

# Frontline

THE VOICE OF PHYSIOTHERAPY

22 January 2014  
VOL 20 NO 2



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## Homeward bound

Bradford's award-winning rehabilitation team



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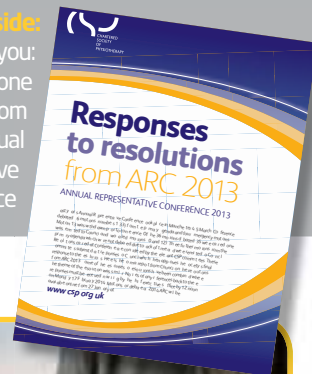
  
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on resolutions from  
the 2013 annual  
representative  
conference



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**Want to send us a photo?**

Use our dataseed photo service rather than email. For details see 'photographs' at: [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline)

**Want to place an advert?**

Reach a 50,000-plus physiotherapy audience with your product, course or recruitment ad. [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)  
**0845 600 1394**

**Got an item for the Noticeboard?**

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Members have access to the CSP's quarterly peer reviewed journal, *Physiotherapy*.  
[www.csp.org.uk/journal](http://www.csp.org.uk/journal)

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**Frontline**

is your magazine. Make the most of it!

Published 21 times a year, *Frontline* is your way of keeping in touch with the Chartered Society of Physiotherapy and physio-related news, views and features. It also offers you an opportunity to have your say about the issues that matter most to you. We welcome your letters, emails and ideas for issues you'd like to see covered.

**The next issue of Frontline is out on 5 February 2014**

Until then, you can keep abreast of the CSP work and physio-related news:

- **Log in** to get the most out of our website, with all you need to know about physio-related issues, including latest news: [www.csp.org.uk](http://www.csp.org.uk)
- **Look out for** interactive CSP (ICSP) a member-only networking site giving access to closed clinical forums, where you can exchange views with your peers. [www.csp.org.uk/icsp](http://www.csp.org.uk/icsp)
- **Check out** the weekly Physiotherapy News emailed direct to you. For more details see [www.csp.org.uk/physiotherapynews](http://www.csp.org.uk/physiotherapynews)
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- **Comment** on or recommend *Frontline* articles at [www.csp.org.uk/frontline](http://www.csp.org.uk/frontline)

**Shhh! Top secret!**

Did you know that CSP members share what feels like a closely-guarded secret? It's that physiotherapy works!

Others outside the profession sometimes need convincing. Physiotherapy may be much younger than medicine or nursing, but it, like them, now has a firm evidence base. The challenge now is to let others in on our secret.

You are well-trained, effective clinicians who are committed to making a contribution to the health and wellbeing of society. You are not trained in marketing or self-promotion. This is where CSP's Physiotherapy Works programme, launched this week (see pages 22 and 28), comes in. It will help all of us speak out about the power and benefits of physiotherapy.

Start small. Grasp opportunities to tell others about the benefits of physiotherapy. In time, all these conversations will build to a crescendo!

Physio works. We're here to help you to shout it out loud!



**Lynn Eaton**

managing editor *Frontline* and head of CSP member communications

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## SCOURGE OF POLIO

**In the closing months of 2013 there was an outbreak of wild poliomyelitis in war-torn Syria; with 17 cases of paralytic poliomyelitis being officially reported last November.**

Also there have been three new detections of polio in sewage in Gaza (one) and the West Bank (two), so the risk is out there. The good news is that the outbreak in Sudan seems to be over at 203 cases - the last reported case was on 9 October.

The tragic situation is that the poliomyelitis virus could have been eliminated by now. The virus is unique in that it only affects man and is not carried by animals, thus making total elimination possible. It frequently affects those under the age of five, and those who suffer paralysis face the problem of living with the disease as they develop and grow for the rest of their lives.

The vaccine has helped this country eliminate the disease. David Milliband, who heads the International Rescue Committee,

said that in Syria there are more than 500,000 children under the age of five who have not received the vaccine. We read reports of 7 million Syrians living in refugee camps, around the borders of Syria. There are other areas of the Middle East where children have been denied the vaccine. Let's hope that in 2014 health workers will have safe access to all those who need the vaccine and polio will at last consigned to history. I, and other members of the Retirement Association (CSPRA) who started our training just after the last large polio epidemic in Britain, will know what a devastating disease this is.

*Lyn Ankcorn Secretary CSPRA*

## THANKS TO THE CSP

**I am a senior physiotherapist with over 30 years' experience. I have been a member of the CSP since qualifying and never thought that I would require the support of the stewards' function.**

However, an issue arose recently where I was accused of gross misconduct and I contacted my local steward for assistance.

They provided me with instant advice and support.

Because of the serious allegation, I was assigned a CSP senior negotiating officer who dealt with my case immediately and communicated with the relevant people on my behalf including the local CSP steward, the investigating manager along with my organisation's human resources department.

I was supported both prior to and during the disciplinary hearing and was advised on the likely outcome, which turned out to be correct.

I found it extremely reassuring to have such experts on my side. Thankfully, the issue is now resolved and I remain employed. I feel I

could not have done it without the invaluable advice, support and expertise that was provided through the stewards' network

I want to say a huge thank you to the CSP, the local stewards' network and the senior negotiating officer for providing such excellent support.

*Name withheld at author's request.*

## PEDESTRIAN ISSUE

**Dylan Woodhead (1 January 2014) recommends the promotion of skateboarding and scooters as an environmentally friendly method of transport.**

I agree these methods of transport do not pollute the area but they do have a significant impact on the wider community.

His letter states 'that there has been great work integrating cyclists into the transport system'. The implication being that this has been done successfully but as a partially sighted person I would contest this statement.

Many of these cycle schemes rely on introducing cyclists into areas previously only used by pedestrians. I find these 'shared use facilities' very unnerving and frightening when a cyclist passes close to me at speed.

I cannot see cyclists far enough away to take evasive action (people on skateboards and scooters are even more difficult to see). Being faster, cyclists often expect me to avoid them. They cannot know that this is impossible for me and for those with other hidden disabilities.

The use of shared facilities where pedestrians are integrated with cyclists makes life more difficult and threatens the already restricted mobility of people with a range of disabilities.

*Mary Fairbrother*



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our new editorial 'meeting drastic physical health disparity in schizophrenia leading role for physio'  
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## YOU'VE ADDED...

The news item titled 'Downbanding victory for Oxford physiotherapists' prompted the following comment from an anonymous member:

- Well done on achieving this, it gives the rest of us in the downbanding boat a glimmer of hope!

In response to a news item titled 'More than 50% of adults risk injury from self-diagnosing pain without seeking physiotherapy advice, survey finds', Angela D made the following comment:

- I think that, in the future, as the direct access to physiotherapy, becomes the norm ... this will not be the case. Also, when physiotherapists are prescribing - this will improve the above

model further. Once the public are empowered and educated on the benefits of seeing a physiotherapist, as a 'first port of call', this would help to reduce this figure.

The article in the last edition of *Frontline* titled 'Thank you Phil!' led Margaret Revie, a CSP vice president, to note:

- I would like to add my personal commendations to Phil as he moves into retirement. I have appreciated Phil's support through good times and not so good times. I have found him to be a good friend and a giver of wise counsel. His support for members who work in all areas of physiotherapy has been valuable and appreciated. I shall miss this and I wish him well in all he seeks to do in the future.

You can comment on articles from this issue of *Frontline* online. CSP members can log in at: [www.csp.org.uk/frontline](http://www.csp.org.uk/frontline) and then go to the 'current issue' section. You'll also find icons to recommend articles to other members, Facebook 'like' *Frontline* or tweet articles. Comments posted online may be printed in shortened form in the Talkback section of *Frontline*.

## Burning Question

CSP experts give you regular updates on employment-related issues.

Got an issue you're worried about? Ask your steward/student rep or, if you don't have one, contact the CSP. View previous columns at: [www.csp.org.uk/burningquestions](http://www.csp.org.uk/burningquestions)

### 'I work in the community. Can I use my work mobile phone for personal calls?'

It very much depends on your local communications policy at work. Some employers do allow for a small number of personal calls, others do not. If your work mobile is provided and funded by your employer it is best to keep personal calls to a minimum. Deliberate and regular misuse of your employer's property is in breach of the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics and registrants have been struck off for this reason.

*This is intended as general information only and does not replace individual advice*

## iCSP

iCSP offers a number of opportunities for you to contribute to discussions within your network. Go to [www.csp.org.uk/icsp](http://www.csp.org.uk/icsp) to sign up for ones that interest you. To follow these debates enter the 'find' code.

### Physiotherapy versus fitness practitioners

**Flavour:** Raising awareness about the differences and when and why patients should use physiotherapists.

*Comments: 17 replies at 9 January*

**Find: qq377**

### Personal Independence Payment assessment

**Network: Profession-wide**

**Flavour:** Strong views and serious concerns shared in this exchange about participating in the scheme.

*Comments: 16 replies at 9 January*

**Find: qq378**

### Neuro-linguistic programming for physios

**Network: Profession-wide**

**Flavour:** Thoughtful, interesting exchange on the potential for applying NLP to physiotherapy.

*Comments: 24 replies at 9 January*

**Find: qq379**

### Poorly functioning quads post-TKR

**Network: Orthopaedics**

**Flavour:** Lots of ideas and suggestions offered in this interesting clinical case.

*Comments: 10 replies at 9 January*

**Find: qq380**

### Forgot your CSP login?

Go to [www.csp.org.uk/password](http://www.csp.org.uk/password) and tell us your email. We'll immediately email your details to you

## New physiotherapy adverts target GPs

The CSP is running a new advertising campaign to promote the beneficial role of physiotherapy to general practitioners (GPs).

The adverts are designed to raise the profile of physiotherapy among doctors and will be appearing in health media used by GPs, such as *Pulse* magazine and *Pulse* online.

Each advert carries the headline 'Physiotherapy works for patients' and includes positive images of people benefitting from physiotherapy.

During 2014, the society also plans to take the 'physiotherapy works' message to several conferences and exhibitions attended by GPs. This will be part of a longer-term campaign from the CSP highlighting the positive role of physiotherapy, not just to doctors but to other decision makers, and also patient groups.

Commenting on the campaign, Lynne Stockbridge, CSP campaigns director, said:

'GPs across the UK play a key role in advising patients, and in shaping decisions about which services should be provided in their communities.'

'Physiotherapy keeps people well and out of hospital or residential care – reducing the demand on over-stretched NHS services.'

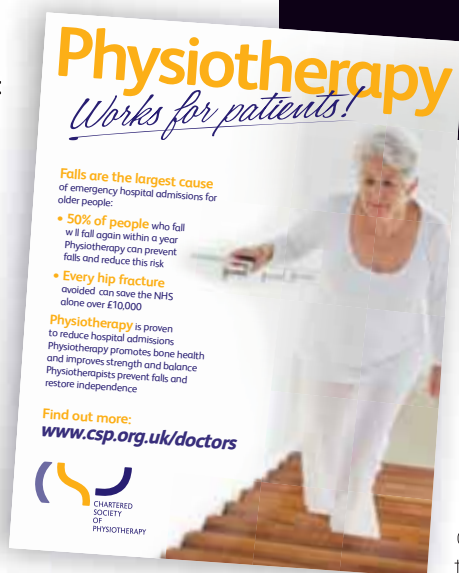
The advertising campaign highlights the fact that physiotherapy can help people of all ages with a range of health conditions.

Adverts in the series promote the role of physiotherapy in falls prevention; rehabilitation; keeping older people out of hospital and independent; and keeping people fit to work. They also promote expert advice from the CSP and Arthritis Research UK on exercises for specific problems, such as back pain.

The CSP website has also been updated with a new section that provides specific information for GPs. For further information visit: [www.csp.org.uk/doctors](http://www.csp.org.uk/doctors)

**Robert Millett**

• See *In Perspective* page 22 and features on pages 24 and 28.



One of the new physiotherapy adverts

## Physios added to international trauma

For the first time, physiotherapists in the UK are being added to an on-call register of medical professionals who can rapidly be deployed worldwide in response to disasters or emergencies.

Handicap International project manager Peter Skelton is responsible for developing the rehabilitation component of the UK International Trauma Register in partnership with UK-Med, a non-governmental organisation that sends medical

teams to respond to disasters and emergencies.

'The UK government has extended the funding for its new international emergency trauma register to include physios – and my job is to recruit and train them,' said Mr Skelton, a physiotherapist who previously worked at Great Ormond Street Hospital in London.

'They will then be deployed as part of a field hospital team in the event of an international emergency, such as an earthquake or tsunami.'

## People with personal health budgets will become 'new commissioning group'

Physios will need to find ways of raising the public profile of their services when people with long-term conditions receive the right to a personal health budget (PHB).

Norman Lamb, care and support services minister, said that 'a right to have a personal health budget' will be introduced in England in October.

Steve Tolan, head of the CSP's practice and development unit, said: 'Patients may opt for any type of service, including complementary medicine, and physios will need to market their benefits more clearly.'

The new right will apply to people on the NHS continuing healthcare scheme, a package of care arranged and funded solely by the NHS for individuals with complex ongoing healthcare needs.

People signed up to the scheme will become commissioners of healthcare and have a choice of spending their money on services provided by the NHS or by the private sector.

Mr Tolan said that the right to a PHB should give patients better control over the management of their condition, and greater access to treatment in their own home.'

**Gill Hitchcock**



**SOMETHING TO ADD?...**  
go to [www.csp.org.uk/icsp](http://www.csp.org.uk/icsp)





## YOU HEARD IT FIRST FROM SUE

A new blog has been launched to keep CSP members abreast of the latest developments in the profession. Written by new CSP chair Sue Rees, the column can be found on our website at [www.csp.org.uk/suerees](http://www.csp.org.uk/suerees) each fortnight.

# uma register

Birgit Mueller-Winkler, the CSP's adviser for international development, said: 'It is great that physiotherapy has been included in this scheme.'

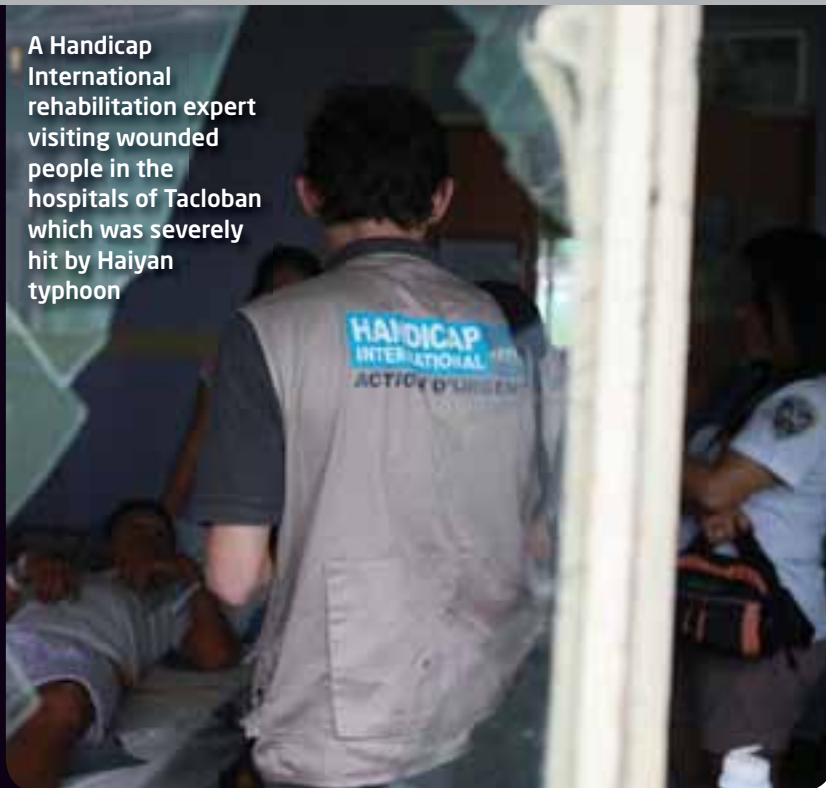
'In the past physiotherapy has been considered a "luxury" and physiotherapists were not included. But lessons learnt from the Haiti earthquake have shown that physiotherapists are important contributors in emergency situations.'

Since details of the register were published on the society's website Mr Skelton says up to 20 CSP members have applied to the scheme, and more are needed.

Interested physiotherapists can visit the UK-Med website at: [www.uk-med.org](http://www.uk-med.org) or contact Mr Skelton for more information. Email: [peter.skelton@hi-uk.org](mailto:peter.skelton@hi-uk.org)

**Robert Millett**

A Handicap International rehabilitation expert visiting wounded people in the hospitals of Tacloban which was severely hit by Haiyan typhoon



© Brice Blondel / Handicap International

# CSP membership reaches 52,000

The CSP's membership has reached a record-breaking 52,000.

Recent graduate Joanna Waite, a physiotherapist from Chirnside in the Scottish Borders, said she was delighted that her membership had led to the record number.

CSP chief executive Phil Gray said: 'The job market for physiotherapists in both the private and public sectors is good and the continued expansion of CSP membership is a reflection of the continued expansion of the size of the demand for the physiotherapy profession in the UK.'

'This should encourage students studying and our members, who despite living in tough times for everyone in healthcare, are finding

new jobs.'

Membership of the society has grown steadily since 1998, increasing by more than 20,000 in the past 15 years.

Miss Waite graduated in July 2013 with a physiotherapy degree from Robert Gordon University in Aberdeen. She now works in Grimsby as a rotational band 5 physio at Diana, Princess of Wales Hospital, part of Northern Lincolnshire and Goole NHS Foundation Trust.

She told *Frontline* that when she was looking for a job she found the CSP's interactive forums 'a great source for interview advice' and that since getting a job the society's guidance on continuing professional

development was also helpful.

'Being a member of the CSP provides professionals with a great support network and access to literature databases, including the CSP's own publications,' she said.

**Robert Millett**

**Joanna Waite, who helped the CSP's membership base reach new heights (pictured at her graduation)**



## CSP's incoming chief becomes a professor

Karen Middleton, the incoming chief executive at the CSP, has been appointed visiting professor at Leeds Metropolitan University in the faculty of health and social sciences.

Ms Middleton, who joins the staff of the Society next month, said she was honoured to accept the role.

'I have visited the university on many occasions and spent time with students and lecturers in the faculty to understand more about the pre- and post-registration programmes and to appreciate the challenges and opportunities they face.'

Since 2007, Ms Middleton has been chief allied health professions officer for NHS England (and formerly the Department of Health), leading 86,000 physiotherapists, occupational therapists, speech and language therapists and others working in the NHS and other sectors.

Professor Ieuan Ellis, dean of the faculty of health and social sciences and pro-vice chancellor at Leeds Metropolitan University, said: 'Karen is an inspirational and transformative leader who combines strategic vision with an ability to motivate and energise others into action.'

'Leadership plays a fundamental and essential element of all change and Karen's expertise and experience as a visiting professor will be of enormous benefit to our students, our academic staff and to staff in our key partner organisations.'

A full profile of Ms Middleton is due to appear in the 5 February issue of *Frontline*.

**Lynn Eaton**



## Physiotherapy sta

The CSP has welcomed NHS England's acknowledgement of the importance of physiotherapy in its proposed clinical standard for multidisciplinary working.

The standard sets out that, where appropriate, all emergency inpatients must have a prompt assessment by a multiprofessional team to identify complex or on-going needs.

As a minimum, the team will include physiotherapy, nursing,

medicine and pharmacy staff. For medical patients, occupational therapy would be an added requirement.

The standard is one of 10 in NHS England's proposals, which are outlined in a document titled *NHS Services, Seven Days a Week Forum: Summary of initial findings* (copies are available to download from NHS England's website).

Established by NHS England's

## Physios can help boost people's exercise levels

Most adults in England are getting enough exercise, according to a report by the NHS Information Centre for Health and Social Care.

The report titled *2012 Health Survey for England*, says that 67 per cent of men and 55 per cent of women aged 16 or over are meeting the government's guidelines on physical activity levels.

The document, based on a survey of more than 8,000 adults, also found that the number of adults who meet the guidelines decreases with age.

The current guidelines recommend that adults aged 19 and over should spend at least two and a half hours a week in moderately intensive physical activity, in bouts of 10 minutes or

longer, or 75 minutes of vigorous physical activity, or a combination of the two.

Commenting on the survey's results Ripal Patel, CSP professional adviser, said: 'The findings show an encouraging increase in the number of adults who met the minimal recommended level of physical activity in 2012.'

'Physios, as experts in function and movement, are well positioned to provide advice or brief interventions to help people to be more active, particularly in vulnerable groups, and should maximise the opportunity to promote their services.'

To view the report visit:  
[www.hscic.gov.uk/pubs/hse2012](http://www.hscic.gov.uk/pubs/hse2012)  
**Robert Millett**



## ABERDEEN-BASED PHYSIO WINS MBE

Maureen Ryles, lead for paediatric physiotherapy at NHS Grampian, received an MBE in the New Year Honours list. She said: 'I love my job, it's so rewarding, and the NHS gives you so many opportunities. I feel that this award is not about me, it's about our team.'

# Key to multidisciplinary teams

medical director Professor Sir Bruce Keogh, the forum is charged with providing the evidence that will lead to seven day working becoming the norm in the NHS. It was set up amid rising concern that patients admitted as emergencies at weekends have higher death rates.

According to the forum's summary, hospital inpatients must receive timely 24-hour access, seven days a week, to consultant-

## 'ATTENTION NEEDS TO BE PAID TO WORKFORCE PLANNING, SKILLS MIX AND THE MOST EFFECTIVE USE OF PHYSIO SKILLS'

Saraka Keating

directed interventions.

'Physiotherapists and physiotherapy support workers are more than able to meet the challenge of providing an essential contribution to the delivery of

improved patient care by the provision of seven day services,' said CSP research officer Saraka Keating.

She also pointed out that the introduction of seven day services

must be fully staffed and funded, and support quality patient care.

'Attention needs to be paid to workforce planning, skills mix and the most effective use of physio skills,' Ms Keating said.

'This will include looking to see where physios can support or replace medical staff in A&E screening of musculoskeletal and other related conditions.'

**Gill Hitchcock**

Square meal:  
choice is  
important



## Project aims to tackle malnutrition in older people

Physiotherapists should routinely screen older patients for signs of malnutrition, according to Vicky Johnston, a specialist in the field.

Ms Johnston made her comments in response to a national project that was launched earlier this month in a bid to tackle malnutrition issues in the community.

Funded by the Department of Health in response to the Francis report's recommendations, the Malnutrition Prevention Project aims to improve the way in which malnutrition is diagnosed and treated, as well as improving care and support for older people.

One million people aged over 65 in England either suffer from, or are at risk of developing, the condition. This makes them susceptible to poor health, according to charity Age UK, which is part of the malnutrition task force leading the project.

One aim is to raise community-based professionals' awareness of the signs of malnutrition and how to respond. Another is to boost local support for people at

risk through using volunteers. Two pilots are now under way in south London and Salford and three more will begin in April.

Ms Johnston is the chair of Agile, the professional network for physios working with older people. She advised members to ask as a routine matter whether older patients had lost weight in the last six months and whether this was intentional.

She suggested community-based physios could adopt BAPEN's MUST (Malnutrition Universal Screening Tool) and should be trained to offer advice on increasing calorie intake for people who are losing weight.

'However, we do need to recognise that malnourished people are not necessarily thin and losing weight,' she added, explaining that lack of choice over food is a frequent issue.

**Louise Hunt**

- To download copies of MUST, visit: [www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)







**PHYSIO WINS AWARD FOR SEVEN-DAY SERVICE**  
Specialist physiotherapist Brighton Paradza has won an award from NHS England and NHS Improving Quality in recognition of his work in introducing a seven-day physiotherapy service to cardiothoracic patients at James Cook University Hospital. The hospital, part of South Tees Hospitals NHS Foundation Trust, is in Middlesbrough.

# CSP wins rebound therapy trade mark

The CSP has mounted a successful legal bid on behalf of its members to stop rebound therapy from being covered by a trade mark.

Rebound therapy, which involves the therapeutic use of trampolines, has become 'customary in the [physiotherapy] trade', according to a decision reached last month by the Trade Marks Registry at the Intellectual Property Office in Newport, south Wales.

That decision overturned an earlier one, reached in 2009, which had granted a trade mark to physiotherapist Eddie Anderson and Paul Kaye, both of whom are based at a body known as

Rebound Therapies.

Ordering Mr Anderson and Paul Kaye to pay the CSP £650 as a contribution towards its costs in preparing its case, the Trade Marks Registry said: 'Based on the evidence provided, rebound therapy is a method which has become widespread throughout the physiotherapy trade to the extent that it appears to be an indication used to refer to therapeutic use of a trampoline. It is concluded therefore that it has become



'customary in the trade'. The registry said it considered the evidence and concluded that the use of trampolines by seven physiotherapists, five of whom had been trained in the rebound

therapy method for more than 20 years. A number also said they trained others in its use.

One of them, clinical community physio Debbie Cook, said she had first taught physiotherapy students to use rebound therapy at the University of Nottingham in the early 1990s

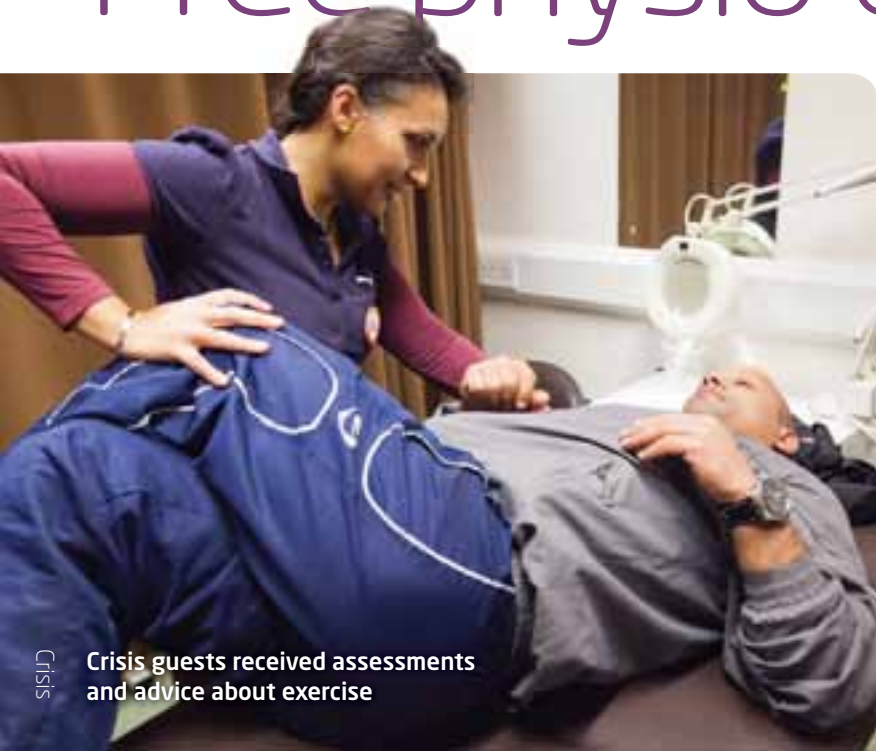
and continued to do so today. She said she had originally been trained by Mr Anderson.

Another, Bethan Evans, said that no one should own the term rebound therapy, adding that it was used widely 'by the community at large' as well as by members of the physiotherapy profession.

Sally Smith, a physiotherapist who works with adults with learning disabilities in Nottinghamshire, said that Mr Anderson had inspired her in 1984.

But his background was in education and in working with children, while she had developed

# Free physio checks for Crisis



More than 30 volunteers delivered 140 physiotherapy sessions to homeless people who spent last Christmas as guests of national charity Crisis.

The homeless people received physiotherapy over a six-day period at 10 Crisis Christmas centres in London, Edinburgh and Newcastle.

'We were able to provide a lot of assessment, plus advice about exercise and health promotion, and steered guests to mainstream NHS care for the rest of the year,' said Jo Dawes, a CSP member and

organiser of the service.

She said that physios were also able to provide therapeutic interventions aimed at symptomatic relief.

Christmas 2013 was the second year running that Crisis provided physiotherapy services during the festive period. Among the pool of volunteers were three physios and three students who had helped to provide the service in 2012. Some physios had previously volunteered in other roles, such as serving meals.

Ms Dawes said that the

# Trade mark case

the techniques for use with adults. As well as those in the learning disability field, physios in other spheres, such as neurology and cystic fibrosis, had also begun using it.

According to papers released by the Trade Marks Registry, many of the witnesses voiced 'their apprehension in using the term at the current time, due to fear of litigation'.

Mr Kaye's submission denied that any one had been threatened with litigation for using the term. He said the CSP wanted to use the name rebound therapy 'in

order to benefit from the credibility and reputation of Mr Anderson's work'. Mr Anderson said he had started using rebound therapy in the early 1970s and had trained many others in its use.

The pair were given until 17 January to mount an appeal against the latest ruling.

Sue Hayward-Giles, the CSP's assistant director for practice and development, said the bedrock of the CSP's case was provided by members with expertise in rebound therapy. 'All credit goes to them,' she added.

**Ian A McMillan**

# Crisis guests

recruitment of volunteers had started in autumn 2013 and went well. But illness and travel problems meant some volunteers missed shifts.

Stuart Deaton, a third year physiotherapy student at St George's, University of London and a new volunteer, said he was able to help the physios and asked the guests whether they might benefit from physiotherapy.

'This group of people doesn't have GPs and would find it particularly difficult to access physiotherapy,' he said.

Crisis intends to develop its

physio services and will be looking for a larger number of volunteers for Christmas 2014, in particular to run an outreach service to some of the centres.

Ms Dawes added: 'It did take a lot of work, but I feel it is an honour. I just hope that the people we saw are able to access the services they need throughout the rest of the year.'

Asked whether he would consider volunteering for Crisis again, Mr Deaton said: 'Definitely. It was a really interesting experience.'

**Gill Hitchcock**



## Physio competes to be 'strongest man'

Festive television viewers watched as a physiotherapist made his debut in the World's Strongest Man contest.

CSP member and professional strongman Lloyd Renals spent two weeks competing at the event in Sanya, China, where he participated in a series of Herculean feats of strength.

The event was broadcast in stages by Channel 5 during December, with the final being broadcast on New Year's Eve. It was watched by more than one million people in the UK, according to figures from the Broadcasters' Audience Research Board.

Mr Renals, who works as a senior 2 rotational physio at Worthing Hospital in West Sussex, told *Frontline* the contest had been a 'huge learning curve' but he was pleased to have won in one event before being eliminated from the competition.

'It was my first year there and the guys I was competing with had a lot more experience, but it panned out quite well,' said Mr Renals.

'I had a good first event where I won in the yoke event for my group, but unfortunately the rest of the events were more suited to my competitors.'

The yoke challenge in which he triumphed required him to run 30 metres, as fast as possible, while carrying a metal frame on his shoulders that weighed 450 kg.

Mr Renals is now training for the qualifying stages of the Europe's Strongest Man event, which is being held in Leeds on 9 August, and he hopes to qualify again for the World's Strongest Man event later this year.

**Robert Millett**





# RCM report shows pregnancy care challenges

A report showing a rise in the complexity of pregnancies in the UK should be a 'wake up call' for health service professionals to ensure mothers get proper advice about exercise, warns a CSP professional adviser.

Ruth ten Hove was responding to a report by the Royal College of Midwives (RCM).

'As part of their role, midwives offer important health information to women. This includes advice about a healthy lifestyle, but should always include best practice advice about exercise to help prevent problems associated with pregnancy, such as incontinence and prolapse,' she said.

'The CSP is working closely with the RCM and in the early part of 2014 we will launch a tailored resource for midwives, which will support them in delivering effective explanation and teaching of pelvic floor muscle exercises,' said Ms ten Hove.

The RCM's *State of Maternity Services* report shows that the number of births in England

continued to rise in 2012, reaching its highest number (694,241) since 1971.

The figure for England in 2012 was 23 per cent higher than in 2001, up 29 per cent in London and 25 per cent in both the south west and the East Midlands.

Although Scotland's birth rate fell for the fourth year in a row, it remained 10 per cent higher than in 2001. In Wales and Northern Ireland the number of births fell for the second year in a row, but in both countries the number was 15 per cent higher than in 2001.

In addition, findings from the report reveal that maternal obesity in the first three months of pregnancy in England has more than doubled from 7.6 per cent to 15.6 per cent from 1989 to 2007.

**Gill Hitchcock**

• See: [www.rcm.org.uk/EasySiteWeb/GatewayLink.aspx?allid=325903](http://www.rcm.org.uk/EasySiteWeb/GatewayLink.aspx?allid=325903)



Ian Hooton/Science Photo Library

# BMA seeks best patient information

The British Medical Association (BMA) is looking for entries for its 2014 Patient Information Awards.

The awards are intended to encourage excellence in the production and dissemination of accessible, well-designed and clinically balanced patient information. The

materials can be about therapies, including physiotherapy.

Resources must have been published from 1 January 2012 to 28 February 2014 in English. All entries will be considered for the overall Patient Information Resource of the Year.

Selection criteria and other information about the awards are available on the BMA's website.

The 2013 winners included Macmillan Cancer Support for a resource offering people information on planning and making choices over end of life care.

To see the selection criteria for this year's BMA awards, visit:

<http://bma.org.uk/librarypia>

Entry form: <http://web2.bma.org.uk/bmalibrary.nsf/pipm?openform>



**ADD?...** SOMETHING TO





Pregnancies are getting more complex

# Downbanding victory for Oxford physios

Physiotherapists in Oxford have scored a victory against downbanding, after triggering a grievance procedure against trust restructuring plans.

Under Oxford University Hospitals NHS Trust's original proposals, many physiotherapy and occupational therapy band 7 posts at the Oxford Centre for Reablement would have been downbanded. Of eight band 7 physios, three and a half would have been downbanded to 6.

Physios, represented by CSP steward Warren Sheehan, argued that the plans would jeopardise the reputation of the centre, established as a specialist rehab service for patients with complex needs last April.

The affected staff pursued the issue to the final stage of the grievance process. Following



Caran Chamberlain

independent mediation and a joint consultative ballot for industrial action, which was supported by 90 per cent of the staff, the whole proposal was withdrawn. 'Their success was due to a well-written consultation response and grievance process alongside a determination to take the matter as far as they could,' said Caran

Chamberlain, the CSP's senior negotiating officer for South Central and West Midlands South. She added that this included the prospect of industrial action, as they felt passionately that they needed all their band 7 physios.

'Members worked hard to produce evidence and undertook their own benchmarking. They believed the specialist status of the unit would be at risk and showed why a band 6 physiotherapist role would be different to band 7 on a day-to-day basis,' she said.

Many CSP members working in the NHS are facing downbanding issues. The children's therapies team at Berkshire Healthcare NHS trust recently challenged similar restructuring plans (See news item on Berkshire, page 8, 20 November 2013).

**Louise Hunt**

## Information

• In 2012 the CSP and Arthritis UK produced a range of patient information leaflets. (pictured left). These cover topics such as back and knee pain. They are available from the CSP's enquiry handling unit. Tel: 020 7306 6666.

For electronic copies, visit: [www.csp.org.uk](http://www.csp.org.uk) and search for 'your health'.  
**Gill Hitchcock**

## One adult in two feels unnecessary pain

More than half of UK adults live with unnecessary pain instead of seeking help from qualified health professionals, a survey by Nuffield Health shows.

The survey of 2,000 adults shows that 45 per cent are in pain at least once a week, rising to almost three quarters (71 per cent) at least once a month. Of those in pain, more than three quarters (77 per cent) said it negatively affected their everyday life.

Despite this, more than half (59 per cent) did not seek help from healthcare professionals. People are as likely to turn to the internet for advice as visiting a health professional. Young people aged from 16 to 24 years are

five times more likely to self-diagnose than see a trained professional. Liz Adair, director of physiotherapy at Nuffield Health, said: 'Our physiotherapists often see people who have done more harm than good by trying to deal with pain themselves, or by not doing anything at all.'

'The research suggests there could be serious long term implications of failing to act.'

CSP chair Sue Rees agreed: 'Physios can work with other health professionals to help patients manage pain, increase their physical function and achieve the best possible quality of life.'

**Louise Hunt**

# Pensions



**HOW WILL OLDER PHYSIO STAFF FARE AS THE AGE AT WHICH PEOPLE CAN START CLAIMING AN NHS PENSION CONTINUES TO RISE? LOUISE HUNT REPORTS**

# When I'm 68

With the good news: many are surviving into older years as the case in previous years. But a side effect of development is that the age has steadily been increasing and people can expect to receive their pensions (and this is the case in the state and NHS).

Members in the NHS, however, will, depending on the age, either be pleased or surprised to learn that they can expect to carry on working until the age of 68.

Along with other trade unions and professional bodies, the CSP has been examining the implications arising from the age of people's working lives being extended. Having consulted members last year, the CSP, along with other interested parties, gathered evidence on the impact of working longer, and what employers needed to do in response, to the Working Longer Review (WLR) steering group. Members of the group represent employees and employers, the Department of Health and the Government (observers from England and Northern Ireland have also been involved).

There is no doubt that for some people working up to 68 and beyond in full or part-time employment will be a challenge. Penny Bromley, the CSP's industrial relations and union services director, says research and policy will ensure that employers take

responsibility for identifying where job roles need to change. And we are working towards trying to ensure that members who need to retire earlier do not suffer financial detriment.'

She added that this is a new area of work for the CSP, as very few clinical staff currently work beyond 60.

The changes will mark a significant shift in the employment landscape, added Ms Bromley. 'At the moment the responsibility for when to retire, unless through ill health, is seen as an individual's decision for which the employer does not have much input. Whereas raising the state pension age changes the structure of retirement and employers will need to be much more involved in planning for supporting people to work

longer. This drew attention to the particular risk to physios of developing musculoskeletal (MSK) problems and said 38 per cent of NHS staff who had taken early retirement on health grounds had MSK issues. It also pointed out that physiotherapy is a relatively youthful profession, with 84 per cent of those practising in the field being aged under 49 (2.4 per cent are aged 60 and above).

## Occupational health to play key role

The CSP wants the government to encourage employers to provide occupational health services that support the health and wellbeing of staff. It also calls for the development of a risk assessment tool that can assess the impact on staff's health and

## 'THERE IS NO DOUBT THAT FOR SOME MEMBERS WORKING UP TO 68 AND BEYOND IN FULL OR PART-TIME EMPLOYMENT WILL BE A CHALLENGE'

Penny Bromley

working longer. Otherwise many members could face hefty actuarial reductions which could be financially punitive if they retire earlier.'

The CSP calls for an investigation into the financial impact of enforced retirement on NHS staff before the age at which they can draw their pension. It also wants a review of how working practices and pension flexibilities can be brought together in a way that allows a range of flexible retirement options without penalising the amount of pension physio staff can expect to receive.

Addressing the occupational health needs of older NHS workers is another key strand of the CSP's submission to the WLR steering group. Members' concerns over the physical effects of working longer featured in an Annual Representative Conference 2012

wellbeing when certain types of jobs are undertaken over a period of years.

Employers must look at the potential impact of having an older workforce, it notes. This may mean adjusting working practices and staffing levels, ensuring there are enough people present during lifting and handling. The CSP also wants to see a strengthening of employers' obligations to review job design and working patterns to help staff to work longer, such as part-time working and providing access to jobs that do not demand high levels of physical endurance.

Members of the CSP industrial relations committee will discuss the recommendations next month and a plan on taking them forward will be published soon. *fl*





# 18 Physio findings



## JANET WRIGHT ROUNDS UP SOME GOOD RESEARCH NEWS TO CELEBRATE THE NEW YEAR

### EXERCISE



## Do what you like

Science is constantly coming up with new reasons to keep fit. And evidence is growing that you can do that in whatever way suits you best.

Researchers in Sweden have found that people who are generally active – as opposed to specifically taking regular exercise – have a good chance of living long and healthily.

They recruited 4,232 Stockholm 60-year-olds and followed them for 12 years. As well as exercise, they noted how much ‘non-

exercise physical activity’ people did such as mowing the lawn, cycling or going out picking wild berries.

The ones who did plenty of non-exercise activity had healthier cholesterol and triglyceride levels, smaller waists and less likelihood of developing metabolic syndrome or cardiovascular disease than people leading sedentary lives. Even the non-exercisers among them lived longer and in better health than the couch potatoes.

### AGE CARE

## New backing for resolutions

If your patients’ new-year resolutions are flagging as January wears on, the latest evidence could help bolster their willpower.

Look after your teeth – this could reduce your risk of heart disease. Researchers who followed 420 adults for three years found that those with the best dental hygiene had the least clogged arteries – even allowing for major risk factors such as obesity, smoking, and high cholesterol. Those who improved their dental hygiene



slowed the rate at which their arteries narrowed, while those who slacked off speeded up the deterioration of their arteries as well as their teeth. Dentists recommend cleaning teeth for two minutes twice a day, flossing every day and having regular check-ups.

**Desvarieux M et al. Journal of the American Heart Association 2013; <http://dx.doi.org/10.1161/JAHA.113.000254>**

• Lend a hand. People who do voluntary work reduce their

death risk by about a fifth in the following few years, according to a large systematic review and meta-analysis of 40 published studies. It is also found to ease depression and is linked with better mental health generally. **Jenkinson CE et al. BMC Public Health 2013; <http://dx.doi.org/10.1186/1471-2458-13-773>**

• Think positive. Brooding on bad times makes them more likely to cause depression and anxiety, psychologists have found. Though traumatic life events are the main root cause, people who avoid ruminating on the past suffer

less stress as a result. Those who find themselves stuck in a rut can learn positive coping techniques to break the habit and reduce the risk of mental illness.

**Kinderman P et al. PLOS One 2013; <http://dx.doi.org/10.1371/journal.pone.0076564>**

• If you eat a lot of meat, it may be worth cutting down. French researchers have linked an acid-forming diet – including animal proteins – with an increased risk of diabetes, even among



Because they were just looking at what people did, alongside their health and the numbers who died during the study, researchers couldn't say that being active is what made people live longer - only that the more active people did live longer.

'A generally active daily life was, regardless of exercising regularly or not, associated with cardiovascular health and longevity in older adults,' say the authors.

**Ekblom-Bak E et al. The importance of non-exercise physical activity for cardiovascular health and longevity. *British Journal of Sports Medicine* 2013; <http://dx.doi.org/10.1136/bjsports-2012-092038>**

- Physically active teenaged girls feel better about themselves, and their increased self-confidence makes them more active, Finnish researchers have found. 'Findings demonstrated a reciprocal relationship between physical self-worth and physical activity,' say the authors.

**Raudsepp L et al. *European Journal of Sport Science* 2013; <http://dx.doi.org/10.1080/17461391.2013.775349>**

- Not only can moderate exercise relieve depression, but it may also reduce the risk of becoming depressed in the future, a review of 25 long-term studies shows. Even just walking for half an hour five

times a week may be enough to prevent depression in later life.

**Mammen C & Faulkner G. *American Journal of Preventive Medicine* 2013; <http://dx.doi.org/10.1016/j.amepre.2013.08.001>**

- People with diabetes strongly reduce their risk of death from cardiovascular disease if they take 30 minutes exercise at least three times a week, according to a Swedish study of 15,462 subjects. Those who exercised less were 25 per cent more likely to have cardiovascular problems and 70 per cent more likely to die as a result.

**Zethelius B et al. *European Journal of Preventive Cardiology* 2013; <http://dx.doi.org/10.1186/1471-2458-13-966>**



- And find something more fun than housework! Researchers from the University of Ulster found that people who count housework as part of their weekly exercise weigh more than others - possibly because

they compensate with a snack.

**Murphy MH et al. *BMC Public Health* 2013; <http://dx.doi.org/10.1186/1471-2458-13-966>**

TV presenter Kirstie Allsopp says she finds housework fun: research shows why

people who also eat plenty of alkaline foods such as fruit and veg, which balance the acid load.

**Fagherazzi G et al. *Diabetologia*, 2013; <http://dx.doi.org/10.1007/s00125-013-3100-0>**



UK Press via Getty Images



# First announcement a

# Physiothe

## CONFERENCE & TRADE

**Physiotherapy UK 2014** will showcase the latest research findings and best practice, educational and professional developments in physiotherapy. The programme brings together the work of a number of CSP professional networks, offering physiotherapy staff from a wide range of backgrounds the opportunity to hear top speakers, access new evidence to support their practice and to learn, debate and share knowledge and experiences in the pursuit of excellent patient care.

**The CSP Scientific Committee is now inviting abstract submissions for platform and poster presentations which relate to this year's four programme themes:**

- **Learning and Development**
- **Community Rehabilitation**
- **Neurology**
- **Musculoskeletal**



# and call for abstracts

# therapy UK

## EXHIBITION 2014

- Abstracts should be submitted online at [www.physiotherapyuk.org.uk](http://www.physiotherapyuk.org.uk)
- For more information and detailed guidance on the submission of abstracts go to [www.physiotherapyuk.org.uk](http://www.physiotherapyuk.org.uk)
- Deadline for entries: **13th March.**



# VIEWS & OPINIONS

in perspective

## Physiotherapy works!



In a world of change and financial austerity, are you confident that, in the future, patients and the public will be able to access the full range of your skills and services?

The CSP believes in the profession's future and that it is well placed to develop the physiotherapy role further. But success will only come if the role of physiotherapy in modern healthcare is fully understood, with every CSP member – no matter where they work or what they do – contributing in a bold voice.

The CSP Council has agreed to launch the first part of a three-year programme helping us to work together to achieve our aim: to increase the public demand for cost-effective, quality physiotherapy services.

Building on the success of our *Physiotherapy works* briefing papers, the Physiotherapy Works programme will initially focus on the needs of older people.

You need only look at the plans of UK health and social care decision-makers, available online, to see why a unified voice on the benefits of physiotherapy is of such

crucial importance. Many refer to supporting people with long-term conditions, keeping people fit for work, reducing the number of falls, providing early supported discharge from hospital, and promoting independence.

Physiotherapy has an important role to play in all these areas.

The challenge facing all CSP members is to help people – including clinical colleagues in other disciplines – to understand that physiotherapy can make a big contribution to meeting these local priorities.

We recognise that it's a busy, competitive, tough

### advice line

## Don't be downhearted

**With NHS budgets being squeezed, employers are looking for ways to save money - and downbanding posts may be seen as a soft target. Penny Bromley offers some guidance on challenging such moves**

The CSP chalked up several victories last year by working with members to challenge NHS trusts' attempts to downband physiotherapy roles. Downbanding is, we believe, a short-term response to the longer-term problem of the NHS being under funded.

Unchecked, it will ultimately lead to the deskilling of the profession and a loss of expertise, affecting both the quality and cost efficiency of services. Though downbanding has been most severe in England, Scotland, Wales and Northern Ireland are facing similar challenges.

By tracking trends over the past five years in Agenda for Change

(AfC) bands we know that there has been a significant drop in the number of band 8 posts.

Though the number of band 8a and 7 posts remains stable, we believe this masks the bumping of posts downwards from 8b to 8a, for example. The AfC job evaluation system was introduced to ensure that the NHS grading system is fair and consistent.

You can help your steward and manager by identifying what skills would disappear if it emerged that posts might be downbanded or cut entirely.

## GOT SOMETHING TO SAY?

We encourage members to contribute to these pages.

For information see the guidelines at:

[www.csp.org.uk/frontlineideas](http://www.csp.org.uk/frontlineideas) or email: [eatonl@csp.org.uk](mailto:eatonl@csp.org.uk)

*The views expressed here are not necessarily those of the CSP*



## viewpoint

### Sue Browning, CSP's deputy chief executive, explains why a new programme to promote the benefits of physiotherapy is so vital

climate with budgets getting smaller. Developing quality services is not easy in an environment where saving money seems pre-eminent.

But we know that some of you are doing this well. There are many innovative examples of patient care being delivered, new services being established and exciting improvements being made.

But more can be done to share learning and support others. We can work on this together through our extensive member networks.

As part of the programme, we will be coming out to your region and supporting you to get your voice heard. At the same time we'll be working with a variety of key stakeholders, such as Age UK,

clinical commissioning groups, social care agencies and policymakers across the UK.

We already have a huge range of materials on our website and if these don't meet your needs, please tell us!

So now, in this month of resolutions, is the moment for us to make a vow.

If each one of you vows to use opportunities this year to promote physiotherapy, just think what a difference our 52,000 voices would make!

**Sue Browning** is CSP deputy chief executive

- Find out more on page 28



The job evaluation scheme underpinning AfC is made up of 16 factors measuring a range of job responsibilities and demands, such as the knowledge needed to perform particular roles and working conditions. Each job is assessed against these factors and given a score, which contributes towards its AfC band. Removing key 'job evaluation scheme' words from a job description, such as 'highly specialist', to describe the skills required for the post, does not mean the post has been downgraded. A downbanded post must have significant elements of the role removed or changed.

Identifying what skills will be lost if higher banded posts are cut and how this will affect the service, is the first step in fighting cuts.

Using the job evaluation scheme correctly is the next step.

**Penny Bromley** is a CSP national policy officer

## Help at hand

### Karen Dobson outlines the practical support offered by a charity to children and young people who are disabled or terminally ill

Newlife Foundation for Disabled Children provides a range of practical support services for families in the UK. We work closely with health professionals - including physiotherapists - to ensure that, each year, hundreds of disabled and terminally ill children get the right equipment at the right time.

We help under 19-year-olds with any significant disability - whether in-born or acquired through accident or illness - to meet a growing need that statutory services are unwilling or unable to meet.

My team of nurses offers information and guidance on a range of disability issues and signposts parents and professionals to our equipment grant and loan services.

We also make grants for vital pieces of equipment Grants. Newlife has funded more than 6,900 items of specialist equipment costing more than £10 million in total since 2005. Equipment includes powered and manual wheelchairs, buggies, beds and sleep systems, walking and standing frames, car seats, portable hoists, safe environments and communication aids. Without Newlife and our supporters' help, many children would simply go without.

Children benefit in many ways. For instance, teenager Harrison - who has Duchenne Muscular Dystrophy - received an early Christmas present of a hi-tech sit-to-stand wheelchair to give him greater independence, enable him to join in more classroom activities and alleviate health issues. Three-year-old Molly has Down syndrome and chronic lung disease. Her family urgently needed a specialist buggy to accommodate her emergency equipment so she could enjoy trips out from hospital and to support her discharge home.

Just Can't Wait is a palliative needs equipment loan service providing specialist wheelchairs, buggies, beds and hoists direct to families' homes within 72 hours. The service, for terminally ill and life-limited children, has facilitated more than 140 loans since 2011.

Play Therapy Pods, each containing sensory toys and aids suitable for children with complex needs, are available on three-month loans.

Our services are free and can be accessed via the Newlife Nurse Helpline. Tel: 0800 9020095. Email: [nurses@newlifecharity.co.uk](mailto:nurses@newlifecharity.co.uk)

**Karen Dobson**, lead nurse, Newlife Foundation for Disabled Children



**KICKING OFF THE CSP'S *PHYSIOTHERAPY WORKS* PROGRAMME, ROBERT MILLETT** PROFILES THE TEAM THAT WON IN THE 'REDESIGN OF PATIENT PATHWAY' CATEGORY AT LAST YEAR'S CSP AWARDS



Photos: Gabriel Szabo/Cuzeljan

# Home goal



Back row from left: Linda Wood and Phil Wright, therapy coordinators; Suzanne Smith, therapy assistant; Lisa Holdsworth, occupational therapy practitioner; Andrew Goldman, trainee therapy assistant; Becky Leedale, occupational therapy practitioner and Lucy Kirke, physiotherapist. Front row: Janet Hardy-Ogden, therapy assistant; Sue Oxley, therapy coordinator and Vicky Harding, assistant practitioner



# 26 Physio works

Leaving hospital after an illness or injury can be a daunting prospect, especially for older people who live alone or lack support at home.

Many need intermediate care and remain in hospital for rehabilitation, but now a service in West Yorkshire is proving the clinical and financial benefits of preparing patients for early discharge and providing them with home-based rehab instead.

The therapy-led Early Supported Discharge (ESD) service is based at Bradford Royal Infirmary and St Luke's Hospital, both part of Bradford Teaching Hospitals NHS Foundation Trust.

The radical approach consists of three ESD schemes that have been applied to the care of older people and in orthopaedic settings since January 2011, and on medical wards since January 2013. Each means patients receive intensive, post-discharge rehab immediately they return home.

Each strand of the service is run by a multidisciplinary team that includes physiotherapists, occupational therapists (OTs) and therapy assistants. It began after Jill Gregson, head of therapy at the trust's physiotherapy department, applied for funding to develop the service in December 2010.

Her application, to the then primary care trust, was successful and the service started just one month later, in January 2011.

Physiotherapist Phil Wright, ESD therapy coordinator for older people and community services, says staff acted swiftly to implement the redesigned pathway. 'We only had a week's notice to set up the service,' says Mr Wright. 'But thankfully we'd already been doing some recruitment, so we had a group of people we could call on.'

The aim of the redesign was to provide a pathway that would enable patients to regain their independence, increase their mobility, improve their ability to participate in functional activities and reduce the need for continuing care.

By forming a direct link between acute care and community services it was thought the ESD service would fulfil this ambition, by providing a home-based alternative to intermediate care.

Mrs Gregson says it was a novel idea, because most ESD schemes in the UK apply only to stroke care. 'Our teams showed true innovation by extending the concept to all patients in an acute care setting,' she says.

Lucy Kirke, a rotational band 6 physiotherapist, was instrumental in setting up the service and says it was difficult at first. 'It helped that everyone on the team was flexible and supportive, and understood that the service was evolving, which made it easier for us to try out new ideas.'

Mrs Kirke was mainly involved in supervising staff and divided her time between shifts on the ward and community visits. She also had to participate in discharge planning, attend A&E and help to identify patients who were suitable for ESD or other onward rehabilitation.

Having previously worked in services for older people, Mrs Kirke says the new pathway was a radical departure from the trust's earlier care plan. 'Before the introduction of the service patients were usually admitted to another inpatient rehab facility, or put on the waiting list for community therapy – which could take up to four weeks,' she says.

'But now they are followed up straight from the ward or A&E.'



**Street life: Physio Lucy Kirke works with a patient in a realistic situation**

Setting up and maintaining the service has presented the team with a series of challenges, including budget-related staffing issues.

'The funding was initially only for three months and that was then extended and has been ongoing, but never permanently guaranteed,' Mr Wright explains. As a result most of the therapy assistants have been employed on temporary contracts and there has been a high turnover of staff. But despite its rapid launch, and a financially uncertain future, the service has continually shown its worth and now, three years later, its success is garnering widespread attention.

In 2012 the service was shortlisted for a Patient Experience Network National Award in the 'continuity of care' category, and the team triumphed at the CSP Awards 2013, winning in the 'redesign of patient pathways' category.

## Intensive rehabilitation

Bradford has a population of 300,000 people and the ESD team visits people within a six-mile radius of the city. The ESD team for older people works closely with the therapy team which provides care on the acute wards at Bradford Royal Infirmary and St Luke's Hospital.

The ward team consist of three physiotherapists, two OTs and a therapy assistant. While the ESD team includes one band 5 physio, one OT and two therapy assistants. The orthopaedic service meanwhile has funding for 11 therapy assistants and they and the OT staff are split between ESD, A&E and the wards.

'The majority of the patients are frail older people who are admitted to hospital with falls, or conditions like chest infections or urinary tract infections,' says Mrs Kirke.

Patients are assessed in hospital prior to being discharged, to ensure their needs can be safely met and all the home-based rehab is supervised and supported by daily visits from the team.

'We usually visit first day post-discharge then daily for up to six weeks, though most patients are discharged before then,' says Mr Wright.

'It's about bridging that gap between hospital and home and getting patients back on their feet.'

The home-based rehab is administered at the same level of intensity as patients would have received in an inpatient setting. In addition, it is delivered by staff the patients have already met in hospital, which provides a comforting element of continuity. 'The same therapist who assessed them in hospital goes to see them at home on their first day



## PATIENTS' COMMENTS ON THE SERVICE

**'I was more comfortable in my own home, and being at home increased my morale and in turn helped me have a speedy recovery.'**

**'Staff did very well, and the scheme is a good idea as I'm on my own.'**

**'Very satisfied, grateful to be getting out of the house and the team's input.'**

back, so they have the reassurance of a familiar face,' says Mrs Kirke.

The service requires close communication between physiotherapy and OT staff and collaborative working, most often in the form of joint visits to patients' homes.

Formal handover meetings are held twice a week, allowing staff to discuss their caseloads and ensure that patient goals are progressing.

Linda Wood is the ESD therapy coordinator for orthopaedics, A&E, vascular and wheelchair services.

She explains that the orthopaedics team visits patients twice a day, for an average duration of five days, matching the frequency and length of rehabilitation that ward based patients would normally receive.

'A lot of our patients undergo hip replacements,' says Mrs Wood. 'But falls are by far the biggest reason and ankle fractures are also common.'

Mrs Wood believes the ESD service provides a seamless therapeutic pathway from admission to community, and the continuity of care helps to alleviate anxiety among recently discharged patients.

As therapy assistant Janine Emsley explains, a lot of people 'feel too scared' to leave the house once they get home from hospital.

'It's not that they are unable to do it,' says Ms Emsley. 'It's just that they haven't got the confidence – so we work with them until they are able to go out alone.'

The service focuses on setting individual, patient-specific goals and aims to promote independence and optimise functional recovery.

'In hospital we get people fit to be discharged, but there's a big difference between that and getting them fit to lead a normal lifestyle once they are home,' says Mr Wright.

As a result the ESD teams focus on long-term goals that take account of people's normal routines, which might include target destinations such as local shops or the pub.

Becky Leedale, a band 6 OT, says the team frequently liaises with other agencies, including pharmacy services, district nurses and various community services, in order to ensure that patients receive a holistic package of care.

'We work alongside home care services, and if we think a patient isn't going to be safe or their family can't support them then they may need a different setting for rehab,' says Ms Leedale.

In cases where patients do have ongoing, long-term needs the service refers them on to the standard community team.

The ESD service also treats a significant number of patients with dementia. 'About 50 per cent of the patients we have on our older people care wards have some degree of cognitive impairment,' says Mr Wright.

'But they respond better in their own environment, so we often manage to make far more progress with them at home than was expected when they were in hospital.'

### Service saves trust £600k

About 700 patients were seen by the ESD team for older people from January 2011 to September 2013, and the latest data has revealed that referrals to the service have increased by 60 per cent compared to the last quarter.

Yet, in spite of increasing referrals, the early supported discharge of patients has resulted in the service saving the trust an estimated 2315 bed days in the last year.

In addition, since 2011, the orthopaedic strand of the service has saved a total of 2,698 bed days, which has been estimated to equate to cost savings for the trust of more than £600,000.

The service uses standardised outcome measures, including the Barthel index and the Tinetti gait and balance scale, and these have shown clinical improvements among patients of between 25 and 50 per cent.

The measures have shown a reduction in the average falls risk for patients, with a decrease from 'moderate' to 'low', and an average increase in patient mobility. The service has also led to an average decrease of approximately five hours for 'help needed' by each patient per week.

Readmission rates for patients have fallen from a trust average of from 10 to 12 per cent to five to six per cent.

'And as a result the trust has reduced its penalty costs for readmissions within 30 days,' says Mrs Wood.

Mr Wright says the results prove that patients respond and recover much better in their own environment. 'People are more active at home,' says Mr Wright. 'Hospital is such an alien environment and promotes a culture of staying in bed all day. It takes away people's independence. At home people follow their normal routines, diet and sleeping patterns.'

### Increasing integration

The next formal deadline for funding is the end of the financial year, in March 2014, but the team is positive that the service will continue. It is currently seeking additional funding that would allow members to provide a therapy-led ESD service across all in-patient environments.

'Our service is integrated between the therapists on the ward and those in the ESD, but there needs to be more integration – and that's one of our future challenges,' says Mr Wright.

Mrs Kirke agrees that 'integration into a larger health and social care model would be the ideal way forward. 'Our staff are now used to dealing with fairly acute patients in the community and will be able to use that experience when the service becomes fully integrated,' says Mrs Kirke. **fi**

## PHYSIO WORKS: A NEW PROGRAMME

Want to know more about the CSP's work this year to promote physio's role in older people's care? Turn the page for more.





# Physiotherapy works!

**CSP MEMBERS ARE IN ON THE PHYSIO SECRET. NOW WE'RE ASKING YOU TO SHARE IT WITH THE REST OF THE WORLD**

Over the next three years the CSP will be working with members to make a really strong case for more physiotherapy. With members' help, the society wants to convince health and social care decision makers and the wider public of something you know already - that physiotherapy works.

The article in this issue of *Frontline* about the award-winning rehabilitation scheme in Bradford (pages 24-7) is just one example of how innovative members can be, given the chance.

We know that many more of you are taking equally exciting steps to make a real difference for your patients, wherever they are receiving care.

But could you be making more noise about the fact physiotherapy works? Not just that physiotherapy works, but that it could really make a huge difference to people's quality of life as they live longer, grow older, and may be living with long term conditions.

Nurses and doctors have no qualms about promoting their profession. Physio staff can do the same.

This is why we have launched the Physiotherapy Works programme. The CSP wants more people to be benefiting from increased access to quality physiotherapy services by 2017, in both traditional and new areas of practice within the UK and across health and social care.

The overall objective is to promote cost-effective, quality physiotherapy services and to secure the future growth of the physiotherapy profession, including appropriately funded job opportunities in the public, private and independent sectors.

So we're calling on every single one of you to play your part. We know you're already doing wonders for your patients, and that many of you are already actively working to promote the profession. This programme will enable us to harness our collective energy and skills to make an even stronger case for quality physiotherapy.

CSP staff will be coming to talk to members over the coming months.

Find out more in our Q&A, opposite.

## **Q How can we do more to promote physiotherapy?**

We have to convince many different audiences, all of whom influence the availability of physiotherapy. We therefore have a range of products to get positive messages out to doctors; to help to convince decision makers that investing in physio saves money; and to encourage people to ask for physiotherapy.

## **Q What are we doing to influence GPs?**

We've decided to use new ways to reach some of the key decision-makers: GPs. We've placed advertisements in the GP media highlighting the evidence that physiotherapy works (see News, page 8). We have also improved our website to ensure the information which GPs will find helpful is readily available. (See [www.csp.org.uk/doctors](http://www.csp.org.uk/doctors))

## **Q What are you doing to influence decision makers?**

We're trying to make it easier for decision makers to commission good quality physiotherapy services. We're also looking to promote examples of services that help reduce falls, speed up the hospital discharge

process, or offer rehabilitation in the community. We're also developing a proposal to show how physiotherapy can offer solutions in social care. You'll see full details soon on the CSP website.

## **Q What are you doing to improve public awareness?**

In addition to the CSP's ongoing work promoting the profession in the national, local and social media, we have improved the CSP website so that there is more information easily available to patients. We have begun by providing free, downloadable advice for the public on ageing well, on avoiding trips and falls and on exercise. See [www.csp.org.uk/ageingwell](http://www.csp.org.uk/ageingwell)

We're also working with patient groups, such as Arthritis UK and the Stroke Association, to ensure the people that they represent are receiving appropriate information about what physiotherapy can offer them.

## **Q Why is there a focus on older people?**

Our work this year will focus on promoting the role of physiotherapy in helping people to live well for longer and stay independent. The programme will promote a range of



**SOMETHING TO ADD?...**  
email us at [talkback@csp.org.uk](mailto:talkback@csp.org.uk)

other physio solutions in future years. The UK has an ageing population (see infographics, right) and this means that there is a growing need for physiotherapy for older people across all specialisms, from MSK to neuro or respiratory.

There are huge opportunities for the profession to meet patient needs and to help save the NHS and local councils millions of pounds. Anything we can do to help reduce the burden on already hard-pressed hospitals has to be a good thing – and our potential role is something decision makers need to know about. But we need to make a stronger case for physio's role with older people.

### Q Will this programme help all members of the CSP?

Yes. It's about raising the profile of physiotherapy across the board, so that more patients can benefit from physiotherapy. Members working in academia are also superb advocates of physiotherapy services and can use their authority and contacts to influence those in senior positions. Retired members also have a role, acting as advocates for physiotherapy.

### Q So what's in this for me?

This is about promoting the profession's long-term future, in the NHS, the independent, private or voluntary sector, or elsewhere.

### Q How will this programme work across the UK?

The programme is promoting physiotherapy in all four countries of the UK. We are using examples of best practice from every country. The local decision

making structures vary across the UK, and our lobbying plans take account of that.

### Q Why have you called it the Physiotherapy Works programme? Isn't that confusing it with the existing CSP 'Physiotherapy Works' briefing papers?

This programme builds on the evidence in those briefings. We want many more people to get excited about the evidence that physiotherapy works.

### Q How can I get involved?

With your support, this programme will raise the profile of physiotherapy, raise your standing as a clinician and ensure vital services are funded to ensure a healthier population in the longer term.

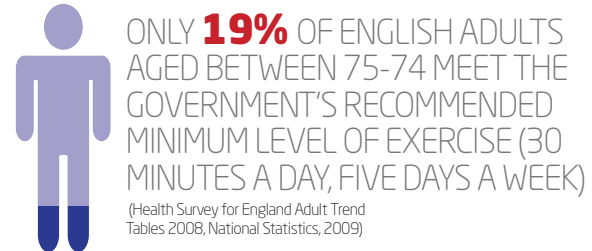
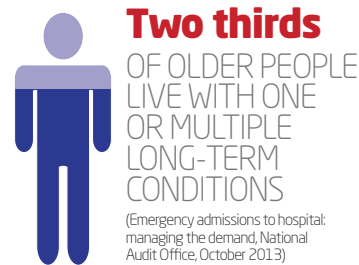
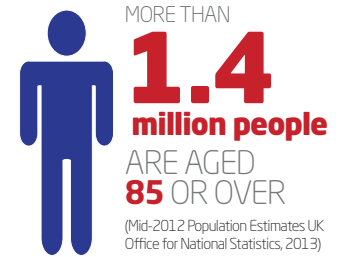
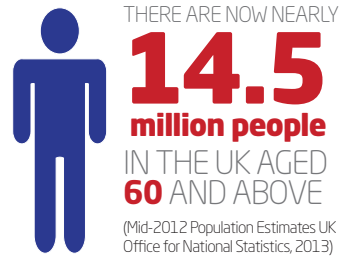
Some members are already talking to their local Age UK groups about the role of physios in preventing falls. You could talk to your local GP about how physiotherapy could help their patients. Why not give them our Physiotherapy Works leaflets? (See [www.csp.org.uk/physiotherapyworksbriefings](http://www.csp.org.uk/physiotherapyworksbriefings))

Or you could explain to your patients how physio can help them by using the free, downloadable information on the 'Your health' section of CSP's website: [www.csp.org.uk/yourhealth](http://www.csp.org.uk/yourhealth)

### Q What is one 'take home' message for now?

If you talk to just one person – maybe at the school gate or in a taxi – about the power of physio, you're doing your bit to help the profession.

## Why we're targeting older people



THE COMBINED COST OF HOSPITALISATION AND SOCIAL CARE FOR HIP FRACTURES IS **£2 billion a year** (£6 million a day)

(The National Hip Fracture Database National Report 2011, by British Orthopaedic Association with the Information Centre and NHS, 2011)

BASED ON 2009/10 COSTS, EACH HIP FRACTURE AVOIDED WOULD SAVE APPROXIMATELY **£10,170**

(Department of Health. Payment by results guidance for 2010-11. London; Department of Health; 2010. [www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_112284](http://www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112284))

## Where can I find out more?

Frontline and the CSP website will be bringing you more information on what you can do to support this initiative over the coming months. You can read Sue Browning's column on page 22 and check the news story on page 8/9.

Or check out the resources on the CSP website: [www.csp.org.uk/physiotherapyworks](http://www.csp.org.uk/physiotherapyworks)



**IN THE THIRD ARTICLE IN A SERIES ON THE HCPC RE-REGISTRATION PROCESS, CSP ADVISER GWYN OWEN LOOKS AT THE IMPORTANCE OF LINKING CPD OUTCOMES TO PROFESSIONAL PRACTICE**

# Making the CONNECTION

As CSP members, we all have a responsibility to engage in continuing professional development (CPD). It is this process of lifelong learning that enables us to maintain and develop awareness and evidence of who we are – as a person, and as a professional. While the responsibility to engage with CPD is not new, it has become increasingly important in the current social, political and economic climate, where the expectations placed on and organisation of physiotherapy practice are constantly changing.

Both the CSP and the Health and Care Professions Council (HCPC) adopt an outcomes-based approach to CPD. As the phrase suggests, this requires us to look beyond the learning input or event, to look at the change that learning achieves. What that means in practice is that potentially any learning opportunity (formal and informal) – whether it is happening in the workplace environment or outside it – has CPD potential. What's key is that we are able to show how the outcomes generated by the CPD opportunity relate to our practice. This is the connection that HCPC standards for CPD expect registrants to be able to demonstrate.

As you will have seen from members' accounts of participating in the HCPC's CPD audit of 2012 ('Professionalism in practice', page 29, 1 January 2014), the process of making that link isn't always straightforward. Much of our learning as a physiotherapy workforce happens in practice – through doing. So while we might realise that our practice has changed over time, it isn't always immediately obvious how and where that

learning took place ... until we take a pause from our practice to recognise that connection and to collect evidence to share the connection with others. This is what this article is designed to do.

This article is designed to offer some guidance and a suggested structure to help you recognise and record the connection between the outcomes of CPD and your practice. Working through this process is useful whether or not you are one of the 2.5 per cent of physiotherapy registrants selected to participate in next month's HCPC CPD audit. But even if you're not selected, the process of connecting learning to practice, or practice to learning, is a valuable CPD process in its own right. It will help you recognise and show the value of specific learning activities, and the quality of your practice. Building a record of the links between the two could be used to demonstrate your contribution to the

service at annual appraisal, support an application for study leave, project funding or new post, or make the case for regrading or ongoing access to CPD within the department.

## Where to start?

If you're looking for a structure to make the process of connecting the outcomes of your learning to your practice, the HCPC standards for CPD might help. The HCPC's CPD Standards 3 and 4 provide direction and focus which should make the task easier to contain and manage.

The HCPC's CPD Standard 3 expects registrants to ensure that their CPD has contributed to the quality of their practice and service



**SOMETHING TO ADD?...**  
email us at [frontline@csp.org.uk](mailto:frontline@csp.org.uk)

**Figure 1: connecting outcomes of CPD to practice**



delivery. Standard 4 expects registrants to seek to ensure that their CPD benefits the service user ([www.hcpc-uk.org/cpd](http://www.hcpc-uk.org/cpd)). This relationship is shown in figure 1.

Having got a structure to start making the connections, the next stage in the process is to pull together information and evidence you have been collecting – about your CPD activity, and about your practice. If you've got all that information stored in a single space – great. Chances are, it will be sitting in a couple of places – in a drawer or folder maybe, on a memory stick or departmental intranet, or in an ePortfolio or digital dropbox. The process of bringing everything into one place can be a positive experience in itself (see 'Professionalism in practice', page 29, 1 January 2014) – being able to see and celebrate change in your practice.

Once you have the information to hand, the next stage is about connecting learning outcomes to your practice. And the process can start from either end.

You could start with your list of CPD activities and outcomes and work forward. That would involve tracing how the outcomes

from a learning activity produces specific outcomes in practice. Or you could start from the information you have pulled together about your practice and service delivery, and how your work benefits service users. That involves analysing the values, behaviours, knowledge and skills required to produce the practice and attaching the practice to your list of CPD activities and outcomes.

Whichever point you choose to start from, the process will help you compile and develop evidence of what your practice is like (a profile), a list of CPD activity and outcomes, and a portfolio of evidence that shows how your learning supports the development of your practice (see example in text box 1). As you'll have seen from HCPC website, it is this information that you will need if you were chosen to participate in the HCPC's CPD audit. The list of CPD activity will help you show how you are meeting CPD standards 1 and 2; while the evidence of how the outcomes of your learning connect to your practice will show how you meet CPD standards 3 and 4. *fl*

## LINKING THE OUTCOMES FROM A LEARNING ACTIVITY TO PRACTICE (AN EXAMPLE)

**Date:** June 2013

**Activity:** Designed and delivered in-service training around portfolio development using resources downloaded from CSP ePortfolio.

**Outcome 1:** increased awareness of resources available in CSP ePortfolio.

**Link to practice:** able to signpost peers to material on CSP website.

**Outcome 2:** Updated personal knowledge about portfolio development

**Link to practice:** felt confident to support mentee develop a portfolio to support their successful application for a new job. (Mentee feedback stored in my ePortfolio).

**Outcome 3:** how to design an interactive workshop (copy of workshop design/content and participant feedback stored in my black folder)

**Link to practice:** due to facilitate a series of workshops on portfolio development with a peer (for action: December 2013/February 2014)

**Outcome 4:** confidence in facilitating a staff workshop.

**Date:** July 2013

**Activity:** Peer reflection with colleague about managing an aggressive patient

**Outcome:** Highlighted gap in my knowledge of trust policy and procedures

**Link to practice:** Secured place on course: managing aggression and violence in workplace

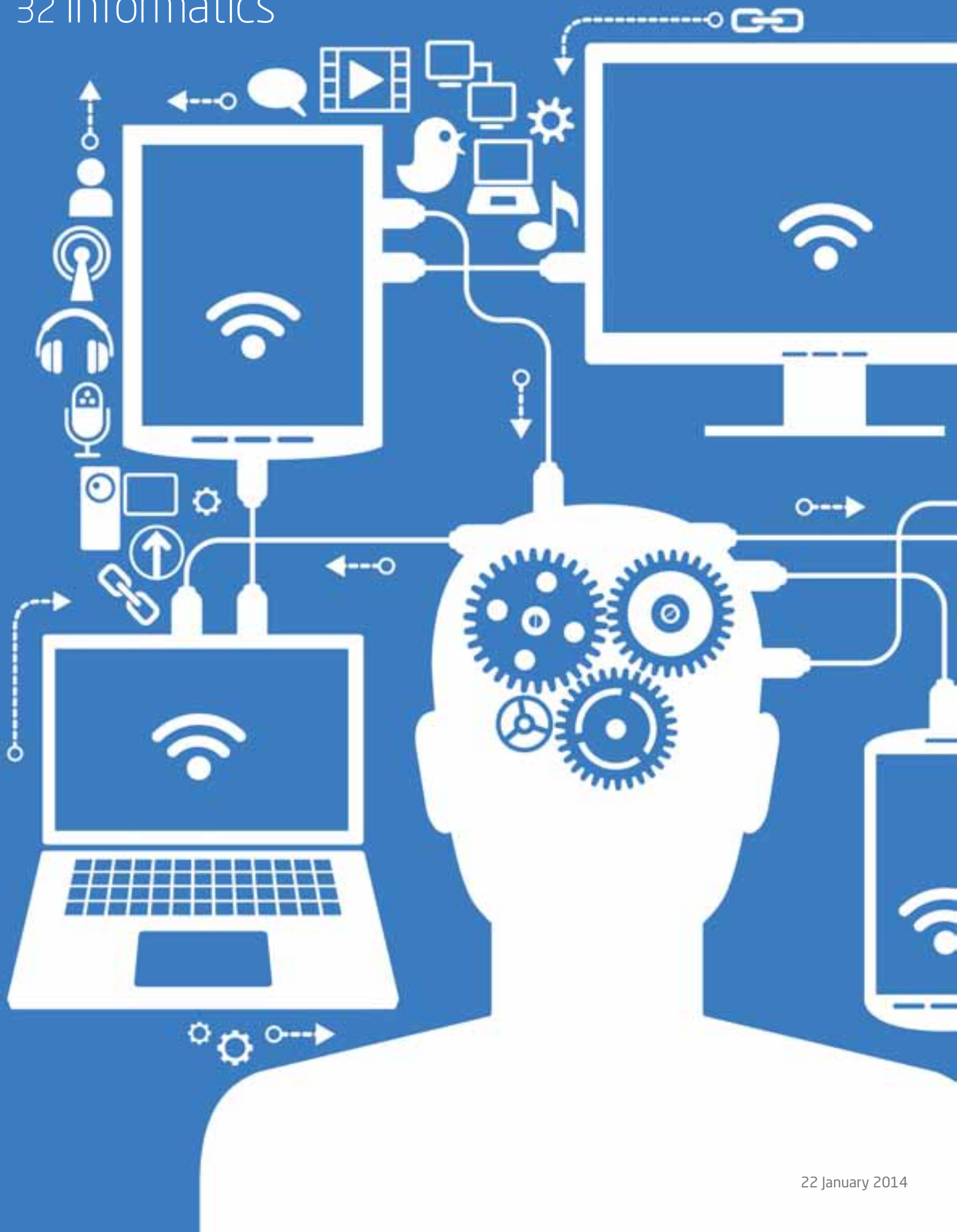
## HOW TO USE THIS ARTICLE FOR YOUR CPD

Work through the process presented in this article to connect the outcomes of your CPD to your practice.

You will find some forms and links to resources to help you through that process in the CPD resources workspace in the CSP ePortfolio system. For more information, visit: [www.csp.org.uk/portfolio](http://www.csp.org.uk/portfolio)

CPD Syd has published a short online guide to HCPC renewal/CPD audit. You will find it on the profession-wide network on iCSP.

Earlier articles by Gwyn Owen on HCPC re-registration appeared in the 20 November 2013 and 1 January 2014 issues.





## PHYSIOTHERAPISTS MUST BE PART OF THE CONVERSATION ABOUT A PAPERLESS NHS, ACCORDING TO THE CSP. **GILL HITCHCOCK** REPORTS

**B**everley Bryant recounts how she was paying £30 a month for her daughter not to attend a gym, but when she tried to cancel the unused membership, the phone and online services made it virtually impossible.

'This is how it feels accessing our primary care systems,' the director of strategic systems and technology at NHS England told a recent King's Fund conference. 'You ring up at one minute to 8am and you get the answer phone, and you phone again at one minute past 8 and you hang on for 20 minutes.'

Poor patient service is one of the key issues NHS England seeks to address in its business plan to 2016. The document says that service delivery will evolve in line with technology and clinical practice, and that there must be full stakeholder and clinical involvement in these changes.

Steve Tolan, head of the CSP's practice and development unit, says physios must not be left behind. 'We have to step out of our silos. Where we would typically shy away from new terminology like "health informatics", we need to embrace it because our patients and other clinicians will be.'

Ruth ten Hove, CSP professional adviser on health informatics, says new technology is an opportunity to improve services. 'The current system is so unwieldy and provides poor patient experience.'

Creating a paperless NHS by 2018 is arguably NHS England's hardest goal, and one about which MPs on parliament's influential public accounts committee (PAC) are sceptical. This is partly because the Department of Health (DH) has not allocated a budget for the initiative and the failures of the

abandoned NHS National Programme for IT.

Even Ms Bryant has reservations. She is amazed at the way hospitals still rely on paper, but equally worried about people 'leaping to a paperless NHS without really understanding what this means'.

The PAC's scepticism is shared by Mr Tolan, although he believes the reasoning behind a paperless NHS is sound. 'There will be speed bumps, but eventually it will make healthcare easier,' he predicts. 'I think what is important is that physios have to make sure it's absolutely fit for purpose, and that they are included in the development.'

One of the most pressing things for physios to be involved in is the relaunch of Choose and Book, as a precursor to the NHS e-Referral Service, he says.

### Scope for patients to assess provision

Choose and Book is used for 40,000 referrals from GP to first outpatient appointment each day, but this represents only half of all possible referrals. The paperless NHS programme will revive the service, with the intention of making electronic booking universally available across secondary care by 2015.

NHS England intends to transform Choose and Book into a full e-Referral Service by March 2017, putting an end to the current mix of paper and electronic referrals. The e-Referral Service will contain a reporting module that provides access to referral and booking data, allowing these data to be presented in meaningful formats.

Mr Tolan points out that e-referrals will facilitate things like electronic contact with patients and that the system has the potential to hold outcomes data, >

# Opportunity KNOCKS



so patients can see how good a service is before they book.

'That would be fantastic,' he says. 'So Choose and Book is the first step to the e-patient record.'

It will involve SNOMED Clinical Terms (CT). This is the most comprehensive, standard clinical healthcare terminology system which enables the exchange of clinical information.

Health minister Simon Burns says the use of SNOMED CT will mean clearer and more consistent communication between hospitals and GPs.

Meanwhile, the CSP will be working on physiotherapy terms for SNOMED CT. 'We are going to make SNOWMED sub-sets to allow physios to interact with e-patient records,' explains Mr Tolan.

'They will be able to record their interventions in a standardised way, and this will generate data that will be collected centrally, which means that just by carrying out your normal activity, data are gathered in electronic format and then used for the Secondary Uses Service.

'In other words, someone can look at the population view, see everything that physios are doing and carry out a search. Or look at the quality of services nationally, based on us all talking about patients in the same way using this terminology system.'

Last June NHS England published its NHS e-Referral Service vision paper, setting out that patients will be able to opt to receive booking information in different formats.

In terms of the relevance of e-records to physios, he believes the Summary Care Record of key health information such as allergies, prescriptions and bad reactions to medicines, is useful for independent prescribing.

### Potential security issues

Mr Tolan says e-records should 'streamline' healthcare, enabling multidisciplinary working and ensuring patients only need to provide information once.

'It will also allow patients to have a greater

ownership of their record, so they should be better informed about their condition and able to take part in treatment more,' he says. 'And be able to monitor the quality and effectiveness of services more easily. It will provide information security, so less lost notes and things like that.'

Ms ten Hove thinks travel companies, for example, have set an example: 'When we book a holiday, the first thing we do is go online. We must be able to transfer some of that expertise and technology into how the NHS offers care,' she says.

Does the increased flow of patient data raise security issues? Mr Tolan points out that the Caldicott review on information governance in health and social care, published last May, stresses that data used for the

Secondary Uses Service would be fully anonymised.

The Caldicott review says patient data should be shared more widely, provided this is in the interest of patients. As well as understanding the Caldicott guidelines and their influence on clinical practice, Mr Tolan says physios should be familiar with the term 'health

informatics'. This is defined by the DH as the knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and promote health.

'The reason for not shying away from that term is because in each organisation they will have a chief informatics officer, the person responsible for developing and implementing tools like the e-patient record,' he says.

'So physios should seek out their local chief informatics officer, and identify themselves to take part in this process.'

Developments in NHS informatics are spearheaded by NHS England's Informatics Services Commissioning Group.

The group aims to bring together key organisations from across health and social care to ensure that benefits to patients and citizens are central to all commissioning decisions about national IT services.

Minutes of the group's monthly meetings show that it is focusing on issues such as reducing the burden of data and bureaucracy on NHS staff; the development of informatics datasets; cyber security; National Institute for Health and Care Excellence informatics; and the role of open source software.

Private practitioners are often ahead of the game, maintains Mr Tolan. 'What they should look to do is continue innovating, or look for at least comparability with the NHS. Patients will become more sophisticated, their health literacy will increase and they will have a greater expectation of engaging with technology.'

This year the CSP's website will be updated with progress reports on SNOMED CT, e-referral and information governance, as it works with the Health and Social Care Information Centre and the e-Referral Service programme team.

'There are physios who are "digital natives"; Mr Tolan says. 'Where they come in at a more junior level, we shouldn't be afraid to utilise their skills rather than focusing on their experience.'

'Informatics is not a luxury and has to be an area in which physios upskill.' *fl*



## MORE INFORMATION

NHS England: [www.england.nhs.uk](http://www.england.nhs.uk)

Putting Patients First: [www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf)

The dismantled National Programme for IT in the NHS

Public Accounts Committee report: [www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/294/294.pdf](http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/294/294.pdf)

NHS e-Referral Service: vision and key messages: <http://systems.hscic.gov.uk/ers/ersvision.pdf>

Information: To Share Or Not To Share? The Information Governance Review

Visit: [www.gov.uk](http://www.gov.uk) and search for 'information governance'



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## PUBLICATION DATES

**Issue date**

**Booking deadline**

Feb 5  
Feb 19

Jan 20  
Feb 3

Mar 5  
Mar 19

Feb 17  
Mar 3

Apr 9

Mar 24

## NOTICEBOARD:

This section covers CSP's work at region and country level and also offers you the opportunity to advertise your CSP recognised Professional Network event free of charge. Reunions, info exchange and obituaries are also permitted within this section. Send the information you wish to include to: [directory@csp.org.uk](mailto:directory@csp.org.uk)

PLEASE NOTE: Professional Network notices are limited to 180 words

**Please note** The courses and conferences advertised in this section have not gone through 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.

To advertise your course call **0845 600 1394** or email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)



**Sugar & Spice**

You and *Frontline* go together so well -  
**it's another classic combo!**

# News from the CSP English Regional Networks, branches and Country Boards

You can access more information at [www.csp.org.uk/nations-regions](http://www.csp.org.uk/nations-regions)



## English networks news

### Sarah Bazin in Londonage

As a part of the CSP's work with Age UK, an article by Sarah Bazin, CSP vice president, was included in the Londonage news bulletin.

Sarah suggested that local Age UK groups invite CSP members to talk to them about how physiotherapy benefits older people

[www.ageuk.org.uk/](http://www.ageuk.org.uk/)

[brandpartnerglobal/londonvpp/documents/idbb2922%20london%20age%20autumn%202013%20web.pdf](http://brandpartnerglobal/londonvpp/documents/idbb2922%20london%20age%20autumn%202013%20web.pdf)  
(p.14)

We have presentations, designed for talking to Age UK leads, which you can use and adapt. If you are interested in being involved please email us at [locallinks@csp.org.uk](mailto:locallinks@csp.org.uk)

### W@WD 6 June 2014

Friday 6 June is the date for Workout at Work Day 2014. Building on previous success we ask you to plan events for your workplaces and other public spaces to promote the role of physiotherapy in keeping people 'fit for work'.

Last year's campaign was excellent with 868 CSP members holding over 320 events which made a real impact in promoting physiotherapy.

All CSP members know physiotherapy gives good health outcomes and is cost effective, but people making decisions about health in your area may not. W@WD is a great opportunity to make links with the people making decisions about health services in your area.

Information will be on the website soon and registration opens on 19 February.

### East Midlands

**Congratulations to Keri Barsby who formally took over as regional chair at the December event with Paula Manning as vice chair.**

Keri said, 'despite the challenging time that the NHS has faced this year, the number of members attending the CSP East Midlands events is steadily growing. Attendees benefit from both informal networking and from hearing from speakers and CSP representatives. We feel that we are increasingly seen as 'the voice of physiotherapy in the region' and we are representing member's interests more fully'.



Above: Keri Barsby

### London

**Meeting at King's College London on 5 December**

**Simon Truett, CSP Expanding Opportunities programme manager, reports**

The busy agenda included: an update on London issues from Jim Fahie, CSP senior negotiating officer, and key CSP messages from Helen Bristow. I spoke about the CSP Physio Works (Expanding Opportunities) programme which is designed to look at physiotherapy going forwards, for example, finding innovative solutions to current health and social care challenges.

Associate member, Becky McCarthy, called for active recruitment of support workers. Becky reported on an audit of what technicians at St George's thought CSP associate membership offered them. She found that 71% of technicians were unaware of CSP membership with over half of these not seeing a benefit in joining.

Following refreshments, Matthew Wyatt, Council representative, was gave an entertaining and thought provoking talk, 'If Disney ran my physiotherapy department'. Stuart Paterson, director of Crystal Palace Physiotherapy and Sports Injury Centre, spoke about how to deliver customer satisfaction and clinical outcomes.

The meeting was an excellent and free CPD opportunity for London CSP members. Don't miss the quarterly London Forum on 24 March, 4pm - 6pm in central London.

### North West

**Delivering excellence in placement learning conference on 19 September**  
**Abebaw Yohannes of MMU and regional treasurer, reports**

At quarterly regional meetings we've discussed the challenges of clinical placements and we have a joint task force from the Regional Network and the department of health professions at MMU (Manchester Metropolitan University). Key aims of a project on delivering excellence in placement learning, led by Jo Nicholson and

Sophie Taylor are:

- improve communication links with all placement partners
- enhance the student, service user and educator experience
- develop placement capacity and capability.

The project began with this conference for all stakeholders including students, service users, practice educators, practice education facilitators, therapy managers, academic staff and colleagues from 'Health Education North West' and the 'North West Placement Development Network'. The day included presentations and workshops:

- Placement education in the current health environment
- The NHS Placement Charter
- Equitable Allocation System for physiotherapy placements across the region
- Capturing service user feedback
- Ensuring graduates are 'fit for purpose, practice, and employment'
- Stakeholders expectations of placement provision.

Jo and Sophie will go forwards with themes that emerged from the lively discussion that followed. Conference delegates will continue to be involved as the project progresses and a follow up conference at MMU's brand new Birley Fields campus is planned.

Jennifer Duthie, CSP education adviser, who attended the event said, 'It was great to be part of such a vibrant and thought-provoking day. The conference was a fantastic opportunity to share ideas and discuss highly relevant contemporary physiotherapy student practice issues and challenges. I am sure that Jo and Sophie's work will inform practice education in the future.' The event was sponsored by the CSP North West Regional Network.



Above: At the excellence in placement learning conference

### South Central

#### Focus on CPD - 4 December meeting

Jo Etherton of the Championing CPD project provides a summary of chair Kim Brown's report.

A priority for our CSP Regional Network is 'marketing physiotherapy services'. Jo suggested defining some learning outcomes from this and attendees came up with:

- see how to analyse data from my service dashboard so I can talk to commissioners
- develop a marketing strategy so I can sell the home oxygen service to GPs
- develop assertiveness skills so my voice is heard
- develop presentation skills so I can deliver a quality presentation to local GPs
- define the barriers to promoting physiotherapy to GPs so I can overcome them
- identify the users of my specialist service

- so I can define my target population
- learn the key principles of marketing so I can give an effective presentation to commissioners
- discuss ways of developing my website so I can promote my service
- engage with GPs and CCGs so I can understand how they choose providers
- see how to improve the profile of physiotherapy for back pain
- break down the barriers in taking on 'return to practice' physiotherapists.

Many of these learning outcomes can be achieved from attending our events and being involved in running them. Regional Network is great for your CV and HPCP re-registration.

Get involved and develop your communication, organisation, delegation, networking, management skills and much more. We are seeking people keen to:

- Communicate our activity
- Set our agenda
- Chair events
- Identify innovative practice
- Acting as treasurer.

We'd like to see a mixture of CSP members, including assistants and students, getting involved to enhance everybody's learning. Involvement also opens doors to other CSP activity such as the annual representative's conference (ARC) which is a great learning experience.

Join us for the next meetings on 19 March in Southampton at 1pm-4.30pm and on 16 June in Thatcham.

### South East Coast

#### Meeting in Eastbourne on 4 December

*Simon Truett, CSP Expanding Opportunities programme manager, reports*

A diverse agenda covered region wide issues and local updates including the ongoing challenges in recruitment, due to



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both freezes and difficulty in filling posts at band 6. There was innovative discussion on future plans including potential for weekday scheduling and making the CPD content of conferences more explicit.

Two guest speakers from CSP attended. Patt Taylor gave an update on stewards and union activity in the South East. I introduced the Physio Works (Expanding Opportunities) programme and attendees contributed valuable ideas and were positive about the programme.

The highlights of 2013 were discussed and several attendees were keen to take the opportunity to go to the CSP Annual Representative Conference as regional delegates.

The picture from the individual trusts was a little bleak. Everyone is really tightening their belts but there did seem to be recruitment still going on across the patch.

This was Professor Ann Moore's final meeting as chair and attendees expressed their appreciation for the huge amount of hard work that Ann has done. Jane Laidlaw, Council representative, said 'Ann has been our chair since the conception of the Regional Networks. She has inspired her core team with her enthusiasm and dedication to the profession and to research. With her leadership our network meetings are lively, well established and well attended. Now we welcome our new chair, Helen Balcombe'.



Above: Helen Balcombe with Professor Ann Moore

## West Midlands

### *Lyn Ankcorn, retired CSP member, reports*

Through attending open meetings as a member of the public, I made contact with a Birmingham Healthwatch member. I explained to her the purpose of the CSP English Regional Networks and introduced her to Janet Davies, our chair. Since then my contact has shared up-to-date information about Healthwatch and Janet cascaded this to meeting attendees on 9 December.

Later, by chance, Lyn met Healthwatch contacts at an open clinical commissioning group meeting. She gave them some of the CSP Physiotherapy Works briefings. These were well received especially the 'stroke' briefing. Lyn encourages other retired CSP members to get involved through speaking up at public meetings and going armed with Physiotherapy Works briefings. Retired members with a little flexible time can make a difference. For more information ask at [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk)

## Future important dates

- 13 – 24 March – **quarterly regional forums**
- 25 March – **Development Event and English Network Forum**
- 26 March – **CSP Council meeting.**

## CSP board news

### Wales



The CSP Welsh Board met in Cardiff on 9 December 2013 and welcomed CSP Chief Executive Phil Gray and Head of Public

Affairs Donna Castle to their meeting. Phil Gray addressed the Board and spoke about his time as CEO for the professional body. The Welsh Board made a presentation to Phil of a Welsh Love Spoon engraved in both English and Welsh.



Pictured above: Chair of Welsh Board, Gethin Kemp, CSP CEO Phil Gray, Welsh CSP Council Member Debbie Davies and CSP Policy Officer for Wales Pip Ford

The Board agreed a bursary to CSP member Rachel Knight to help her in her MSc in Physical Activity and Health and the Board agreed the student prize for contribution to the profession should be awarded to Rhys Hughes for his work on developing social media.



Rhys pictured above with Board Treasurer Pauline McMillen

The Welsh Board started their meeting with a presentation from Sian Powell on 'Enhanced Recovery' and her experiences

in Spire Healthcare. The Board discussed, debated and considered a range of topics and issues including 'Realising the Potential' – the 'offer' to social care and their objectives and financial considerations for 2014.

Reviewing their successes for 2013, the Board highlighted the political leadership training, the joint work undertaken with the Welsh Physiotherapy Managers and Leaders Group on physiotherapy contribution to community services and the first ever Wales only e-campaign to 'Keep the Ban' on smoking in public places in Wales. The Board had been fully engaged with 1000 Lives Plus, including a presentation and workshop with the Director of 100 Lives Plus and contribution to an AHP Quality Improvement Guide which has been cascaded through NHS Wales.

*Philippa Ford MCSP  
CSP Policy Officer for Wales  
December 2013*

## Word limit for Professional Network notices

With the increasing pressure on space within *Frontline*, it is necessary to restrict the length of entries in the Noticeboard section, therefore submissions will be limited to 180 words (not including name).

Notices should be supplied not exceeding this amount.

If your Professional Network has regional groups (such as ACPIN) the word count will apply to each separate area.

The editor will make the final decision on what appears if copy needs to be cut.

### professional networks notices

#### Association of Chartered Physiotherapist in Neurology (ACPIN) - Sussex

**Sussex ACPIN presents:  
Pilates Practice in Neurology  
A Regional Study Day and AGM**

**Date:** 26 April 2014

**Time:** 9.30am - 4.30pm

**Place:** Worthing Physiotherapy Gym, Worthing Hospital, Lyndhurst Road, Worthing.

**Tutor:** Jo Ferris, specialist neurological physiotherapist and classical Pilates instructor

**Cost:** ACPIN members £35, Non members £60  
This one-day interactive study day has a large practical element and the tutor expects everyone to participate in the exercises.

**Contact:** To request an application form, or for more information please contact course organiser: [diana.drawbridge@wsht.nhs.uk](mailto:diana.drawbridge@wsht.nhs.uk)

#### Association of Chartered Physiotherapist in Neurology (ACPIN) - Yorkshire ACPIN and North East SSNP

**Study Day: How to do Constraint Inducted Movement Therapy**

**Speaker:** Susanna Robinson, occupational therapist

**Date:** Monday 17 March 2014

**Time:** 8:30am - 4.30pm

**Place:** Airedale General Hospital

**Cost:** £160 to ACPIN/SSNP members; £185 non-ACPIN/SSNP members (lunch not included).

CIMT is a form of rehabilitation therapy that improves upper extremity function in stroke and other central nervous system damage victims by increasing the use of their affected upper limb. Recent NICE guidelines (2013) recommend considering its use for people with a stroke. The day will provide an excellent opportunity to learn about this therapy and includes course manuals, treatment program templates as well as

being a valuable addition to your CPD skills. Places are limited to 20 and will be allocated on receipt of payment. Please note due to limited places, cancellations with less than one week notice will be charged.

**Contact:** Heidi Thomas on tel: 07984 491260, email: [yorkshire@acpin.net](mailto:yorkshire@acpin.net)

#### Association of Chartered Physiotherapist in Neurology (ACPIN) - Oxford

**Evening talk: Problem Solving with Lower Limb Orthotics**

**Speaker:** Andrew Dodds, Clinical Specialist Orthotist

**Date:** Tuesday 18 February

**Place:** Physiotherapy Gym, Oxford Centre for Enablement, Oxford

**Time:** 7.15pm

**Cost:** £1 members, £3 non-members, students free, no need to book

**Contact:** for more information email: [oxford@acpin.net](mailto:oxford@acpin.net) or visit: [www.ouh.nhs.uk](http://www.ouh.nhs.uk) for directions and parking

#### Association of Chartered Physiotherapist in Neurology (ACPIN) - London

**Study morning and AGM  
'Disorders of the Basal Ganglia'**

**Date:** Saturday 22nd February 2014

**Time:** 9am for 9:30am start - 1pm

**Speakers and topics:**

- Prof John Rothwell: Overview of normal functioning and disorders of the basal ganglia
- Dr Diane Ruge: Use of DBS in basal ganglia disorders
- Monica Busse: Targeting the basal ganglia in Huntington's disease. A review of evidence informing physiotherapy approaches.
- Fiona Lindop: Physiotherapy management for people with Atypical Parkinson's type conditions.

**Place:** Basement Lecture Theatre, The Clinical Neuroscience Centre, 33 Queen Square, WC1N 3BG

# frontline

**Cost:** £20 for ACPIN members, £50 non-members

**Contact:** Online applications only:  
[http://eventbrite.co.uk/event/9842148130?utm\\_source=eb\\_email&utm\\_medium=email&utm\\_campaign=new\\_eventv2&utm\\_term=eventurl\\_text](http://eventbrite.co.uk/event/9842148130?utm_source=eb_email&utm_medium=email&utm_campaign=new_eventv2&utm_term=eventurl_text)  
 Payment is through PayPal but you do not need a PayPal account.

## Association of Paediatric Chartered Physiotherapists (APCP) South East Region

**Study Afternoon -**

**Management of epilepsy in children and young people**

*In conjunction with **Young Epilepsy***

**Date:** Wednesday 12 February 2014

**Time:** 1.30pm registration, 2pm welcome and intro – John Cowman, director of operations, 2.15pm Epilepsy basics (including seizure identification and management) 3pm The wider impact

3.30pm Tea break

3.50pm Treatment of epilepsy (AEDs, Neurosurgery, Dietary treatments and VNS/TNS)

4.20pm The role of the Physiotherapist in children with epilepsy and a case study

4.50pm Questions and close

**Place:** National Centre for Young People with Epilepsy (NCYPE) St Pier's Lane, Lingfield, Surrey RH7 6PW  
 Parking: Available

**Cost:** APCP members £5. Non-members £10.

**Contact:** Application via APCP website. For more information email Nicola Burnett at: [nicola@burnettfamily05.wanadoo.co.uk](mailto:nicola@burnettfamily05.wanadoo.co.uk)

## Association of Chartered Physiotherapists in Orthopaedic Medicine and Injection Therapy (ACPOMIT)

**Conference 2014 in Birmingham**

Our annual conference will this year take place in Birmingham on Saturday 14 June at the Aston University conference centre. Confirmed speakers to date include keynote speaker Anju Jaggi, Pip White, John Leddy and Dr Ben Dean. The day will be mix of lectures and practical break out sessions with topics including: Shoulder Instability, Medicines and Prescribing, Ultrasound Guided Injections and the latest research on the effect of corticosteroid on soft tissues.

The full programme and booking details

will be available soon at [www.acpomit.co.uk](http://www.acpomit.co.uk)  
 As usual ACPOMIT members will be offered a discounted rate of attendance.

## Association of Orthopaedic Chartered Physiotherapists (AOCP)

**We are updating the AOCP membership details we currently hold.**

To ensure our magazine and other information is sent to you electronically, please email our administrator at: [pritchard.julie@gmail.com](mailto:pritchard.julie@gmail.com)  
 If you have any queries regarding this please contact: [emmajames@nhs.net](mailto:emmajames@nhs.net)

## Acupuncture Association of Chartered Physiotherapists (AACCP)

**AACP Basic Acupuncture Foundation Courses**

This course is designed to offer participants with a level of knowledge, skill and understanding that will allow them to practise acupuncture in a safe and appropriate manner, in a clinical setting.

**Cost:** £495 – One year's full membership of the AACCP with many benefits!

**Contact:** To book contact Sarah Brand on tel: 01733 390044 or email: [sec@aacp.uk.com](mailto:sec@aacp.uk.com)

**Dates:** 28 February, 1/2 March and 4/5/6 April 2014

**Place:** Burton on Trent

**Dates:** 8/9/15/16 February and 29/30 March 2014

**Place:** East Grinstead, Kent

**AACP Grants**

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

**AACP CPD Courses:**

**Contact:** Sarah Brand on tel: 01733 390044 or email: [sec@aacp.uk.com](mailto:sec@aacp.uk.com)

**Women's Health**

**Date:** 25 and 26 January 2014

**Place:** Newmarket

**Cost:** £180 members, £200 non-members

**Tutor:** Jon Hobbs

**CPD Regional Event**

**Date:** 21 February 2014

**Place:** London, EC2Y 9AE

**Cost:** £95 members, £110 non-members

**Tutors:** Richard O'Hara, Jon Hobbs, Kevin Young and Jeanne Burnett.

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

ACPOHE is the CSP professional network for physiotherapists working in Occupational Health and Ergonomics. Join ACPOHE on: [www.acpohe.org.uk](http://www.acpohe.org.uk) Annual membership £50 for UK and Ireland and £65 for overseas.

**Current available Courses - 2014**

**Manual Handling Train the Trainer and Risk Assessment**

**Date:** 21-22 March 2014

**Place:** Hampshire

**Cost:** £250 Lunch included

**Office WorkStation Ergonomics (DSE) Level 1**

**Date:** 21-22 March 2014

**Place:** Guildford

**Cost:** £240 Lunch NOT included

**Assessing Fitness for Work and Function**

**Date:** 28-29 March 2014

**Place:** Bournemouth

**Cost:** £250 Lunch included

**Occupational Rehabilitation and Work Hardening**

**Date:** 5-6 April 2014

**Place:** Southampton (venue TBC)

**Office WorkStation Ergonomics (DSE) Level 1**

**Date:** 13-14 June 2014

**Place:** Guildford

**Cost:** £240 Lunch NOT included

**Office WorkStation Ergonomics (DSE) Level 2**

**Date:** 18-19 September 2014

**Place:** Haywards Heath

**Cost:** £240 Lunch NOT included

**Contact:** For course information and to book online: <http://www.acpohe.org.uk/events>

## Chartered Physiotherapists Working With Older People (AGILE)

**Regional Study Days for 2014/2015**

**Soft-touch trigger point treatment with the older person**

**Speaker:** Ed Wilson BA (Hons) MCSP, HCPC Registered, MCTA, CMP

**Content:** These one-day interactive study days provided through both lectures and practical sessions are designed to:

- Enhance a physiotherapist's understanding of pain management, with the use of trigger points to relieve pain in the older person.
- Enable the physiotherapist to develop clinical reasoning through interactive discussions using case examples and



a problem solving approach with multi-pathology and in frail older people.

- Provides an excellent alternative technique for needle-phobic patients presenting with trigger points, plus non aggressive techniques are used.

#### **Dates for each region:**

1. 15 February 2014 – AGILE (Wales) - Chepstow. Organiser/contact Ruth Buckley at: ruth.buckley2@wales.nhs.uk
2. 22 March 2014 – AGILE (East) - Colchester. Organiser/contact Sophie Stubbings at: sophiestubbings@yahoo.co.uk
3. 12 July 2014 – AGILE (North) - Manchester Royal Infirmary, Manchester. Organiser/contact Lynn Sutcliffe at: lynnsutcliffe@hotmail.com
4. 14 March 2015 – AGILE (N. Ireland) - Belfast. Organiser/contact Gail McMillan at: gail.mcmillan@belfasttrust.hscni.net
5. 11 April 2015 – AGILE (West) - St Martin's Hospital, Bath. Organiser/contact Ruth Sampson at: ruth.sampson@sirona-cic.org.uk
6. 13 June 2015 – AGILE (Scotland) - Ninewells in Dundee. Organiser/contact Fiona MacLeod at: fiona.a.macleod@nhslothian.scot.nhs.uk

**Note:** Please contact the organiser of the region nearest you for an application form and further information, or visit the AGILE website on the events page for venue details: <http://agile.csp.org.uk/network-events>

**Cost:** £60 AGILE members – places are limited so applications will initially only be considered for current AGILE members.

### **Chartered Physiotherapists in Mental Healthcare (CPMH)**

#### **Introduction to Mental Health for Physiotherapy Staff**

**Date:** 14 March 2014

The CPMH London Branch is pleased to announce a one day introductory course for physiotherapists working in mental health (MH) aimed at new physiotherapy assistants, Technical Instructors, B5/6 physiotherapists and related staff who are interested in the field of MH.

The aim of the course is to provide insight into the particular types of patients that you will be working with and type of MH systems that are in place, focusing on care/provision of physiotherapy in the community. The intention will be to enable you to manage your work with this particular client group, prioritise your work load and help you develop your skills to work confidently in this highly complex environment.

**Cost:** The cost for the one day course is:

- £55 for non CPMH members - fee includes membership of CPMH up to 31 December 2014
- £45 for CPMH members
- £35 for students and retired members of CSP.

**Place:** The day will be held at West London Mental Health Trust, London UB1 3EU

**Contact:** If you would like additional information, please email: angela.slade-smith@wlmht.nhs.uk An application form and agenda will also be available on iCSP.

### **Medico-Legal Association of Chartered Physiotherapists (MLACP)**

#### **Paediatric and adult neurology - the role of the physiotherapist as an expert witness**

This two-day course is aimed at physiotherapists working in paediatric and adult neurology who are interested in/or have some experience in preparing reports for medico-legal purposes.

**Dates:** Tuesday 29 April 2014 and Wednesday 30 April 2014

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

**Course leaders:** Eileen Kinley MSCP and Will Winterbotham MSCP

**Cost:** £300 MLACP members, £335 non MLACP members

**Speakers include:** Solicitors from both claimant and defendant firms, Dr Fiona Jones MSCP, Dr Lewis Rosenbloom, paediatric neurologist and Christine Henson, barrister. Full programme details on the MLACP website: [www.mlacp.org.uk](http://www.mlacp.org.uk)

**Contact:** For further information contact: Eileen Kinley email: [eileen@83waterloo.co.uk](mailto:eileen@83waterloo.co.uk) or tel: 07712 185422. Will Winterbotham email: [willwinterbotham@virginmedia.com](mailto:willwinterbotham@virginmedia.com) or tel: 0796 2142656.

### **Physio First**

#### **Starting in Private Practice Course**

**Date:** Friday 16 May 2014

**Place:** CSP, London

**Cost:** £149 member / £156 non-member

**Tutors:** Karen Winrow, Karen Willcock and Jeremy Allen

Many physiotherapists contemplate private practice at some time during their professional careers. To create a successful private practice requires an abundance of enthusiasm, dedication and fortitude together with a structure based on sound working principles.

This one-day, exceedingly popular

course aims to aid delegates in recognising personal and professional attributes required to undertake private practice. It will allow participants to examine the legal, financial and professional requirements and provide an understanding of the need for thorough business planning.

The aim is to leave participants sufficiently informed to make an educated choice as to whether or not to enter private practice. The skills framework needed for all aspects of our chosen profession are necessary but with added business acumen and this course recognises the importance of enhancing all aspects and concurrently boosting confidence through knowledge. **Contact:** Education on tel: 01604 684968 or email: [education@physiofirst.org.uk](mailto:education@physiofirst.org.uk) alternatively visit: [www.physiofirst.org.uk](http://www.physiofirst.org.uk) for courses being held in 2014.

### **Association of Chartered Physiotherapists in Animal Therapy (ACPAT)**

#### **Annual Seminar:**

#### **Treatment Techniques – A Fresh Look**

**Date:** 22 – 23 February 2014

**Place:** Dunchurch Park Hotel and Conference Centre, Dunchurch

**Speakers:** Prof Tim Watson, James Grierson, Dr Tracy Crook, and more

This is a great opportunity to meet practising veterinary physiotherapists and hear lecturers from both the physiotherapy and veterinary world. Join us for a social on the Saturday evening; an excellent meal and great entertainment as well as the convenience of on-site accommodation. Non-members very welcome.

**Contact:** For more details visit [www.acpat.co.uk](http://www.acpat.co.uk)

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

#### **Clinical Reasoning in Exercise and Performance Rehabilitation**

**Date:** Part one – 8 and 9 February 2014

Part two – 5 and 6 April 2014

**Place:** University of Bristol, Sports Medicine Clinic, Tyndall Avenue, Clifton, Bristol

**The course:** Will be held over two weekends and payment can be made in two instalments, full details on request. Numbers are strictly limited to 20 participants allocated on a first-come first-in basis. Please note – as this is a postgraduate level course it is NOT open to students.

**Tutors:** Phil Glasgow, Lynn Booth and Nicola Phillips

**Cost:** £200 per weekend ACPSEM members – total course £400. £260 per weekend non-members – total course £520

**Contact:** For further details and to book your place visit: [www.physiosinsport.org](http://www.physiosinsport.org) or contact Sandra Barley on tel: 0770 220 8533 or email: [sandrabarley@physiosinsport.org](mailto:sandrabarley@physiosinsport.org)

#### Physios in sport study day

**Title:** Let's get physical

**Date:** Saturday 29 March 2014

**Place:** University of West of England, Bristol

**Contact:** Further details available shortly on: [www.physiosinsport.org](http://www.physiosinsport.org) or contact Sandra Barley on tel: 0770 220 8533 or email: [sandrabarley@physiosinsport.org](mailto:sandrabarley@physiosinsport.org)

#### Physios in sport Current Concepts in Sports Massage

**Place:** English Institute of Sport, Sheffield

**Tutor:** Ros Cooke

**Date:** Part one - 15 and 16 February 2014

Part two - 26 and 27 April 2014

**Place:** University of Essex, Colchester

**Tutor:** Julie Sparrow

**Date:** Part one - 26 and 27 April 2014

Part two - 7 and 8 June 2014

**Cost:** £200 per weekend physios in sport members - total course £400. £260 per weekend non-members - total course £520

**The course:** Part one covers indications for massage, contraindications, planning massage applications, techniques including effleurage, pettrissage, tapotement and compression techniques. Attendees are expected to practice the techniques covered on part one before part two commences and attendees have to produce a written case study to be used during part two. Part two reviews techniques from part one, covers neuromuscular techniques including MET, positional release, trigger pointing and develops attendees clinical reasoning skills in relation to the use of massage in different settings and environments. Numbers are strictly limited and allocated on a first-come, first-in basis. Please note - this is a postgraduate level course it is NOT open students.

**Contact:** For further details and to book your place visit: [www.physiosinsport.org](http://www.physiosinsport.org) or contact Sandra Barley on tel: 0770 220 8533 or email: [sandrabarley@physiosinsport.org](mailto:sandrabarley@physiosinsport.org)

#### Association Of Chartered Physiotherapists For People With Learning Disabilities (ACPPLD)

**South East ACPPLD Conference and AGM Postural Care for People with Learning Disabilities: An Integrated Approach**

**Date:** 29 January 2014

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

**Start:** 9.15am for 9.45am registration, close: 3.30pm

**Cost:** £35 for non ACPPLD members or £30 for ACPPLD members. Lunch Included

Send application form with cheques payable to 'SE ACPPLD', Julie Brooke, 21 Shell Road, Lewisham, London SE13 7TW.

If you have any questions or would like to be sent an application form email: [juliebrooke@btinternet.com](mailto:juliebrooke@btinternet.com)

#### The Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)

**Study day and AGM:**

**Cervicogenic dizziness**

**Speakers:** Professor Roger Kerry, Dr Eva-Maj Malmström

The lectures will cover the following topics:

- Overview of cervical anatomy
- Overview of cervical artery insufficiency and diagnosis
- Cervicogenic dizziness, what is it?
- Physiotherapy assessment and rehabilitation for dizziness in patients with dizziness of suspected cervical origin
- Case examples.

Please note: this is an intermediate study day. Refreshments and lunch provided

**Date:** Saturday 10 May 2014

**Place:** Basement Lecture Theatre, The Clinical Neuroscience Centre, The National Hospital for Neurology and Neurosurgery, 33 Queens Square, London WC1N 3BG

**Cost:** £90 ACPIVR members, £130 non-members

**Contact:** Amanda Male, email:

[amandajmale@hotmail.com](mailto:amandajmale@hotmail.com)

Closing date for application: 29 April 2014.

#### Chartered Physiotherapists In Massage and Soft Tissue Therapy (CPMaSTT)

**Fundamentals of Massage and Soft Tissue Therapy**

A practical CPD Course which will

- 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.

**Course dates:**

**Place:** Colchester

**Date:** 22/23 February 2014

**Place:** Wigan

**Date:** 29/30 March 2014

**Place:** Edinburgh

**Date:** 7/8 June 2014

**Place:** Stockport

**Date:** 21/22 June 2014

**Cost:** £200 (£160 Students and U/E)

**Contact:** Bob Bramah, email:

[cpmasttcourse@googlemail.com](mailto:cpmasttcourse@googlemail.com) Tel: 07968 307717.

#### Association of Chartered Physiotherapists in Women's Health (ACPWH)

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

**Date:** 26 April 2014

**Place:** Southport Hospital, Southport, PR8 6PN

**Cost:** £100 ACPWH member/affiliate; £130 non-member

**Details:** This new ACPWH study day provides participants with the opportunity to better understand pelvic organ prolapse. It has been developed for registered physiotherapists who wish to deepen their understanding and improve their management of women with pelvic organ prolapse. As the study day includes no practical sessions it will be of most value to those who have already received training for vaginal examination and who are looking to develop further knowledge in the speciality. It is not suitable for students.

The study day includes: relevant anatomy and physiology; the components of subjective and objective assessment; review of the current research and evidence

for treatment; theory of conservative management and surgical treatment options and professional considerations. Please note: there are no practical sessions on this course.

**Contact:** To request a copy of the information pack for the above workshop please email: [info@acpwhworkshops.co.uk](mailto:info@acpwhworkshops.co.uk) Further details of the 2014 programme will be advertised soon. For further details of the above event or other ACPWH short courses please visit the ACPWH website at: [acpwh.csp.org.uk/workshops](http://acpwh.csp.org.uk/workshops)



Send your notice to *Frontline* noticeboard: [directory@csp.org.uk](mailto:directory@csp.org.uk)

#### other group news

#### **BME, Disabled member and LGBT networks**

##### **Joint Equality Network Meeting**

**Date:** 27 March 2014 10.30am – 4pm

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

The Black Minority Ethnic (BME), Disabled Members and Lesbian Gay, Bisexual and Transgender (LGBT) network groups are hosting a joint equality event 27 March 2014. The theme has not yet been confirmed but will include a guest speaker in the morning. In the afternoon, the three network groups will meet separately.

All CSP BME, disabled and LGBT members are welcome. Please put this date in your diary.

**Cost:** Free to CSP members

**Contact:** [feldmang@csp.org.uk](mailto:feldmang@csp.org.uk)

# JOIN UP!

## CSP Equality and Diversity Networks

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



[www.csp.org.uk/equalitynetworks](http://www.csp.org.uk/equalitynetworks)



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#### info exchange

##### **Proprioceptive Neuromuscular Facilitation**

Do you use it clinically? What are your views and beliefs on this form of treatment?

Are you a CSP registered physiotherapist currently working clinically? If so we would greatly appreciate hearing your views.

In 2005 a small urban hospital team were surveyed about PNF. It found that although clinicians were using PNF many felt they had not received adequate training in the techniques and could not always justify their use of the techniques. This current project is being undertaken as part of the award for BSc Hons physiotherapy. The study aims to investigate nationally the current attitudes and beliefs of physiotherapists towards the use of PNF and its use in the clinical setting.

If you are interested in taking part in the anonymous study I would be grateful if you could contact me on: [kerstine.herbert@ntlworld.com](mailto:kerstine.herbert@ntlworld.com) so that I can send you the link Your input is greatly appreciated! I look forward to hearing your views. Thank You.

##### **A pilot RCT to investigate the effects of a dynamic elastomeric fabric orthosis (shorts) in athletes with pelvic/groin pain, across selected clinical and performance measures**

A PhD study (ethical approval from Plymouth University) is looking to recruit athletes with pelvic /groin pain, to evaluate the effect of a customised orthosis (in the form of Lycra® shorts) on measures including the ASLR, squeeze test, multiple single-leg hop-stabilisation test, and broad jump.

The orthosis was developed from the results of an athletic pelvic belt study, and has been evaluated as a series of single case studies (n = 8). A pilot RCT will commence in January 2014 to build upon the patient profile of those who respond best, and to ascertain effects upon power and athletic balance.

For further information on becoming involved and/or requesting a participant information pack please contact the investigator: Leanne Sawle (chartered physiotherapist), email: [l/sawle@dmorthotics.com](mailto:l/sawle@dmorthotics.com) Tel: 07801 332355.

##### **Did you know what to expect when you qualified?**

Are you a band 5 physiotherapist (or equivalent)? Have you been working for



# frontline

0-1 years? If so, are you interested in taking part in qualitative research to discuss your experiences in your first job?

Interviews and focus groups will take part in the London area so if you are living here, or are willing to travel, and fit the criteria above, please contact us via our project supervisor Jacqueline Potter, email: [j.potter@uel.ac.uk](mailto:j.potter@uel.ac.uk). Information will be provided on receipt.

## How do we screen for craniovertebral instability prior to performing cervical manual therapy?

We are investigating therapists' current knowledge and use of craniovertebral instability tests.

To this end, we would be very grateful if you would consider completing an online survey, which should take no longer than 10 minutes. All responses will be completely anonymous. We hope that completing this survey will not only provide us with valuable information on members' current practice, but also give you an opportunity to reflect on your own screening and clinical reasoning with respect to craniovertebral instability.

Please contact us on: [mcxei@exmail](mailto:mcxei@exmail).

[nottingham.ac.uk](http://nottingham.ac.uk) for the survey link, or should you require any further information regarding this study. We would really value your input

*Emma Ivemey (MSc Student, University of Nottingham)*

*Roger Kerry (Associate Professor, University of Nottingham)*

## charity news and events

### ADAPT members contribute to WCPT East Africa Conference

In October this year three CSP and ADAPT members from the UK travelled to Tanzania to contribute to the East African WCPT conference. The day before the conference starting a public awareness campaign was held to promote physiotherapy and healthier living. A tented area outside a local hospital in Arusha was used to assess and advise hundreds of local Tanzanians who had responded to the high profile promotion of the event on television and radio.



The conference was hosted over 4 days by the Association of Physiotherapists in Tanzania (APTA) at the Mount Meru Hotel in Arusha. The predominant theme of the congress was evidenced-based practice and speakers from 5 countries contributed to the programme of lectures and workshops. Keynote speakers included Professor Tim Watson (UK) and Dr Ina Diener (South Africa) who provided the latest research and practical techniques from their respective specialities of electrotherapy and manual therapy. The ADAPT members from the UK included Birgit Mueller, Myles Mwanza, and Matt Wheatley who provided a number of

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presentations and practical workshops in Paediatric, Neurological, and Musculoskeletal physiotherapy that aimed to inform delegates' practice using research taken from the African setting.

The conference was concluded with clinical researchers and clinicians from Tanzania, Kenya, and Uganda presenting their findings and experience in working within specialities such as elderly rehabilitation, the Ponsetti method of treating clubfoot, the rehabilitation of torture victims, and the management of children with cerebral palsy. The congress was universally regarded as a success by the delegates and speakers alike who commented on the high quality of evidence based teaching organised by APTA. The conference also facilitated the networking and sharing of ideas among Tanzanian and East African physiotherapist who work in diverse, challenging, and interesting clinical settings.

### retirement groups news

#### Yorkshire and The Humber Retirement Group

##### Happy New Year to you all

Our next Group Meeting will be held on Thursday 27 March 2014. Meet at 11.30am at York Rail Station Starbucks to be followed by lunch at Pizza Express at 12pm. Following your request we will then go to the Theatre Royal to see 'Birdsong' for the 2pm matinee.

As I need to book the theatre tickets well in advance please let me know by Monday 3 February if you wish to attend. At the same time please send a cheque for £17 payable to JM SAUNDERS to my home address:

17 Heslington Croft, Fulford, York YO10 4NB.

This will be a popular performance for school parties hence the requirement for an early booking! I look forward to seeing you all in March.  
*Judith Saunders*

#### Chartered Society of Physiotherapy Retirement Association (CSPRA)

##### Lunch in the New Year?

Calling all physiotherapists in East Anglia between 55 and 100 years old. Let's get in touch! Please phone on: 01638 720284.

#### Chartered Society of Physiotherapy Retirement Association (CSPRA)

Wanted! The CSPRA spring newsletter is due to be published. Would you like to write an article and send it to Lyn Ankcorn at email: [ankcorn@csp.org.uk](mailto:ankcorn@csp.org.uk) If you are retiring/approaching retirement why don't you join the retirement association? Please contact the CSP enquiry handling unit: [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk) or for more information contact Catherine Smith at the CSP on email: [smithc@csp.org.uk](mailto:smithc@csp.org.uk) or tel: 020 7314 7843 with your name, address, CSP registration number and contact details. Should you wish to discuss this first with a committee member, the chair of the association, Chris Foster, email: [chris@nagdragon.eclipse.co.uk](mailto:chris@nagdragon.eclipse.co.uk) or Lyn Ankcorn, secretary, email: [ankcorn@csp.org.uk](mailto:ankcorn@csp.org.uk) would be pleased to hear from you.

### reunions

## Thinking of having a reunion?

## Need to contact old friends via the Noticeboard?

Email: [directory@csp.org.uk](mailto:directory@csp.org.uk)

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

#### Newcastle Polytechnic 1978-1981

It is a very, very long time since we qualified at Newcastle Polytechnic in 1981 (32 years)! Before we all decide to retire how about meeting up? If you are interested contact Sally Wilson (nee Gillespie) via email: [sally.wilson@ntw.nhs.uk](mailto:sally.wilson@ntw.nhs.uk)

#### Bath School of Physiotherapy (BSOP) Reunion

Ex-students and members of staff of the former BSOP are invited to join our closed Facebook Group, where a reunion is being organised, together with memories and photographs being shared.

#### Physiotherapy Association

##### Were you a member of the Physiotherapists Association which merged with the CSP back in 1972?

Its former secretary and chairman, CSP Fellow Peter Fitchett, now 87, is retiring from private practice due to ill health. Mr Fitchett worked at the Commonwealth Hospital in Japan during the Korean War and at Dartford Hospital, Kent, from 1953-60. He would be interested in hearing from others who were members of the association. Contact him on tel: 01539 36060 or at: Sturdys Farm, Wood Broughton, Cartmel, Grange over Sands, Cumbria LA11 7SJ.

#### St Mary's Hospital set B 1981-84

How time flies - it will be 30 years next year since we qualified and 10 years since our last gathering. So how about another get together in London in October 2014? Kathy, Tracey and I would love to see as many of you as possible to share a few drinks, a delicious meal and shared memories. Let me know if you would like to come, or want to share some news, by emailing: [helenmee@nhs.net](mailto:helenmee@nhs.net)

#### University of East London (UEL) 10 Year Reunion - Class of 2004

Come and celebrate being 10 years qualified! We are organising a get together for the UEL class of 2004 on Saturday 21 June 2014. Please get in touch by email: [uelreunion2004@live.co.uk](mailto:uelreunion2004@live.co.uk) so that you can receive further information about the venue and timings

### Leeds Metropolitan University 1991-1994

#### Physiotherapy reunion

Is anybody out there?! It will be 20 years next year since we were all together (I still remember those OSPE exams when I hear a whistle blow!). It would be great to catch up with those who fancy meeting next June in Leeds (venue tba) or even just want to exchange emails. Please contact Louise McCahery at: [lmccahery@icloud.com](mailto:lmccahery@icloud.com)

### Oswestry 'Set 50' 1988 - 1991

I am hoping to form a group email conversation with all our set that left Oswestry School of Physiotherapy in 1991. Maybe we could meet up for our 25th anniversary soon to come round? - but first we need to get the contacts together. If you are interested in knowing what we have all been up to and would like to join in a group conversation, we would love to hear from you. Please contact me on my email: [helenbalcombe@hotmail.co.uk](mailto:helenbalcombe@hotmail.co.uk)

### Royal Orthopaedic Hospital. Set 48, 1976-79

We are planning our first reunion! Please join us at 'The Country Girl', Raddlebarn Road, Selly Oak on Saturday 1 March, 1pm. Please contact Ali (Hook) if you would like to join us. Email: [alison@alison Eaton-physiotherapist.co.uk](mailto:alison@alison Eaton-physiotherapist.co.uk)

### Salford School of Physiotherapy, Hope Hospital 1974-77

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](mailto:janeheyer@rocketmail.com)

### Western Infirmary, Glasgow - class of 1973

It seems to be 40 years since we started out on our physiotherapy life, and I wonder if anyone fancies a wee get-together - maybe next spring? I was thinking of meeting at Oran Mor, Byres Road for lunch on a Saturday. If interested please get in

touch and also contact those who may not get *Frontline*. Please contact Judith Corcoran (Farrer) at: [judith.corcoran@sky.com](mailto:judith.corcoran@sky.com) or tel: 01294 466942.

### The London Hospital/NELP 1984-1988

To celebrate our 25 year anniversary we are proposing to hold a get together next March 2014, somewhere in London. We thought maybe a lunch time meal, on either Saturday 8 or Saturday 15 March. For further information or to get in touch contact Ruth Emanuel (nee Truesdale) on: [ruthemanuel14@gmail.com](mailto:ruthemanuel14@gmail.com)

### Teeside Polytechnic 1985-88

It's 25 years since we qualified. If you are interested in meeting up to celebrate contact Christine McGlone (nee Wallace) on tel: 0191 3875804, or email: [christine\\_mcgclone@sky.com](mailto:christine_mcgclone@sky.com). Look forward to hearing from everyone.

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### **Bristol School of Physiotherapy/ Avon College of Health 1990-93**

Can't believe it's 20 years since we qualified. Abi was wondering if anyone fancied catching up this summer. Let me know at: absfabslee@aol.com

### **West Middlesex Hospital School of Physiotherapy 1967-70**

It is a long time since we left Isleworth. Some of us have met up some of you have never been heard of since we parted. If you are interested in a reunion or just a catch up by email please get in touch with Vicki Owers formerly Wilson née Parker at: vjowers@hotmail.com

### **Edinburgh Royal Infirmary 1963-66**

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

### **St Thomas's Hospital 1985-1988**

It will be 25 years since we qualified, and Emily Goodlad (nee Muir) and Nicci Caswell (nee Thompson) would love to arrange a reunion next year. Please could you contact either of us if you would like to join us, and let us know who else you are still in touch with so we can get in contact with as many of the year as possible. Email: goodlads2@yahoo.co.uk or: niccicaswell@btopenworld.com We will plan a venue and date once we have an idea of numbers and we can hopefully get most of the year together.

### **The Bristol School of Physiotherapy set 1980-83**



The Bristol School of Physiotherapy set 1980-83 had a fantastic reunion in October meeting along the waterfront

in Bristol. We raised many glasses to absent friends and are looking forwards to our 40 years reunion!

## **obituaries**

### **Christine Potter 1935-2013**

Christine was District Physiotherapist at St Mary's, Paddington for many years and lived in a flat nearby.

A boater on the adjacent canal recalls having sustained a shoulder injury in a fall from his boat and attended St Marys for treatment. After 4 sessions his Physiotherapist informed him that her boss needed to see him. With thoughts of extra special NHS treatment he met up with the District Physiotherapist whose first words were "I understand you live on a boat---where can I find a 6 berth narrow-boat " No mention of the aching shoulder ! Christine duly purchased her beloved narrow boat "Polly Otter", moored on the Regents Canal, and lived on it whilst still working at St Mary's.

When she retired from Physiotherapy, she moved to a flat in Birmingham overlooking the canal, with her boat nearby.

I had known Christine when we were both District Physiotherapist, and then through our narrow boat interests, and this was our continued point of contact.

When the International association of Physiotherapists working with Older People (IPTOP) was founded in 2003, it was Christine who hosted a memorable evening social event on her boat around the Birmingham canals---a real experience for our overseas colleagues.

Christine's drive, enthusiasm, good humour and faith touched all she came into contact with. Even through her final days of battling cancer she organised the hymns, prayers and address from the Bishop of Chester for her well supported funeral.

*Amanda Squires OBE FCSP*

### **John Edwin Neville 5 April 1937 to 19 October 2013**

It is with great sadness we report that Professor John Neville died after a short illness in October and we send our

sympathy to his family, colleagues and friends.

Initially John pursued a path in science with a particular interest in marine biology and later in his career moved into management. Prior to his retirement in 1997 Professor Neville was Dean of Faculty of Health and Life Sciences at the University of East London (previously North East London Polytechnic - NELP).

In the mid 1970s John was Head of Department of Paramedical Sciences at NELP. The Polytechnic was looking to develop degree courses for some of the health professions and had approached the Chartered Society of Physiotherapy (CSP) who suggested contacting the London Hospital School of Physiotherapy. John was designated by NELP to undertake negotiations and came to the School for preliminary discussions. After this, with the agreement of the London Hospital, the CSP and NELP it was agreed to proceed with developing a physiotherapy degree .

John was instrumental in guiding and developing the liaison between NELP and the School. This involved many meetings to prepare the degree before presenting it to the CSP, the Council for Professions Supplementary to Medicine, and the Council for National Academic Awards. It was finally approved for a four year BSc Hons and the first physiotherapy degree course in England started in 1981.

Apart from the above, negotiations had to be conducted with the Department of Health and the Department of Education (DE) for staff and students to be transferred to the DE and become part of NELP, the School being attached to the Department of Paramedical Sciences.

The BSc Hons. Physiotherapy was well-established by 1988 when the School transferred from the hospital premises to the Polytechnic, becoming the Division of Physiotherapy within John's department. Over the ensuing years he did much to enhance the standing of the Physiotherapy Division within NELP and more broadly within Higher Education (HE) and within the European networks being established at the time when the EU was investing in greater staff and student mobility across Europe.

It may have been the fact that John came to HE as a mature student himself

# frontline

that motivated him to promote open access and to give encouragement to continuing professional development for health professionals. Of course this was very much in tune with the philosophy of the 1980s and 90s throughout HE. As a consequence there was strong support for the development of a number of post-graduate courses, each with a focus on clinical practice. He also recognized the need for further development of research in physiotherapy. Somewhat miraculously staff, space and equipment were found from somewhere!

John was someone who recognized potential in people and in situations. He was also a networker, which put him in the position of seeing opportunities

which could be maximized. He fostered these opportunities for staff and students which made for exciting developments on a number of fronts for those working with him. This was no small challenge!

One such opportunity was the department's involvement in the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE). This consortium was established in 1990 with the support of the European Commission and the then Polytechnic was one of the eight Founder Institutes, with Professor John Neville as its first President. This opened opportunities for physiotherapy staff and students to engage with developments

in Europe within the Erasmus programme, visiting and collaborating with institutions in a number of countries.

In 1997 John retired, giving him time for the many other aspects of life which interested him apart from his work. He contributed in a number of ways to his local community and local church in Upminster, where he had lived for many years. He loved his garden: he and his wife Susan enjoyed all things Italian and enjoyed many holidays in Italy, as they did in the Autumn of 2013.

He will be missed by very many people, and remembered as a huge supporter, enabler and trusted friend of those of us at UEL under his leadership.

*J. Piercy and S. Beeston*

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

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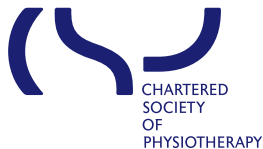
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**The CSP Charitable Trust**  
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## CSP Funding for Members in 2014

The CSP Charitable Trust is pleased to announce its continued support for members' professional development in 2014.

The **Educational Awards** give members the opportunity to apply for help towards funding academically accredited courses, the dissemination of post registration Masters' dissertations, conference presentations, research visits to overseas centres of excellence, international development projects as well as elective placements for student members.

Re-launched and streamlined in 2013 the Educational Awards now better represent members' needs and also give members the chance to gain increased award amounts.

Open to student, associate and qualified members, the two award categories available for application to the **1 March 2014** deadline are:

**Academically Accredited Courses Award** (excluding physiotherapy qualifying degrees)

**Education and Development Placements Award** (this includes elective placements for student members)

The **Conference and Presentation Award** has a deadline of **1 September 2014** and will be open for applications in July 2014.

The remaining award category, the **CSP Research Priorities Masters Dissemination Award** has a deadline of **1 November 2014** and will be open for application in Summer 2014. If you are already studying for a master's degree and would like to find out more about this award please email: [researchpriorities@csp.org.uk](mailto:researchpriorities@csp.org.uk)

Applications to all award categories are assessed, on a competitive basis, by an elected Panel of members who have a wide range of expertise and experience.

Applications to the Educational Awards Panel are now prepared, submitted and assessed through the CSP ePortfolio, a personal interactive on-line space specifically designed to support your continuing professional development (CPD). The CSP ePortfolio will be open for applications to the 1 March deadline by early January 2014 and a link taking you to the relevant ePortfolio workspace will be added to the website nearer the time. To find out more, and become familiar with, this exciting resource in advance of your application please visit [www.csp.org.uk/eportfolio](http://www.csp.org.uk/eportfolio)

For more information on the awards and how to apply please visit: [www.csp.org.uk/charitabletrust](http://www.csp.org.uk/charitabletrust)

For queries about the awards email: [edawards@csp.org.uk](mailto:edawards@csp.org.uk)

### complementary therapy

#### ACUPUNCTURE FOR PAIN RELIEF - LEEDS, YORKSHIRE

(10 CPD-hours)

- Small class with plenty of practice & supervision
  - Fine-tune point location & needling techniques
  - Electro-acupuncture
  - Explain TCM jargons
- Tutors are university lecturers & experienced acupuncturists.

**6 March**  
**13 March (specialist course: Headaches)**  
**1 May**  
£125  
**Contact Teresa 0113 267 2067**  
**or info@sageclinic.co.uk**

#### ACUPUNCTURE IN MSK

- a day of reviews, research and practical Local, segmental and central effects - revision.  
Techniques and trigger points Treatment ideas and practical based around clinical reasoning.  
**February 22nd 2014**  
**Tutor:** Lynn Pearce and Moira Tunstall  
**Venue:** Buckden, Cambs  
**Contact:** Admin@LynnPearce.co.uk for full details and application forms

#### ADAPTED TAI CHI EXERCISES

1 day course for Physiotherapists, Occupational Therapists, Assistants, Technical Instructors and students.  
**Tutor: Rosalind Smith MCSP, Tai Chi Instructor**

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: (including course notes) **£90**

**1st Mar Leeds**  
**29th Mar Bristol**  
**10th May Reading**  
**11th Oct Manchester**

For details/application forms, or information on hosting a course please contact: **Ros Smith**.

Tel: **01900 829545**

Email: [taichiexercises@gmail.com](mailto:taichiexercises@gmail.com)  
[www.taichiexercises.co.uk](http://www.taichiexercises.co.uk)

#### LYNN PEARCE ACUPUNCTURE CPD.

**Ear Acupuncture**

January 31st

**The Power of Peripheral**

Acupuncture Points

February 21st

**Trigger Points - exploring all the Options**

February 28th

**Acupuncture and Headaches**

March 14th

**The clinical implications and usefulness of TCM philosophies**

March 15th

Tutor: Lynn Pearce BA Grad Dip

Phys MCSP Lic Ac Cert Med Ed

Venue: Buckden, Cambs

Contact: Admin@LynnPearce.co.uk

for full details and application forms

#### ANKLE LIGAMENT DISRUPTION - EVENING SEMINAR

TUTOR: KAM WAH-MAK

**25th - 27th April - Part 1 & 30 - 31 May & 1st June-Part 2**  
**Craigavon AH - Belfast**

Visit [www.welbeing-cpd.co.uk](http://www.welbeing-cpd.co.uk)

01375893820

### electrotherapy

#### LASER THERAPY TRAINING 2014

Theory, dosage, safety, contraindications, regulations, hands on training.

Edinburgh, 15 Mar;

Glasgow, 16 Mar.

Cost: £200. Course Leader:

James Carroll FRSM.

**01494 797100,**

[www.thorlaser.com](http://www.thorlaser.com)

Register online - Early Bird

Discounts available

elderly rehab

**THE MULTIDISCIPLINARY APPROACH TO THE REHABILITATION OF THE LOWER LIMB AMPUTEE**

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

**Dates** - Mon 28th April - Thurs 1st May 2014

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

**Cost** £400,

Cheques made payable to - St Georges Healthcare NHS Trust  
Further details and application from: Sara Smith, Amputee Therapy Team Lead, Douglas Bader Centre, Queen Mary's Hospital, Roehampton Lane, SW15 5PN

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

**Closing date** - 14th March 2014

hydrotherapy

**ATACP ACCREDITED INTERMEDIATE COURSE IN AQUATIC PHYSIOTHERAPY**

TUTOR MIKE MAYNARD

**5 & 6 April - Milton Keynes Hosp**

Visit [www.welbeing-cpd.co.uk](http://www.welbeing-cpd.co.uk)  
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manual therapy

**MODIFIED CHIROPRACTIC & OSTEOPATHIC THRUST TECHNIQUES FOR PHYSIOTHERAPISTS**

- Graduate certificate in manipulative therapy. Full Spine & SIJ
- Fee £700 early bird
- Essex dates Feb 1st- 5th
- Contact Robbie on 07541838651 [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk)

[www.robriegoodrum.com](http://www.robriegoodrum.com)

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- Fee £700 early bird
- London Dates: March 2014 15th,16th, 22nd, 23rd & 29th
- Contact Robbie on 07541838651 [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk)

[www.robriegoodrum.com](http://www.robriegoodrum.com)

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- Contact Robbie on 07541838651 [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk)

[www.robriegoodrum.com](http://www.robriegoodrum.com)

**MODIFIED CHIROPRACTIC & OSTEOPATHIC THRUST TECHNIQUES FOR PHYSIOTHERAPISTS**

- Graduate Diploma in manipulative therapy (Advanced) DISC techniques.
- Master class
- Fee £700 early bird
- London Dates April 2014 12th,13th,19th,20th & 26th
- Contact Robbie on 07541838651 [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk)

[www.robriegoodrum.com](http://www.robriegoodrum.com)

**SPINAL MANIPULATION (Grade V)**

**Harrogate 29-30<sup>th</sup> March 2014**

Practical course. Taught by Neil Bowler (Fellow of the Australian College of Physiotherapists). Maximum of 12 participants. £236.

[www.manualtherapycourses.co.uk](http://www.manualtherapycourses.co.uk)  
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[info@manualtherapycourses.co.uk](mailto:info@manualtherapycourses.co.uk)

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Surrey (26th-27th Apr)  
Warwick (17th-18th May)  
Attend Part 1 with John Annan.  
See [www.physiouk.co.uk/release1](http://www.physiouk.co.uk/release1) or call **0208-787-5963**

**LASER THERAPY TRAINING 2014**

Please refer to advert in Electrotherapy section

**MOVEMENT ASSESSMENT & RETRAINING**

**Movement Optimisation Training:** 22-23 Feb; 1-2 Nov, London

Find Analyse & Fix to gain movement efficiency

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12 days to progress your movement screening and training

**TPM Golf:** 26-28 Feb, Bolton  
The best way for professionals working with golfers to enter The Performance Matrix Platform

**TPM Running:** 11-13 Apr, Chichester; 6-8 June, London; 5-7 Sept, Wirral

A unique system used to address factors that affect running technique and performance, as well as injury risk and recurrence

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Kinetic Control's premiere 15 day course with Mark Comerford and Sarah Mottram, authors of "Kinetic Control: The Management of Uncontrolled Movement". Make Movement Matter

**[www.kineticcontrol.com](http://www.kineticcontrol.com)**,  
Email: [courses@kineticcontrol.com](mailto:courses@kineticcontrol.com),  
Tel: **+44(0)1243 786555**

**TAPING: DRAMATICALLY REDUCE PAIN AND INSTANTLY INCREASE MOVEMENT AND FUNCTION**

Dates Online (March 2014)  
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See [www.physiouk.co.uk/ron4](http://www.physiouk.co.uk/ron4) or call **0208-787-5963**

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[www.manualconcepts.com](http://www.manualconcepts.com)

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Scotland (5th-6th April)  
Staffordshire (26th-27th April)  
See [www.physiouk.co.uk/mull2014](http://www.physiouk.co.uk/mull2014) or call 0208-787-5963

### DIZZINESS - VESTIBULAR REHABILITATION WORKSHOP FOR MSK PHYSIOTHERAPISTS

Tutor **Samy Selvanayagam**  
MSc PT MCSP  
Saturday 29th March 2014  
Poole Hospital  
NHS Foundation Trust  
Contact  
[Lynn.Weston@poole.nhs.uk](mailto:Lynn.Weston@poole.nhs.uk) for application form and further details

### MYOFASCIAL MAGIC - CHANGE YOUR PRACTICE FOR EVER.

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"An excellent hands on course, with easily replicated techniques that could be used as soon as back in the clinic. Very good use of the time available - relevant directed learning was sent 2 weeks beforehand, which enabled the vast majority of the day to be spent on the techniques themselves, rather than extended theoretical discussion."

All dates hosted in London (N1) on a Saturday from 1pm - 7pm to allow for easy travel to and from the venue.

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For further information visit [www.physioimpulse.co.uk/courses](http://www.physioimpulse.co.uk/courses)

Contact: [jo.galise@physioimpulse.co.uk](mailto:jo.galise@physioimpulse.co.uk)  
07917 327322

### CLINICAL WHIPLASH & NECK PAIN 2014

'One of the best courses I have ever been on.'  
Course feedback 2013  
Newcastle upon Tyne 25/26 Jan  
London (Chelsea & Westminster Hospital) 22/23 Feb  
Tutor: **Chris Worsfold** MSc  
PGDipManPhys MMAPC  
Cost: **£240**  
Tel: **01732 350255**  
Email: [cw@kentwhiplashcentre.com](mailto:cw@kentwhiplashcentre.com)  
Visit: [www.clinicalwhiplash.com](http://www.clinicalwhiplash.com) for course schedule & booking form.  
Interested in hosting this course? Contact us now for further details.

### TOOL ASSISTED MASSAGE (IASTM)

Ove Indergaard  
14th March 2014  
Manchester  
[www.rocktape.net/education](http://www.rocktape.net/education)  
[www.toolassistedmassage.co.uk](http://www.toolassistedmassage.co.uk)

### AN EXERCISE BASED APPROACH TO SHOULDER MANAGEMENT - ONE DAY WORKSHOP WITH CLINICAL CASES AND GROUP WORK

TUTOR ANJU JAGGI  
1st March - Harrogate District Hospital  
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01375893820

### HYPERMOBILITY SYNDROME - A PHYSIOTHERAPY PERSPECTIVE LECTURE/ DEMONSTRATION 3 HR WORKSHOP

SUITABLE FOR PTs/OT  
TUTOR ALISON MIDDLEDITCH  
Fri 11 April - Newham Uni Hosp  
Fri 26 May - Yeovil District Hosp  
Visit [www.welbeing-cpd.co.uk](http://www.welbeing-cpd.co.uk)  
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**BELLATORASSOCIATES****MSK Diagnosis**

This learning opportunity has been recognised by the CSP through its pilot Quality Mark recognition scheme. It is designed for Chartered Physiotherapists in full time employ with a minimum of 4 years' post qualification experience in MSK who aim to become Extended Scope Practitioners in the NHS or Consultant Physiotherapists in the Private Sector. It may not be suitable for Sports Physiotherapists. It is limited to 20 places.

The course is of a 3 months' duration split into an initial 3 days (25 hours) of intensive lectures followed by a period of self directed learning (150 hours) after which the submission of a portfolio will be required to demonstrate a level of competence for which certification will be provided.

**Course content:**

- Clinical reasoning
- Practical approach to research methods
- Critical evaluation of research
- Care pathway planning
- MSK Diagnostic Ultrasound
- Regulations and referral protocols for Imaging (X-ray and MRI)

**Portfolio:**

A critique document to demonstrate understanding of the course content (50%) and a dissertation (50%) demonstrating a care pathway for a chosen MSK condition.

**Venue:** Capital Place, 120 Bath Road, Harlington, Hayes, UB3 5AN

- Monday 3rd March 2014
- Monday 10th March 2014
- Wednesday 19th March 2014

**Cost : £650.00**

To book places on the course please visit [www.bellatorassociates.org](http://www.bellatorassociates.org). Please direct any queries to [admin@bellatorassociates.org](mailto:admin@bellatorassociates.org)

**UK RADIOLOGY EDUCATION PRESENT:**

X-ray interpretation for Physiotherapists.

This 1 day course introduces plain radiograph pattern recognition. The study day will concentrate on trauma and degenerative change. By the end of the day the delegate should be able to assess a plain radiograph of the upper limb, lower limb, pelvis and spine. Special consideration will be given to the shoulder, hip and knee joints whilst basic prosthetic imaging will be discussed. Chest x-ray interpretation will be included and many pathologies including COPD, emphysema, collapse, consolidation, and bullous disease will be covered. Normal radiographic anatomy and physiology will be discussed whilst normal variants and common pitfalls will be considered.

**Cost: £50 to include lunch and refreshments.**

Date: Saturday 29th March, 2014 at The Hilton Hotel, Leeds.

To book and see detailed course content, visit [www.ukradiologyeducation.co.uk](http://www.ukradiologyeducation.co.uk)  
Enquiries to [enquiries@ukradiologyeducation.co.uk](mailto:enquiries@ukradiologyeducation.co.uk)

advertise your course:  
0845 600 1394

**INTRODUCTION TO NORDIC WALKING FOR HEALTH PROFESSIONALS**

**Date:** 29th March 2014 9am - 1pm

**Venue:** Matlock, Derbyshire

**Cost:** £55

**Contact:** [heather@designed2move.co.uk](mailto:heather@designed2move.co.uk)

**Tel:** 07866368531

<http://designed2move.co.uk/intro-nw-healthprofessionals/>

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- ITU update
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Teaching team includes University staff, Christine Mikelsons, Consultant Respiratory Physiotherapist, Royal Free Hospital and specialists from Papworth Hospital Cambridge.

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or call us on **01707 284956**

### Other courses starting in January 2014

- Management of vestibular dysfunction
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- Promotion and marketing of health services



## UPPER LIMB REHABILITATION FOR THE NEUROLOGICAL PATIENT: A MULTI- FACETED APPROACH

**Oxford Centre for Enablement- Neurological Rehabilitation Services**  
**Date: 3 - 4th October 2013**  
**Cost: £275 for 2 days**

This is a 2 day course designed for Physiotherapists and Occupational Therapists working with patients with neurological impairments.

At the end of the course delegates should be more informed about a range of upper limb treatment approaches available.

### Course Content:

- Neural control of grasp and release
- An evaluation of standardised outcome measures for the upper limb used at OCE
- An overview of the upper limb pathway used at OCE
- Case studies highlighting the treatment options which will include the following interventions:
- CIMT
- Saeboflex
- Mirror Therapy
- Functional Task Practise

Please e-mail [coursecoordinator@ouh.nhs.uk](mailto:coursecoordinator@ouh.nhs.uk) or telephone: **01865 227879**

## 3 EXCITING BBTA PROBLEM SOLVING WORKSHOPS THEMED AROUND RECOVERING FUNCTION IN NEUROLOGICAL REHABILITATION

**12-13th April 2014:** 'Foundations for Function - The role of the head and thorax within postural control'

**10-11th May 2014:** 'The Upper Limb; Reaching for Recovery - The role of the shoulder complex within reach'

**7-8th June 2014:** 'Getting to grips with the complexity of dexterity and its functional rehabilitation' These weekend workshops apply the evidence base to our clinical functional rehabilitation of neurological patients, using lectures, practicals and patient demonstrations. Participants benefit from having already completed the Basic Bobath Course.

**Bobath Tutor:** Clare Fraser  
**Course Venue:** Clatterbridge Rehab Centre - Wirral Hospitals Trust.  
 £480 for all 3 together - or £170 each (Includes lunch and refreshments)

Apply to TherapyMatters:  
[richardbrookes@talktalk.net](mailto:richardbrookes@talktalk.net)  
 or **01244579616**

## MSK IMAGING REFERRAL GUIDANCE STUDY DAY

Mercure Bolton Georgian House Hotel  
 Manchester Road  
 Blackrod  
 BL6 5RU  
 Bolton. UK

**09.00am to 17.00pm**

This event will provide valuable insight and learning regarding the fundamentals of safe and appropriate referring, the role of MSK Imaging in patient pathways, methods of pattern and pathology recognition, cross sectional imaging anatomy, image reporting and acting on the imaging results. Delivery by MSK Imaging Specialists and Radiographers, the day will feature interactive lectures and case study multidisciplinary workshops.

**enquiries@imaginginnovated.co.uk**  
**Tel: 01636 706161 and 07904 551021**

## advertise your course

Email *Media Shed:*  
[cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

## HAND THERAPY SPECIALISTS' TRAINING DAY

**Friday, 23 May 2014**

### Venue:

**Royal United Hospital, Bath**  
 Study day for Specialists in Hand Therapy on **The Elbow**.

A mixture of workshops, tutorials, lectures and practical examination.

- Patient Assessment and Examination
- Investigations and interpretation - X-rays and scans
- Non-operative treatment including injections and splinting
- Surgical treatment and post-operative therapy
- Treatment workshops

**Fee: £95 to include Course Handbook and Lunch**

To reserve a place please send cheque payable to 'RUH (Bath) NHS Trust' to Mrs Liz Townsend, Physiotherapy Dept, Royal United Hospital, Combe Park, Bath BA1 3NG. Closing date 2 May. For further information telephone Bath (01225 824292), e-mail: [liztownsend@nhs.net](mailto:liztownsend@nhs.net)

## RNOH THERAPIES BIENNIAL REHABILITATION UPDATE

**Primary and Revision Hip Arthroplasty**

The aim of this day is to provide up-to-date evidence regarding the management of primary and complex revision surgery from pre-admission, surgery and to their later rehabilitation phase.

**19th May 2014 - Stanmore**  
[physiocourses@rnoh.nhs.uk](mailto:physiocourses@rnoh.nhs.uk)  
<http://www.rnoh.nhs.uk/health-professionals/courses-conferences>  
 (Next Course **November 2014**  
 RNOH Shoulder & Elbow Update)

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pain management

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**York (The Hilton Hotel)**  
**1 Tower St York YO1 9WD**

**Thursday 06/03/14 09.30 -16.30**  
Leaders: Dr Frances Cole Pain Rehabilitation Specialist, CBT, GP  
Steve Hunter Pain Specialist  
Physiotherapist

**Birmingham (Fentham Hall, Marsh Lane, Hampton-in-Arden B92 0AH)**

**Friday 11/04/14 09.30-16.30**

Leaders: Dr Patrick Hill Consultant Clinical Health Psychologist  
Eve Jenner Specialist Physiotherapist in Pain Management  
Cost £185.00 (early bird rate £165.00)

For further details and application form please email

**Maggie Cabeza**  
workshop administrator  
maggiecabeza@gmail.com

**1ST EDITION**

Recovery: Beyond Pain Management. Register for SIRPA's cutting edge 4 day course for therapists interested in helping their patients recover from, not just 'manage', their pain. Go to

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**LASER THERAPY TRAINING 2014**

Please refer to advert in Electrotherapy section

sports medicine

**PITCHSIDE MANAGEMENT**

**Sat 1 March 2014**  
**Hartlepool (North East)**

Tutor-  
**Femke Nauschutz MSc MCSP**  
Cost- **£100**  
See [www.finestphysio.co.uk](http://www.finestphysio.co.uk) for details or Email  
finest.physio@googlemail.com  
Tel: 07930604637

**TAPING WORKSHOP**

**Sun 2 March 2014**  
**Hartlepool (North East)**

Tutor-  
**Femke Nauschutz MSc MCSP**  
Cost- **£120**  
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finest.physio@googlemail.com  
Tel: 07930604637

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**Spring 2014 Series**  
**Long-Term Player Development for Golfers**

(Golf Exercise for 6 to 60+ year olds)

**Tutors:** Michael Dalgleish (The Golf Athlete) & Kelvin Giles (Movement Dynamics)

Staffordshire 12th -13th March  
**Cost:** £210/Early Bird £190

**Common Golf Injuries And Their Management**

**Tutors:** Michael Dalgleish BAppSci, MPhytSt, FAMSF &

Andrew Caldwell MSc, MCSP  
Staffordshire 14th March

Livingston, Scotland 21st March  
**Cost:** £100/Early Bird £85

**Registration/ Information**  
**Contact:** Diana O'Reilly MCSP

**Email:**  
takecontrol.physio@gmail.com  
**Tel:** 07912062778

**LASER THERAPY TRAINING 2014**

Please refer to advert in Electrotherapy section

women's health

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PHYSIOTHERAPIST



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Wendy Fletcher – Service Manager

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Applications can be made via the document on our website [www.kims-therapies.co.uk](http://www.kims-therapies.co.uk)

Closing date for applications: **3<sup>rd</sup> February 2014**  
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The Myton Hospices are looking for an experienced Physiotherapist to join their team in providing a comprehensive service across the Organisation. The post holder will work as part of the multidisciplinary team across the inpatient unit, day hospice and community as necessary. They will work independently with the support of the team leader and other members of the therapy department in providing high quality specialist palliative care.

Ideal applicants will have had previous experience within an oncology / palliative or community setting. Excellent communication and organisation skills will be essential to co-ordinate appropriate physiotherapy interventions and facilitate well co-ordinated discharges.

Applicants should be a member of the Chartered Society of Physiotherapy (CSP) and Health Professions Council (HPC) and work in accordance with the HPC Code of Practice.

The role will be based at Coventry Myton Hospice, however, there will be a requirement travel to all three of our sites as and when required.

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- Closing date: 7th February 2014 Interview date: 28th February 2014

An Enhanced Disclosure and Barring Services Check (DBS) will be required for this post. For an application pack, or more information, please contact the Human Resources Department on 01928 838 813 apply online through our website [www.mytonhospice.org](http://www.mytonhospice.org)

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Interviews: 13th February 2014

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Alternatively e-mail: [recruitment@stelizabeths.org.uk](mailto:recruitment@stelizabeths.org.uk)  
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## Profile

# All about fairness

**PAM WILLIAMS TELLS GILL HITCHCOCK HOW TRAINING AS A CSP STEWARD HAS HELPED HER THROUGHOUT HER PROFESSIONAL LIFE**

Switching from industrial chemistry to physiotherapy is a seismic career shift, but that's what Pam Williams wanted: 'On maternity leave, I felt my life had changed and I might as well change it totally and do something I had wanted to do for years.'

The former CSP steward says she found her initial career in laboratories solitary and the best thing about her subsequent 17 years as a physiotherapist at Doncaster Royal Infirmary was the satisfaction of interacting with patients and working with them towards their recovery. The most challenging aspect was being on call – she was called in more than three times a night on occasions.

Ms Williams thinks physiotherapy has changed since she started training in 1989; in particular that there is much more emphasis on 'throughput' so that physios have less time to spend with patients. More positively, she also thinks waiting times for NHS physiotherapy are down and access times have improved.

Growing up in a coal mining community in Barnsley where her father was a miner and a member of the National Union of Mineworkers, trade unionism was in her blood. Joining the CSP was a natural step. But she went further by training and serving for 10 years as one of the CSP's 800 stewards. 'It's all about fairness and it's all about equality. And that is the bit that's core to me really,' she says.

Although being a steward is the type of people-centred role she enjoys, it

can be challenging; especially 'representing people who are under some disciplinary process, because they are never done lightly and there can be negative outcomes'.

Glancing through her CSP stewards training portfolio, Ms Williams says she can't believe she has kept it all for so long. It represents a spectrum of learning, ranging across remaining calm in the face of dogmatism, being persuasive, being objective and using evidence effectively; all skills which she believes have been valuable in every aspect of her professional life, including patient care.

'It's about how you interview someone

### 'IT'S ALL ABOUT FAIRNESS AND EQUALITY. AND THAT'S CORE TO ME'

you are trying to represent, or telling someone else's story in a very stressful situation,' Ms Williams explains. 'And it's those skills you don't fully realise the importance of until you have to stand up with a member of staff who has been sacked because of ill health.'

Her CSP learning has also been important in her work with the student conciliation service at University of Huddersfield, where she has been a senior lecturer in the department of health sciences since 2003.

Ms Williams explains that because of her stewards training, she had taken a



role in representing staff unofficially at Huddersfield and was then asked to join the conciliation service. 'The stewards training has been very valuable,' she says. 'Conciliation is about listening to two sides of a story, getting people to meet in a non-confrontational situation and then to resolve an issue so that everyone gets the best out of it.'

Since the service was introduced in 2012 students' complaints have fallen by 50 per cent and this summer it won a

Times Leadership and Management award. Asked how she felt about this achievement, Ms Williams responds: 'Very embarrassed. Also very pleased, but embarrassment is the prime emotion really ... The last thing I wanted to do was go on stage in a very packed auditorium to receive an award.'

On her future, Ms Williams says she has started a doctorate in education, researching how physiotherapy lecturers view the different types of qualifications held by prospective students.

But on the future for trade unions, Ms Williams fears the government is eroding rights and benefits that people fought for over many years.

For more information on being a steward, visit: [www.csp.org.uk](http://www.csp.org.uk) and search for 'stewards'. **fl**

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