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Volunteering with Crisis at Christmas

HOMELESS PEOPLE, AS VOLUNTEER COMPA NIONSHIP AND SOCIAL SERVICES. FOR MANY PEOPLE THESE SERVICES HELP IT’S A LIFELINE FOR THOUSANDS OF PEOPLE OFFERING FOOD SHEET SUPPORT THROUGHOUT THE CHRISTMAS PERIOD.

SOME 5,300 HOMELESS PEOPLE TOOK PART IN A CRISIS AT CHRISTMAS EVENT WHICH INVITED HOMELESS PEOPLE TO SPEND CHRISTMAS EVE AT HOME WITH FOOD AND ACTIVITIES. THE MAIN TEAM PHYSIOTHERAPY WHO WOULD BENEFIT FROM OUR PHYSIOTHERAPY INTERVENTIONS TO ACCESS ASSESSMENT ADVICE FOR SYMPTOMATIC CONDITIONS AND ENCOURAGE THOSE RECOVERING.

ACCESS TO SERVICES

ONLY 1% OF GUESTS SOUGHT HELP OR SUPPORT AND CUTE MUSCULAR ELASTICITY AT CHRISTMAS EVENT AND SAW A TOTAL OF 155 HOMELESS GUESTS. THE MAIN TEAM PHYSIOTHERAPY WHO WOULD BENEFIT FROM OUR PHYSIOTHERAPY INTERVENTIONS TO ACCESS ASSESSMENT ADVICE FOR SYMPTOMATIC CONDITIONS AND ENCOURAGE THOSE RECOVERING.

Jo Dawes Physiotherapy Service Organiser

In Autumn 2012, I contacted Chris Hoping to Volunteer and I was wondering if my skills as a physiotherapy would be of interest to the charity. The idea of including a senior clinical NHS post providing physiotherapy services was welcomed. By Christmas 2012 the staff at Crisis and I had created a physiotherapy service within Crisis at Christmas soon service will continue to develop and build year on year. Service ran well in 2012 and grew in 2013. We hope the physiotherapy service continues to improve and develop. Jo Dawes Physiotherapy Service Organiser

In Autumn 2012, I contacted Chris Hoping to Volunteer and I was wondering if my skills as a physiotherapy would be of interest to the charity. The idea of including a senior clinical NHS post providing physiotherapy services was welcomed. By Christmas 2012 the staff at Crisis and I had created a physiotherapy service within Crisis at Christmas soon service will continue to develop and build year on year. Service ran well in 2012 and grew in 2013. We hope the physiotherapy service continues to improve and develop.
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and this is why I stay a CSP member
Remarkable people

Of course, not everyone celebrates Christmas. But, like many religious festivals around the world, it is traditionally associated with the concept of giving to people who are in need.

My impression of physio staff is that, whatever the time of year, they are often to be found at the head of the queue whenever volunteers are being sought for a worthy cause. Thus, it will probably come as no surprise to you to hear that some of your colleagues are giving up their Christmas to work with homeless people in the weeks ahead. Find out more about the role physios are playing with the charity Crisis at Christmas on page 32.

Meanwhile, physios in Greece are playing their part in delivering services to patients at the sharp end of the country’s economic crisis. Even though times are hard for many here, the plight of the Greek people is far worse. But as Kim Gainsborough reports, a remarkable resilience is being displayed by workers and patients alike (page 22).
I was disappointed that the article on the new guidelines for metastatic spinal cord compression (MSCC) failed to give a complete picture (page 13, 1 October and online 23 September).

The guidelines were the result of two years of work from a dedicated multidisciplinary team in Northern Ireland, including representatives from physiotherapy profession. I realise a short news story cannot cover the nuances of the recommendations. In particular, the assessment process outlined in the story needs clarification.

In addition to the five points listed in the article, assessment should include many other features including a thorough examination of the four cardinal and clinical diagnostic features of MSCC. Namely: pain; motor dysfunction; sensory dysfunction; and bladder and bowel dysfunction.

The guidelines also stress the importance of clinical vigilance and monitoring of pain, muscle power and sensation during rehabilitation. They also give clear recommendations on the management of the unstable MSCC and stable MSCC patient.

I would urge CSP members to take a closer look at the guidelines. These are available at: www.gain-ni.org/images/GAIN-Guidelines-for-Rehabilitation-Assessment-and-Care-Provision-by-Occupational-Therapists-and-Physiotherapists-in-the-Acute-Sector.PDF

Paula Finlay, clinical specialist physiotherapist in neuro-oncology and one of the lead authors of the guidelines, Belfast Health and Social Care trust

I agree with Michael Robinson that we need to capitalise on our ‘hard-earned clinical autonomy’ (Page 6, 5 November).

But Karen Middleton’s ‘how dare they’ comment (page 9, 15 October) does accurately reflect what many of us feel as we experience how aspects of our autonomy are being eroded, where commissioners constrain the kind and/or duration of treatment they purchase.

The Standing Medical Advisory Committee advised the medical professions in 1977 that doctors should make more use of the experience of therapists as regards decisions about the kind and duration of treatment (HC(77)33).

We should be clear that the committee was saying something about the relationship between referring doctors and therapists, at that time. We should not overstate the relevance of that advice and assume that our autonomy was secured by the publication of this circular.

The Privy Council approved change of the CSP bylaw in 1978 had probably more of an impact, as it allowed physiotherapists to see patients without medical referral, outside the NHS.

The problem with saying that we ‘have clinical autonomy’ is that it is not an inherent property of the physiotherapist. The level of professional autonomy we have is dependent on the outcome of a range of power dynamics that are played out in the healthcare organisation we work in, or for.

As such, professional autonomy cannot be said to the enshrined in HC(77)33. Nor is it mentioned in the NHS Constitution (2013).

In physiotherapy, technical and economic autonomy are hardly separable. Where limits are placed on our interventions, it usually seems to affect its ‘duration’ and access to the service.

An example of the former is the cap on the number of sessions and their duration and an example of the latter is the fact that self-referral is still the exception rather than the rule, despite the evidence of its cost-efficacy.

The ‘freedom’ that Mr Robinson refers to does not seem to be commonplace or equally distributed across the NHS system in England.

Edward Bakker, Sheffield Hallam University

CORRECTION AND CLARIFICATION

Claire Sullivan’s job title was given incorrectly in the last issue of Frontline. She is director of employment relations and union services at the CSP.
In response to an online news item titled ‘Bury physios make I will if you will exercise pledge’, Deborah Bancroft said:

This event marked the start of our journey to introduce healthy conversations into our everyday practice.

Paul Chapman commented on an online article on an NHS digital plan:

Interesting over the last two weeks we have seen to major documents published that now provide physiotherapists with the opportunity to make a difference in the way they deliver patient care.

You can comment on articles from this issue of Frontline online. CSP members can log in at: 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.

CSP chief executive Karen Middleton’s statement regarding clinical autonomy is based on a clear understanding of what this implies and the context in which clinical autonomy operates (page 9, 15 October). But Michael Robinson’s criticism of her in the letters page appears not be (page 6, 5 November).

Clinical autonomy is definitely not ‘doing what we want’, as Mr Robinson implies. It is entirely constrained by our professional guidelines.

These clearly indicate that each patient we see is a unique individual, that we should provide that individual with the assessment, approach and interventions or treatments that they require to meet their needs and be able to justify our clinical reasoning in the light of the contemporary evidence base.

Explicit in this is that we ‘move with the times’ in as much as this applies to the clinical science and not mere political expediency.

Furthermore, as healthcare professionals we are constrained to stand up for the individual’s best interests and advocate from the perspective of the evidence.

Mick Skelly

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

My menopause symptoms affect my work. What should I do?

For a long time the menopause has been a hidden issue in the workplace and is rarely discussed. Symptoms such as hot flushes, poor concentration and disturbed sleep can affect the quality and output of work. In addition, stress is recognised as a factor in making symptoms worse. Employers have a duty under health and safety legislation to make suitable adjustments, this may include improved ventilation, changes to uniform requirements or a change to working hours. Speak to your health and safety rep or, if you do not have one, call the CSP on 020 7306 6666.

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

CSP

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Network: Sports and exercise medicine
Flavour: Opinion is sought as to whether to ice an acute injury within the first 48 hours or whether there are evidenced alternatives.
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TKR in younger patient lacks knee extension

Network: Orthopaedic medicine and injection therapy
Flavour: A patient appears to be dissatisfied with the outcome of surgery and lack of knee extension and prognosis.
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Network: Neurology
Flavour: A rare autoimmune neurological case where advice is sought on management strategies.
Comments: 5 replies at 26 November
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NICE updates guideline on obesity treatment

Overweight people with type 2 diabetes should be offered weight loss surgery, along with a package of follow-up care that could include physiotherapy.

This is the message from the National Institute for Health and Care Excellence (NICE) in updated clinical guidance published last month.

The guideline offers best practice advice on the care and treatment of overweight and obese people, and new guidance on the role of weight loss surgery and follow-up care.

It states that patients who have bariatric surgery should receive a multidisciplinary follow-up care package for a minimum of two years.

This should include:
• physical activity advice and support
• monitoring for co-morbidities
• dietary and nutritional assessment, advice and support

‘PHYSIOS HAVE A SKILL SET THAT ALLOWS THEM TO DEVELOP A TAILORED PROGRAMME OF EXERCISES’

John Wilding

John Wilding, a consultant physician in diabetes, endocrinology and general medicine at Aintree University Hospitals NHS trust, helped develop the guidance.

He told Frontline: ‘Physiotherapists have a lot to offer and can play a fundamental role in supporting people to lose weight and get more active. This is especially the case for severely obese patients, who often have joint and mobility problems.

‘Physios have a skill set that allows them to develop a tailored programme of exercises that can allow people to move more freely and more actively, and help support their weight loss.’

NICE says research shows that an estimated 60 per cent of patients with type 2 diabetes achieve remission from the condition after receiving gastric bypass surgery.

As a result, the guideline advises that all people with recent onset type 2 diabetes and a body mass index (BMI) of 35 or over should be referred for bariatric operations.

And it suggests that people with type 2 diabetes and a lower BMI of 30-35 should also be offered an assessment for weight loss surgery.

NICE guideline [CG189]: www.nice.org.uk/Guidance/CG189

Wales NHS pay deal accepted

The CSP and 12 other health unions have agreed the Welsh government’s pay offer for NHS employees.

The settlement in Wales was achieved without industrial action and CSP members employed by the NHS in Wales voted two to one in favour of the offer. The offer is a one per cent consolidated rise for all staff from 1 April 2015 and a £187 pro-rata lump sum covering this year, to be paid in January for staff in post on 1 December.

All staff due increments will continue to receive them.

Peter Finch, CSP assistant director for employment relations and union services, said: ‘We recognise this is the fourth year of a below inflation pay increase for physiotherapy staff. However, the fact that health unions have secured a consolidation of next year’s increase is very important and builds on any future pay increases.’

Agreement was only reached because...
Former CSP chief given international award

Former CSP chief executive Phil Gray has been given a prestigious service award by the World Confederation for Physical Therapy (WCPT) for his work in its European region.

It was made at the society’s annual excellence awards ceremony in London earlier this month. Sue Rees, chair of CSP council, who hosted the event, said it celebrated ‘the very best of physiotherapy’.

Broadcaster and journalist Andrew Marr was the first recipient of the new CSP ‘physiotherapy ambassador’ award, recognising lay people who have raised the profile of physiotherapy.

Two physiotherapists with recent MBES were also honoured: Julie Harvey, a paediatric physiotherapist at Abertawe Bro Morgannwg University health board, and Maureen Ryles, head of paediatric physiotherapy at NHS Grampian.

Robert Millett

• To find out about all the other award winners see page 16.
Therapies Unite, a voluntary organisation for children and adults with learning and physical disabilities in Mexico, is to benefit from a £500 award from the physio network Adapt.

Laura Brown, a Midlands-based NHS physiotherapist and director of Therapies Unite, received the award from Adapt, the professional network for physiotherapists involved in international health, at the CSP headquarters in November.

Therapies Unite director Laura Brown is pictured in Mexico alongside Emiliano, one of the children her organisation works with.

An MS team based at Morriston hospital, Swansea, is saving a significant amount of time by using iPads for remote consultations with patients rather than travelling to see them in clinics.

Following the success of a pilot iPad project involving seven patients, the south west Wales MS team plans to offer remote consultations to patients who are prescribed disease modifying drugs.

The pilot started in June and ran until the end of October. Instead of travelling to clinics across a range of hospital sites, physiotherapists and other team members used iPads to consult patients from Morriston hospital. The patients who took part needed to have access to telemedicine equipment, such as a laptop or tablet.

The results of the pilot showed that, on average, 80 minutes were saved in each consultation where team members no longer needed to travel between clinics. It also reduced the need for clinic space.

Heledd Tomos, a physiotherapist with the MS team, said the team had previously used videoconferencing for consultations with patients, but only from Bronglais hospital.

‘WE ALL WANT PATIENTS TO BENEFIT FROM THE OPTION OF HAVING THEIR APPOINTMENTS AT A LOCATION OF THEIR CHOICE – ALBEIT REMOTELY’

Heledd Tomos

Aberystwyth. Using iPads had not only enabled clinicians to cut their travelling time, but allowed patients to have their appointments at home, work, or from anywhere they chose.

This November the MS team...
Healthcare professionals should be more aware of vitamin D deficiency

Health professionals should be made more aware of the importance of vitamin D, but they should not routinely test people’s levels of the vitamin unless they show signs of deficiency, or there is a clinical reason to do so.

That is the message from new public health guidance from the National Institute for Health and Clinical Excellence (NICE).

NICE also said that vitamin D supplements should be made more widely available for the up to 10 million people in England who are at risk of vitamin D deficiency.

The CSP in Scotland has previously campaigned for greater public awareness of the dangers of a lack of vitamin D.

A high rate of multiple sclerosis in Scotland has been linked with vitamin D deficiency in the country, and a CSP motion that also called for vitamin D to be routinely prescribed to children, pregnant women, and other at-risk groups, was adopted by the Scottish TUC in 2012.

Graham Clews

CSP REPLACES CHRISTMAS CARDS WITH DONATION

The CSP will not be sending any Christmas cards this year. Instead, the society is donating £2,000 to the CSP Members Benevolent Fund. The fund provides support to past and present members who are experiencing financial difficulty.

To find out more visit: www.csp.org.uk/mbf

Gill Hitchcock

• For more information about Therapies Unite, visit: www.therapiesunite.com

sea community physios

exhibited a poster about the project at the National MS Trust conference in Kenilworth, Warwickshire. It attracted the attention of judges who gave it a ‘best poster’ award and invited Ms Tomos to deliver a presentation about the scheme.

‘The pilot was successful in finding out that it was feasible to use iPads for patients on disease modifying drugs, and we want all patients to benefit from the option of having their appointments at a location of their choice – albeit remotely,’ she said.

Gill Hitchcock

From the left are physio Lynne Watson, nurse Helen Owen and physio Heledd Tomos. Ms Tomos is receiving the MS Trust award from chief executive Pam Macfarlane.
Research has found that nearly 35 per cent of hospitals in England, Wales, Northern Ireland did not involve physiotherapists in pre-operative assessments of patients needing lower limb amputations.

The finding was described as ‘shocking’ by Julia Earle, clinical specialist physiotherapist in amputee rehabilitation.

It was published on 14 November in a National Confidential Enquiry into Patient Outcome and Death report.

Ms Earle, who contributed to the report, told Frontline that it was very important physiotherapists should be involved pre-operatively at an early stage so that they could plan rehabilitation and discharge for patients.

‘We should be involved in selection of the appropriate level of amputation, because an assessment of the patients’ future potential use of a prosthesis will often have an impact on the level of amputation’

One of the key recommendations in the document is that physios in multidisciplinary teams should be part of pre-operative discussions.

It says they should also contribute to post-operative rehabilitation and the coordination of discharge plans.

Ms Earle described the independent report as a ‘massive opportunity’ for physiotherapists to promote a better standard of care for amputees.

‘I presented this at our British Association of Chartered Physiotherapists in Amputee Rehabilitation conference (on 14 November),’ she said.

‘I am pressing physios to go back to their trusts and discuss the findings with vascular teams.’

Gill Hitchcock

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The innovative work of two Scottish physios who are ‘dementia champions’ is featured in a report by Alzheimer Scotland and the Scottish government.

Allied Health Professionals Dementia Champions - Agents of Change provides examples of how allied health professionals in Scotland have supported dementia patients and their families.

The document reports on the work of Karen Duncan, a physiotherapist in amputee rehabilitation at Aberdeen Royal Infirmary.

‘It says that, as a dementia champion, Ms Duncan provided hospital staff with opportunities to learn more about dementia. This involved organising study days and delivering courses to physiotherapy students from Robert Gordon University as part of their induction training.

‘Although I don’t work in a specialist dementia unit, I’m based in an acute hospital and come into contact with people with dementia on almost every ward,’ said Ms Duncan.

‘This means there are numerous opportunities to support staff and put what I’ve learned into practice.’

Also featured in the document is...
More recruits are required for a pilot scheme that allows qualified practice educators to be reaccredited through their local university.

The CSP pilot has been running since summer 2014 and there is still time to get involved before the end of the year.

To date six accredited physiotherapy practice educators have successfully completed the pilot. They were Cathleen Hunter, Mark McGlinchey, Nicola Rowe, Barbara Houlding, Emma Crawford and Deirdre Winters.

The six physios had all previously completed the accreditation of clinical educators (ACE) scheme. But the ACE qualification is only valid for five years, after which practice educators must demonstrate how they have maintained their professional status. This can involve attending further courses.

Under the pilot scheme, however, physios can provide evidence that they meet all the necessary requirements by completing an online form. A statement is required from at least one learner who has received support from the practice educator, to endorse their knowledge, skills and values.

CSP education adviser Jennifer Duthie told Frontline: ‘The reaccreditation process is worthwhile and provides the opportunity to reflect on, and improve, practice and contribute to CPD.

‘And if you are an accredited practice educator with any of the universities participating in the pilot, it’s not too late to take part if you can submit a form by the end of December.’

Five universities are participating in the pilot. They are Glasgow Caledonian, Queen Margaret, Teesside, Hertfordshire and Ulster.

Members who are ACE practice educators with any of these universities are eligible to take part in the pilot. For more information, contact Ms Duthie before 31 December. Email: duthiej@csp.org.uk

Robert Millett

Pharmaceuticals in multidisciplinary teams should be part of pre-operative discussions

Physiotherapists in multidisciplinary teams should be part of pre-operative discussions

Dementia Champion Susan Maxwell, a team lead physiotherapist at Dumfries and Galloway Royal Infirmary.

Alongside her work with acute stroke patients and acutely ill older patients, Ms Maxwell helped to increase awareness of dementia and person-centred care among her colleagues.

Allied Health Professionals Dementia Champions: Agents of Change: tinyurl.com/mlwqetp

Robert Millett

CSP pilot reaccredits physio educators

PILOT PHYSIOS

Emma Crawford, a trauma and orthopaedics physio at Belfast health and social care trust, volunteered to take part in the pilot and told Frontline: ‘I think this new format is a wonderful way to demonstrate knowledge without the need to attend a course.

‘In these days of fewer staff members and tighter budgets it’s often not convenient to be released to attend courses. An online format to reflect advances in one’s knowledge and skills, such as self-directed learning, is a useful tool.’

Deidre Winters, a learning and development facilitator at the same trust, also participated in the pilot. She said: ‘I thought the process was very efficient. It promoted reflection on my practice and provided an opportunity to think about how I can further develop in my current role.’

Physio and practice educator Emma Crawford

Formerly of Lancashire has won a free place at CSP Physiotherapy UK 2015 in Liverpool. He was one of hundreds of CSP members who gave their views on the recent Physiotherapy UK 2014. Next year’s event takes place on 16-17 October. See more information at: www.physiotherapyuk.org.uk
NHS Employers says financial pressures are making it hard for the health service to run health programmes for staff, unless it has more evidence to show their value.

In a report, published on 21 November, the organisation for NHS bosses says each year the NHS spends a significant amount of money on promoting and protecting the health and wellbeing of its workers. However, the lack of evidence about the impact, effectiveness and value of these activities represents a major threat, it says.

‘For health and wellbeing interventions, evaluation is a crucial step to help ensure that decisions made to select, invest and continue to provide particular interventions are evidence-based,’ it says.

The report includes a detailed case study of an evaluation process for PhysioPlus, a self-referral physiotherapy service for staff at Sheffield Teaching Hospitals NHS trust.

Before the evaluation, by Zeal Solutions, there had been only a basic assessment of PhysioPlus, mainly around performance statistics, the document says. Zeal Solutions broadened this to include shadowing physiotherapists within the

**New respiratory centre offers ‘exciting mod**

Clinicians at the new Remeo respiratory centre at East Surrey hospital in Redhill will use state-of-the-art technologies to treat patients, respiratory physiotherapist Ruth Kent told *Frontline*.

The unit is the UK’s first purpose-built centre to enable patients to return home by ‘weaning’ them from mechanical ventilation, according to Ms Kent.

‘We are modelling ourselves on the Lane Fox respiratory unit at St Thomas’ hospital in London,’ she said.

The Remeo unit was officially opened on 23 October by entrepreneur and businesswoman Martha Lane Fox, who described the unit as ‘a new and exciting model of healthcare’.

The centre is equipped to enable virtual access to specialist consultants to support physiotherapists and nurses in managing
Staff at Nottinghamshire healthcare NHS trust were so invigorated by a pilot workplace exercise programme that the initiative is now set to become a permanent fixture.

The daily Workout@Work was started by Sohil Jangra, a senior physiotherapist at the trust. He recognised the need for the initiative, particularly in the trust’s single point of access team.

‘They spend a lot of time on the phone and in front of computers, and our bodies are just not designed for this level of inactivity,’ he said.

He’s also an exercise fan: ‘I get a real oomph out of it. And even if I do small stretches, I feel very relaxed afterwards and I can do my work with more energy.’

Mr Jangra launched the programme as a month-long pilot this summer. Sessions were held either early in the day or at lunchtime and ran for 15 minutes. They began with full body stretches, followed by some running on the spot, a few star jumps and finally a cool down and stretch.

Asked about feedback from staff, Mr Jangra, who specialises in pulmonary rehab, said they found it beneficial and felt energised afterwards.

He found that the trust’s sickness records for the four-week pilot period indicated further benefits. The figures for the single point of access team showed musculoskeletal-related sickness absence dropped from 1.31 per cent to zero. For the neuro team, the figure was down from 0.83 per cent to 0.27 per cent.

With the agreement of the trust, Mr Jangra is preparing to reintroduce the initiative on a regular basis.
A number of fellowships are made each year to CSP members for their contribution to clinical practice and for extending the evidence base of physiotherapy.

Distinguished service awards go to members who have shown a high level of commitment in practice, research, education or management.

This year, fellowships went to:

Elaine Louise Atkins for her significant contribution to the development of the Society of Musculoskeletal Medicine’s education programme and the advancement of musculoskeletal (MSK) education for postgraduate physiotherapists and medical practitioners.

Nadine Foster for her significant contribution to research in the field of MSK pain in primary care, particularly back pain, and its implementation into clinical practice.

Helena Johnson for her contribution to education and leadership of the CSP during her tenure as chair of CSP council. Dr Johnson was head of physiotherapy at York St John University from 2007-2013.

Bhanu Ramaswamy for her significant contribution to clinical practice, education and research in the field of Parkinson’s. Ms Ramaswamy was one of the first supplementary prescribers, and the first consultant physiotherapist in intermediate care with admitting rights.

Distinguished service awards went to:

Mark Potter in recognition of his contribution to the professional network Physio First.

He has worked tirelessly to develop the organisation’s website and a range of resources for members.

CSP honours members’ work

PHYSIOS’ ACHIEVEMENTS CELEBRATED AT THE CSP’S EIGHTH ANNUAL AWARDS EVENT

About 150 physios and their guests flocked to a major CSP event at the Russell Hotel in central London on 17 November to celebrate the achievements of the profession.

James Benson, who picked up one of four CSP awards for excellence, described the experience as ‘incredible’ and a ‘wonderful surprise’. Speaking to Frontline, Mr Benson said he wanted to thank Peter Harding for nominating him. His award, in the delivering integrated health and social care category, recognised his work in developing training for carers in community and residential settings in stroke care.

Laran Chetty, from the health and work centre at the Royal Free London NHS trust, received an award in the promoting activity and healthy lifestyle category. ‘I was very pleased and excited to receive this award,’ he said. His project has helped to cut re-referral rates for musculoskeletal (MSK) care by encouraging staff to take up activities and embrace healthy lifestyles. Members of staff act as ‘expert buddies’ with new recruits.

The demonstrating leadership award went to Vanessa Haycock, who led a physio team in Newcastle upon Tyne that delivered MSK care faster and nearer to people’s homes. Her award was picked up by a colleague, Nick Livadas, who said Ms Haycock was ‘delighted’ to receive the recognition for her efforts. The new service was valued by GPs and cut demand on secondary care services.

Helen Jefford’s pioneering work with prisoners who have respiratory problems attracted the judges’ eye in the enhancing patient dignity and standards of care category. Working with a colleague at Oxleas NHS trust, prison nurse Nina Turner, Ms Jefford designed and ran a course for inmates at Maidstone Prison which the pair hope to replicate elsewhere.

Ms Jefford said ‘I was delighted that the importance of prison health has been recognised.’

Ian A McMillan

3 December 2014
Warren Sheehan’s ‘tireless’ work as a steward at Oxford University Hospitals NHS trust was recognised when he picked up the CSP ‘steward of the year’ award at a ceremony in central London on 17 November.

As well as praising his stamina, the CSP members who nominated the Australia-born Mr Sheehan also referred to the ‘selfless’ way in which he goes about supporting them. In addition to defending members’ rights at work, Mr Sheehan has taken a key role in negotiations over extended hours working. ‘A lot of work goes unseen, so this award means a lot,’ he said.

Two stewards were highly commended in the category: Martin Hamilton, from St Mary’s hospital on the Isle of Wight, and David Hopper, from Freeman hospital, Newcastle upon Tyne.

Julie Knight, who has clocked up seven years as a health and safety rep at Aneurin Bevin University health board, was named safety rep of the year. She told Frontline: ‘I feel completely honoured to be recognised for the hard work we carry out.’

The efforts of Brighton University masters student Daniel Toms in supporting his fellow students won him the student rep of the year award. ‘It means a lot to me to be recognised in this way,’ he said.

Margaret Revie in recognition of her contribution to CSP council since 1999 and its committees and the professional network Physio First.

Kay Stevenson in recognition of her significant contribution to the implementation of research activity into physiotherapy practice. Ms Stevenson was one of the first consultant physiotherapists in the UK.

Melanie Thomas MBE in recognition of her significant contribution to the establishment of a specialist lymphoedema service for people in Wales.

Dorothy Toyn in recognition of her service as a council member since 2003, and her commitment to the development of the English regional network and the Members Benevolent Fund.

Sue Rees, chair of CSP council, Jill Barker, chair of the industrial relations committee, David Hopper, Julie Knight, Daniel Toms, Warren Sheehan, Martin Hamilton and Claire Sullivan, director, employment relations and union services.

SEE FULL CITATIONS OF Awardees

go to www.csp.org.uk/news-events/events/csp-awards-2014
Did you know that, as a member of the CSP, you have free online access to the society’s journal, Physiotherapy, published by Elsevier?

The contents of the current issue of Physiotherapy journal are available at: www.csp.org.uk/physio-journal/100/4

Here, Physiotherapy editor Michele Harms looks at the latest issue

Who should conduct musculoskeletal triage?

Researchers based predominantly in the UK have collaborated on a study to define the optimum features of a triage system for patients with musculoskeletal conditions. They looked at different methods of administering triage including face-to-face consultation, paper referral letter or telephone consultation. Although they included studies involving different professional groups including GPs, nurses, occupational therapists, speech therapists and physiotherapists, patients were more concerned about ease of access to treatment than the profession of the individual conducting the triage.

In the studies included in the review, the most frequent method of delivery was by a physiotherapist performing face-to-face triage of orthopaedic patients. They found this resulted in high patient and GP satisfaction, improved patient function and symptoms, and suggested that this system reduced costs and waiting times. Joseph C et al. Musculoskeletal triage: A mixed methods study, integrating systematic review with expert and patient perspectives Physiotherapy 2014; 100(4): 277-289; http://dx.doi.org/10.1016/j.physio.2014.03.007; www.physiotherapyjournal.com/article/S0031-9406(14)00034-0/fulltext

How useful are range of movement measurements in manipulation?

This group of Australian researchers conducted a systematic review on the usefulness and variety of methods used to measure cervical range of motion. They were particularly interested in whether cervical range of motion, measured predominantly by goniometer, inclinometer and a cervical range of motion (CROM) device could contribute to patient diagnosis or prognosis, and whether it was affected by mobilisation and manipulation. The patients included in the 36 studies had cervical spine disorders. The authors found limited evidence for diagnostic value in cervicogenic headache, cervical radiculopathy and cervical spine injury. The prognostic value of cervical range of motion was equivocal, as was whether CROM increases or decreases following mobilisation/manipulation. Snodgrass SJ et al. The clinical utility of cervical range of motion in diagnosis, prognosis, and evaluating the effects of manipulation: a systematic review; Physiotherapy

Water helps patients i

Hydrotherapy can help to slow the progress of neurological conditions that stiffen and weaken patients’ legs, a New Zealand study has found.

Claire Davies, of the University of Auckland, and colleagues studied nine patients with hereditary spastic paraparesis, which makes leg muscles increasingly tense and hard to control.

The volunteers took part in 45-minute sessions twice a week for 10 weeks. They started by walking backwards, forwards and...
Grip strength in children

Databases of anthropometric characteristics of different populations are very valuable resources. They provide a database of normative values for population variables like height, weight, levels of fitness or range of movement. This study measured grip strength in 295 healthy children aged between six and 13 years. As might be predicted, grip strength increased with age, was similar in boys and girls, and the dominant hand was stronger than the non-dominant hand. Grip strength is important information for anyone working or conducting research in the field of paediatrics where grip strength is used as a clinical or outcome measure.


Improve walking skills

sideways, and followed on with strengthening exercises, using the water for resistance.

Some patients had buoyancy devices - such as water wings or pool noodles - put around their ankles to increase the effort. Those who could swim, using a buoyancy aid if necessary, did a series of swimming exercises.

At the end of 10 weeks, the researchers found ‘significant’ improvements in the patients’ ability to walk, as measured by both the 10-metre and the six-minute walk test.

Davies C et al. The Effect of Hydrotherapy Treatment on Functional Outcomes of Patients with Hereditary Spastic Paraparesis, Archives of Physical Medicine and Rehabilitation 2014; http://dx.doi.org/10.1016/j.apmr.2014.07.318

• Babies born prematurely or at a very low weight are likelier to need a hip (though not a knee) replacement in later age because of arthritis, researchers have found. They are already known to be at greater risk of heart disease, osteoporosis and diabetes.


• Seven-day working can be cost-effective and improve patient outcomes, says an editorial in Australia’s Journal of Physiotherapy. It lets physiotherapists provide care while other health professionals are working and when patients need it. The challenge, say the authors, is to ‘embed the notion that providing additional physiotherapy through a seven-day service can be a routine, beneficial and desirable part of practice’.

Taylor NF and Shields N. Journal of Physiotherapy 2014; http://dx.doi.org/10.1016/j.jphys.2014.08.004

• Changes in the way a person with Parkinson’s walks could be an early sign of cognitive deterioration. Subtle changes in gait, such as slowing down or swaying more, are linked with changes that may lead to dementia, even before these are picked up by cognitive tests, say researchers.

Lord S et al. Frontiers in Aging Neuroscience 2014; http://dx.doi.org/10.3389/fnagi.2014.00249

Frontline www.csp.org.uk
Physiotherapy UK 2015 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:

- **Leading change**
- **Public health, prevention and wellbeing**
- **Research into practice**
- **Workforce development**
Abstracts should be submitted online at www.physiotherapyuk.org.uk

For more information and detailed guidance on the submission of abstracts go to www.physiotherapyuk.org.uk

Deadline for entries: 19th January 2015, 12 noon.

BT Convention Centre, Liverpool
16-17 October 2015
Kim Gainsborough reports on a recent mission to Athens with a 17-strong delegation

Last month I travelled to Athens and was shocked to learn how austerity has affected health in a first world country. Many hospitals have been closed and primary care is virtually non-existent. Greece has an insurance-based model of health care. With so many people now unwaged or surviving on a precarious low income, this means that one-third of the population has no access to free public health services and no money to pay.

Those in need try to get treatment from emergency units in the remaining hospitals, which are under-staffed, under-resourced and at breaking point. There has been a 40 per cent increase in infant mortality and the return of once-eradicated diseases such as tuberculosis and malaria. Children are not vaccinated because their parents cannot afford to pay.

This eye-opening mission was organised by Medical Aid for Greece, part of the Greece Solidarity Campaign, which was founded when Greece introduced the harshest austerity policies in Europe as conditions of emergency loans from the European Commission, the European Bank and the International Monetary Fund.

Greece’s debt crisis was not caused by ordinary people not paying their taxes or living beyond their means, but was the result of poor management of the economy by banks and the Greek government. For the people of Greece this has meant a rapid rise in poverty, nearly 30 per cent unemployment (60 per cent for those aged under 25) and a substantial fall in wages. Unicef reports child poverty has doubled. Hunger has become a major issue. I heard stories of families of 10 dependent on the €500 pension a month and that parents would not eat in order to feed their children.

Responding to this crisis as well as opposing austerity, ordinary Greek people have organised networks of solidarity and resistance. It is extremely complex and may appear very distant, but a new international treaty currently being negotiated between the EU and the US is an issue that all CSP members should take an interest in.

The Transatlantic Trade and Investment Partnership (TTIP) represents a real threat to health and public services in the UK. Also at risk are hard-won work rights, the environment and the state’s ability to legislate in the public interest. TTIP aims to liberalise the trade and investment in goods and services, including public services, between the EU and US. Talks on the TTIP started in July 2013 and negotiators – the EU Commission and the US government – hope that the final text can be agreed before the end of 2015, with implementation starting from then.

Now a campaign led in the UK by the TUC and a range of organisations is raising hopes that the dangerous deal will be scuppered.

A key concern is the threat to the NHS: despite campaigners’ efforts, the government has not provided adequate assurances that it will be exempt. Unless it is, the pact could ease the entry into the NHS ‘market’ of large, profit-seeking US companies, undermining efforts to provide integrated, high-quality care.

There is a further danger that any subsequent government making legitimate public policy decisions – for example repealing the Health and Social Care Act – could be challenged by large US companies arguing that their investments have been negatively affected. Corporations could obtain powers to bypass domestic courts and challenge decisions made by democratically elected governments and other public bodies. Such powers have already been used in Slovakia against plans to bring health insurance back into the public sector, and in Australia over plain cigarette
There are about 250,000 people with dual sensory loss in the UK, and the prevalence is likely to be higher in those accessing health and social care provision.

What it means to be deafblind is different for every single person. Some people will have a little sight and a little hearing while others are completely deaf and blind.

Many of this group will also be older people. It is easy to assume that this is ‘part of getting older’ and that there is nothing that can be done.

This isn’t the case and there is a raft of support out there for older people with sensory loss.

Sight and hearing loss in older people can often be overlooked by professionals who are perhaps focused on other more obvious physical ailments, without recognising the way in which sensory loss can impact on all parts of an individual’s life – including his or her ability to understand and take part in any physiotherapy activities.

Not identifying that an individual has sight and hearing loss could mean denying them the opportunity to continue to do things for themselves through specialist support, and assistive technology. Advice and support comes after a specialist assessment by social services.

Physiotherapists are in a good position to identify older people with hearing and sight loss and refer them on for help where appropriate.

The support that each person with sight and hearing loss needs will be different, but for some a red and white cane can make all the difference.

Every penny donated to Medical Aid for Greece (of which Lesley Mercer, the former director of the CSP’s employment relations and union services, is the patron) is used to buy resources for the free solidarity health clinics. This includes vaccinations for children.

If you would like show your solidarity by making a donation, the bank account number is 20307259 and the sort code is: 08 60 01.

Kim Gainsborough is a CSP regional steward.

For more information, visit: http://greecesolidarity.org/?page_id=807

Sue Brown says physios can help to refer deafblind people to appropriate services

Kim Gainsborough is a CSP regional steward.

For more information, visit: www.csp.org.uk/noTTIP

Jill Barker is chair of CSP’s industrial relations committee.

For more information, visit: www.csp.org.uk/noTTIP
Megan Sinclair-Brown and Tammy Cusack, aged 18 and 19 respectively, have nearly finished their apprenticeships as care support workers at Birmingham Children’s hospital (BCH). They are working within therapy teams and both are finding the experience rewarding. ‘I’ve learnt a lot,’ says Ms Sinclair-Brown, who is based in outpatients. ‘You pick up so many skills. My mentor is a physio. She works closely with me and teaches me a lot about anatomy in the musculoskeletal area.’

Ms Cusack is part of the neurology team. ‘It’s been quite challenging because some of the patients I see are quite poorly.’ But she’s always been interested in working with children and the apprenticeship is giving her valuable insight into the physiotherapy role, as well as offering experience that could be an advantage in a competitive jobs market.

Both were focused on completing their programmes successfully rather than making decisions about their long-term futures when interviewed earlier this year. But both are enjoying working in physio teams and a career in the profession is one of the options open to them.

Fiona Rolls, assistant therapy team leader at BCH, says the pair are the latest in a succession of apprentices taken on by the hospital. ‘We saw it as an opportunity to give young people – or older people, depending on who applied – the opportunity to work in health.’

She says the hospital’s apprenticeship programme offered a way to widen the talent pool by opening doors to people who
At University Hospital of North Midlands NHS trust, the apprenticeship programme is opening up physiotherapy and occupational therapy to people who, in the past, might not have considered them as career options.

Principal physiotherapist Caroline Brown says: ‘In 2012 we started talking to our healthcare skills academy here at the hospital and to Stoke on Trent College about how we could develop apprentice posts and how we could recruit people.’

She adds that as well as offering development opportunities within the trust and demonstrating what therapy roles have to offer, the scheme is a means of helping to address youth unemployment locally. It is also about succession planning and ensuring that the department has the right skills at technical instructor level for the future.

Initially, three apprentices were taken on. The selection process is robust and in addition to working on the wards, apprentices spend one day a week at the college. The first three have all gone on to either study or work in therapy roles.

A more recent recruit is Megan Spear, a psychology graduate attracted to the apprenticeship programme by the opportunity it offered to gain a toehold in healthcare.

‘At university, they didn’t offer any placements so when I finished my degree it was hard to get any kind of role in psychology because I lacked experience,’ she says. ‘This gave me the opportunity to work in healthcare and I was able to get any kind of role in psychology because I lacked experience.’

The minimum wage for apprentices is currently £2.68 an hour, but they might not have the strongest academic record but who nonetheless had skills that would be an asset.

Other team members have welcomed the apprentice scheme. ‘People could see that certain tasks could be done by somebody who doesn’t have any previous experience. I also think they liked the idea of a challenge and having some new talent in the department,’ says Ms Rolls.

**Rates of pay vary**

A report on apprenticeships in the health sector published in May by the Department for Business, Innovation and Skills (DBIS) suggested a number of benefits for organisations that engage in apprenticeship programmes. For example, apprenticeships increase the diversity of people who might enter into NHS employment by establishing a vocational pathway into several occupations. They also increase the flow of young people into NHS employment – important, given the ageing workforce, and they encourage the introduction of new ideas into the workplace.

The 24 employers surveyed for the DBIS report – mainly hospitals and trusts – felt that apprentices could deliver the kinds of skills they require. Apprentices were also shown to be cost effective; in most instances, employers found they could recoup the costs of their investment within one or two years if their apprentices go on to join the staff.

The CSP’s position on apprentices in therapy teams is clear. ‘We support apprenticeships,’ says national policy officer Penny Bromley. ‘They’re a good way of broadening access to physiotherapy in terms of age and different entry points. However, some things need to be in place. They need to be seen as exactly that – apprentices – and not used to replace substantive posts. They also need to be paid at Agenda for Change rates.’

CSP membership is open to apprentices, although associate member officer Catherine Smith says the amount they earn and their limited contracts mean they may not see membership as viable. ‘But we would encourage them to join as associate members because we feel we can offer education and support, as well as advice on employment rights and professional issues.’

Candace Miller, director of the National Skills Academy for Health, says pay rates for apprenticeships vary, with some trusts paying Agenda for Change rates and some not.

‘There is a national minimum apprenticeship wage – every apprentice must be paid at least that. But then it’s very much discretionary.’

3 December 2014
opportunity to get experience in a healthcare setting which is where I want to work.’

She has now finished her apprenticeship and is employed as a band 3 technical instructor at the trust. ‘I still had my heart set on psychology when I started here but this has opened my eyes to physiotherapy and occupational therapy.’

Ms Brown says that to date the apprenticeship programme has been a resounding success. A lot of groundwork helped to address any early concerns raised by staff, all of whom have since been very supportive of the apprentices.

‘We weren’t sure when we started what support everyone would need and where the apprentices would fit into the team,’ Ms Brown says. ‘But it’s all working fantastically now and everyone absolutely loves it.’

‘PEOPLE WHO GRADUATE WITH AN APPRENTICESHIP ARE WELL PLACED TO ENTER THE WORKPLACE WITH A GOOD BALANCE OF SKILLS’

Candace Miller

Training packages
The minimum wage for apprentices is currently £2.68 an hour but for applicants the real value of apprenticeship schemes is as a means of improving employment prospects. And they are proving attractive.

The number of health-related apprenticeships has increased substantially over recent years, according to the DBIS report, which says there were more than 52,000 starts in health and social care in 2010-11. Although many of those are in clinical support worker roles, others are one step removed – in business administration, for example.

There’s nothing to stop trusts developing a training programme and calling it an apprenticeship but using an accredited framework offers other benefits, such as attracting funding, says Candace Miller.

‘What they get if they go through an apprenticeship framework is the total package, because an apprenticeship is not just the clinical content or the skills-focused content but the broader skills like IT and mathematics. So the training package for an apprentice is incredibly well rounded and people who graduate with an apprenticeship are actually well placed to enter the workplace with a good balance of skills that will allow them to perform effectively.’

Selecting carefully from the range of modules available can help ensure that employers match an apprenticeship framework to their needs, says Ms Miller.

A community-based physiotherapy practice, for example, might call for slightly different skills from one based in an acute care setting, says Ms Miller.

‘It’s for the employer to be very, very clear on what it is they need in the role.

Then it’s a question of the employer and the young person choosing the right path. It’s really important to make the right choice of modules – which component parts from the apprenticeship framework are most relevant.’

Recruiting local people
Get it right and both sides benefit – the apprentice by getting a toehold in a future career and the employer by having an opportunity to grow its own talent.

‘Employers also benefit in terms of really connecting with the local community,’ Ms Miller says. ‘It’s a good way to recruit local people, to have good connections with local schools and colleges. It can create a pipeline for future recruitment.’

Of course, apprenticeships are not exclusive to school leavers and the CSP’s Penny Bromley says schemes should not just be focused on the young.

Existing employees might welcome the opportunity to train. ‘There should be equality of opportunity across the whole physiotherapy workforce,’ Ms Bromley stresses.

CSP APPRENTICE

The CSP has joined many other health-sector employers in seeing the advantages that apprenticeships can bring.

Head of human resources
Andrea Barber says: ‘I’d used apprentices in a previous role and had seen how good they could be and the impact they can have on an organisation. Here at the CSP, we had a relatively static workforce, not a lot of turnover, plus a workforce that’s ageing. We wanted to bring in new blood and apprentices were one of the ways we looked to do that.

Which is how Ellie Griffiths (pictured above) came to be working as a business administration apprentice in the human resources team at the CSP. ‘I thought university wasn’t the right route, considering how much money goes into it,’ she says. ‘I wanted to look for something else that would be valuable to me and start my career, and possibly allow me to learn at the same time. To be able to get in the world of work so early without going to university was really useful for me.’

Both sides were happy with progress and Ellie completed her apprenticeship last month. ‘It’s worked really well,’ says Andrea. ‘Ellie is very proactive and very, very eloquent in expressing her ideas. She brought in different ways of doing things, questioning what we do and how we do it.’

Ellie has moved on to her first ‘proper job. She isn’t straying far though, and is working with the CSP’s membership team until the end of the year.’

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EXTENDED SCOPE PRACTITIONER
For most of us record keeping is a key part of everyday practice. Doing it well and ensuring we meet the required standards is fundamental to effective patient care. Ultimately if there is a no record made, the law may consider the events not to have happened.

We live in a world where hand-written notes are becoming a thing of the past and electronic record keeping is commonplace. Electronic records make handwriting misunderstandings redundant and facilitate improved communication across the healthcare systems. Hand held devices allow records to easily be updated on the go. Shared records and the sharing of records can greatly improve communications across the healthcare professions and improve overall patient care while also ensuring patient confidentiality is maintained, where necessary.

The Francis report emphasised the need for better information across healthcare. It is increasingly accepted that this challenge can only be met by the development and use of electronic health records in which data are recorded consistently across all contexts.

The government’s 10-year strategy for transforming the way that patients get and use information about their health, the Power of information, proposes that by 2015 patients will have online access to their own GP health record.

Why is good record management important?

Good record management is the legal record of the interaction with, and assessment and treatment of, the client. Essentially, if it’s not written down it didn’t happen. It is important for effective communication with other health professionals and therefore optimal patient care. It’s not only good records that are important but the appropriate sharing of...
Is it acceptable to share patient information/records with other health professionals?

The 2013 Caldicott Review in England introduced an additional principle, which states: ’The duty to share information can be as important as the duty to protect patient confidentiality.’ The review found a strong consensus of support among professionals and the public that safe and appropriate sharing in the interests of the individual’s direct care should be the rule, not the exception.

I work in private practice. Are there electronic software packages that the CSP recommends?

The CSP advice says:

• clarifying that the specific technical capabilities of the system enable the required regulatory, professional and legal standards of clinical record keeping to be met
• that a distinction can be made between entries and authors: in an electronic environment, this can be achieved by using individual smartcards or unique username/password logons which highlight in the record who made the entry
• the system needs to be secure and sufficiently backed up in case of theft or damage
• data storage limits should be sufficient to ensure the necessary storage and retention of records is achievable

The CSP is not in a position to provide specific recommendations on either software or hardware for an individual business and therefore cannot recommend one provider or system over another. The Information Commissioner’s Office (ICO) is a source of further information on this subject (visit: http://ico.org.uk).

Is it safe to store my patient’s records electronically on the ‘cloud’?

First and foremost, you need to ensure your regulatory and legal responsibilities in respect of record keeping and data protection are met. There are several considerations, detailed above, that should be made when deciding what format to use to record patient details. These should be helpful with regards to assessing and ensuring confidentiality is not breached when using cloud technology, and examining and putting in place appropriate security/access/contract arrangements with the cloud provider. Look at the ICO website for guidance on using the cloud.

What is the minimum amount of time that patient records should be kept?

The CSP advises that the minimum amount of time a standard adult record should be kept is eight years. You are advised to review the new CSP webpages on record keeping for country specific guidance on different types of records.

Is it acceptable for the physiotherapy record to be part of the medical ward record and not to hold a separate record as well?

It is becoming more common for a group of different professionals involved in the delivery of patient care to input into one shared or unified record (in either paper or electronic format). This is perfectly acceptable practice.

The physiotherapist should record the information they obtain into whatever repository their employer requires, such as the medical record notes, as long as it gives the capacity to document physiotherapy treatment and decision making appropriately. In circumstances where physiotherapy staff are asked to contribute to the main medical record but there is no facility to capture decision making and intervention details, then a separate record should be maintained. However, duplication of effort around record keeping should be minimised.

Who can countersign my student notes?

Whoever is ultimately responsible for the patient in question (for example the practice educator, other physiotherapist or qualified member of the multidisciplinary team) is professionally accountable for the actions of the student who is performing delegated tasks in relation to that patient’s care. The person who is responsible for the care of the patient is the one who must provide the countersignature.

More information

To see the CSP’s updated guidance on record keeping, visit: www.csp.org.uk/recordkeeping

Francis report: www.midstaffspublicinquiry.com


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a lifeline at Christmas
Christmas can be an incredibly difficult time of year for homeless people, many of whom are cut off from their families. Crisis, the national charity for single homeless people, is well known for its winter campaign, Crisis at Christmas. This is a large-scale volunteer event which invites homeless people to spend time in ‘pop-up’ residential and day centres over the Christmas period. It is a lifeline for thousands of people, offering food, shelter, support, companionship and vital services. For many people, these services help them to take their first steps out of homelessness.

It is recognised that homeless people are a heterogeneous population, with many having a complex tri-morbidity of physical health, mental health and addiction problems. Precarious living arrangements often mean it is difficult for individuals experiencing homelessness to access healthcare services, or even prioritise their health issues. In order to help guests of Crisis at Christmas tackle their health problems, many volunteers with healthcare skills are recruited. These include doctors, nurses, podiatrists, opticians, dentists and, for the last two years, physiotherapists. The main focus of many of these professionals is to assess, advise, and, where possible, treat the presenting condition.

In 2013, a team of more than 30 student physios and physiotherapists volunteered for Crisis at Christmas in London. In the six days that the service ran they provided an outreach service to all Crisis centres and saw a total of 155 homeless guests. The majority of guests sought help for long-term and acute musculoskeletal complaints. The physiotherapy team recognised that, as the service ran for such a short time, the primary focus was to provide guests with assessment, advice, symptomatic relief if possible, and encourage those who would benefit from further physiotherapeutic intervention to access mainstream physiotherapy.

Access to services
About 40 per cent of guests seen by the physio service had never sought help for their symptoms prior to coming to Crisis. About 15 per cent of guests were not registered with a GP. In London, GPs are the primary point of access to NHS physiotherapy; so for many, Crisis at Christmas is their only opportunity to access physiotherapy.

Jo Dawes, physiotherapy service organiser for Crisis at Christmas says: ‘We are delighted that in just two years the physiotherapy service has grown from being piloted in two centres in 2012 to being rolled out across all Crisis at Christmas centres in 2013. We really hope that this year we can continue to build on this success for 2014 and recruit more students and physiotherapists than ever before.’

Ms Dawes continues: ‘Many of our physiotherapy volunteers reported how valuable the experience of volunteering was both professionally and personally. Some felt they learned a lot about the challenges homeless people face and others said they felt valued for the work they did. We are reassured that already we have had physios and students return for a second year with us.’

In addition to the physiotherapy service, Rachel Stovell, a physiotherapist, last year took on the role of massage service organiser with Crisis at Christmas. She says: ‘Therapeutic massage provides a great opportunity to connect with some very vulnerable people, many of whom have experienced violence at the hands of others. It can also provide an inroad to encourage people to seek further help from the healthcare team, if we have concerns about their health. I found it very helpful to experience how much the guests appreciate this service’.
Rachel Stowell, massage service organiser

Rachel graduated as a physiotherapist in 1993 and now specialises in musculoskeletal (MSK) and pain management. She is currently working at London Bridge Hospital and the National Hospital for Neurology and Neurosurgery.

‘I was keen to do something over Christmas to use time I otherwise would spend idly watching TV repeats or shopping. Volunteering with Crisis interested me because a change in personal circumstances made me aware of how easily fortunes can change. Initially, despite offering to volunteer as a physio, I was asked to become the organiser for the massage service. Massage is an extremely popular service among guests.

‘As massage volunteers often come from varied therapeutic backgrounds, this as an opportunity to develop and standardise the service and build links with other healthcare services. Many guests we treated attended for MSK pain problems, and were then encouraged to seek further medical assessment.’

Alexandra Hejazi, deputy physiotherapy service organiser

Some years ago, instead of going back to Sweden for the Christmas period, I decided to stay in London and volunteer with Christmas at Crisis. During those three days, I met so many incredible people, volunteers and guests, and I knew this was something I needed to do again! Having started as a general volunteer, I moved on to the massage team for a couple of years. Last year I joined the physiotherapy team as an assistant. Seeing guests being treated for their aches and pains by physiotherapists filled me with great pride to be part of this profession. This year I’m assisting Jo as the deputy service organiser, hoping to reach out to even more guests.

Facts about volunteering for Crisis at Christmas:

Where? Crisis at Christmas runs in London, Newcastle and Edinburgh

When? This year, services run from 24 to 29 December inclusive

What roles might be of interest to me? Physiotherapist (currently in London only), massage therapist, physical activity session co-ordinator and general volunteer. There are many other roles fill, even if you don’t wish to specifically use their physiotherapy skills.

How do I find out more? Visit: www.crisis.org.uk

About 40% of guests had never sought help prior to coming to Crisis

Approximately 15% of guests were not registered with a GP

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“The Education and Development Placement award granted me the amazing opportunity to spend an elective placement abroad where I was able to gain knowledge to assist me in my future jobs. When I heard I had been successful I was ecstatic as without this award I would not have been able to take part in such an amazing experience which will greatly benefit my future practice.”
Sarah Bishop

“It was amazing to hear that I’d been granted an award as it made a massive difference to my placement costs... it really makes you think about what you want out of your elective, and how you can use that knowledge to help others further their learning, and I feel that I actively contribute more as a student because of this placement and the focus that the (award) provided”.
Gail McAndrew
IT COMES IN YOUR COLOUR

www.grahamegardner.co.uk/csp
IT COMES IN YOUR COLOUR

www.grahamegardner.co.uk/csp

Image does not represent actual colours. See website for full range and options.
“I’ve just advertised my training course with the CSP – Sorted!”

Reach 52,000 members
- advertise to selected groups on iCSP?*
- want to advertise in Frontline too?
- want lineage or display?
- want to add a logo?

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

*interactiveCSP is the online discussion forum for CSP members. Find out more at www.csp.org.uk/csp or call 0845600 1394 for more information.
**ADVERTISING RATES FOR COURSES AND CONFERENCES**

Linage (per word) £1.00

(text using Frontline house style)

Make your lineage advert stand out:
add a shaded background or a box to increase presence on page for an additional £15 or both for an additional £25. A proof can be supplied of your advert for an additional £10

Display £39.50 per single column cm. Complete supplied artwork or we can typeset your advert for a 10% typesetting charge (minimum charge £50)

**Colour options**
Spot colour: included in SCC rate
Full colour: £350 extra

**Deadlines 12 noon**
A 25 per cent cancellation fee will be incurred if an advert is cancelled later than 4 weeks preceding the date of issue of Frontline.

**PUBLICATION DATES**

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<th>Issue date</th>
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<td>Jan 7 2015</td>
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**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

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**

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

www.csp.org.uk
The 10 English regional networks organise regional forums four times a year. The meetings pull together a cross section of members; qualified, associates, students and retired members working in a range of roles.

As well as access to study days and conferences, getting involved with your regional network is a good way to link up with others and learn about opportunities and challenges locally. The networks are also part of the wider physiotherapy profession; they inform CSP policy, vision and strategy, influence the localities and undertake developments/projects within the region.

Regional forum meetings
If you haven’t attended a regional forum meeting yet, why not attend the next forum in your region? All members are welcome. Access your regional network web pages at www.csp.org.uk/nations-regions

The regions have been discussing:
• 2014 achievements and 2015 priorities for planning
• Adopting the council approved constitution
• Finalising last minute motions and deciding on a delegation for ARC
• Deciding on activities to submit a plan for a grant
• Planning Physiotherapy Works locally events
• Maintaining interest in members where they have held an event.

Physiotherapy Works for Social Care

London and North West region have already held meetings with leaders in social care. A member briefing is available to support members further in having conversations with local decision makers and commissioners about the role of physiotherapy within social care settings. This should be used in conjunction with the Physiotherapy Works for Social Care report and is available on the CSP website.

Physiotherapy Works locally events

Country boards and regional networks have hosted and planned Physiotherapy Works events throughout Autumn 2014 and further events are planned in 2015.

Reports will follow on the recent events held in the South East Coast region at Worthing hospital and in the South West Region at Exeter. The final event for 2014 is planned in London on 8 December, and you don’t have to be based in the region to attend. Details below.

East of England
Twitter: @Physioeast

Regional Forum
Date: Monday 8 December 2pm – 5pm
Place: The Rosery County House Hotel, 15 Church Street, Exning, Newmarket, Suffolk CB8 7EH
Contact: Carl Hancock at: eastofenglandchair@csp.org.uk

Following on from our hugely informative last forum meeting where we discussed the skill sets required to talk the language of commissioners, the next regional forum meeting on 8 December 2014 will be focusing on service delivery.

A representative from the LAMPS professional network will present on ‘Workforce planning and safe and
effective staffing levels - how they relate to each other, and what would be useful for people to look at in their respective services in order to evidence their own services.’

Regardless of the sector that you work in if you are needing to evidence what your workforce model should be, to your team lead, departmental head of service, trust directors/executive boards or external commissioners whilst maintaining safe working levels, this session will help signpost you to the relevant tools and information.

London
Twitter: @CSPLondon
Contact: Carole McCarthy at: londonchair@csp.org.uk

Physiotherapy Works locally event in London
Date: Monday 8 December 2014 9.30am - 4pm
Place: Please note due to the popularity of this event the venue has been changed to The Ashes Suite, The Kia Oval, Surrey County Cricket Club, Kennington, London SE11 5SS.

Regional forum
Date: Monday 8 December 2014 4pm – 6pm
Place: The Ashes Suite, The Kia Oval, Surrey County Cricket Club, Kennington, London SE11 5SS.

Planning ahead to 2015
In the pipeline are plans for an evidence based practice event and a CPD/networking event with a focus on leadership and influencing on CSP priorities for SE region student members. More details to follow on the London page and in this column.

South West
The next regional forum is in March 2015 with the venue to be confirmed. This will follow on from the Physioworks day with a theme of ‘leadership’ and will include a CPD component.

Contact: Adam Zawadski at: southwestchair@csp.org.uk

Dates for your diary
• 9 December – English network forum
• 10 December – CSP council meeting

Dates for 2015
• 2 March 2015 - CSP council meeting
• 16-23 March 2015 - quarterly regional forums
• 24 March 2015 - English network forum and development day.

The future is in our hands
Now is a critical time for physiotherapy

Qualified, student, and associate members ACT NOW - join one of our Physiotherapy Works Locally events and take the first step towards building your future.

By attending, you’ll be able to:
• Meet CSP leads and local activists
• Get up-to-date with the changing world of healthcare
• Explore the difference that you can make to your patients through new approaches
• Make every contact count: know your service, your population and the evidence
• Feel equipped to promote your profession and influence those that count.

Date – 8 December
Time – 10:00am to 4:00pm
Place – Note change of venue owing to popularity of this event
The Ashes Suite
The Kia Oval
Surrey County Cricket Club
Kennington
London SE11 5SS

Book your free place and find out more at www.csp.org.uk/physioworkslightly or email physioworks@csp.org.uk
Acupuncture Association of Chartered Physiotherapists (AACP)

AACP Basic acupuncture foundation course
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 AACP with many benefits
To book: contact Sarah Brand on tel: 01733 390007 or email: sec@aacp.uk.com
Dates: 24/25 January, 31 January/1 February and 14/15 March 2015
Place: Buckden
Dates: 21/22 February, 28 February/1 March and 11/12 April 2015
Place: Glyndwr

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

AACP CPD courses:
Contact: Sarah Brand on tel: 01733 390007 or email: sec@aacp.uk.com

Acupuncture for sport
Date: 17 January 2015
Place: Peterborough
Tutor: Chris Norris

Acupuncture update
Date: 7 February 2015
Place: Peterborough
Tutor: George Chia.

Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)
ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics. Registered members of ACPOHE are physiotherapists who have demonstrated specialist competency in the fields of occupational health or ergonomics.
To find out more and join ACPOHE go to: www.acpohe.org.uk
Annual membership £50 or UK and Ireland and £65 for overseas.

Current available courses – 2015
Occupational rehabilitation and work hardening
Date: 10-11 January 2015
Place: Edgbaston
Cost: £280 members, £340 non-members. Lunch not included

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.

See more on your membership benefits at www.csp.org.uk/benefits
Office workstation ergonomics (DSE) level 1
Date: 7-8 March 2015
Place: Guildford
Cost: £280 members, £340 non-members. Lunch not included

An introduction to occupational health (This course is accredited by the CSP)
Date: 25-26-27 March 2015
Place: Salisbury
Cost: £455 members, £515 non-members. Lunch included

Office workstation ergonomics (DSE) level 1
Date: 13-14 June 2015
Place: Guildford
Cost: £280 members, £340 non-members. Lunch not included

An introduction to occupational health (This course is accredited by the CSP)
Date: 23-24-25 September 2015
Place: Birmingham
Cost: £455 members, £515 non-members. Lunch included

**Chartered Physiotherapists Working With Older People (AGILE)**
Regional Study Days for 2015

Soft-touch trigger point treatment with the older person
Speaker: Ed Willson 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 the 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 no aggressive techniques are used.

Dates for remaining regions:
14 March 2015 – AGILE (N Ireland), Belfast. Organiser/contact Gail McMillan at: gail.mcmillan@belfasttrust.hscni.net
11 April 2015 – AGILE (west), St Martin's Hospital, Bath. Organiser/contact Ruth Sampson at: ruth.sampson@sirona-cic.org.uk
13 June 2015 – AGILE (Scotland), Ninewells in Dundee. Organiser/contact Fiona MacLeod at: fiona.a.macleod@nhslothian.scot.nhs.uk
Cost: £60 AGILE members. Places are limited so applications will initially only be considered for current AGILE members.

Functional fitness MOT for the older person
Speaker: Bob Laventure, consultant on physical activity and older people at the BHF National Centre for Physical Activity and Health, director of Later Life Training Ltd.

Dates for hosting regions:
28 February 2015 – AGILE (East), Nottingham. Organiser/contact Katie Robinson at: katie.robinson@nottingham.ac.uk
21 March 2015 – AGILE (North), Sunderland. Organiser/contact Jennie Bailey at: jennie.bailey@sunderland.gov.uk
1 November 2015 – AGILE (West), Bristol. Organiser/contact Kate Bennett at: kategahr@hotmail.co.uk
21 November 2015 – AGILE (Scotland), Dumfries. Organiser/contact Katie Begg at: katie.begg@nhs.net

For more details about individual course:
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

Electrophysical Agents and Diagnostic Ultrasound (EPADU)
A study day looking at electrotherapy and ultrasound Imaging in women's health
Place: The Council Room, Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED
Date: Wednesday 11 March 2015 –

Registration 9.30am – 10am (close 4pm)
Cost: £40 for members of EPADU professional network, £45 for CSP members, £50 for non-CSP members, £30 for students, to include refreshments.

Confirmed lecturers include: Tim Watson, Jane Dixon, Julia Herbert, Elizabeth Carruthers and Kay Crotty, including sessions on TENS in pregnancy and pelvic floor activation.

Contact: To express your interest in attending this day, and for further information please contact: Sue Finley on email: susan.finley45@yahoo.co.uk

Physio First
Are you...
In private practice?
Thinking of starting?
Looking to grow your business?
Concerned about market changes?
If you have answered yes to any of the above, you should be a member of Physio First.

Physio First is the professional network that has represented members in private practice for over 60 years. The CSP recommend that all private practitioners become members. Member benefits include:

- Support and advice specifically on physiotherapy business matters
- Cutting edge clinical and business courses
- Discounts on physiotherapy products and servicing
- Access to professional business and legal expertise
- Discounts on courses and business services
- Advertising (patient information leaflets and Find a Physio)
- Discounts on Physio First conference cost.

We can help steer you through each stage of your business, from setting up, developing and marketing right through to selling your business and retiring. Join us in championing evidence-based cost effective

www.csp.org.uk
Free one-day workshop for CSP members

Spotlight on staffing levels and workforce data

Your chance to feed in and help shape current CSP work

- Develop your understanding of the variables affecting staffing levels through scenario workshops
- Debate the future need and demand for physiotherapy in the UK
- Collaborate with colleagues to establish drivers affecting local staffing levels

Your input to this day will be used to develop online tools which will be available next year.

Who can attend?
All CSP members welcome – students, associates and qualified, from any setting, sector or service – the more diverse the better!

How to book
Email us with your contact details at: workforceproject@csp.org.uk

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<td>Friday 9th January 2015</td>
<td>Taunton</td>
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<td>Thursday 15th January 2015</td>
<td>Edinburgh</td>
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<td>Thursday 22nd January 2015</td>
<td>Birmingham</td>
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physiotherapy approach
Date: 25-26 April 2015
Place: Chippenham, Wiltshire
Cost: £225 POGP member/affiliate, £295 non-member
Contact: To request a copy of the information pack for any of the above courses please e-mail: info@acpwhworkshops.co.uk
For further details of the POGP short course programme please visit the POGP website at: http://pogp.csp.org.uk/courses-events

Association of Chartered Physiotherapists in Orthopaedic Medicine and Injection Therapy (ACPOMIT)
ACPOMIT is keen to support its members CPD and to ensure current evidence and best practice initiatives are disseminated throughout the profession.

We are therefore pleased to announce that ACPOMIT members can apply for up to £500 funding to help towards research, conference attendance or to visit another department with innovative practice!

Why not become a member today and make use of this great incentive?!

Contact: For more details see: www.ACPOMIT.co.uk or contact: info@acpomit.co.uk

Association of Chartered Physiotherapists in Sports and Exercise Medicine (ACPSEM)
South region evening lecture series:
Current taping techniques for sport course
Dates: 7-8 February 2015
Place: University of Bristol
Tutor: Chris McNicholl
Cost: ACPSEM member £175, non-member £225, final year student £125

Peer learning / CPD pathway
Date: 10 December

Current soft tissue techniques for sport
Part 2 - 7-8 February 2015
Place: Mile End Hospital, London E1 4DG
Tutors: Colin Paterson, Sian Knott, Sandy Tubby
Cost: Members £200, non-members £260

Clinical reasoning in exercise and performance rehabilitation
Place: EIS Manchester

Tutors: Lynn Booth, Phil Glasgow, Nicki Phillips, Caryl Becker, Tim Sharp

Biennial conference 2015 - ‘The young athlete’
Date: 9-10 October 2015
Cost: Fees and topics tbc soon
Contact: Full details and bookings via: physiosinsport.org

All courses may be paid for by installments by contacting admin@physiosinsport.org

For more details see: www.acpwhworkshops.co.uk

Equine Module
Assessment and selection of equines for hippotherapy
Date: 30 January to 2 February 2015

Hippotherapy Module
Delivery of best practice in hippotherapy
Date: 30 October to 2 November 2015
Place: (For both modules) Clwyd Special Riding Centre, Llanfynydd, Wrexham, Clwyd LL11 5HN

Course costs: £1200 including non-refundable registration fee of £50. (An extra fee of around £110 is required should you wish to gain MSc level credits through RGU)

Closing date for applications: 5 December 2014

Prerequisites:
- Chartered Society of Physiotherapy membership
- Health Professions Council registration
- ACPTR membership
- One year postgraduate clinical experience
- Submission of the ACPTR Equine Skills Record
- Required to register for the complete course

Horse riding experience: ACPTR recommend applicants have basic horse riding skills in addition to general equine experience. Assessment: Continuous formative assessment of practical skills. Extensive written assignments following each module. Summative assessment of practice in hippotherapy module.

Send your Professional Network notice to Frontline: directory@csp.org.uk
Chartered Physiotherapists with an Extended Scope of Practice (ESP) ESPPN Spring spinal study day - Managing complex spinal conditions in ESP MSK practice
Date: Wednesday 18 March 2015
Place: University of Salford, Media City Salford, M50 2EQ
Keynote speakers to include: Dr Amit Herwadkar, consultant neuroradiologist; Anthony Freemont, professor of osteoarticular pathology; Dr Neil Snowden, consultant rheumatologist; Andrea Julius, ESP.
Cost: Members: £95 * Early bird offer only £80 until end January 15 * Non members: £120
Book early to avoid disappointment, go to: www.esp-physio.co.uk/courses and complete the online booking form
Contact: If you are interested in joining our group go to: www.esp-physio.co.uk/join-online-now
Only £25. Any questions please contact: admin@esp-physio.co.uk

Did you know what to expect when you qualified?
Are you a Band 5 physiotherapist (or equivalent)? Have you been working for 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 there, 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
Information will be provided on receipt.

Examination of rehabilitation needs screening approaches in forensic settings
We are currently exploring current approaches and future opportunities in screening for rehabilitation needs in forensic populations (prisons, secure settings and community).
We would like to hear from AHPs, nurses, doctors and associated colleagues about how you screen for rehabilitation needs, if there are any tools you use, and about your
A pilot randomised control trial (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: llsawle@dmorthotics.com Tel: 07801 332355.

**Have a survey or research to share?**
directory@csp.org.uk

**Retired physios in East Anglia**

We had six people attend our meeting and it was a very pleasant event giving us a chance to catch up with past colleagues and meet new people. We plan to hold two lunch meetings a year and are already starting to plan a lunch for May 2015. If there are any other retired physios in East Anglia who would like to join us then please do contact me at: jacquipotter@outlook.com

We recognise that East Anglia is a large area to cover but we are very willing to arrange meetings in a variety of locations to enable as many people as possible to come along.

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

**Did you get involved in Older People’s Day on 1 October?**

There are several ways you can support and promote physiotherapy – Look at your local Healthwatch site.

Members will be receiving the winter newsletter, either in hard copy form or electronically. Please let me know, Lyn Ankcorn, on email: ankcornl@csp.org.uk or Catherine Smith at: smithc@csp.org.uk or call EHU on tel: 020 7306 6666 if you have not received your copy.

The newsletter has requests for retired members to become involved in various activities. Have you thought of bell ringing, and the therapeutic demands, of balance, co-ordination, and physical exercise? The Motor Neurone Association is looking for visitors.

Did you know that there is a training course for sighted people to assist guide dogs for the blind? With our past professional experience we are well suited. The guide dog cannot take its owner out shopping for a new dress, and say - ‘darling you look lovely in that dress!’ – or ‘Sorry this is not you!’ Also we are looking for new committee members for 2015 and there is a self-nomination form.

**Study day**

Come to the CSPRA study day, Monday, 1 December, 10.30am onwards at CSP London Office, Bedford Row. The speakers for the day include Karen Middleton new CSP chief executive, Catherine McLoughlin, retired nursing officer, and lay CSP council member, and Betsan Corkhill – ‘How to knit a flexible mind’. Cost £15 includes lunch and coffee. Cheques payable to CSPRA, please send to Lyn Ankcorn 23, Swarthmore Road, Selly Oak, Birmingham B29 4NQ. Email: ankcornl@csp.org.uk Tel: 0121 475 2612 or: 07798 525822.

**New CSPRA book club**

Thank you to all RA members who have contributed to the ICSPRA ‘book club’. Please continue, we have some very good suggestions, let’s have some more!

If anyone would like to contribute a book and finds it difficult – please email me at: ankcornl@csp.org.uk and I will help. If you do not have a computer and would like more information please call tel: 0121 475 2612 or: 07798 525822. Keep reading!

**Lyn Ankcorn, secretary CSPRA**

**Newsletter**

Would you like to write an article and send it to Lyn Ankcorn at email: ankcornl@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 or for more information contact Catherine Smith at the CSP on email: 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 or Lyn Ankcorn, secretary, email: ankcornl@csp.org.uk would be pleased to hear from you.
Thinking of having a reunion?

Need to contact old friends via the Noticeboard?

Email: directory@csp.org.uk

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

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Manchester Royal Infirmary 1984 - 1987
We are having a re-union of the 1984-1987 intake at Manchester Royal Infirmary to celebrate 30 years since we started our training. We are meeting at The Devere Venue, Cheadle House for Afternoon Tea from 2pm-5pm on Saturday 7 February 2015. Please contact Claire Shenton (nee Taylor) email: graham.shenton@tiscali.co.uk if you are interested. So far we have over 20 people attending!

St Mary’s Paddington Class 1971-1974
Anyone out there from class 1971-1974, would love to meet and catch up. Contact by emailing: lesrust@gmail.com

St Mary’s Hospital, School of Physiotherapy 1982 - 1985
It will be 30 next years summer since we qualified, so well overdue for a get together! If you would be interested in a reunion next summer please email me, Diane Samuels (nee Collyer) at: dianesam@sky.com or Denise Watson (nee Collins) at: denisemwatson@btopenworld.com Once we know how many are interested and where everyone is based we can decide the best place to meet.

Cardiff School of Physiotherapy 1974 - 1977/8
It’s 40 years since we embarked on our physiotherapy careers when we all met in Cardiff to start our training. If anyone is interested in a reunion in Cardiff please get in touch so that we can reminisce and catch up on what everyone has been doing. Contact Helen Tyler (nee Leaman) at: helenmtyler@btinternet.com

Bristol UWE 20-year reunion 1992-5
Anyone interested in meeting in Bristol for a 20 reunion in spring 2015? I have set up a group
Facebook page called 'Bristol Physio reunion 1977-1980' Please join and share in the discussion of choosing a venue and date, or you can contact me on: janine_browne@hotmail.com

Woodlands (Royal Orthopaedic Hospital) School of Physiotherapy, Birmingham. Set 49
It is 35 years since we qualified! Would you be interested in meeting up with Janet, Tessa, Elaine, Annette and Lynn? If so, please contact Lynn Clark (nee Davies) via: trevor@trevorclark.net

The London Hospital 1977-1980
2015 will be our 35 year anniversary since qualifying. Jane Nicklin and Wendy Hendrie (nee Dickerson) are hoping to organise a reunion in London - time and place to be decided. Please contact us if you are interested in joining us. It would be great if we could track everyone down so please let people from our year group know if you are still in touch. Jane and Wendy can be contacted at: mcentrenorwich.wendyhendrie@gmail.com and jane.nicklin21@btinternet.com

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

St Mary's Hospital London Set E 1974-1977
I would like to arrange a reunion of us 'old crocks'. Hopefully a venue in London sometime this summer/autumn. If you know others that are unlikely to read this please let them know. Contact Sharon Standen (nee Edwards) on tel: 01843 601806 or email: standen56@hotmail.co.uk if you are interested.

Wolverhampton School of Physiotherapy. Class (including staff) of 1987-1990
25 years next year (really?) since we qualified. If you are interested in a reunion in the summer, 2015, please email me; Jill Nussbaum (nee Davies) at: dannynussbaum@btinternet.com I am thinking perhaps a venue in Wolverhampton or Birmingham areas. Any other ideas welcome.

Edinburgh Royal Infirmary 1963-1966
Here we are at the reunion we had in July in Edinburgh. We had an amazing time reminiscing, retracing our student steps and enjoying amazing weather! Madeline Carmichael

Queen Elizabeth School of Physiotherapy 1966-1969
September set
Anyone interested in meeting up after 45 years this year since we qualified?
Some of us are still in contact. Please email Janet Whittaker (nee Warner) at: rodgerwhittaker@btinternet.com or Sheila Wood (nee Staite) at: woodsheila@btinternet.com Please mail us to arrange a catch up!

Withington Hospital School of physiotherapy Spring 1971 - 1974
It is 40 years since we qualified and it would be lovely to catch up with the rest of the set and find out what others have been doing. If anyone else would like to try to meet up sometime later this year, please get in touch with either myself (Anne Downes) at: anne@worstead.co.uk or Morwith Minter (nee Adams) on tel: 01225 866594.

Sheffield Polytechnic 1978-1981
Some of us already meet occasionally and we wondered about extending the party. As a starting point, please let me know if you’re interested. Nikki Adams (originally Bramson), email: nadams@adamsneurophysio.org.uk Tel: 01924 782149.

Bradford School of Physiotherapy year 1981-84
It’s been 30 years since we all went our separate ways. We should get together while we can still remember each others’ names!

Anyone that would like to meet up contact Steve Derrick at email: cps_derrick@hotmail.co.uk

Pinderfields Hospital/Huddersfield Uni Reunion 1997-2000
It will be 15 years next year that we qualified and were let loose on the world. To celebrate I am organising a meet up/meal out/few drinks in Wakefield. No fixed details yet I am just trying to get all the guys together. We have 22 of us already it would be great if we could track everybody down. So please get in touch! Thanks. Kate Mooney (nee Adams), email: gizmooo@hotmail.com

Northern Ireland School of Physiotherapy - Belfast 50th anniversary reunion
All physiotherapists who commenced training at the Northern Ireland School of Physiotherapy during the year 1964, please take note.
Believe it or not, it is now 50 years since we became physiotherapy students and we are planning a reunion of the two sets of physiotherapy students this summer.
We hope to have a dinner party celebration in the Crawfordsburn Hotel, Co Down, in late summer or early autumn. We will decide on a date to suit as many people as possible.
Please pass this information on to anyone else you know who may wish to attend. Partners and friends are very welcome as some people will have to travel from abroad and may wish to make it a celebration trip.
If you are interested in attending please contact Jenny Archer at email address: jarcherphysio@aol.com or tel: 02891 270932 for further information.

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

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@ntwrhs.uk

www.csp.org.uk
Frontline

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 email: helenbalcombe@hotmail.co.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.

Teesside Polytechnic 1985-88
It’s 25 years since we qualified. If you are interested in meeting up to celebrate contact Christine McGlone (née Wallace) on tel: 0191 387 5804, or email: christine_mcg lone@sky.com. Look forward to hearing from everyone.

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

Edinburgh Royal Infirmary 1963-66
Anyone out there still working? Fancy meeting up? Email me on: madelinesg14@tiscali.co.uk or tel: 01992 586659.

Thinking of having a reunion?

Need to contact old friends via the Noticeboard?

Email: directory@csp.org.uk

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

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Courses – Guidance for members

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

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

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

A course being advertised in *Frontline* does not necessarily mean that it is relevant to all members, has gone through a quality assurance process (courses advertised in the magazine are not formally recognised by the CSP unless explicitly stated), or that its topic area falls within the scope of UK physiotherapy. In addition to issues of competence, including an area within personal and collective scope of practice depends on the context in which it is practised, how it is integrated into physiotherapy activity, how it is promoted as a service delivered by a physiotherapist and how its physiotherapeutic value is demonstrated.

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

Further guidance and support:
- CSP ePortfolio: www.csp.org.uk/ePortfolio
- CSP Code of Professional Values and Behaviour: www.csp.org.uk/code
- *Frontline* CPD series (published in each issue)
- HCPC CPD requirements: www.hpc-uk.org/aboutregistration/standards/cpd
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or email cm@teachingbuteyko.co.uk

complementary therapy

Adapted Reflextherapy (AdRx) in Spinal Pain

When: 14 March 2015 - 15 March 2015
Where: Hobbs’ Rehabilitation Center in Winchester
A 2-day weekend course in Adapted Reflextherapy, AdRx, to treat painful issues via the feet. Theory, clinical reasoning and practicals include compromised neural plasticity and pain in MSK patients. Advanced elements of AdRx included. Previous skills in Reflextherapy or Reflexology a prerequisite.

Contact: Gunnel Berry
gunnel.berry1@gmail.com
01256 389722

Highly Recommended - One Day Clinical Therapeutic Massage Course for Pain Relief
This course is for all Health Care Professionals.
Dates run fortnightly from July 2014
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LASER THERAPY TRAINING 2014
Please refer to advert in Electrotherapy section

GET THAT SINKING FEELING WHEN MEETING PEOPLE WITH COMPLEX, PERSISTENT PAIN?
Know Pain: Practical Guide for Therapeutic Neuroscience Education
London (13th-14th Dec)
Warrington (24th-25th Jan)
Cambridge (18th-19th Feb)
See www.physiouk.co.uk/pains or call 0208-787-5963

INTRODUCTION TO MYOFASCIAL RELEASE (PART 1)
WITH JOHN ANNAN
Bath (10th-11th Jan)
Crewe (31st Jan-1st Feb)
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Differential Diagnosis and Management
Steve Young
MCSP, MSc (Manips), DipMDT, SOM
Gary Rogerson
MSc (Manips), MMACP, MMPA, MCSP, MAPA
2015
Wakefield, 24/25 January
This course is designed for senior, clinical specialist and extended scope physiotherapists, with the objective of providing an evidence based approach to the diagnosis and management of less common and uncommon/rare causes of spinal and radiating symptoms.
For full details visit: www.spine.uk.com

Laser Therapy Training 2014
Please refer to advert in Electrotherapy section

Tim Watson
Electrotherapy Update
When: 7 March 2015 - 8 March 2015
Where: Crawley Hospital, West Sussex
This course will expand your knowledge of the underlying principles of electrotherapy modalities. Day 1 - Key concepts in electrotherapy with an in depth look at Ultrasound therapy, shockwave therapy and contraindications. Day 2 - Electrotherapy, current concepts in electrical stimulation, TENS, NMES and contraindications. COST £106.80 per day or £189.60 for both days (includes lunch, course notes, certificate & vat)

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www.trimbio.co.uk
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Know Pain: Practical Guide for Therapeutic Neuroscience Education
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9 - 10 & 23 - 24 May Glasgow
20 - 21 June & 4 - 5 July London Royal
29 June - 2 July Liverpool
Dates to be confirmed Manchester

Module B - Lumbar Spine and Lower Limb
30 March - 2 April Liverpool
5 - 8 May Manchester
27 & 28 June & 11 - 12 July Birmingham
19 - 20 Sep & 3 - 4 Oct Glasgow
7 - 8 & 21 - 22 Nov London Royal

Module C - Thoracic and Sacro-Iliac, Advanced Techniques, review of A & B modules
28 Feb - 1 Mar & 14, 15 & 16 Mar London Royal
19 - 23 October Liverpool
14 - 15 Nov & 28, 29, 30 Nov Birmingham

OTHER COURSE DATES

Advanced Clinical Practice in Musculoskeletal Medicine
Unit I 6 - 8 June 2015 Birmingham
Unit II 13 - 14 September 2015 Liverpool

Diploma in Theory & Practice of Injection Therapy
Unit I 21 - 23 April 2015 Liverpool
Unit II 24 - 26 April 2015 Liverpool
Unit III 13 - 15 November 2015 Liverpool
Unit IV 5 - 6 March 2015 Belfast

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Apply at www.pincandsteelphysio.com

neurology

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17th and 18th April 2015

This BBTA workshop will explore current concepts of scapula function and dysfunction relating these specifically to the integration and development of postural control and upper limb function. The workshop is primarily aimed at those therapists who have completed a Basic Bobath Course.

£190 - This includes a restaurant lunch and refreshments. Please contact Sarah Saint at the Neurological Teaching Centre (Manchester Neurotherapy Centre), 466 Bolton Road, Pendlebury, Manchester, M27 8UR, Tel/Fax: 0161 793 0003. Email: sarah@mncweb.co.uk

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- 07/02/15 – 08/02/15 Nuneaton

**Matwork Level Three – Intermediate/Advanced**
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or course tutors
Julie Sellers: j.sellars@coventry.ac.uk
Gail Forrester-Gale: g.forrestergale@coventry.ac.uk

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Sidcup (10th-11th Jan)
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See www.physiouk.co.uk/taping3 or call 0208-787-5963

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Laser Therapy Training 2014
Please refer to advert in Electrotherapy section

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MUSCULOSKELETAL PHYSIOTHERAPIST REQUIRED - GRANTHAM/LINCOLNSHIRE Urgently required musculoskeletal physiotherapist to work in our GP clinics with both an NHS and private musculoskeletal caseload. This is a full-time post, Salary £22000 to £25000. Candidate should be willing to work longer hours, job share flexible times considered. Work permit/sponsorship will be considered if no suitable applicant from UK and EU. Send CV to: hema.thota@hotmail.co.uk

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PRIVATE PRACTICE, BANBURY, NORTH OXFORDSHIRE Experienced part-time associate (up to 15 hours) musculoskeletal physiotherapist. Ideally with acupuncture and Pilates qualifications required to join our busy multidisciplinary team in a well-established practice. Working hours can be flexible with additional hours offered during school holiday period. A minimum of two years’ experience and preferably with NHS experience. There is an expectation to join practice meetings and training program. Please send CV and covering letter to: Elainej1@1stoprehab.co.uk

BISHOP’S STORTFORD Osteopathy and physiotherapy multidisciplinary practice in Bishop’s Stortford, Hertfordshire is looking for a highly motivated musculoskeletal physiotherapist. Clinic hours are flexible. Initial enquiries please to: martin@stortfordosteophysio.co.uk enclosing a current CV.

THE HOUSE CLINICS, BRISTOL requires physiotherapist. Busy private multidisciplinary clinic (chiropractic, physiotherapy, podiatry, massage). Taking over existing practice and case load. Pay options, employed or self-employed. Salary 32k plus five weeks holiday, sickness pay, 6% pension, bonus scheme. Self-employed 50% gross fees guarantee £3000 pcm prorata. Current income £3500 pcm can grow to 4500 pcm. Candidate should be clinically competent, admin efficient, enjoy working as part of a team, with ambition and a sense of humour. Minimum of one year’s outpatient experience. Applications to: Jonathan Cook The House Clinic, 11B Redland Road, Redland, Bristol BS6 6QT or: jonathan@thehouseclinics.co.uk

STROOD, KENT Self-employed part-time musculoskeletal physiotherapist with over three years’ experience required in a friendly private practice. Starting with couple of hours in the evenings and weekend. Please email your covering letter and CV to: admin@if Tob.com

GRIMSBY - BAND 6 / BAND 5 MUSCULOSKELETAL Exciting opportunities for dynamic physiotherapists in the Grimsby area due to expansion of private practice. Full-time and part-time opportunities available. Associate opportunities also available for evening/weekends/days that would suit NHS staff looking to supplement their income. To apply or for further information visit: www.physio.co.uk/careers or call tel: 0330 088 7800.

LISBURN, N. IRELAND Self-employed physiotherapist required for two days/one evening, Pilates essential. Apply to: info@advancephysio.biz Tel 07957 662361.

GREAT OPPORTUNITY FOR A PART-TIME, FLEXIBLE MUSCULOSKELETAL PHYSIOTHERAPIST and also a community physiotherapist to join a friendly, busy clinic in London N14. Suit local person with excellent clinical and interpersonal skills. In-house CPD. Please send CV and covering letter stating availability to: info@oakwoodphysio.co.uk

HARPENDEN HERTFORDSHIRE Private practice requires musculoskeletal, self-employed physiotherapist. One day or two half days,

www.csp.org.uk
FLEXIBLE. Great opportunity for anyone considering part time practise and potential of building client base and hours if desired. Minimum five years qualified. Excellent manual therapy skills essential. Competitive rates. CPD supportive. Interesting mixed case load, sporting, active local population. Harpenden has good commuter links, close to the M1 and fast train links to London and Bedford. Please send CV to Tambu at: info@actionharpendenphysio.co.uk or call tel: 07739 746254.

WEST WICKHAM, BR4 Established and expanding private practice requires self-employed part-time/full-time physiotherapist to join our multidisciplinary team. Sound clinical knowledge and manual therapy skills required. Candidate must be able to work independently. Please email your CV to: office@westwickhamphysio.co.uk or tel: 020 8777 1500 for further details.

PENZANCE, CORK  A proposed practice is looking for an outgoing, motivated, musculoskeletal physiotherapist to join our team. Part-time/full-time, however, will ideally include Saturday mornings and some evenings. Remuneration dependent on experience, and employment status. Previous private practice advantageous. New facilities, with hydrotherapy pool. Strong links with local sporting clubs, and injury prevention in local Industry. Email CV, or for further information contact: harbourside7@tiscali.co.uk

GLASGOW CITY CENTRE Part-time musculoskeletal physio with a strong background and experience in manual therapy and skills in Pilates/rehabilitation for up to 15 hours per week, including Saturday. Please apply to: sarah.tidey@digitalphysio.com

Hampshire, with hours and days to suit the right applicants. We require applicants to be HCPC and CSP registered. Please send CVs to: Jonathan Field, Back2Health, 2 Charles Street, Petersfield, Hants GU32 2EH or email to: jonathan@b2h.co.uk Web: www.b2h.co.uk

PHYSIOTHERAPISTS - HOME WORKING RehabWorks is an award winning organisation and we have a number of openings for physiotherapists to work from home undertaking case management opportunities. These positions are full or part-time and can be flexible to work around other work/family commitments. Each contract is for a minimum of 15 hours a week and will be on a permanent basis, which means the individual can also take advantage of our excellent benefits package, as well as a competitive salary. Please note, all applicants must have at least 5mb internet download speed at home and must be legally entitled to accept and perform work within the UK. For more information or to apply, please contact: hr@rehabworks.co.uk

JUNIOR PHYSIOTHERAPIST - LONDON (WHITECHAPEL) RehabWorks have a vacancy for a junior physiotherapist in our London centre. Successful candidates will receive a starting salary of £25,300 pa (inc. London weighting), supported candidates with postgraduate experience and training in musculoskeletal and sports therapy. These positions will be on a permanent basis, however will be flexible to part-time and can be flexible to work around other working commitments. Each contract is for a minimum of 15 hours a week and will be on a permanent basis, which means the individual can also take advantage of our excellent benefits package. For more information or to apply, please contact: hr@rehabworks.co.uk Website: www.rehabworks.co.uk

PHYSIOTHERAPISTS WANTED Back2Health require a number of motivated and dynamic musculoskeletal physiotherapists. The positions are part or full-time at a number of clinics within the musculoskeletal field, plus an excellent benefits package. For more information or to apply, please contact: hr@rehabworks.co.uk Website: www.rehabworks.co.uk

CENTRE LEAD, BURY ST EDMUNDS RehabWorks have an exciting opportunity for an experienced physiotherapist to manage a friendly team of five in our Bury St Edmunds centre. The role will be 40% managerial and 60% clinical with flexible working hours and comprehensive training and development. Excellent rates of pay plus enhanced benefits. For more information please contact: hr@ rehabworks.co.uk Website: www.rehabworks.co.uk

PHYSIO.CO.UK - MANCHESTER Musculoskeletal Band 6 - Full-time employed position available within the musculoskeletal team of our expanding private practice. Competitive salary plus bonus, pension, and generous CPD opportunities. Need to take your career to the next level? For more information and to apply visit: www.physio.co.uk/careers or call tel: 0330 088 7800.

PHYSIO.CO.UK - MANCHESTER AND LIVERPOOL Associate evening/weekend work available for musculoskeletal physios in both Manchester and Liverpool clinics. Competitive pay and IST included. Would suit NHS staff in Liverpool or Manchester looking to supplement their income and develop their skills. To find out more information and apply visit: www.physio.co.uk/careers or call tel: 0330 088 7800.

EXETER, DEVON Experienced part-time self-employed musculoskeletal physiotherapist required. Flexible hours to include some evening cover. Applicants must have excellent communication skills, be able to manage their own workload and a strong hands on approach to treatment. Please send CV to: jilamohia@yahoo.co.uk

LOUGHBOROUGH, LEICS Part time, self-employed physiotherapist required for busy, friendly clinic. Approx 25 hours per week. Strong musculoskeletal and sports experience and communication skills essential. Five years postgraduate experience. See website for more details: www.loughboroughphysio.com Apply with covering letter and CV to: jo@loughboroughphysio.com

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Recruitment
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WITH WORLD AIDS DAY OCCURRING THIS WEEK, DARREN BROWN EXPLAINS HOW HE DEVELOPED THE SKILLS NEEDED TO BE A SPECIALIST PHYSIOTHERAPIST IN HIV

Tell us a little about your job
I am based at the Chelsea and Westminster hospital. The Chelsea and Westminster NHS Foundation trust is the largest HIV unit in Europe and the national referral centre for HIV-associated malignancies. A large proportion of my role is providing inpatient and outpatient rehabilitation for adults living with HIV.

I am also vice-chair of the Rehabilitation in HIV Association (RHIVA) (www.bhiva.org/RHIVA.aspx), am the HIV/AIDS special interest group coordinator for a World Confederation for Physical Therapy network (www.wcpt.org/ipt-hope) and member of the Canada-UK HIV Rehabilitation Research Collaborative (http://cuhrrc.hivandrehab.ca/). I am researching rehab interventions for adults living with HIV and writing a paper evaluating an outpatient rehabilitation intervention for adults living with HIV called the Kobler rehab class, which I have developed.

What is your role in HIV?

How did you get into the field?
My BSc degree was in human musculoskeletal sciences, so I have always had a huge interest in human anatomy and function. I have always had an interest in HIV and its effect on a wide range of human body systems. It was a natural progression for me to focus on the role of rehabilitation, disability and physiotherapy for adults living with HIV. My career had always been working towards acquiring the transferable skills to become a specialist in HIV which were essential in developing my current role, so that I can meet a wide range of needs for each of my patients.

What are the rewards?
I am lucky to work in a field that I am so passionate about and to be able to share my work nationally and internationally. But my biggest reward is making the difference for each patient. It’s about knowing that daily I continue to provide a rehabilitation service safe from stigma, while championing the rights of people living with HIV to access rehabilitation, live independently and have the best quality of life possible.

It’s very specialist – is that good for building a career?
HIV is considered a chronic illness. More people living with HIV are living longer with health-related consequences of HIV, ageing, and emerging concurrent chronic health conditions. As a result, there is an increasing role for physiotherapists to respond to the complex disability experienced by people living with HIV. However, the field of HIV and rehabilitation is still emerging with Canada and the UK as leaders in the field. People with HIV in these countries face challenges in accessing rehabilitation services and in social participation issues. Those who are ageing face an increasing range of concurrent health conditions. Specialising in HIV means that I am able to maintain and develop many skills across physiotherapy practice, enabling exciting career opportunities. There are very few people internationally who specialise in HIV and rehabilitation, which has opened doors for me to be proactive, resourceful and happy in my career. However, this also means that there are limited opportunities for peer support and learning among physiotherapists. RHIVA offers support to both therapists who specialise in HIV and therapists who do not specialise in the field.

What did you do for World AIDS Day on 1 December?
Many events took place across the UK including the publication of CSP resources on HIV and the launch of the Federation of HIV Associations (FHIVA). FHIVA provides a united voice for the UK’s professional HIV healthcare organisations, to safeguard clinical excellence in caring for people with HIV. This is a huge milestone for rehabilitation in HIV. Internationally for World AIDS Day, RHIVA helped co-host a Twitter chat on the role of physiotherapy in HIV.

Any Christmas break plans?
I spend Christmas with my family. It’s nice to escape London, succumb to the rural way of life and indulge in it all.

Darren Brown, band 7 specialist physiotherapist, Chelsea and Westminster hospital, London
See also: www.csp.org.uk/hiv
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