for daily rehab

People with stroke should receive at least 45 minutes of each appropriate therapy a day, guidance from the Royal College of Physicians (RCP) recommends.

Rehabilitation is central to the document, which says the frequency of therapy must enable stroke patients to meet their rehab goals. And, very importantly, therapy should continue as long as patients are willing and capable of participating and showing measurable benefit from treatment.

The RCP's Key Recommendations for Stroke 2016 offer a concise guide to better stroke care. Its 30 recommendations are based on

the RCP's detailed 151-page National Clinical Guideline for Stroke, with more than 400 recommendations covering aspects of stroke management.

Early mobilisation is key, the document says. Patients who are medically stable but have difficulty moving soon after a stroke should be offered frequent, short, daily mobilisations by appropriately trained staff. Typically this should begin between 24 and 48 hours after a stroke.

Inpatient stroke units should be staffed by a multidisciplinary team that meets at least once each week to exchange information about patients.

Nicola Hancock, lecturer in

physiotherapy at the University of East Anglia, contributed to the guidance. She said physiotherapists would find the concise guidance highly accessible and hoped it would be used, along with the full guidelines, to inform, support and improve acute and rehabilitation services.

■ *Gill Hitchcock*

More information

Key Recommendations for Stroke 2016

<http://bit.ly/2fKG84h>

National Clinical Guideline for Stroke, fifth edition <http://bit.ly/2gc6zMJ>

The annual conference of the Association of Trauma and Orthopaedic Chartered Physiotherapists took place in Oxford on 26 November. Graham Clews reports.



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



Jane Harrison sets out the case for abolishing precautions after hip surgery

Delegates support abolition of post-op hip precautions

A debate on abolishing post-surgical precautions on movement for hip replacement patients heard that all the evidence showed patient satisfaction was greater with no precautions and that the dislocation rate for new hips was lower.

The keynote debate at the conference had speakers for and against abolishing hip precautions after surgery.

Jane Harrison, lead physiotherapist for the South West London Elective Orthopaedic Centre in Epsom, Surrey, which has largely abolished precautions on

movement for patients with new hips, said her trust had also saved 65 per cent on the cost of props needed to help post-operative hip replacement patients who were previously limited by precautions.

But Ms Harrison said ending official precautions did not mean patients should be given carte blanche to do what they wanted after surgery.

'Patients should be cautious and listen to their pain,' she said.

'When they are initially numb immediately after their operation they should be particularly careful.'

Patients should not sit on

the floor or engage in extreme movement, but the key was to assess each patient as an individual and use clinical reasoning, rather than introduce hard and fast rules for all patients Ms Harrison said.

Anthony Gilbert, clinical research physiotherapist at the Royal National Orthopaedic Hospital, Stanmore, arguing against the abolition of hip precautions, accepted that dislocation was most likely if patients 'pushed things'. But he said issuing parameters for movement meant patients were

less likely to go to extremes.

It was also important to consider the quality of orthopaedic surgery around the country, he said. And Giles Stafford, consultant orthopaedic surgeon at the South West London Elective Orthopaedic Centre, said the quality of surgery was vital, and precautions would make no difference if the hip replacement was not done well.

Mr Stafford, arguing in favour of ending precautions, said his trust audited the dislocation rates for surgeons who used precautions and those who didn't and they

found that those who didn't use precautions had a lower dislocation rate in the short and long term.

His department agreed to modify precautions by removing the requirement to use raised toilet seats, and for patients not to sleep on their sides, amongst others, and a further audit showed there was no increase in dislocation rates.

Geoff Stranks, consultant trauma and orthopaedic surgeon at Hampshire Hospitals NHS Trust, speaking against the proposal, said some patients needed

parameters on their movement to prevent them going beyond their limits, and other patients needed parameters to feel safe to move at all.

A vote taken before the debate showed almost universal support among delegates for abolishing precautions. A vote taken after the debate produced the same result.

More information
Surgeons persuaded to to change advice on precautions
www.csp.org.uk/node/946478

Challenge on the role of research in trauma and orthopaedic rehab

The physiotherapy profession should consider the wider importance of research rather than focus on particular methods of collecting evidence, the first physio to be recognised as a fellow of the Academy of Medical Sciences has said.

Sallie Lamb, professor of trauma rehabilitation and Oxford Clinical Trials Research Unit at Oxford University, said that physiotherapy was in danger of 'losing traction' in some clinical areas by debating particular types of trials 'while the rest of the world was getting on with it'.

Professor Lamb told the conference that despite the current vogue for systematic reviews of clinical trials, in many cases they produced the most flawed evidence.

'They often involve looking at many, small, low-quality trials delivered by enthusiasts,' she said.

'If you add them all up you may have a large number, but you are adding up poor quality and can just compound the problem.'

Professor Lamb said physios working in research should be agitators who challenge the status quo and stimulate change.

There should be a continuous circuit of evidence that produces change in practice, which then prompts new questions, which leads to more evidence from research, which improves practice, and so on.

It was important to close the gap between evidence and implementation, Professor Lamb said.

'The role is really about generating evidence of what works, and it is no longer about working in an ivory tower far removed from clinical activities.'

Research should be part of the job description for all physiotherapy staff

All physios should undertake 'research' in their work setting, at whatever level is possible, a fellow of the CSP told the event.

Karen Barker, clinical director for musculoskeletal services at the Nuffield Orthopaedic Centre and director of therapy research at Oxford University Hospitals NHS Trust, said she 'passionately believed' that carrying out some form of research should be part of the job description for all physiotherapists.

Ms Barker said: 'Lots of people are willing to undercut us, so we need to demonstrate that we are worth paying for.'

'What you produce might

not be a paper for the BMJ, but what the grassroots produces is just as important for the physiotherapy profession.'

Meanwhile, she called on physiotherapists working in busy NHS organisations to consider what evidence could improve their practice even if it isn't 'proper' research.

Clinicians should also look at how they can modify research in order to implement it readily and successfully.

An evidence-based physiotherapy service

is delivering the right evidence-based intervention in the right way, at the right time, and in the constraints of a busy and financially-pressured NHS, she said.

In addition, she said that high-quality research could be adapted by reconfiguring it as a less intense programme of treatment, or over a shorter duration.

But she urged physios to ensure they audit the results from any adapted treatment programmes to provide figures for commissioners.



150 physios joined the Oxford event

NewsDigest

Nuffield Trust: help your patients to use digital services

Increasing patient uptake of NHS digital services will require effort on the part of physiotherapists and other staff, according to a report by the Nuffield Trust.

The document, *The Digital Patient: Transforming Primary Care?* says effective initiatives include:

- actively showing patients how to use online NHS services
- clearly demonstrating the benefits
- when it comes to online records, explaining what the record contains, providing resources to aid interpretation and promoting it as

a tool to actively support self-management

It found that evidence suggests e-monitoring and wearable technology can improve people's exercise and medication adherence. Sustained engagement can be challenging, however.

Meanwhile, professional monitoring interventions for chronic conditions, where data is sent to the health care team, has had very positive results on health outcomes and resources.

The report says there is evidence to suggest that email consultations

improve communication with professionals, save time and increase overall satisfaction.

Video consultations are also generally well received by those who use them, but they tend to appeal to people who struggle to access their health care team in person.

The think tanks says that, with 165,000 health apps on the market, NHS professionals need more robust evidence about what works and in which contexts.

However, it found an emerging body of evidence to show that apps can have a positive impact on physical

activity and chronic condition management.

The Trust says the biggest technology success stories are online appointment booking, online orders of repeat prescriptions, and online health information, particularly NHS Choices.

■ Gill Hitchcock

More information

The digital patient: transforming primary care?

<http://bit.ly/2ghGmjB>

Physio trials app that could improve patient compliance

A doctor has teamed up with a physiotherapist to develop a free app that allows physios to monitor the progress of musculoskeletal patients remotely.

Rahul Kanegaonkar, a consultant surgeon at Medway NHS Trust and president of the British Balance Network, has been working on the remote monitoring system with Fatimah Parkar, a specialist physiotherapist at the Spire Alexandra Hospital in Chatham, Kent.

Ms Parkar has been trialling the app with her patients since September and believes the system could help to improve exercise compliance and lead to better outcomes.

She told *Frontline*: 'I speak with patients about it and if they are happy to use it they download it for free. Then, while they are

exercising they wear their phone and the app tracks their activity levels.

'I can then remotely check if they have done their exercises, and can see if they've been compliant or not.

'And if they aren't complying I can message them via the app and say "Your strength is very poor. You need to improve, so please exercise".'

So far Ms Parkar has used the app with two post-operative shoulder patients and a patient with a radial head fracture.

The D+R Therapy app is currently only available for iPhones and can be downloaded for free at iTunes. Visit: <https://itunes.apple.com/gb/app/d+r-therapy/id843857570?mt=8>

■ Robert Millett



Physio Fatimah Parkar and surgeon Rahul Kanegaonkar worked together on the app



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

Portsmouth CCG extends frontline physio

All GP practices in Portsmouth will have senior physios to deal with urgent demand from musculoskeletal (MSK) patients, following a successful six-month pilot.

Portsmouth clinical commissioning group has contracted Solent Community NHS Trust to continue a physio triage service for 12 months, starting in December. It will cover all GP practices, with approximately 220,000 patients between them.

During the pilot, from February to July, band 7 MSK physio Carol Radford worked four half-days a week and telephoned patients who had sought GP appointments for back pain or other problems.

Overall, she dealt with 340 patients and, as a result, 136 fewer people needed an appointment with a doctor.

'The GPs recognised that patients were getting the right advice from someone with the right skills,' said the trust's MSK operational lead Sally Frost.

'Also patients have a better pathway, because from the point at which they contact the surgery they are being signposted correctly.

Across the pilot period, Ms Radford gave 117 patients verbal advice, guidance on exercises and information about how to self-refer themselves for physiotherapy. Of these, 58 took



Solent Trust's Carol Radford and Sally Frost

up the self-referral option and saw a physio without first seeing their GP.

Ms Radford wrote referrals to Solent's physio department for 91 patients; referred 61 to the practice nurse and 57 to a

Over the past 7 years, demand has increased 8-10% each year

GP; and advised nine to seek emergency treatment.

She said that over the past seven years, demand had increased by between eight and 10 per cent each year.

■ Gill Hitchcock

Advertisement

In Private Practice as an Independent Physiotherapist?

Our team of experienced insurance experts are available to advise CSP Members on:

- Private Practice Insurance
- Clinical Negligence for Limited Companies
- Cyber Liabilities
- Clinic and Equipment Insurance
- PLI Queries
- Employers and Management Liabilities
- Student Sports Massage Cover
- Extra Top-Up Options
- Medical Negligence Claims
- Criminal Prosecution Defence Cover

WWW.GRAYBROOK.CO.UK 01245 321185 ENQUIRY@GRAYBROOK.CO.UK

Graybrook is a trading style of Graybrook Insurance Brokers Limited, 8 Chandlers Way, South Woodham Ferris, Essex, CM3 5TB. Graybrook Insurance Brokers Limited is authorised and regulated by the Financial Conduct Authority. Registered Number 535238.

NewsDigest

Physio plans a professional association in Sierra Leone

A London physiotherapist has spent the past six months practising in Freetown, Sierra Leone, as the country recovers from the devastating effects of the Ebola outbreak.

Charmi Lathia was a cardiorespiratory physio at the Royal Brompton in London, when she responded to a job advertisement in *Frontline* for a physiotherapy coordinator with the organisation King's Sierra Leone Partnership.

She is now working alongside the country's only two qualified physios in Freetown's tertiary Connaught Hospital, with the aim of building capacity and support for the tiny physiotherapy department.

Sierra Leone was officially declared free of Ebola on 17 March, 42 days – or two incubation cycles – since the last person in the country confirmed to have the virus tested negative for a second time.

The country's two physios qualified in Cuba. There is no undergraduate programme for physiotherapy in Sierra Leone, but Ms Lathia said there was a long-term aim to set one up at the country's medical school. Meanwhile, she is working with partners to establish an association of physios in Sierra Leone.

She said doctors and nurses at the Connaught have little understanding of the role of physiotherapy, so she aims to teach them about when to refer to people for physio, who to refer and how to refer. She is working by using basic skills such as mobilising patients out of bed, as well as looking to improve the documentation for physiotherapy.

But she said that one of the biggest challenges was the lack of technical equipment: 'We don't have the privilege of equipment like hoists and even basic walking aids, which limits the treatment we can provide massively.'



Charmi Lathia (right) with Ismaila Kebbie, a physio at the Connaught Hospital

'So I'm trying to work with local partners to see if we can have equipment made by local carpenters.'

One of Ms Lathia's local colleagues specialises in treating Ebola survivors who report muscle and joint pain, which she believes may raise awareness of physiotherapy and help develop the profession in the country

■ **Graham Clews**

For more information
King's Sierra Leone Partnership
kslp.org.uk

'We don't have the privilege of equipment like hoists and even basic walking aids, which limits the treatment we can provide massively.'

Charmi Lathia

Sierra Leone was declared Ebola free in March
42 days after the last confirmed case



Ismaila Kebbie treating patients in Freetown

Katherine Wise/Momenta Workshops 2015

Advertisement

trimbio
Supply and Service of Medical Devices

Reconditioned Equipment

Treatment Couches

- New Upholstery
- Fully Serviced
- Large Range available
- 6 Months Warranty



Starting from
£295.00 +VAT
(excludes delivery)

Physiotherapy Devices

Including: Ultrasound, Electrotherapy, Pulsed Shortwaves, Lasers, Muscle Stim and many more.

- Fully Serviced
- Wide Range - Changing Daily
- 6 Months Warranty
- Next Day Delivery

Combination Therapy Units



Starting at
£395.00 +VAT

The Enraf Nonius
Sonopuls 491
Combination unit

Please visit our website for full product descriptions, images and current prices.

01403 597597

www.trimbio.co.uk

sales@trimbio.co.uk

We also offer:
Service & Repair
of Electrotherapy
and Couches

Re-upholstery
of Couches



Hire
of Electrotherapy,
LIPUS & CPM



Trade In
Old for New

Advertisement

Facet Loading - Sciatica - Segmental Immobility Disc Bulge - Nerve Root Irritation - Herniation

When your chronic back pain sufferers fail to respond to manual therapy and rehabilitation, what happens next?

If they are struggling to improve with physiotherapy, you might refer them back to their GP or on to a consultant. But what next? Stronger painkillers? Spinal injections? Surgery? Patient dejection, anxiety or frustration maybe.

If you are passionate about non-invasive care, you can help your 'difficult' disc patients with IDD Therapy.

IDD Therapy is the UK's fastest-growing targeted disc programme which improves spinal mechanisms by



Over 40,000 IDD Therapy treatments carried out in the UK

decompressing and mobilising specific vertebral segments - in a way never achieved with traction.

Raise your clinic profile and grow your business with IDD Therapy. To refer patients to a local IDD Therapy Disc Clinic, see **IDD Therapy/Clinic-Finder**



Accu-SPINA
Rent, Buy or Lease

DOWNLOAD A REFERRAL FORM
www.iddtherapy.co.uk/referral

Year in Review



Get involved

Why not make a new year resolution to get more involved in the CSP in 2017?



1 You've helped us raise the profile of physio in GP surgeries

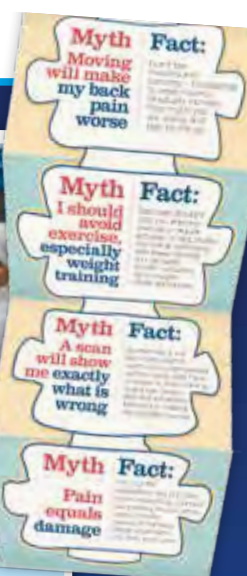
With your support, we've been extolling the value of having physiotherapists in general practice. Our guide to how you can get the message out was just one of many resources published this year. Read more at: www.csp.org.uk/node/1004548

3 You've helped us to bust a few myths

With so many misconceptions about back pain held by the public, we've campaigned to put them straight. Myth Busters, launched in September, saw CSP members running a number of public information events, including one in an east London market and another in Peterborough to tell GPs about the services available for back pain. Find out more at: www.csp.org.uk/mythbusters



Councillor Clive Furness, executive member for public health in Newham, helps CSP members tackle common myths about back pain



5 You've helped to improve understanding about workplace fitness

Workplace injuries and illnesses are high on the government's – and the CSP's – agenda. 380 members took part in our Workout@work initiative, demonstrating the value of exercise as part of your daily work. www.csp.org.uk/node/985418



Staff at Valence School in Westerham, Kent, got active in their lunch break

6 You've helped us to raise awareness about threats to physiotherapy services

As part of our 'No Physio, No Way' campaign, members have made sure the public realises what cuts will mean to service provision. In Worcester and Essex, your voices helped to sway the outcome of controversial budget cuts. www.csp.org.uk/node/980022



Physiotherapy student Lauren Taylor chatting with a member of the public Phyllis Treagus

2016

2 You've helped us gain access to the corridors of power

With elections this year in Scotland, Wales and Northern Ireland, we launched the 'I'm backing rehab' campaign. Nearly 100 prospective candidates signed up to support rehab for patients, giving CSP officials a chance to tell them about the value of physiotherapy. www.csp.org.uk/backing-rehab

Members in Northern Ireland let their patients tell their physio stories at an event in Stormont. www.csp.org.uk/node/1015701

And just last month CSP director Natalie Beswetherick gave evidence at the House of Lords on the sustainability of the NHS. www.csp.org.uk/node/1004548

Car accident survivor Rachel Anderson spoke about how physio helped her reach her goal to walk down the aisle

4 You've helped us tackle some of the problems linked to ageing

CSP members generously gave time to support numerous Older People's Day activities in October, highlighting the valuable role of physios in preventing falls and maintaining independence. www.csp.org.uk/node/1017751



Retired member Lyn Ankorn, together with students from the University of Birmingham, provided falls prevention and exercise advice to patients at Weoley Park Surgery, Selly Oak, as part of Older People's Day

Frontline can't offer you a Christmas present or end-of-year bonus, but let's celebrate all that CSP members have done for the profession in 2016



CSP stewards at a training day in Cardiff show their support for the TUC's heartsunions week that promoted the role of trade unions.

8 Your collective action has helped secure a rebanding

Six CSP members at a community NHS trust challenged and won their case to be up-banded from 7 to 8a, backed by the CSP. www.csp.org.uk/node/1017690



Amjad Mahmood, extended scope practitioner (ESP); Stephanie Taylor, ESP; Paula Deacon, clinical lead; and Richard Lee, ESP

9 You made sure your voice as a member of a union, as well as a professional body, is being heard

Members understand that being a CSP member is not just about professional issues; it's also about being part of the CSP's role in the wider trade union movement. www.csp.org.uk/node/958720

7 Your action helped with a major win for mums throughout the NHS

With help from CSP stewards, physios fought successfully for the right to pay for bank holidays while on maternity leave, enshrined this year in the Agenda for Change, the NHS pay and conditions agreement. www.csp.org.uk/node/993269



CSP stewards – Katie Child and Rebecca Rance – who have helped fight for the rights of NHS mums



Parkinson's dancers step out safely

People with Parkinson's Disease (PD) can improve many of their symptoms by dancing, researchers at La Trobe University in Australia have found.

Although physiotherapy has been proved to ease many PD problems such as gait and balance, they note, people tend to drop out of exercising in the long term.

So Lorena Priscia Carvalho Aguiar and colleagues did a

systematic review of evidence for an activity people take up for fun.

The team found therapeutic dancing was safe and feasible for people with mild to moderately severe PD, and could ease typical symptoms, such as 'freezing' when the person tries to take a step.

'The weight of the evidence suggests that therapeutic dancing can be beneficial in improving motor performance,

mobility and balance in people with PD,' they write, in a study that can be read in full online.

'Dancing can also have a positive impact on quality of life and adherence to physical activity over the long term.'

The 19 suitable studies they found covered Irish dancing, tango, ballet, waltz and foxtrot as well as modern or contemporary dance and improvisation.

One study found that people were more likely to keep taking

part and had better outcomes if they were dancing with a partner.

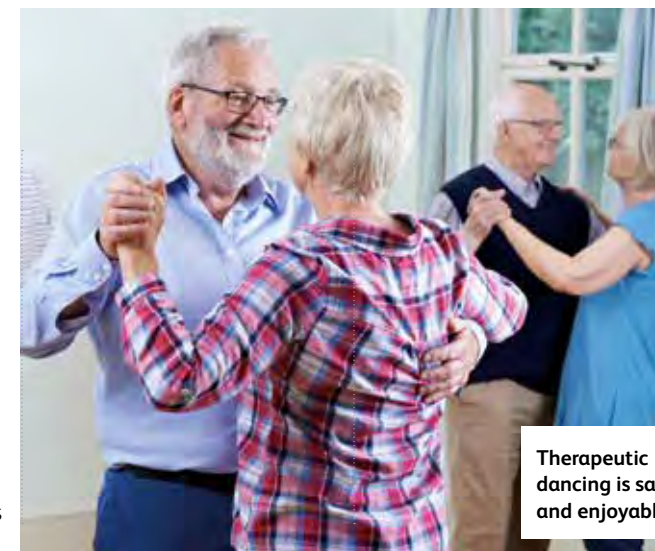
The authors noted there had been little research into many areas, such as participation by carers, optimal timing and frequency of sessions, and long-term effects of different dance genres. Most of the studies were quite small, and focused on people in the early stages of PD.

'Therapeutic dancing was found to be feasible, safe, and enjoyable. Compared with

routine exercises, it may well afford greater adherence, compliance and enjoyment whilst not compromising safety, especially in the early stages of disease progression,' the team concludes.

Aguiar LPC *et al.* Therapeutic Dancing for Parkinson's Disease, *International Journal of Gerontology* 2016; 10: 64-70, <http://dx.doi.org/10.1016/j.ijge.2016.02.002> – open access

■ Janet Wright

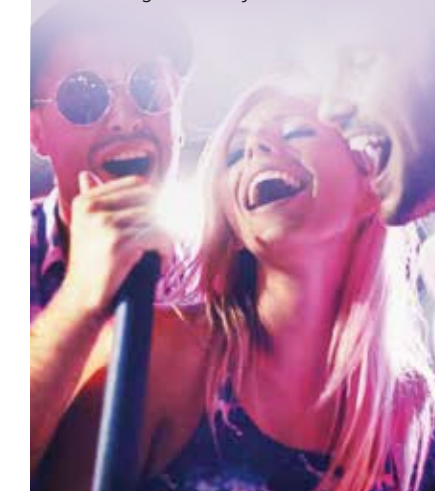


Therapeutic dancing is safe and enjoyable

Comments & conclusions

■ Singing boosts immune system activity in people affected by cancer, according to a study of 193 patients, carers and bereaved carers who sang regularly with choirs in Wales. Before and after singing, the participants took part in assessments including saliva tests for markers of stress as well as immune system activity. Singing was also found to reduce their stress and lift their mood. Fancourt D *et al.* *Ecancer Medical Science* 2016; <http://dx.doi.org/10.3332/ecancer.2016.631> - open access

■ Music therapy increases the good effects of exercise in people with fibromyalgia, say physiotherapists who did a randomised controlled trial of 35 people with the chronic pain condition. Low-impact aerobics to standard music eased participants' depression and discomfort. But the group exercising to melodic music they had chosen had greater improvements and were more inclined to continue. Espi-López GV *et al.* *Complementary Therapies in Medicine* 2016; <http://dx.doi.org/10.1016/j.ctim.2016.07.003>



Journal Findings

Physiotherapy editor Michele Harms highlights the latest articles online (known as articles in press) and in print (Volume 102, Issue 4 and online).

Using virtual reality in cerebral palsy

This systematic review pooled the available scientific evidence for the effectiveness of using virtual reality systems in the management of children and adolescents with cerebral palsy.

The authors were particularly interested in the rehabilitation of sensory and functional motor skills in this group of patients. They included 31 studies with a total of 369 participants.

Best evidence synthesis determined that there was moderate evidence to suggest an effect on balance and overall motor development, but there was limited evidence to demonstrate an effect for other motor skills. They conclude the use of this type of technology is becoming more widespread and that virtual reality rehabilitation may have promise in the



management of children and adolescents with cerebral palsy. Effectiveness of virtual reality rehabilitation for children and adolescents with cerebral palsy: an updated evidence-based systematic review D.K. Ravi, N. Kumar, P. Singhi DOI: <http://dx.doi.org/10.1016/j.physio.2016.08.004> [www.physiotherapyjournal.com/article/S0031-9406\(16\)30064-5/fulltext](http://www.physiotherapyjournal.com/article/S0031-9406(16)30064-5/fulltext)

Rotator cuff and shoulder impingement

A group of researchers based at North Manchester General Hospital tested the efficacy of three exercise programmes in treating rotator cuff tendinopathy/shoulder impingement syndrome. They conducted a randomised controlled trial (RCT) in two out-patient departments, recruiting 120 patients with shoulder pain involving the rotator cuff. They randomised participants to one of three dynamic rotator cuff loading programmes: open chain resisted band exercises; closed chain exercises; and minimally loaded range of movement exercises. They measured the change on the Shoulder Pain and Disability Index (SPADI) score and found short term improvement in all three groups, but no difference between groups.

Comparison of three types of exercise in the treatment of rotator cuff tendinopathy/shoulder impingement syndrome: a randomised control trial Heron SR, Woby SR, Thompson DP DOI: <http://dx.doi.org/10.1016/j.physio.2016.09.001> [www.physiotherapyjournal.com/article/S0031-9406\(16\)30059-1/fulltext](http://www.physiotherapyjournal.com/article/S0031-9406(16)30059-1/fulltext)

Falls related activity classification

Researchers based at the Institute of Neuroscience, Newcastle University Institute for Ageing, recognised the significant problem of falling in people with Parkinson's disease.

They felt that due to a lack of research on falls and reporting and classification of reasons for falls, that there was a gap in knowledge about causality and circumstances for falls. They suggested that people who fall during high level activity may be different to those who fall during a postural transition.

To improve the classification of this group of patients, the team has developed the Fall-Related Activity Classification (FRAC). This paper reports on its inter-rater

reliability – the reliability of the ratings given by those judging the reason for the fall.

They presented 55 fall scenarios which were rated by physiotherapists, physicians and non-medical researchers. They found excellent agreement between and within subgroups and conclude that the FRAC may discriminate between phenotypically different fallers and strengthen falls predictors in future research.

A novel approach to falls classification in Parkinson's disease: Development of the Fall-Related Activity Classification (FRAC) Ross A, Yarnall AJ and Rochester L, Lord S. DOI: <http://dx.doi.org/10.1016/j.physio.2016.08.002> [www.physiotherapyjournal.com/article/S0031-9406\(16\)30057-8/fulltext](http://www.physiotherapyjournal.com/article/S0031-9406(16)30057-8/fulltext)

ER-WCPT conference abstracts

Conference abstracts from ER-WCPT 2016, recently held in Liverpool, are due to be published in an online supplement to the Physiotherapy Journal shortly at www.sciencedirect.com/science/journal/00319406

These abstracts were selected through a review process used by the scientific committee of the 4th European Congress of the

European Region of the World Confederation of Physical Therapy (ER-WCPT) (2016). They were not subject to the usual Physiotherapy peer-review process.

Views & Opinions



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

Primary concerns

Alex Massey says patients with neurological problems need better care pathways in primary care settings



A report by the Neurological Alliance has found that GPs in England lack confidence in the primary care pathway for people with neurological conditions. The report shows that GPs report having low levels of confidence in the ability of local services and systems to manage patients with neurological problems effectively, and widespread concerns over unnecessary delays. It also suggests GPs feel they would benefit from more support to manage people presenting with suspected neurological symptoms.

The Neurology and Primary Care report presents the results of a survey of 1,001 regionally representative

sample of GPs across the UK, and an expert workshop convened subsequently to discuss the polling findings. The expert panel included both patient representatives and clinical representatives from primary and secondary care, including a wide range of allied health professionals. The CSP was among the organisations represented in the discussion.

The survey findings clearly demonstrate low levels of confidence in the primary care pathway for people with neurological conditions. Most GPs in England (85 per cent) said they were either 'somewhat concerned' or 'extremely concerned' about the time taken for patients to see a consultant neurologist after being referred. This supports previous data from the Neurological

Alliance's survey of 7,000 people living with neurological conditions, which found that almost 40 per cent of respondents waited more than 12 months from when they first noticed their symptoms to seeing a neurological specialist.

The polling data suggests that GPs have concerns about both primary care services and the broader neurological pathway. Most GPs in England (84 per cent) felt they could benefit from further training on how to identify and manage people presenting with neurological conditions, while fewer than half (47 per cent) felt confident in their ability to make an initial assessment and referral for people presenting with the signs and symptoms of multiple sclerosis.

At the same time, most GPs expressed a lack of confidence in

the availability of specialist services capable of providing a confirmed diagnosis for a neurological condition. More than half (59 per cent) of respondents said that the local services and systems in their area meant that people with neurological conditions did not receive a timely diagnosis on a frequent basis.

It is essential that NHS England and the Department of Health respond to these findings and engage with the concerns of GPs and people living with neurological conditions. Without an effective pathway through primary care, patients will continue to suffer from the consequences of undue delays to referral, diagnosis and treatment, and outcomes will also be affected.

Our report is available at www.neural.org.uk. It sets out eight recommendations aimed at

improving the primary care pathway for people with neurological conditions, including a call for better guidance and support to help GPs manage these patients more effectively. Resources such as the guide to physiotherapy for primary care practitioners that the CSP recently published can support GPs to better understand the needs of neurological patients and the services that can support them. See www.csp.org.uk/node/1004548

We urge the government and NHS England to address these recommendations as a priority so that everyone with a suspected neurological condition receives a timely referral and diagnosis.

Alex Massey, senior policy and campaigns adviser, Neurological Alliance



Adviceline

Ruth ten Hove on a CSP bid to get more physios into GP surgeries

In the last year we've seen a shift in thinking among policymakers, now seeing physiotherapy as central to plans for the future of primary care – with potential benefits for the public and the profession.

There was a window of opportunity with the recent launch of long-term plans to improve primary care combined with short-term problems of capacity in general practice – and physios having the right skills and expertise to provide a solution.

CSP members with direct expertise to bring to the issue have played an important leadership role in achieving this. We have gained real benefit and insight from working in partnership with the BMA and the Royal College of GPs (RCGP), resulting in joint guidance for GPs and physios on implementing GP physio roles. Indeed, Krishna Kasaraneni, who chairs the BMA workforce committee said the initiative had the potential to 'reduce workload pressures for GPs and their practice staff'. See www.csp.org.uk/primary-care

But there is a long way to go. There are general practice physiotherapists in more than 40 per cent of patches covered by clinical commissioning groups and health boards. See www.csp.org.uk/physioexpansion. However, these are mainly small pilots – the challenge now is to scale these up and make them mainstream.

We need to continue to show that physiotherapy provides solutions to the challenges in primary care to improve support for frail older people, to provide prevention and rehab services for people with a range of long-term conditions, for example. And partnerships with GPs will continue to be key – nationally and locally.

If you are involved in implementing GP physio roles or seeking to do so, you need to be making links with your GPs – the BMA and the RCGP have regional councils. GPs get together for shared training and are increasingly organising themselves into federations or clusters.

If you want advice or can share a case study, email the CSP professional advice service at professionaladvice@csp.org.uk

Ruth ten Hove is the CSP's head of research and development

The loving touch

Tom Shakespeare argues that physio staff can help tackle the taboos that still surround disabled people and sex

For the last 40 years, disabled people have been campaigning for their rights – to be included in the community, to access transport and buildings, to have an equal chance of employment. In that struggle, there have been both gains – civil rights legislation – and setbacks – austerity policies. But one area that has been neglected has been that of sexuality and relationships. Disability rights advocates have

found it easier to campaign for access to public, as opposed to private, issues.

Yet intimacy and sexuality are also human needs. Disabled people are exactly like everyone else in this respect. The deepest acceptance comes from being loved and desired by another human being. Nobody has a right to a partner, but they do have a right not to be prevented from having a partner.

Lack of sex education is an

obstacle. Lack of self-esteem and confidence is an obstacle. Over-protection, by parents or care workers, is an obstacle. Lack of participation in public spaces is an obstacle. Lack of privacy is an obstacle. All these things can be overcome, if policies and practices are reformed.

I co-wrote *The Sexual Politics of Disability*, with Kath Gillespie-Sells and Dominic Davies, 20 years ago. Having interviewed more than 40 disabled people,

we summarised our message as: the problem of disabled sexuality is not 'how to do it' but 'who to do it with'. In other words, rather than worrying about positions or practices or erections, the issue was achieving social inclusion and developing the confidence to form relationships.

What can physio staff contribute? My first thoughts are: helping people to feel comfortable with touch; enabling people to feel positive about

their bodies, and to find ways of managing their spasms and contractures; having the conversation which may be felt to be taboo or inappropriate.

You'll have more ideas. Disabled people do sometimes need particular assistance to be sexual, from their partners, support workers or the professionals who work with them. I believe that everyone has the right to achieve intimacy, in whichever way is right for them.



Professor Tom Shakespeare, Norwich Medical School, University of East Anglia

MOULIN ROUGE



IT COMES IN YOUR COLOUR



www.grahamegardner.co.uk/csp

Image does not represent actual colours. See website for full range and options.

APPROVED PARTNER



GREEN CARD



IT COMES IN YOUR COLOUR



www.grahamegardner.co.uk/csp

Image does not represent actual colours. See website for full range and options.

APPROVED PARTNER



Musculoskeletal

Greg Retter tells Gill Hitchcock how physios with NHS backgrounds and an evidence-based approach will help keep the Royal Ballet's dancers on their toes this Christmas

Royal commission

The Royal Ballet's 2016 crowd-pulling Christmas programme – The Nutcracker and Sleeping Beauty – is a sell-out. Yes, ballet is an art, but the dancers are also like athletes or sports people, working through a pressure-packed season. It starts in September, and ends a physically punishing 10-months later.

Go back stage at the company's base in London's Covent Garden, along corridors edged with racks of elaborate costumes, take a lift filled with ballerinas to the fourth floor and you'll find the Monica Mason health suite. It's where dancers – for whom a typical day starts with classes at 10am, followed by rehearsals and may, if there's a performance, end at 10.30pm – are treated for injuries.

Since 2013 this open-plan space, with its gym, physiotherapy clinic and Pilates studio, has been a backdrop for the care of dancers, under the leadership of clinical director Greg Retter.

'With the dancer it's about the artistry, so probably my biggest challenge is trying to come up with innovative and interesting ways to bring an athletic mentality into this very grand, old artistic form,' Greg says.

The dancers need the strength and flexibility to cope with the repetitive nature of the performance. In addition, they must have a lot of flexibility and their cardiovascular fitness has to be 'up to speed', he explains. 'They need really good psychological preparation, and to understand the recovery process and how



Musculoskeletal

to make themselves ready to go again the next day.'

Because the work rate for dancers is actually higher than for athletes, he says it is vital that this athletic preparation is 'firmly cemented' into their regime.

Greg qualified as a physiotherapist in New Zealand in 1990. 'Like a lot of Kiwis, I came for two years of travel over in the UK and ended up staying. I picked up some excellent jobs in the NHS, and worked there for seven years.'

His NHS roles took him to South Wales, Essex and Oxford where he worked at the Radcliffe Infirmary and with the university rowing team – an experience that eventually led to four years with the British Olympic Association delivering an intensive rehab programme.

Physiotherapy's role

Olympic sport was where he thought of remaining for a good while, until 2013 when he was alerted to the Royal Ballet's search for a clinical director. He saw the potential to apply the knowledge he had learned through Olympic sport at this renowned institution, which was founded in 1931.

The catalyst for this newly-created post had been the Royal Ballet's growing realisation that it must prioritise the health and wellbeing of its dancers and ensure they could fulfil their potential throughout long and healthy careers. 'I was very clear in the interview that I had no dance experience as such, but they were looking for someone with a rehab background,' he says. 'And I was fortunate that the Royal Ballet had just undergone some significant changes, in particular a big investment in healthcare for the dancers.'

New investment backed the

creation of the Monica Mason health suite. It meant that dancers were offered strength and conditioning programmes, Pilates, Gyrotonic, nutrition, psychology, massage therapy, sports medicine and physiotherapy services. And it ensured everything happened under the guidance of a clinical director.

According to Greg, this high level of support mirrors best practice in the sporting arena. And it sends a strong signal that the dancers will be cared for and supported by a highly-qualified and well-resourced team. 'Physiotherapists are central to the clinical delivery for all those dancers who need help and guidance in terms of the performance elements, and particularly if they become injured,' he says. 'In a rehab model, the physiotherapist guides the clinical pathway of that dancer's return and liaises with all the different specialists to ensure he or she remains on a very clear and structured rehabilitation programme.'

Egos must be 'set aside'

The season starts with a 'screening' programme covering all the dancers, so that any health concerns are picked up by a physiotherapist who will then seek a way of addressing them. And a multidisciplinary team of health specialists – physios, doctors and nutritionists included – meet regularly to discuss how their areas of expertise can complement each other.

'Ultimately, we are looking at the end result and so what are the areas we need to work on, does the dancer require more central strength, or more control, or a combination of both,' says Greg.

'The physiotherapist is central to the process, because we will understand how that dancer is working, in the Pilates studio



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

or in Gyrotonic, and then what requirements they have from the ballet coaching, or from the strength and conditioning, and how nutrition and the psychology feed into that.

'Obviously it requires a lot of communication and the physio is the person who facilitates that bridge of communication across the different areas.'

The Royal Ballet's physios – three full-time, and seven 'bank' physios who work weekends – come from backgrounds in dance and sport. But first and foremost, Greg believes, they have to be excellent physiotherapists, able to work well in a demanding environment and good team players.

'If you are the central point of contact, then it's really important to set your ego aside and be able to harness the whole support network around the dancer,' he says. 'It's the team, it's the collective engagement that makes the difference, not just a single individual.'

Seasonal 'spike'

Another key factor for the Royal Ballet is whether its physios have had good clinical experience in the NHS. 'We used to look for that in sport as well. I think it's important that you have a strong grounding in a part of your career as a physiotherapist.'

Any organisation worth its salt will examine its practices and look for evidence-based change and improvement. For the Royal Ballet, SmarterBase, a database of injuries, treatments and outcome measures, introduced some three years, puts it in a better position to analyse its healthcare interventions. 'We now know for a fact that if a dancer has poor calf capacity, if their calf muscles are not strong enough, then they are much more likely to suffer with a bone stress response in their lower limb,' says Greg.

Meanwhile, in a first for the Royal Ballet, this summer it entered into an academic partnership that will provide sports science services to the company. The partnership with St Mary's University, Twickenham, will explore issues around the dancers' work rates. The aim is to shed light on the physical attributes required for a successful career and how the company can deliver the best support and care.

Greg describes the volume of work at Covent Garden as 'much more significant' than anything he has seen previously. A typical touring company will perform for two or three weeks, and then return to base for a rehearsal phase of up to six weeks. For the Royal Ballet, however, once the season starts, the churn of rehearsals and performances is continual. At any one point the dancers might be performing in two, or even three, different ballets, and then rehearsing two or three more. Time off during this period is limited to a mere one week.

'We do get spikes of injury around Christmas when the repertory increases, but we are trying to put in place as much preventive work as possible,' he says. 'As physios, we try to reinforce the message about how the dancers can prepare themselves, and of a good recovery strategy, so they can maintain that high work rate through what is a very challenging part of the season.' **FL**



'We do get spikes of injury around Christmas when the repertory increases, but we are trying to put in place as much preventive work as possible'
Greg Retter



Greg Retter (inset)
and clinicians in
the Monica Mason
health suite

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

Low back pain and sciatica

Neil O'Connell examines the clinical guideline on low back pain and sciatica, which was recently updated by NICE

The National Institute for Health and Care Excellence (NICE) has just published a new updated clinical guideline on the assessment and management of non-specific low back pain and sciatica in adults. The guideline has been developed by a multidisciplinary team following an extensive review of the evidence for the various interventions currently available. The goal of this clinical update is to summarise the key recommendations. The full guideline is publicly available and can be found here: www.nice.org.uk/guidance/ng59

Assessment

The use of routine spinal imaging such as X-ray or MRI in the assessment process is not recommended in any non-specialist care setting. When referring patients for a specialist opinion it should be explained to them that they are being referred for that specialist opinion and that they may not need imaging. In the specialist care setting, imaging should only be used only if the result is likely to change the management of the patient.

Within the assessment process the guideline recommends that clinicians consider using risk stratification tools to inform shared decision-making about referral for rehabilitation. One example is the StartBack tool www.keele.ac.uk/sbst/startbacktool. On that basis, consider giving simpler and less intensive support to people who are likely to improve quickly and more complex intensive support for people at higher risk of a poor outcome.

Management

Simpler, less intensive support should include advice and information to help patients to self-manage including information about the nature of low back pain and sciatica, encouragement to continue with normal activities as far as possible and promoting and

facilitating normal activities of daily living.

More complex support options should be based on the following recommendations where appropriate:

Pharmacological options

- Oral nonsteroidal anti-inflammatory drugs (NSAIDs) should be offered after consideration of any potential differences in gastro-intestinal, liver and cardio-renal toxicity and risk factors including age. They should be used at the lowest effective dose for the shortest possible period of time.
- weak opioids with or without paracetamol should only be considered where NSAIDs are contraindicated, not tolerated or have not been found to be adequately helpful.
- paracetamol, anticonvulsants, tricyclic antidepressants and selective serotonin reuptake inhibitors should not be offered. Opioids should not be routinely offered in acute low back pain and should not be offered in chronic low back pain.

Non-pharmacological options

Movement and exercise are at the heart of the non-pharmacological recommendations. The guideline recommends that clinicians consider a group exercise programme (biomechanical, aerobic, mind-body or a combination of approaches) within the NHS for people with a specific episode or flare-up of non-specific low back pain with or without sciatica. It is important to take people's specific needs, preferences and capabilities into account when choosing the type of exercise.

Beyond exercise, manual therapy and/or psychological therapies, such as cognitive behavioural treatment, can be considered but, importantly, not as stand-alone therapies. Where used these should be part of a combined treatment package that also includes exercise therapy. It is important to note that these options are not mandatory components of a multimodal treatment package, but are optional modalities that might be considered in some cases.

Where patients present with significant psychosocial obstacles to recovery or when previous treatments have not been effective, consider a combined physical and psychological programme (preferably in a group context, that takes into account a person's specific

Sciatica

For cases of sciatica, the guideline follows the NICE recommendations for the pharmacological management of neuropathic pain (<http://bit.ly/2gppfte>). In acute cases, NICE recommends that clinicians consider epidural injections of local anaesthetic and steroid. Where these options are unsuccessful in improving pain or function spinal decompression, surgery should be considered.

The guidelines present a treatment algorithm. This can be

seen on pages 14-17 of the full guidance: <http://bit.ly/2goTwdN>

This new guidance aims to improve the management of low back pain and sciatica in the NHS. The goal is to improve the equity, effectiveness and efficiency of treatment. This will require the proactive engagement of clinicians in implementing the recommendations. Physiotherapists are both well placed and well skilled to deliver key components of the guideline.

needs and capabilities) for people with persistent non-specific low back pain or sciatica.

A number of non-pharmacological interventions are not recommended. The guideline recommends that clinicians do not offer traction, electrotherapies, back support, shoe orthotics and acupuncture.

Invasive interventions

For low back pain the guideline recommends that clinicians do not offer spinal injections, or disc replacement surgery. Lumbar fusion surgery is not recommended unless it is offered within the context of a clinical trial that would help to reduce the current uncertainty regarding its benefits and risks.

In cases of moderate to severe chronic low back pain that has not responded to other therapeutic options, and where the facet joint is suspected as a source of pain, the guideline makes the following recommendation: consider referring the patient for diagnostic blocks to identify pain arising from structure supplied by the medial branch nerve, with a view to possible radiofrequency denervation treatment. **FL**

Neil O'Connell, a physiotherapist and senior lecturer at Brunel University, was on the NICE guideline development group

This clinical update was written by Neil O'Connell, a member of the low back pain and sciatica guideline committee. The development of this guideline was funded NICE. The views expressed in this article are those of the author and not necessarily those of NICE.

NICE (2016) Low back pain and sciatica. Available from www.nice.org.uk/guidance/ng59



Wellbeing at Work

Tipping

Point

Constant reorganisations and pressures to do more in less time are making many CSP members feel stressed. But workplace reps can help, as **Graham Clews** discovered

At a time when the NHS is under severe financial pressure, it's no wonder that stress levels of hardworking frontline staff have increased. And physiotherapy staff are no exception.

Almost a third of physio staff working in England felt unwell as a result of work-related stress, according to figures from the most recent NHS staff survey.

Fortunately, CSP members are not alone. CSP workplace reps are there to help, assessing the levels of stress in workplaces, identifying the causes and working together with physiotherapy staff to find solutions.

Take **Katrina Humphreys**, CSP regional safety rep for Merseyside. She's seen first hand how constant NHS reorganisation, driven by budget savings as much as improving care, unsettles staff. Constant NHS reorganisation is known to make waves, and Ms Humphreys says she has worked under trusts with five different names while not moving geographically.

Under a recent reorganisation, outpatient musculoskeletal (MSK) staff physios now working as part of East Cheshire NHS Trust had to re-apply for their own jobs, causing worry and anxiety. Ms Humphreys surveyed staff during and after the reorganisation, and even once they were settled in their new posts, she found that stress levels were higher than average. 'We looked at the trust as a whole and felt that the health and safety culture wasn't very good,' she says.

'There wasn't a health and safety committee, which for a health and safety rep was shocking, and we hadn't had a health and safety assessment in east Cheshire community bases for more than 10 years.'

Ms Humphreys helped set up a health and safety committee, however, and now sits on a management sub-committee that feeds back staff views to management. The key problem with reorganisations, identified in the surveys, was poor communication. Outpatient staff are now undergoing yet another shake-up as they become part of Central Cheshire Integrated Care Partnership, but Ms

Humphreys says staff feel much happier with the process this time. 'Had we not carried out that questionnaire it would have been business as usual, though,' she says.

In her 'day job', Ms Humphreys is a clinical specialist physiotherapist and physiotherapy research facilitator. She says her methodical approach to pressing the staff's case paid dividends. 'Managers like facts and figures and quantitative stuff,' she says. 'They are all about outcomes measures and key performance indicators so giving the information to them in a language they understand paid off.'

New shift patterns

South East Coast regional health and safety rep **Jennifer Fernandes** says stress can affect anyone from recent graduates to those who have been in the job for many years. And she believes it's vital that health and safety reps tackle stress pro-actively in an NHS culture where a pressured environment can be seen as just part of the job. 'Stress can impact individuals in different ways and what one person finds is an acceptable level of work place pressure can be really stressful to someone else,' she says. 'So much so that it could lead to them going off sick or thinking it's not the job for them and deciding to leave.'

Ms Fernandes helped pilot an adapted CSP stress survey, which aims to identify the levels and causes of workplace stress. The new-look survey carried out at her trust earlier this summer revealed that 60 per cent of physios said they were stressed at work, with 19 per cent rating the level of stress as unacceptable. Of those who reported stress, 83 per cent blamed it on the demands of the job.

This was not the first stress survey Ms Fernandes has conducted, though, and as a result of previous polls she achieved a review of the trust's stress risk assessment. Following close working with managers the trust has also increased the referral rate for staff to occupational health, enabled new shift patterns, and brought locums in more quickly to ease pressure points. Physio staff at the trust also enjoy 'golden time' team-building

Below: **Katrina Humphreys**, CSP regional safety rep for Merseyside, and **Jennifer Fernandes**, South East Coast regional health and safety rep



WellbeingatWork

exercises a number of times a year, which Ms Fernandes says is a 'de-stressing point' for staff, and is unrelated to clinical work.

Julie Knight, the CSP's regional safety rep for Wales, carried out a stress survey among physios for three consecutive years at her health board, Aneurin Bevan. Admin time, or the lack of it, and uneven communication from management were two of the major complaints. The board is now completing a major piece of work looking at how admin and non-contact time with patients can be arranged, and senior managers have improved their communication lines to frontline staff.

'We adapted the existing CSP survey to dig deeper and invite comments from members,' she says. 'And managers have told us that some comments were hard-hitting. I know the truth hurts, but some comments just can't be softened, and they are effective in making our case.' Ms Knight says the most recent stress survey had a lower response rate, but in some ways it was more effective, with more physios volunteering to discuss in person what was causing them stress at work. She will continue carrying out the stress survey for the next few years to monitor the situation at her board.

Boost for staff admin time

Ayshea Glover, the CSP safety rep, and **Nathan Swingewood**, the CSP steward, at Dudley Group NHS Trust worked together after trust management cancelled a 'complimentary' 15-minute break and ended an allotted quarter hour of administration time for outpatient MSK physios each day. Ms Glover says: 'People were just doing the admin in their own time and frequently staying over by 20 or even 30 minutes every day. 'Outpatient staff have a diary that runs the entire working day in 30 minute segments



Above: Julie Knight, CSP regional safety rep for Wales, and Claire Parsons, Yorkshire regional safety rep

and there was no allocated time to write reports, chase up consultants, check emails and so on.' Management said the extra break would only be considered if staff submitted a formal grievance document, and after canvassing members it was decided not to take this step. But by presenting management with a copy of their survey, the CSP team managed to persuade senior staff that the admin time was vital to reduce the stress of frontline staff. And not only was the protected admin time reinstated, it was actually extended to half an hour each day.

Mr Swingewood says the joint working between rep and safety steward was a big help in presenting their case. 'It's good for moral support, you don't feel like you're on your own, and working it through with someone else can be very valuable,' he says. 'And the survey was something solid, so we could sit down with our managers and show them how members felt.'

The practical results of a 2013 stress survey carried out among physio staff at Leeds Teaching Hospitals Trust have included more training, increased flexibility in band 5 rotations, a new team briefing structure and greater visibility of managers. Yorkshire regional safety rep **Claire Parsons**, who is a senior oncology physio at the trust, says the survey was then repeated the following year and it showed a 17 per cent reduction in stress among physios, although a quarter of all members still reported being stressed at work.

At first, the focus was on seeking factors contributing to staff stress, but Ms Parsons has since looked at how members can manage their stress and wellbeing. A working party looked at what the employer must provide in this area, and a workshop on mental wellbeing has been run.

In addition, free mindfulness apps have been made available, and signposting to internal resources, such as the trust's mental health and dignity at work policies, has been produced.

Ms Parsons' managers gave her time to develop this work, although she did it off her own bat. 'I do feel the trust is also expanding to do more for all employees now, such as producing a health and wellbeing newsletter, and providing free classes, whether that's yoga or football,' she says. 'It's important that we have been open with management from the start and let them know what we are doing and why.' **FL**

Want to know more? Contact your safety rep or steward and check on the CSP website
www.csp.org.uk/pressure

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



PURPLE RAIN




CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

IT COMES IN YOUR COLOUR

www.grahamegardner.co.uk/csp

Image does not represent actual colours. See website for full range and options.

APPROVED PARTNER



WHITE HEAT



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

IT COMES IN YOUR COLOUR

www.grahamegardner.co.uk/csp

Image does not represent actual colours. See website for full range and options.

APPROVED PARTNER



IT'S GOOD TO BELONG

with so many membership benefits and services

ONLINE CLINICAL PEER SUPPORT THAT IS EASY-TO-ACCESS
through iCSP discussion forums, professional and regional networks.
IT SUITS ME.

EXPERT REPRESENTATION

for me at work from the CSP's network of trade union officers and stewards.
Strength in numbers.

UP TO TEN MILLION POUNDS

of protection through professional and public liability insurance for me.
I have protection.

COMPREHENSIVE LIBRARY & INFO SERVICE

access to an online library catalogue, databases, e-resources, lending and copying (including by post).

I FEEL SUPPORTED

THE NEWEST PHYSIOTHERAPY JOBS
The searchable Job Escalator sends me details direct to my inbox.
HOW GOOD IS THAT?

LOBBYING

on my behalf to influence decision-makers, raise our profile and secure the future of the physiotherapy profession. Peace of mind.

THE LATEST PHYSIOTHERAPY NEWS

features and jobs delivered direct to me in *Frontline* magazine, plus a weekly e-news bulletin
It keeps me in touch.

ADVICE FOR MY PROFESSIONAL DEVELOPMENT AND PRACTICE

Reduced fees at CSP events, free access to world-class CPD e-Portfolio tools, quick response phone support from the enquiries team and professional advice service.

I COULD EVEN SAVE

the cost of my membership on everyday purchases by using CSPplus.



CHARTERED SOCIETY OF PHYSIOTHERAPY

CHARTERED STATUS for qualified physiotherapists

It gives me the best advantage in the professional marketplace.

...and this is why I stay a CSP member

www.csp.org.uk/benefits

InPerson

Time to say sorry

Karen Middleton, the CSP's CEO, looks back on some of the lessons she's learnt from 2016

My last In person column for 2016 offers me an opportunity to reflect. What has gone well, and why? What not so well? There are always lessons to be learnt from both scenarios.

The end of the year is often a time to reflect over the longer term, but should never mean an immediate and more timely review is put off. You'll know this if you have ever got to an end of year appraisal and felt irritated by feedback that might have been more useful earlier, closer to the period under the spotlight.

My most recent reflection on my own performance relates to recent trip to the Manchester City Football Academy, where I met the physios who work with players from the male and female teams.

I gained many insights: the similarity between approaches to pain when working with elite sports men and women to those used in chronic pain; the opportunities for student placements in such an environment; the dedication of physiotherapists working long and unsociable hours and knowing this would be the case.

I also learnt the power of a face-to-face apology. Many of you will be aware of the public liability insurance issue we had to deal with in January 2015 and the impact that had on physiotherapists at the top two leagues in England and Scotland. We needed to keep insurance premiums low for our members at large while continuing to support those few members working in the top leagues who were not employed by their clubs and relied on CSP insurance cover.

There was a rational decision to be made. I made it based on all the evidence available to me. But a rational decision means little if the way it's conveyed isn't handled right. That's when the emotional responses kick in.

I was grateful to Gary Lewin from Manchester

City and the other first team physiotherapists who came to see me earlier this year to discuss a way forward. I am also grateful to Pip White and colleagues at the CSP, who spent hours resolving the issue and taking individual members through our decision.

But when I visited the City academy it was clear from the atmosphere in the room that the members there still felt their organisation had let them down. And I apologised.

Yes, I explained the situation and, yes, I gave the rational explanation for my decision. But it was making an apology about how I handled the situation that was vital. And it had to be face-to-face.

You might well ask those members whether their feelings have changed, but all I can say is that we went on to have a fantastic, insightful and inspirational discussion. I came back and waxed lyrical about their work.

I learnt that a genuine apology is very powerful when timed right. It has

to be authentic and it has to show that reflection has taken place, I think. You can't keep apologising, particularly for the same 'offence' as that means little and just illustrates incompetence. But if heartfelt, an apology can move things on.

What I also learnt from the members at the academy was – despite how unhappy they felt – how resilient they were. The real test of our resilience is keeping going and finding a way forward, even when things don't go our way. That's another lesson, given recent political events! When the context in which we work changes in a way we may not like, we still have to negotiate our way through it.

I hope you take the chance to look back on your own performance in 2016 and that of your team, service, or business. What's key is to remember that failure is as important to our learning as is success. FL



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

Ergonomic Adventures...



CHARTERED SOCIETY OF PHYSIOTHERAPY

DRIVE CLEAR OF PAIN

is the CSP's step-by-step guide to correct car set-up, plus some simple stretches for when you take a break from the wheel.

View or download the leaflet at:
www.csp.org.uk/publications/drive-clear-pain

Limited printed copies of this leaflet are also available in packs of 50 for just £5 (p&p free).

Contact CSP enquiries:
enquiries@csp.org.uk
 or 020 7306 6666

p40 Networks & networking

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

Frontline schedule

Issue date	Booking deadline
Jan 4 2017	Dec 5 2016

p53 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.

p59 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

East Midlands
To keep up to date with your region and register to attend an event visit: www.csp.org.uk/nations-regions/east-midlands

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

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

North West
Upcoming events: Date for your diary
21 January 2017 CPD event on patient experience featuring David McNally, head of experience of care, NHS patient experience. More details to be published soon at: www.csp.org.uk/nations-regions/north-west

South Central
Members show they mean business with the new CSP corporate strategy at 'Physiotherapy: A brave new world' 2016



Pictured above: Members at the event

Over 80 members came to Oxford for 'Physiotherapy: A brave new world' to find out how they could influence for the benefit of the profession and their career. Catherine Pope set the scene with her 'Transform, Empower, Influence' presentation on how the CSP expects to work with members to promote the profession over the next three years. Then followed a packed agenda of inspirational speakers, all showing different perspectives on how to make the most of opportunities to promote the profession and advance careers.



Pictured above: Core team group with Catherine Pope (centre)

South Central would like to thank all the presenters for their fantastic contribution to the event's success: Prof. Karen Barker, clinical director for MSK Services, Nuffield Orthopaedic Centre; Rohima Begum, CSP professional adviser; Bev Harden, associate director of education and quality, Health Education England (South); Katrina Kennedy, head of clinical effectiveness, Dorset HealthCare University NHS Foundation Trust; Andy Lord, quality improvement lead at Sussex MSK Partnership; Laura Penhaul, paralympic physiotherapist and non-stop Pacific rower; Helen Persey, locality manager, Weymouth and Portland for Dorset HealthCare; Dr Lisa Roberts, associate professor, University of Southampton and consultant physiotherapist, University Hospital Southampton.

A big thank you to the South Central core team – Mandy Pike, Cate Leighton, Elaine Arnott and members from the above speaker list – for helping to make the day run smoothly as well as students Hayley Clarke and Chris Onoufriou for doing a lot of leg work!
A very special thank you goes to Marie-

Clare Wadley from the South Central core team who was the inspiration behind the entire event.
Members can watch the presentations via Twitter's Periscope app – links on the @CSPsouthcentral twitter page.

London
Do you want to help drive the CSP corporate strategy in London?
If so, on the evening of Monday 12 December the CSP London regional network is hosting an event that will enable you to do just this. It will feature an introduction to the new 2017-2020 CSP corporate strategy led by Rob Yeldham, director of strategy, policy and engagement at the CSP. Members will be given the opportunity to discuss issues and opportunities in the region, decide on London priorities within the strategic framework and consider what the London regional network will achieve in 2017.

This is your chance to have an input into the direction of your regional network. The event is free of charge to attend and all CSP members are welcome – students, retired, associates and full. If you've been considering attending a London regional network event for some time but haven't gotten around to it, this is the ideal opportunity to get involved and help shape the direction of the network in 2017. Come along and network with other members.

Date: Monday 12 December
Time: 4pm-7.30pm
Place: The CSP, 14 Bedford Row, London WC1R 4ED (nearest Tube is Chancery Lane)
Cost: FREE. Refreshments will be provided.
Booking: Book your free ticket today at: <https://csp-london-december.eventbrite.co.uk>

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

ER-WCPT London Success – Crisis at Christmas
Jo Dawes, London-based CSP member and senior lecturer in physiotherapy at St George's, University of London and Kingston University, won the ER-WCPT Congress 2016 Outstanding Poster Award within the 'Responding to changing population needs – service evaluation' theme.
Jo's poster, entitled 'Annual, temporary, volunteer-led physiotherapy service for

homeless people: what have we learned from four years of Crisis at Christmas?', described how a physiotherapy service in the voluntary sector has helped meet healthcare needs of homeless people.
Jo said: 'I was delighted and humbled that our poster was given this recognition at ER-WCPT2016. There is no doubt that by receiving this award there was a great interest in my poster and it was just fantastic to have the opportunity to discuss the research we are doing into making physiotherapy more accessible to homeless people with a wider audience.'
Crisis is looking to recruit volunteer qualified and student physiotherapists to help run their London service over Christmas 2016. Other cities include Coventry, Birmingham and Newcastle.
If you would like to volunteer as a qualified or student physiotherapist in London contact Jo at: j.dawes@sgul.kingston.ac.uk or tweet her @dawesjo
South East Coast
For news, events and updates from South East Coast visit: www.csp.org.uk/nations-regions/south-east-coast
North East
To keep up to date with your region and register your attendance at an event visit: www.csp.org.uk/nations-regions/north-east
South West
For latest updates on events and news from the South West visit: www.csp.org.uk/nations-regions/south-west
Yorkshire and Humber
The CPD event on pain featuring Dr Mick Thacker on 27 January is now sold out
The next event that has availability: **CPD event themed on neurology and musculoskeletal physiotherapy**
Featuring: Mandy Young – speaking on spinal pathways; Dr Angela Clough – giving an update on the context of whiplash associated disorders; Steve Young – giving an update on evidence for treatment of lower back pain
Date: Saturday 4 March 2017
Time: 10am-3pm
Place: Leeds Beckett University (City Campus)
Cost: TBC
Booking: <https://www.eventbrite.co.uk/e/>

yorkshire-humberside-cpd-event-focusing-on-neuromuscular-registration-26333819162
To keep up to date with your region visit: www.csp.org.uk/nations-regions/yorkshire-humber

World COPD Day is marked by the Humber NHS Foundation Trust



Pictured above: CSP members Kirsteen Hasney, Angela Roberts and Alison Lethbridge with Mark Ellam from Cliff Pratt Cycles of Hull and Julie Davies, rehab assistant

The East Riding Community Respiratory Team held a series of events in November to promote World COPD Day and raise vital funds for patient transport.
Activities included a team relay static bike challenge which saw staff cover 120 miles at the East Riding of Yorkshire Community Hospital, Beverley. Activity started at 8.30am and continued through until 4.30pm. This impressive block of eight hours non-stop peddling wasn't the end as the team then moved on to a local gym in the evening to add further miles to their total in an attempt raise as much cash as possible.
The second challenge involved patients, their relatives and staff from all pulmonary rehabilitation groups teaming up to walk, jog and run an inspiring 120 miles over the space of one week to mark World COPD Day.
The team, which incorporates pulmonary rehabilitation and oxygen services, raised more than £1,000 beating their total from 2015.
Alison Lethbridge, Band 7 clinical specialist physiotherapist, based at the Beverley Health Centre, said: 'Both patients and relatives fully committed themselves to the cause and did themselves proud. In many cases even their own expectations were surpassed and I cannot thank them and the wider team for their amazing support and efforts.'
'Funds raised will go towards providing much needed transport, ensuring patients who do not have access to transport are

able to access the pulmonary rehabilitation programme using our links with voluntary and community transport systems.'
Follow the team on Twitter: @HumberNHSFT

Professional networks news



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

Send an email to
networkads@csp.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire
The walking wounded: An in-depth look at primitive reflex inhibition therapy
This one day workshop is aimed at physiotherapists working in neurological rehabilitation. The day will focus on exploring different assessment and treatment methods to treat patients who are functioning at a fairly high level but report not being 'quite right'. This group of patients are often difficult to progress further and objective measures are limited. The workshop has a large practical component and therapists will practice assessment and treatment skills together in small groups/pairs. Through this workshop, participants will:
• discuss and review the 'issues' that patients' present with clinically eg. include, headaches, dizziness, lack of concentration, high level balance difficulties, reduced co-ordination...
• discuss and review their own knowledge as to the current techniques that clinicians use
• gain an understanding of the philosophy of Primitive Reflex Inhibition (PRI)
• explore the assessment techniques and interpretation of the findings related to PRI related to neurological patients
• acquire the ability to apply the findings into a

- structured treatment programme
- devise and select exercises for patients' home exercise programmes and how to progress them.

Tutor: Pam Bagot, MSc MCSP principle physiotherapist

Date: Saturday 11 February 2017 9am-4.30pm
Place: TOPS Fitness and Rehabilitation, 1 Cobham Parade, Leeds Road, Wakefield WF1 2DY

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

Contact: For further information contact Heidi Thomas at: yorkshire@acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent

Kent ACPIN study day 'ATAXIA'

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

Tutors: Ann Holland and Janice Champion – Bobath tutors

Date: 3 December

Place: Maidstone Hospital, Kent

Booking deadline: 25 November

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

Contact: Email: kent@acpin.net to book your place or for more information.

Physio First

Physio First AGM 2017

Date: Saturday 1 April 2017 at 4.05pm

Place: East Midlands Conference Centre, Nottingham

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

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)

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

Date: 27-29 January 2017

Place: Chertsey, Surrey

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

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions Part 1

Date: 3-5 February 2017

Place: Tameside, Greater Manchester

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 4 March 2017

Place: Chertsey, Surrey

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

Advancing your skills into men's health

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

Date: 11 March 2017

Place: Salford, Greater Manchester

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

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

Date: 17-19 March 2017

Place: Henley on Thames, Oxfordshire

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

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

Date: 6 May 2017

Place: Worthing, West Sussex

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

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

Date: 2-4 June 2017

Place: Wishaw, North Lanarkshire

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 10 June 2017

Place: Stockport, Greater Manchester

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

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

Date: 23-25 June 2017

Place: Wythenshaw, Greater Manchester

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

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

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

Current taping techniques

Date: Monday evenings in January 2017

Place: Ulster University

Cost: From £175

Current taping techniques 2017

Date: 4-5 March 2017

Place: Royal London Hospital

Cost: From £175

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

Date: 6-7 October 2017

Place: Titanic, Belfast

Contact: www.physiosinsport.org/courses.html

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

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

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

Date: 24-25 January 2017, 23-24 May 2017 and 10-11 November 2017

Place: Birmingham

Cost: £280 members, £340 non-members

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

Date: 9 January 2017 to 15 May 2017

Cost: Complete course £380

Stand alone sessions –

Session 1 £20 1 hour

Session 2 £30 1.5 hours

Session 3 £30 1.5 hours

Office workstation ergonomics (DSE) level 1

Date: 3-4 March 2017 and 23-24 June 2017

Place: Boxgrove, Guildford

Cost: £280 member, £340 non-members

Advanced office workstation ergonomics (DSE) level 2

Date: 13-14 October 2017

Place: Boxgrove, Guildford

Cost: £280 members, £340 non-members

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

Acupuncture Association of Chartered Physiotherapists (AACP)

Upcoming CPD courses

Two-day acupuncture refresher

Date: 7 January

Place: London

Two-day acupuncture refresher

Date: 14 January

Place: Peterborough

Fascia and anatomy

Date: 7 February

Place: Peterborough

AACP Basic acupuncture foundation courses

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

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

Place: Didcot

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

Place: Peterborough

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

To book: Visit www.aacp.org.uk > Training and Conferences > Foundation Courses or CPD Courses Tel: 01733 390007 #3
 Email: claire@aacp.org.uk

AACP Grants

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

British Association of Hand Therapists (BAHT)

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

Level I courses

Date: 16-18 February 2017

Place: Dublin (Hand Dynamics)

Date: 6-8 March 2017

Place: Mount Vernon Hospital

Date: 23-25 March 2017

Place: Dublin

Date: 10-12 May 2017

Place: London (NES)

Date: 11-13 October 2017

Place: Derby

Date: 29 November to 1 December 2017

Place: Derby

The PIP joint

Date: 7-9 September

Place: St George's Hospital, London

Contact: Web: www.neshands.co.uk

Splinting

Date: 22-24 September

Place: Dublin (Hand Dynamics)

Contact: Email: handdynamics@eircom.net

Radiographic imaging of the hand

Date: 19-21 October

Contact: Email: melanie.arundell@nhs.net ➤

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

Thank goodness for PG Mutual's income protection cover

If you fell ill or were seriously injured and couldn't work, how long could you survive on the minimum state benefit?

We at PG Mutual can provide you with an income protection plan that ensures you receive a regular monthly income, **plus** it builds up an investment element for your future and offers attractive member benefits.

* For full terms and conditions, visit www.pgmutual.co.uk. Offer ends 31.12.2016. PG Mutual is the trading name of Pharmaceutical & General Provident Society Ltd. Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA. Incorporated in the United Kingdom under the Friendly Societies Act 1992, Registered Number 462F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority, Firm Reference Number 110023.

20%

OFF your first two years' subscriptions*

Visit www.pgmutual.co.uk/Quotation and enter 'CSP' for your exclusive income protection offer from PG Mutual.

call 0800 146 307

email enquiries@pgmutual.co.uk



Exclusive Offer for CSP Members
CSP plus
Thank you for your work

mutual
 Income Protection Plus

or tel: 01332 786964

The wrist

Date: 7-9 December

Place: London (NW11)

Contact: Web: www.neshands.co.uk

Level II courses

Wrist

Date: 7-9 December 2016

Place: London (NES)

Paediatrics

Date: September 2017

Place: London

Level III courses

Contemporary practices in injection therapy – MSc module

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

Place: University of Nottingham

Contact: For full details of upcoming BAHT courses follow @BAHTEducation or see hand-therapy.co.uk

Extended Scope Practitioners (ESP)

Managing complex spinal conditions in ESP MSK practice

Date: Friday 10 February 2017

An interesting and varied day looking at spinal conditions frequently encountered by ESPs. By

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

Provisional speakers (to be confirmed):

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

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

Contact: Book online now at: www.esp-physio.co.uk/courses You are advised to book early to avoid disappointment.

If you are interested in joining our group for only £25 go to: www.esp-physio.co.uk/join-online-now

All general enquiries to: esp-physio@outlook.com

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

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

Tutors: Dr Pete Gladwell and Emma Bartlett

Date: Saturday 4 and Sunday 5 February 2017, 9.30am-4.30pm

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

Cost: PPA members £200, non-members £220 Includes tea/coffee and buffet lunch on both days

Contact: For further information and an application form, please apply to Kate McAllister at email: ptecourses@gmail.com Closing date for applications: 27 January 2017.

'Talkin' 'bout a revolution' PPA Study Day and AGM

Date: Friday 20 February 2017

Place: Royal Institute of Chartered Surveyors, 3rd Floor, 125 Princes Street EH2 4AD

Cost: PPA members £40 non PPA members £50 students £25

Contact: <http://ppa.csp.org.uk/network-events/save-date-study-day-agm-friday-20th-january-edinburgh>

Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD) Physiotherapy management of Temporomandibular Disorders (TMD)

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

Tutor: Philip Bateman

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

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

Date: Saturday 13 May 2017 (times as above)

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

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

Contact: Email: cathy.gordon@stockport.nhs.uk for further information or see: www.acptmd.co.uk for an application form.

Other groups' news

CSP Members Benevolent Fund Retirement of MBF Secretary



The retirement of Bridget Davis as secretary and a trustee of the Members Benevolent Fund, was recently marked with a celebration lunch where trustees thanked her for her many years of dedicated work, and presented her with gifts to enjoy in her retirement relating to her enjoyment of going to the Opera.

Bridget has had a busy working life with a distinguished career in hydrotherapy here and abroad, then at Roehampton Limb Fitting Centre followed by the district physiotherapy role at Kings College Hospital. She was on the CSP Council and that led to her association

with the MBF during the early 1990s. In 2003, she began to assist Pam Grasty, the secretary, and took over the role when Pam retired the following year – a role she continued until her own retirement this year.

Bridget's vast knowledge of physiotherapy – clinically and managerially – gave her great understanding of the predicaments of the applicants and communicated with them with care and understanding. She was a really excellent secretary and is a very hard act to follow! In the words of some of the beneficiaries:

'I just want to say how much I appreciate all of the help, support and guidance she has given me over the years. Having contact with her made me feel that I was no longer isolated with my issues but had a support system that I could turn to.'

'She has always been so reassuring and I felt that I had a friend that I could chat with about normal day to day activities and the good things that happened; not always the bad.'

'I have had many interesting and helpful letters from her during her time as secretary and trustee of the MBF.'

'Bridget has been an amazing support over the last 10 years and always treated me with upmost respect and kindness. I know she has been an advocate on my behalf to other trustees.'

'Thank you so much for all your support over the past few years, have a wonderful retirement. Hope you have lots of fun times and plenty of relaxation.'



The trustees are also very grateful to Bridget for all her hard work and we all wish her a long and happy retirement.

Dorothy Toyn
Chair, CSP Members Benevolent Fund

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. 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 ➔

If you were out of work for a while would everything fall apart?

PG Mutual can provide you with a tailored Income Protection Plus plan that ensures you receive a regular monthly income if you are unable to work due to an accident or illness. Plus it builds up an investment element for your future.



Get more from your PG Mutual membership...

- ✓ We have paid over 97% of claims in the last three years
- ✓ Our profits are returned to our members
- ✓ Cover lasts until you return to your professional career or reach age 65

For an instant quote:

enquiries@pgmutual.co.uk pgmutual.co.uk 0800 146 307 (Quote 'CSP')

Income Protection for Professionals

For full terms & conditions, visit www.pgmutual.co.uk. PG Mutual is the trading name of Pharmaceutical & General Provident Society Ltd. Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire, AL3 6PA. Incorporated in the United Kingdom under the Friendly Societies Act 1992. Registered Number 462F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110023.



Info exchange**The History of Physiotherapy in the Army
(Part I: 1905 to 1918)**

In 2014, when I retired, I decided to record the history of physiotherapy in the army. I had trained at the Army School of Physiotherapy (ASP) between 1973 and 1977 and had served in the army as a physiotherapist up to 1995. There is as far as I am aware no account as to how physiotherapy developed in the army. With the help from former students and accessing documents contained at various archives I was able to piece together a history. The approach used was to compare how physiotherapy developed in the army against the key milestones in the development of the Chartered Society of Physiotherapy (CSP). These key milestones therefore are included in my account.

If you would like to read the account I have written so far and/or help with my further research, please contact me at email: l.asplin@btinternet.com
Len Asplin

Paediatric MSK Outcome measure survey

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

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

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

Postural Assessment Survey

The research and its relevance: We want to find out whether manual therapists are using

postural assessment when treating patients with back and neck pain and if so, what methods they use and which specific aspects of posture they measure. Postural assessment may form an integral part of the assessment process used by many physiotherapists, yet visual assessment lacks objectivity and data cannot easily be shared, making it difficult to assess the relationship between posture and pain, or to accurately monitor change.

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

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

Clinicians, we need 10 minutes of your time

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

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

This will be the last newsletter before Christmas; the next will be published in the New Year

In order to keep you up-to-date with the various activities of the members of the retirement association, I need you to inform me of what you are doing and what interests you. Perhaps you help out at your local Healthwatch, or you are volunteering for a local charity. Without your input, there is no newsletter!

Please send me any stories you have and if you have photographs, include those too. Photos need to be in .jpeg format and not too large a file to get through the firewalls at the CSP. It doesn't matter if you don't think you can write, a few details or bullet points will do. I can work with that. Do you belong to a local group of retired friends? Tell us about your meetings we'd all like to hear about it! Send your stories to: news4sue@keleus.com

A visit to Hunterian Museum at Royal College of Surgeons

Heather Harrison is organising a visit in London to the Hunterian Collection at the Royal College of Surgeons, Lincoln's Inn Fields on 30 March 2017. There will be a lecture and a visit to the museum. I went there in 2012 and it is amazing, so many artefacts packed into floor to ceiling cases. The museum houses one of the oldest collections of anatomical, zoological and pathological collections in the UK. You can see the 7ft 7in skeleton of the 'Irish Giant' Charles Byrne alongside surgical instruments from the seventeenth century and Winston Churchill's dentures. For more information contact Heather at: heatherphysio.27@gmail.com the price is £10.

If you are interested in the visit and want to know more about John Hunter who lived 1728 to 1793, you might like 'The Knife Man' by Wendy Moore. The book tells the story of the Hunter brothers William and John and their times.

Wishing you all a Happy and Peaceful Christmas And a prosperous New Year, from Judith Saunders and the CSPRA Committee

Equipped for retirement: Routes to success

Date: Friday 7 April 2017

Place: College of Occupational Therapists, 106-114 Borough High Street, London SE1 1LB
Jointly hosted by the British Association of Occupational Therapists, Chartered Society of

Physiotherapy and the Royal College of Speech and Language Therapists, this event is for retired members and members approaching retirement.

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

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

Places are limited. Please book early to avoid disappointment.

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

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

Reunions**Kings College Hospital 1966-1969, October set, 50th reunion**

We had a lovely time in October meeting up in Holland Park, London. There were only six of us but some of us had managed to get in touch with others in the set so in the end we had news of 13 of us. It was so good to get together and catch up and we have decided to do it again next year and not to wait till the 50th anniversary of our qualifying! Thank you so much to Maureen for finding somewhere suitable to meet up. So if anyone couldn't make it this time please watch this space in *Frontline* nearer the time (October 2017). Many thanks to all. Carolyn Beavis, email: carolyn@beavisnet.co.uk

Addenbrooke's School of Physiotherapy 1984-1987

Next year is 30 years since we qualified. Where are we all now? If anyone is interested in a reunion, in Cambridge, July 2017, please email Angela Waite (Thirtle) at: angelaw@keme.co.uk
Looking forward to hearing from you!

Normanby College, Kings College Hospital 1981-1984

Plans are taking shape for our reunion. We hope to meet at The Phoenix, Denmark Hill for Sunday lunch on 26 February 2017. For further details and to book your place if you have not been in contact already please get in touch with Sarah Neame (Dann) on tel: 07932 883344.

London Hospital – Autumn Set 74-77 Reunion

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

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

Why pay full fees if you don't need to?

Retiring? Having a baby?
Moving to practise overseas?
Or perhaps facing a period of unemployment?

If so, there's a reduced-price membership package for you

To find out more call us on **020 7306 6666**
or visit **www.csp.org.uk/membership**



to London and the East Coast line. Look forward to hearing from you all.

Addenbookes School of Physiotherapy 1988-1991

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

University of Teesside 1996-1999

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

Sheffield School of Physio 1974-1977

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

The initial idea will be to meet up around midday and then have a meal out, and for those wanting accommodation, to stay at the Mercure St Paul's Hotel (in the city centre). The

celebrations can be extended over the weekend if folk are in favour of meeting earlier, staying later.

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

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

Middlesex Hospital 1984-1987

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

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

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

Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

40 years since we qualified! It seems a good

milestone for a reunion. If interested, we could arrange something for autumn. Please contact Debbie Stokes at: debstokes@hotmail.co.uk How exciting!

United Liverpool Hospitals School of Physiotherapy 1977-1980

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



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!

**Associate
and
proud**
with official CSP uniforms

www.grahamegardner.co.uk/csp Tel: 0116 255 6326



**transform
empower
influence**

www.csp.org.uk/strategy

“I’ve just advertised my training course with the CSP – sorted!”



**Reach
54,000
members**

- advertise to selected groups on iCSP?*
- want to advertise in *Frontline* too?
- want lineage or display?
- want to add a logo?

It's your choice. Do it all online now:
www.csp.org.uk/courseadverts



*interactiveCSP is the online networking and knowledge sharing area of the CSP website. Find out more at www.csp.org.uk/icsp or call 0845 600 1394 for more information.

JOIN UP!

CSP Equality and Diversity Networks

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



For more details go to:
www.csp.org.uk/equalitynetworks
or email:
keatings@csp.org.uk



Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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



Chartered and proud

with
official
CSP
uniforms



APPROVED PARTNER



Courses&conferences

Amputee rehab

The Multidisciplinary Approach to the Rehabilitation of the Lower Limb amputee

The course is designed for therapists and nurses who work with amputees on a regular basis. The course covers post-op care; prosthetic considerations for all levels; aims of gait re-education and training. There are several practical sessions to assess and interact with amputees. There is the opportunity to participate in the full 4 days of the course or just selected days e.g. 1, 2 or 3

Dates – Mon 24th April – Thurs 27th April 2017

Venue – Douglas Bader Centre, Queen Mary's Hospital, Roehampton Lane, London SW15 5PN

Cost £400, Cheques made payable to – St Georges Healthcare NHS Trust

Further details and application from:

Sara Smith, Amputee Therapy Team Lead, Douglas Bader Centre, Queen Mary's Hospital, Roehampton Lane, SW15 5PN

Sarah.smith2@stgeorges.nhs.uk
020 8487 6139

Closing date – 31st March 2016

Cardiorespiratory

ALEX HOUGH CRITICAL CARE AND ON CALL COURSE

When: 24 March 2017 – 25 March 2017

Where: The Walton Centre Liverpool

For experienced band 5's and 6's.

Contact: Sophie Leach
therapy.events@thewaltoncentre.nhs.uk
01515295451

Complementary therapy

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

With: Hubert van Griensven
10th Dec 2016: Surrey
18th Feb 2017: High Wycombe
13th May 2017: Loughborough
30th Sept 2017: Bath

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

Complementary therapy

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

With: Hubert van Griensven
11th March 2017: Loughborough

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

Electrotherapy

Laser Therapy Training 2017

When: 17 January

Where: Leeds

When: 21 January

Where: Birmingham

When: 4 March

Where: London

When: 14 March

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

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

ACUPUNCTURE REFRESHER COURSE – IDEAL FOR RETURNING TO PRACTICE

AACP approved 1 day course

With: Hubert van Griensven
3rd Dec 2016: Loughborough

21st Jan 2017: Surrey

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

Manual therapy

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

4th-5th Feb 2017: Sheffield

18th-19th March 2017: High Wycombe

17th-18th June 2017: Hemel Hempstead

1st-2nd July 2017: Bath

15th-16th July 2017: Loughborough

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

Advertise in *Frontline*

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



Annual Representative Conference

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

What is ARC?

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

How can you be involved?

- Write a motion to give your group's opinion of what CSP should do (deadline for ARC 2017 submissions has now passed)
- View the motions on the website each year and discuss views with your group and other members
- Come to ARC – All CSP members are welcome to attend ARC and take part in the debate (deadline for Nominated Representatives to book a place: Monday 6 February.)

Register to attend and find out more about ARC on the website:

www.csp.org.uk/arc2017

Manual therapy

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

If you host this course you get two free spaces. Contact us on info@physiouk.co.uk for details.

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

Musculoskeletal

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

18th – 19th March 2017:
Loughborough

25th – 26th March 2017:
Hemel Hempstead

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

Musculoskeletal

COMBINED MANUAL THERAPY DAY : OPTION 1

When: 4 March 2017

Where: Royal United Hospital, Bath Bath

When: 16 Sept. 2017

Where: Royal United Hospital, Bath Bath

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

Contact:
Jo Galise
jo.galise@physioimpulse.co.uk
07917327322

Clinical use of ultrasound imaging around the shoulder – evidence base, reasoning and guided procedures (A collaboration between The Ultrasound Site and Dr Jeremy Lewis)

£250 inc VAT early bird fee till 1/1/2017!

At The Ultrasound Site, we are passionate about the need for clinical reasoning alongside ultrasound imaging - eg what does it mean to the patient journey, so we wanted to develop a course which tackles some of the arguably harder questions of appropriately integrating this unique tool into clinical practice

Find all the details at www.theultrasoundsite.co.uk

When: Thursday 27th April 2017

Where: Human Anatomy Unit, Imperial College London, Charing Cross Hospital.

Contact:
The Ultrasound Site Ltd,
info@theultrasoundsite.co.uk

Miscellaneous

Leading the World in Physiotherapy and Pilates Teacher Training Courses.



Unique courses designed by Physiotherapists specifically for those in the field of rehabilitation.

Become a Pilates Instructor with APPI



MATWORK LEVEL ONE - The Foundation

7th - 8th Jan	London
14th - 15th Jan	Manchester
21st - 22nd Jan	Portsmouth

MATWORK LEVEL TWO - Class Instructor

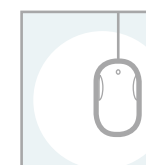
7th - 8th Jan	Dublin
14th - 15th Jan	Cardiff
21st - 22nd Jan	London

MATWORK LEVEL THREE - Inter/Advanced

28th - 29th Jan	London
4th - 5th Feb	Falkirk
11th - 12th Feb	London

Book today!

Contact us for further dates, courses & locations
info@appihealthgroup.com | 0345 370 2774



Advertise in Frontline

Get in touch with Media Shed

cspads@media-shed.co.uk

0845 600 1394

Neurology

**The upper limb;
optimising recovery
of reach and
function**

A problem solving workshop focusing on the role of postural control, the shoulder complex, and parametrics of reach in neurological rehabilitation.

Suitable for Therapists who have attended introductory Bobath module(s)

Tutor: Clare Fraser (MSc MCSP BBTA)

When: Saturday 7th & Sunday 8th January 2017 (9:00-17:00) & (9:00-13:30) Refreshments and lunch provided.

Where: Leeds Neurophysiotherapy, 6 Over Lane, Rawdon, Leeds, LS19 6DY

Contact: practice@leedsneurophysiotherapy.co.uk

Cost: £190

Paediatrics

**CONFERENCE FOR
ESP'S IN
CHILDREN'S
ORTHOPAEDICS**

When: 16 March 2017 – 17 March 2017

Where: Bedford Bedford

This course includes lectures on hypermobility, sports, rheumatology and radiology. For further information please visit www.childrensortho.co.uk

Contact: Georgina Ashdown georgina.ashdown@sept.nhs.uk 01234 310278

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

28th-29th Jan 2017: Liverpool

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

Pain management

**Laser Therapy
Training 2016**

Please refer to advert in Electrotherapy section

**EXPLAIN PAIN
WITH DAVID
BUTLER**

When: 26 April 2017 – 27 April 2017

Where: National Science Learning Centre York

The original Explain Pain course that started the revolution but with much much more... introduction of neuroimmune science, meet the new patient handbook, The Protectometer, and learn how to use it, heaps of science and research updates, skills based - you'll be ready to start explaining pain on Monday. This course will change the way you think about pain and rehabilitation

Contact: Joanna Taylor joanna@noiigroup.com 01904737919

Sports medicine

**Laser Therapy
Training 2016**

Please refer to advert in Electrotherapy section

Advertise in *Frontline*

Get in touch with Media Shed

cspads@media-shed.co.uk 0845 600 1394

FOR EVERY £1 SPENT ON PHYSIO, THE NHS SAVES £4 ACROSS THE FALLS PATHWAY.

www.csp.org.uk/costoffalls

Student and proud

with
official
CSP
uniforms



APPROVED PARTNER



Recruitment



St Ann's Hospice

Specialist Physiotherapist

18.5 - 22.5 hours (over three days: Wed-Fri)
Salary: £25,533 - £34,590 per annum pro rata
(Hospice Pay Band 6)
Rehab Team

We are one of the UK's largest hospices providing a range of specialist palliative care for people living with or affected by life-limiting illnesses. As a charity, our services are available free of charge to people over the age of 16 from across the Greater Manchester area. Our annual running costs are around £9 million per year, approximately two-thirds of which needs to be raised from voluntary contributions.

Due to development and redesign of the service, we are looking for a part-time Physiotherapist to join the team. You will provide a comprehensive service to the inpatient, day therapy and supportive outpatient settings working alongside other members of the rehabilitation team and in conjunction with the multidisciplinary team. This is an opportunity to work with patients from diagnosis onwards throughout the illness trajectory.

St Ann's Hospice is based on three sites: Little Hulton has an 18 bedded inpatient unit and also a day therapy unit offering day care, medical and supportive outpatients services. Heald Green has a 27 bedded inpatient unit and a day therapy unit offering day care and medical outpatients. Neil Cliffe Centre provides an outpatient service.

You will be required to work cross site to meet service demand.

You will have experience working with people with long term conditions, cancer or palliative care needs. You must have excellent communication skills, the ability to manage your own caseload, ability to prioritise your clinical and non-clinical workload and have excellent organisational skills.

You must have a current registration with the HCPC.

All posts will be subject to an Enhanced DBS Check, the cost of which is covered by the Hospice.

If you require any further information, please contact: Bobby Magee, Advanced Physiotherapist on: 0161 4983 659.

For a recruitment pack, please visit www.sah.org.uk/jobs or call 0161 4983 623.

Closing date: 20 January 2017.
Interview date: 7 February 2017.



Join our team for UK wide
private MSK clinic roles
offering great pay, CPD,
and career opportunities.

+ sign on bonus

Go to: capitalphysio.com/physiotherapy-jobs

Manchester London Sheffield Leeds Oxford Bristol | UK Wide

DYNAMIC AND HIGHLY MOTIVATED BAND 5 AND 6 MSK PHYSIOTHERAPISTS



Central Physio are currently recruiting dynamic and highly motivated Band 5 and 6 MSK Physiotherapists

The roles include managing busy NHS and Private clinical caseloads, whilst delivering positive outcomes and making a real difference to the health of our clients.

You would be mainly working in the Derby area, hours and terms of contract are negotiable with full and part-time applicants considered.

People are key to our success, and we require highly effective clinicians who have natural ambition and strong personal-management skills. The ability to communicate on all levels and high degrees of flexibility are also high on the agenda, in order for our people to meet the demands of a modern day and fast paced healthcare industry.

Attractive remuneration and benefits packages and CPD are available.

To apply for this position, please send your CV and a covering letter to kevin@central-physio.co.uk



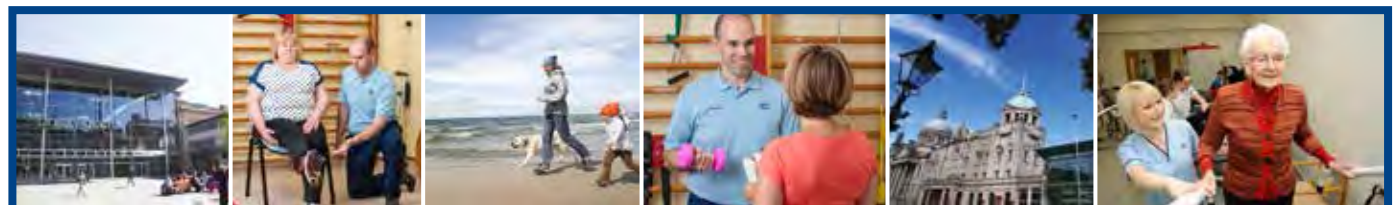
EXCITING OPPORTUNITY TO BE PART OF BEN AINSLEY'S AMERICA'S CUP RACING TEAM IN BERMUDA

An exciting opportunity has arisen within the KX Life group. The candidate will be attached to the Landrover BAR Sailing Team in a full time physiotherapist role. The position is for a 6 month period based in Hamilton, Bermuda for the 35th Americas cup.

We are looking for candidates with experience working in elite sport and working in an interdisciplinary human performance team. Candidates should also have experience in the delivery of injury diagnosis, treatment and prevention strategies within a sporting environment. Previous experience with upper body sports/athletes is essential.

- Relocation flights, food and accommodation provided
- Reporting to the head of strength & conditioning
- *Flights during annual leave periods not provided
- 40 hours per week (no overtime will be paid on top of salary)
- Candidate must be open to working in a dynamic environment including evenings and weekends

Please send expressions of interest and CV's to Gideon Remfry gideon.remfry@kxlifegroup.co.uk & Ben Williams Ben.Williams@landroverbar.com



Pelvic Dysfunction Physiotherapy Service, Based in Aberdeen

Advanced Practitioner Physiotherapist

Band 8A £40,428 - £48,514 per annum pro rata, Part-time 26.25 hours per week

An exciting opportunity has arisen for an experienced and enthusiastic Physiotherapist to be part of our PDS Physiotherapy Team. This post will be working alongside other Physiotherapy Staff treating PDS patients within an outpatient setting and will also support senior staff in Aberdeenshire and Moray.

The successful applicant will provide a PDS physiotherapy service in Aberdeen and work alongside other staff in Grampian to deliver the correct pathway of care for patients with PDS, JCC and Women's Health complaints as well as being part of a dynamic Physiotherapy service in the City. This postholder may be required to travel to other bases in Grampian to support staff in training and specialty clinics on an infrequent basis as part of training and support to the patient group.

The postholder will gain experience of working in clinic settings working alongside Consultants in Urology, Gynae and Pain departments and be involved with research projects with staff at Robert Gordon's University. This postholder will also be part of the MDT that meet to discuss complex patients in Grampian on a fortnightly basis.

NHS Grampian Physiotherapy Teams cover the North East of Scotland



serving a region from the cairngorms to the North Sea including coastal Moray. The hospital site houses all clinical specialties with the exception of organ transplant and paediatric ITU. NHS Grampian provides healthcare for a population of 540,000 with around 40% living within Aberdeen and the remaining 60% in Aberdeenshire and Moray.

NHS Grampian provides the perfect solution to all interests and lifestyles. Aberdeen has a very buoyant economy and offers all the attractions of any major city. Aberdeenshire boasts many picturesque towns and villages within easy commuting distance and provides access to a large range of outdoor pursuits including skiing. There are excellent transport links with Glasgow and Edinburgh easily accessed by train and Aberdeen airport has multiple flights to London daily and other destinations across Europe.



Assistance with relocation may be available.

For further information or to arrange an informal visit please contact Anne Paul, Lead Physiotherapist, Aberdeenshire on 013398 87825.

To apply please visit www.nhsgrampian.org/jobs and search for Ref No JM15476. Closing date 4 January 2017.







Join our team... for more information: www.nhsgrampian.org/jobs



Physiotherapy Locums

**Preferred Supplier for
over 150 NHS Trusts Nationwide**

t: 020 7292 0730 e: info@piersmeadows.co.uk
www.piersmeadows.co.uk





Recruiting health & social care locums into the private & public sectors

Grow your locum career

Jobs all over the UK
01905 642500



jobs@care-4-health.co.uk • www.care-4-health.co.uk



Great websites get more patients

Physio123 make websites for Therapists that rank highly in Google and generate lots more business for your practice!





Chartered and proud

with official
CSP uniforms

www.grahamgardner.co.uk/csp Tel: 0116 255 6326





Advertise in *Frontline*

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

Private work available

PHYSIOTHERAPIST, PILATES TEACHER AND LECTURER APPI is looking for a dynamic and skilled physiotherapist to take on a challenging role across the various aspects of company function. You will be a physiotherapist with at least five years experience, be trained in Pilates, both matwork and equipment with a recognised certification in both. In addition, you will be required to lecture on our Pilates based courses and be confident in teaching the APPI method in a formal learning environment. Excellent remuneration and ongoing CPD will be provided. IRO £30.kpa To apply please send you CV and a covering letter to: glenn.withers@appihealthgroup.com Applications close 4 January 2017.

CAPITAL PHYSIO ARE SEEKING AMBITIOUS PHYSIOTHERAPISTS ACROSS THE UK to join its expanding team. We currently have vacancies in London, Manchester, Cambridge and Birmingham, with opportunities coming up in other major cities. For up an up to date list of vacancies, please visit: <http://www.capitalphysio.com/jobs/>

MUSCULOSKELETAL PHYSIO IN NORTH LONDON? Great opportunity for part time therapists 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

WE HAVE AN EXCITING OPPORTUNITY FOR A LONDON BASED, JUNIOR MUSCULOSKELETAL PHYSIOTHERAPIST in an expanding, dynamic, private practice. Advanced Total Therapy Ltd currently run 20 clinic sites in North, South, East and West London. We are looking to improve the clinical practice of newly qualified or physios with one to two years experience. Full training and CPD support will be given to every new starter including a comprehensive induction process and regular supervision. The role will include treating patients with a wide range of musculoskeletal injuries and pathologies in an outpatient setting. Contact: info@advancedtotaltherapy.com to arrange an interview or for more information.

SOLIHULL Private part-time evening work available for musculoskeletal physio at The Solihull Arden tennis Club with The Physio Company. Tel: 0121 7072461 or email: thephysico@live.co.uk

MUSCULOSKELETAL PHYSIOTHERAPIST REQUIRED IN NORTH WALES Part-time positions available in busy clinics in Abergele and Wrexham, treating a mixture of post-surgical/insured and private patients. Good rates of pay and would suit NHS or private physio looking for additional work. Need to be willing to work independently and have relevant post grad experience. Please send covering letter to: chart.physio@btinternet.com

HAMPSHIRE Are you a physiotherapist and Pilates instructor who would like to work somewhere you are valued, supported and challenged in equal measures? We have just created a brand new dedicated clinic to relocate our growing, solid business to and are looking for excited, committed people to join us. Full-time, employed position (part-time considered). Great mix of work, highly motivated, self funded patients, classes, funded CPD and opportunity to learn commercial aspects of private practice. Email: fiona@gophysiotherapy.co.uk for more information.

FULL-TIME PHYSIOTHERAPIST – HARLOW, ESSEX Mike Varney Physiotherapy are looking for a passionate and dedicated physiotherapist to join their team! One-plus year's experience in musculoskeletal physiotherapy, HCPC and CSP registration and acupuncture qualifications are desirable. Able to offer a competitive salary dependent upon qualifications and experience. Pension scheme, CPD bursary, annual and sick leave, full-equipped individual treatment room, shockwave therapy training and free parking. Please send CV and cover letter to: info@mikevarneyphysio.co.uk

ASSOCIATE REQUIRED IN NORWICH for established forward-thinking award-winning practice. Established list on Wednesday and Saturday, progressing to additional third day in March. Package on minimum term two year contract, effective January 2017. Support given for CPD/ training plus mentoring sessions. Mainly structural approach, but acupuncture and/

or paediatric skills preferable. Will consider newly-qualified candidates with interest in progressing skills. Good interpersonal and patient management skills essential plus desire and ability to grow patient list and contribute to development of practice. Contact Rebecca Thorby on tel: 01603 504508 or: info@norwichosteopathicclinic.co.uk

SENIOR MUSCULOSKELETAL PHYSIOTHERAPIST AND WEEKEND BANK PHYSIOTHERAPIST REQUIRED...

The Foscote Private Hospital is a small private hospital located in Banbury, providing high quality healthcare to the local community in a friendly environment. We are seeking to recruit an enthusiastic and motivated senior musculoskeletal physiotherapist for 30 hours per week to join our small team. The candidate must have excellent communication skills with the ability to assess, treat and clinically reason a variety of musculoskeletal conditions. Pilates is desirable as we teach eight classes per week. You will also be required to play a key role in our successful enhanced recovery programme to inpatient orthopaedics. Taking part in the weekend rota is required. The successful candidate must have three years musculoskeletal experience, registered with the HCPC and CSP. There are weekend bank hours also available for inpatient orthopaedics. Please send CV to: elaine.turner@thefoscotehospital.co.uk or call tel: 01295 252281 for further information.

PURE SPORTS MEDICINE, LONDON

Full and part-time opportunities coming up in London. If you are a driven, passionate clinician with a desire to work in a stimulating MDT environment striving for clinical excellence then we're keen to hear from you. We are looking for experienced clinicians to provide expert musculoskeletal care understanding the benefit of MDT working. Proven CPD is essential, exposure to private practice is an advantage as is Masters level education or equivalent. Full-time position is employed with excellent remuneration and benefits package including a commitment to CPD. Send your CV and covering letter to: sam.wilde@puresportsmed.com

CAMBERLEY, SURREY Full and part-time musculoskeletal physios needed to join friendly, professional team in private clinic with large NHS contract. Flexible hours and days. Must have five years postgraduate experience. Accommodation available on site. Call tel: 01276 508408 or send CV to: avenue.physio@btconnect.com

FULL-TIME PHYSIOTHERAPIST

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

LOW FELL, GATESHEAD

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

HUTTON, PRESTON, LANCASHIRE

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

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

NW LONDON/HERTFORDSHIRE

Sports/musculoskeletal: Bodybalance Physiotherapy and Sports Injury Clinic require experienced sports and musculoskeletal physiotherapists for full-time or part-time positions working across both our sites, potentially including work with elite netball team. Interesting patient mix, mostly self-funding and privately insured patients with good balance of sports, musculoskeletal and orthopaedics. Great working conditions; fun, friendly workplace with excellent remuneration (expect £40K plus made up of good base salary plus bonus) plus CPD, mentoring, gym membership, etc. Previous private practice, sports experience and Pilates all beneficial but not essential. Email: jobs@bodybalancephysio.com

VERY WELL ESTABLISHED PRIVATE PRACTICE

requires a personable self-employed physiotherapist with three years postgraduate experience and training in acupuncture. The approximate 10 hours available is to be to be ran over two to three clinics (one must be an evening) in the Stockport and High Peak area. The successful applicant will work with a variety of clients from differing referral sources ensuring a wide variety of work. For more information contact Allison at: inpeakhealth@btconnect.com or call tel: 07946 099770.

UNIQUE OPPORTUNITY – PRIVATE CARE LONDON/ABU DHABI 45,000GBP. Private Family (Non-UK) Full details on: www.jobescalator.com

WILTSHIRE/NEAR BATH Senior musculoskeletal physiotherapist in busy private practice. Be rewarded for your hard work and good attitude. At our multidisciplinary clinic excellent physios can earn up to £60k per annum with potential for partnership. We are looking for motivated, enthusiastic team-players who recognise that customer service and hard work are just as important as your physio skills. You should have a minimum of five years experience, excellent manual therapy skills, and be a warm and friendly team-player who genuinely cares and strives for the best outcome for their patients. Visit: www.stonehouseclinic.co.uk or email: recruitment@stonehouseclinic.co.uk for more details.

MUSCULOSKELETAL PHYSIOTHERAPIST

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

SPC PHYSIOTHERAPY – WORCESTERSHIRE AND WARWICKSHIRE

We are looking for musculoskeletal physiotherapists to join our friendly, busy and expanding private physiotherapy clinic with NHS contract. This is an excellent opportunity for experienced or newly qualified physiotherapists working with our highly-skilled team in an established physiotherapy practice. You must possess excellent communication skills with the ability to assess, treat and clinically reason a variety of musculoskeletal conditions. In service training and CPD opportunities offered. Pilates training also desirable. Both part-time and full-time positions available with flexible hours to suit. Please email CV and covering letter to: info@spc-physio.com Web: www.spc-physio.com

SHEFFIELD PHYSIOTHERAPY

A friendly and innovative private practice in Sheffield is seeking an enthusiastic physiotherapist who is passionate about hands-on physiotherapy. The ideal candidate will have two to three years experience and be keen to learn and expand their practice, in order to develop the skills required to thrive within the private practice arena. The role is on a self-employed basis initially for two to three sessions per week with the possibility to expand the hours over time. This is an opportunity to earn a good rate of pay while working with patients who are motivated to get better in a nice working environment. Email CV to: john@sheffieldphysiotherapy.co.uk

Equipment for sale

NEURO PLINTH, 2 SECTION, PLINTH 2000, ELECTRIC MOTOR Oct 2016 EME certified service £300. Sheffield. Tel: 0114 250 1162. Email: info@919clinic.co.uk

ALL TYPES OF SECONDHAND AND NEW ULTRASOUNDS, ELECTROTHERAPY, LASERS, COUCHES ETC with warranty. View at: www.trimbio.co.uk or call Trimbio on tel: 01403 597597,

Equipment wanted

ALL TYPES OF ULTRASOUNDS, ELECTROTHERAPY, LASERS, COUCHES ETC BOUGHT FOR CASH Call Trimbio on tel: 01403 597597. www.trimbio.co.uk

Service and repair

FORMER SHREWSBURY MEDICAL ENGINEER Offering repairs and servicing of your electrotherapy equipment. Call RWR services on tel: 03452 578925. Email: richard@rwrservices.co.uk Web: www.rwrservices.co.uk

ALL TYPES OF ELECTROTHERAPY, COUCHES AND PHYSIOTHERAPY PRODUCTS SERVICED AND REPAIRED Call Trimbio on tel: 01403 597597. www.trimbio.co.uk

Practice for sale

PHYSIOTHERAPY PRACTICE FOR SALE IN PERTSHIRE Small practice for sale due to retirement. For more details contact Kay at email: knightphysio@hotmail.com

PHYSIOTHERAPY CLINIC IN IRELAND (CO.MAYO) FOR SALE Successful practice for three years however due to an overseas travelling opportunity the vacant property is now available to buy. If you would like to own your own business and live and work in a village setting on the outskirts of Castlebar, the largest town in Mayo then please get in touch. Tel: 07966 134787 or email: ballyvarypractice@gmail.com

PRACTICE IN STAFFORDSHIRE/ DERBYSHIRE AREA FOR SALE

Clinic with a large patient database that has been running for over 15 years. Mixture of self-paying, insurance, sports and occupational referred patients. Computerised multi-room clinic with rehab gym, traction machine, electrotherapy machines and fully staffed reception. Extensive and proprietary systems, procedures, scripts and checklist in place for very smooth operation. Would suit locum, sport or NHS physio wanting to run own practice and get increased pay or other practice owners looking to expand. Please email: midlandsphysio99@gmail.com

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

Advertise in Frontline

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

JOIN UP!**CSP Equality and Diversity Networks**

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



For more details go to:
www.csp.org.uk/equalitynetworks
or email:
keatings@csp.org.uk

**PERFORMANCE TO MATCH THE PROFESSION**

TRANSFORM YOUR LOOK WITH NEW, CUTTING EDGE UNIFORMS MADE WITH TECHNICALLY SUPERIOR MATERIALS, FEATURING STATE-OF-THE-ART MOISTURE MANAGEMENT SYSTEMS FOR ULTIMATE COMFORT.



CHANGE WITH THE TIMES
www.grahamegardner.co.uk/csp



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY



ThreeMinutes

Making an impact in public health

Working as a physio in a relatively deprived part of London and at the CSP fuelled Sebastien Baugh's ambitions to make his mark in his chosen field

Tell us about your new post

I am a speciality registrar in public health, working towards becoming a consultant. The five-year training programme combines academic training, service experience and skills-based training, including placements with organisations such as Public Health England and Health Education England. I currently divide my time between working with a local authority and studying for a Masters in public health.

How did you get into the field?

Working as a physio really sparked my interest in public health. Following my rotations, I specialised in musculoskeletal disorders and worked in an inner city borough in London borough that had high

levels of deprivation, and was sited on the doorstep of some of the most affluent areas in the city. The wider determinants of health were affecting my patient's outcomes, in some cases more than I could help them, and I wanted to know how I could influence this through preventive work.

Following a year-long stint at the CSP as a professional adviser, I moved to a post with a clinical commissioning group. I worked closely with communities to address some of the health challenges they faced locally. It was fascinating to see the impact these communities and organisations could have on health outcomes. I would like to think that my previous experience at the CSP and elsewhere supported my application to join the public health training programme.

What do you hope to achieve?

Over the next five years, I'd like to establish myself in my new career and develop skills to enable me to make a difference. I'm looking forward to working in a range of public health settings to support this. Ultimately, in the long term, I'd hope to make an impact at a population level, improving health and reducing health inequalities. I hope this in turn plays some part in reducing the burden placed on health and care services.

Should other CSP members seek out new roles?

Yes, I think physios are well placed to move into broader public health roles, especially with our knowledge of working with a wide range of people. Given the importance that the Five Year Forward View places on prevention and public health in England, it's likely that there will be more and more opportunities for members to seek out such roles over time.

However, whether it's public health or any other role, I believe that being passionate about your

chosen career path is one of the most important factors when looking to move.

How does your physiotherapy background help in your new role?

Having clinical experience is invaluable to be able to contextualise some of the most pertinent public health issues. For example, understanding the impact falls have on people's lives, through working in hospital wards, gave me an additional perspective when taking into account financial implications to health and care services. Developing core skills in communication, team working and problem solving, for example, are ingrained in us as physios. These skills gave me the building blocks to seek further opportunities outside the profession. I find that the combination of my clinical and non-clinical experience has stood me in good stead and prepared me well for my public health role.

Did your stint at the CSP help you to think 'outside the box'?

Working at the CSP prepared me for a career outside of a full-time clinical job. I developed skills and experienced non-clinical situations that I would not have been exposed to without this experience. I think it also helped to assure me that physiotherapists bring value to any role that we take on – even if it isn't necessarily what we trained for at university.

Any new year resolutions?

I've just moved from London to Birmingham for the public health programme. Birmingham is said to have a larger canal network than Venice and hope to explore and make the most of them on my bike. **FL**

Sebastien Baugh is a speciality registrar in public health in Worcester

Sebastien's
training lasts
5
years



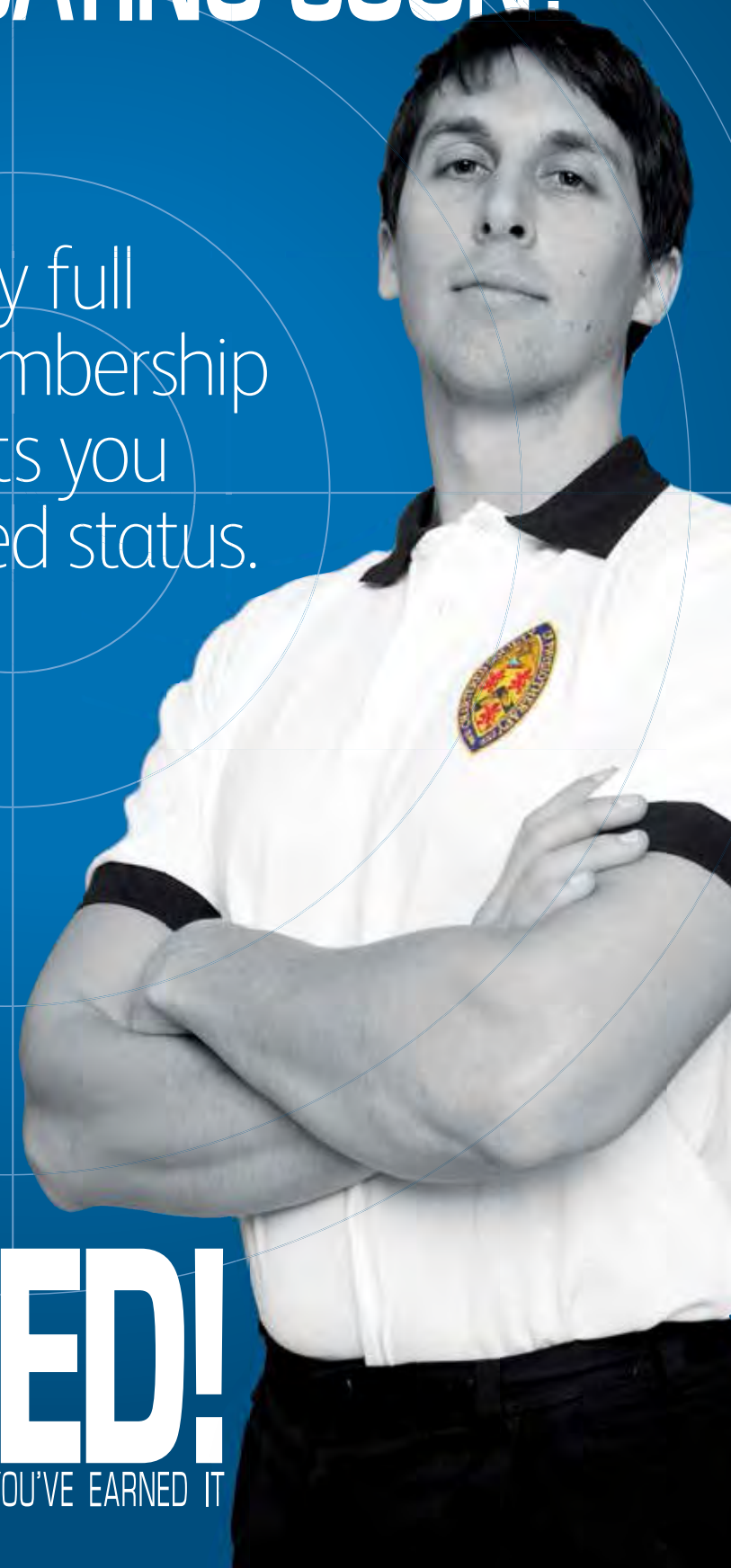
STUDENTS: ARE YOU GRADUATING SOON?

Only full
CSP membership
grants you
chartered status.

Apply now and get chartered!
Visit www.csp.org.uk/membership
for more info or call **020 7306 6666**
for an application pack.

GET CHARTERED!

YOU'VE EARNED IT



www.medicotech.co.uk

ADVANCED TECHNOLOGY TO KEEP YOU ON THE MOVE



THERA TRAINER



TIGO 502



TIGO 530



TIGO 504



TIGO 534



TIGO 506



TIGO 508



TIGO 510

Choose the right exercise bike to suit both your needs and budget from our range of THERA-Trainers



Interactive gaming software



Attachments for weak hands

Using the THERA-Trainers as part of your physio routine offers all the benefits of Active/Passive cycling with a safe, dynamic and interactive piece of equipment - giving you feedback to record for each patient - a proven outcome for each session

TO ARRANGE A FREE LOAN FOR
YOUR PHYSIO DEPARTMENT OR TO
REQUEST A BROCHURE CALL US ON
01908 - 564100

Email us at: info@medicotech.co.uk

CYCLING



BALANCING



GAIT TRAINING



MEDICOTECH