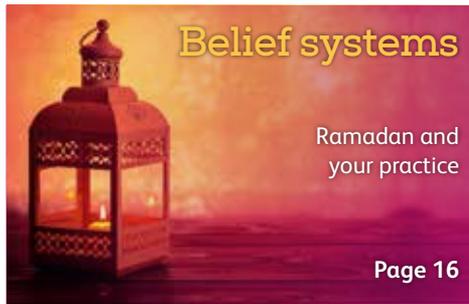




Core values

What underpins your evidence base?

Page 28



Belief systems

Ramadan and your practice

Page 16



3 minutes

Research prize winner
Laura Marshall

Page 66

Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

6 July 2016
Volume 22
Issue 12



Inside: Jobs • Physio findings • Courses • In person

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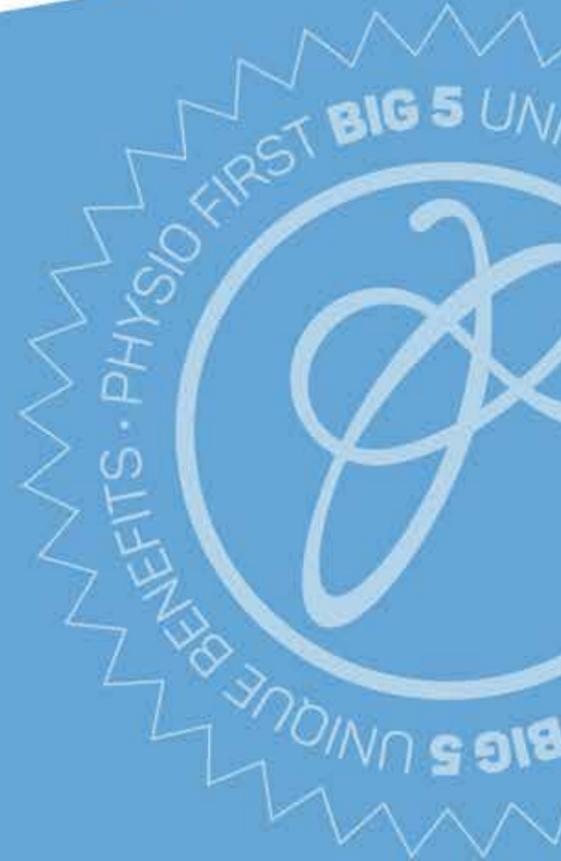
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Frontline is the physios' magazine from the CSP, sent direct to every member 21 times a year

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Fast focus

Whatever your faith, or even if you don't have a religious belief, I hope you'll find the article about Ramadan of interest (page 16).

It highlights how some CSP members who are Muslim observe this period in their religious calendar by fasting, as well as by focusing on spirituality and good works.

The members adapt their work to meet the demands that fasting can put on their bodies, talk about the tiredness they feel towards the afternoon, and the measures all physios can take to help their Muslim patients who may be fasting during this time.

'Reduce misunderstandings about differences'

Understanding where someone else is 'coming from' can surely only help to reduce misunderstandings about the differences within our communities and allay many people's fear of the unknown.

At the moment many members ponder the UK's future outside the European Union.

If you're wondering what Brexit could mean for you and your job, do check out the CSP's statement on the EU referendum at www.csp.org.uk/brexit

Meanwhile our feature on page 30 is a timely reminder of the role that reps play to help members in the workplace.

Their experiences show that this is not only about representing others but about how taking on such a role can build confidence and help your professional development.

Could it be something you might be good at?

Lynn Eaton

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

An expression of pride from the Valleys

Helen Rees, a member of the CSP, was appointed as chief executive of the Hospice of the Valleys, Ebbw Vale, Blaenau Gwent, earlier this year.

Helen has had a significant impact on strategic policy and service provision. In a groundbreaking partnership with the charity the Alzheimer's Society, the hospice is currently running the Challenge Project.

The hospice has already received significant recognition in south Wales, and presented at the Wales Alzheimer's Society conference.

It has also been academically evaluated by the Marie Curie Research centre in Cardiff with significant success.

There are clear opportunities for physiotherapists to take up chief executive roles with a strategic and creative focus. At this time, there is also a focus on patient initiatives.

I'm not a physio and as Helen's husband I know I am biased, but I thought readers would be interested to hear about a physiotherapist taking on a strategic role.

For more information about the work of Hospice of the Valleys, visit www.hospiceofthevalleys.org.uk

■ Keith Rees

Helen Rees



Lobby success

The Trade Union Act is now in the process of implementation. As a member of the CSP's industrial relations committee (IRC), I thank CSP members for all their great work campaigning as the bill passed through the various parliamentary stages.

Your direct action in lobbying MPs and peers through letters, emails and social media channels, signing petitions and attending rallies really

did make a difference.

This engagement, working together with the TUC and other unions, was highly effective in achieving some notable concessions in the bill. This includes no capping of union facility time, trialling the use of e-balloting and dropping the control and use of social media during disputes.

The legislation still poses some real challenges to our work as a trade union but the improvements gained are a clear reminder that collectively

we can have such a positive impact to protect workers' rights.

For more information, see www.csp.org.uk/tu-bill
■ Katie Wilkie, CSP Council representative on IRC

Tragic story

I have just read the tragic story of Lynette Rodgers (nee Reilly) who died with her husband John on their

honeymoon in October 2015 (obituary, page 47-48, 15 June). What a beautifully written story by her friends and colleagues.

It puts life into perspective. It's at time like this where you sit back and reflect on your life. You do not know what is going to happen, or what is around the corner.

It has blown me away.

■ Julie Knight

Bad hair day

I am aware that I am becoming the increasingly tetchy senior member of staff, but come on girls.

Of the five lovely ladies pictured on the cover of 1 June issue, four had their hair down while in uniform.

Let's maintain professional standards, please!

■ Evie Cooper, James Paget Hospital, Great Yarmouth

You've added...

Paul Chapman commented on the online version of the CPD article titled 'Returning to practice: Part 1' He said:
■ 'Good article. Links nicely with the work Health Education

England working across the East Midlands has started to support AHP to return to practice.'
An online news item titled 'Wales TUC hears CSP call to cut stress among NHS staff' reported that, among other things, the

country has a high level of staff sickness in the NHS. The item prompted this anonymous comment:
■ 'I work in Wales and have recently changed jobs. In my last job I was in post for over 10 years, I hated it!

I pretty much blamed my boss, the NHS, the government for my situation and the stress I felt was unbearable. Eventually I decided to leave and I have taken a post in a neighbouring health board. When I applied for the job, what I saw was that I was just bored, resigned

and burnt out in my old job. The post had changed and was something I would never have applied for. My new job doesn't feel like work, I love it. It took me the best part of seven years to discover this and some pretty strong coaching to see what was in the way.'

Got something to say?

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

Top Tweets

Members have been as busy tweeting as ever!

■ @rachael_machin Zackary Jepson makes his debut at #tudgbt moving motion 10 Developing trans-friendly workplaces

■ @DanielPhysio Patient feedback improves patient care. Are you consistently seeking feedback? #CAHPO16 @neilbacon

■ @WeAHPs Simon Stevens calls for AHPs to advocate for national strategies to reduce childhood obesity #cahpo16

■ @tolanPT Loving being able to 'periscope' into #CAHPO16 here and there. Looks like a really successful day!

■ @CochraneUK Motor control exercise for chronic low back pain <http://bit.ly/24QvLtO>

■ @AHPs4PH Do you have any tips for getting public health on your organisations agenda? Tweet us your answers using #AHPs4PH

■ @PhysioLocker 2.8 million UK people are surviving cancer, 1.6 million are NOT physically active.

 Follow us on Twitter at @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

16-year-old boy with degenerative disc disease

Despite this patient's age, can you suggest what may be causing DDD?

Comments: 10

Network: Sports and exercise medicine

www.csp.org.uk/node/980608

Hamstring spasm post-TKR

A member seeks help with a patient with post-operation pain. What might offer the best treatment?

Comments: 21

Network: Orthopaedics

www.csp.org.uk/node/983387

Corrections & clarifications

The 3 minutes feature on Elaine Miller (15 June) should have made it clear that she is speaking at the congress of the European region-World Confederation for Physical Therapy.

A section on patients' responses at the end of the online version of an article on four physios working in GP practices in central Scotland has been amended. To see more details of the responses to a questionnaire, visit www.csp.org.uk/node/981556

An item on an education programme to tackle post-operative pulmonary complications (page 9, 15 June) muddled some terms. Instead of stating that spirometers were used to measure pre-op chest health, the item should have referred to using incentive spirometers pre-operatively to encourage deep breathing techniques in preparation for post-op recovery. See www.csp.org.uk/node/983365

NewsinPictures



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

For the stories behind
the images just follow
the shortcut codes



1 Ibuprofen and the cancer drug toremifene may 'disable' the Ebola virus by binding to part of the virus, reports the journal Nature. Source: BBC <http://bbc.in/292logI>

2 28 million adults in the UK are affected by chronic pain shows a study in BMJ Open. Experts examined data from 19 studies of nearly 140,000 UK adults. Source: Daily Mail <http://dailym.ai/29bWYXx>

3 Exercise produces a protein called cathepsin B which helps brain cell growth and improves memory, say scientists from the US National Institute on Aging. Source: Daily Telegraph <http://bit.ly/295Dqjf>

4 Playing card games aids stroke recovery, a report from Canadian researchers in the Lancet Neurology journal shows. Source: BBC <http://bbc.in/294SPnv>

5 An American woman living in London has launched a campaign asking people to wear a safety pin as a badge to show solidarity with the UK's immigrant population Source: Independent <http://bit.ly/29aeYzj>

6 Very hot drinks may cause oesophageal or cancer, International Agency for Research on Cancer says. But coffee does not, it reports in Lancet Oncology Source: The Guardian <http://bit.ly/297S240>

Frontline

Got a news story or idea for Frontline?

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

Want to send us a photo?

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

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

Watchdog upholds CSP complaint about 'misleading' therapy ad

A CSP complaint concerning misleading advertising about 'rebound therapy', involving the therapeutic use of trampolines, has been upheld by the Advertising Standards Authority.

The society had contacted the watchdog about text on the website of the company Rebound Therapy, which implied that its training course was mandatory for all rebound therapy practitioners.

Sue Hayward-Giles, the CSP's assistant director of practice and development, welcomed the outcome, saying: 'It clarifies that there is no one organisation which physiotherapists have to go to in order to be trained in rebound therapy. That is just not the case.'

In addition, the CSP had complained that text on the website implied that 'rebound therapy' was a registered trademark. As reported by *Frontline* in 2014, the term had been invalidated by the Intellectual Property

Office, the government body responsible for intellectual property rights.

In a ruling published on 22 June, the Advertising Standards Authority concluded that the company's advertisement was 'likely to mislead'.

'The ad must not appear again in its current form,' it stated. 'We told Rebound Therapy Ltd to ensure that they did not suggest that the term 'rebound therapy' could not be used without their permission, or that their course was mandatory for prospective practitioners.'

■ Gill Hitchcock

More information

ASA www.asa.org.uk

CSP wins case calling for rebound therapy

to be freed from trade mark ruling

www.csp.org.uk/node/986338

Australian physio will lead WCPT

Members of the international physical therapy community can learn a great deal from each other, but must not try to push a monoculture.

This is the message from Jonathon Kruger, the incoming chief executive of the World Confederation for Physical Therapy (WCPT).

Mr Kruger, an Australian physiotherapist who has senior management experience, will take up his post in London on 1 August. He told *Frontline*: 'Take for example the issue of direct access to physiotherapy.'

'In Australia, we had direct access in the mid-70s, but there are places in the US where that is not the case, and services in the UK where that is not the case.'

'So there are opportunities for different membership organisations to come together and for the WCPT to be a global knowledge hub.'

However, he said that there are challenges to being a global organisation

which represents a culturally-diverse membership, with very different experiences of education and research, and ways of delivering physiotherapy.

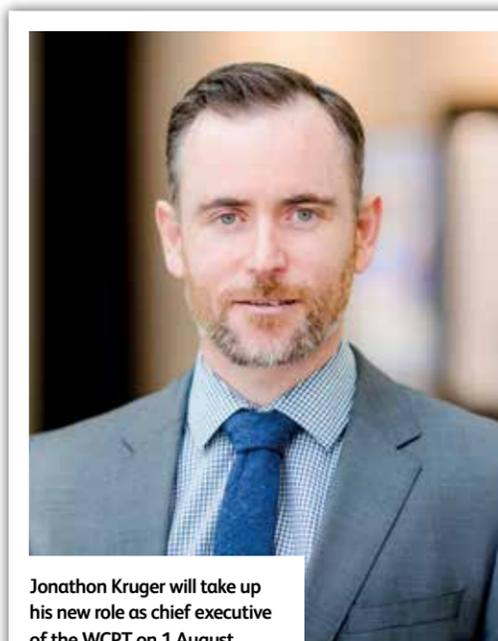
The WCPT represents countries such as Cambodia and Fiji, each with a physiotherapy membership of fewer than 100, and Japan with about 70,000 physiotherapy members, he said.

He will bring experience of over two decades in senior management, lobbying and advocacy to his WCPT role.

This includes working as a general manager for policy in the Australian and New Zealand College of Anaesthetists, and senior roles with the Victorian Government, Australian Medical Association and Australian Physiotherapy Association.

As he was preparing to leave his Melbourne home for a new base in the UK, Mr Kruger said it was a great honour to be leading the WCPT.

■ Gill Hitchcock



Jonathon Kruger will take up his new role as chief executive of the WCPT on 1 August

First contact physios improve care pathway

The value of physiotherapist as a first point of contact for patients was highlighted at the annual Northern Ireland Confederation for Health and Social Care annual conference and exhibition.

More than 300 health and social care leaders attended the event in Belfast on 28 and 29 June to discuss key issues and consider the priorities for the future of health and social care.

Among the speakers was Roisin Lynch, a clinical lead physio who works in musculoskeletal outpatients departments across Southern Health and Social Care Trust.

Sharing a stage with fellow allied health professionals (AHPs) Mrs Lynch presented examples of a musculoskeletal and stroke patient's journey, outlining the input of AHPs at every stage – including the role played by first contact physiotherapists in emergency departments.

■ Robert Millett

More information

Read more about the project:

www.csp.org.uk/node/988004

ARMA publishes leaflet to promote good MSK health

ARMA, the UK-wide alliance of arthritis and musculoskeletal (MSK) organisations, has released a new leaflet to support its activity to promote good health. It features key messages about what is needed to provide the right care for MSK conditions, in the right place and at the right time. The CSP and other ARMA members contributed to the content of the leaflet, and member logos are displayed on one side of it. To download the leaflet visit <http://bit.ly/290Mt5S>

Mark Crossdale



Physio Karl Gray, front centre, and fellow GB men's and women's mountain running team members

Physio excels in prestigious mountain running team event

Physiotherapist Karl Gray was 12th past the finish line in a race by the world's top mountain runners held in Slovenia last month.

Mr Gray was selected for the Great Britain team – which won silver – after finishing fourth in the 26 mile Yorkshire Three Peaks race in April. He did that in two hours 57 minutes, his fastest time in seven attempts.

The World Mountain Running Association's long distance race took place in the Julian Alps over 42km, with a total climb and descent of 9,000 feet. Mr Gray was aiming to do the course in four hours, but it took him an extra 15 seconds.

'Mountain running, commonly known as fell running, is off-road running over hilly or mountainous terrain,' Mr Gray explained to *Frontline*.

'You can come down some quite treacherous difficult terrain, at speed. You need to be strong and fit, with a lot of leg strength and control and cardiovascular capacity and be confident with your balance, agility and co-ordination.'

The weather conditions were warm and sunny. 'I'm from Yorkshire so I'm used to indement weather,' Mr Gray said. 'I prefer it cooler, if it's damp that's fine. As the course took us through mountain woodland at times there was shelter so it was pretty much ideal.'

A clinical lead physio, specialising in spinal problems, at Calderdale and Huddersfield NHS Trust, Mr Gray is also a CSP steward.

■ Gary Henson



Clinical lead physio Roisin Lynch speaking at the event

NewsDigest

Hundreds of physio staff attended the NHS Scotland Event in Glasgow on 14-15 June. Julia Horton reports.

Physio home visits cut COPD admissions

Hundreds of patients in Glasgow are successfully managing serious lung conditions, due to a physio-led project that is reducing admissions.

A community respiratory team, launched in 2013, has reduced the number of people with chronic obstructive pulmonary disease (COPD) who are hospitalised by almost 20 per cent.

More than 600 patients with COPD in the city now receive home visits where they learn how to overcome breathing difficulties and anxiety.

Team leader and physiotherapist Marianne Milligan, who helped give a poster presentation, said: 'We asked patients what they wanted and they want to self-manage – the last thing they

want is to end up in hospital.

'They are mostly housebound so their goal might be to get to the shops twice a week. As physiotherapists, we have the skills and information they need.' For example, physios can teach them how to clear their chest, she said.

Delegates head that last year the team grew from five staff members to 20,

thanks to Scottish government funding.

Meanwhile, delegates heard that a research study showed that many patients with back pain receive physiotherapy they didn't need.

Glasgow-based physio Derek Tobin led the first trial in Scotland of STaRT Back, an approach that uses a tool to match patients to appropriate

More than **600** patients with COPD in Glasgow now receive home visits



Respiratory physio Marianne Milligan

treatment packages. It was developed at Keele University.

About one in three patients with back pain receives inappropriate treatment, and those offered advice fare

just as well as those given physiotherapy, Mr Tobin said.

He added that patients with back pain were probably 'over-treated' – a trend that 'wastes their time and NHS money'.

Physios help make GP practices more efficient

Physiotherapists in Scotland are saving GPs' time by seeing patients with common musculoskeletal conditions, delegates were told.

Kenryck Lloyd-Jones, CSP policy manager for Scotland, said that about one GP appointment in three was for a common orthopaedic problem. Physios in surgeries were playing a growing role in treating patients with these conditions.

Speaking at the 'improving primary care' debate, trainee GP Katherina Tober said that a physiotherapy clinic had been running at her practice in Eyemouth, Berwickshire, for a year.

'This saves us a lot of time. Now, if we have a patient who says they have a sore shoulder and we think may have tendinitis, we can refer them straight to the clinic where the physiotherapist can give them exercises.'

The physio might also give a steroid injection or refer the patient to orthopaedics, Dr Tober said.

Mr Lloyd-Jones gave another example of



In Forth Valley, Helen Turner, Wendy Monteith, Fiona Downie and Catherine McRitchie deliver physio in primary care settings

physios moving into primary care settings, which featured in a recent *Frontline* article (page 32, 1 June).

Four physios (pictured above) now work in two GP practices in Grangemouth, near Falkirk, and in Stirling. In one of them, GPs have increased their appointment times from 10 to 15 minutes as a result. He added: 'This initiative works and can significantly free up GPs.'

Speaking later to *Frontline*, physio Wendy Monteith said the changes at the two Forth Valley practices had been achieved through a multidisciplinary team effort.

Proactive physios are vital to NHS plans, says CSP

'Can do' physios are key to delivering NHS priorities, according to CSP chair of council Catherine Pope.

She was responding to a speech made by NHS England chief executive Simon Stevens at the NHS Confederation conference in Manchester on 17 June.

Speaking to a gathering of health leaders Mr Stevens said: 'It's now time to turn strategy into delivery'.

Delegates heard that the NHS needs to get its 'sleeves rolled up' and make national plans, such as the Five Year Forward View, a reality without expecting further investment.

In response to his speech, Ms Pope said: 'Can-do physiotherapists offer a raft of solutions to the big challenges facing today's NHS.'

'Being present at the conference was an opportunity to highlight the excellent work members are doing day in and day out to improve the health and quality of life for patients.'

'In a tough financial climate, physiotherapists are helping to ease GP pressures as first point of contact practitioners and delivering services to support NHS staff to keep healthy.'

CSP staff hosted a stand at the conference to showcase the range of approaches and services physiotherapists offer.

Their input will help to tackle issues such as rising demand in primary care settings and help to improve workplace health.

■ Ben Wealthy

For more information www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works

Physios in Scotland can make an even bigger impact, says CSP

Physiotherapists in Scotland are making a real difference to patients and the NHS – but they have the potential to do so much more.

That was the message CSP staff gave to some of the hundreds of influential politicians and health professionals at the event.

For example, CSP professional adviser in Scotland Sara Conroy promoted the 'fantastic' work members were doing to transform

primary care across the country. This included physiotherapists working on a wide range of conditions, including chronic obstructive pulmonary disease, urinary incontinence and musculoskeletal (MSK) conditions.

Speaking to *Frontline* during the event, Ms Conroy, a physiotherapist who works part-time in the NHS, said: 'There are lots of examples here today of where we are having an

impact, including our work as first point of contact practitioners within GP practices – often for patients with complex needs.

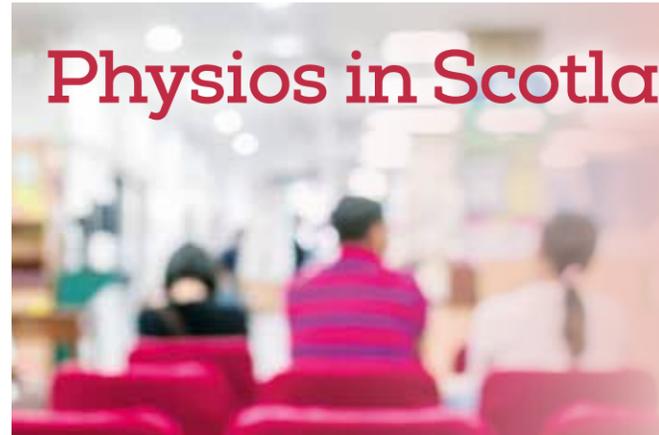
'In those practices where physiotherapists are established, GPs have found their contribution invaluable.'

Ms Conroy said too many patients faced lengthy waits for appointments in physiotherapy outpatient departments. The government's drive to discharge patients 'faster and faster' would only work if they received the rehabilitation they required.

'We're not supposed to be sending patients home to survive, we're sending them home to live.'

'Physios can provide that rehabilitation. Our members are frustrated because they know we can make a bigger impact, getting people back into work and their community.'

The CSP stall featured the physiotherapy cost calculator, which members can use to show GPs the financial benefit of employing them as the first point of contact for patients with MSK conditions.



People still face long waits for physio outpatient appointments

Physios put the profession in the spotlight



An OBE for Bhanu Ramaswamy



Ann Moore received a CBE



Gloucestershire award winner Sarah Morton



Suzanne McIlroy is a clinical lead physio at King's College Hospital

Physios are recognised in Queen's birthday honours

Two physiotherapists – Bhanu Ramaswamy and Ann Moore – received awards for their services to the profession in the Queen's birthday honours.

Private physiotherapy consultant Ms Ramaswamy was made an OBE for her services to physiotherapy. She is a visiting fellow at Sheffield Hallam University and was one of the first supplementary prescribers.

Ms Ramaswamy told *Frontline* 'I've been reminded by several people that OBE stands for "others' bloody effort", and they are right.

'Many of my opportunities and achievements have been due to teamwork, so definitely with others.' Ann Moore, emeritus professor

at the University of Brighton, who received a CBE, had spent more than 40 years researching and improving the evidence-base for physiotherapy.

'I was initially very surprised and slightly shocked at the news of the award, but I feel extremely proud and honoured,' she said.

'I enjoyed my research activities and contributing to the growing physiotherapy evidence base, as well as facilitating members of my profession in their research.'

Another name on the honours list from health was Alan Borthwick, associate professor at University of Southampton's centre for innovation and leadership.

Dr Borthwick, who received an OBE for services to health and health research, helped secure independent prescribing rights for podiatrists and physiotherapists.

Meanwhile, two physiotherapists were invited to take part in the patron's parade in London on 12 June, in honour of the Queen's 90th birthday.

Lynda Beadnall and Susan Uncles represented UK charity Leonard Cheshire Disability, which supports people with physical disabilities.

Ms Uncles said: 'I was delighted to also carry the CSP placard and felt very proud of my profession, with many positive comments and cheers from the crowds as we paraded past.'

Gloucester physio wins leadership award

A physiotherapist from Gloucester has won an award for her inspiring leadership and support.

Sarah Morton, professional head of adult physiotherapy at

Gloucestershire Care Services NHS Trust, was named leader of the year at the trust's 'Celebrating You' awards in May.

She was nominated by staff in recognition of her ability to provide professional support and guidance to physios in the trust's integrated community teams, specialist services and musculoskeletal service.

Ms Morton told *Frontline*: 'The physiotherapy team are exceptional and work collaboratively with all colleagues to provide the very best patient care. A key part of my role is working closely with commissioners and other key stakeholders to emphasise the role that physiotherapy can increasingly play. I feel enormously proud of the work we do for our patients and proud to work with such committed, dynamic colleagues.'

Charlotte Tucker, physiotherapy

The course culminated in a presentation of the final protocols the students had designed, and Ms McIlroy came out on top.

Her protocol looks into researching the rehabilitation of patients with this condition, where the bone channel surrounding the spinal nerves or spinal cord narrows. It is titled 'A feasibility study: does a rehabilitation programme improve walking ability compared to usual care in adults following lumbar decompression surgery for lumbar spinal stenosis'.

The three-month course aims to help clinicians and allied health professionals move into clinical research.

It includes developing hypotheses, study aims, design, research methodology, ethical considerations and data analysis.

'I had worked hard throughout the

course with Dr Lindsay Bearne, from the academic physiotherapy department at King's College London,' she said. 'But I didn't think I was likely to win.'

Falls prevention team wins HSJ award

A physiotherapy-led falls prevention team in South London has won an award for a project that helps older people to stay fit and remain in their own homes.

The community rehabilitation and falls team from Guy's and St Thomas' NHS Trust received a *Health Service Journal (HSJ)* Value in Healthcare Award in Manchester on earlier this year.

They triumphed in the value and improvement in community health service redesign category, in recognition of a project that has enhanced falls prevention in the

London boroughs of Southwark and Lambeth.

Since 2014 the scheme has designed, tested and refined low cost methods of early identifying, triaging and fast-tracking exercise intervention for people who are at risk of falling among the boroughs' combined population of 680,000 people.

Judith Hall, physio clinical lead, said: 'The project started as a pilot but based on a business case we prepared, and due to the potential savings that can be realised, the commissioners have funded it on an ongoing basis.'

Patient outcomes from the project have shown that 76 per cent of participants experienced improvements in one or more clinical measures, while 75 percent reported improvements in their quality of life.

■ Robert Millett and Gill Hitchcock

Patient outcomes from the project have shown

76%
of participants made an improvement



Guy's and St Thomas' NHS Trust's community rehabilitation and falls team

NewsDigest

Experts say physios should make best use of new technology

A rise in chronic conditions and the need for self-management and remote monitoring were key themes at the Westminster Health Forum, held in London last month.

David Calder, health manager at the Knowledge Transfer Network, told delegates that self-management and self-care should not be seen to be a threat to the quality of care. He gave telecare as an example of success.

Meanwhile, Adrian Baker, head of health at IT industry body techUK, said there was great potential for healthcare in existing technologies, the issue was that they were not being implemented quickly enough.

'There are fantastic things happening already ... we need to create momentum by shouting about how amazing technology can be, and how it can impact on people's lives,' he said.

He added that if clinicians had access to remote monitoring and diagnostic devices, it could help to prevent a range of conditions, from common mental health problems to diabetes and musculoskeletal conditions. 'And if it can't help us prevent a condition, it can help us treat it long before a crisis occurs,' he said.

CSP's head of practice Steve Tolan agreed and said that it was extremely important for physios to make the best use of new and existing technologies.

'We need to be aware that one of the greatest barriers to digital uptake is attitudes and behaviours around IT, rather than its absence,' he said.

■ Gill Hitchcock



Andrew Hendry

CSP welcomes opportunity for physios to influence IT

The door of NHS's England's National Information Board (NIB) is open for physios and other allied health professionals to contribute to digital developments, *Frontline* has been told.

Tim Donohoe, a member of the board and director of informatics delivery at the Department of Health, said: 'I think that allied health professionals are not currently represented on the National Information Board, but there is no reason why they couldn't be.'

'The purpose of the group is to have a wide dialogue, so I don't see that bringing them into that group would be an issue. There is absolutely an opportunity to do that and to get the voice of that group represented.'

He was speaking at the Westminster Health Forum in London last month about the priorities for developing technology in health and social care. The event focused particularly on out-of-hospital treatment and managing long-term conditions.

The primary role of the NIB, created in 2014, is to help develop a digital strategy for using technology in the NHS. England has a £4.2 billion programme to create a paperless NHS, and Mr Donohoe said the board was already looking at how to enable users of digital systems to be more involved in developments.

The CSP's head of practice, Steve Tolan, welcomed Mr Donohoe's comments.

Speaking after the event, he said: 'For physios, this is about developing relationships with technology decision-makers locally, because local engagement is vital to setting the right national direction.'

Professor Hywel Williams, director of the National Institute for Health Research's health technology assessment programme, said his organisation was 'always

happy to look at research into musculoskeletal diseases', whether they were inflammatory or degenerative. 'It's one of our core businesses,' he told *Frontline*.

■ Gill Hitchcock

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programme to create
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Diversity Issues

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Working through Ramadan can present a challenge for Muslim physios – and for fasting patients. Robert Millett finds out why

Getting through a busy, working week can be tiring for anyone. But physio staff who observe the Muslim holy month of Ramadan manage to maintain their duties without having any food or water during the day. An alarming thought for most of us.

Ramadan is considered one of the five pillars of Islam and requires followers not to eat any food or drink between sunrise and sunset. Exceptions are made for children, pregnant women and anyone with ill health.

Senior physiotherapist Ahamed Mashoor works on the medical rehab ward at Milton Keynes Hospital. He explains that, because the Islamic calendar is based on the lunar calendar, the dates of Ramadan change from year to year. This year it fell in June, meaning a longer fasting day.

'It has been the longest Ramadan in my recent memory – as we have fasted roughly 20 hours a day,' says Mr Mashoor.

'We eat and drink before dawn, between two and three in the morning, and then have nothing until 9.30 in the evening.'

However, in his experience, fasting and work are compatible – although the requirements of various jobs can make a difference.

'I have been a physio for 35 years, worked in lots of different departments and I've always fasted,' he says.

'My last role was as a manager so I didn't have a lot of physical work, but I do now and a lot of physios who are fasting will have a physical component to their work.'



Ahamed Mashoor

Ashraf Booth is a community rehabilitation assistant at Waltham Forest Rehabilitation Service, part of North East London NHS Trust.

He also observes Ramadan.

Hunger and thirst can be a problem 'at times', he says, but overcoming it is mostly a case of 'mind over matter'.

However he agrees that physical work can make fasting more taxing.

His role involves exercising and mobilising patients.

'The biggest challenge for me is the tiredness,' he explains. 'Some patients need help with transfers which can be physically demanding at times. Working in the community means I'm constantly on my feet.'

Mr Mashoor adjusts his work schedules slightly during Ramadan to ensure that physical tasks take place, where possible, in the morning when his energy levels are higher.

'Then in the afternoon I focus on writing notes and paperwork,' he says.

He also negotiates shorter work days while he fasts, working through his lunch break.

'So I finish early, at about quarter past four and that helps.'

There is a growing awareness about Ramadan in the UK, particularly in areas with large Muslim communities. It's not just staff, but patients who may be observing the fast.

Mr Booth recommends that physios make adjustments to any prescribed rehabilitation programme for a patient who is fasting.

'The best way to do this is to simply reduce intensity or repetitions ... and this can help reduce feelings of thirst or hunger.'

'Also it's important to understand they will have lower energy levels and that feelings of

dizziness upon standing are not out of the ordinary. So it's key that those patients are well supervised and closely observed.'

His employer distributes an email brochure to all staff, explaining Ramadan's basic principles and the beliefs behind it.

'But you do still get the odd question, my favourite being "Not even water?!" which always makes me chuckle,' he says.

'And a lot of times when I'm visiting patients they will offer me a cup of tea – which I have to politely decline. They then ask me about the ins and outs of Ramadan, which I happily explain.'

'Managers can support you and if your colleagues know they can be considerate,' says Mr Mashoor. 'They might not eat in front of you – personally I have no problem with that – but they might want to be a bit discrete.'

Risks and benefits

The spiritual aspects aside, there are real physical health risks to consider when fasting. The Department of Health warns that it can cause heartburn, headaches and dehydration, but states that it can be good for people's health when it's done correctly.

'Hydration is the biggest thing for me,' says Mr Booth. 'You have to ensure that you have plenty of fluids after fasting each day and avoid "heavy" deep-fried foods.'

Mr Mashoor agrees: 'In my personal experience, you are okay until about 2pm and then after that you can become tired – particularly mentally tired, I think partly due to the dehydration,' he says.

Prolonged fasting can also burn fat reserves, which can lead to weight loss. By the end of Ramadan Mr Mashoor says he usually loses three or four kilos.

'If you do it sensibly then fasting is a good thing, as it helps you to reflect, gives a rest to your system and lets your body relax,' he says.

'Behind the rumbling stomachs and cries for sunset, people are genuinely happy and there's something in the air that just feels so positively different,' says Mr Booth. **FL**

More information
NHS Choices: **Healthy Ramadan**
<http://bit.ly/UTpQYm>

Equality Act

In the UK, employers have a duty to comply with the Equality Act 2010 by maintaining a working environment in which no one is put at a disadvantage because of their religion or belief.

As followers of Islam, Muslims who practise Ramadan receive protection under the Act.

According to the United Kingdom Census 2011 there are more than 2.71 million Muslims living in the UK, but no data is available about the number of NHS or private health workers who belong to the Islamic faith.

When is Ramadan?

Ramadan is the ninth month of the Islamic calendar, which follows the lunar calendar. It falls on different dates each year. This year it began on 6 June and ended on 6 July, with the start of the Islamic holiday Eid al-Fitr.

From sunrise to sunset

PhysioFindings

Janet Wright on the latest physio research



Something to add?
email *Frontline* at
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Should movement be restricted after hip replacement?

Physiotherapists are questioning the routine use of precautions and special equipment after total hip replacement (THR).

One of the commonest complications after THR is dislocation, which happens in up to 19 per cent of cases. It can be disabling, so people are often advised to reduce the risk by limiting their range of movement, at least for the first six weeks.

However, many people are concerned that this can delay rehabilitation.

'Hip precautions and equipment have been a major cause of discontent for patients, as it slows down their return to daily activities,' say the authors of a new study, which can be read in full online.

Patients may be taught precautions such as avoiding hip flexion beyond 90 degrees, and advised not to carry out activities such as driving or riding a scooter, which could move their joints beyond the recommended range.

They may also be provided with equipment such as raised seats and long-handled reaching devices to help them limit movement in their joints.

'These practices are widespread, particularly in occupational therapy practice, but are not necessarily evidence-based,' say researchers Toby Smith, of the University of East Anglia in Norwich, and Catherine Sackley of King's College London.

They surveyed physios and occupational therapists to find out what they were providing, to which patients, for how long and on what criteria.

Three quarters of the 170 respondents to the survey said that all their THR patients were provided with equipment. Most trusts recommended using the equipment for six weeks to three months after surgery.

Almost all respondents routinely gave advice on hip precautions. However, a quarter of them

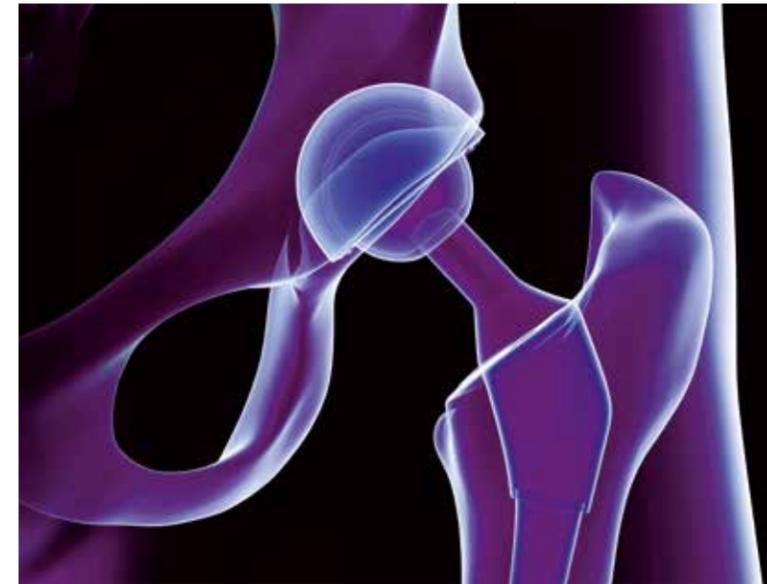
thought that recommending precautions should not be a routine practice.

Earlier research has suggested that use of precautions did not reduce the risk of dislocation, Dr Smith and Professor Sackley note. It may also hinder people's return to normal everyday activities.

Four out of five respondents called for more research on hip precautions, while two thirds wanted more research on providing equipment.

'Whilst hip precautions are routinely provided for the majority of people following primary THR, this is largely questioned by UK occupational therapists and physiotherapists,' say the authors.

Smith T & Sackley CM. UK survey of occupational therapists' and physiotherapists' experiences and attitudes towards hip replacement precautions and equipment, *BMC Musculoskeletal Disorders* 2016; <http://dx.doi.org/10.1186/s12891-016-1092-x> - open access



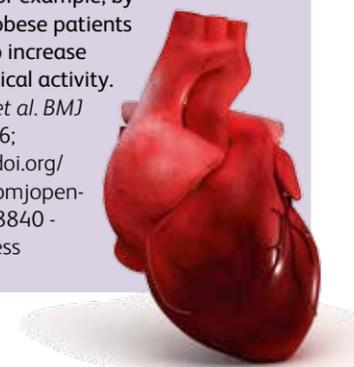
Sebastian Kaultzki/Science Photo Library

Comments and conclusions

■ Symptoms of depression that become steadily worse in older people may be the first signs of dementia, and are more strongly linked with dementia than any other kind of depression, say authors of the first long-term study to examine the link.
Mirza SS *et al. Lancet Psychiatry* 2016; [http://dx.doi.org/10.1016/S2215-0366\(16\)00097-3](http://dx.doi.org/10.1016/S2215-0366(16)00097-3)

■ One in five children whose mothers had a university degree became overweight by the age of 11, compared with one in three whose mothers had no academic qualifications. Women who smoked during pregnancy, or were overweight when they conceived, were more likely to bring up overweight children. This accounts for about 40 per cent of the difference in risk associated with social class, say researchers who studied data on more than 11,000 children from the UK Millennium Cohort Study.
Massion S *et al. Archives of Disease in Childhood* 2016; <http://adc.bmj.com/content/early/2016/03/31/archdischild-2015-309465> - open access

■ The nationwide NHS health check programme, set up in 2009, has so far achieved lower coverage than expected but is improving year by year, evaluators report. It aims to identify and reduce the risk of cardiovascular disease, for example, by advising obese patients on how to increase their physical activity.
Robson J *et al. BMJ Open* 2016; <http://dx.doi.org/10.1136/bmjopen-2015-008840> - open access



Exercise can prevent late-pregnancy leaks

Stress urinary incontinence is a common problem for women in late pregnancy. Researchers in Thailand set out to see if a supervised pelvic-floor muscle exercise programme would reduce women's risk of developing the condition, in which any pressure on the bladder, such as a cough, can trigger leakage.

Seventy women who were 20 to 30 weeks into their first pregnancy took part in the trial. They were randomly divided into an intervention group, which did a six-week exercise programme, and a non-exercising control group.

The exercisers were given a

handbook and verbal instruction as well as three 45-minute training sessions in the first, third and fifth weeks of the trial. They were asked to carry out the exercises every day at home. Two exercisers and five of the control group dropped out before results were collected.

Each woman was checked when she was 38 weeks pregnant. Nine women in the intervention group reported having stress urinary incontinence, compared with 16 of the control group. Of those who had incontinence,

the exercisers were less severely affected than the controls.

The exercise treatment may be suitable in real clinical situations, the authors concluded.
Sangsawang B & Sangsawang N. Is a six-week supervised pelvic floor muscle exercise programme effective in preventing stress urinary incontinence in late pregnancy in primigravid women?: a randomised controlled trial, *European Journal of Obstetrics & Gynecology and Reproductive Biology* 2016; <http://dx.doi.org/10.1016/j.ejog.2016.03.011>



Views & Opinions



Something to add?
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Adviceline

Rachael Machin believes physios need to fight for appropriate care for older people

When the NHS was created almost 70 years ago, it promised to deliver health care to all, based on need, rather than the ability to pay. The NHS has developed greatly since its inception, and the common belief remains: the NHS is one of the fairest health systems in the world.

It may, then, come as a surprise to hear that the UK has some of the worst cancer survival rates for older people in Europe. Shockingly, it is estimated that more than 14,000 cancer deaths in the over-75s could be avoided each year in the UK, if mortality rates were the same as those in the USA.

There is a growing body of evidence to suggest that older people with cancer are under treated. This may explain why, while mortality rates are

improving significantly for the under-75s, they are improving at a much slower rate in those aged 74-84 and actually getting worse for those aged 85 and over.

Cancer is predominantly a disease of age. Half of those people newly diagnosed in the UK are over 70, so why is the NHS undertreating this population? The reasons appear to be multifactorial: poor assessment methods; a lack of practical support for the patient; and deficiencies in joined up working between specialists, primary and social care.

So what can be done? Physiotherapists are well placed to challenge health inequalities, and provide effective management to improve the quality of life for older people with cancer.

Treatment options should be based on fitness and determined by methods of clinical assessment, not merely chosen because of the chronological age of the patient.

With the right treatment, over-65s can survive for many years after being diagnosed with a cancer. As physiotherapists, let's push for equality, support our older patients in getting treatment that is appropriate and effective, and fight age being a decision-making point.

Rachael Machin is staff physiotherapy service co-ordinator, Staffordshire and Stoke-on-Trent Partnership Trust.

High heels – expression or oppression



Uniforms are meant to unite, but are they masking individuality, asks physio John Hammond

There has been quite a bit of media coverage about Nicola Thorp, a receptionist at management consultancy PwC, who was sent home from work because she was not wearing heels.

It might be easy to think that this sort of sexism only happens in corporate city firms, not in physiotherapy. Think again. There are many ways in which our choices of what to wear, as expressions of our identities,

are restricted both formally and informally in the physiotherapy workplace.

Historically the physiotherapy uniform has military origins. The blue trousers and white tunic/polo top were designed for men. Over time this has been modified so it's more comfy. But it is still immediately recognised as more masculine than feminine.

In my own research, male students embraced the uniform as an expression of their masculine self, while

female students seemed to suggest that the uniform and associated dress code (hair tied back, no jewellery and make up) neutralised their gender identity.

I can see that a uniform provides consistent professional recognition and in some cases empowers individuals. However we must not lose sight of how challenging it may be for some to conform to these professional conventions.

What about when we take off our uniform and consider other professional activities such as going for an interview, attending a conference, or being a manager? What

do we wear when there are no rules? Or so we think. 'Social norms' still exist. For a man a suit and tie is the social 'norm', signifying the straight, white middle-class 'default man', to

What do we wear when there are no rules?

cite the artist Grayson Perry. If you are not the default man, the suit – like high heels for women – can be seen as an oppressive tool.

Of course there need to be limits where there are risks to patient safety. Bare arms below

the elbows reduce infection risk. But if people feel that a significant part of their identity is masked then they may either under-perform or leave the profession.

We all have a responsibility to question whether dress code policies are 'inclusive'. Rather than question whether a colleague is appropriately 'dressed', reflect on why you might even be thinking that in the first place.

Dr John Hammond is associate dean (education) at Kingston University and St George's University of London where he chairs the equality and diversity committee

More than
14,000
cancer deaths in people aged over 75 could be avoided each year

A patient-centred approach

People with motor neurone disease can benefit enormously from physio input, says Nicola White

My 22 years as a physiotherapist has involved working with people with motor neurone disease (MND) in various settings and stages of the condition. This includes work in acute neurology, community settings and my current post in a clinic-based role at The Walton Centre in Liverpool. As a specialist neuroscience trust, we are fortunate to have an MND care centre developed by the Motor Neurone

Disease (MND) Association.

This is a regional centre for the support and improved co-ordination of services for people with MND. I work as one of a multidisciplinary team (MDT) which includes a neurologist, specialist nurse, speech and language therapist, clinical psychologist, regional care development advisor, financial advisor, occupational therapist and health care assistants. I am involved in a clinic for people

who have a new diagnosis of MND.

We offer a patient-centred joint physiotherapy and occupational therapy assessment, have a collaborative discussion of issues raised and then formulate management strategies with the person and often their family members. We are able to make any necessary specialist referrals for further intervention from this clinic, such as community therapies, social services, a respiratory clinic, or orthotics.

Despite the distress of the life-changing diagnosis, attendees to the clinic often report the

benefit of discussing practical management of aspects of the condition.

These might include positioning to alleviate symptoms, exercises to maintain movement range and ease pain or stiffness, or simple orthotics to improve function or help maintain a favourite activity.

In a previous role in a community therapy team, I enjoyed a position within a MDT where we were able to maintain involvement as required with the person with MND through the stages of the disease.

The recently published NICE guidelines for MND (NG 42, Feb 2016) advocate this continuity of care and avoidance of untimely case closure. This comprehensive document is a welcome tool for allied health professionals in assisting our provision of good practice in assessing and managing people with this extremely difficult and multi-faceted condition.

Nicola White is a Band 7 physio in the neurological long term conditions team at The Walton Centre in Liverpool.



More information
For more on MND see
www.mndassociation.org

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Prof Krysia Dziedzic
Primary Care and Health Sciences, Keele University, UK



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Prof. Brian Caulfield
Director, INSIGHT



Optimising opportunities to embed digital technologies in healthcare education and clinical practice
Rachael Lowe
Founding Director, Physiopedia



Frailty - a complex phenomenon
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Pelvic Pain

Patients with pain relating to sexual function can find it hard to access the advice they need, but help is at hand from specialist physiotherapists. **Louise Hunt** reports

Patients with long-term abdominopelvic pain (APP) would be better served if pain management and women's health physios combined their skills and expertise, believes Katrine Petersen, one of the relatively few physiotherapists whose work spans both camps.

Based at University College London Hospitals NHS Trust (UCLH), Ms Petersen is a pain management specialist with a programme called Link. The programme, which has been adapted to reflect the needs of patients with long-term APP, is one of only a handful in the country to focus on treating patients with these complex conditions.

The trust's National Hospital for Neurology and Neurosurgery runs five Link programmes a year for patients with APP. Men and women attend separately, as this was their preference when asked. The sessions are held one day a week over seven weeks, with follow-up sessions at one and nine months.

'The programme uses core pain management cognitive behavioural therapy approaches,' Ms Petersen explains. 'These include pain education, graded exposure,

desensitisation and pacing, but expand on knowledge of urology, gastroenterology and gynaecology.'

Outside a specialist programme like Link, however, most patients with long-term APP end up in general pain management programmes, she says. And while pain management physiotherapists can offer a range of approaches to help with long-term pain, they are not always able to support patients with concerns over where their pain is located.

Many have ongoing pain relating to surgery, pregnancy and birth, or endometriosis, prostate and bladder conditions. Some may have neuralgia linked to the genital area. 'Problems with sexual activity, depression and anxiety are common and often there is no specific diagnosis,' says Ms Petersen.

'Physiotherapists are really well placed to work with these patients. But in my experience, pain management physios can be unconfident about dealing with the intimate issues around bladder, bowel and sexual function.'

This was Ms Petersen's experience when, four years ago, she started treating patients with APP after a physiotherapist who specialised in this area moved on.

Intimate arenas



Pelvic Pain

'I come from a pain management background so when I was asked to see patients with pelvic and abdominal pain I felt very insecure at first.'

Working with a specialist multidisciplinary team helped to build Ms Petersen's confidence, however. And she found the psychologists particularly helpful: 'They are very good at dealing with the myths of sexual activity, which can become such a massive issue for many patients.'

Building confidence

The psychologists' approach gave Ms Petersen ideas for how to incorporate sexual activity-related goals as part of overall goals in the pain management programme.

'I started looking at ways that it could be used to explore graded exposure, in the same way that conventional programmes build up sitting and walking tolerance,' Ms Petersen says.

'For example, you can suggest patients use a vibrator to explore where their tolerance and baseline is. The key is to not be scared to address sexual activity,' says Ms Petersen. She adds that the service has developed a model to help give clinicians confidence in treating intimacy issues, and that an outline is available on the Faculty of Pain Medicine's website at www.rcoa.ac.uk/system/files/reconnect.pdf

Patients often end up in a cycle of repeated investigations and being treated with antibiotics they don't need

Much can be learned from women's health physios, who are more likely to see patients initially with pelvic pain. Although, she says, pelvic pain physiotherapists are increasingly upskilling to treat long-term pelvic pain and men's issues.

'They are excellent at dealing with the intimate issues, and have good bio-mechanical skills for dealing with women's health issues such as prolapses,' says Ms Petersen, who spoke at the first World Congress on Abdominal and Pelvic Pain in Amsterdam in 2013.

Taking a bio-psychosocial perspective can help these very complex patients, she says. 'The general feedback was they would only approach pain with more traditional biomechanical approaches including manual therapy, but with chronic pain it is not just about treating the structural cause, but the nervous system as a whole.'

Her patients have pain symptoms that develop gradually. Over time, this causes changes in the nervous system that are not explained by a particular pathology. For example, she says, take a patient with bladder pain. Their brain perceives a threat and this activates the immune system causing real inflammation, although tests show there is no infection.

'It can be really difficult to treat and patients often end up in a cycle of repeated investigations and being treated with antibiotics they didn't need,' she says.



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'Research shows that neurogenic inflammation is possibly caused by an overactive nervous system and physiotherapists can play a huge part in explaining this to patients,' she says.

Ms Petersen's advice is to identify what to do with patients with complex long-term pain and how to refer them to specialist centres. 'They also need to be able to explain pain and why a traditional mechanical approach might not work.'

There is a shortage of research and guidelines into how to manage long-term APP or on how to adapt conventional pain management programmes to treat these patients, says Ms Petersen.

'It can be really difficult to treat and patients often end up in a cycle of repeated investigations and being treated with antibiotics they didn't need.'

Katrine Petersen

The Fife way

Other pain management physiotherapists agree that joint working is the way forward. This has been happening for some time at Fife Integrated Pain Management Service.

Fiona McAslan, advanced physiotherapy practitioner in pain management with the service, says the women's health and pain management specialists work together.

'Our women's health team changed its name to pelvic health physiotherapy to reflect the change in focus to a more holistic one. It encompasses the wide variety of conditions in both men and women that they see,' she says.

'All team members have had training in basic pain management and I have regularly presented at their study days. The pain and pelvic health physio teams are already expanding their joint working. Shadowing opportunities and peer discussion sessions are used and we are looking at more training opportunities. Patients go through a triage system to ensure they are treated by the most appropriate approach.

'We are dealing with patients who have reached the "end of the road" in terms of investigation and so we liaise with pelvic health at this point if the patient has not tried specialist pelvic health physio



The Link team: Angie Keeling (nurse), Katrine Petersen (physio), Dr Katie Herron (psychologist), Craig Crawley (physio)

What the CSP networks offer

The Pelvic, Obstetric and Gynaecological Physiotherapy professional network (formerly known as the Association of Chartered Physiotherapists in Women's Health) has 600 members. It offers specialist training courses in the developing area of chronic pelvic pain, including the bio-psychosocial approach.

Members work in a range of settings, some of which are similar to the integrated pain management service in Fife. Others work in independent private practice.

Both men and women with pelvic dysfunction symptoms often have problems in securing referrals to a healthcare professional with the

appropriate knowledge, skills and experience.

The specialist internal pelvic floor examination and treatment techniques that may be used with this client group are taught at postgraduate level, with training programmes that are compliant with CSP guidance (PD092, 2012). The network delivers several short courses related to pelvic health and is about to introduce a new advanced course. Many of the physiotherapists attending the courses have backgrounds in managing and treating musculoskeletal (MSK) conditions.

In many ways, this is a sub-speciality of MSK physiotherapy practice and

collaboration involving both groups can only be positive. Physiotherapy has a big role to play, not only in the treatment, but also in facilitating self-management with the aim of increasing activity levels and improving people's quality of life.

Martin Hey, the chair of the Physiotherapy Pain Association, a CSP professional network, and a consultant physiotherapist in pain management at Mid Yorkshire Hospitals NHS Trust, added: 'I fully support the assertion that for complex care in patients with longer-term APP problems a better, dual understanding would afford more empathic, inclusive, coordinated and, hopefully, effective care.'

in the first instance.

'If this is still not successful, they can refer back to our service which can focus in greater depth on the bio-psychosocial issues, helped by access to pain psychologists. I can accept we are lucky that some pelvic health physiotherapists have worked in pain management in the past, which has made the adoption of a bio-psychosocial approach easier.

'I would agree that, in general, physiotherapists in pain management may not be fully confident in dealing with bladder, bowel and sexual function. However, our pain team has received training in dealing with these issues as they are not confined to pelvic pain/abdominal pain, but can be present in all pain conditions.' FL

More information

Pelvic, Obstetric and Gynaecological Physiotherapy <http://pogp.csp.org.uk>
Physiotherapy Pain Association
<http://ppa.csp.org.uk>

Evidencebase

Every physio should pursue evidence-based practice. But have you ever thought about the assumptions that lie behind research design? Roger Kerry and Carley King think you should

Getting to the core



It's not often, as physios, we get the space to really think about, and understand, how decisions are made about what works and what doesn't in the therapies we provide.

So CauseHealthPT, a one-day conference held in Nottingham on 12 May, gave the chance to do that.

Sub-titled '(The place for) science, policies and persons in physiotherapy', it aimed to bring together a variety of perspectives about the current state of physiotherapy and evidence-based practice (EBP). It also looked at different ways of understanding how scientific research and clinical practice might develop, given what we have learnt over the last few decades from EBP.

CauseHealthPT is associated with CauseHealth, a four-year research project funded by the Norwegian Research Council. CauseHealth is a philosophy of science project looking into some profound questions about how medicine and health science work. In particular what we mean by 'cause'. (What 'causes' a disease? What 'causes' someone to get better?) And how is our understanding of the 'cause' of a disease represented in the way science and research is carried out?

The project centre is the Norwegian University of Life Science, near Oslo, and the University of Nottingham is a collaborating institute.

Disclaimer

Before going any further, we felt we should issue

a health warning. It was something physio Jack Chew, who was at the event, summarised perfectly in his Physio Matters podcast: 'There were certain times when you just about thought you were grasping where they were going with it, and then your mind would be expanded to the point where it gave you a headache.'

This article aims to make sense of the day, communicate a couple of the key messages, and minimise the headache the content may cause.

How have we got here?

So how and why has physiotherapy got itself so involved with philosophy? The background to the CauseHealth project is that – as we all know – the world of health care is not straightforward. It is characterised by complexity. Patients rarely present in a text book way. And their condition is context-sensitive: each patient will bring their own experiences, beliefs and values to the treatment they receive. In turn this will influence their experiences of care and their recovery.

The 'hands on' nature of physiotherapy and direct patient contact make it a great 'testing ground' for the philosophical work being done by CauseHealth. In doing this, we can get a deep and critical understanding of the job we do, the interventions we use, and the scientific research which informs these interventions.

At the conference, Roger Kerry, professor at Nottingham University, provided a clear explanation of a core philosophical concern to

EBP. He said that the methods used in research to establish cause and effect worked on an idea of causation which didn't seem to match the complexity of human variation and person-centred medicine. When trials are designed to prove whether or not a treatment is clinically effective, the methodology doesn't seem to appreciate the variations in patients and how they respond to that treatment.

He cited the example of a glass smashing after being pushed from a table – one explanation of the glass smashing is because it was pushed. An alternative causal explanation could be that it smashed due to the inherent properties of the glass, that is, its fragility.

Applying this clinically, the way an individual experiences a condition will depend largely on that

person's inherent 'properties' – their beliefs, values and experience. So, individuals may experience the same condition (such as pain) differently, and require tailored management. While this is a seemingly obvious statement, randomised controlled trials (RCTs) don't necessarily or directly take this into account.

What does this mean for my practice? While we might question the basis of the research assumptions, this does not mean we should totally disregard EBP – in fact, Tracy Bury, interim chief executive officer at the World Confederation for Physical Therapy (an expert in evidence-based physiotherapy) spoke of how our scientific future balances individual needs with the wider population data collected in research trials.

This balanced outlook has been described by some in the medical field as having a bifocal approach – keeping the long view of the population data (as depicted in RCTs), as well as the near vision of the individual who is sitting in front of us.

Is there a better way of understanding this?

Rani Anjum, a philosopher of science and principal investigator of CauseHealth, and Stephen Mumford, professor of metaphysics at the University of Nottingham, took delegates on a 'deep dive' into the idea of emergence and how science can cope with this.

In philosophy the definition of emergence is 'a process whereby larger entities, patterns and regularities arise through interactions among smaller or simpler entities that themselves do not exhibit such properties'. A more straightforward definition of the concept might be 'where the whole is more than just a sum of its parts'.

The presenters gave the example of water, something which is made up of hydrogen and oxygen. Those individual components (hydrogen and oxygen) can help fuel fire. And, paradoxically, when combined as water, they can extinguish fire. This, they suggested, demonstrates how the whole (water) is an emergent property: something that is more than just a sum of its parts (hydrogen and oxygen).

Pain can also be seen as an emergent property. It arises from bio-, psycho- and social factors, but is actually none of these things. Pain is a truly independent phenomena, with a life and identity of its own, even though these other factors can influence a person's experience of it. The philosopher's concern is how does science react to the idea that something we are trying to treat is emergent? Is our current research theory able to deal with something that's so difficult to define?

And can an emergent phenomenon – such as chronic fatigue syndrome, for instance – be investigated scientifically? The CauseHealth response is 'yes', but there is still much work to do.

At the conference, the impact of how we think about causation in a clinical setting was addressed by physiotherapists Matthew Low from Bournemouth and Neil Maltby from Yorkshire, and who blogs at *Becoming more human*.

Both showed how their understanding of the underpinning philosophy of CauseHealth has influenced their ability to better contextualise population data in individual and complex clinical instances. For example, Matt Low showed how the effectiveness of an 'evidence-based' (from RCTs) exercise intervention was influenced in a unique and particular way by his patients' health beliefs.

So is this anything new? Or are we trying to theorise what we do in practice anyway? Possibly, but this is just one year into a four-year project, with potential for us to re-think how we can generate knowledge about effectiveness that is fit for purpose for physiotherapy. **FL**

About the authors

Physiotherapist Roger Kerry, associate professor at the University of Nottingham, is the UK lead for the CauseHealth project in Nottingham. He developed an interest in the philosophy of science during his doctoral studies which analysed the nature of causation in evidence-based medicine and randomised controlled trials.

Carley King is a physiotherapist and professional adviser at the CSP. She developed an interest in evidence-based medicine and its philosophical underpinnings during her master's degree in clinical research.

Resources

- For those who missed the day, Chews Health covered the event: <https://causehealthblog.wordpress.com/> You can follow @Cause_Health on Twitter
- The Physio Matters podcast summarising the day can be accessed at: www.youtube.com/watch?v=5SyhwpQbTlw
- Neil Maltby's *Becoming more human* blog: <https://becomingmorehumanblog.wordpress.com/>

ProudtobeRep

5 of the BEST

Five CSP reps tell Daniel Allen about the satisfaction they gain from playing a key role by supporting colleagues in the workplace

Thinking about your personal and professional development? There's a lot to be said for becoming a CSP rep. Many of those who have taken on the role agree that it has strengthened their communication and negotiation skills and given them greater insight into how the wheels turn in their employing organisation. Could it be for you?



Melissa Jackson

Melissa Jackson, a band 7 physiotherapist in a community rehabilitation team, has been a CSP steward at Homerton University Hospital in east London for five years. When she agreed to step forward and represent her fellow CSP members, she was, she admits, not exactly sure what the role would entail.

'I understood from the people I was taking over from that it was a great opportunity to develop your skills and a better understanding of how the trust and the NHS as a whole work,' she says. 'What I didn't expect was the amount of enjoyment I get out of casework – helping my colleagues whenever they need support. That's the most rewarding part.'

Cases can be long and complex so good time management is vital, says Ms Jackson. 'That can be a problem for some stewards because we want to do our jobs – I'm a physiotherapist first. But at the end of the day, most of our managers are CSP members as well so they understand how important the work is. I've found them to be quite good at allowing me time to do my steward work.'



Nathan Benson

Nathan Benson has also found his managers are willing to back him. Mr Benson, a rotational senior physio based at NHS Lanarkshire's Hairmyres Hospital, has been a steward for just a few months. With a local restructuring underway and potential changes to roles, he wanted to gain more understanding of the way decisions are made about service delivery, as well as offering help to members.

'My manager has been very supportive of me taking on the role,' says Mr Benson. 'I know the last rep was very active, very involved, so managers are receptive to union input.'

Does Mr Benson find that any of the skills and attributes he has gained as a physio transfer to being a steward? 'Yes, a lot,' he says. 'Part of the reason I chose to become a rep was to support colleagues – potential disciplinary issues, for example – and every physio I have ever met has always been very supportive and keen for people to get back to what they were doing. I very much feel it's the same job but doing it slightly differently and for colleagues rather than patients.'



Usman Arif

A lot of responsibility comes with representing others and that can feel daunting for those coming fresh to the representative role. But, says Usman Arif, a health and safety rep at Bolton NHS Trust, the CSP training provided to support people new to the role is top quality. 'It definitely helps, knowing the rules and regulations that govern health and safety, and the training really enhanced my understanding – the regulations are very well covered.'

Usman, an extended scope physio working in outpatients and A&E, is now two years into his position as a safety rep. 'Really it's about trying to ensure a safe working environment for all the staff and you do that by promoting a culture that allows them to openly raise any issues that may be of concern to them.'

He too finds that his physiotherapist's communication skills transfer easily into union activity. 'As a physiotherapist, I have a good understanding of anatomy and biomechanics which helps when looking at ergonomics and human factors of workplace injuries.'

He says he was apprehensive when he started as a rep but adds: 'If I'd known the amount of support and development the CSP provided, I probably wouldn't have been.'

Would you recommend the role to others?

✓ 'I enjoy being a rep. It's good to be able to see the management side of things, see the workings of the trust.'
Manessa Faal

✓ 'I would encourage anyone to do it.'
Melissa Jackson

✓ 'Definitely do it. In the short time I've been a rep all the contact I've had with the CSP has been very positive and very supportive.'
Nathan Benson

✓ 'It's a very rewarding experience, so put yourself forward and make the most of it.'
Usman Arif

✓ 'Definitely. You're using skills you've already got and building on them.'
Nicola Powell

If you are having problems at work, talk to your CSP rep first.

If you don't have a rep or need further advice contact the CSP enquiries team.

For more information, visit:
www.csp.org.uk/about-csp/contact-us

ProudtobeRep



Nicola Powell

To be successful as a rep, it also pays to be flexible. As Nicola Powell, a CSP steward at Frimley Park Hospital in Surrey, explains, a rep's workload might involve car parking issues one day, flexible working the next, and then negotiating the pay protection policy with senior management.

'I suppose what I'm hoping to achieve as a steward is resolution of anything members are having an issue with,' she says.

Sometimes, as with the car parking issue at her trust, compromise might be necessary. 'But I think we've found a good compromise. It's not perfect for everyone but that's how compromise works.'

As well as wanting to understand more about trust processes, Ms Powell was attracted to the steward role because it offered an opportunity to learn about negotiation and gain further leadership skills.

Of all the discussions and exercises she took part in during her four-day CSP training course – which she describes as 'superb' – she says the role play was especially helpful. 'We played both sides – CSP member and a rep – and we also tried to consider things from the manager's point of view as well.'

Reps speak highly of their initial training but they also emphasise the ongoing help and support available to them.

Some of that comes from other CSP stewards and safety reps locally, some from staff side representatives of other unions and a lot from CSP senior negotiating officers, who are always on hand to advise and suggest a course of action.

'What I didn't expect was the amount of enjoyment I get out of casework – helping my colleagues whenever they need support. That's the most rewarding part'
Melissa Jackson



Manessa Faal

Manessa Faal, a steward and rotational band 6 at Abertawe Bro Morgannwg University Health Board, says: 'If there's anything we need a little more guidance on, we have support from our negotiating officers. They're really good and we can contact them in order to gain more help and information – on policies and things like that and where we stand from a legal point of view.'

Miss Faal also regularly meets with and emails the health board's other CSP reps to exchange ideas and offer each other support on individual cases. 'It's very much a team,' she says. 'We deal with issues individually but we always discuss things because everybody's got different experiences. That's the best way to do it really, isn't it?'

For any members considering standing as a steward, there's a lot more information on the CSP website (see box). Reps play an essential role: as well as giving support to local members, they provide a CSP voice in the workplace and feed back important information on the problems and challenges the membership is facing. FL

Being a CSP rep

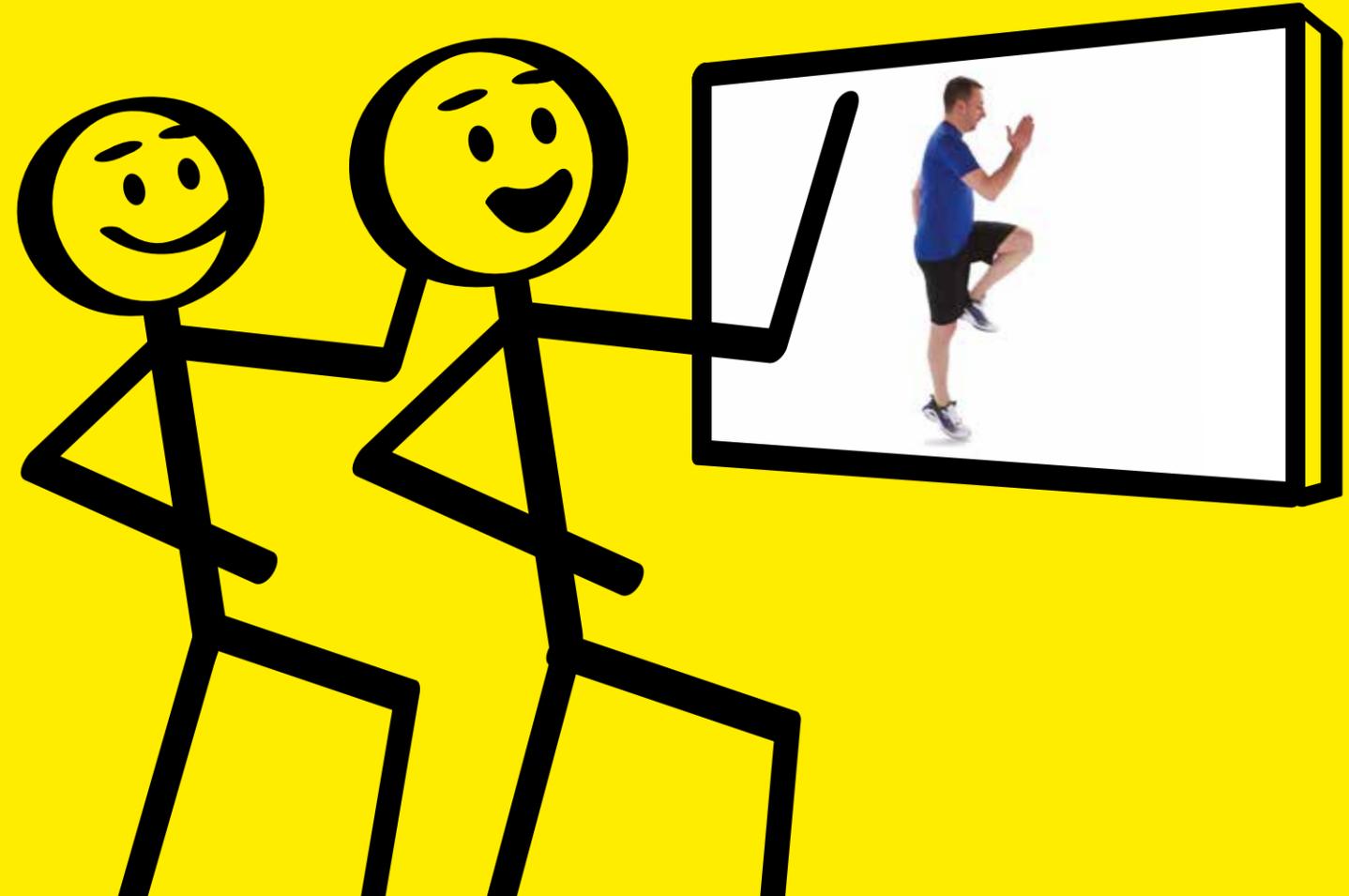
'The role of the steward or safety rep may feel daunting at first,' says Claire Sullivan, director of the CSP's employment relations and union services (ERUS) directorate. 'But don't worry – you won't be on your own.'

Reps are part of a large network of support including other CSP reps in the employing organisation and region, and a regional steward and safety rep, which are also elected roles.

As a rep, you would have the support of the ERUS directorate, especially the senior negotiating officer in your region or country. These officers are employed by the CSP to help, support and advise workplace reps to carry out their role. CSP stewards and safety reps are provided with full induction training and regular regional or country training days to develop the skills, knowledge and confidence to fulfil their role.

There are plenty of resources available – on the CSP website and iCSP. See: www.csp.org.uk/stewards and www.csp.org.uk/safetyreps

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InPerson

CSP's chief exec, Karen Middleton, travelled nearly 700 miles to meet members in one of the most remote parts of the UK – and had an unexpected surprise

Going that extra mile

I am very fortunate to visit CSP members most weeks and when I was invited to visit the physiotherapists working on the Western Isles, I did not hesitate to accept – not least because marking the UK map in my office with a pin that far up and that far across was quite impressive!

I am going to be quite honest with you, I was a little prejudiced about what I expected to find. Living in south east England, I naively thought practices in such a remote part of the UK might be a little dated. Far from it.

The challenges of living and working in a totally different environment – and the way physios respond to those – proved not only an eye opener, but a real challenge to me personally and knocked a few of my assumptions on the head.

I spent two days with some of the most inspirational physiotherapists I have met in my tenure as CEO, whose practice was informed by the most up-to-date guidance, who used technology to their best advantage, whose work was 'wrapped' around the patient and who worked at the top of their licence. It was impressive!

For those of you not familiar with the islands, also known as the Outer Hebrides, they lie off the west of Scotland beyond Skye. The largest settlement is Stornoway, on Lewis, which has a population of around 8,000. Compare that with the 200,000 people living in the London borough of Islington.

As I became more familiar with the islands – and some of the most beautiful scenery I have seen in the UK – I realised that these members had no choice but to be leading edge, because remote island life meant they had to be.

The struggle to recruit GPs in the Western Isles means there is a need for first contact practitioners and for independent prescribers; the cost of transporting patients off the islands for investigations and procedures means clinicians need to advance their practice to offer an alternative; people living in isolated, rural settings

require a strong inter-disciplinary ethos and integrated working and island CPD and supervision necessitates creative thinking, that's for sure!

My visit got me thinking about change and innovation again. When there's a driver, such as island life or running out of money, there is an imperative for innovation and change.

However, what if there is no external critical pressure or burning platform? What

generates innovation and change then and why does it matter?

I have found two essential ingredients for driving change in the services that I visited: leadership and professionalism.

If you have read one or two of my In Person columns, you will know about my passion for leadership and the difference it can make. The biggest difference is to be gained through leading change and creating an environment where innovation is actively encouraged, one where staff are encouraged to look outwards, to question and to remain curious, and where risks can be taken safely.

And then there is professionalism. As physios, we need not only stay up to date, but to constantly question our practice, to challenge ourselves and to seek out innovation. Just because there is no external driver for change, it does not mean we shouldn't, as individual members of our profession, be the drivers of change.

We can never afford to be blinkered about our services. All too often I hear physiotherapists describe their practice as the best or the most evidenced-based relative to someone else's. That's all great and may well be the case, but I often want to challenge them by asking: 'are you sure, or are you simply defending the status quo, rather than considering a different way which would require change?'

I was blinkered about the Western Isles and I had made assumptions – such arrogance! I was wrong. I am indebted to the CSP members that I met for helping me overcome my in-built bias. And I congratulate them all for the work they do in such a beautiful but challenging environment.

Do check out their next recruitment adverts! FL



Contact Karen: middletonk@csp.org.uk

97th Annual General Meeting

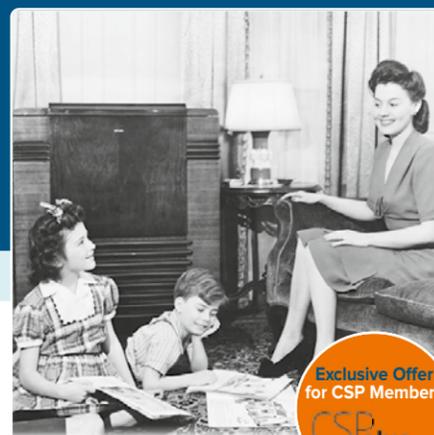


The 97th Annual General Meeting of the Chartered Society of Physiotherapy will be held on Saturday 12 November 2016 at 12.45pm at the BT Convention Centre in Liverpool.

Any Member, Fellow, Associate or Student member wishing to submit a motion for consideration at the AGM must inform the Chief Executive by 12 August 2016 via the contact details below.

Votes at an Annual General Meeting may be given personally or by proxy. A proxy form can be downloaded from the CSP website: www.csp.org.uk/agm Proxy forms must be completed, signed and returned to the Chief Executive's office 14 Bedford Row, London WC1R 4ED to arrive no later than 12 noon on Monday 7 November 2016. Scanned copies can be emailed to: hamptonj@csp.org.uk

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



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*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.



p38 Networks & networking

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

Frontline schedule

Issue date	Booking deadline
Jul 20	Jul 4
Aug 3	Jul 18
Sep 7	Aug 22
Sep 21	Sep 5
Oct 5	Sep 19

p52 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.

p57 Recruitment

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

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



Networks&networking

English networks news



English regional networks

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

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



The 10 English regional networks organise forums, events or conferences four times a year.

These are:

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

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

East of England

Information at: www.csp.org.uk/eastengland
Twitter: @Physioeast
Contact: Chair, Tracey Burge, at: eastofenglandchair@csp.org.uk
Facebook: <https://www.facebook.com/CSPEastofEnglandregionalnetwork/>

East Midlands

Information at: www.csp.org.uk/eastmidlands
Twitter: @CSPEastMidlands
Contact: Chair, Lucy Cocker, at: eastmidlandschair@csp.org.uk
Facebook: <https://www.facebook.com/CSPEMRN/>

London

Information at: www.csp.org.uk/london
Twitter: @CSPLondon
Contact: Chair, Carole McCarthy, at: londonchair@csp.org.uk

North East

Information at: www.csp.org.uk/northeast
Twitter: @CSPNorthEast
Contact: Chair, Robert Goddard, at: northeastchair@csp.org.uk

North West

Information at: www.csp.org.uk/northwest
Twitter: @northwestcsp
Contact: Chair, Jo Lishman, at: northwestchair@csp.org.uk

South Central

Information at: www.csp.org.uk/southcentral
Twitter: @CSPsouthcentral
Contact: Chair, Amanda Pike, at: southcentralchair@csp.org.uk

South East Coast

Information at: www.csp.org.uk/southeastcoast
Twitter: @CSPSouthEast
Contact: Chair, Helen Balcombe, at: southeastcoastchair@csp.org.uk

South East Coast regional conference
Save the date – Thursday 15 September
Time: to be confirmed

Place: WHEC, Worthing Hospital, Lyndhurst Road, Worthing, West Sussex, BN11 2DH
Topic: CPD event more details of this exciting conference to be advertised soon.

South West

Information at: www.csp.org.uk/southwest
Twitter: @CSPsouthwest
Contact: Chair, Adam Zawadzki, at: southwestchair@csp.org.uk

West Midlands

Information at: www.csp.org.uk/westmidlands
Twitter: @WestMidlandsCSP
Contact: Joint chairs, Sam McIntosh and Helen Owen at: westmidlandschair@csp.org.uk

Yorkshire and the Humber

Information at: www.csp.org.uk/yorksandhumber
Twitter: @CSPYorksHumber
Contact: Joint chairs, Angela Clough and Mandy Young, at: yorksandhumberchair@csp.org.uk

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) – Kent

Kent ACPIN's first national stroke conference
Kent ACPIN are excited to host a varied programme of speakers for all the MDT. The conference content blends a wide range of physiology and evidence-based research from speakers including: Dr Fiona Jones, Jonathon Marsden and Lousie O'Connell. The conference

will consist of six lectures with question and answer sections. Lunch and refreshments are also provided. Ashford, Kent is easily accessible from London St Pancras. Book now to avoid disappointment!

Date: Saturday 1 October, 9am-5pm
Place: Eastwell Manor, Ashford Kent
Cost: £95 including lunch and refreshments
Contact: Email: kent@acpin.net for more information or for details on how to book your place. Alternatively find us on Eventbrite.

Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands

Study day: Train the trainers – Effectively promoting excellence in 24-hour postural management

An interactive day including presentations, discussions and practical workshops relevant to the care of a wide range of neurological conditions. Understand the essential components of postural management to protect body shape and promote good health and wellbeing. Develop skills and knowledge to train others to assist those in their care to remain safely active. Feel confident to deliver this training to groups and individuals.

Date: Saturday 17 September
Speakers: Karen Hull and Jill Fisher, specialist neurological physiotherapists
Place: Inpatient Treatment Area, Queen Elizabeth Hospital, Birmingham
Cost: £30 for ACPIN members, £55 for non-members. Includes a USB stick of training resources
Contact: Email: nicola.condon@uhb.nhs.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – London and Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR) jointly present

Dizziness in neurological patients
Date: Saturday 24 September
Programme: 9am-9.30am Registration
• 9.30am-10.45am Anatomy and physiology of the central and peripheral vestibular systems showing scans and videos, Professor Jon Marsden
• 10.45am-11.15am Break (refreshments provided)
• 11.15am-12.30pm Vestibular assessment with a demonstration and differential diagnosis, Dr Diego Kaski
• 12.30pm-1.15pm Lunch (provided)
• 1.15pm-2.45pm Vestibular treatment, from

the basics to progressions, factoring in the postural control model, Amanda Male

- 2.45pm-3.15pm Break (refreshments provided)
 - 3.15pm-4pm Case studies: MS pt with central vestibular involvement, Hilary Myall. CVA with peripheral vestibular involvement, David Herdman. SCI with BPPV, Lisa Burrows
 - 4pm-4.15pm Q&A
 - 4.15pm Finish
- Place:** Basement Lecture Theatre, The Clinical Neuroscience Centre, 33 Queen Square, London WC1N 3BG
Cost: £50 ACPIN/ACPIVR members, £75 non-members
Contact: Registration will be via Eventbrite at: <https://www.eventbrite.co.uk/e/dizziness-in-neurological-patients-tickets-25240410748>

Acupuncture Association of Chartered Physiotherapists (AACP)

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: 16 and 17 July
Place: Wolverhampton
Dates: 13-14 August
Place: Wirral
Cost: £495 – Including one year's full membership of the AACP with many benefits!
To book: Visit www.aacp.org.uk > Find a Training Course > Foundation Courses or CPD Courses
Tel: 01733 390007 #3 Email: sec@aacp.org.uk

AACP grants

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

Physio First

September 2016 central education programme
Bookings now open – secure your place early to avoid disappointment!

Sports specific rehabilitation

Giving private practitioners an insight into rehabilitation techniques employed in professional sport. With Sid Ahamed.

Date: Saturday 10 September
Place: Sibford School, Banbury, Oxfordshire

OX15 SQL

Musculoskeletal occupational health acupuncture

Enabling physiotherapists to expand practical skills in musculoskeletal pain and dysfunction of the neck, shoulder, limb and lower back. With Jon Hobbs.

Date: Tuesday 13 September

Place: West Yorkshire Physiotherapy Centre, Bradford BD12 9PA

The five phases of knee rehabilitation

The latest techniques in ACL and knee rehabilitation, progressing patients through the Five Phases of Rehabilitation; pain management, early motion and movement retraining. With Mike Antoniadis.

Date: Saturday 17 September

Place: Park Physiotherapy, Norfolk NR20 3JE

The young athlete from screening to rehabilitation

Peter Gallagher, international swimmer and dancer introduces how dancers view the dynamic core and the importance of fluid control of the body. With Sid Ahamed.

Date: Saturday 24 September

Place: Victoria Leisure Centre, Nottingham NG1 1DB

Cost: Prices start from £135

Contact: Book now at: www.physiofirst.org.uk to receive a £10 discount, or contact our events team on tel: 01604 684968, email: education@physiofirst.org.uk

Visit: www.physiofirst.org.uk for course details and further courses in 2016.

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

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

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

Membership

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

Soft tissue techniques, part 1

Date: 30-31 July

Place: The London Royal Hospital >

Cost: Fees from £200

Clinical reasoning exercise and performance rehabilitation

Dates: P1 24-25 September

P2 15-16 October

Place: Holme Pierrepont, Nottingham

Cost: Fees from £200/weekend

Autumn study day, 'Technology in sport and rehabilitation'

Date: 5 November

Place: University of Cardiff

Cost: Early bird rates apply / fees from £80

Contact: See: www.physiosinsport.org/courses.html

Musculoskeletal Association of Chartered Physiotherapists (MACP)

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

Date: 25 September

Place: Nuffield Vale Hospital, Vale of Glamorgan

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

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

Spinal masqueraders study day

Spinal masqueraders course is a highly interactive case study based day designed to help with the awareness, clinical reasoning and management of the five most common spinal masqueraders seen in physiotherapy practice.

Date: 3 September 9am-4.30pm (registration 8.45pm)

Place: Nuffield Health, Academy Rooms, Epsom Gateway, Ashley Avenue, Epsom KT18 5AL

Cost: £110 MACP members, £120 non-members

Contact: www.macpweb.org or Terry Smith at: admin@macpweb.org

Spinal masqueraders expanded

'Spinal masqueraders: expanded' covers new issues not covered on the original study day and is designed to enhance awareness and clinical reasoning in the management of non-musculoskeletal causes of back and radiating leg pain. Attendance on the original masqueraders study day is not a prerequisite to this course, however, knowledge and skills gained from the first course will be further enhanced.

Date: 4 September 9am-4.30pm (registration 8.45pm)

Place: Nuffield Health, Academy Rooms, Epsom Gateway, Ashley Avenue, Epsom KT18 5AL

Cost: £110 MACP members, £120 non-members

Contact: www.macpweb.org or Terry Smith at: admin@macpweb.org

An interactive three-day course aimed at senior physiotherapists and new ESPs

An interactive three-day course aimed at senior physiotherapists and new ESPs with limited radiology background, wanting to learn more about requesting and basic interpretation of musculoskeletal imaging in practice. Day 1: Lumbar spine, Day 2: Shoulder. Day 3: Knee. You can choose to do one, two or three days.

Date: 7, 8 and 9 October

Place: Nuffield Health, Epsom

Cost: One day: £110 MACP members; £120 non-members

Two days: £220 MACP members; £240 non-members

Three days discounted: £300 MACP members; £330 non-members

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

The below are all part of the pre and post-IFOMPT conference courses

Entrapment neuropathies with Annina Schmid

Date: 2-3 July

Place: Glasgow

Christian Barton and Dylan Morrissey PFP and knee pain course

Date: 2-3 July

Place: Glasgow

Gwen Jull: The management of cervical disorders

Date: 2-3 July

Place: Glasgow

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

Date: 2-3 July

Place: Glasgow

Toby Hall headache course

Date: 9-10 July

Place: Glasgow

Evidence-based soft tissue skills with Kevin Hall

Date: 9-10 July

Place: Glasgow

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

Date: One-day lecture on 9 July

Place: Glasgow

Alison Grimaldi: Rehabilitating the painful hip with chondrolabral pathology

Date: One-day lecture on 9 July

Place: Glasgow

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

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)

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

Date: 24-26 June

Place: Winchester, Hampshire

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

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

Date: 9-11 September

Place: Wansbeck, Northumberland

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 17 September

Place: Penrith, Cumbria

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

Contact: For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: <http://pogp.csp.org.uk/courses-events> Contact our course administrator via email: pogpcourses@yahoo.com Follow us on Twitter: @ThePOGP Check out: pogp.csp.org.uk for information on bursaries and funding opportunities

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

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

Introduction to occupational health

Date: 21/22/23 September

Place: Edinburgh

Cost: £455 members; £515 non-members

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

Date: 27-28 September

Place: Co Down

Cost: £300 members; £360 non-members
Upper limb disorders in the workplace – Risk assessment and management

Date: 1 October

Place: Guildford

Cost: £140 members; £200 non-members

Introduction to applied ergonomics

Date: 14-15 October

Place: Slough

Cost: £300 members; £360 non-members

Occupational rehabilitation and work hardening

Date: 15-16 October

Place: Edinburgh

Cost: £280 ACPOHE members only

Assessing fitness for work and function

Date: 11-12 November

Place: Glasgow

Cost: £350 ACPOHE members only

ACPOHE courses hosted by Central Health:

Office ergonomics (DSE) level 1

Date: 17/18 September

Place: Central Health Network, Spondon, Derby

Contact: Jane Fearn on tel: 01332 281411, email: jane.fearn@centralhealth.org.uk <http://www.acpohe.org.uk/events>

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

Place: Dublin (Hand Dynamics)

Date: 16-18 February 2017

Place: London (NES)

Date: 10-12 May 2017

Place: Derby

Date: 11-13 October 2017

Level II courses

Hand therapy in practice – MSc module

Place: University of Derby

Date: 31 May-19 August (attendance 11-15 July 2016)

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

The PIP joint

Place: St George's Hospital, London

Date: 7-9 September

Contact: Web: www.neshands.co.uk

Splinting

Place: Dublin (Hand Dynamics)

Date: 22-24 September

Contact: Email: handdynamics@eircom.net

Radiographic imaging of the hand

Date: 19-21 October

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

The wrist

Place: London (NW11)

Date: 7-9 December

Contact: Web: www.neshands.co.uk

Level III courses

Contemporary practices in injection therapy – MSc module

Place: University of Nottingham

Date: Eight days attendance between 17 October and 13 December

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Chartered Physiotherapists Working With Older People (AGILE)

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

Date: 25 June

Place: City Academy, Bristol

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

Date: 23 July

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

Contact: Laura Proctor, Leeds at: lau_proctor@yahoo.co.uk

Date: 24 September

Place: Sherwood Hall, Nottingham City Hospital, Nottingham

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

Date: 29 October

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

Contact: Janet Thomas at: janetthomas@nhs.net

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

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

AGILE learning event 'Managing dementia:

the Allied Health Professionals' role'

Date: Saturday and Sunday 8-9 October

Place: Great North Museum: Hancock, Barras Bridge, Newcastle upon Tyne NE2 4PT

This AGILE learning event will focus on the role of allied health professionals across the full biopsychosocial scope of managing dementia and the AHP role in providing personalised dementia care. Delegates will have the opportunity to explore the most up to date policy, research and practice insights related to caring for someone with dementia and a chance to reframe how AHPs deliver dementia care to ensure the person with dementia is at the centre of all care and support planning.

Keynote speaker: Professor Lynn Rochester, speaking on 'Gait, cognition and falls – a clinical challenge.'

Other presentations include: neurobiology of dementia, gait and cognition, Parkinson's dementia, hip fracture recovery, pain management, personalisation, end of life care, and the role of the carer. Workshops will be held on multidisciplinary team approaches and psychotherapy and dance.

Contact: To book and to see the full programme, go to: <http://www.andrewsimscentre.nhs.uk/events/607/managing-dementia-the-allied-health-professionals-role/>

Chartered Physiotherapists in Massage and Soft Tissue Therapy (CPMaSTT)

Fundamentals and clinical application of massage and soft tissue therapy

Date: Saturday 16 and Sunday 17 July

Place: Edinburgh

Date: Saturday 6 and Sunday 7 August

Place: Wigan

Cost: £220. Student or unemployed members £160

Tutor: Bob Bramah

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

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

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

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

British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR)

BACPAR 2016 Conference and AGM 'Supporting the challenging patient'

The 2016 BACPAR Conference and AGM will be held in Liverpool on 10 November. The content of the 'Supporting the challenging patient' theme aims to develop the delegate's skills and knowledge for the management of the individual that has undergone amputation and presents with additional problems.

Place: BT Convention Centre, ACC Kings Dock, Liverpool Waterfront, Liverpool Merseyside L3 4FP

Contact: If you have any questions please email: bacparpro@gmail.com

Chartered Physiotherapists Working With an Extended Scope of Practice (ESP)

ESPPN continue with their successful themed study days!

ESPPN members enjoy another successful AGM at Kingston Hospital. Delegates heard from a diverse range of speakers from award winning clinical services, service redesign, commissioners and a qualitative research study. Go to our website: www.esp-physio.co.uk/courses Summaries of the presentations are available to all, members can view them in full once logged on.

The next day will be:

Managing Complex Lower Limb Conditions

Date: 30 September

Place: Manchester Airport Hilton Hotel

An exciting programme of orthopaedic consultants, radiologists, researchers and expert clinicians will be speaking. In response to members' feedback this event will include interactive smaller group radiology workshops.

Confirmed speakers:

- Prof Max Fehily from the Manchester Hip Clinic on managing groin pain
- Radiology workshops lead by Prof Waqar Bhatti
- Prof Mike Callaghan on acute and chronic bone marrow lesions of the knee
- Expert clinical physiotherapists working in a range of lower limb specialities
- Tariq Karim, foot and ankle surgical practitioner
- Claire Robertson on PFP management
- Maxine Cumbo, lead sarcoma physiotherapist.

In addition you could contribute to the day and your colleagues learning by presenting an interesting pathology lower limb clinical case

from your own practice. See website for details.

Contact: Full programme is now available to view on our website at: www.esp-physio.co.uk Online bookings only please.

Medico-legal Association of Chartered Physiotherapists (MLACP)

MLACP Introduction to Medico Legal Work

This course will be of interest to any physiotherapist who wishes to be involved in medico-legal work. This introductory day will involve legal systems, civil and criminal, difference between Causation and Liability and Quantum, Part 35 of C.P.R. and legal aspects of physiotherapy report writing such as 'The role of an expert in the context of access to justice' and 'Being a medico-legal expert'. There will also be specific lectures on how to write a catastrophic injury quantum report and musculoskeletal quantum and causation and liability reports

Date: Monday 3 October

Place: Withy King Solicitors, Robert Adam Room, Chandos House, 2 Queen Anne Street, London W1G 9LQ

Course leader: Lorna Stybelska

Speakers: Stuart Brazington, partner, Withy King LLP; Tracy Norris Evans, partner, Withy King LLP; Sarah Daniel, physiotherapist; Rob Swire, physiotherapist; Cathy Kwan, physiotherapist

Cost: £60 members, £95 non-members (max 50 delegates)

Contact: For programme details and an application form please go to: <http://www.mlacp.org.uk>

Association of Paediatric Chartered Physiotherapists (APCP)

North West region AGM and twilight session – 'To stretch or not to stretch'

Date: Wednesday, 22 June

Place: St Vincent's Catholic Primary School, Altrincham WA15 8EY

Cost: £10 APCP members / £10 students and non-working therapists / £15 non-members 'To stretch or not to stretch... the debate continues' – a series of talks, discussions and interactive sessions facilitated by Sian Boffey and Noeleen Goulbourne

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

South East region evening lecture – 'Chest physiotherapy management of chronic paediatric respiratory patients'

Date: Tuesday, 28 June

Place: Valence School, Westerham, Kent TN16 1QN

Cost: £5 APCP members / £10 non-members

Speaker: Helen Cranney (Evelina London Children's Hospital) will present the respiratory management of children with complex disability, neuromuscular conditions and general respiratory conditions, and will discuss ongoing training in the community.

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

West Midlands region AGM and regional research update

Date: Thursday, 14 July

Place: Moseley Hall Hospital, Birmingham B13 8JL

Cost: Free to APCP members and students / £15 non-members

An opportunity to network with other members and to share good practice, recent research, ideas and learning from across the West Midlands region

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

Wales region CPD session – Pilates for children

Date: Saturday, 5 November

Place: Glan-Irfon Health and Social Centre, Builth Wells LD2 3DG

Cost: £20 APCP members / £25 non-members Practical workshop facilitated by Helena Webb looking at how to plan and structure children's Pilates sessions including how to adapt exercises for different age groups

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

Other groups news

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; >

Research

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- 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

Info exchange

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

The research and its relevance:

Better use of data and technology has the power to improve clinical outcomes, quality and cost efficiency of healthcare services. One of the forms of such technology is mobile devices based software applications commonly known as 'apps'.

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

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

Aim of the study:

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

How can you help:

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

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

Army School of Massage/Physiotherapy 1905-1977

Can you help?

I am researching into the history of the Army School of Physiotherapy with the help of former students. Most of them trained

between 1955 and 1977. At 89 Peter Fitchett was the oldest ex-army physiotherapist I had made contact with, but sadly he passed away recently. He commenced physiotherapy training in 1948 at the Royal Victoria Hospital (RVH) Netley.



Photo courtesy of Army Medical Services Museum

There are two noticeable gaps in my research so far: 1920-1926 and 1940-1954. If through any research you have undertaken, you trained at the Army School Netley or Woolwich (civilian or service) or you have worked as a civilian at a military hospital and can provide me with any further information I would be grateful if you could contact me.

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

Len Asplin

MSc BA Grad Dip Phys MCSP Cert Ed

Manchester Adult Cystic Fibrosis Centre physiotherapists Danielle Shaffi, Fiona Hynes, Lucy Wadsworth and Kim Driver and others in the multidisciplinary team raised nearly £4,000 for the centre's patient fund by completing the Manchester Great Run on 22 May. The MACFC cares for over 420 CF patients across the Greater Manchester and Lancashire area, making it one of the largest centres in the UK. 'We decided to run to support these patients with the highest quality of care and continue in the fight against CF,' Ms Hynes told *Frontline*. 'A great day was had by all.'

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

Charity news / events

Cystic fibrosis patients benefit from active team members



Above: Manchester Adult Cystic Fibrosis Centre physiotherapists (left to right) Danielle Shaffi, Fiona Hynes, Lucy Wadsworth and Kim Driver

Retirement Groups

Are you a retired or about to retire physiotherapist?

Would you like to maintain contact with your professional colleagues? Why not see if there is a retirement group near you? There are several well-established groups around the country. The members meet at regular or occasional intervals, have meals together, go to the theatre or cinema, visit interesting properties or whatever appeals to them. Feedback from the existing groups is very positive and it seems that people enjoy meeting with old and new friends and, as everyone will agree, physiotherapists always find plenty to talk about! If you would be interesting in starting up a group in your area or would like to know if there is already one up and running near you, do let me know and I will try to put people in touch with each other.

Contact Gillian Jordan, retirement groups organiser, at: gillie@gillianjordan.org

St Mary's reunion

Rachel (nee Hedges) and Liz (nee Core) warmly invite you to our 60th reunion (is it really that long ago?) at the home of Liz and Alan Reeve in Taunton, Somerset TA3 7HF on Saturday 17 September. Come for the day from coffee through lunch to tea, etc.

If you would like to stay over, we have four double bedrooms, plus an excellent inexpensive local pub, The Winchester Arms, Trull, Taunton, just five minutes away. Husbands, partners and friends are all welcome, especially if they can help with the driving!

We look forward to seeing you once again. If you have any mementos such as photographs, please bring them.

Contact tel: 01823 271550.

Liz Reeve nee Core and Rachel Jackson Nee Hedges

CSPRA AGM and meeting

Date: 7 November, 10.30am-3.15pm

Place: CSP 14 Bedford Row, London WC1R 4ED
Arrange to meet your physiotherapy friends on Monday 7 November in the Council Room Chartered Society of Physiotherapy Bedford Row, for the CSPRA AGM and study day.

Cost: £15 which includes a sandwich lunch!

We have a day of interesting speakers – Rachel Maskell MP, a physiotherapist and now Labour Member of Parliament for York Central – Shadow Minister for defence. Karen Middleton CEO of the CSP will give an up-to-date presentation of physiotherapy in practice today, and answer any of your questions.

Programme subject to change.

- 10.30am onwards Registration and coffee – we appreciate travel times may be difficult, but you are welcome to arrive at any time.
- 11am AGM – Introduction and house-keeping; Judith Saunders, chair
- 11.45am-1pm Lunch
- 1pm Rachel Maskell MP, newly-elected Labour MP for York Central
- 2pm Prof Karen Middleton CBE, CSP chief executive.

Contact: Please post application form and your cheque for £15 made out to CSPRA to Lyn Ankcorn, 23 Swarthmore Road, Selly Oak, Birmingham B29 4NQ

Please use tear-off strip on the next page or alternatively application forms can be found on iCSPRA or requested from Lyn Ankcorn.

Lyn is happy to take any enquiries on tel: 0121 475 2612, mobile: 07798 525 822, email: ankcornl@csp.org.uk or: lyn.ankcorn@virginmedia.com >

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CSPRA study day application form

(Please complete, tear out, and send to Lyn Ankcorn at the address on previous page)

Name**CSP No****Address****Phone No****Mobile Phone No****Email****Repeat email address****Dietary needs****Other needs**

The CSP takes no responsibility for non-refundable travel or accommodation costs in the case of a change of programme or cancelled event.

Data protection. The information you give will be used for the purpose of the CSPRA only.

Reunions**Cardiff School of Physiotherapy 1973 - 76 set**

Ever wonder what everyone is up to now?? It is over 40 years since we were let loose on the world as fledgling physios! We arrange a get-together every year or so for lunch somewhere in Cardiff This year the lunch is planned for Saturday 10 September – venue TBA. Lots of laughs as we reminisce – guaranteed! We would love to see us all reunited again – so please get in touch.



Here's a shot of the last reunion!

Email me, Jan Short, at: dulaspt@hotmail.com or tel: 01686 412471.

Guy's Hospital School of Physiotherapy C set 1972-1975

Nine of us got together last year for a 40 year reunion. We had lunch at an Italian restaurant in London then a boat trip up the River Thames, including a quick trip to Guy's (see photo). It was fun to catch up after so long and we are organising another get together this year. We plan to meet on Friday 21 October in London, with lunch then possibly a visit to the Sky Roof Garden. We'd love to see more of the old set so if you would like to join us please contact me at: lizdeller@blueyonder.co.uk. We look forward to hearing from you.

Liz Deller (nee Meire).

Normanby College, Kings College Hospital 1986-1989

It's 30 years since we first met! I saw Chris and Nina at a conference the other day and we decided it was time for a reunion. The plan is to meet Sunday 2 October in London, the venue will depend on numbers. If you would like to be part of the gathering please contact me Alison Booth (nee Tomlinson) initially via my email: alison.booth@yahoo.co.uk

Manchester Royal Infirmary physiotherapy reunion for year 1978-1981

Hello, it's nearly 35 years since we qualified! Is anyone interested in a reunion? Please contact me and we will look to arrange! Alison Colwell email: alihunt21@hotmail.co.uk

Royal Infirmary of Edinburgh 1966-69

In October this year it will be half a century since we started our training. Is there anyone interested in getting together to celebrate – possibly in Edinburgh in November. Please contact Jenny Currie (nee Dowie) at: jenmcurrie@gmail.com

Army School of Physiotherapy (RVH Netley / RHH Woolwich)

Former students who attended the school and army physiotherapists who attended the Joint Services School of Physiotherapy, Halton are invited to a reunion at Blackheath Rugby Football Club on Saturday 30 July. If you would like to attend please contact Len Asplin at: l.asplin@btinternet.com

Middlesex Hospital 31 year reunion 1982-1985

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

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

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

Pinderfields 1996-1999 Reunion

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

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

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

Normanby College, Kings College Hospital 1981-1984

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

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

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

It has been 30 years since we became physios and we think it would be great to celebrate that in style. The date is planned for 3 September, in Glasgow for drinks and nibbles. Venue to be decided. Please contact us if you can make it and pass on the details to anyone else you are in touch with. Would be great to catch up! Contact via email: queenscollegeglasgow86@gmail.com, or via Facebook (event: 30 years since we qualified!!!)

Coventry University School of Physiotherapy, class of 1988-1991

As it is 25 years since we qualified we are getting together in Coventry for lunch and an afternoon catching up on Saturday 26

November. Some of us will stay overnight on the Saturday night.

Please spread the word to any physios from our course who you are still in touch with, or can manage to locate.

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

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

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

Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

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

Sheffield Polytechnic 1978-1981

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

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

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

Bradford School of Physiotherapy 1991-1994

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

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

Royal Orthopaedic Hospital Woodlands 1983-1986

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

University of Northumbria 1993-1996

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

The Royal Orthopaedic Hospital School of Physiotherapy – 'The Woodlands' 1969-2

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

United Liverpool Hospitals School of Physiotherapy 1977-1980

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

St Mary's Paddington Class 1971-1974

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

Kings College Hospital 1966-69 October set

A reunion has now been organised for Saturday 15 October, 50 years after we started our training, and 6 of us are now going to meet up in London. We are really >

looking forward to meeting up after all this time and we'd be really pleased if more of the set could join us. Please contact me at: carolyn@beavisnet.co.uk if you are interested. Thank you so much. Carolyn Beavis (nee Gray)

School of Physiotherapy, Withington Hospital Manchester 1973

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

Withington Hospital, Manchester 1983-86 Reunion



We had the most amazing afternoon and evening- enjoyed remembering stories from our student days, sharing photos, regaining friendships and generally catching up on the past 30 years with a very special group of friends.

Dawn Narborough

Bradford Hospitals School of Physiotherapy Set 1974-1977/8

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

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

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

Prince of Wales (POW) Set A 1966-69

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

Nottingham School of Physiotherapy

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

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

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

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

Northern Ireland School of Physiotherapy – Belfast 50th anniversary reunion

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

Edinburgh Royal Infirmary 1963-1966

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

West London School of Physiotherapy

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

West Middlesex Hospital School of Physiotherapy 1975-1978

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

Salford School of Physiotherapy, Hope Hospital 1974-1977

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

Deaths

CREES On 29 May 2016 George Fredrick Crees MCSP. Trained Field and Morris School of Physiotherapy.

HUTCHINSON Flora Patricia Hutchinson MCSP.

McAULEY In June 2016 Jane McAuley MCSP nee Heighway. Trained Manchester School of Physiotherapy.

Obituary

Karen Davies



In loving memory of Karen Davies, head of physiotherapy department for Dorset County Hospital. A dedicated and passionate physiotherapist all of her life. She will be sadly missed by all her family, friends and colleagues. Any donations to be made to Motor Neurone Disease or Weldmar Hospicecare Trust in her memory.

Hannah Davies

CSP Charitable Trust Funding for Qualified, Student and Associate Members

AUTUMN 2016

Academically Accredited Courses Award

This award contributes towards course fees with up to **£300** available for a 20 credit course, **£1200** for a 180 credit course (MSc) and **£1500** for a PhD

Courses supported in previous years include:

- Advanced Theory CYQ Level 3 Anatomy & Physiology for Exercise and Health
- Independent and Supplementary Prescribing for Nurses, Midwives and AHP
- PG Certificate in Ergonomics
- MSc Global Health and Development
- MSc Advancing Practice
- MPhil/PhD in Asthma, Allergy and Lung Biology

Conference & Presentations Award

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

It also supports attendance at national conferences or meetings relevant to, but outside physiotherapy, and physiotherapy or interdisciplinary international conferences in the UK.

Awards of up to £1000 are available.

All applications are submitted via the CSP ePortfolio and are assessed by the CSP Educational Awards Panel. **The next deadline is 1 September 2016.** For more information including details of how to apply please visit: www.csp.org.uk/charitabletrust

The CSP Charitable Trust
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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



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Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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



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STUDENTS: ARE YOU GRADUATING IN 2016?

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for more info or call **020 7306 6666**
for an application pack.

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Cardiorespiratory

LATEST ADVANCES IN PULMONARY REHABILITATION

When: 2 Sept. 2016 – 2 Sept. 2016

Where: Julian Bloom Lecture Theatre, Royal Marsden Education and Conference Centre

Delivered by renowned national and international experts in pulmonary rehabilitation and chronic respiratory care, this course will teach you about about the latest evidence-based advances. Topics will include pharmacological adjuncts, self-management, exacerbations, enhancing physical activity, nutritional interventions, interval training, management of frailty and exercise in interstitial lung disease.

Contact:

Veronica Delogu
v.delogu@rbht.nhs.uk
01895 828851

Complementary therapy

Adapted Tai Chi Exercises

When: 24 Sep

Where: Reading

When: 8 October

Where: Manchester

When: 19th Nov

Where: Bristol

1 day course for Physiotherapists, Occupational Therapists, Assistants, Technical Instructors, students and other health professionals.

Tutor: Rosalind Smith MCSP
Advanced Tai Chi Instructor
TCUGB

The course covers the demonstration and use of effective, relaxing exercises suitable for chronic pain, falls, arthritis, rheumatology, neurological, palliative care, mental health, pulmonary and cardiac rehab clients including a discussion of specific case studies.

Fee: (includes course notes) £90

For details/application forms or information on hosting a course please contact Ros Smith MCSP
Advanced Instructor TCUGB,

Tel: 01900 829545

Email:

taichiexercises@gmail.com
www.taichiexercises.co.uk

Manual therapy

Dry Needling for Sciatica

When:

19th & 20th November 2016 or
3rd & 4th December 2016

Where: London School of
Osteopathy SE1 3BE

Contact: Anthony J. Agius
antagi@hotmail.co.uk

No previous experience needed.
CSP insurance covers you
to practice from day 1

Electrotherapy

Laser Therapy Training 2016

When: 12 July

Where: Leeds

When: 4 August

Where: Bristol

When: 24 August

Where: London

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

Contact: Course Leader: James
Carroll FRSM. 01494 797100,
www.thorlaser.com

Register online - Early
Bird Discounts available

The Foot & Ankle Complex

When: 11th - 12th October 2016

Where: London Road
Community Hospital, Derby

This course will give participants
an understanding of the
functional and regional
anatomy of the ankle complex.
It will identify common injuries
and problems likely to be
encountered in this frequently
injured anatomical region.

Fee: £260

Full Details www.ncore.org.uk

The Hip and Groin

When:

3rd – 4th November 2016

Where: London Road
Community Hospital, Derby

This course will give participants
an understanding of the
functional (and regional)
anatomy of the hip and groin.
Also it will help to identify the
common injuries and problems
likely to be encountered in
this tightly packed anatomical
region, including those of a
pathological/inflammatory
cause.

Fee: £260

Full Details www.ncore.org.uk

Manual therapy

Laser Therapy Training 2016

Please refer to advert in
Electrotherapy section

THE ADULT HIP PATIENT LEVEL 1 & 2: BENOY MATHEW AND GLEN ROBBINS

When: 22 Oct. 2016 – 23
Oct. 2016

Where: London

When: 19 Nov. 2016 – 20
Nov. 2016

Where: Manchester

Evidence based rehab
strategies in the
conservative management
of the hip patient

Contact:

Kasia Zielina
kasia@vitalpm.com
07940015169

Miscellaneous

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Hertfordshire **UH**

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Neurology

LEICESTER BALANCE COURSE

When: 12 Oct. 2016 – 14
Oct. 2016

Where: College Court

The premier established
course for Vestibular
Assessment and
Rehabilitation training. For
full details and how to
register, please visit
www.biosensemedical.com/LeicesterBalanceCourse or
email
courses@biosensemedical.com

Contact:

Biosense Medical Limited
courses@biosensemedical.com
0845 2266442

BRIDGING THE GAP - PHYSIOTHERAPY MANAGEMENT OF ADULTS WITH COMPLETE SPINAL CORD INJURY

When: 26 Sept. 2016 – 28
Sept. 2016

Where: National Spinal
Injuries Centre

When: 17 Oct. 2016 – 19
Oct. 2016

Where: National Spinal
Injuries Centre

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

Contact:

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



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

Neurology

NEURO-PHYSIOTHERAPY ASSESSMENT AND MANAGEMENT**When:** 5 Sept. 2016**Where:** Oxford Centre for Enablement

Will provide the participant with evidence based knowledge and practical skills required to complete a comprehensive neuro-physiotherapy assessment, including the use of outcome measures and development of a treatment plan. The day consists of short lectures, patient demonstration and practical workshops on 24 hour postural management, analysis and treatment of sit-to-stand and gait. Suitable for new-graduates, Band 5 physiotherapists and return to workers.

Contact:

Course Co-ordinator
coursecoordinator@ouh.nhs.uk
01865 227879

PADOVAN METHOD AL REORGANISATION MODULE I**When:** 11 Oct. 2016 – 14 Oct. 2016**Where:** Brighton

This Module will focus on Sensorimotor Development and the relationship between Motor, Language and Cognitive Processes. Theory and practical exercises.

Contact:

Lorena Salerno
info.uk.nfrpadovan@gmail.com
+44 01273 253556

INTRODUCTION TO MYOFASCIAL RELEASE FOR NEURO (PAEDIATRIC FOCUS) WITH JOHN ANNAN (2 days)**When:** 2nd–3rd July 2016**Where:** Liverpool

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

UPPER LIMB REHABILITATION FOR THE NEUROLOGICAL PATIENT: A MULTI-FACETED APPROACH**When:** 13 Oct. 2016 – 14 Oct. 2016**Where:** Oxford Centre for Enablement

This is a two day course designed for Occupational Therapists and Physiotherapists working with patients with neurological impairments. At the end of the course delegates will be more informed about a range of upper limb treatments available to their patient group. This course covers topics such as CIMT, saeboflex, mirror therapy and motor imagery.

Contact:

Course Co-ordinator
coursecoordinator@ouh.nhs.uk
01865 227879

2 day Vestibular Rehabilitation Course for Physiotherapists**When:** Friday 2nd and Saturday 3rd September 2016**Where:** The National Hospital for Neurology and Neurosurgery, 33 Queen Square, London WC1N 3BG

This two day course is aimed at those with little or no experience in vestibular rehabilitation working in a variety of clinical settings. Anatomy, common pathologies, assessment and treatment will be presented with time allocated to practice the oculomotor assessment and BPPV manoeuvres. Pre-reading will be provided and there will be ample time for questions.

Course coordinator:

Amanda Male, Highly Specialist Vestibular Physiotherapist, NHNN

Fee: £190 for 2 days with comprehensive delegate pack provided.

Please note attendance for 1 day is available at £120, however, this course is designed as a progressive 2 day course, and therefore attending both days is encouraged.

For application form and further details please contact:

Alkida Domi, Tel: 020 3448 3476

Email:
therapy.courses@uclh.nhs.uk
www.uclhcharitycourses.com

Neurology

Introduction to the Bobath Concept with Sue Armstrong (BBTA)**Venue:** Royal United Hospital, Bath, BA1 3NG**Dates:** Module I: 11 & 12 February 2017

Module II: 11 & 12 March 2017

Module III: 8 & 9 April 2017

Delegate Costs: £230 per module (offers apply: see application form)

Closing Date:

See application form

Course information:

These BBTA modules are designed to introduce course participants to the assessment and treatment of adults with neuromuscular dysfunction. The Modules consist of theoretical and practical sessions and patient demonstrations.

Module I: What is normal movement?

Module II: Assessment and treatment of adults with neurological conditions (Part A): The Acute and Sub-Acute Patient

Module III: Assessment and treatment of adults with neurological conditions (Part B): The Patient with Established Movement Dysfunction

NB Module I is a prerequisite for the Basic Bobath Course.

For more information and an application form, contact Vanessa Rubery

Tel: (01225) 824292

Email: vanessarubery@nhs.net

BBTA's Optimising Rehabilitation of the Upper Limb and Hand with Sue Armstrong**Venue:** Royal United Hospital, Bath, BA1 3NG**Date:** 5 & 6 November 2016

Delegate costs: £210 (early bird offer applies), to include lunch on Saturday.

Closing date: 21 October 2016**Course includes:**

This course will focus on the rehabilitation of the upper limb and hand, and will include a theoretical introduction, discussion of the evidence base, a clinical reasoning focussed patient workshop and practical sessions. The practical sessions will cover assessment, movement analysis and movement control, and skill development relevant for common clinical issues, including the painful shoulder.

The course is suitable for qualified PTs and OTs who work in Neurological rehabilitation, and also for musculoskeletal Physiotherapists who are interested in incorporating a more movement control based approach to rehabilitation of their upper limb patients. While it is helpful to have attended previous BBTA courses, it is not a pre-requisite.

For an application form, contact Vanessa Rubery

Tel: (01225) 824292

Email: vanessarubery@nhs.net

Paediatrics

NEXT STEPS - AN INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY IN THE COMMUNITY**When:** 26 Oct. 2016 – 28 Oct. 2016**Where:** St Georges Child Development Centre, Leeds, West Yorkshire

Are you new to Community Paediatrics or considering a move? Do you want to expand your knowledge and practical skills, learn to engage children in treatment sessions, manage a caseload and set meaningful goals? Then this is the course for you.

This is a 3 day course aimed at Band 5/6 Qualified Physiotherapists new to Community Paediatrics. It will combine theory and practical sessions on Motor, Respiratory and Musculoskeletal development; assessment and treatment of the child with a focus on neurodisability; problem solving and goal setting; links to the Child and Families Act and Special Educational Needs. Fee = £270 for 3 days (including lunch & all course materials). Booking closes 26th September 2016.

Contact:

Sarah Cantwell
sarahcantwell@nhs.net
07507066368



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Pain management

Acupuncture for Physiotherapists

When: 29th – 30th September & 1st October, 24th – 26th November 2016

Where: London Road Community Hospital, Derby

The course is designed to introduce acupuncture to physiotherapist as a modality for the treatment of common musculo-skeletal conditions, both acute and chronic

Fee: £630

Full Details www.ncore.org.uk

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

Sports medicine

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

NEW TRENDS IN THE PREVENTION OF RUNNING INJURIES

When: 12 Nov. 2016 – 13 Nov. 2016

Where: Brunel University Indoor Athletics Centre

DON'T MISS THIS OUTSTANDING CPD OPPORTUNITY!! Want to develop advanced skills and knowledge to assess and treat runners of all standards? Then join us for a practically applied and evidence based 2 days CPD with leading experts in the field of running injury management. NTPRI has been successfully delivered around the world and has positively influenced the practice of hundreds of healthcare professionals. The course discusses and practically applies the best available research in every aspect of running injury etiology, assessment, treatment, rehabilitation, training load management and injury risk reduction.

Contact:

Andrew Caldwell
admin@active-therapy.com
07970110526

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Recruitment

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Darren West / Mika Clayton on 01271 322378 or email: darrenwest@nhs.net / mika.clayton@nhs.net
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Training to be undertaken in London with current healthcare provider

Candidates must have at least 2 years MSK post-graduation experience, MSK rehabilitation, personal training and dry needling skills useful but not essential.

Personality must be fun, nice character, trustworthy

Additional benefits include:

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- Assistance with travel and accommodation will be provided in Saudi Arabia
- Medical insurance & working permit will be provided

Please send your applications to bandoura@yahoo.com

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The Jerwood Centre at Birmingham Royal Ballet is recognised as a world leader in dance medicine. We have two exciting opportunities to join the team who deliver world-class services to a population of elite dancers at their home base in Birmingham and on tour within the UK and abroad.

HEAD COMPANY PHYSIOTHERAPIST

This role will head up a team of physiotherapists. You will have at least four years' experience at elite-/professional-level service provision (sports, dance, musculoskeletal medicine), with a track record in leading and developing teams, and a graduate degree in Physiotherapy and post-graduate qualifications at Masters level or above in a related field.

You will have a high level of emotional intelligence and personal integrity. You will also be able to show strong evidence of rehabilitation and conditioning skills for athletes.

Salary: up to £45,000 pa

COMPANY PHYSIOTHERAPIST

This is an opportunity for a developing sports physiotherapist to join the team. You will have 2-3 years+ post-qualification experience with some sports and/or musculoskeletal medicine experience and a graduate degree in Physiotherapy.

Salary: c £25,000 pa

Based: Birmingham Royal Ballet, Thorp Street, Birmingham B5 4AU; you will be required to travel to and work at other venues at which the Company is performing/working

Closing date for applications: 27 July 2016

Interviews: 11 & 12 August 2016

All applicants must be eligible to work in the UK.

For application forms and details of the roles, Company and how to apply: brb.org.uk/jobs

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from the Chartered Society of Physiotherapy

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King's College Hospital 
NHS Foundation Trust

**Clinical Lead Physiotherapist
Women's Health • Band 8a Permanent
30 hours per week**

An exciting opportunity has arisen within the Physiotherapy service at King's College Hospital NHS Foundation Trust (KCH) for a highly skilled Women's Health Clinical Lead.

As a tertiary centre, KCH provides Urogynaecological services to a local, national and international population. The Women's Health physiotherapy service is based within the Urogynaecology suite and functions as an essential part of the multi-disciplinary Team alongside expert medical and nursing clinicians.

Interest and experience in research is important for the role. The KCH Urogynaecological multi-disciplinary team are renowned for their research work, presenting at conferences internationally.

King's College NHS Foundation Trust has a large Therapy department with 250+ therapists from Physiotherapy, Occupational Therapy, and Speech and Language Therapy professions. The department has well-established traditions of supporting learning and development, King's offers an excellent learning environment with easy access to the Medical School library, and other training facilities.

For further information please contact Frankie Northfield, Head of Physiotherapy 020 3299 8211 frankie.northfield@nhs.net

To apply visit www.kch.nhs.uk/careers or www.jobs.nhs.uk using job reference: 213-680810-C



Hoping to place an advertisement online?

Our dedicated physiotherapy recruitment website, Job Escalator, has over 13,000 registered CSP members in search of work.

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- Stanmore
- Tooting (South London)

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SOUTH WALES Performance Physiotherapy Ltd requires part time physiotherapists for its Pontypridd clinic. Flexible working

hours including evening/weekend work. Minimum four years postgrad experience required. Please email: info@performance-physiotherapy.co.uk for more details.

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PART-TIME MUSCULOSKELETAL PHYSIOTHERAPIST Busy Keighley practice require self-employed physiotherapist to join our team. Wide variety of musculoskeletal referral sources. Ideally five years' experience. Excellent manual skills essential, clinical Pilates useful. Working 20 hours, which with time likely be increased. Contact: enquiries@airedalephysioclinic.co.uk sending your CV.

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HARROGATE – MUSCULOSKELETAL OPPORTUNITY Harrogate Physiotherapy Practice is looking for a vibrant, self-employed physiotherapist (minimum seven years musculoskeletal experience) to join the team at their squash club location. Immediate daytime, evening or weekend hours are available. We require

a therapist with excellent manual therapy skills and holistic view on health care. Previous and current private practice experience is desirable. AACP registration and or Pilates/yoga experience would be beneficial. CPD funding is available. Please e-mail a cover letter and CV to: annelize.physio@gmail.com Web: www.harrogatephysiotherapypractice.co.uk

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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/>

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ThreeMinutes

Spreading my wings

A CSP education and development award last year meant Laura Marshall could visit Melbourne, Australia – a key stepping stone in her research career

What did winning the award mean to you?

I was really surprised when I heard that my application for the CSP education and development award had been successful. You hear about other people getting awards like that and I genuinely never thought it would be me. Being a novice in my research career, I assumed that funding of this nature would be allocated to support well-established teams with large projects. Once it had sunk in, I was really excited to plan how I would use the award to advance my clinical academic career and secure funding for a PhD.

What happened as a result?

My application outlined a visit to an international centre of excellence. I visited Professor Kim Bennell, an eminent physiotherapy researcher at the

University of Melbourne. My time was spent at the multidisciplinary research centre which is a centre of excellence for translational research. The research focus of the team in Melbourne is preventing and managing chronic musculoskeletal conditions, particularly osteoarthritis.

Did the experience change your approach when you returned to the UK?

During my visit I gained valuable experience from internationally renowned clinical researchers. I had access to mentorship sessions and also spent time with PhD students and post-doctoral researchers to learn more about the projects currently running. I also developed specialist knowledge and skills in innovative research methodologies. I feel this was a catalyst to my career progression, as it enabled me to gather further evidence and experience to support my PhD application. I was lucky enough to spend a day at the Olympic Park, primarily to shadow the physiotherapy clinic. But an added bonus was a tour of the famous Melbourne Cricket Ground and the Rod Laver Arena, which is host to the Australian Open. I also squeezed in a visit to the Australian Institute of Sport in Canberra to visit David Hunter and find out more about the research undertaken by his team. It was an incredibly busy month, compounded by the fact that I returned from Australia and had an interview for my PhD the following day. Preparing my presentation on the plane home was surprisingly enjoyable, as I felt really motivated following my trip.

When did you get your current role?

I have always had a keen interest in research and in 2013 I completed the National Institute for Health Research masters in research methods. This gave me an excellent grounding in clinical research and gave me the confidence to pursue a different aspect of my career. Over the last three years I have juggled both clinical and research

roles in order to combine what I enjoy doing, with the ultimate goal of improving outcomes for patients. I have worked on various large research studies in the Arthritis Research UK (ARUK) centre of excellence at the University of Nottingham. I have also completed the Health Education East Midlands Clinical Scholar Silver Award, which allowed me to conduct a small research project while remaining active in clinical practice. I have been incredibly lucky to have had the support of my manager to enable me to gain this experience. My current role is at the ARUK pain centre on a community knee pain study. I am so excited about starting my PhD at Keele University next month, looking into the management of osteoarthritis in primary care.

Would you encourage other members to follow your lead?

Absolutely. The CSP Charitable Trust offers a number of awards to support individuals looking to progress their skills and careers in a variety of ways. Although I applied to undertake an international visit, the CSP supports a wide range of development opportunities. I would suggest taking the time to review the different awards to ensure you are applying through the most appropriate channels. Also, read the application form and marking criteria thoroughly and take the time to discuss your ideas with others before applying. **FL**

Laura Marshall is a research physiotherapist at the Arthritis Research UK pain centre, University of Nottingham.

More information
For details on the CSP Charitable Trust Education Awards, visit www.csp.org.uk/node/157

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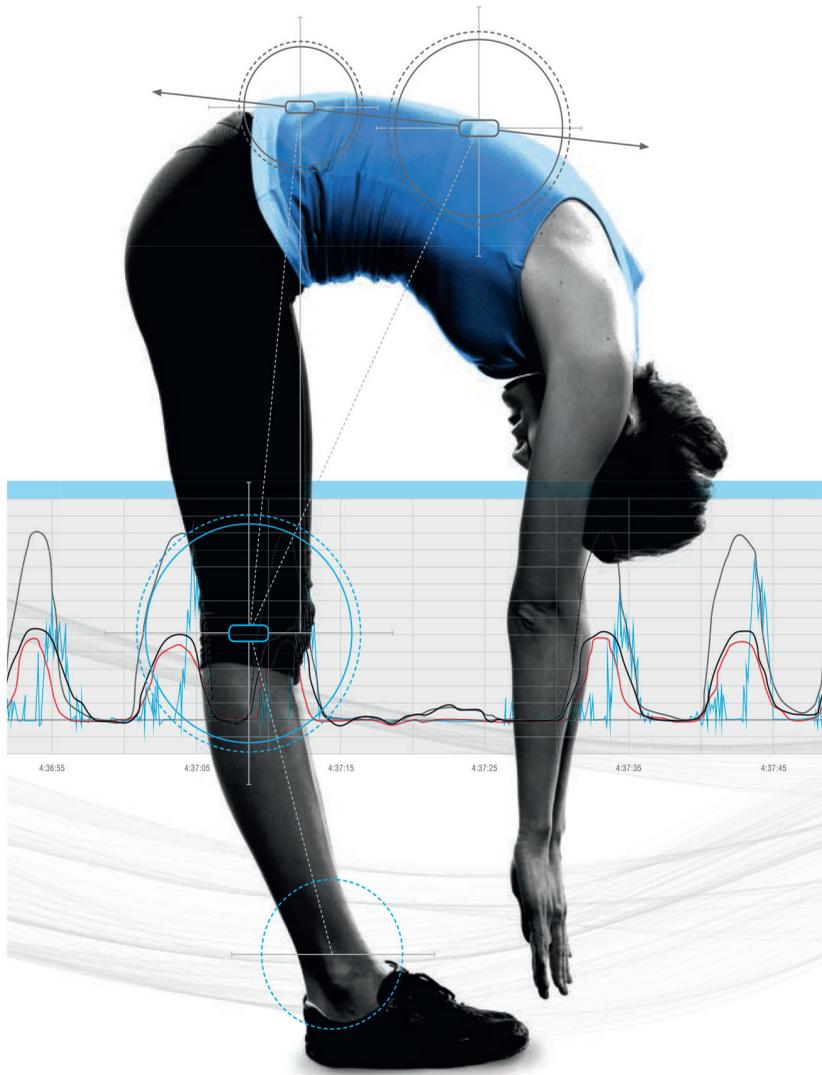
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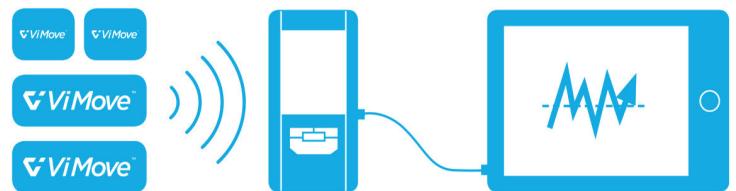
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