

# Frontline

THE VOICE OF PHYSIOTHERAPY

4 June 2014  
VOL 20 NO 10

## Seven-day services

Getting it right

16

## In person

Karen Middleton  
on leadership

21

## Improving posture

A physio-led scheme

34



# Stretching a point

Joint hypermobility  
syndrome

The most supportive and luxurious  
height adjustable pillow in the world

Created by a team of  
Chiropractors, Physiotherapists  
and Osteopaths

All the comfort of a  
traditional pillow with the  
ultimate in neck support

Height adjustable  
to suit all sizes of  
necks and shoulders

“ It's a stonker of a thing...it'll unkink lower backs and  
make things down there feel marvellous ”

TATLER Magazine

“ Following just 2 nights trial I knew this was the  
product I have been looking for . I have never slept so  
well for years and have since sold more to my patients  
and would have no hesitation recommending this  
pillow to anyone with neck issues or to people who  
just want a first class product ”

Dave Washington  
Practice Manager Sportssage Physical Rehabilitation

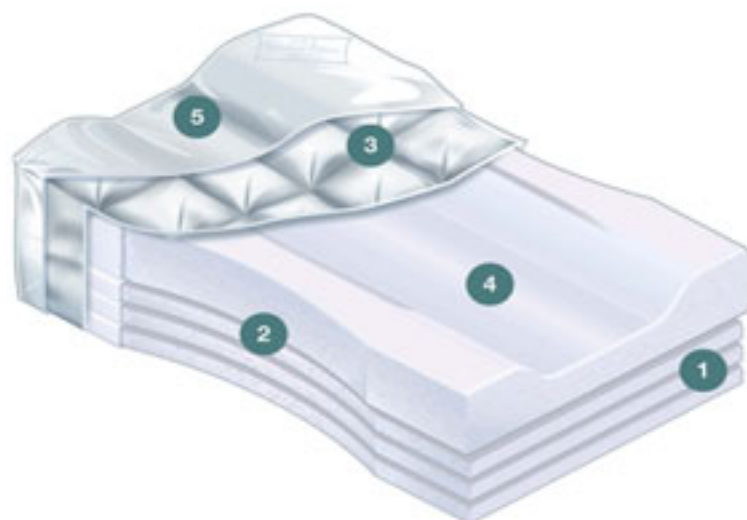
“ For a good nights sleep try the Knighstbridge Pillow.  
Heaven! ”

Woman Magazine

“ I use The Knightsbride Pillow myself and my patients  
don't need to look for the right pillow anymore ”

Dr Michael Gould  
Amersham Chiropractors

Also recommended by  
Net a Porter and Marie Claire



- 1 Create the perfect pillow height with three 2cm varying height adjusters from 8cm through to 14cm ensuring correct spine and neck alignment
- 2 Precise neck support for all neck sizes due to the biconcave variable contour pillow edge
- 3 Ultimate comfort from the hermetically sealed luxury white duck down topper, with airtex breathable mesh sides
- 4 Unique anatomical contour with new polymer heat dissipating visco-elastic foam which unlike memory foam will not get uncomfortably hot or lose its shape
- 5 Optional luxurious 100% cotton pillowcase with a soft sateen finish and 400 thread count

Trade price pillow\*

£56 plus VAT - RRP £97.50 VAT INCLUSIVE

Pillowcase\*

£15 plus VAT - RRP £25 VAT INCLUSIVE

ORDER ONLINE

Please log into our trade page using the professional  
practice code clinic3000 to obtain your trade price:

[www.thelondonpillowcompany.co.uk](http://www.thelondonpillowcompany.co.uk)

FREE DELIVERY

# CONTENT



14



10

## NEWS

NICE issues guidance on obesity	8
Circus skills under the spotlight	10
Fixed whiplash fees on the cards	13
Survey shows gaps in telehealth	14

## FOCUSES

Getting seven-day services right	16
Physio findings: pain special	18
In person: Karen Middleton's column	21
Advice line: betting and physiotherapy	24



13

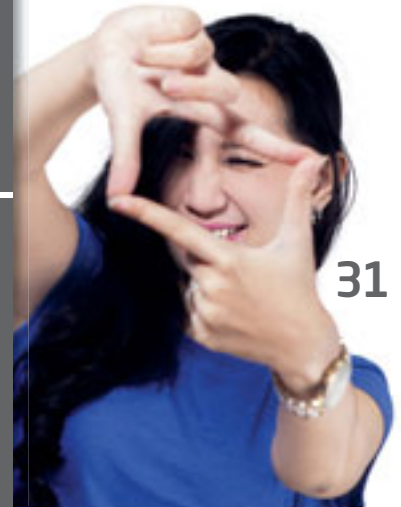
## FEATURES

When flexibility stretches too far	26
What falls within your scope of practice?	31
Posture training for care home staff	34



8

26



31

## REGULARS

### TALKBACK@CSP

Have your say - catch up with the latest debates	6
--	---

### DIRECTORY

Courses, conferences and member information	39
---	----

### RECRUITMENT

Look no further for your next positive career move	59
--	----

### 3 MINUTES WITH ...

Physio Clare Collyer on her role at Monitor	66
---	----

26 Joint hypermobility syndrome

# STRETCHING

A POINT

HYPERMOBILITY AFFECTS MORE AREAS THAN YOU MIGHT EXPECT, AND PHYSIOTHERAPY STAYS ARE LEADING THE WAY IN RESEARCH WITH RECENT REPORTS



## HOW GREEN IS YOUR FRONTLINE?

● FSC certified text and cover paper ● Recyclable polywrap

»» 8th Annual »»

*Chartered Society of Physiotherapy*

# Awards 2014

**Two weeks left to nominate**

»» *Nominate by 16th June* »»

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

sponsored by



## KEEP IN TOUCH

**Need to contact the CSP?**

For general enquiries  
[enquiries@csp.org.uk](mailto:enquiries@csp.org.uk)  
 020 7306 6666  
 14 Bedford Row London WC1R 4ED

**Got a news story or idea for Frontline?**

Go to [www.csp.org.uk/ideasforfrontline](http://www.csp.org.uk/ideasforfrontline) for details of how to contribute, or drop an email to [frontline@csp.org.uk](mailto:frontline@csp.org.uk) with a short summary and your phone number. Alternatively call the news desk on **020 7306 6665**

**Want to send us a photo?**

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

**Want to place an advert?**

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

**Got an item for the Noticeboard?**

[directory@csp.org.uk](mailto:directory@csp.org.uk)  
**020 7306 6166**

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

**Your Frontline team**

**Managing editor** Lynn Eaton  
**Deputy editor** Ian A McMillan  
**News editor** Gary Henson  
**Staff writer** Robert Millett  
**Staff writer** Gill Hitchcock  
**Designer** Allyson Usher  
**Corporate publications and production officer** Tim Morse  
**Publications manager** Nicky Forbes  
**Corporate designer** Tristan Reigner

ISSN 2045-4910

When the magazine relaunched on 21 April 2010 (Vol 16 No.7) its title changed from *Physiotherapy Frontline* (ISSN 1356 9791) to *Frontline*. It has been assigned a new ISSN number.

© Copyright 2014 CSP. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Chartered Society of Physiotherapy or a licence permitting restricted copying issued by the Copyright Licensing Agency. This publication may not be lent, resold, hired out or otherwise disposed of by way of trade in any form of binding or cover other than that in which it is published, without the prior consent of the publisher.

**Frontline**

*is your magazine. Make the most of it!*

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

**The next issue of Frontline is out on 18 June 2014**

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

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

**Get mobile**

We're always telling people to get mobile. In fact, as this magazine arrives, many of you will be preparing for this year's Workout at Work Day (6 June). The day aims to make workers more aware of the need for exercise and movement in their jobs. We'll feature some of the fantastic events in our next issue.

Meanwhile, we're also promoting the importance of keeping people active as they enter their later lives, from their 50s onwards, as part of the CSP's Physiotherapy Works campaign.

If you make it to 65, as a man in England you can expect to live, on average, to 83, while a woman will survive to 86. (Your expectancy is slightly lower if you live in Scotland, Wales or Northern Ireland).

Improving your agility, strength and flexibility in your 50s and 60s helps to reduce any risk of falling in later years and will enhance your life in general.

While having flexible joints is generally a boon, for some it can be linked to a host of problems. Read our feature on joint hypermobility syndrome on page 24 and find out why.



**Lynn Eaton**

managing editor *Frontline* and head of CSP member communications

published by



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY



PRINTED BY WARNERS 01778 395111

## TALKBACK@CSP

Comment  
www.csp.org.uk



Recommend content  
www.csp.org.uk



Follow us  
@thecsp



Like us  
charteredphysios



Send your emails to [talkback@csp.org.uk](mailto:talkback@csp.org.uk) or letters to the Editor, *Frontline*, CSP, 14 Bedford Row, London WC1R 4ED. We reserve the right to edit contributions. Please include your name and a daytime phone number.

## STICKING POINT

**My life changed beyond recognition on 7 May 2007, when a major stroke left me with left-sided hemiplegia and severe cognitive impairment.**

I was 42 and had been an ultra-fit mountaineer, caver and long-distance runner who worked as a university academic researching and taking students to mountain glaciers to understand climate change.

Over the course of some excellent rehabilitation, my mind gradually adapted to the idea that the old, outgoing 'me' was dead. I was now crippled and dependent on all around me for even the most basic and personal needs. Despite this massive loss of dignity and autonomy, a core of inner drive still existed.

Things looked up two years later when my partner, a nurse, and I discovered my old Nordic walking pole and ski pole. We blunt-capped the sharp tungsten-tip with a rubberised dogs' play ball (2cm diameter) so that wooden floors and carpet would not be damaged and slipperiness was reduced. This

upright pole increased my walking-range and, unlike the walking stick I had been using, was an artefact of my prior active outdoor life. It felt as if I were regaining part of the 'old me'.

The changes to my self-image were dramatic. We live in France and I had become used to being noticed as the 'handicapped young man'. The first time I used the pole in public was in a cafe. When I stood to leave a very elderly lady gazed at me and beamed a smile, saying 'bonne route!'. In a flash,

I was no longer a figure of pity but was seen as a long-distance walker. I felt like a different person knowing that the world around me no longer looked upon me with pity.

Discarding my walking stick in favour of a walking pole had a considerable psychological benefit. Perhaps your readers could use this information to help other hemiplegic patients.

*Professor John B Hunt,  
University of Gloucestershire*

## NO NEED TO WAIT

**I am a musculoskeletal (MSK) team lead for outpatients physiotherapy. At the end of last July, our trust, Central Manchester University Hospitals NHS Foundation Trust, took over the care of the consultant-referred patients in Trafford General Hospital.**

Patients had been waiting at least 18 weeks for an appointment. By the end of September the waiting list was eradicated and no patient had to wait for an appointment. Instead, they were asked to call to book an appointment at the next available suitable time.

We achieved, and have maintained, this record, through the combined hard work and

dedication of the both the MSK admin team and the physiotherapists.

Our manager nominated us for the trust's team of the Year in 2013 and we were highly commended in this category - a fantastic achievement for a brand new team working in an organisation with more than 10,000 employees. I am immensely proud of the team and the dedication shown to our patients.

*Abigail Browne*

## EASTERN EXPOSURE

**I saw the latest edition of *Frontline* (21 May) and was amazed to see my face on the front cover.**

I just wanted to thank you for arranging for Janet Wright and the photographer to visit Addenbrooke's ... and for the Brainbow service to receive such good exposure.

*David Young, Cambridge*

## CORRECTIONS AND CLARIFICATIONS

We provided an incorrect answer in the article titled 'Know your rights' in the last issue of *Frontline* (21 May). One question asked: Does my employer have to consult with me and/or the CSP when proposing a jobs change and downbandings? The answer said there a statutory consultation period of 90 days where 20 or more employees are made redundant. The correct figures are 30 days when there are from 20 to 99 employees and 45 days for 100 and more. This information was displayed correctly in the box next to the question.



**Top Tweet**  
@thecsp

**Physio Med (@Physio\_Med)**  
Fantastic article from @thecsp physio rehab for older people with dementia! [bit.ly/1oo6KmZ](http://bit.ly/1oo6KmZ)

Go to [www.twitter.com](http://www.twitter.com) to open your own personal account, then follow @thecsp

## YOU'VE ADDED...

### A news item on the parkrun phenomenon prompted two members to comment:

- parkrun is fab. So inclusive, so simple and so community minded. I am one of the run directors at my local parkrun and I feel it is part of my role as a physiotherapist as well as a local resident to do what I can to support the event.

*vanuem*

- I've only started running this year and am so impressed with parkrun. In Northern Ireland, many of the local running clubs take it back a step further and run couch to 5k

'Jog Belfast' and 'Active NI' sessions around the parkrun venues. These culminate in a Graduation first parkrun. Can't recommend them highly enough on a professional and personal level.

*shonapryde*

### In response to a letter headed 'We are not a luxury', Angela Brett said:

- I totally agree with Hilary Toyn. I see a lot of elderly people who often say that they wished they had a little gym or parallel bars to use where they live. They believe it would make a huge difference to their mobility.

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

## Burning Question

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

### I've just got my first contract, what do I need to know?

A contract is the agreement between an employer and an employee and forms the basis of an employment relationship. Your contract should outline all the basic terms and conditions that you are expected to work under such as pay, hours of work, holiday, sick pay and notice periods. Ensure that you read your contract carefully and ask questions on any aspects that you do not understand.

If you are unhappy with any aspect of your contract then you should raise this prior to starting work preferably in writing. More information can be found in the new CSP information paper *A Guide to Your First Employment Contract* (IP69) via the CSP website at: [www.csp.org.uk](http://www.csp.org.uk)

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

# iCSP

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

## Physiotherapists doing surgery?

**Network:** Effective practice  
**Flavour:** Thoughts shared on an opportunity offered to a member.  
*Comments: 13 replies at 21 May*  
**Find: qq408**

## Advice on cough

**Network:** Respiratory care  
**Flavour:** A detailed, interesting clinical case generates a range of suggestions.  
*Comments: 12 replies at 21 May*  
**Find: qq409**

## Lateral thigh pain in runner

**Network:** Sports and exercise medicine  
**Flavour:** Interesting case with a recent progress update from the contributor.  
*Comments: 6 replies at 21 May*  
**Find: qq410**

## Student placements

**Network:** Practice educators  
**Flavour:** Thoughtful responses reignite a complex, challenging issue.  
*Comments: 22 replies at 21 May*  
**Find: qq409**

## Forgot your CSP login?

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



## Physios ca

The CSP has welcomed new guidance on managing overweight and obese patients, although it is disappointed at the absence of a specific role for physiotherapists.

The National Institute for Health and Care Excellence (NICE) guidance on lifestyle weight management services, published last month, is aimed at GPs, other healthcare professionals and, crucially, commissioners of NHS services.

It recognises that weight management programmes should include a combination of dietary and activity advice,

## NICE seeks change experts

Physiotherapists who have experience in service redesign are being encouraged to apply to join a panel advising on the implementation of evidence-based care.

The National Institute for Health and Care Excellence (NICE) is recruiting for members to join its health technologies adoption programme reference panel, which will provide feedback and support around the adoption of technologies and implementation of its guidance.

Carley King, CSP professional adviser, said the role was suitable for any NHS physio in a clinical or managerial role with experience of successfully leading and implementing service redesign. This could include large or small programmes of change and did not necessarily need to involve technology,

so 'people should think outside of the box', she said.

The benefits of joining the panel, she said, are 'excellent opportunities to meet other professionals involved in service redesign and a valuable continuing professional development opportunity to understand the breadth of work carried out by NICE'.

The reference panel is a virtual body, with an annual workshop and meeting. Membership is for up to three years.

**Louise Hunt**

- The deadline for applications has been extended to 30 June. Visit: [www.nice.org.uk/usingguidance/healthtechnologiesadoptionprogramme](http://www.nice.org.uk/usingguidance/healthtechnologiesadoptionprogramme)

Rod Leon



Cliff Towson, co-convenor of the CSP Disabled Members Network





## MONTE CARLO CYCLISTS NEED PHYSIOS

Three cyclists need volunteer physios to support them during a fundraising trip from Derbyshire to Monte Carlo. The 950-mile ride for Cancer Research UK will begin on 25 June. Contact CSP member Dawn Narborough on 07751 553477 or narborough.family@gmail.com  
Visit: <http://cyclemontecarlo.co.uk>

# Don't target weight loss services

and it recommends a focus on losing a relatively small amount of weight and then keeping it off.

The guidance accepts that the more weight an

individual is likely to lose, the greater the average weight loss of three per cent, with at least 30 per cent of participants losing at least five per cent of their initial weight.

to be delivered by multidisciplinary teams and include a focus on physical activity levels and behaviour change.

But he said it was disappointing that the guidance had failed to recognise physiotherapy as a vital component of multidisciplinary weight management services.

'Prevention and public health needs to be at the heart of physiotherapy practice,' he said.

'These are areas where physiotherapists' knowledge

and expertise can provide great benefits.

'Physiotherapists need to demonstrate their contribution to physical activity and prevention pathways by collecting quality outcomes and conducting high-quality research, thereby proving our worth in weight management services.'

**Graham Clews**

• *Managing overweight and obesity in adults:* <http://guidance.nice.org.uk/PH53>

## 'THESE ARE AREAS WHERE PHYSIOTHERAPISTS' KNOWLEDGE AND EXPERTISE CAN PROVIDE GREAT BENEFITS'

Stuart Palma

obese or overweight person loses, the greater the health benefits. But it recommends commissioning services

CSP professional adviser Stuart Palma welcomed NICE's call for weight management programmes

# CSP calls for greater equality for mental health services

The CSP has called for better training for healthcare students on mental health issues, and wants to see unions campaigning for greater equality between mental and physical healthcare.

A CSP motion at the TUC disabled workers' conference, held in London last month, also demanded that unions raised awareness of mental health as a workplace issue.

Cliff Towson, co-convenor of the CSP Disabled Members Network, told the conference that cuts to health funding in England had had a disproportionate effect on mental health services.

He said a BBC freedom of information request had revealed a real terms cut in spending of two per cent across mental health trusts in England over the past two years, while referrals to crisis and community health teams had risen by 16 per cent.

'In the CSP we are aware of the role that physiotherapy plays in helping treat people with mental health conditions in both mental health and non-mental health settings,' he said.

'I urge the TUC and affiliates to redouble our efforts for better healthcare and improved rights for those experiencing mental health issues at work.'

• CSP national officer for equalities Saraka Keating spoke in support of a motion that called for a campaign against the use of zero hours contracts.

She told delegates: 'It is common to see members working full time for years on a zero hours contract. These "casual" workers are clearly being used as employees but are denied the rights associated with employee status such as paid holidays, maternity pay and sick pay.'

**Graham Clews**



## CRICKET LOVERS TO HEAR HOW PHYSIO WORKS

The CSP has joined forces with Middlesex County Cricket Club (MCCC) to promote the benefits of physiotherapy to cricket fans. The club will be placing free Physiotherapy Works adverts and messages in its communications with supporters and members. See also page 30 for an MCCC offer.



# STAR

There are niche physiotherapists, and then there are those whose work is almost unique.

James Wellington, Karen Sheriff and Juncal Roman all practise at the National Centre for Circus Arts in east London. As specialist circus physiotherapists they are almost alone in the UK, but they have to treat a vast range of performers.

There is virtually no research or literature for circus physiotherapists to refer to, but they have to care for what are effectively elite athletes who range from the strongest tumbler to the most flexible contortionist.

Mr Wellington and Ms Sheriff's circus physio careers began when they visited what was then the Circus Space (it adopted its new name earlier this year) as part of their master's degree in sports physiotherapy. It was seeing the extraordinary variety of body types and movement that first attracted them to work for the centre.

'I had a preconceived idea that circus was about entertainment rather than being athletic, but once I saw all the various disciplines I realised it was like doing 20 sports in one,' said Mr Wellington.

'Some people seemed to be hanging upside down all the time, and I thought this would be a really interesting test of my physiotherapy skills.'

Working at the centre is, they say, like a fresh canvas. They have a freedom and a flexibility that many physiotherapists would envy. Ms Sheriff sits on the audition board for its degree programme. She holds weekly meetings with teachers to discuss students' progress, and works closely with the students to anticipate likely problems. She doesn't

**Left and top right: James Wellington working with a performer; opposite: James with Karen Sheriff and Juncal Roman**



# TURN

just sit in the physio room waiting for students to present with sprained ankles. Meanwhile, Mr Wellington treats mainly professional circus performers in his private clinic attached to the centre.

The flip side is that the 60 undergraduates on the centre's degree programme (the only one of its kind in the UK) are not cosseted and highly-paid elite athletes with nutritionists and massage therapists on call. They often have a mildly chaotic hand-to-mouth existence, as many students do. Ms Sheriff says one of her toughest jobs is convincing students that as well as being artists they also have to act and think like athletes to preserve their physical and mental health.

The physios' roles require them to co-ordinate treatment and identify pathways, collect data to provide future protocols, screen for injuries and provide basic treatment such as taping, offer acupuncture, and much more. A



combination of time management and sound assessment, diagnostic and clinical reasoning are the keys to making it work, they agree.

And despite the physical demands on the students' bodies, it's testament to the physios' work that the attrition rate is low. Just one student had to leave the course last year because of injury, and although there have been three relatively serious injuries this academic year (to a wrist, a shoulder and to one over-enthusiastic student who fell out of a tree), all remain on the degree programme.

**Graham Clews**



## Care skills training resource goes online

Members of the CSP who want to pass on their postural care skills to healthcare staff can access a training package on the CSP's website free of charge.

The online materials are available from the society's member networking website, interactiveCSP. They were produced by the Physiotherapists Care Skills Group, made up from volunteers in Leeds and west Yorkshire.

As well as PowerPoint presentations, the resource includes audio and video clips, guidance notes, template documents and references to research findings.

Group member Suzanne Froggett told *Frontline*: 'Although the materials are primarily aimed at training healthcare assistants in the community, they can be modified and could also be helpful in supporting training for nursing colleagues and other staff in hospitals too.'

She and her fellow members of the group plan to run 'train the trainers' sessions for physios who want to learn more about passing on their knowledge to others.

To access the member-only resource, visit: [www.csp.org.uk/documents/physiotherapist-care-skills-group-0](http://www.csp.org.uk/documents/physiotherapist-care-skills-group-0) To contact the Physiotherapists Care Skills Group, email: [physiotherapistscsg@groupspaces.com](mailto:physiotherapistscsg@groupspaces.com)

The group's work featured in *Frontline*, page 24, 6 November 2013.

**Robert Millett**

• See also article on postural care in this issue, page 34

# New stroke audit gives ammunition

The first 'at a glance' maps of how stroke services are performing in England, Wales and Northern Ireland provide a real opportunity for physios to push for service improvements.

This is the view of Cherry Kilbride, who is the CSP representative on the Sentinel Stroke National Audit Programme (SSNAP), led by the Royal College of Physicians.

The programme is the first national stroke register in the world to collect information about the entire stroke pathway, from hospital admission to six-month follow-up appointment.

The interactive maps, published last month, enable healthcare professionals, commissioners and patients to compare stroke service performance in hospitals and community services.

They show that 86 per cent of patients



**86%**  
of patients were reported as needing physiotherapy

For details see: [www.rcplondon.ac.uk/projects/interactive-results-maps](http://www.rcplondon.ac.uk/projects/interactive-results-maps)

admitted from 1 October to 31 December 2013 were reported as needing physiotherapy. These patients received 31.9 minutes of physiotherapy, 15 minutes under the intensity of treatment

recommended in national stroke guidelines. And physiotherapy was received on a median of just over half the days of patients' hospital stay.

Improvements mean that from now on the

## Survey highlights pain issues for people with arthritis

Just one person in three with arthritis is currently being offered help with self-management, according to the findings of a national survey.

But 78 per cent of those who had received advice or support from health professionals on managing their condition said it was useful.

A total of 2,000 people in England took part in the survey, titled *Arthritis Nation 2014* and published last month by Arthritis Care.

Seven in 10 (70 per cent) reported having constant pain, despite taking relevant medication. Around one on five (18 per cent) had given up work entirely. More than a third (35 per cent) of people with osteoarthritis, rheumatoid arthritis, ankylosing spondylitis and gout had also had physiotherapy, and

a quarter (23 per cent) had received steroid injections directly into an affected joint. People with ankylosing spondylitis (62 per cent) were the largest group accessing physiotherapy.

Arthritis Care chief executive Judi Rhys the results highlighted the importance of support and advice for self-management, with 78 per cent of those receiving it saying that it was helpful. But only one third of people with arthritis are currently being offered this help.

'This is a situation we need to change, both for the sake of the millions of people currently enduring this pain and to alleviate the burden on society as a whole,' Ms Rhys said.

The report is available at:  
[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

**Louise Hunt**

**70%**  
of people living with arthritis reported experiencing constant pain

**18%**  
have given up work entirely



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

## for change

audit will include data on specific end dates for each therapy. Existing results are based on end data on all therapies.

Nevertheless, Dr Kilbride said the results are invaluable. 'We now have the opportunity to further develop the therapy aspect of stroke services, particularly now that the pathway covers six months of data in the community where we know there is a real dearth in therapy services.'

Dr Kilbride and the CSP's professional networks for neurology and older people (ACPIN and AGILE) are encouraging all physiotherapists and allied health professionals working in stroke services to support this audit to ensure patients can access the appropriate amount of therapy.

Presently, out of 2,200 registered SSNAP users, 260 are physiotherapists (12 per cent).

**Louise Hunt**

## CSP president 'delighted' about change in law on trust closures

Baroness Ilora Finlay, the CSP's president, has welcomed an amendment to the care bill in England. She said she was pleased that the government had agreed that NHS hospitals cannot be closed or downsized without consulting neighbouring trusts.

Baroness Finlay had introduced an amendment to clause 118 of the bill, which became the Care Act 2014 last month, in the House of Lords.

She was concerned that the unamended bill allowed commissioners from failing trusts to define which services the trust should continue to provide. The same rights were not granted to commissioners from other trusts,



**Baroness Finlay**

however, even if they were affected by the decisions.

This would have had a destabilising effect on adjacent trusts, said the crossbench peer.

'I have to say that I was delighted that the government listened and as a result the care bill had to be amended,' she said.

The amendment introduces a new duty for councils to provide information and advice to

help people understand what support they will need and to plan for the future.

The act also includes stronger regulatory powers, including enabling the chief inspector of social care to hold providers to account if they deliver poor care.

**Gill Hitchcock**

## Fixed fees for whiplash reports?

Physiotherapists in England and Wales could receive a fixed fee for writing medical reports in whiplash cases, if government proposals go ahead.

The suggestion is part of a series of reforms currently being considered by the Ministry of Justice, and a group of experts working on the whiplash reform programme.

The CSP has a representative on the group (see *Frontline* page 8, 5 February 2014) and supports the introduction of fixed fees for medical examinations and reports for whiplash claimants.

In its response to a consultation on the proposals, the society said it 'strongly welcomes the inclusion of physiotherapists' on the list of professionals who can undertake assessments and provide initial medical reports.

The proposed list also includes GPs and consultant orthopaedic surgeons. Under the proposals, the fee for an

initial medical report from a physiotherapist or a GP would be £180. The society's response to the consultation supports this figure.

By contrast, a consultant orthopaedic surgeon would receive £420, inclusive of a review of the person's medical records where applicable.

The CSP also reinforces the message that physiotherapists are experts in whiplash injury and have the necessary skills and experience to undertake medical examinations in these cases.

The government hopes to implement its reforms in the summer.

**Robert Millett**



# Physios lack information about techn

Many physiotherapists do not have NHS email accounts that would enable them to send secure emails to public sector colleagues, a health informatics survey shows.

More than 300 physios responded to an online questionnaire, conducted by the National Allied Health Professionals Informatics Strategic Taskforce (NAHPIST). Of these, nearly 37 per cent said they do not have an NHS.net account.

The NHS email service, NHSmail, is designed so that sensitive and confidential information is kept safe. Users sign up to a code of use when they register to confirm that they will use the system appropriately and maintain its security.

The survey found that nearly 76 per

cent of physiotherapists do not know whether their department or clinic is listed on NHS Choices, the health service's main website.

Nearly half of respondents were either 'unsatisfied' or 'very unsatisfied' with the level of information about technology provided by their employer.

One physiotherapist complained about not being supported by appropriate equipment, training and administrative staff to move to a 'paperless' NHS.: 'I am happy to keep up with technology, but in

an office where computers are shared, this just isn't possible.'

The physiotherapists had a positive view of telehealth, according to the survey. Nearly 80 per cent saw it as a way to help patients; 57 per cent said it enables patients to take more control of their own health and 51 per cent said it helps in the management of long-term conditions.

A smaller number, 15 per cent, saw telehealth as a move to cut

The NAHPIST survey was open from 27 February to 31 March. It was coordinated by the British and Irish Orthoptic Society.

The survey found that  
**76%**  
do not know whether  
their department is  
listed on NHS  
Choices



Mike Farrar, former  
chief executive  
of the NHS  
Confederation

## Accessible physio to healthcare in

Physiotherapy is a very good example of a resource which could be used more fully to enable people to live independently and self-manage their conditions.

That was the view of Mike Farrar, independent consultant and former chief executive of the NHS Confederation, speaking to *Frontline* at a Policy Forum for London conference.

He said that good community support was essential if NHS

services are to move away from treating patients when their conditions are exacerbated and towards patients' proactive self-management of their health issues.

'What you really need is a good range of support within communities and I think that physiotherapy is a very good example of a community resource that we should be making more of and getting more access for,' said



## HALF MARATHON GROUP WALKING SUCCESS

The Sully Scope walking group completed a sponsored half marathon over five days, starting on 12 May in Penarth and finishing in Barry Island. 'The weekly group has been going for two years and they wanted a new challenge,' said physiotherapy technical instructor Joanne Pedrick, who works with people with learning disabilities at Vale Community Services, South Wales. 'They are really proud of themselves, each day spurred them on,' she said.

## ology, survey shows

Steve Tolan, CSP head of practice, said physios should identify who in their organisation is responsible for health informatics and make it known that they want to be involved in development projects.

'Data and technology in healthcare is not just for the expert few, he said. 'It surrounds us in our day-to-day lives and healthcare needs to keep up with innovation in a way that patients have come to expect in other sectors as customers.'

You can comment on this story at [www.csp.org.uk/node/500393](http://www.csp.org.uk/node/500393)  
Gill Hitchcock



How  
tele-savvy  
are you?  
Go online to  
comment

## otherapy is key the community

Mr Farrar, who has 30 years' experience of working in the NHS.

'I know that there is a public/private split around physiotherapy which often challenges people, but I would like to see integrated physiotherapy as part of other care pathways, directly available for people to access so they can support themselves,' he said.

He told *Frontline* that he is 'very pro physiotherapy' and a 'big believer' in creating opportunities for more exercise for people, and particularly for people

who have chronic conditions.

'I think there is a very specific role around physiotherapy within care pathways for managing, not just musculoskeletal problems, but also helping with mental wellbeing and managing respiratory problems,' he said.

At the event in London on 20 May 2014 he told delegates that changes to the NHS have to be clinically defensible, because it is important to be able to explain why things need to change.

Gill Hitchcock

## CSP says NHS in Wales must be reshaped

The NHS in Wales is in 'an unprecedented financial position' and needs to safeguard its future by reorganising services and putting patients first.

This was the message in a CSP motion to the Wales TUC annual conference in Llandudno in May. The motion was unanimously passed.

CSP steward Louise Wright told delegates that the funding crisis was leading to 'short-sighted' cost-saving measures.

She said: 'What we all want is an NHS that provides the best possible care for people. But research shows that staff morale and motivation is severely undermined if they feel constantly under attack and that, in turn, affects the quality of patient care.'

Robert  
Millett

CSP delegate  
Louise Wright



Janina Struk



## **STAFF MUST BE CONSULTED IF THEIR MANAGERS INTEND TO INTRODUCE SEVEN DAY SERVICES. FIND OUT YOUR RIGHTS - AND HOW YOUR REP CAN HELP IF IT HAPPENS TO YOU**

# Working week

**T**he CSP is committed to supporting members in developing quality seven-day services in the NHS across the UK. When implemented properly – with the CSP, staff and employers working in partnership – they deliver for both staff and patients.

Our Q&A addresses some of the most likely questions but you can find more tips and advice for members and CSP reps on the CSP website. If you are facing proposals to develop seven-day services, do keep in touch with your local CSP steward.

### **What if a set of proposals for seven-day services has been put forward as the only option and there has been no steward involvement to date?**

An employer is obliged to consult with staff over organisational change that will result in a significant change of working hours and possibly a change in employment contract. Your steward will ask for an established consultation period to be set and lodge a collective grievance if the employer does not agree to an acceptable consultation period. Management discussions with individuals are not a substitute for negotiating with stewards on a collective basis. The CSP advises stewards to check relevant local policies, especially health and safety ones, and the law on collective consultation.

**Seven-day services have been introduced in some services where I work and staff working patterns are already established.**

### **The precedent set by these services is now being rolled out. What can we do?**

Where seven-day services have been introduced, on either a short-term and voluntary or an ad hoc service-by-service basis, it is possible that stewards may not have been involved with negotiations. They should request a review of such services in order to understand how it works in practice and to identify possible differences between services. Once the negotiations impact on the majority of staff, your steward can argue for collective negotiations and for a set of procedures to be agreed that will replace the existing temporary or ad-hoc arrangements. Members should not agree to any individual arrangements with management.

### **What if seven-day service proposals have been linked to a broader service re-organisation or proposed in services that have had recent staff cuts or frozen posts?**

In this situation, it is vital to prioritise negotiating. However, management must consult on the proposed changes to work organisation and reach a consensus on the most acceptable way in which to implement and operate a seven-day service (such as rota organisation or minimum commitment levels). Arrangements on how to cover for unfilled rosters should be provided and an assessment of the workload implications for staff should be agreed. A proper risk assessment will be particularly important where posts have been frozen or staff reduced.

### **What if new staff are employed on contracts that say working over a seven-day period is required, and, as a result, managers argue there's no need to consult. Is this right?**

A contract is not just about what is explicitly stated in writing, but how things operate in practice. There is still a requirement to consult over how extended service provision will impact on all staff.

## **CONSULTATION CASE STUDY:**

When the trust launched a consultation process on extended services provision for musculoskeletal (MSK) streams, acute and rehab, it was determined to do it properly. Over a six-month period, staff – and their unions – were engaged in detailed discussions over reshaping the services.

CSP stewards and other union reps, team leads and selected members of staff were invited to attend focus groups on seven-day services. Management supplied full financial information, including how many additional staff could be afforded and the required skill mix. They indicated that funding was available for whatever model was chosen, with additional funding to become available if the model proved successful.



### What if I don't want to work every weekend?

In practice, there is usually a workable compromise that enables those who want to work fewer weekends to do so. Some people welcome the additional payments that come with working unsocial hours. As an individual you can, if necessary, make representations to your

steward after the consultation has taken place and the change agreed.<sup>fl</sup>

- Download the CSP's *Seven-day physiotherapy services: Meeting the challenge member resource pack* at: [www.csp.org.uk/7dayservices](http://www.csp.org.uk/7dayservices)

## HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST

The focus groups were asked if they would prefer six-day working, seven-day working or six days with some late working. Seven different models were suggested by the focus groups. All staff were then emailed with the outcome of the focus groups. One month later, the focus groups were reconvened and narrowed down the seven options to just three. Each team lead took the three options back to their teams and asked them to vote on what the best option was for them. The three options were:

- six-day service with additional staff
- seven-day service as a 'scratch' service (limited service on weekend)
- six-day service with extended hours

Teams voted according to service needs. All staff were sent a consultation paper a few days prior to the next round of therapy meetings, with details of changes to staff contracts. Individual members were able to raise concerns by email, at meetings, or with their managers. Following further discussion with union reps, changes were agreed to the proposed time off arrangements after weekend working.

The consultation was then officially launched for a 30-day period. Anyone could raise issues with stewards or managers. No fundamental changes were made to job roles, and no-one was expected to work outside their specialism. Rotations were agreed up to year ahead. With full agreement, the service

changes were then implemented, but only when sufficient staff were in place.

Sam Jackson, a CSP steward, said: 'CSP stewards were involved from the outset and able to negotiate changes and improvements to the trusts' original proposals. The involvement of union reps, working closely with members and in partnership with employers, is essential to deliver the best possible NHS services for staff and patients.'

Jacky Dascombe, therapies manager and Diane Payne, lead for the acute therapies service and speech and language therapy, said: 'Prior co-production with the staff concerned around the design and issues to be included in the consultation process was the key to a smooth process.'



IN OUR REGULAR ROUND-UP OF RESEARCH THAT'S RELEVANT TO PHYSIOTHERAPY PRACTICE, THIS MONTH WE'VE GOT PAIN

## CHRONIC PAIN

# Physios speak up on talking therapy

Psychological strategies for coping with pain are increasingly being offered as treatment for long-term conditions.

Now researchers are looking into physios' perspectives on using psychotherapy techniques to help patients deal with pain.

A team of physiotherapy researchers in Australia set up a randomised controlled trial of pain coping skills training (PCST) for knee arthritis.

Earlier research had shown that a combination of PCST and exercise provided by specially trained physios improved both

physical and psychological outcomes for patients with knee arthritis (MA Hunt *et al. Knee* 2012; <http://dx.doi.org/10.1016/j.knee.2012.07.008>)

Physios were trained to carry out PCST, in a three-to-four-day workshop followed by months of formal mentoring and performance feedback from a psychologist.

Interviewed at various stages throughout the trial, the participating physios reported positive experiences with both PCST and their part in the trial, which they felt had enhanced their general practice. However,

they believed that comprehensive training and mentoring by psychologists was crucial.

'Although some components of the PCST programme were familiar, the therapists found delivering the programme was quite different from regular practice,' say the researchers.

**Neilsen M *et al. Physical Therapist-Delivered Cognitive-Behavioural Therapy: A Qualitative Study of Physical Therapists' Perceptions and Experiences. Physical Therapy* 2014; <http://dx.doi.org/10.2522/ptj.20130047>**

## PAIN NEUROSCIENCE

# Brain activity suggests mindful

Abnormalities in the way the brain anticipates a painful stimulus may be at the root of many people's chronic pain, researchers have found. This means the pain could be treated by new 'talking therapies' that target brain mechanisms to help the brain to cope more effectively.

A team from Manchester University recruited volunteers with either fibromyalgia – a condition in which patients have widespread chronic pain of no definite cause, along with poor sleep and psychological symptoms – or osteoarthritis. A third group had no pain.

The two groups with painful conditions were well matched for clinical levels of pain and for related psychological factors such as anxiety, depression or 'pain catastrophising' – a

tendency to fear and expect the worst.

All the volunteers received slightly painful laser pulses while the researchers measured their brain activity.

While those with arthritis or fibromyalgia were awaiting the laser's sting, a brain area called the insula cortex – associated with body perception and emotional responses – increased its activity. This matched the intensity of the patients' usual chronic pain.

Another area, the dorsolateral prefrontal cortex, showed less than usual activity. This corresponds with reduced ability to develop positive ways of coping with pain, say the researchers.

'Our previous work has shown that brain responses to pain expectation can be altered by relatively short and

## PERIOD PAIN

## Yoga helps ease period pain

Physiotherapy treatments may relieve dysmenorrhea, a systematic review of the evidence has reported. Researchers looked through 222 potential papers and analysed 11 suitable randomised trials of physiotherapy interventions to ease the pain many women experience at menstruation.

Most of these covered acupressure or acupuncture, with or without electricity. There were also two on spinal manipulation and one each on heat therapy, yoga and transcutaneous electrical nerve stimulation (TENS).

Acupuncture looked effective compared with no treatment. But trials comparing it with sham acupuncture revealed that both were helpful, which the authors suggest may mean all the benefits stem from the placebo effect. The same was found of acupressure.

Spinal manipulation did not prove effective. Heat patches, TENS and yoga did ease period pain, although the authors note that the quality of research was not high. However, they said, the costs and risks are also low.

'Physiotherapists could consider using

heat, transcutaneous electrical nerve stimulation and yoga in the management of primary dysmenorrhea,' the authors conclude.

**Kannan P & Claydon LS Some physiotherapy treatments may relieve menstrual pain in women with primary dysmenorrhea: a systematic review. *Journal of Physiotherapy* 2014 (in press); <http://dx.doi.org/10.1016/j.jphys.2013.12.003>**



A | Photo/SPL

## response

inexpensive mindfulness-based talking therapies in patients with different types of chronic pain', says researcher Wael El-Deredy.

'Our current findings therefore provide both a new target for development of new therapies and some optimism for simple interventions to improve the brain's control of chronic suffering endured by many patients with chronic pain conditions.'

**Brown CA et al. When the brain expects pain: common neural responses to pain anticipation are related to clinical pain and distress in fibromyalgia and osteoarthritis. *European Journal of Neuroscience* 2014; <http://dx.doi.org/10.1111/ejn.12420>**

## Pain: Comments &amp; Conclusions

- People over 50 who sleep badly are more likely than others to develop widespread pain within the next few years. Anxiety, loss of memory, physical health and quality of life also affect the risk, but to a smaller extent.
- Vitamin D supplements may reduce the pain of fibromyalgia. Researchers divided fibromyalgia patients with low vitamin D levels into two groups and gave supplements to one group for 20 weeks, while the others received a placebo.

**McBeth J et al. *Arthritis & Rheumatology* 2014; <http://dx.doi.org/10.1002/art.38284>**

- There is 'compelling' evidence that hyperexcitability of the central nervous system and brain abnormalities play a crucial role in chronic spinal pain, say researchers. They propose 'a modern neuroscience approach, comprising therapeutic pain neuroscience education followed by cognition-targeted motor control training'.
- Nijs J et al. *Physical Therapy* 2014; <http://dx.doi.org/10.2522/ptj.20130258>**



The patients taking a supplement reported a marked reduction in pain, unlike those taking the placebo. People with fibromyalgia often have low levels of vitamin D.

**Wepner F et al. *Pain* 2014; <http://dx.doi.org/10.1016/j.pain.2013.10.002>**

- When brain-injured children have both pain and post-traumatic stress disorder (PTSD), the PTSD is likely to be perpetuating the pain rather than the pain causing the stress disorder, say researchers.
- Brown EA et al. *Journal of Pediatric Psychology* 2014; <http://dx.doi.org/10.1093/jpepsy/jsu014>**



# Physiotherapy UK

CONFERENCE & TRADE EXHIBITION 2014



10-11 OCTOBER, BIRMINGHAM ICC

The most comprehensive clinical and research-based physiotherapy programme in the UK, for less than £260\*

## A SELECTION OF CONFIRMED SPEAKERS:



### Community Rehabilitation

**Prof John Young**  
National Clinical Director for the Frail Elderly  
& Integration, NHS England  
**LIVING WELL WITH FRAILTY**



### Neurology

**Paul van Asch**  
Physiotherapist Specialising in Neurology & Sport, Belgium  
**PHYSICAL ACTIVITY IN MS**



### Centenary Lecture

Celebrating 100 years of the CSP Founders' Lecture 1914-2014  
**Prof Karen Middleton CBE**  
Chief Executive, Chartered Society of Physiotherapy

### Learning & Development

**Dr Karen Beeton PhD,**  
MPhty, BSc(Hons) FCSP, FMACP  
Head of Department of Allied Health Professions  
and Midwifery, University of Hertfordshire  
**EDUCATION SYMPOSIUM: LIVING LONGER, LIVING WELL**



### Musculoskeletal

**Dr Mick Thacker**  
Senior Consultant Physiotherapist  
(Pain Management)  
Guy's & St. Thomas NHS Foundation Trust  
**LOUIS GIFFORD - HEAD, HEART & HANDS**



### Musculoskeletal

**Prof Paul Watson**  
Professor Pain Management &  
Rehabilitation, University of Leicester  
**LOUIS GIFFORD - HEAD, HEART & HANDS**



the **icc**  
birmingham

10 & 11 OCTOBER

Speakers and sessions being added daily - check the website for details

**BOOK NOW** and see the draft programme at [www.physiotherapyuk.org.uk](http://www.physiotherapyuk.org.uk)

\*Full members only. Other discount prices apply to other membership categories.  
Non-members £399 & £309 for two- and one-day tickets respectively.



# InPerson...

## My advice on starting out as a leader

I am passionate about leadership. But it has to be leadership with a purpose. In the healthcare setting, that purpose must be about driving up the quality of care for patients and the public. There is a direct correlation between good leadership and high quality care – the reverse is highlighted in report after report when things go wrong. It is really important, therefore, for physiotherapists to demonstrate leadership, regardless of our level or what setting we work in.

Physiotherapists often ask me 'what is the difference between management and leadership?' My answer is that management is doing things right and leadership is doing the right things – and leaders do need to be good managers.

Management is about systems and processes, whereas leadership is about vision and enabling (not controlling) others to perform at their best.

Here at the CSP, my role as chief executive is partly to manage the society efficiently and effectively and to take the best decisions on behalf of members. But a large part of the job is, along with the society's chair, to provide leadership for the profession as a whole.

The fact I've been a physio doesn't in itself make me a good leader, although it may help me understand the issues that

**IN HER REGULAR  
FRONTLINE,  
COLUMN, CSP  
CHIEF EXECUTIVE  
KAREN MIDDLETON  
LOOKS AT THE  
DIFFERENCE  
BETWEEN  
A MANAGER  
AND A  
LEADER**

members grapple with.

I believe physiotherapists are innately very good managers – we are trained to be problem solvers in managing patients' conditions.

If you want to improve your management skills, there are courses and books on the topic. Developing leadership skills or becoming a leader is somewhat more difficult because to be a leader you need followers. Supposing no one wants to follow you? Again, books and courses may help, but so much

of being a leader is behavioural and 'teaching' behaviours is difficult.

As I started on my leadership journey, I found mentors at different stages and had a range of coaches to help me reflect on what and how I did things. I found programmes that focused on self-reflection, gaining insight and understanding how we

impact on others. These were some of the most useful experiences of my life – painful though they were at times.

I also shamelessly copied those who considered to be good, effective leaders. Honest and constructive feedback is also invaluable. I meet a lot of students and newly-qualified staff who ask how to get started on their leadership journey, whether in the NHS or their own physio business.

My advice is to seek out people you admire locally and start the conversation! **fl**



You can email Karen at: [middletonk@csp.org.uk](mailto:middletonk@csp.org.uk)





# VIEWS & OPINIONS

in perspective

## Suicide watch

Specialist nurse Karen Lascelles argues



Suicide prevention is everybody's business. Recent research indicates that suicide risk is particularly prevalent among people who have recently been discharged from acute hospitals. It is also higher among those who either attend primary care settings very frequently or not at all. Physiotherapists commonly work with people who experience suicidal ideation, which can be associated with

chronic pain, significant sports injuries, traumatic brain injury, and spinal cord injury. Suicide awareness training for physiotherapists is therefore essential.

A survey I carried out in 2013 identified that musculoskeletal physiotherapists in community health services do not routinely receive suicide awareness training.

In response, I delivered a pilot suicide awareness session to physiotherapists in Oxford Health NHS Foundation Trust. The session, which lasted one hour, looked at topics such as risk factors for suicide, the relationship between self-harm and suicide and Thomas Joiner's interpersonal theory of suicide.

This provided a helpful framework

for conceptualising how some people develop suicidal feelings and helped to guide discussions about cases physiotherapists felt might be risky. Joiner's theory suggests that people who lack reciprocal supportive relationships, feel that they don't belong and also believe that they are a burden are more likely to experience a desire for suicide. This is particularly so when they feel hopeless about finding any kind of resolution.

Suicidal desire does not necessarily lead to suicidal intent, however. According to the interpersonal theory, intent is associated with 'acquired capability'. Acquired capability can build up through various behavioural and psychological means and

advice line

## All bets are off

Football physio James Rowland tackles the controversial topic of betting in football

In recent months betting in football has been a hot topic in the media. The Football Association (FA) recently released a statement banning people at 'Step 1 to 4' clubs from betting, whether directly or indirectly, on any football match or competition. Thus, the ban covers people connected to a wide of range of clubs, from those in the Premier League down to those in the Northern Premier League Division One North, for example.

How does this affect physiotherapists working in professional or semi-professional football? The FA rule change, starting in the 2014 to 2015 season, will affect playing, coaching and medical staff alike.

As a football physiotherapist the management of injuries is one of my key roles and responsibilities, along with other members of the

medical team. We hold the key information regarding our patients' injury status and know how long they are going to be sidelined.

If someone outside the club asks if a player is going to make a quicker return than expected, we must be very careful. Inside knowledge could potentially change the betting market and be a breach of the FA guidelines. Here's the challenge: friends, family or fans might show an interest in an injured player as you meet in the street or while you are out socialising. My advice is to demonstrate your professionalism and integrity at all times. With reference to the CSP *Code of Members' Professional Values and Behaviour* ([www.csp.org.uk/code](http://www.csp.org.uk/code)), we as practitioners working in professional football or elite sport must adhere to legal and regulatory



## GOT SOMETHING TO SAY?

We encourage members to contribute to these pages. For information see the guidelines at: [www.csp.org.uk/frontlineideas](http://www.csp.org.uk/frontlineideas) or email: [eatonl@csp.org.uk](mailto:eatonl@csp.org.uk)  
The views expressed here are not necessarily those of the CSP



## viewpoint

# Quality mark

## Help to improve services for people with learning disabilities, says Sarah Maguire

Health and social care providers are being invited to make a public commitment to making sure that the kind of abuse that happened at Winterbourne View never happens again. They can do this by signing up the *Driving up Quality* code and by helping to create a culture of openness and transparency. This is needed if organisations are to flourish and poor providers are to be driven out of the sector.

The *Driving up Quality* code, which was developed by a steering group chaired by the Housing and Support Alliance, is part of the Winterbourne View Concordat. The code is unique as it was developed by the voluntary, independent and statutory sectors in consultation with people who use services, their families as well as the Care Quality Commission and commissioners. Once we all sat together and put aside our traditional squabbles and prejudices, it was clear there was a real desire to listen to the people we support and a commitment to build lives that have meaning.

The code has five simple aims, which are to:

- drive up quality in services for people with learning disabilities
- create and build a passion in the learning disability sector to provide high quality, values-led services
- provide a clear message to the sector and the wider population about what is and what is not acceptable practice
- promote a culture of openness and honesty in organisations
- promote the celebration and sharing of the good work that is already out there

The code is voluntary and that was deliberate. We already have plenty of statutory and regulatory 'assessment' and yet still see case after case of abuse and poor practice. This code is about self-assessment and wanting to commit time and resources to come together and reflect on how we work.

The code is not about being told what to do by government, commissioners or regulators - it is about providers wanting to listen, learn and share their stories about what makes good support. Visit: [www.drivingupquality.org.uk/home](http://www.drivingupquality.org.uk/home) or email Kate Newrick at: [kate.newrick@housingandsupport.org.uk](mailto:kate.newrick@housingandsupport.org.uk)

*Sarah Maguire is director of quality, Choice Support*

## that physio staff need to be more aware of suicide risks

becomes dangerous when it leads to a belief that the pain and fear associated with dying by suicide will be less than that of continuing to live in one's current state of mind.

Acquired capability with physio patients may stem from, or be accelerated by, persistent pain and a loss of role, mobility and identity linked to the person's physical condition.

The physio staff said the suicide awareness training was relevant, interesting and helpful. One, who had a high-risk individual on her caseload, said the session helped her to understand some less obvious risk issues. She also felt more confident about communicating her concerns to the patient and the GP.

Another said: 'Very interesting discussion ... we all get patients who disclose suicidal thoughts or would be considered at risk of suicide, and it's really good to have a bit of direction on where to go with it.'

The participants also said a pathway document, covering issues such as key risk factors, and referral and contact information would be helpful. This is now being designed.

**Karen Lascelles** is suicide prevention lead nurse, Oxford Health NHS Foundation Trust

• For more information, email: [karen.lascelles@oxfordhealth.nhs.uk](mailto:karen.lascelles@oxfordhealth.nhs.uk)



requirements while delivering an effective service. This could involve a number of situations: a late fitness test, a behind closed doors pre-signing examination, a player leaving a club, even a manager leaving a club.

It can be easy to succumb to external pressures. Questions might be 'who is playing?', 'what formation?', 'is the star striker fit?', 'is the manager playing his strongest side?'. Maintain confidentiality and strive to achieve continued excellence as a leader for the physiotherapy profession in sport. The consequences of betting in football can be detrimental to the game; don't be a part of it.

**James Rowland** is head physiotherapist, Burton Albion Football Club

• To see the FA statement, visit: [www.thefa.com/news/2014/may/ban-on-betting-passed-by-fa-shareholders](http://www.thefa.com/news/2014/may/ban-on-betting-passed-by-fa-shareholders)

26 Joint hypermobility syndrome

# STREET

A woman with dark hair in a bun, wearing a white spaghetti-strap dress, is sitting on a white surface. She is looking down and to the right. The background is a plain, light-colored wall.

**HYPERMOBILITY  
AFFECTS MORE AREAS  
THAN YOU MIGHT EXPECT,  
AND PHYSIOTHERAPISTS  
ARE LEADING THE WAY  
WITH RESEARCH.  
JANET WRIGHT  
REPORTS**

# CHINING

## A POINT

**H**ypermobile joints are well known to physios dealing with the soft-tissue injuries that keep musculoskeletal (MSK) and sports clinics busy. But hypermobility's effects also spread into seemingly unrelated areas.

How many clinicians routinely consider joint hypermobility syndrome (JHS) as a factor in a child's gastric problems, a woman's urinary stress incontinence, a young person's premature arthritis or an older person's varicose veins?

JHS, usually stemming from a connective-tissue disorder that runs in families, can also affect the autonomic nervous system, causing symptoms such as fainting and heart palpitations. It has been linked with conditions such as phobias and even autism.

Yet students of physiotherapy or medicine are taught very little about hypermobility or its multisystemic nature. 'There seems to be a lack of awareness among physios of the diagnostic criteria,' says Shea Palmer, professor of MSK rehabilitation at the University of the West of England Bristol. Only 43 per cent of physios with some postgraduate training in joint hypermobility were using the Beighton criteria (see following

page), says Professor Palmer. Among those without postgraduate training it was 22 per cent.

### Mental health link

Hypermobility shouldn't be automatically classed as a problem, he adds. It is a spectrum, at one end of which the flexibility can even be beneficial.

'For musicians, gymnasts, swimmers, having really mobile joints allows them to function at a very high level,' says Professor Palmer. Those super-flexible joints can prove an asset to ballet dancers turning their feet out at right angles, or gymnasts entrancing the crowds as they float over the parallel bars.

For some people, however, disability lies at the far end of the spectrum, overlapping with the hypermobile form of Ehlers-Danlos syndrome. Between the two extremes come JHS symptoms such as joint instability, pain (not only in the joints), fatigue and a range of less easily recognised symptoms including gut, heart and even mental problems.

'Anxiety and depression are found to be over-represented in this group,' says another CSP member, Jane Simmonds, principal lecturer and researcher at the University of Hertfordshire and clinical specialist at the >

# 28 Joint hypermobility syndrome

hypermobility unit in the Hospital of St John and St Elizabeth in London. This may be a result of pain and suffering or may be inherent in the condition and a result of an unknown genetic link.' One study found people with JHS were 16 times more likely to have panic attacks (Martín-Santos R et al. *American Journal of Psychiatry* 1998; <http://journals.psychiatryonline.org/article.aspx?articleid=173105>).

## Safe exercise

Exercise is essential to improve joint stability, say the specialist physios, but an excessive range of movement can put patients at risk of damaging what they're trying to protect. Also, poor proprioception often makes it difficult for them to exercise correctly.

Professor Palmer's research found that, though exercises are widely used, more studies need to be done to determine what is effective (Palmer *et al. Physiotherapy* 2013; <http://dx.doi.org/10.1016/j.physio.2013.09.002>). So far, the wide range of conditions and measurements used by researchers make it hard to weigh up the results.

'In the literature, it's difficult to know whether patients

have symptoms and are therefore likely to have JHS,' he says.

His team has developed a programme of exercise and education, currently being tested in a pilot scheme (see: [www.csp.org.uk/hypermobility](http://www.csp.org.uk/hypermobility)).

'The intervention we've been developing is almost a pain management approach, trying to build up people's ability to function,' says Professor Palmer. 'There are some specific exercises to stabilise affected joints, but we're trying to build up what they're doing, pacing activity rather than boom and bust, addressing negative thoughts.'

## How much do we need to know?

One school of thought holds that JHS is being over-diagnosed. However flexible people are, if they aren't suffering from any associated problems they haven't got JHS – they're just hypermobile. Women are naturally more flexible than men, and other ethnic groups more than white people. About 20 per cent of women meet the Beighton score for hypermobility (see panel below), and most of them are symptom-free. So is the diagnostic standard useful?

Studying thousands of teenagers, Professor Palmer's team



Flexible fingers can be a sign of hypermobility syndrome

## DIAGNOSING JOINT HYPERMOBILITY SYNDROME

### The Beighton score reveals hypermobility. Can you:

- ✓ pull either of your thumbs down to your wrist?
- ✓ hyperextend a knee or an elbow by 10 degrees?
- ✓ bend a little finger back to 90 degrees?
- ✓ put your palms flat on the floor without bending your knees?

If you score four out of those nine possible points, you have hypermobility. However, it's not JHS unless you have pain or other symptoms. Since the 1990s, JHS has been diagnosed through the Brighton criteria. These include two 'major criteria':

- ✓ a Beighton score of four-plus, and/or
- ✓ pain lasting three months in at least four joints

There are also a number of 'minor criteria' including:

- ✓ Beighton score up to three
- ✓ varicose veins, hernia or prolapse
- ✓ pain in the back or at least three joints for three months or more
- ✓ dislocation of at least one joint
- ✓ soft-tissue injuries such as tenosynovitis
- ✓ certain abnormalities of the skin, build or eye shape

### JHS may be diagnosed if a patient meets:

- ✓ both major criteria; or
- ✓ one major criterion and two minor or
- ✓ four minor; or
- ✓ two minor, if they also have a close relative with JHS

found that 20 per cent of 14 year olds qualified as hypermobile. Raising the qualifying score from four to six would have reduced the numbers diagnosed to four per cent. However, that hypermobility diagnosis at 14 proved useful in predicting problems four years later.

'If they were hypermobile at the age of 14, we found they were twice as likely to have pain in the knee, shoulder, ankle or foot at 18,' says Professor Palmer. 'If obese, they were 11 times more likely to have pain at 18 than those who were neither obese nor hypermobile. So there's a link between hypermobility and onset of pain.'

Even at the symptom-free end of the spectrum, hypermobile people are more likely than average to have minor injuries such as twisting an ankle. And hormonal changes make normal tissues more flexible during pregnancy, so women with hypermobility are at increased risk until after the birth.

Big advances in paediatric physiotherapy are transforming the prospects of children with hypermobility.

'We can change things in children,' says Ellie Haggart, highly specialist phy paediatric rheumatology at Great Ormond Street Hospital. 'If they get the right targeted intervention they shouldn't have the

parents may  
e working  
ed last year

by the British Society for Paediatric and Adolescent Rheumatology.

### Listen to patients

'There's almost a lack of willingness among doctors to accept that a joint that moves more than normal should be associated with pain, because pain is usually associated with stiffness,' says Professor Palmer.

Diagnosis can protect the patient from inappropriate treatments or exercises, he says. And

treatment needs to consider the whole body. An injured knee, for example, might need the effects of hypermobility

'While avoiding over medicalising hypermobility, we should be listening to patients, especially those with more complex needs and working with multidisciplinary teams to help facilitate function and improve quality of life,' says Dr Simmonds, who is due to speak at a hypermobility event at the University of

[cpdhealth@herts.ac.uk](mailto:cpdhealth@herts.ac.uk) fl

THERE'S ALMOST A LACK OF WILLINGNESS AMONG DOCTORS TO ACCEPT THAT A JOINT THAT MOVES MORE THAN NORMAL SHOULD BE ASSOCIATED WITH PAIN, BECAUSE PAIN IS USUALLY ASSOCIATED WITH STIFFNESS'  
Professor Shea Palmer

### RESOURCES

Hypermobility Syndromes Association: <http://hypermobility.org>  
HMSA journal: <http://hypermobility.org/new-hmsa-journal>

Ehlers-Danlos Support UK: [www.ehlers-danlos.org](http://www.ehlers-danlos.org)

Association of Paediatric Chartered Physiotherapists: <http://apcp.csp.org.uk>. Symptomatic Hypermobility leaflet can be downloaded at: <http://apcp.csp.org.uk/publications/parent-leaflets>

Guidelines for Management of Joint Hypermobility Syndrome in Children and Young People, British Society for Paediatric and Adolescent Rheumatology: [www.bspar.org.uk/DocStore/FileLibrary/PDFs/Guidelines%20for%20Management%20of%20Joint%20Hypermobility%20Syndrome%20v1.1%20June%202013.pdf](http://www.bspar.org.uk/DocStore/FileLibrary/PDFs/Guidelines%20for%20Management%20of%20Joint%20Hypermobility%20Syndrome%20v1.1%20June%202013.pdf)

# ENJOY A SUMMER OF CRICKET AT LORD'S CRICKET GROUND

and get the greatest views in world cricket for just £100  
as a full member of Middlesex County Cricket Club in 2014

2014 is a very special year for one of cricket's most respected and best loved first-class county cricket clubs, Middlesex County Cricket Club. Having been officially founded in 1864, the club celebrates its 150<sup>th</sup> anniversary this year.

Thanks to the launch of an exciting new partnership with Middlesex CCC, CSP members can also celebrate this year, as you can join as a full member of Middlesex CCC for just £100 in 2014, saving you £95 on the cost of normal annual full membership – that's practically HALF PRICE!

Exclusive discounts for CSP members also apply to other membership categories, so there's never been a better time to join

as a Middlesex member and enjoy a summer of cricket at Lord's; the greatest ground in world cricket.

With Middlesex CCC playing their home matches at Lord's Cricket Ground since 1877, the simple fact that Middlesex members are able to call Lord's their home is in itself something special, but when you weigh up all the other benefits that members receive, this really is an exceptional offer for CSP members.

Benefits of Middlesex membership include getting access to the famous Lord's Pavilion on match-days, allowing you to relax and watch the cricket from the luxury of the most hallowed room in world cricket, the famous Lord's Long

Room. Joining as a member this year will also grant you FREE entry into Lord's (and all other Middlesex outground venues) to watch every single day's play at each of Middlesex's home matches, across all three competition formats; the four day LV= County Championship, the Royal London One-Day Cup and all NatWest T20 Blast group matches, plus the one day tourists' match between Middlesex and the touring Indian side.

You'll also have priority access to Test match tickets and One Day International tickets at Lord's in 2015, including next year's eagerly awaited Investec Ashes Test match at Lord's.

To take advantage of this brilliant offer to join as a Middlesex CCC member in 2014 at this heavily reduced exclusive CSP rate, simply go to: [www.middlesexcccshop.com/csp](http://www.middlesexcccshop.com/csp)

# SCOPING your practice

IT MIGHT BE TIME TO STAND BACK AND HAVE A THINK ABOUT WHAT CONSTITUTES YOUR SCOPE OF PRACTICE, SUGGESTS CSP ADVISER FOR CPD GWYN OWEN



traditionally undertaken by doctors (such as injecting medication and prescribing).

While such developments offer positive opportunities for enhancing the quality of care, for personal career development and for promoting the added value of the profession, they can also raise questions about the scope of physiotherapy practice. This article will explore the changing scope of physiotherapy practice and help you think afresh about how your day-to-day practices relate to the overall scope of physiotherapy in the UK.

## What is the scope of physiotherapy practice?

Physiotherapy practice is defined by the royal charter which was granted to the Incorporated Society of Trained Masseuses (the precursor to the CSP) in 1920. The charter defines physiotherapy as being practices that incorporate manual therapy, exercise and movement, electrophysical modalities and kindred physical approaches. Whenever I think about how physiotherapy has evolved over its 110-year history, I'm struck by the foresight of our founders in establishing such a broad scope of practice for the profession. The charter does not prescribe a list of techniques that are 'in' or 'out' of scope, but sets a boundary on physiotherapy practice that maintains the profession's continuity over time while accommodating developments that occur in practice.

This approach allows physiotherapy practice to evolve as physiotherapists respond >

to changing healthcare needs, developments in research and technology, and the social, political and economic factors that shape how professional practice is organised, designed and delivered. See box (right).

### Professional responsibilities for defining your scope of practice

As CSP members we have a professional responsibility to understand and take responsibility for our personal scope of practice. This expectation is clearly laid out in principle 1 of the CSP's code ([www.csp.org.uk/code](http://www.csp.org.uk/code)). Section 1.2 calls on members to 'act within their individual scope of practice' and advises members that their individual scope of practice (the practices an individual is educated, trained and competent to undertake) sits within the evolving scope of physiotherapy practice in the UK.

The CSP has produced a new resource to help members think critically about their individual scope of practice and how that relates to the scope of physiotherapy practice in the UK. The resource which is available in the 'professionalism' section of the CSP's website at: [www.csp.org.uk/scope](http://www.csp.org.uk/scope) works through a set of prompts to help members consider:

- how a technique or activity sits within the scope of practice defined by the Charter
- how a technique or activity relates to an individual's role and competencies
- how a technique or activity might sit outside the scope of physiotherapy (collective and individual)
- what action to take if so, including developing appropriate competencies and support/supervisory processes, and insurance cover for practice that sits outside the scope of physiotherapy *fl*

## PHYSIOS' USE OF ULTRAVIOLET LIGHT

Ultraviolet light (UVL) was introduced into physiotherapy's practice repertoire in 1928 as part of a campaign by medicine to regulate its use. 'Artificial sunlight' and other forms of medical electricity had become a popular treatment used by a number of 'quacks' to treat the non-specific disorders of a fee-paying public.

Encouraged by medicine, the Chartered Society of Masseuses and Medical Gymnasts (the precursor to the CSP) introduced a training syllabus and examination in electrotherapy and light. The examination was of mutual benefit to medicine and physiotherapy. Medicine was able to reinforce its status by delegating the application of ultraviolet light to a body of competent practitioners. Physiotherapy was able to lay claim to a specialised body of knowledge and skill and differentiate its practice from the 'quacks' who were competing for clients. Physiotherapy's use of UVL extended during the 1930s to treat the constitutional 'diseases of darkness' such as skeletal tuberculosis and rickets.

### Artificial sunlight

By the 1940s, public health measures to improve air quality and limit overcrowding reduced the demand for artificial sunlight as a treatment for constitutional disease. Physiotherapy responded to this change by transferring its practice to support developments in dermatology. Here, physiotherapists applied UVL to activate the medicated ointments used to treat skin conditions such as psoriasis, acne and alopecia.

During the 1950s, developments in

medical physics produced lamps that could direct the antiseptic and healing properties of UVL to a specific area of the body. This new mobile technology was adopted by ward-based physiotherapists to treat wounds, pressure sores and ulcers caused by lengthy periods of bed-rest post-surgery.

Developments in surgical and nursing technology, together with the changing organisation of healthcare during the 1980s, meant that physiotherapists' use of UVL was in decline by the 1990s. Over time, static lights were relocated into dermatology departments for use by a new generation of trained healthcare assistants, while the mobile lamps were superseded by ward-based practices focused on pressure care and patient mobility.

This account shows how physiotherapy's scope of practice is shaped by shifts in population need, developments in technology and change in the organisation and delivery of professional practice. The timing of the declining use of UVL is significant. The year 1977 marks the formal recognition of physiotherapy's technical autonomy - its capacity to assess, diagnose and treat. While the application of UVL requires specialised knowledge and skills, in the hands of physiotherapy it is a treatment modality rather than a diagnostic tool. The independent decision-making processes associated with physiotherapy's technical autonomy are therefore redundant, which meant that UVL could be safely delegated to others. The process of delegation itself served to protect the credibility of physiotherapy's technical autonomy and reinforce its status as a profession.

## HOW TO USE THIS PIECE FOR YOUR CPD

This activity will help you think afresh about your personal scope of practice and how it sits within the evolving scope of physiotherapy practice in the UK (CSP code, section 1.2).

- **take a sheet of A4 paper** (probably easiest if you hold it in a 'landscape' format) and divide it into four columns
- **use the first column** to list the techniques you use in your day-to-day clinical practice
- **use the second column** to note how each of the techniques listed in the first column links to the practices defined by the charter - manual therapy; exercise and movement; electrotherapeutic modalities; and kindred approaches. If you're feeling unsure about how your individual scope relates to the scope of UK physiotherapy

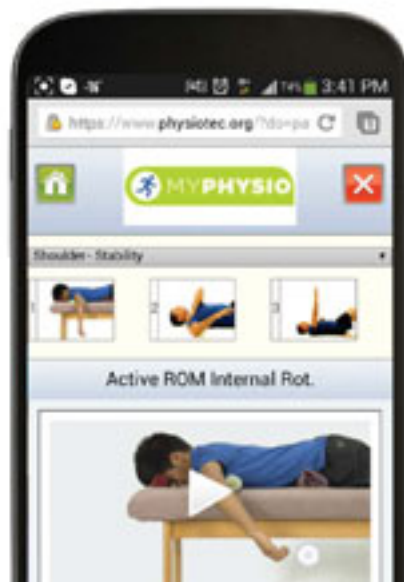
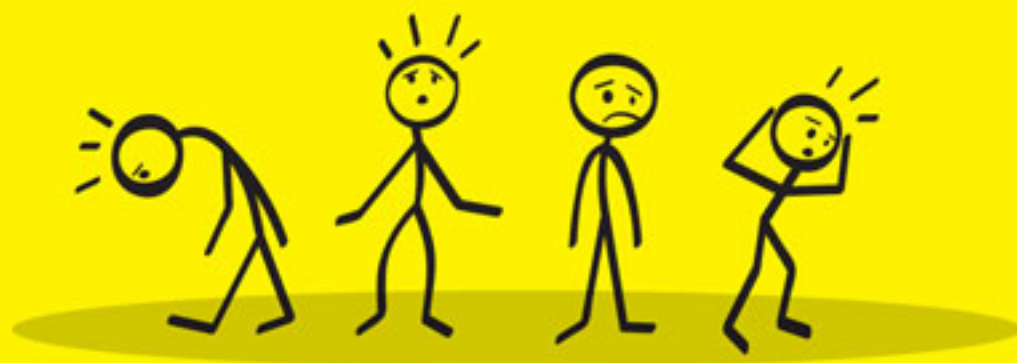
practice, visit the CSP's scope resource at: [www.csp.org.uk/scope](http://www.csp.org.uk/scope) for further information and advice

- **use the third column** to evaluate your knowledge, skills and confidence in applying each approach, modality or technique. You could use the descriptors from the CSP's framework: see 'Physiotherapy practice skills' at: [www.csp.org.uk/physiotherapyframework](http://www.csp.org.uk/physiotherapyframework)
- **in the fourth column** make a list of evidence to support your evaluation. The evidence could be formal (such as certificates) or informal (such as feedback from clients or peers). Completing this column should help you evidence current strengths and highlight where continuing professional development activity is needed to help maintain or develop your scope of practice

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



# YOU'RE ALL FIRED



Put an end to archaic and inaccurate ways of showing patients how to do home exercises

DISCOVER PHYSIOTEC'S REVOLUTIONARY VIDEO EXERCISE PROGRAMMES!

With Physiotec at the heart of your patient's wellbeing solution, see how a custom-designed video exercise programme can empower them and speed up their recovery.

0203 286 5865    info@physiotec.org  
physiotec.co.uk

  
**PHYSIOTEC**

**CONCERNS ABOUT POOR POSTURAL CARE PROMPTED A YORKSHIRE TRUST TO ASK A PHYSIOTHERAPIST TO RUN A TRAINING PROGRAMME FOR STAFF. HELEN MOONEY REPORTS**

## Pole

Senior physiotherapist Rebecca Vickers has played a central role in ensuring that people with learning disabilities living in accommodation provided by a Leeds-based NHS trust receive better postural care.

Ms Vickers took up the challenge of improving provision after it was realised that patients were losing out as a result of a local service reconfiguration. The creation of a single referral pathway and a different referral system for physiotherapy services had resulted in a rise in critical incidents linked to poor postural care among patients living in supported living services provided by Leeds and York Partnership NHS Foundation Trust.

'With the changes that had taken place, carers had to highlight need and refer to us,' Ms Vickers explains. 'We had noticed a drop in referrals and a rise in the number of critical incidents. There were areas of poor practice regarding pressure care and postural management. As a secondary complication, there were a number of incidents in which people experienced muscle shortening.'

**Poor postural care is linked to a range of health complications**

# position

She says that these statistics prompted the team to look again at their approach to referrals and in particular to postural care management across the 12 learning disability care homes the trust runs.

In June 2010 the trust seconded Ms Vickers, a band 7 physiotherapist, for six months into its learning disability homes, specifically to address the loss of skills in postural management among the staff teams.

## Postural management champions

Ms Vickers says the trust recognised that the standards of skills among the specialised supported living services staff had been compromised due to the reorganisation of the physiotherapy team. This meant that care staff no longer had regular contact with physiotherapists or access to postural management training.

'I was seconded to the supported living services for six months specifically to focus on postural management for learning disabilities patients. About 80 per cent of them have cerebral palsy. For those six months I did not have any other caseload,' Ms Vickers explains.

'It was important for me to work in the homes and get to know the staff and what

the culture and managers were like. It helped me to tailor my training.'

She explains that she developed a training package for all the 133 members of staff in the supported living service to address the needs of 48 tenants.

Looking back, Ms Vickers believes she helped to create a shift in culture. Whereas initially she found that some members of staff team were unaware of the postural needs of their tenants, now they show much more knowledge about the dangers associated with poor postural care.

She says that they now also have the knowledge and skills to address these and know when to contact specialists. This has led to a tripling in referral rates since the training started.

Each home now has two postural management champions who act as role models and continue to motivate and support their staff teams to deliver good postural care at all times.

Ms Vickers warns, however, that high caseloads mean many physiotherapists rely on care workers to ensure that patients have the correct postural management

She says more needs to be done to ensure ongoing training on this topic is offered to care staff.

'There is a high turnover of support service staff but unfortunately there is not the funding in place to ensure that a physiotherapist is regularly training these staff in postural care management,' says Ms Vickers.

Her concerns are echoed by physiotherapists around the country and

## WHY IS POSTURAL CARE IMPORTANT?

Failure to protect body shape can result in lots of health complications. For example:

- contractures - where the muscles tighten up and the person can't straighten their limbs
- scoliosis - curvature of the spine
- difficulty breathing
- poor digestion
- constipation
- pressure on internal organs

These complications can cause suffering, pain and even death.

Source: [www.posturalcareusa.org](http://www.posturalcareusa.org)

Photo provided by Mencap



## WHAT POSTURAL CARE SERVICES ARE NEEDED?

Commissioning postural care services should be a key part of the local strategy to meet health needs. The following should be provided:

### INFORMATION

There needs to be good information available for families about local postural care and training services.

### TRAINING

Postural care is a simple, practical approach but it is not intuitive, so professionals and families must get the information and training they need to do it properly and safely.

### POSTURAL CARE PATHWAY

There needs to be a clear postural care pathway in place, which involves professionals and families working together to support someone's posture.

A postural care pathway will involve:

- early identification of people who have, or are likely to develop, postural care needs
- assessment using measurements of body symmetry
- training for all involved developing a postural care plan for the individual and getting the right equipment
- ongoing monitoring and reviewing of the support needed.

### FUNDING FOR EQUIPMENT

There must be funding available to enable people to get the equipment they need - for example, a sleep system.

Source: Postural Care Action Group  
Visit: [www.mencap.org.uk/sites/default/files/documents/Postural%20Care%20booklet.pdf](http://www.mencap.org.uk/sites/default/files/documents/Postural%20Care%20booklet.pdf)

don't just apply to patients with learning disabilities but to those with a wide range of conditions and restricted movement.

### 24-hour management approach

Jenny Tinkler chairs the Association of Chartered Physiotherapists for People with Learning Disabilities. A clinical specialist in complex needs, Ms Tinkler is one of two band 7 physiotherapists based at Tees, Esk and Wear Valleys NHS Foundation Trust providing a 24-hour postural care management for adults with learning disabilities.

'We recognised we needed to do more for patients with regard to postural management and body shape. We reconfigured the physiotherapy service so that two physios can concentrate on this area, which frees up the other physiotherapists. This has been done without any additional funding,' Ms Tinkler explains.

She says the focus is on the training and education of carers in good postural management.

'Unfortunately it is not the norm in the NHS to have dedicated physiotherapy posts

**'GOOD POSTURAL CARE MANAGEMENT CAN MAKE SUCH A DIFFERENCE ESPECIALLY IF YOU GET IN EARLIER ENOUGH, BUT IT IS NEVER TOO LATE TO START'**

Jenny Tinkler

in postural care management.'

Ms Tinkler suggests that such is the importance of postural care for a variety of patients that it should be a dedicated standalone service much like that of a wheelchair service, which would subsequently become part of a wider postural management service.

'Good postural care management can make such a difference especially if you get in earlier enough, but it is never too late to start,' she says.

Ms Tinkler's view is backed by Elspeth Dixon, a learning disability specialist physiotherapist at 2gether NHS Foundation Trust who has a child with learning disabilities agrees.

'Locally we have not had a problem getting funding and getting postural care equipment for our patients but I think it is piecemeal and this is not happening around the country.

'I think every trust, not just those catering for people with learning disabilities, should have a dedicated physiotherapist who is postural care management lead.' **fl**

**ACPLD: FIND OUT MORE...**  
<http://acpld.csp.org.uk>

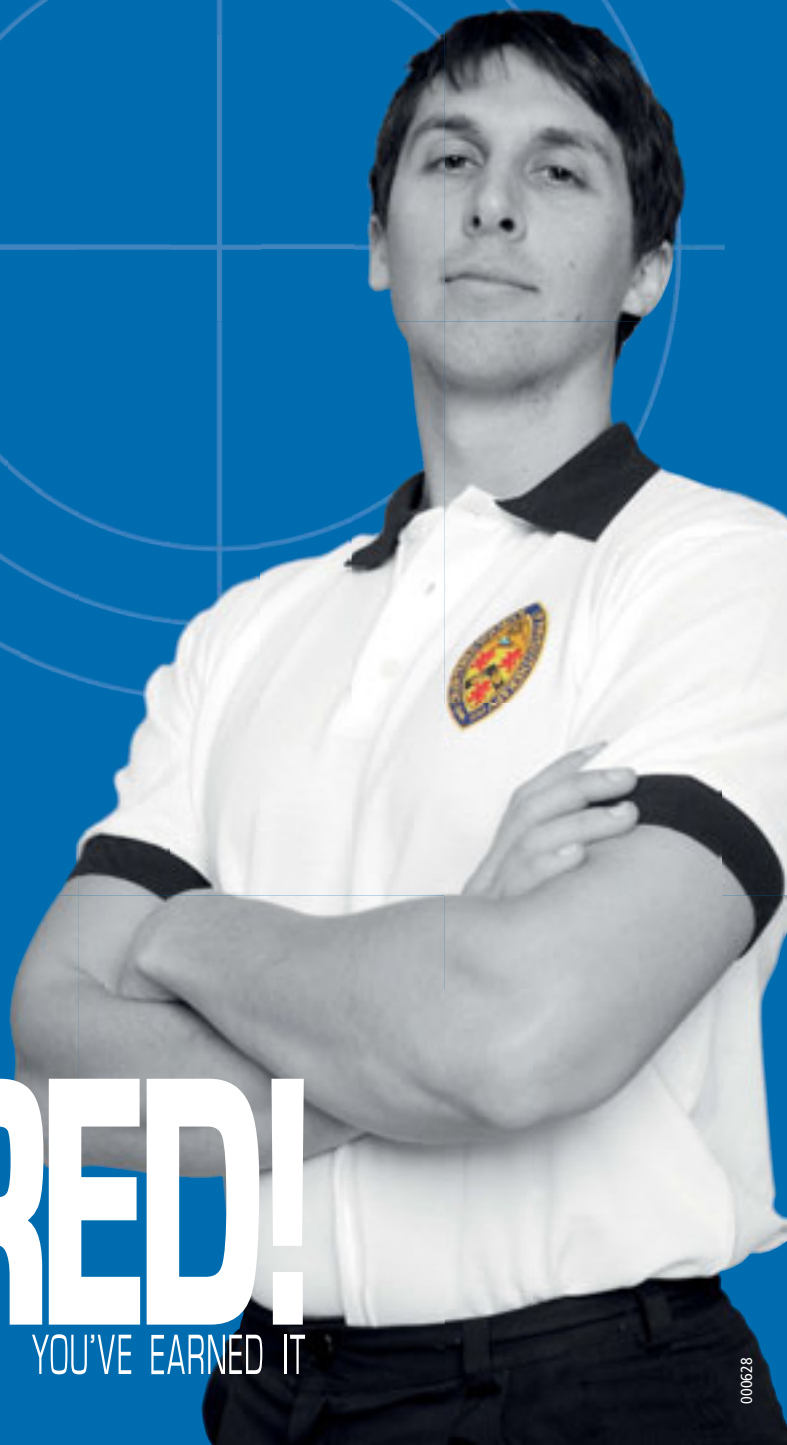
# STUDENTS: ARE YOU GRADUATING IN 2014?

Only full  
CSP membership  
grants you  
chartered status.

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

# GET CHARTERED!

YOU'VE EARNED IT



2 days  
of CPD for less than  
£260

# Physiotherapy UK

## CONFERENCE & TRADE EXHIBITION 2014

### LIVING LONGER, LIVING WELL

10 & 11 OCTOBER

the icc  
birmingham

## Delegate registration form



Main sponsor

1

**CSP membership number** .....

Title Mr/Ms/Mrs/Miss/Dr/Prof (DELETE AS APPROPRIATE • PLEASE COMPLETE USING BLOCK CAPITALS)

First name ..... Surname .....

Job title ..... Place of work .....  
(eg, band 5 physiotherapist, senior lecturer, private practitioner etc) (name of hospital or practice)

THIS INFORMATION WILL BE USED FOR THE ATTENDANCE LIST AND YOUR NAME BADGE – PLEASE ENSURE IT IS CORRECT AND THAT ALL FIELDS ARE COMPLETED

2

**Full address** (including trust/practice name if it is a work address) .....

(for correspondence – your delegate badge will be sent to this address)

..... Post code .....

Email .....

Please detail any dietary/special requirements ..... (eg, vegetarian, vegan, gluten free, etc)

Do you require a Braille or large print Programme? Braille  Large print

3

### Pick your ticket type

PLEASE TICK ONE BOX ONLY

- Full member 2 days **£259**
- Full member 1 day Fri or Sat\* **£199**
- Retired/Student/Unwaged 2 days **£129**
- Retired/Student/Unwaged 1 day Fri or Sat\* **£79**
- Associate member Fri **FREE**
- Associate member 2 days **£36.50**
- Non-member 2 days **£399**
- Non-member 1 day Fri or Sat\* **£309**

\*Please delete one

4

### What will you see?

Please tick the box to indicate the theme which you are most likely to attend (you may attend any sessions at Physiotherapy UK – this is an indication only).

#### Programme themes

- Community Rehabilitation
- Learning and Development
- Musculoskeletal
- Neurology

Book 5  
places for the  
price of 4  
(online only)\*\*

5

**Send your payment** – Please complete and send form to: Events team, CSP, 14 Bedford Row, London WC1R 4ED.

Please supply a purchase order number if required. Credit card bookings may be made online at [www.physiotherapyuk.org.uk](http://www.physiotherapyuk.org.uk)

All cheques to be made payable to: The Chartered Society of Physiotherapy.

### Booking conditions

• Please enclose full payment to secure your booking • All invoices must be paid before the respective deadline date to qualify for any reduced fees • All payments must be received before the event • Fees do not include travel, accommodation or social events • Attendees are advised to take a copy of their registration form for their own records • Cancellations received before 31 August 2014 will be refunded less £15 administration fee. Cancellations received after 31 August but before 30 September 2014 will be refunded 50% less £15 administration fee. There will be no refunds after 29 September 2014, however substitute names are welcomed at no additional charge.

\*\* 20% discount will be applied to all five bookings. All bookings must be made at the same time. Full members only. Other membership category discounts online. Terms and conditions apply. See website for details.



# DIRECTORY

Noticeboard 40

Courses and Conferences 54

## 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

Issue date	Booking deadline
Jun 18	Jun 2
Jul 2	Jun 16
Jul 16	Jun 30

## NOTICEBOARD:

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

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

PLEASE NOTE: Professional Network notices are limited to 180 words

**Please note** The courses and conferences advertised in this section have not gone through the CSP's formal recognition processes unless explicitly stated. *Frontline* accepts advertisements in good faith and is not responsible for the content of advertised events (except those delivered by the CSP itself). In the event of queries or comments relating to a specific course or conference, please contact the relevant organiser directly. Please see additional Guidance for Members in this section on broader issues relating to CPD, competence and scope of practice.

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



**Sugar & Spice**

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

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

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



## English networks news

### English Regional Networks

There are 10 English Regional Networks. These are for all members in England – qualified, associates, students, retired members. The networks organise regional forums for all members four times a year. All members are welcome to these free events, which are a good way catch up on your CPD, link up with others, learn about opportunities, and be supported.

### Calling associates!

**Regional network forums are the place to be for associates**

The CSP's Catherine Smith, associate member officer, will be at some of the regional forums coming up in June and is keen to meet up. If you have any questions about how you can get involved in your regional network please contact Catherine Smith at: [smithc@csp.org.uk](mailto:smithc@csp.org.uk)

### A chance to meet Karen Middleton for all members in the North East and the East of England

This June the new CSP head, Karen Middleton will be out and about visiting members at regional forums for the first time. In this quarter's meetings Karen will be visiting the East of England and the North East. Come along! See below for details.

### Introducing the latest from Physiotherapy Works at the June forums – social care, roadshows, Older Peoples Day

The June's forums will discuss how members can get involved in the CSP Physiotherapy Works programme. In the next few months this includes

- From June onwards - helping to launch the new Physiotherapy Works for Social Care briefing for commissioners
- From September onwards – hosting a Physiotherapy Works roadshow in your region
- October 1 – Older Peoples Day. We'll be getting involved by asking you to distribute a new CSP advice leaflet for the public.

### Calendar of June regional forums

Please email your regional chair if you are planning to attend so they know what numbers to expect.

#### East of England Forum

**Come and meet Karen Middleton speaking on our Physiotherapy Works programme**

Monday 16 June, 2pm to 5pm, Rosery County House Hotel, 15 Church Street, Exning, Newmarket, Suffolk CB8 7EH.

<http://www.csp.org.uk/nations-regions/east-england>

**Contact:** Carl Hancock

[eastofenglandchair@csp.org.uk](mailto:eastofenglandchair@csp.org.uk)

#### East Midlands Forum

Friday 13 June, 3pm to 6pm. Will be in Nottingham or Leicester, full details will be on the website and circulated nearer the time.

<http://www.csp.org.uk/nations-regions/>

#### east-midlands

Keri Barsby [eastmidlandschair@csp.org.uk](mailto:eastmidlandschair@csp.org.uk)

#### London Forum

Monday 16 June, 4pm to 6pm, CSP office, 14 Bedford Row, London WC1R 4ED.

<http://www.csp.org.uk/nations-regions/london>

**Contact:** Carole McCarthy [londonchair@csp.org.uk](mailto:londonchair@csp.org.uk)

#### North East Forum

**Come and meet Karen Middleton speaking on our Physiotherapy Works programme**

Friday 13 June, 10am to 3pm, Durham County Cricket Club, Country round Riverside, Chester-le-Street, County Durham DH3 3QR.

<http://www.csp.org.uk/nations-regions/north-east>

**Contact:** Jill Kent [northeastchair@csp.org.uk](mailto:northeastchair@csp.org.uk)

#### North West Forum

Tuesday 10 June, 6pm to 8pm, Lancashire Teaching Hospitals NHS Foundation Trust, Chorley Hospital, Preston Road, Chorley PR7 1PP

<http://www.csp.org.uk/nations-regions/north-west>

**Contact:** Jo Lishman [northwestchair@csp.org.uk](mailto:northwestchair@csp.org.uk)

#### South Central Forum

**Guest speakers from Nuffield Orthopaedic Centre**

Monday 16 June, 1pm to 4.30pm, Room 1 and 2, West Berkshire Community Hospital, Thatcham RG18 3AS (pay and display parking on site).

CPD theme: research physiotherapists talk about the trials for physiotherapy rehabilitation for osteoporotic vertebral fractures and femoral acetabular impingement.

<http://www.csp.org.uk/nations-regions/south-central>

**Contact:** Kim Patterson [southcentralchair@csp.org.uk](mailto:southcentralchair@csp.org.uk)



**South East Coast Forum****CSP speaker on seven day physiotherapy services: meeting the challenges**

Patt Taylor, senior negotiating officer will be introducing new CSP resources on seven day services.

Tuesday 10 June. 10.30am to 1pm, Room 203, Robert Dodd Building, School of Health Professions, 49 Darley Road, Eastbourne, BN20 7UR

<http://www.csp.org.uk/nations-regions/south-east-coast>

Contact: Helen Balcombe

[southeastcoastchair@csp.org.uk](mailto:southeastcoastchair@csp.org.uk)

**South West Forum****Guest speaker on falls research, prevention and strategies**

Tuesday 10 June, 1.30pm to 5pm (lunch 1pm), Peninsula Allied Health Building, Plymouth University.

CPD theme: Living well: living longer

<http://www.csp.org.uk/nations-regions/south-west>

Contact: Nicola Parfitt [southwestchair@csp.org.uk](mailto:southwestchair@csp.org.uk)

**West Midlands Forum**

Monday 9 June, 10am to 1pm, Room G86, School of Sport Exercise and Rehabilitation Sciences, Birmingham University, Edgbaston, Birmingham B15 2TT. Short walk from station, nearest parking north car park.

<http://www.csp.org.uk/nations-regions/west-midlands>

Contact: Sheila Stringer and Sam Townsend  
[westmidlandschair@csp.org.uk](mailto:westmidlandschair@csp.org.uk)

**Yorkshire and Humber Forum****Guest speaker, Martin Hey, consultant physiotherapist in pain management**

Wednesday 11 June, 4.30pm to 6.30pm, Education Centre, Fieldhead Hospital, Ouchthorpe Land, Wakefield, West Yorkshire WF1 3SP

CPD theme: Current trends in pain management

<http://www.csp.org.uk/nations-regions/yorkshire-humber>

Contact: For more information email Stephanie Portier [s.j.portier@shu.ac.uk](mailto:s.j.portier@shu.ac.uk)

**Thank you to members in the East Midlands**

A big thank you to everyone who took part in the East Midlands regional network survey, 117 of you replied, which was a great response rate. The purpose of the survey was to find out what you think of your East Midlands network and how you think it can be improved. The results are now being analysed so that action can be taken – further info to follow.

**Free lectures for CSP members in Gloucestershire throughout 2014-2015**

The Gloucestershire branch of the CSP has organised a lecture programme, free for CSP members. The next lecture is on Tuesday 15 July – Specialist Seating and Positioning by Jenny Cooper

**Lectures coming up are...**

Thursday 20 November – Health promotion and behaviour change by Carrie Marrow and Thursday 19 March – Presidential Address, Physiotherapy; where next after prescribing by Natalie Beswetherick.

All lectures are held at Charlton Lane Centre, Charlton Kings GL53 9DZ. Access from the staff car park/ entrance at rear of hospital at 7.30pm.

For more information contact: *suzanne.guiling@glos.nhs.uk*

**Public health study day in Shropshire May 14 – a great success**

CSP members in Shropshire held an extremely successful public health study day. The day included presentations and panel discussions with a number of public health and physiotherapy experts, including Dr Kevin Lewis, director of preventative health programmes and Cathy Levy the public health lead on obesity and health from Shropshire council's public health team, and from Kay Stevenson, consultant

physiotherapist from Keele University on how to improve public health, putting prevention into practice and how to implement STarT Back – stratified care for back pain,

Feedback from the study day was excellent, and the relationship between physiotherapy in health and Shropshire Council's Public Health Team is continuing to develop – with a follow up visit to the hospital planned.

The event was entirely at the initiative of CSP members, in particular Philip Hulse who set the whole thing up. If you are interested in getting involved in public health and would like any help you can contact Stuart Palma, professional adviser on the new public health team at the CSP: [palmas@csp.org.uk](mailto:palmas@csp.org.uk)

**professional networks notices****Association of Chartered Physiotherapists in Neurology (ACPIN) London****London ACPIN study day Traumatic Brain Injury. Hospital to Home; the Bigger Picture**

Date: Saturday 14 June 2014

Registration 9am for 9:30am start

Finish 3.30pm

Place: Basement Lecture Theatre, The Clinical Neuroscience Centre, 33 Queen Square, WC1N 3BG. \*\*Please note venue. Next door to NHNN\*\*

Cost: £30 for ACPIN members, £60 non-members. Lunch provided.

Contact: Please note all applications and payments are now made via 'Eventbrite' using credit/debit card.

See: <http://www.eventbrite.co.uk/e/traumatic-brain-injury-hospital-to-home-the-bigger-picture-tickets-11300519157>  
Registration deadline 6 June 2014.

**Association of Chartered  
Physiotherapists in Neurology (ACPIN)  
Sussex**

**Adapted Tai Chi - hosted event**

**Date:** Saturday 27 September 9am -4.30pm  
**Place:** Sussex Rehabilitation Centre, Princess Royal Hospital, Haywards Heath.  
**Tutor:** Ros Smith MCSP, Advanced Tai Chi instructor, TCUGB Registered with the Tai Chi Union of Great Britain  
**Cost:** ACPIN members £45, non-ACPIN £70  
**Contact:** dianadrawbridge@aol.com

**Association of Chartered  
Physiotherapists in Neurology (ACPIN)  
- Surrey & Borders**

**A three-day workshop on: Balance  
Rehabilitation: Translating Research into  
Clinical Practice**  
**Speaker:** Ramakrishna Gundapudi  
**Date:** Saturday 7, Sunday 8, and Saturday 14 June 2014 (9am-4pm)  
**Place:** Holy Cross, Haslemere  
**Cost:** £150 members, £200 non members, Lunch provided and free parking  
**Contact:** For further information and a booking form contact Amy Canham at: amy.canham@virginicare.co.uk

**Association of Chartered  
Physiotherapists in Neurology (ACPIN)  
Oxford**

**Making Sense of feeling  
(The assessment and management of  
sensory problems in the upper Limb)**  
**Speaker:** Karen Blagojevic, clinical specialist physiotherapist  
**Date:** Wednesday 25 June, 7.15pm  
**Place:** Physiotherapy Department, Wycombe General Hospital  
**Cost:** Members £1, non-members £3, students free. All professions welcome  
**Contact:** For further details email: oxford@acpin.net

**Acupuncture Association of Chartered  
Physiotherapists (AACP)**

**AACP Basic Acupuncture Foundation  
Courses**

This course is designed to offer participants with a level of knowledge, skill and understanding that will allow them to practise acupuncture in a safe and appropriate manner, in a clinical setting.  
**Cost:** £495 – One year's full membership of the

AACP with many benefits!  
**Contact:** To book contact Sarah Brand on tel: 01733 390044 email: or sec@aacp.uk.com  
**Dates:** 28/29 June, 19/20 July and 6/7 September  
**Place:** Leeds  
**Dates:** 28/29 June, 12/13 July and 16/17 August  
**Place:** Burton on Trent

**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 390044 or email: sec@aacp.uk.com  
**Acupuncture for Pain Relief**  
**Date:** 23 June  
**Place:** Birmingham  
**Tutors:** Teresa Syed and Joanne Dyson.

**Association of Orthopaedic Chartered  
Physiotherapists (AACP)**

**We are updating the AACP membership  
details we currently hold.**  
To ensure our magazine and other information is sent to you electronically, please email our administrator at: pritchard.julie@gmail.com  
If you have any queries regarding this please contact: emmajames@nhs.net

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

**Conference 2014 in Birmingham**  
Our annual conference will this year take place in Birmingham on Saturday 14 June at the Aston University conference centre. Confirmed speakers to date include keynote speaker Anju Jaggi, Pip White, John Leddy and Dr Ben Dean. The day will be mix of lectures and practical break out sessions with topics including: shoulder instability, medicines and prescribing, ultrasound guided injections and the latest research on the effect of corticosteroid on soft tissues.

Break out sessions include practical skills in shoulder and foot/ankle injection techniques and all delegates will be given time to practise with diagnostic ultrasound machines.

**Date:** Saturday 14 June 2014  
**Place:** Aston University Conference Centre,

Birmingham  
**Time:** 8.30am - 5pm  
**Cost:** ACPOMIT members £105, non members £140  
**Contact:** To book your place or join ACPOMIT visit our website: www.acpomit.co.uk

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

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

**Current available Courses - 2014  
Office Workstation Ergonomics (DSE)  
Level 1**

**Date:** 28-29 June  
**Place:** Cheshire  
**Cost:** £23 members, £290 non-members. Lunch NOT included  
**Upper Limb Disorders in the Workplace -  
Risk Assessment and Management**  
**Date:** Saturday 12 July  
**Place:** Birmingham  
**Cost:** £130 members, £190 non-members. Lunch included

**Occupational Rehabilitation and Work  
Hardening**  
**Date:** 5-6 September  
**Place:** London Leisure College  
**Cost:** £250 members, £310 non-members. Lunch included  
**Office WorkStation Ergonomics (DSE)  
Level 2**

**Date:** 18-19 September  
**Place:** Haywards Heath  
**Cost:** £240 members, £300 non-members. Lunch NOT included  
**An Introduction to Occupational Health**  
**Date:** 24/25/26 September  
**Place:** Edinburgh  
**Cost:** £455 members, £515 non-members. Lunch included.

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

**Physio First**

**Data Collection Short Tool, National  
Launch November 2014**

If you are working privately, you simply can't afford to miss this unique opportunity. *Physio First have made it easy- they provide the tool, you collect the data!*

November 2014 is the launch date of our shortened web-based Data Collection Tool, developed in collaboration with the University of Brighton, and ready for everyday use in your private practice.

Following the success of the 8 Data Collection snapshot studies completed by Physio First members, the Short Data Collection Tool has been newly developed to enable quick, easy and convenient data collection within private practice. This is crucial to demonstrate the efficacy of private physiotherapy, improve business decision-making and benchmark with other practices. Its importance cannot be underestimated within the changing healthcare environment.

We are now offering physiotherapists the opportunity to use this fantastic tool within their own private practice.

Join Physio First to be part of the national launch and start proving your clinical effectiveness today!

**Contact:** For details on how to become a member call tel: 01604 684960 or email: [minerva@physiofirst.org.uk](mailto:minerva@physiofirst.org.uk) or see our website: [www.physiofirst.org.uk](http://www.physiofirst.org.uk) for details

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

#### Current Taping Techniques for Sport

**Place:** Mile End Hospital, London

**Date:** 7 and 8 June

**Cost:** £150 qualified members, £210 qualified non-members, £100 final year students

This two day practical course provides a comprehensive introduction to the principles and practice of athletic taping techniques, including a review of the evidence to support its use. The ability to select and apply tape appropriately in different sporting contexts is a fundamental skill for the Sports Physiotherapist. Candidates are given ample opportunity to practice each technique and thanks to BSN Medical who donates all taping materials there is plenty of tape for everybody.

#### Clinical Reasoning in Exercise and Performance Rehabilitation

**Dates:** Part 1 – 20 and 21 September  
Part 2 – 8 and 9 November

**Place:** Bisham Abbey National Sports Centre, nr Marlow SL7 1RR

**Cost:** £200 per weekend ACPSEM members.

£260 per weekend non-members. No students. This is set at M-level Part 1 must be completed before part 2

#### ACPSEM Autumn Study Day 'All About The Knee'

**Date:** Saturday 4 October

**Place:** Manchester Metropolitan University, Manchester M15 6BH

**Speakers:** Lectures and practical demonstrations by Lee Herrington, Paul Comfort, Karen Hambly, Duncan French, James Moore.

**Cost:** Early bird rate until end July. Members £110, non-members £135, students £95, then prices go up by £15. All courses may be paid for by instalments on request.

**Contact:** For secure online booking visit: [bit.ly/KneeStudyDay](http://bit.ly/KneeStudyDay) or email: [info@physiosinsport.org](mailto:info@physiosinsport.org)

### Chartered Physiotherapists Working With Older People (AGILE)

#### Regional Study Days for 2014/2015

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

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

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

- Enhance a physiotherapist's understanding of pain management, with the use of trigger points to relieve pain in the older person.
- Enable the physiotherapist to develop clinical reasoning through interactive discussions using case examples and a problem solving approach with multi-pathology and in frail older people.
- Provides an excellent alternative technique for needle-phobic patients presenting with trigger points, plus no aggressive techniques are used.

#### Dates for each region:

**12 July 2014 - AGILE (North)** - Manchester Royal Infirmary, Manchester. Organiser/contact Lynn Sutcliffe at: [lynnsutcliffe@hotmail.com](mailto:lynnsutcliffe@hotmail.com)

**14 March 2015 - AGILE (N. Ireland)** - Belfast. Organiser/contact Gail McMillan at: [gail.mcmillan@belfasttrust.hscni.net](mailto: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](mailto: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](mailto:fiona.a.macLeod@nhslothian.scot.nhs.uk)

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

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

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

#### Fundamentals of massage and soft tissue therapy

A practical CPD course which will

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

**Course dates:**

**Place:** Edinburgh

**Date:** 7/8 June 2014

**Place:** Stockport

**Date:** 21/22 June 2014

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

**Contact:** Bob Bramah, email: [cpmasttcourse@googlemail.com](mailto:cpmasttcourse@googlemail.com) Tel: 07968 307717.

### Association of Paediatric Chartered Physiotherapists (APCP)

#### APCP South West Region Study Day - The paediatric lower limb

A varied and stimulating day covering a range of topics relating to the paediatric lower limb.

**Date:** Friday 4 July

**Time:** 8.30am – 4.30pm

**Place:** Postgraduate Centre, Poole Hospital NHS Trust

**Costs:** £45 APCP members / £65 non-members

**Contact:** Email: [va@apcp.org.uk](mailto:va@apcp.org.uk)

Further information can be found at: [apcp.csp.org.uk](http://apcp.csp.org.uk)

#### APCP South East Region Study Day - Outcome measures for children with cerebral palsy

**Summary:** Virginia Knox will present an overview of a wide range of outcome

measures. Will include practical sessions and case studies.

**Date:** Friday, 6 June 2014, 9am – 4.15pm

**Place:** Chailey Heritage Clinical Services, North Chailey, BN8 4JN

**Cost:** £50 APCP members / £70 non-members

**Contact:** Email: va@apcp.org.uk Further information can be found at: apcp.csp.org.uk

### **Association of Chartered Physiotherapists in Therapeutic Riding (ACPTR)**

#### **ACPTR hippotherapy course**

For chartered physiotherapists wishing to use the horse within physiotherapy treatment.

#### **Course dates and structure 2015**

Two sequential modules both four days long:

#### **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

**Cost:** £1200 including non-refundable registration fee of £50.

Closing date for applications: 5 December 2014

Prerequisites:

- Chartered Society of Physiotherapy membership
- Health and Care Professions Council registration
- ACPTR membership
- One year post graduate 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.

**Contact:** Application requests and enquiries to course coordinator, Dr. Valerie Cooper,

email: cooperhome@btinternet.com or to: 27 Abbotshall Road, Cults, Aberdeen AB15 9JX.

### **Association of Paediatric Chartered Physiotherapists (APCP) - Neonatal Group**

#### **Advanced Neonatal Respiratory Care Study Day**

**Summary:** Suitable for physiotherapists with respiratory experience/interest and who work with neonates

**Date:** Friday, 4 July 2014

**Time:** 9am – 5pm

**Place:** Friars Gate, 1011 Stratford Road, Shirley, Solihull B90 4BN

**Cost:** £75 APCP members / £120 non-members

**Contact:** va@apcp.org.uk

Further information can be found at: apcp.csp.org.uk

### **Aquatic Therapy Association of Chartered Physiotherapists (ATACP) UK Aquatic Therapy Conference**

**Date:** 1 and 2 November 2014

**Place:** DMRC Headley Court, Headley, Epsom, Surrey.

Celebrating the 25th anniversary of the ATACP

**Cost:** ATACP members £165, non members £175. Full cost after 25 April: ATACP members £185, non members £200

**Contact:** CSP members can download a booking form from: <http://www.csp.org.uk/icsp/aquatic-therapy-site-icsp>

Otherwise, please contact Sarah Wratten for a booking form or further information on: [atconference2014@gmail.com](mailto:atconference2014@gmail.com)

Book now to avoid disappointment!

### **Pelvic, Obstetric, Gynaecological Physiotherapy (formerly the Association of Chartered Physiotherapists in Women's Health)**

#### **Physiotherapy assessment and management of female urinary dysfunction**

**Date:** 13-15 June 2014

**Place:** Dewsbury District Hospital, West Yorkshire

**Date:** 28-30 November 2014

**Place:** Royal Hampshire County Hospital, Winchester

**Cost:** £350 ACPWH member/affiliate; £420

non-member

**Contact:** To request a copy of the information pack for any of the above courses please email: [info@acpwhworkshops.co.uk](mailto:info@acpwhworkshops.co.uk)

For further details the complete ACPWH short course programme please visit the ACPWH website at: [acpwh.csp.org.uk/workshops](http://acpwh.csp.org.uk/workshops)

### **Physiotherapy Pain Association (PPA) Cognitive behavioural approach in physical therapy to the management of pain**

**Date:** 7-8 June 2014

**Place:** Aintree University Hospital NHS Foundation Trust, Lower Lane, Liverpool L9 7AL

**Content:** Two-day course introducing physiotherapists to theory and practice of the cognitive behavioural approach

**Tutors:** Dr Pete Gladwell and Emma Knaggs

**Cost:** PPA members £180 and non members £200

**Contact:** [ptecourses@gmail.com](mailto:ptecourses@gmail.com)

Website: <http://ppa.csp.org.uk>

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

#### **MLACP Introduction to Medico Legal Work**

**Date:** Tuesday 30 September

**Place:** 2 Wellington Place, Leeds LS1 4AP

**Cost:** £60 MLACP Members / £95 non-members

**Contact:** For further details email: [info@mlacp.org.uk](mailto:info@mlacp.org.uk) or visit: [www.mlacp.org.uk](http://www.mlacp.org.uk)

### **Association of Chartered Physiotherapists interested in Vestibular Rehabilitation (ACPIVR)**

#### **Vestibular Assessment: ACPIVR London Regional Event**

**Description:** This regional event is designed for physiotherapists with an interest in vestibular rehabilitation. It will include lecture and practical sessions to cover the critical elements of a vestibular assessment.

**Level:** Beginners - Intermediate

**Date:** Saturday 12 July

**Time:** 9am - 1pm

**Place:** National Hospital for Neurology and Neurosurgery, WC1N 3BG

**Cost:** ACPIVR members £10, non-members £22

**Contact:** To register a place please email: [david.herdman@gstt.nhs.uk](mailto:david.herdman@gstt.nhs.uk)

### British Association of Hand Therapy (BAHT)

Upcoming BAHT validated courses - see: [www.hand-therapy.co.uk](http://www.hand-therapy.co.uk) for full details and updates.

#### Level II: Hand therapy in practice

**Place:** University of Derby

**Date:** 14-18 July (+ distance learning 9 June - 29 August)

**Cost:** From £495

**Contact:** [a.c.underhill@derby.ac.uk](mailto:a.c.underhill@derby.ac.uk)

#### Level II: Management of the wrist

**Place:** Stoke Mandeville

**Date:** 10-12 September

**Contact:** [Nicola.hyde@buckshealthcare.nhs.uk](mailto:Nicola.hyde@buckshealthcare.nhs.uk)  
[www.neshands.co.uk](http://www.neshands.co.uk)

#### Level II: Optimising soft tissue function

**Place:** Northwood, Middlesex

**Date:** 21-23 November

**Contact:** [handtherapy@sky.com](mailto:handtherapy@sky.com)

#### Level II: Soft tissue trauma

**Place:** Norwich

**Date:** 26-28 November

**Contact:** [www.neshands.co.uk](http://www.neshands.co.uk)

#### Level I: Introduction to hand therapy

**Place:** Derby

**Date:** 4-6 March 2015

**Contact:** [melanie.arundell@nhs.net](mailto:melanie.arundell@nhs.net)

#### BAHT Evidence based practice course

**Date:** 22 April 2015

**Place:** Nottinghamshire

**Cost:** £105

**Speaker:** Jeremy Lewis

**Contact:** [bahthandtherapy@gmail.com](mailto:bahthandtherapy@gmail.com)

### other groups news

#### Margie Polden Bursary

Margie Polden, FCSP, who died in 1998, worked at the Hammersmith Hospital in London, where she initiated and developed physiotherapy in obstetrics and gynaecology, and within the Association of Chartered Physiotherapists in Women's Health (ACPWH), now Pelvic, Obstetric, Gynaecological Physiotherapy (POGP), she made an enormous contribution to the education of physiotherapists and other professionals.

A bursary was set up in memory of Margie by the generosity of her husband to fund a place at the POGP conference for a

student or newly-qualified physiotherapist. This bursary will be awarded annually to an applicant who is able to demonstrate an interest in the field of women's health, obstetrics and gynaecology, and is keen to develop that interest further. This year is an exciting year as we are merging with the CPPC and rebranding ourselves and the conference should be a one-off with lots packed in.

The applicant should be a pre-registration physiotherapy student, or have qualified during the same year as the conference. He/she must also be a member or student member of the Chartered Society of Physiotherapy (CSP).

The bursary funds both the conference fee and accommodation costs, however it does not fund the travel costs for the recipient.

**Contact:** Please follow the link below for further information <http://acpwh.csp.org.uk/bursaries-awards>

### info exchange

#### How and when do we strengthen hamstrings after they have been used to reconstruct the anterior cruciate ligament?

Are you a musculoskeletal physiotherapist who rehabilitates patients after anterior cruciate ligament reconstruction using a hamstrings graft? If so I would be really grateful if you could spare a few minutes of your time to complete an online questionnaire. The questionnaire consists of eight closed questions which ask about your knowledge and current treatment of these patients. It asks for no identifiable details so your participation is anonymous.

This is a master's research study which has ethical approval from the University of Hertfordshire Health and Human Science Ethics Committee protocol number HSK/PG/UH/00174. The study aims to explore how physiotherapists currently rehabilitate hamstrings after anterior cruciate ligament reconstruction and to assess whether there is a consensus on the optimum treatment methods.

Please contact Sarah Gardner at: [sgherts@gmail.com](mailto:sgherts@gmail.com) or tweet @Gards79 for the survey link or information.

#### 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 experiences of the screening process.

We have a particular focus on:

- physical health
- mental health
- learning disability
- developmental needs.

If you have information you can share with us or for more details about our project, please email: [FV-UHB.rehabscreening@nhs.net](mailto:FV-UHB.rehabscreening@nhs.net) Please let us know also if you would be willing to complete our short survey and we will send this to you by email.

With thanks, Donald McLean, Physiotherapist, Team Co-ordinator, Reach Forth Valley, Stirling Community Hospital, Stirling.

#### Do you treat adult patients with fibromyalgia syndrome (FMS)?

If so, I would greatly appreciate your contribution to a national online questionnaire survey being undertaken as part of a master's degree project by myself, Ros Teweleit, at the University of Nottingham. The online questionnaire will take about five minutes to complete.

The aim is to survey physiotherapists in the UK who receive referrals to treat adult patients with FMS about their training, experience and practice regarding assessing and managing people with FMS. The overall purpose is to better understand the training and development needs of UK physiotherapists in relation to their work with people who have FMS.

We will keep the information you provide in the questionnaire anonymous.

To take part, please email: [ntxrt4@nottingham.ac.uk](mailto:ntxrt4@nottingham.ac.uk) and I will then send you a link to the online survey.



**Physiotherapy Journal online**

Now with an app for iPad users

No more waiting for the latest papers, no more storage issues and no more wastage

More info at: [csp.org.uk/journal](http://csp.org.uk/journal)

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Physiotherapy Journal

### 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](mailto:j.potter@uel.ac.uk) Information will be provided on receipt.

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

A PhD study (ethical approval from Plymouth University) is looking to recruit athletes with pelvic /groin pain, to evaluate the effect of a customised orthosis (in the form of Lycra® shorts) on measures including the ASLR, squeeze test, multiple single-leg hop-stabilisation test, and broad jump. The orthosis was developed from the results of an athletic pelvic belt study, and has been evaluated as a series of single case studies (n = 8). A pilot RCT will commence in January 2014 to build upon the patient profile of those who respond best, and to ascertain effects upon power and athletic balance. For further information on becoming involved and/or requesting a participant information pack, please contact the investigator: Leanne Sawle (chartered physiotherapist), email: [l/sawle@dmorthotics.com](mailto:l/sawle@dmorthotics.com) Tel: 07801 332355.

### retirement groups news

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

##### 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](mailto: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*

#### The Chartered Society of Physiotherapy South West of England Group

##### You are warmly invited to a summer outing

By popular request, we are visiting: Powderham Castle and the Orangery Restaurant on Wednesday 11 June. Meet at 12noon for 12.30pm at The Orangery Restaurant.

A buy-your-own lunch will be followed by a tour of the castle at 2.15pm until 3.30pm at a cost of £7.50 per head. This can be followed by afternoon tea in the tea rooms, a walk in the gardens or a visit to the shops or plant centre. Dogs aren't allowed in the grounds, but partners and friends are very welcome.

For more information, please call Mary Bray on tel: 0140 4813780, or Elaine Curtis on tel: 01548 521391.

#### East Anglia Physio Lunch Group

An inaugural new year lunch was held in March when a Thai meal was enjoyed by all. Jacqui is organising the autumn lunch - watch this space for details or contact: [jacqui@physiopotter.waitrose.com](mailto:jacqui@physiopotter.waitrose.com)

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

##### Newsletter

Would you like to write an article and send it to Lyn Ankcorn at email: [ankcornl@csp.org.uk](mailto: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](mailto:enquiries@csp.org.uk) or for more information contact Catherine Smith at the CSP on email: [smithc@csp.org.uk](mailto:smithc@csp.org.uk) or tel: 020 7314 7843 with your name, address, CSP registration number and contact details. Should you wish to discuss this first with a committee member, the chair of the association, Chris Foster, email: [chris@nagdragon.eclipse.co.uk](mailto:chris@nagdragon.eclipse.co.uk) or Lyn Ankcorn, secretary, email: [ankcornl@csp.org.uk](mailto:ankcornl@csp.org.uk) would be pleased to hear from you.

## reunions

**Withington Hospital School of Physiotherapy Spring 1971 - 1974**

It will be 40 years this summer 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](mailto:anne@worstead.co.uk) or Morwith Minter (nee Davies) on tel: 01225 866594.

**The Royal Hospital School of Physiotherapy, Wolverhampton, 63 set**

One year late for a 50 year reunion – but let's meet up anyway. Many of us are still in touch and meet up every now and then but we thought it be good to see if any of you that have lost contact might like to join us for a get-together in September – date and place to be confirmed. If you are interested please contact Jeanne Hartley (Evans) at: [jeannehartley@hotmail.co.uk](mailto:jeannehartley@hotmail.co.uk) or Pam Stubbs (Mason) at: [pamrog60@hotmail.com](mailto:pamrog60@hotmail.com) so that we can include you in the plans!

**Pinderfields Hospital/Huddersfield Uni Reunion 1997-2000****15-year reunion**

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](mailto:gizmooo@hotmail.com)

**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: [n.adams@adamsneurophysio.org.uk](mailto:n.adams@adamsneurophysio.org.uk) Tel: 01924 782149.

**Middlesex Hospital School of Physiotherapy 1986 - 1989**

Hi there everyone - 25 years since qualifying. Where has the time gone? Please get in touch - it would be so good to meet up again this Autumn after all these years. Sally (nee Whiteing) has contacted me and I have started

up a Facebook group for us all to communicate through. Contact: Tracy Tomlinson (nee Allen) via: [physio@moggy.me.uk](mailto:physio@moggy.me.uk) or through: [www.facebook.com/groups/1576871349204843/](http://www.facebook.com/groups/1576871349204843/)

**St. Mary's Hospital, School of Physiotherapy 1961-1964****50 year Reunion!**

It will be 50 years this year since Set G qualified and we are still getting together regularly - quite a record! This special celebration will be held in Winchester during 3-5 October. For the few that we have lost touch with please email: [joyce.low@talktalk.net](mailto:joyce.low@talktalk.net) if you are interested in joining us - to make this reunion extra special.

**Royal Orthopaedic Hospital, Set 58 1986-1989**

It's now 25 years since we graduated! I am already organising a large party/fundraiser on Saturday 7 June in Abingdon, Oxfordshire and was hoping everyone could come along and join the fun! Please get in touch and let me know your thoughts: Julie Kelly (Case) tel: 0770 485 7055 or email: [julie.kelly14@btinternet.com](mailto:julie.kelly14@btinternet.com)

## Research

Information and dow

your research th s start.

- For new researchers - How to do research, get funding, get ethics approval
- Access help from experts - Networking and support
- Research policy and priorities
- Careers and training
- Making the best use of research - Dissemination and impact.

# Kick start your research!



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

Check out the new web pages  
[www.csp.org.uk/research](http://www.csp.org.uk/research)

**Middlesex Hospital School of Physiotherapy 1986 - 1989**

Anyone interested in meeting after 25 years! I missed the combined medical staff reunion prior to The Middlesex closing but I'm always looking out for a subsequent physio reunion on the *Frontline* noticeboard. As none seem to have been posted I thought I'd start the ball rolling. I haven't kept in touch with anyone so it'd be great to catch up and see how many of us are still in the profession - or not. Contact Tracy Tomlinson (nee Allen) on: physio@moggy.me.uk

**Bethel Webb née Hunter, Canberra, Australia**

seeks the whereabouts of Hilary Butler (née Scott)

with whom she worked at Vancouver General Hospital in 1965. Hilary married Michael Butler about 1967. They lived

firstly at Crowthorne, Berkshire and then at Sandhurst, Surrey. Hilary's father was in charge of laying the transatlantic cable for which he received an honour at Buckingham Palace in August 1965. Mobile phone: +61408002787. Email: kenthel@d2.net.au

**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

**Middlesex Hospital, London**

It is now 50 years since the 1964 set began training. Is there anyone interested in joining up again for a reunion sometime later this year - 2014? Please contact Jacqui (nee Forrest) at: jacqui.m.tanner@gmail.com

**Cardiff School of Physiotherapy, CTI, 1991 - 1994**

It's 20 years this year since we qualified and we have arranged a ball in Cardiff in June, but we still need to find some people: Rachel Harrington, Julie Sayce, Tara Hadden and Sharon Cunningham (went to Australia). Please contact Karen Belward (nee Rees) for more info on: karenandpeterb@sky.com or find me on Facebook. It's going to be a great party, lots of people are coming already and we would love to see you there.

**Queen Elizabeth School of Physiotherapy 1981 - 84**

It is 30 years since we qualified. Jo Wooler (nee Middleton), Lorraine Baker (nee Godfrey), Cathy Mingay (nee Towers) and Hazel Horobin were wondering if anyone fancied meeting up this summer to celebrate? Or maybe you would just like to catch up with everyone?

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

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

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

To find out more call us on 020 7306 6666  
or visit [www.csp.org.uk/membership](http://www.csp.org.uk/membership)





Either way please contact Hazel Horobin at: h.e.horobin@shu.ac.uk

### 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

### The London Hospital School of Physiotherapy/NELP 1985 - 1989

Can you believe it's almost 25 years since we qualified?! Louise Elphick (nee Morgan) and Sarah Dixon (nee Linacre) would love to arrange a reunion this summer.

Please could you contact either of us if you would like to join us, and let us know who else you are still in touch with so we can get as many of the year together.

Email: louise.elphick1@btinternet.com or sarah.dixon@virgin.net

We are planning a lunchtime meal on Saturday 28 June 2014, venue to be arranged but it should be in our old stomping ground in the east London area!

Look forward to hearing from everyone, as soon as possible please.

### Newcastle Polytechnic 1978-1981

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

### 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.

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

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

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

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

### 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

### Western Infirmary, Glasgow - class of 1973

It seems to be 40 years since we started out on our physiotherapy life, and I wonder if anyone fancies a wee get-together? I was thinking of meeting at Oran Mor, Byres Road for lunch on a Saturday. If interested please get in touch and also contact those who may not get *Frontline*. Please contact Judith Corcoran (Farrer) at: judith.corcoran@sky.com or tel: 01294 466942.

### Oswestry 'Set 50' 1988 - 1991

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

### 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.

### Teesside Polytechnic 1985-88

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

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

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

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

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

### 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](mailto:directory@csp.org.uk)

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

## obituaries

**Alison Philip**

Alison Philip, who died in March 2014 aged 54, was a physiotherapist who worked in many hospitals and educational establishments and is remembered with affection in communities within the UK and across the world.

She gained her diploma from the Aberdeen Hospitals School of Physiotherapy in 1980, followed later by a postgraduate teaching qualification while working at King's College Hospital, London, and an MSc in bioengineering from University of Strathclyde, Glasgow.

After five years at Sheffield Northern General Hospital, she moved to London and held a clinical post at St Bartholomew's Hospital before moving to a teaching post at King's College Hospital.

Alison then spent a rewarding two years in the isolated island of St Helena, setting up a physiotherapy service, training a local physiotherapist and developing a rehabilitation course for nurses.

On return to the UK, she worked in Plaistow and Mile End Hospitals as a locum and research physiotherapist, reviewing community services.

She was keen to go abroad again, and secured a post with VSO in Kabale, Uganda, setting up and developing physiotherapy and outreach services. She

had great fun and caused much surprise, by reaching her communities on a powerful trail bike through the bush.

On her return from Africa, she spent four years with Grampian Universities Hospitals Trust, mobility and rehabilitation services, in Woodend Hospital, Aberdeen, where she specialised in wheelchairs, seating systems, and prosthetic and orthotic services.

At the end of 1999, she relocated with her partner Bill Strang, an engineering manager with BP, to Singapore where she worked at the Tan Tock Seng Hospital as coordinator for inpatient orthopaedics and outpatient rheumatology. The couple then moved to Vietnam, where she was contracted to set up a health challenge for employees.

On their return to the UK in 2003, she and Bill married, and she soon joined Robert Gordon University (RGU) as a lecturer. A colleague remembers: 'She contributed a great deal to the understanding of complex issues such as biomechanics and pathophysiology, but will also be remembered by staff and students for great kindness and compassion'.

Overseas spells followed both in Azerbaijan and Egypt, but she continued working on a part-time basis with RGU. While in Baku, she worked as volunteer in several orphanages housing severely handicapped children. She taught the live-in carers improved handling techniques, and designed special seating and standing aids.

Alison's childhood on an Aberdeenshire farm instilled a lifelong love of the countryside, and she remained a passionate hillwalker and skier. She and Bill climbed all 517 peaks of Munro mountains in Scotland; in Asia, she climbed Fansipan, the highest mountain in Indochina, and in 2011 she trekked over the Inca Trail to Machu Picchu.

Alison was diagnosed with breast cancer in 2006 and returned to UK for surgery and treatment. The cancer returned some years later, and she died peacefully in the NHS Grampian Roxburghe House in Aberdeen.

Alison is survived by her parents, sister and husband.

**Bill Strang**

**Barbara Crux 1922 - 2014**

Barbara Crux (nee Harvey) trained at the Bristol Royal Infirmary School of Physiotherapy, qualifying in November 1943. She joined the staff at St. Thomas' Hospital, London, then qualified as a teacher of physiotherapy. She had considerable experience in mobilisation especially the Maitland method and in electrotherapy. She had her own department at St. Thomas' specialising in all aspects of ultra violet light in which field she had extensive knowledge and expertise and held in high regard by both medical and physiotherapy staff.

In 1969 she accepted the post of assistant principal at the physiotherapy school at Guy's Hospital, London where she was much respected for her commitment to students and staff.

Barbara had many interests outside her professional life. She was a talented artist and painter and sang with the Royal Choral Society for many years. She loved both opera and classical ballet and at home was a creative and very enthusiastic cook. In 1975 she married and lived in Petts Wood, Kent with her husband Frederick.

Barbara was the consummate professional with a strong work ethic and incredibly high standards, firmly believing that patients came first. She was an excellent teacher, instilling in her students the principles in which she believed and practised. Her commitment to professional discipline was tempered by her wonderful and engaging sense of humour which often surfaced at the most unexpected moments.

Fair minded and generous with her time for those who wanted to learn, her students both admired and respected her. She will be much missed by those of us who had the good fortune to work with and know a very remarkable lady to whom so many owe so much.

**Maggie Harvey**

**Dolores Ealey**

**Maxine Buchele**

# JOIN UP!

## CSP Equality and Diversity Networks

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



For more details go to:

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

or email:

[keatings@csp.org.uk](mailto:keatings@csp.org.uk)



## Courses – Guidance for members

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

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

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

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

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

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

### Further guidance and support:

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





CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

# CSA



# Rep of the Year

*Does your rep deserve special recognition? Why not nominate them in the Rep of the Year category?*

The CSP Awards celebrate the work of those within the physiotherapy profession who constantly strive to make service improvements. This year the Rep of the Year Awards are joining the celebrations.

**It's never been more important to have a voice at work, so nominate your rep today and they could win a prize at our celebration in November.**

- Has your steward gone the extra mile for you and other CSP members?
- Has your rep supported you with a problem at work or university?
- Has your safety rep made your work environment a safer place to be?

**There are prizes in the following categories:**

- **Steward of the Year**
- **Safety Rep of the Year**
- **Student Rep of the Year**

Don't delay – simply visit the CSP website [www.csp.org.uk/repoftheyear](http://www.csp.org.uk/repoftheyear) for the online nomination form and full terms and conditions.

**The awards are open for nominations from 26th May to 25th July 2014**

Rep of the Year Award kindly sponsored by:



Chartered Society of Physiotherapy

# Awards 2014

Main sponsor:



## cardiorespiratory

**BEHAVIOUR CHANGE: EVIDENCE AND PRINCIPLES AS APPLIED TO EXERCISE REHABILITATION**

Conference In London On The July 7th At NHLI Education Centre, South Kensington, London

For all clinicians working with people with complex / chronic health problems

**ONLY** £185

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

**t:01923284834**

**SPEAKERS:** Dr Fiona Jones, Dr Sarah Dean, Dr Rachel Garrod

**TOPICS**

- Principles and Practice of Behaviour Change
- Goal Setting and Self-Regulation
- Facilitating positive exercise behaviours
- Enabling Self Efficacy in Rehabilitation
- Implementing behaviour change
- Facilitators and barriers

## electrotherapy

**LASER THERAPY TRAINING 2014**

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

London, 14 Jun; Leeds, 12 Jul; Stansted, 26 Jul; Reading, 27 Jul.

Cost: £200. Course Leader:

James Carroll FRSM.

01494 797100,

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

Register online - Early Bird

Discounts available

## hydrotherapy

**ATACP FOUNDATION IN HYDROTHERAPY**  
**2 day Course 25th and 26th October 2014**

£250

And

**Hydrotherapy Assistant 1 Day Course**

9th August 2014

£99

Freeways Trust, Bristol

Course Tutor: Jacqueline Pattman

MCSP SRP HT, Aquatic Specialist

Contact **Joanne Lidiatt** at

[hydropool@freeways.org.uk](mailto:hydropool@freeways.org.uk)

or call **01275 376082**

for more details.

## manual therapy

**HIT THE SPOT WITH THE DRY NEEDLING LEVEL 1 COURSE**

Dublin; 20-22 June;

London; 24-26 June;

Nttm. tbc -

Mcr; 31 Oct - 2 Nov;

No acupuncture or previous needling experience required.

Host a course and attend for free! [www.club-physio.net](http://www.club-physio.net);

**07748 333 372**

## manual therapy



- ✓ World class Education
- ✓ Professional Instructors
- ✓ Face to Face Learning
- ✓ Ongoing Clinical Support
- ✓ Money Back Guarantee
- ✓ Memberships Available

Register for BOTH courses and **SAVE!**

**TRIGGER POINT DRY NEEDLING COURSES**

This course will **CHANGE** the way you view the human body

combining the IMS and Trigger Point Models

**GLASGOW**

**L1:** Fri 8th – Sun 10th Aug

**L2:** Tues 12th – Wed 13th Aug

Early Bird offer closes 8th June 2014

For further details & online registration visit: [www.gemtinfo.com.au](http://www.gemtinfo.com.au)

**THE SHOULDER: THEORY & PRACTICE (9TH EDITION)**

**Dr Jeremy Lewis FCSP**

**Feedback:** 'Before this course the world was flat', 'Inspirational', 'Best course in 20 years of practice'

**Dates:** Only **London** courses in 2014, 28-29 June /

15-16 November (Royal Free).

**Scotland** 21-22 February 2015

Full information and booking:

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

**NEURO ORTHOPAEDIC INSTITUTE****EXPLAIN PAIN**

Derby, 25-26 June 2014

London, 12-13 July 2014

Oxford, 4-5 Oct 2014

Colchester, 8-9 Nov 2014

Dublin, 8-9 Nov 2014

Bournemouth, 15-16 Nov 2014

London, 6-7 Dec 2014

**MOBILISATION OF THE NERVOUS SYSTEM**

Bournemouth, 21-22 June 2014

London, 15-16 July 2014

Derby, 17-18 July 2014

Calne, 18-19 Oct 2014

**GRADED MOTOR IMAGERY (2 DAY)**

London, 4-5 October 2014

Derby, 25 - 26 October 2014

**NEURODYNAMICS & NEUROMATRIX**

London, 22-23 Nov 2014

**REGISTRATIONS & INFORMATION**

Early booking discounts available

joanna@noigroup.com

01904 737919

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

**advertise your course**

Call:

**0845 600 1394**

Email:

**cspads@media-shed.co.uk**

**“ONE OF A KIND”  
INTRODUCTION  
TO MYOFASCIAL  
RELEASE  
WITH JOHN ANNAN**  
Loughborough (5th-6th July)  
Surrey (19th-20th July)  
Bath (4th-5th October)  
Last few dates in 2014.  
See [www.physiouk.co.uk/myo2](http://www.physiouk.co.uk/myo2)  
or call **0208-787-5963**  
for full details

**ACUPUNCTURE:  
REFRESH, REVISE  
AND GET 10 HOURS  
CPD IN 1 DAY**  
Loughborough (21st June)  
Surrey (27th September)  
Staffordshire (11th October)  
Norwich (25th October)  
Farnham (8th November)  
Loughborough (6th December)  
Up to 50 points revised! See [www.physiouk.co.uk/acupuncture10](http://www.physiouk.co.uk/acupuncture10)  
or call **0208-787-5963**

**KNOW HOW TO  
DIFFERENTIATE  
THORACIC OUTLET  
SYNDROME VS  
OTHER UPPER LIMB  
NEUROLOGICAL  
CONDITIONS?**  
London (19th July)  
Crewe (6th September)  
1 day TOS courses  
with Teri Bayford.  
See [www.physiouk.co.uk/tos1](http://www.physiouk.co.uk/tos1)  
or call **0208-787-5963**

**FINAL DATES:  
NAGS'S/SNAG'S:  
MULLIGAN CONCEPT  
LEVEL 1  
WITH ED WILSON**  
Livingston (20th-21st September)  
Burton-on-Trent (8th-9th  
November)  
London (6th-7th December)  
Last confirmed dates for 2014. See  
[www.physiouk.co.uk/lastdates](http://www.physiouk.co.uk/lastdates)  
or call **0208-787-5963**

**ULTIMATE REHAB  
METHODS WITH  
TANYA BELL**  
LQ: Loughborough (3rd-4th October)  
UQ: Loughborough  
(5th-6th October)  
LQ: Surrey (10th-11th October)  
UQ: Surrey (12th-13th October)  
For full details visit  
[www.physiouk.co.uk/rehab](http://www.physiouk.co.uk/rehab)  
or call **0208-787-5963**

**A FANTASTIC  
OPPORTUNITY  
WITH SHIRLEY  
SAHRMANN'S  
TEAM...**  
London (16th-17th July)  
Surrey (19th-20th July)  
Shirley's 'right hand people' are in  
the UK this year. Check out Suzy  
Cornbleet's course dates at  
[www.physiouk.co.uk/suzy1](http://www.physiouk.co.uk/suzy1)  
or call **0208-787-5963**

**LASER THERAPY  
TRAINING 2014**  
Please refer to advert in  
Electrotherapy section

advertise your course:  
**0845 600 1394**

### BACK BY POPULAR DEMAND

The London Multi-disciplinary  
Team Tracheostomy  
Study Days at  
Northwick Park Hospital, North  
West London present:  
**MDT Fundamentals of  
Tracheostomy Care  
On: Tuesday 15th July 2014  
& MDT Advanced Skills for  
Tracheostomy Care  
On Wednesday 16th July 2014  
Cost: £100 per day (or £175  
for both days)**  
Course includes: Tutorials,  
Practical Demonstrations &  
Workshops  
Suitable for both acute  
& community healthcare  
professionals  
For further information and an  
application form contact  
(020) 8869 2254/51  
Or book online at:  
[www.medicalcourses-nwlh.com](http://www.medicalcourses-nwlh.com)

### POSTURE MANAGEMENT, SPECIAL SEATING, WHEELCHAIR PRESCRIBING AND MORE! JULY 7TH TO 9TH 2014 IN CARDIFF

Posture and Mobility Group  
(PMG) brings together  
professionals working in posture  
management, seating, and  
wheeled mobility for people  
with disabilities. Our annual  
conference offers diverse  
training opportunities and an  
extensive exhibition of products.  
**Venue:** Motorpoint Arena,  
Cardiff  
**Contact:**  
[conference@pmguk.co.uk](mailto:conference@pmguk.co.uk)  
**Programme and further  
information:** <http://www.pmguk.co.uk/national-training-event-2014.html>

### UK RADIOLOGY EDUCATION PRESENT:

#### X-ray interpretation for Physiotherapists.

This 1 day course introduces plain  
radiograph pattern recognition.  
The study day will concentrate on  
trauma and degenerative change.  
By the end of the day the delegate  
should be able to assess a plain  
radiograph of the upper limb, lower  
limb, pelvis and spine. Special  
consideration will be given to  
the shoulder, hip and knee joints  
whilst basic prosthetic imaging  
will be discussed. Chest x-ray  
interpretation will be included and  
many pathologies including COPD,  
emphysema, collapse, consolidation,  
and bullous disease will be covered.  
Normal radiographic anatomy and  
physiology will be discussed whilst  
normal variants and common pitfalls  
will be considered.  
Physiotherapy delegates awarded  
this course an **average score of  
4.5 out of 5** in March 2014.  
Cost: **£85 to include lunch and  
refreshments.**

Date: Saturday 18th October, 2014  
at The Hilton Grosvenor, Glasgow.  
To book and see detailed  
course content, visit [www.ukradiologyeducation.co.uk](http://www.ukradiologyeducation.co.uk)  
Enquiries to [enquiries@ukradiologyeducation.co.uk](mailto:enquiries@ukradiologyeducation.co.uk)

### CRANIOSACRAL THERAPY

[upledger.co.uk](http://upledger.co.uk)

training to

*change  
the way you  
feel*

01934 733611

# Looking for career enhancement? Need to expand your professional expertise?



Coventry University can provide you with the opportunity to:

- ✓ Further your personal and professional development
- ✓ Build on your current knowledge and experience

If you are looking to develop your CPD portfolio and enhance your employability we have a number of dynamic and innovative modules that may be of interest to you starting in the autumn.

- Principles of Neuro-Rehabilitation
- Neural Control of Human Behaviour
- Acupuncture for Pain Relief
- Injection therapy (Neurological & Musculoskeletal)
- Neuromusculoskeletal I (Upper Quadrant)
- Neuromusculoskeletal II (Lower Quadrant)
- Accreditation for Clinical Educators (Experiential short course)

Designed to extend your professional expertise, these modules can be stand alone or incorporated into a full postgraduate programme.

- MSc Physiotherapy
- MSc Manual Therapy (leading to MACP membership)
- MSc Advancing Physiotherapy Practice
- PgCert Neuro-rehabilitation

For more information please contact the Health & Social Care Unit: [hscu.hls@coventry.ac.uk](mailto:hscu.hls@coventry.ac.uk) | tel: 024 7679 5958/5388 or course tutors Julie Sellars [j.sellars@coventry.ac.uk](mailto:j.sellars@coventry.ac.uk) / Gail Forrester-Gale [g.forrestergale@coventry.ac.uk](mailto:g.forrestergale@coventry.ac.uk)



## UNIVERSITY OF BIRMINGHAM

# We are supporting you in advancing your practice

We offer you the opportunity to advance your practice by selecting a programme or modules that meet your personal development needs and aspirations. With excellent support from tutors, easy travel to our dedicated campus train station, a multidisciplinary student group and flexible study you will be able to tailor your learning to meet your own personal and professional development needs.

### Interested but unsure?

Many modules are available on a stand-alone basis for CPD purposes or can count towards a full masters. Previous study may count towards your programme. We offer specialist modules in musculoskeletal, sport, ageing, neurology, rehabilitation, nutrition, psychology, trauma, research methodologies and more.

- Advancing Practice – MSc/PGDip
- Advanced Manipulative Physiotherapy – MSc/PGDip (MACP eligibility at PGDip)
- Health Studies – MSc/PGDip/PgCert
- Health Research – MRes
- Exercise and Sports Medicine (Football) – MSc/PGDip
- Musculoskeletal Ageing and Health – MSc/PGDip



### Learn more

For further information including full details of all modules, fees, application deadlines and how to apply, as well as access to our on-line application form, please visit our website [www.birmingham.ac.uk/schools/sport-exercise/courses/postgraduate/masters.aspx](http://www.birmingham.ac.uk/schools/sport-exercise/courses/postgraduate/masters.aspx) or contact +44 (0)121 414 8327, email: [pgt-physio@contacts.bham.ac.uk](mailto:pgt-physio@contacts.bham.ac.uk)



School of Sport, Exercise and Rehabilitation Sciences

[www.birmingham.ac.uk/sportex](http://www.birmingham.ac.uk/sportex)



University of  
Hertfordshire



## Gain the right skills and experience with our CPD courses

We offer a variety of CPD courses for health professionals that will help you advance your skills and help improve your patients' outcome.

Do you want to fill in your CPD hours?

Choose a course now

- Applied strength and conditioning
- Advanced acupuncture
- Developing and managing people in health care
- Developing research skills for health professionals
- Musculoskeletal injection therapy
- Musculoskeletal rehabilitation and exercise prescription

For more information visit:

[go.herts.ac.uk/cpdhealthprofessionals](http://go.herts.ac.uk/cpdhealthprofessionals)

or call us on 01707 284956



Health courses  
for healthy futures

GA14297/05\_14

# Student and proud

with official  
CSP uniforms

[www.grahamegardner.co.uk/csp](http://www.grahamegardner.co.uk/csp)

Tel: 0116 255 6326



neurology

**ADULT NEUROLOGICAL GAIT ASSESSMENT AND MANAGEMENT: A FOCUS ON ADJUNCTS TO OPTIMISE BIOMECHANICS.**

Friday 26 September 2014  
**The National Hospital for Neurology and Neurosurgery, Queen Square, London, WC1N 3BG**

This one day course provides therapists with an overview of gait and lower limb biomechanics, along with treatment and rehabilitation options in a lecture based format with video case studies and opportunity for discussions. Lectures will include spasticity, orthotics and FES management and advice on appropriate referral pathways.

Fee: **£80** including delegate pack, lunch and refreshments  
For application forms and further details please contact:  
Christine Stephens-Volante,  
Tel: **0203 448 3476**, email  
[therapycourses@ulh.nhs.uk](mailto:therapycourses@ulh.nhs.uk)  
Website:  
[www.uclhcharitycourses.com](http://www.uclhcharitycourses.com)

pain management

**CHRONIC PAIN: TO SUPPRESS, MANAGE OR CURE?**

Visit [www.sirpauk.com](http://www.sirpauk.com) for courses aimed at empowering your patients to become active and pain free again.

**LASER THERAPY TRAINING 2014**

Please refer to advert in Electrotherapy section

orthopaedic and rheumatology

**INTRODUCTION TO DIAGNOSTIC MUSCULOSKELETAL ULTRASOUND**

Next Course : 11th-12th September, Cheadle, Cheshire  
This two day course will provide practitioners with the necessary skills and information to make appropriate use of Diagnostic Ultrasound in Musculoskeletal cases as an adjunct to existing therapy. Designed and delivered by existing MSK Sonographers from a Radiology and Physiotherapy background, the course will cover the basics and fundamentals of Ultrasound Scanning using theory and a full day of hands on to learn and improve the use of the machine and probe. The second day uses a high ratio of teachers to delegates ensuring attendees receive the most benefit from the practical sessions. The course is suitable for those contemplating it's use within their practice or for existing users wanting to improve upon their usage and technique.  
**Please visit [www.imaginginnovated.co.uk](http://www.imaginginnovated.co.uk) to register and for further details or contact us at [enquiries@imaginginnovated.co.uk](mailto:enquiries@imaginginnovated.co.uk)**

sports medicine

**MSc/Postgraduate Diploma in Sports and Exercise medicine**



*Full-time (one year) or part-time (up to four years)*

Study at the world renowned Centre for Sports and Exercise Medicine

The course is based on the philosophy of total care for the athlete and the promotion of physical activity in the general population.

Working in sport is a largely practical discipline and the programme's emphasis lies firmly on regular clinical experience.

**Short courses available**

- Football Medicine Science
- Dance medicine
- Sports Injury Treatment
- Sports Injury Rehabilitation
- Suitable for Doctors, Physiotherapists and Osteopaths

**Academic excellence**

Lectures are delivered by international experts in their field

Application deadline - **31 July 2014**

Dr Steph Hemmings/Sue Tracey, T: **+44 (0)20 8223 8839**

E: [s.hemmings@qmul.ac.uk](mailto:s.hemmings@qmul.ac.uk) W: [www.qmul.ac.uk/sportsmed](http://www.qmul.ac.uk/sportsmed)

**LASER THERAPY TRAINING 2014**

Please refer to advert in Electrotherapy section

**A FANTASTIC OPPORTUNITY WITH SHIRLEY SAHRMANN'S TEAM...**

London (16th-17th July)  
Surrey (19th-20th July)  
Shirley's 'right hand people' are in the UK this year. Check out Suzy Cornbleet's course dates at [www.physiouk.co.uk/suzy2](http://www.physiouk.co.uk/suzy2) or call **0208-787-5963**

**DISCOVER THE SPORTS PELVIS WITH**

**LJ (LINDA-JOY) LEE**  
Surrey (25th-27th September)  
LJ's final course date in the UK in 2014. For full details visit [www.physiouk.co.uk/pelvis1](http://www.physiouk.co.uk/pelvis1) or call **0208-787-5963**

**WANT TO REDUCE THE INJURY RISK OF YOUR RUNNERS?**

London (6th September)  
Surrey (25th October)  
Integrating Strength & Conditioning with the Rehabilitation of Runners. For full details visit [www.physiouk.co.uk/runners](http://www.physiouk.co.uk/runners) or call **0208-787-5963**

**advertise your course**

call **0845 600 1394**

or email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

# RECRUITMENT

General 60

Agencies 61

Sales and Services 61

Linage 62

## RECRUITMENT ADVERT RATES

### DISPLAY/SEMI-DISPLAY

Single column CM rate £44.50

#### Extras

#### Setting charge

10% gross of the ad

(minimum charge £50)

#### Spot colour

All SCC rates include spot colour as standard

**Full colour** £350 extra

#### 3-column surcharge

10% gross of the ad

#### Bleed or special position

15% gross of the ad

### LINAGE

Private practices only (cost per word)

Non-members £1.55

Members £1.15

#### Extras

Shading £15 extra

Boxed £15 extra

Boxed & Shading £25 extra

All advertising rates subject to VAT

## RECRUITMENT ADVERT SIZES

### COLUMN WIDTHS

Single column 42mm

Two columns 89mm

Three columns 136mm\*

Four columns 183mm

\* 15% surcharge applies

### FULL PAGE W X H

Bleed area 221 x 288

Trim size 213 x 280

Type area 183 x 245

### ARTWORK

#### Display

Artwork to be supplied as high resolution PDF files.

#### Semi-display

Copy should be sent by email.

10% typesetting fee, minimum charge £50.

## ADVERTISING DEADLINES

### ALL DEADLINES 12 NOON

Issue date	Booking deadline
Jun 18	Jun 2
Jul 2	Jun 16
Jul 16	Jun 30
Aug 5	Jul 21
Sep 3	Aug 18
Sep 17	Sep 1
Oct 1	Sep 15
Oct 15	Sep 29

Jun 18

Jul 2

Jul 16

Aug 5

Sep 3

Sep 17

Oct 1

Oct 15

Deadlines for artwork are Wednesday 12 noon after booking deadline.

## ADVERTISE IN FRONTLINE...

simply call

**0845 600 1394**

or email

**cspads@  
media-shed.co.uk**



**Bangers & Mash**

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



**BAND 7 HIGHLY SPECIALIST  
PHYSIOTHERAPIST**

Located within close proximity of the Lake District

We require a highly motivated and enthusiastic Chartered Physiotherapist (Band 7) to work part-time (22.5 hours per week) within the Community Learning Disabilities Team in East Cumbria. The post involves working with adults who have learning disabilities within a multi-disciplinary team approach in the community.

As a Lead Specialist Physiotherapist, the successful applicant will work across our pathways, working alongside our Psychiatrist, Psychologist, Community Nurses and Speech and Language Therapist. The four pathways are Physical Health, Mental Health, Challenging Behaviour and Forensic. There will also be the opportunity to manage assistant practitioners within the team providing scope for a wide range of continuing professional development.

You will also have the opportunity to provide clinical support to the specialist band 6 Physiotherapist in the West Community Learning Disability Team.

The trust is committed to supporting CPD within mandatory training, clinical supervision, reflective practice and relevant external courses.

Whilst the post will be based in Carlisle, the Service provides a countywide service and has additional bases in the West and South of the county. In addition to the community team, we also have an Assessment and Treatment Unit for adults with learning disabilities.

The Team enjoys close working relationships with Adult Social Care, provider organisations, the Police and Probation as well as primary and secondary healthcare services.

For the successful applicant this is an exciting opportunity to join our team and develop their clinical, interpersonal and communication skills. There will also be opportunity to enhance their specialist physiotherapy skills and knowledge particularly in the areas of Postural care, Hydrotherapy and Rebound Therapy.

Previous experience within Learning disabilities is not essential but would be desirable. Applicants do require experience of working at a senior level where some of their caseload has comprised of patients with long term conditions and complex needs e.g. Neurology, Paediatrics, Community.

**\*\*In order to improve efficiency, candidates applying via NHS Jobs will be called to interview by e-mail. This will usually be within 2 weeks of the closing date. Would you therefore please monitor your e-mails regularly following the closing date\*\***

**Overseas candidates wishing to apply, who would require immigration sponsorship, can self-assess the likelihood of obtaining a Certificate of Sponsorship for the post on the UK Borders and Immigration (UKBA) website.**

**APPLICATION INFORMATION**

Apply online now at [www.jobs.nhs.uk](http://www.jobs.nhs.uk)  
**Cumbria Partnership NHS Foundation Trust**

We are committed to Equal Opportunities,  
Improving Working Lives and operate a  
No Smoking Policy.



**Band 6 physiotherapist-37.5 hrs pw  
Band 5 physiotherapist-37.5 hrs pw**

An exciting opportunity has arisen at Woodlands Neurological Rehabilitation centre, York to work within MDT to assess and treat patients with a varied neurological caseload. Including but not exclusively Cardio vascular accidents, Acquired brain injuries, Parkinson's, Multiple sclerosis, Guillain-Barre syndrome, Spinal cord injury and Motor neurone disease. Woodlands is part of the Christchurch Group which has numerous centres across the country. On site facilities include a large gym and hydrotherapy pool. We work closely with other members of the multi disciplinary team to deliver the best possible care for all clients enabling them to reach their maximum potential.

Experience working within neurological rehab and hydrotherapy would be beneficial.

For further information please contact **Kiran Mattoru** on tel **01904430600** please email your CV to **kmattoru@christchurchgroup.co.uk**

To receive an application pack please contact Andrew Cox on 01904 430600 or [acox@christchurchgroup.co.uk](mailto:acox@christchurchgroup.co.uk)

Don't stop here...



Find more jobs on [www.jobescalator.com](http://www.jobescalator.com)

advertise in *Frontline...*

**0845 600 1394**

[cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

## Highly Specialist Paediatric Physiotherapist

42 hours per week, term time only (part-time considered)

£31,277-£37,318 per annum (prorata for part-time staff)

The Physiotherapy Team are looking to recruit a Highly Specialist Physiotherapist who will be working with students in the field of paediatric, adolescent and young adult disability at Treloar and in our Outreach Services. We are looking for people who enjoy working in a trans-disciplinary team. The role will include the advanced assessment and treatment of students who have highly complex, acute and chronic presentations.

The successful candidate should have a flexible approach, possess a diploma/degree in Physiotherapy, registration with the Health Professions Council and CSP membership. You must be able to demonstrate extensive post-registration experience with children and young adults and experience of a wide range of approaches to the management of complex physical and sensory needs. Treloar's have excellent resources and there are many opportunities for training and professional development.

**For an informal visit or further information please contact Susan Bryan on 01420 547421**

The above post offers: -

- Term time only (approximately 39 weeks)
- Pension, life insurance, occupational health and child care voucher schemes
- Free parking

**Closing Date:** 20th June 2014

**Interview Date:** 30th June 2014

An application pack can be obtained by visiting [www.treloar.org.uk](http://www.treloar.org.uk), emailing [hr@treloar.org.uk](mailto:hr@treloar.org.uk), or calling **01420 547400** ext. **3411**.

Treloar Trust is committed to safeguarding children, young people and vulnerable adults. All successful candidates will be subject to a DBS check along with other relevant employment checks.

**To view all our current vacancies, please visit our website at [www.treloar.org.uk](http://www.treloar.org.uk)**

Treloar Trust, responsible for Treloar School and Treloar College, is an equal opportunities employer and operates a no smoking policy.  
Registered charity number 1092857.



# Associate and proud

with  
official  
CSP  
uniforms



[www.grahamegardner.co.uk/csp](http://www.grahamegardner.co.uk/csp)  
Tel: 0116 255 6326

## web services

50% off setup fee!

## We get websites ranking highly

Physio123 specialise in marketing websites for therapists. We help therapists by getting their websites to rank highly, increasing their patient referrals.



**Physio123**  
Increase your referrals

Find out more...  
[www.physio123.co.uk/seo](http://www.physio123.co.uk/seo)

## agencies



recruitment services

## Time for a change?

Temporary & permanent  
Physio recruitment specialist

Nationwide solutions for  
all your career needs

[jobs@pslrecruitmentservices.co.uk](mailto:jobs@pslrecruitmentservices.co.uk)

Call: 020 7833 3208

[www.pslrecruitmentservices.co.uk](http://www.pslrecruitmentservices.co.uk)



London Procurement Partnership





**Physiotherapy Locums**

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

t: 020 7292 0730  
e: [info@piersmeadows.co.uk](mailto:info@piersmeadows.co.uk)  
[www.piersmeadows.co.uk](http://www.piersmeadows.co.uk)



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

**A fresh approach for a professional, supportive service**

**We are a National Framework Agreement Agency and a Preferred Supplier for the Midlands, London, the South East, South West and North East of England**

**01905 642500**  
[jobs@care4health.co.uk](mailto:jobs@care4health.co.uk)  
[www.care4health.co.uk](http://www.care4health.co.uk)



Supplier to Government Procurement Service




**GUIDELINES FOR RECRUITMENT ADVERTISING IN THIS SECTION** The lineage recruitment section of *Frontline* is for the use of small private practices only. The definition of a small private practice for these purposes is: CSP-member-owned, operating from a single privately-owned premises and employing no more than two physiotherapists (or 2 FTE). We regret that we are unable to accept lineage advertising for posts within private or NHS hospitals. **WORD LIMITS** – Lineage advertisements up to 75 words will be charged at the current cost per word, as stated in our rate card. Words above that maximum will be charged at £1.50 each plus VAT.

**private work available**

**ESTABLISHED, BUSY PRIVATE PRACTICE(S) BASED IN DUBLIN, IRELAND** are seeking both senior and junior physiotherapists for full-time working hours to join their team. Ideal candidates would have two to three years postgraduate experience. Previous private practice experience also desired. Relevant post graduate training obviously a significant benefit. Career progression plan and structure in place. Excellent remuneration available for the right candidates. Please apply to: [ndalton@physio.ie](mailto:ndalton@physio.ie) for an application pack.

**CHELMSFORD, ESSEX** Busy and friendly expanding practice looking for experienced musculoskeletal physiotherapist to join the team

and work evenings and/or weekends. Therapist must have excellent communication skills, manual skills, and be willing to work as part of a team but also independently. Previous private practice experience advantageous. Please email: [farrellphysiotherapy@gmail.com](mailto:farrellphysiotherapy@gmail.com) or call tel: 07980 898212 for more information.

**EXPANDING NORTH LINCOLNSHIRE PRIVATE PRACTICE** requires a dynamic enthusiastic physio. With three clinics across N Lincolnshire we have relocated our Brigg clinic to refurbished premises accommodating two spacious clinic rooms and a large pilates studio. Looking for an exceptional musculoskeletal physio to take advantage of all we have to offer: Varied caseload including NHS orthopaedic

triage, sports injury clients, self-referring and private health patients, occupational health and personal injury referrals. An eclectic approach to treatment, we always advocate a 'hands on approach' where possible. Peer support and generous CPD allowance (minimum £1200 in first year, £600 pa thereafter). Get involved with our ancillary services: running repairs, Sport science, and core Pilates. Essential: one year musculoskeletal experience, proven team player and a flexible professional attitude. Pilates and acupuncture an advantage. Relocation funding on offer. Part-time or full-time hours considered. Send CV and covering letter to: [helen@mcbridephysiotherapy.co.uk](mailto:helen@mcbridephysiotherapy.co.uk)

**NW LONDON PRACTICE** We are looking for an experienced, musculoskeletal physiotherapist to join our friendly team. Initially the position will be for two shifts per week, Monday and Wednesday, 1.30pm to 8pm with the possibility of further shifts as work load increases. Candidate will also need to be available to cover extra shifts in August. Email CV with covering letter to: [damon@hampsteadphysio.com](mailto:damon@hampsteadphysio.com) or call Elaine on tel: 020 7794 9078.

**A NATIONAL OCCUPATIONAL HEALTH PROVIDER** to industry, private and public sector delivering all areas of occupational health including surveillance, fitness for work screening, sickness absence and case management requires a full-time Band 6 equivalent musculoskeletal physiotherapist which includes development role in occupational health. This role is based from Sheffield and the successful candidate will be expected to work at times unsupervised and be involved in developing service delivery with support from the head of physiotherapy and clinical director. Essential requirement will include: A good level of experience in treating musculoskeletal patients in a private or hospital outpatient setting, with the use of manipulative therapy (the Maitland concept); BSc or higher covering manipulative therapy at pre-graduate level; excellent CPD record that focuses on the musculoskeletal field. Salary will be commensurate with experience. Please apply with CV to: [mweeney@eef-ohs.co.uk](mailto:mweeney@eef-ohs.co.uk)

**FULL AND PART-TIME MUSCULOSKELETAL PHYSIOTHERAPISTS REQUIRED** for clinics in Sanderstead, Surrey and Westerham, Kent. Must be MCSP, HCPC registered and have dry needling or acupuncture qualification. Hours to include some evenings. Competitive salary and regular CPD. Please email CV and covering letter to: [info@touchlinephysio.com](mailto:info@touchlinephysio.com) or call tel: 01959 561443 for more details.

**MUSCULOSKELETAL PHYSIOTHERAPIST - SOUTHAMPTON** We are seeking an experienced, dynamic and reliable individual to work part-time on a self-employed basis within a well-established private practice. Minimum of five years experience, with excellent manual therapy, rehabilitation, communication and time management skills. Postgraduate qualifications and experience of private practice an advantage. For further details

please call Caroline Pepper on tel: 07765 001733 or email CV: [office@purephysio.co.uk](mailto:office@purephysio.co.uk)

**COME AND JOIN THE REHABWORKS TEAM!**

RehabWorks is a fast growing, award winning provider of rehabilitation services. We currently have opportunities within our 10 UK-wide centres for Junior and senior physiotherapists. Flexible working hours. Comprehensive training and development. Excellent rates of pay plus enhanced benefits! As well as opportunities in our UK centres we are also interested to hear from Physiotherapists able to work a minimum of 15 hours per week (hours to suit) from home. For more information please contact: [hr@rehabworks.co.uk](mailto:hr@rehabworks.co.uk) Website: [www.rehabworks.co.uk](http://www.rehabworks.co.uk)

**REHABWORKS** have an exciting opportunity for an experienced physiotherapist to manage a friendly team of four in our London centre. The role will be 40% managerial/60% clinical and includes some customer on-site work. Flexible working hours. Comprehensive training and development. Excellent rates of pay + enhanced benefits! For more information please contact: [hr@rehabworks.co.uk](mailto:hr@rehabworks.co.uk) Website: [www.rehabworks.co.uk](http://www.rehabworks.co.uk)

**CENTRAL CORNWALL** Part time-position available at a private clinic with mixed case load. Pilates, acupuncture and hydrotherapy skills desirable. Self employed with view to long term commitment within the practice. Contact with CV: [info@averilbainbridgephysio.com](mailto:info@averilbainbridgephysio.com)

**WEST YORKSHIRE** Full-time musculoskeletal physiotherapist. Exciting opportunity for a musculoskeletal physiotherapist with the right personality to join our fantastic team. Further information and instructions on our website: <http://griffithsandhartley.co.uk/blog/musculoskeletal-physiotherapist-job-opportunity>

**WE ARE A PRIVATE MUSCULOSKELETAL ORIENTATED CLINIC** looking to recruit an HCPC registered physiotherapist initially to work two to three half days per week with scope to expand. Please send or email your CV to: David Lloyd Penn Clinic Hayes Cottage Hospital, Grange Road Hayes Middlesex UB3 2RR. Email: [pennclinic@yahoo.co.uk](mailto:pennclinic@yahoo.co.uk) Tel: 020 8848 9457 / 020 8561 0819.

**COALISLAND** Private physiotherapy practice requires a motivated self-employed musculoskeletal physiotherapist for part-time

work. Opportunity to expand hours. Minimum two years experience. Tel. 07801 080108.

**PART-TIME PHYSIOTHERAPIST REQUIRED**

to work at busy private clinic in Hull, treating musculoskeletal referrals. Must be available to work some evenings and have good musculoskeletal background. Flexible hours, minimum 15 hours per week. To start ASAP. Further details/application response (CV), please email: [jobapplication@first4physio.co.uk](mailto:jobapplication@first4physio.co.uk)

**GRAYS/BASILDON, ESSEX** Physiotherapists required to join expanding multidisciplinary practice with clinics in Grays and Basildon for day and evening work. Candidates must be HPC registered and fully qualified. Musculoskeletal and good communication skills essential. Mixed caseload including sports injuries and RTA cases, Long term commitment and availability at least two days a week required. Acupuncture skills advantageous. Email CV, personal statement and letter of application to Sade Alasi at: [s.alasi@risalhealth.com](mailto:s.alasi@risalhealth.com)

**MANCHESTER, NEUROLOGY** Dynamic and creative physiotherapist required to join a growing team of physiotherapists treating a wide range of clients with neurological disabilities. Opportunities to work in MDTs alongside OTs, SaLTs, neuropsychologists and case managers. A minimum of five years experience working with neurological disability. Attractive salary and flexible working arrangements. Car owner essential. For further information contact Colin Green on tel: 07803 933760 or email CV to: [info@physio-matters.org](mailto:info@physio-matters.org)

**UNIQUE OPPORTUNITY** Orchard Clinic, St Albans, Hertfordshire is a well-established, busy practice with an excellent local reputation and known for postgraduate clinical education placements. We are looking for a part-time physiotherapist with excellent manual/rehabilitation skills, who wishes to work with highly trained, motivated other clinicians. Committed to staff development through regular in house in-service program. Practice is easily accessible via A1/M1/M25 or rail. Please email CV to: [orchardclinic@btconnect.com](mailto:orchardclinic@btconnect.com)

**GRAVESEND AND HASTINGS** Part-time musculoskeletal physiotherapist. Due to continued expansion, self-employed, part-time enthusiastic physiotherapist required at our Gravesend and Hastings clinics. Initially two days per week

(Gravesend) and three days (Hastings) with possibility to increase over time. Our clients are primarily insurance companies and private patients. Key Requirements: strong diagnostic and manual therapy skills; MCSP and HCPC registered; able to work independently; acupuncture desirable; computer literate. Insurance company experience preferred. Also available. Please send CV to: [admin@arleth-health.co.uk](mailto:admin@arleth-health.co.uk) Arleth Health: [www.arleth-health.co.uk](http://www.arleth-health.co.uk)

**LEEDS, HEADINGLEY** Private clinic has vacancy for part-time physiotherapist with varied musculoskeletal experience including spinal and sports injuries to work evenings and weekends. Excellent manual skills, communication skills and rehabilitation experience essential. Send CV to: [thetreadmill@btconnect.com](mailto:thetreadmill@btconnect.com).

**EXPERIENCED MUSCULOSKELETAL PHYSIOTHERAPIST REQUIRED - WEST SUSSEX**

Self-employed, part-time position available at private clinic in East Preston. Please contact tel: 01903 787300 or send CVs to: [sam\\_mackenzie33@hotmail.com](mailto:sam_mackenzie33@hotmail.com).

**COLCHESTER, GRAVESEND AND POTTERS BAR**

Part-time disability assessors. Part-time, self-employed physiotherapists required to work as disability assessors as part of the DWP PIP program to provide PIP assessments at our Colchester, Gravesend and Potters Bar centres. Two/three days per week with possibility to increase this. Full training is provided. Two years' HCPC experience required. Email: [admin@hrsclinics.co.uk](mailto:admin@hrsclinics.co.uk)

**APPI HAMPSTEAD** Full-time and part-time positions available. An exciting opportunity has arisen for a motivated, confident physio with a strong team ethic for a dynamic and challenging role, combining manual physiotherapy and Pilates based exercise therapy. Excellent remuneration including bonus system, strong IST programme (in-house and online) offered. Some evening work required. Training over July for August start. The ideal applicant(s) will have five years of clinical experience, with some Pilates exposure. Full Pilates training provided to successful applicants. Please email CV to: [nicky.croft@appihealthgroup.com](mailto:nicky.croft@appihealthgroup.com).

**WELL-ESTABLISHED PHYSIOTHERAPY & SPORTS INJURY CENTRE IN REDDITCH, WORCESTERSHIRE** seeking experienced musculoskeletal physiotherapists for part-time

hours at NHS and private clinics. Flexible working, including evenings and weekends. Please contact Ceri Shephard on tel: 01527 597272 or email: [info@spc-physio.com](mailto:info@spc-physio.com).

**CHARTERED PHYSIOTHERAPIST -**

**DUBLIN, IRELAND** Share options available Established Dublin City Centre practice seeks an experienced full-time musculoskeletal physiotherapist. A minimum of four years experience required including at least one year in private practice. Masters degree and Pilates experience an advantage. An interest in management desirable as future business share options available. Forward cover letter and CV to: [iscpadvert@gmail.com](mailto:iscpadvert@gmail.com) by 16 June 2014

**HEAD2TOE PHYSIO - LEATHERHEAD CLINIC**

Self-employed, part-time musculoskeletal physiotherapist required to join our friendly and experienced team. Some evening work required. Must be able to work independently and have good manual skills. Please contact: [sam@head2toephysio.co.uk](mailto:sam@head2toephysio.co.uk).

**ALDERLEY EDGE** Experienced dynamic musculoskeletal physiotherapist required evenings and Saturday morning. Must have good manual therapy/sports injury skills. CVs to: [info@physiofit.co.uk](mailto:info@physiofit.co.uk)

**NHS PHYSIOTHERAPIST** Two full-time vacancies. Physiotherapy Solutions is an award winning physiotherapy provider. We are one of the largest and fastest growing physiotherapy companies in the UK. We are looking for two full-time NHS physiotherapists based in South East London at our Crystal Palace and Orpington sites. You will be responsible for providing effective and evidence-based management of musculoskeletal conditions requiring physiotherapy in our successful NHS MCATS services. Fantastic opportunity for enthusiastic, ambitious physios with musculoskeletal outpatients experience. All levels of experience considered. The successful candidate must be good at communication, building relationships, teamwork, committed to excellence in clinical standards and customer service. We will provide you with a comprehensive professional and personal development program (CPD), in a fun, positive, stable and friendly work environment. Start date: Early July/August 2014, flexible for the right candidate. Please submit your CV and covering letter through our recruitment portal: <http://vacancies.cpsic.co.uk/> Company website: [www.cpsic.co.uk](http://www.cpsic.co.uk)

**HERTFORDSHIRE** Harpenden clinic requires locum with excellent clinical skills on select dates from June to September, evening and Saturdays, minimum 5 years qualified. Email: [info@actionharpenden.co.uk](mailto:info@actionharpenden.co.uk)

**FARNHAM, SURREY** We are a friendly well-established private practice looking for a passionate enthusiastic physiotherapist to join our multidisciplinary team. Must have excellent clinical and communication skills. Self employed position. Flexible hours to include some evenings and Saturday work. Please contact: [sophie@farnham-physio.co.uk](mailto:sophie@farnham-physio.co.uk)

**PHYSIOTHERAPIST REQUIRED TO JOIN AN ESTABLISHED COMPANY IN SOUTH WALES**

Various and flexible hours available in our clinics in Merthyr, Rhondda valleys, Newport and Caerphilly. Contact: [info@physiotherapywales.co.uk](mailto:info@physiotherapywales.co.uk)

**SELF-EMPLOYED PHYSIOTHERAPIST**

**URGENTLY REQUIRED** for busy private practice on the Leeds/Bradford border in West Yorkshire. We are looking to recruit an experienced physiotherapist to work as part of our expanding and friendly team. Please email your CV to: [info@whitehallphysiotherapy.co.uk](mailto:info@whitehallphysiotherapy.co.uk)

**APPI PILATES INSTRUCTOR -SUTTON**

**COLDFIELD** Great opportunity for an enthusiastic physiotherapist with APPI training to join our clinic on a part time, self employed basis. We are looking for an instructor to take 1:1 mat based pilates sessions with clients from our brand new clinic. For further information please email: [info@resolve-physio.co.uk](mailto:info@resolve-physio.co.uk) with your full CV and covering note.

**ALDERSHOT** Surrey Physio is looking for a full-time physio to be based in Hampshire. Musculoskeletal work. Work with a team of like-minded physios. You should feel comfortable working independently. Must have good organisational skills and love to have fun. Email: [tim@surreyphysio.co.uk](mailto:tim@surreyphysio.co.uk)

**SURREY PHYSIO** is looking for a full-time physio to be based in South London (East Croydon/Mitcham/Balham). Musculoskeletal work. Work with a team of like-minded physios. You should feel comfortable working independently. Accommodation may be provided as part of the package for any physio looking to relocate. Must have good organisational skills and love to have fun. Email: [tim@surreyphysio.co.uk](mailto:tim@surreyphysio.co.uk)



**EXPERIENCED SELF-EMPLOYED, PART-TIME** chartered physiotherapist required to treat varied musculoskeletal caseload. Must be able to work independently, have excellent manual skills and preferably acupuncture. Please contact Natalie Simpkin on tel: 020 7226 6406.

**WE ARE AN ESTABLISHED PRIVATE COMPANY** that currently has full-

time opportunities in Bedfordshire, Buckinghamshire, Northamptonshire and Hertfordshire We can offer you full administrative support, clinical autonomy, a professional environment and regular training. We offer a range of development opportunities and a competitive salary. In return you should be a committed, enthusiastic person, experience in musculoskeletal physiotherapy is desirable, a good communicator, team player and computer literate. We look for a pro-active, flexible hands on approach to patient care and your duties will include: assess, diagnose, and treat all musculoskeletal pathologies. You will be expected to manage an independent caseload and have excellent report writing skills. Please send your CV and Covering letter to: [sandra.wellstead@optimum-hcs.com](mailto:sandra.wellstead@optimum-hcs.com) or call tel: 01234 339 147 for further details

**CHESTER AND RUNCORN** Full and part-time musculoskeletal physiotherapist(s) required in a friendly private clinic, applicant must be HCPC and CSP registered with at least two years' experience in an outpatient setting. Acupuncture desirable, but not essential. Please send your CV to: [info@fieldsphysio.co.uk](mailto:info@fieldsphysio.co.uk) or tel: 01244 671948 for further information.

**FED UP WITH 50% OF YOUR EARNINGS GOING TO YOUR CLINIC PROVIDER?** Join the UK's first networked clinic as an affiliate and enjoy maximum flexibility with incredibly low overheads. [www.LocalPhysios.com/careers.html](http://www.LocalPhysios.com/careers.html)

**equipment for sale**

**FOR A COMPLETE RANGE OF NEW AND SECOND HAND PHYSIOTHERAPY EQUIPMENT**

Please contact Phoenix Healthcare Products Limited on tel: 0115 965 6634 [www.phoenix-healthcare.co.uk](http://www.phoenix-healthcare.co.uk)

**SECONDHAND AND NEW ULTRASOUNDS, ELECTROTHERAPY, LASERS, COUCHES ETC** With warranty. Please call Trimbio on tel: 01403 261564 [www.trimbio.co.uk](http://www.trimbio.co.uk)

**equipment wanted**

**ULTRASOUND, ELECTROTHERAPY, LASER, COUCHES ETC BOUGHT FOR CASH** Contact Trimbio on tel: 01403 261564 or visit: [www.trimbio.co.uk](http://www.trimbio.co.uk)

**SECONDHAND ELECTROTHERAPY BOUGHT AND SOLD** Ultrasounds Interferential Combinations etc. Call RWR services on tel: 0845 257 8925. Email: [richard@rwrservices.co.uk](mailto:richard@rwrservices.co.uk) Web: [www.rwrservices.co.uk](http://www.rwrservices.co.uk)

**service and repair**

**FOR ALL YOUR SERVICING AND REPAIR REQUIREMENTS** Contact Phoenix Healthcare Products Limited on tel: 0115 965 6634 [www.phoenix-healthcare.co.uk](http://www.phoenix-healthcare.co.uk). We are the largest specialist physiotherapy service company offering a nationwide service at competitive prices.

**SERVICE AND REPAIR FOR ALL ELECTROTHERAPY AND PHYSIOTHERAPY PRODUCTS** Contact Trimbio on tel: 01403 261564 [www.trimbio.co.uk](http://www.trimbio.co.uk)

**FORMER SHREWSBURY MEDICAL ENGINEER** Offering repairs and servicing of your electrotherapy equipment. Call RWR services on tel: 0845 257 8925. Email: [richard@rwrservices.co.uk](mailto:richard@rwrservices.co.uk) Web: [www.rwrservices.co.uk](http://www.rwrservices.co.uk)

**practice for sale**

**NORTH MANCHESTER PRACTICE FOR SALE** Est 20 years, large database of self paying patients. Potential to expand, options to rent or buy premises. Enquiries to: [pmlay9@gmail.com](mailto:pmlay9@gmail.com)

**MANCHESTER** Two profitable private practices, six rooms and three rooms. Established over 30 years. Owner retiring. Scope for expansion. Email: [physiotherapy@live.com](mailto:physiotherapy@live.com).

**CORNWALL** Great opportunity to purchase a successful practice. Established in 2005, large client database providing good turnover with potential for future growth. Based in rented purpose-built treatment room, with pool, gym and low running costs. List Price £18,000. All enquiries: [cornishpractice4Sale@gmail.com](mailto:cornishpractice4Sale@gmail.com)

**WALSALL PHYSIOTHERAPY PRACTICE FOR QUICK SALE** Established over five years. 15-25K turnover for 10 hours per week. Self, GP and PMI referrals. Selling due to relocation. Contact: [bloxwichphysio@hotmail.co.uk](mailto:bloxwichphysio@hotmail.co.uk) or tel: 07834 212914.

**SOUTHERN-EAST SUSSEX PHYSIOTHERAPY FOR QUICK SALE** Established 1988; current owner 16 years. Self and PMI referrals. Selling due to relocation. Please email: [craig@downes.com](mailto:craig@downes.com)

**business opportunity**

**PHYSIOTHERAPY WEBSITES** Do you want your website to be at the top of Google? Physio123 specialise in creating and marketing physiotherapy websites. Free trials available. Visit: [www.physio123.co.uk](http://www.physio123.co.uk)

advertise in *Frontline...*  
**0845 600 1394**  
Email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)



# 3

minutes with...

## Clare Collyer



### **CLARE COLLYER, WHO WORKS AT MONITOR, THE NHS REGULATORY BODY FOR ENGLAND, BELIEVES PHYSIOTHERAPISTS HAVE THE SKILLS TO GET TO THE TOP**

#### **How long have you been at Monitor?**

I joined Monitor last November last year as a clinical healthcare adviser in the cooperation and competition directorate (CCD). I work closely with two other clinicians, another physiotherapist and CCD's clinical director who has a nursing background. Both have a wealth of experience within the health sector including clinical, managerial and strategic roles so I feel very well supported in my new role.

#### **Tell us about a typical working day**

I tend to start by checking my emails and planning my work for the day. The majority of my day is then spent on specific cases or project work. The CCD's role is to ensure that choice and competition in the health sector works in the best interest of patients and we act to prevent anti-competitive behaviour by commissioners or providers where it is against patients' interests.

Our casework involves advising on proposed hospital mergers, patient choice and the procurement, patient choice and competition regulations. We also investigate potential breaches of these regulations by commissioners and support providers to meet aspects of their provider licence related to integration. Each case is worked on by a case team consisting of a clinical healthcare adviser, legal adviser, economic adviser and an inquiries lead. My role is to provide clinical insight into the case, working closely with a clinical reference group, and to lead on clinical or service level aspects.

#### **How does your role fit into Monitor's wider remit?**

Monitor is the sector regulator for health services in England so has the broad remit

of protecting and promoting the interests of patients. We work closely with the Care Quality Commission, who regulate the quality and safety of care offered by providers. In addition to the work carried out by CCD, Monitor also ensures foundation hospitals, ambulance trusts and mental health and community care organisation are well led and are run efficiently. We make sure the NHS payment system rewards quality and efficiency to help drive improvements in patient care and, should a provider get into difficulty, ensure their essential services continue to be provided.

#### **You were previously a CSP professional adviser, did that help you get the post?**

My work as a professional adviser was invaluable in terms of progressing my career. It gave me experience of working with national committees and organisations, provided me with a more strategic knowledge of the health sector and, importantly, an understanding of the challenges facing patients, clinicians, managers and commissioners. That said, the skills I learnt through studying and practising clinical physiotherapy are, to my mind, the most important and sadly these skills are often underestimated in the profession. Allied health professionals develop exceptional problem-solving skills. We quickly assess a situation to determine the key issues and develop a plan for how to solve the problems being faced. In my experience, these reasoning and problem-solving skills aren't as common as we may imagine and are highly valued by employers from all sectors. I also think the 'people skills' we develop, our ability to communicate clearly and read people and situations, are invaluable.

#### **What advice would you give others seeking a national role?**

A move away from a purely clinical role can be difficult, not least because of a sense that our abilities lie with doing the hands on clinical work, rather than more strategic or managerial roles. Don't underestimate the value of the skills you have and don't let a job description put you off. There can be a tendency to feel a need to match all of the competencies and duties listed on a job description before applying for a new role rather than considering what we could bring to the role or how well we could develop into it.

#### **Do you still practise professionally?**

I no longer practise clinical physiotherapy, but I do still consider myself to be a physiotherapist. My role draws on my physio skills and knowledge and I firmly believe the work I do has a positive impact on people's health and wellbeing. In that respect it clearly falls within the scope of physiotherapy. I doubt a doctor taking on a management or leadership role would question whether or not the new position fits within their remit as a medic and I think it's important for physiotherapists to embrace the same mindset.

#### **Is keeping fit and being 'green' important to you?**

Yes, although, like many people, I sometimes find it hard to live by these principles. I've found the most realistic way for me to be active on a regular basis is to walk to work and back. It takes a bit longer but, weather permitting, is so much more enjoyable than a cramped tube carriage. *fl*

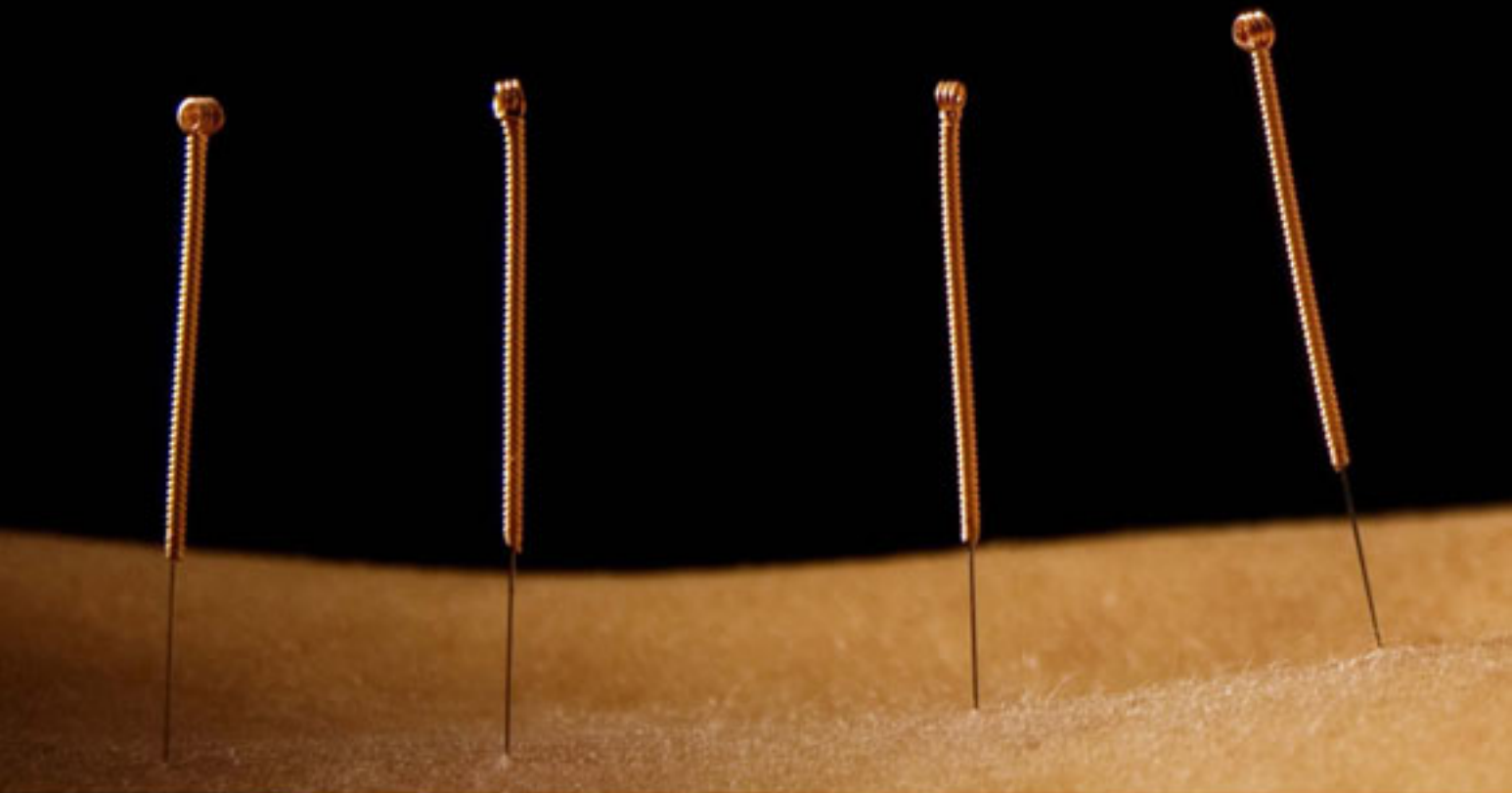
**Clare Collyer** is a clinical healthcare adviser at Monitor in London



Acupuncture Association of  
Chartered Physiotherapists

Make  
**ACUPUNCTURE**  
part of your physiotherapy treatment

Improve your career prospects, attract more patients and increase your earning potential by qualifying on an AACCP Acupuncture Foundation Course.



Places on the 2014/2015 foundation courses are available **NOW!**  
For more information visit [www.aacp.org.uk](http://www.aacp.org.uk)

# BACK PAIN IS AS **UNIQUE** AS A FINGERPRINT

**Vi Move** Wearable Sensors  
that measure movement  
and muscle activity

- Objective and accurate analysis of movement in and out of the clinic
- Individualise management and accurately measure change
- Additional modules available including running, hamstring, core control and more

