



## Hip dysplasia

The physio's role

Page 28



## Be inspired

Watch our campaign videos

Page 24



## Exercise post-stroke

NIHR column

Page 20

# Frontline

16 May 2018  
Volume 24  
Issue 9

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS



## Prescription addiction

The hazards of dependency

Inside: Jobs • Views and opinions • Courses • In review

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

# Comment

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join the debate online at  
[www.csp.org.uk](http://www.csp.org.uk)

## Prescription pitfalls

**W**e have some strong clinical issues for you this time. Robert Millett's article on the impact of prescription drugs on your patients (page 30) is a salutary reminder of how easy it is to get 'hooked' on medication. It's so important, as a physiotherapist, to be aware of the impact these drugs can have on a person's health: it's not always a positive one.

The articles on hip dysplasia should also be of interest. Clinical update (page 28) provides a factual overview of the condition but our Three minutes interview slot, in which we hear from physio student M-J Sharp (page 64), puts a human face on the facts. These are timely, given that June is Hip Dysplasia Awareness Month.

## 'As any physio knows, motivation is key to patients' success on the road to recovery ...

And so to this issue's cover wrap. As any physio knows, motivation is key to patients' success on the road to recovery. The latest video case studies from our Love Activity, Hate Exercise? campaign should help to inspire you and your patients (page 24). If you're enthused by what you see and want to be part of our campaign to promote physical activity, we encourage you to sign up for a resource pack at [www.csp.org.uk/activity](http://www.csp.org.uk/activity).

To start you off, we hope you'll already have noticed the campaign poster wrapped around the cover of your copy of Frontline. Put it up in your clinic – we hope it will help you to start those all-important activity conversations with your patients!

**Lynn Eaton**  
managing editor *Frontline*  
and head of CSP member communications  
[eatonl@csp.org.uk](mailto:eatonl@csp.org.uk)

### Could you be a Churchill fellow?

Applications for this year's Churchill Fellowships are open to anyone who would like to apply for this unique chance to travel and bring back global insights to communities and professions in the UK.

A Churchill Fellowship funds people to travel for four to eight weeks abroad, researching a topic of their choice – anything that can make a difference to their own profession or to their wider community when they come home. Fellows can visit several countries and continents during their time away, meeting key people connected to their chosen subject and gaining hands-on expertise. On return, they make change happen in their workplace or region, among practitioners or policy-makers, at local or national level. You can apply and find out more here: [www.wcmt.org.uk/](http://www.wcmt.org.uk/)

The Winston Churchill Memorial Trust awards fellowships in these fields: Artists and Makers, Education, Emergency Services, Enterprise and Social Impact, Environment, Healthcare, Migration, Nursing, Rural living, Science, Suicide Prevention – and there is an Open category for everything else. Young people aged 18-25 are actively encouraged to apply.

Everyone can apply, regardless of qualifications, age or background. All that's necessary is to be a UK citizen aged 18 and over.

What we look for is bright ideas from people who are keen to make change happen.

■ *Jonathan Lorie, Winston Churchill Memorial Trust*



Rachel Remnant,  
a fellow in 2016

### Yoga meets physio

I have started a Physiooga – I made up the name! – class for physiotherapy students at Cardiff University, where I am a physio student myself. I am also a qualified yoga instructor. We use one of the practical rooms and have had as many as 30 in the class. Each week we focus on a particular area of the body, or else an overall aim. I base the class on giving instructions and the justification for each pose. I am

passionate about promoting the benefits of yoga in the hope they will take what they learn and use it with patients, on placement and when they qualify.

■ *Holly Monson*

### Hip resources

I felt compelled to comment on Hip Hip Hooray in *Frontline* on 2 May. Fundamentally, we need to do better at capturing the needs and desires of the

young, active employed person knocking at our door, and educate and support active lifestyles.

In addition, we need to look to provide better resources, exercise advice and access especially to hydro, bike schemes, gyms, etc. And we need to structure the care pathway better.

■ *Anonymous*

### Bowel clinics

I am a pelvic health physiotherapist working at South Warwickshire NHS trust. I was very interested in your article regarding the healthy bowel clinic (page 30, 17 January). We see bowel patients in our clinics but I am also looking into setting up a dedicated bowel clinic. I am keen to be in touch with

physiotherapists at the healthy bowel clinic at Aintree, and perhaps other similar facilities, to find out more about how they set up their service. I would be very grateful for their contact details if they are happy for me to get in touch.

■ *Louisa Ford, women's and men's health physiotherapist, South Warwickshire NHS Trust*

### Top Tweets

**@model\_hospital** We've recently started a series of #ModelHospital webinars including specialist masterclasses and introductory sessions. We'll let you know about future sessions but if you've missed any, you can watch the recordings at [bit.ly/2HM02q1](http://bit.ly/2HM02q1)

**@ProfDavidHunter** Challenges and controversies of complex interventions in osteoarthritis management: context of competing health priorities and multimorbidity, access to high quality conservative care, non-pharmacological therapies, resource limitations and models of care [bit.ly/2JHotFF](http://bit.ly/2JHotFF)

**@Age\_and\_Ageing** Trajectory of social isolation following hip fracture: an analysis of the English Longitudinal Study of Ageing cohort [bit.ly/2HO6Gfr](http://bit.ly/2HO6Gfr)

**@NIHR\_DC** Postnatal depression affects around 10 to 15 in every 100 new mothers in the UK. NIHR research has shown that aerobic exercise moderately reduces symptoms in new mothers [buff.ly/2JKdLyS](http://buff.ly/2JKdLyS)

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

## You've added...

*An anonymous response to our news that the NHS in England will make all first referrals to physiotherapy outpatients digital* ([www.csp.org.uk/node/1145981](http://www.csp.org.uk/node/1145981)):

■ One of the major reasons patients do not attend is the length of wait they endure between referral

and the next available appointment. Usually, after several weeks of waiting, the condition sorts itself out, or the patient sorts themselves out by going privately. If NHS England think an e-referral system will somehow magically improve the situation on its own, it is deluded.

*We reported on the major role physiotherapists can play in saving NHS cash by re-using equipment* ([www.csp.org.uk/node/1149937](http://www.csp.org.uk/node/1149937)).

*Shirley-Ann Walters said:*  
■ We always used to recycle physio equipment ... I understood this was stopped for health and

safety reasons. It seems those reasons have disappeared and this is being presented as a new idea!

*From an anonymous commentator:*

■ We have been using a recycling scheme for many years now but the paradox in our trust is that the money is

returned to the NHS only if the physio arranges a collection for the equipment.

*On Facebook, Ellena Farrow wrote:*

■ And yet all I ever hear from patients is that hospitals are refusing to take their used equipment because it's too expensive to clean.

### Got something to say?

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

## icsptalk

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

iCSP is our peer-led knowledge sharing area of the website – view all our popular discussions [www.csp.org.uk/popular](http://www.csp.org.uk/popular)

### Cyclist injury advice

Members discuss patellar tendonitis and effective graded quad and hamstring strengthening exercises.

**Comments:** 11

**Network:** Musculoskeletal  
[www.csp.org.uk/node/1144053](http://www.csp.org.uk/node/1144053)

### Classification of mobility and tagging walking aids

Members have improved their service by marking WZFs and the use of 'I can' on boards.

**Comments:** 11

**Network:** Older people :  
[www.csp.org.uk/node/1141473](http://www.csp.org.uk/node/1141473)

### Trache weaning

Members share current practice, advice and experience on trache weaning protocols.

**Comments:** 13

**Network:** Respiratory care  
[www.csp.org.uk/node/1147809](http://www.csp.org.uk/node/1147809)

### Safety using theraband

Members debate patients' safe use of equipment and whether protective eyewear is required.

**Comments:** 11

**Network:** Older people  
[www.csp.org.uk/node/1144060](http://www.csp.org.uk/node/1144060)

### Band boundaries

How do roles differ between bands 2 and 3 therapy support staff? A member who employs mainly band 2 workers is considering uplifting some posts.

**Network:** Management  
[www.csp.org.uk/node/1152594](http://www.csp.org.uk/node/1152594)

# NewsinPictures



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

For the stories behind the images just follow the shortcut codes

**1** A study published in the Journal of the American College of Cardiology says that folic acid supplements cut the risk of a stroke in people with high blood pressure by a massive 75 per cent  
Source: Daily Mail  
<https://daily.mai/2IwebLB>

**2** How the Born in Bradford project is making the city one of the first in England to monitor the health and wellbeing of its population in real time.  
Source: Guardian  
<https://bit.ly/2G3i7hp>

**3** Graded exercise therapy can be harmful to some people with ME, according to one of the UK's leading experts in the condition.  
Source: BBC  
<https://bbc.in/2rw583y>

**4** UK parks save the NHS more than £111m a year by improving mental and physical health research by charity Fields in Trust suggests.  
Source: Guardian  
<https://bit.ly/2rx91oV>

**5** Food experts argue that a typical Icelandic diet, low in saturated fat and high in omega 3 fatty acids, is a healthy alternative to the Mediterranean diet.  
Source: Telegraph  
<https://bit.ly/2rygdjI>

**6** Scientists at the University of Nottingham have found that garlic can reduce the risk of developing certain kinds of cancers, cardiovascular disease and type 2 diabetes.  
Source: Independent  
<https://ind.pn/2KOSx3r>



## Frontline

Got a news story or idea for Frontline?

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

Want to send us a photo?

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

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Reach 57,000 CSP members with your product, course or recruitment ad.  
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[www.csp.org.uk/journal](http://www.csp.org.uk/journal)

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Gerald Ferry/Alamy Stock Photo

# NewsDigest

**Something to add?**  
 email *Frontline* at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## CSP delight as first contact physio roles get funding in Northern Ireland

A significant investment in first contact practitioner (FCP) roles in Northern Ireland is a 'huge boost' for patients and the NHS as a whole, says the Chartered Society of Physiotherapy.

The Department of Health last week unveiled details of a £5m rollout of multi-disciplinary teams in GP practices demonstrating the important role the AHP workforce will play in the future of healthcare in the region.

South Eastern Trust FCP pilot lead Stephen McGarrigle told BBC Radio Ulster's Evening Extra show: 'We can offer support to GPs, reducing

pressure on secondary care and ensuring that patients are being seen by the right person in the right place at the right time.'

CSP Northern Ireland policy manager Tom Sullivan said: 'This is a major win for patients, who will benefit from faster access to the specialist advice and assessment they need.'

As *Frontline* went to press publication of the DH's workforce strategy, a blueprint addressing the key workforce challenges and opportunities was expected.

Michelle Tennyson, assistant director of allied health professions at Northern Ireland's Public

Health Agency said the FCP posts would be band 8a. 'The roles have a public health approach, prescribing and injection therapy as core skills. The role has been clearly defined to maximise the specialist skills available and make greatest impact in primary care multi-disciplinary teams.'

She added: 'This is a great partnership approach and our physios will make a real difference for our service users and carers. We will also be playing our part in supporting our primary care colleagues manage demand.'

Meanwhile in Scotland, integrated joint boards are being called on to develop FCP roles, aligned

to GP clusters (see page 22) while NHS England is planning the release of the FCP in MSK Services High Impact Intervention (HII) specification for piloting this initiative in every STP over the next year.

At the same time a new MSK capability framework for England will be published by NHS England and Health Education England, and physios in England are encouraged to register an interest in being informed once this is available at [bit.ly/2IaKW1H](http://bit.ly/2IaKW1H)

■ Gary Henson

**More information**  
**NI Department of Health announcement**  
[bit.ly/2woNZNY](http://bit.ly/2woNZNY)  
**CSP NI resource**  
[www.csp.org.uk/NI-think-physio](http://www.csp.org.uk/NI-think-physio)  
**Members in the UK are welcome to join the CSP's Primary Care Transformation network.**  
**Contact [fcp@csp.org.uk](mailto:fcp@csp.org.uk)**



### Bill Gilchrist dies aged 83

Bill Gilchrist, an innovator in the physiotherapy profession, a former CSP steward and council member, has died aged

83. In the 1980s, he helped to develop management information and data systems in his Glasgow physiotherapy service. He was a governor of Queen's College, Glasgow, and influenced physiotherapy education at a time of great change in the profession. He formally retired in 1995. Mr Gilchrist's obituary will appear in *Frontline* on 6 June.



### NHS pay – cast your vote

If you are directly employed by the NHS in England remember to cast your vote to accept or reject the NHS pay offer by midnight on Tuesday 29 May. Go to:

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

## Neuro physio helps disabled man achieve world record on Everest

Neuro physio Andrea Shipley is on a high after helping her patient Max Stainton, who has cerebral palsy, to become the first person with his physical challenges to reach Everest base camp on horseback.

At Easter, following 18 months of preparation, Max left his electric wheelchair in Kathmandu and began a 12-day ascent. He was accompanied by volunteers from the Riding for the Disabled Association, Sherpas, Nepalese horses and Ms Shipley as physio support.

Ms Shipley, who works for the neuro outreach team at London's University Hospital NHS Trust, explained how Max had revealed his lofty ambitions.

'He came to me and said he wanted to set this new record and fundraise for the Riding for the Disabled Association as a way of thanking it for the riding therapy he had received since he was a child.

'The trip would require him to be able to get on and off a horse and walk parts of the way. I set him stair-climbing goals and he trained for 14 months.'

She had reservations when Max gamely asked if she would accompany him: 'I'm over 50 and I knew it would be a physical challenge. But I thought, if he can do, then I should be able to. Eventually I put my name down.'

'The terrain over the first few days was much harder than we had anticipated. Max had to walk with support for most of it.

'In the evening I gave Max stretches and soft tissue mobilisation to help him with the pain he was going through.

'We weren't sure he could continue, but the going got smoother. Then we had to get through the altitude sickness and one volunteer had to be helicoptered down. But Max was alright.'

■ Louise Hunt

**Physio Andrea Shipley and Max Stainton who reached Everest base camp on horseback**

# NewsDigest

 **Something to add?**  
email *Frontline* at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

## Scottish government to develop real-time access to patient e-records

Scotland's physiotherapists will use a national digital platform to access real-time information from electronic patient records, under proposals in the Scottish government's digital health and care strategy.

Published on 25 April, the document says work on the cloud-based platform will start immediately. It will mean that information and data can be created and used by healthcare professionals in clinics or in the community.

Overall, the strategy sets out a range of ambitious plans to improve health and care services across Scotland through digital technology.

By July, there will be a 'clear national approach' to supporting local service transformation. As part of this, the government wants to see



a 'step-change' in how technology is used to support independent living.

It also plans greater use of video consultations with patients at home and through mobile devices. The aim is to enable patients to access routine and specialist support from any

location in Scotland.

Developing the digital skills and capability of the workforce will be key to the successful delivery of the strategy. Similarly, the government is committed to ensuring staff are fully digitally connected

wherever they are working.

Physiotherapist Lesley Holdsworth, the Scottish government's clinical lead for digital health and care, said that physios must be involved in this strategy.

'We have an active network for anyone interested in digital health, and a national leadership programme in digital health, which more than 20 physios have been through already,' she said.

■ Gill Hitchcock

**More information**  
**Scotland's Digital Health and Care Strategy** [bit.ly/2Hzzl7C](http://bit.ly/2Hzzl7C)  
**Allied health professionals ehealth network** [bit.ly/2vODZgZ](http://bit.ly/2vODZgZ)

## Physio to join Yorkshire and Humber future leaders programme

Physiotherapist Laura Proctor will take a year's break from her post at Harrogate District Hospital this summer to join Yorkshire and Humber improvement academy's future leaders programme.

In August, instead of her role of 18 months caring for frail, older people in a 30-bed ward, Ms Proctor will become a clinical leadership fellow.

She said the programme is usually reserved for registrars who are becoming consultants and that she is the first physiotherapist to join.

Based at the improvement academy headquarters in Bradford Institute for Health

Research, Ms Proctor expects to develop the skills and knowledge to help her become a clinical leader. She will also work towards a post-graduate certificate in leadership.

The programme will involve her in leading projects with regional or national relevance and impact. One option is a project to improve the quality and safety in care homes across Yorkshire and Humber.

'I hope the future leaders programme will equip me to be an effective and inspirational leader,' Ms Proctor said.

'More specifically, I hope to use the knowledge and skills I learn to improve

the quality and safety of healthcare for older patients living with severe frailty.

'And I hope this, in turn, will result in better investment and support of physiotherapists and multidisciplinary team members caring for this patient group.'

■ Gill Hitchcock

**More information**  
**CSP leadership development programme**  
[www.csp.org.uk/node/1138949](http://www.csp.org.uk/node/1138949)  
**Yorkshire and Humber Improvement Academy**  
[bit.ly/2r9peQ4](http://bit.ly/2r9peQ4)



## CSP speaks out against charging migrants for maternity care

A CSP delegate at the TUC's black and minority ethnic conference supported a motion that the NHS should not charge migrant women for maternity services. Myless Mwanza, from London's Whittington Hospital NHS Trust, said many women could not pay their maternity bills, which start at £4,000. The motion, from the Royal College of Midwives, was passed.

## Physiotherapists: an 'a mazing role' in social prescribing



Allied health professionals have an 'amazing role' in social prescribing, James Sanderson, director of personalised care at NHS England, told a Westminster Health Forum conference.

Social prescribing, the theme for the event, is a way for all health professionals to refer people to a range of local, non-clinical services. Exercise classes, reading or gardening groups, are examples.

Mr Sanderson said: 'For far too long we have developed some real and natural barriers between different areas of support.'

'We have got to create new partnerships and social prescribing is an opportunity to do that.'

Opening the conference, Michael Dixon, NHS England's national clinical champion for social prescribing, said 20 per cent of his patients came with a social problem. He described social

prescribing as 'an idea whose time has come'.

Responding to a question from *Frontline* about the role of physiotherapists, either in referring their patients to facilitators or acting as social prescribers, Dr Dixon said: 'Certainly physiotherapists should be able to refer their patients to social prescribing.'

'As a GP, from time to time I will suggest some sort of voluntary agency or activity for people who are already motivated to do it, and don't need a social prescribing facilitator.'

'It is about a cultural mindset that we need to change, which is that physios don't just

give exercises and ultrasound, and doctors don't just give medicines and medical procedures.'

Deborah Collis, associate director of system engagement at the National Institute for

Health and Care Excellence (NICE), said that although it did not have social prescribing guidelines, many NICE recommendations were directly related. Examples included those on exercise referral schemes, weight management and older people's independence and mental wellbeing.

'There is quite a lot of evidence to put some strong recommendations [for social prescribing] in place,' she said.

■ Gill Hitchcock

**20%**  
of GP Michael Dixon's patients came with a social problem

# NewsDigest

## Physio appointed as first therapy lead for UK Parkinson's Excellence Network

A physiotherapist is taking on a newly-created role as the therapy clinical lead for the UK Parkinson's Excellence Network. Fiona Lindop, a specialist Parkinson's physiotherapist at Derby Hospitals NHS Trust, will join a multidisciplinary leadership group that heads the network, run by the charity Parkinson's UK.

She will work alongside a medical lead, a nurse lead, the network's clinical director and others, to promote national improvements in the quality of care for people with Parkinson's.

Mrs Lindop said: 'My role will include looking at what the standards should be for all therapies for Parkinson's, and I will be an ambassador for excellence – encouraging all therapists to deliver the best care they can to people with Parkinson's.'

Donald Grosset, clinical director of the UK

Parkinson's Excellence Network, said: 'This is important because it reflects the way we want to deliver the best clinical care – as a team that works together and includes the main clinical areas that have importance for people affected by Parkinson's.'

'Fiona's expertise in physiotherapy and connections with other therapist groups that are so important for Parkinson's, will play an integral part in ensuring people with Parkinson's get the best care when it comes to therapy as a whole. I'm looking forward to seeing the difference we can make together.'

As part of her role, Mrs Lindop hopes to promote better access to multidisciplinary teams.

'I want to deliver the message nationally that all people with Parkinson's should be offered a referral

to members of a multidisciplinary team as early as possible,' she said.

'They may not need to be seen on an ongoing basis, but they need that initial contact. From a physiotherapy perspective, it allows them to receive education about maintaining or increasing their exercise, which is important because there is so much evidence that exercise can make a positive impact on symptoms.'

Mrs Lindop has contributed to the National Institute for Health and Care Excellence's quality standards on Parkinson's, as well as helping to review its 2017 guideline on the condition.

She is also part of the steering group and governance board for Parkinson's UK's national audit and has been involved with the charity's excellence network since its launch in 2014.

'The network is a tremendous free resource that people can sign up to and get regular updates on recent research. It provides networking opportunities to find other therapists who are interested in this field and gain support,' she said.

'If you don't know much about Parkinson's, it points you in the direction of resources. But it's also fantastic for people who know a lot because it provides so many opportunities for supporting their learning and networking.'

■ Robert Millett

More information

UK Parkinson's Excellence Network  
[bit.ly/2KN59Z0](http://bit.ly/2KN59Z0)



Specialist physiotherapist Fiona Lindop, newly appointed therapy clinical lead for the UK Parkinson's Excellence Network

### Online tool for decision makers opens to NHS physios in north England

NHS physios in the north of England can now access BMJ Best Practice, an online tool to provide healthcare professionals with the latest information to support clinical decisions.

Updated daily, it draws on evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention.

Access to the tool is open to staff in primary and secondary care. Find out more by visiting [bestpractice.bmj.com/info](http://bestpractice.bmj.com/info)

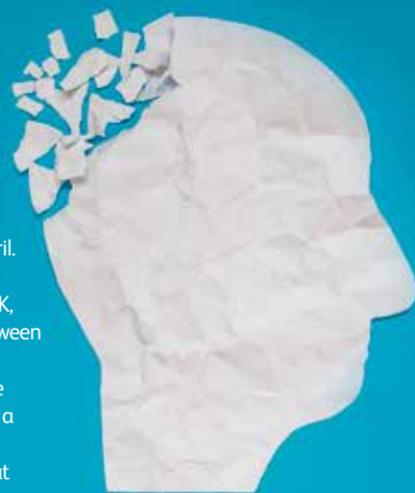
## Study finds people with dementia are often 'missed' by hospitals, despite a previous diagnosis

Many people with dementia do not have their condition identified when they stay in hospital for another reason.

This is according to a study led by researchers from University College London, published on 25 April.

It examined 138,455 hospital admissions in the UK, involving 21,387 people between 2008 and 2016. It included 37,329 admissions of people who had previously received a dementia diagnosis.

The researchers found that



hospitals failed to diagnose two-thirds of people with dementia, who had been admitted to hospital for a different reason.

CSP member Amanda Buttery is part of the National Dementia Audit's steering committee. She said the 2016-17 National Audit of Dementia revealed improvements in dementia care and awareness in hospitals across England and Wales.

'The audit shows that more hospitals are providing staff with dementia awareness training and 96 per cent now have a

training framework for dementia care, which is up from just 23 per in 2011.

'But it found that information on the care and communication needs of people with dementia could not always be accessed by staff.'

■ Robert Millett

More information

Accuracy of general hospital dementia diagnoses in England  
[bit.ly/2rlEiuM](http://bit.ly/2rlEiuM)

## International study finds exercise decreases the risk of depression

Researchers from King's College London were among an international team that found exercise can protect people against depression, regardless of age. The researchers pooled data from 49 studies of people free from mental illness which examined whether physical activity is associated with a decreased risk of developing depression.

In total, 266,939 individuals were included, of whom 47 per cent were male. On average, participants were followed up after

7.4 years. The researchers found that, compared with people who did little exercise, those with high levels had lower odds of developing depression.

Brendon Stubbs, head of physiotherapy at South London and the Maudsley NHS Trust, co-authored the report.

He said: 'We found that higher levels of physical activity were protective against future depression after taking into account other important factors, such as body mass index and physical health conditions.'

Lead author Felipe Barreto Schuch, of the Universidade La Salle in Brazil, said this was the first global meta-analysis to establish that physical activity is beneficial in protecting the general population against developing depression.

■ Gill Hitchcock

More information

Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies  
[bit.ly/2JkjBGo](http://bit.ly/2JkjBGo)



The data adds to pressing calls to prioritise activity throughout people's lifespans

# NewsDigest

## Back pain programme cuts waits at London hospitals

A 90-minute education programme for people with low back pain has cut physiotherapy waiting times at Hillingdon Hospitals NHS Trust by an average of 30 days, said deputy therapy manager Alex Porter.

Known as BE FABB, the Best Evidence for a Better Back programme started at the trust's Hillingdon and Mount Vernon hospitals in early October 2017. A second trust, Central and North West London, launched the programme later that month.

Physiotherapist Mr Porter said the improvement in waiting times was revealed in audits of BE FABB at the two hospitals. The audits compared data taken



Hillingdon physio Joanne Shale gives a BE FABB session

from four months after the programme started with those from the previous four months.

They also showed that 275

more patients had been seen. Data from Central and North West London NHS Trust is still being collected.

BE FABB, a collaboration between the two trusts, was launched in response to National Institute for Health and Care Excellence guidelines on low back and sciatica.

Sessions start with a presentation about anatomy, medication, when to seek help and myths about back pain.

This is followed by exercises with one physiotherapist, while another triages patients using information they have provided and the STarT Back screening tool. Patients may be offered a one-to-one with a physiotherapist, if the assessment process reveals this is necessary.

■ Gill Hitchcock

## CSP awards £27,000 for research into mobilisation for peripheral neuropathy

Physiotherapy lecturer Vasileios Lepesis has received a CSP Charitable Trust award of £27,000 to help complete his research into improving foot and ankle mobilisation in people with diabetic peripheral neuropathy.

Mr Lepesis, podiatry and physiotherapy lecturer at Plymouth University, said it is well known that people with the condition have a high risk of foot ulceration.

He said that people with diabetes can also present with reduced movement at joints, caused by glycosylation which is linked to limited joint mobility syndrome, one of the most common musculoskeletal

complications in diabetes. The resulting reductions in ankle and big toe movement lead to increases in peak pressures over the plantar aspect of the forefoot when walking, which is a risk factor for ulceration.

'The study will assess whether ankle and big toe joint mobilisations combined with a home programme of stretches improves joint range of motion and reduces forefoot peak plantar pressures,' he said.

Mr Lepesis thanked the CSP for the award which will support his PhD work.

■ Mark Gould



Physio lecturer Vasileios Lepesis

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# Awards Roundup

## Awards go to physiotherapists for advancing healthcare

Physiotherapists' work with tracheostomy patients, in disability sport and in new areas for the profession were recognised at national awards sponsored by NHS organisations, leading charities and government.

Catherine Chin's project to get more disabled people involved in sport won the Welsh government's prudent healthcare award.

Launched in 2013 and funded by Betsi Cadwaladr University Health Board and Disability Sport Wales, the project uses contacts between health professionals and disabled people to promote exercise and sport.

Ms Chin delivers training to healthcare professionals so they are prepared to raise awareness about disability sport.

The judges of the Advancing Healthcare Awards 2018 described her project as 'stunning'. They said it 'started with a simple concept using

existing resources, but has made a huge impact on health outcome

Speaking to *Frontline*, Ms Chin said: 'It's been a groundbreaking programme which, as far as we know, has not been done anywhere else in the UK.

'We're hoping to roll this out across Wales and the award has given us some more influence with the other health boards.'

The award for maximising resources for success went to Rachael Moses, consultant physiotherapy at Lancashire Teaching Hospital NHS Trust.

She was chosen for her achievements in helping people who have survived neurological injury to have their tracheostomies removed and, through this, improved their quality of life.

The awards organisation said this patient group is discharged



Physiotherapists Grace Smith, Rachael Holmes and Jade Gothard are among the 'rising stars'

into the community with the assumption they will always need a tracheostomy. But with optimal specialist care and review, many tracheostomies can be removed.

Ms Moses' nine-month project began in June last year as a trial in which she reassessed five patients and successfully removed their tracheostomies. Not only did this benefit individuals, it also saved £450,000 for the NHS.

She has now secured funding of £150,000 from seven clinical commissioning groups so the service can continue this summer.

Advancing Healthcare judges described the project as

innovative and said it has potential to be scaled up.

The awards, designed to recognise innovation, creativity, leadership and compassion, were presented on 20 April. They included a rising stars category. Three physiotherapists were among 21 allied health professionals to win rising star awards.

Grace Smith is a physiotherapist, but she was recognised as a rising star because of her role as a ward sister, managing a multidisciplinary team at Hampshire Hospitals NHS Trust.

'About six years ago the trust appointed an occupational therapist as a ward sister, which opened the door to how it could use AHPs to bring their skills into what is traditionally a nursing post,' said Ms Smith.

In early April, Ms Smith had a further change of post and became the clinical matron in a respiratory ward at the trust.

Rachael Holmes, a band 6 physiotherapist at Ulster Hospital who provides frontline care in the emergency department, was pleased to be a rising star. She said: 'I enjoyed the whole day in London, meeting people from trusts across the UK and seeing innovations and developments from across the UK.'

Her team manager nominated



Have you received an award?  
tell Frontline about it  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)

her and Ms Holmes said: 'I was described as the go-to person if any other staff had concerns, and as putting patients first, always striving to get the best outcome for my patients.'

The third rising star of the profession was Jade Gothard, lead physiotherapist at Derbyshire Community Health Services NHS Trust.

## Respiratory physio receives excellence award for tracheostomy training tools

Claire Fitzgerald, a clinical specialist respiratory physiotherapist at London North West University Healthcare NHS Trust, has received the trust's research and development excellence award.

Miss Fitzgerald was recognised for developing pathways and learning tools that have improved care for tracheostomy patients.

She set up a tracheostomy steering group across the trust. It included nurses, specialist respiratory physiotherapists, ear nose and throat specialists, maxillofacial consultants, anaesthetists and speech and language therapists.

The initiative focused on tracheostomy competences and training across all aspects of patient care.

Miss Fitzgerald developed an interactive tracheostomy e-learning resource and video learning guides, with advice from colleagues on issues such as suction and cleaning stoma sites.

'I was really surprised to receive the award,' she said.

'It was nice to be nominated in the first place, as I was up against two teams.

'I would like to thank the two

## Physios can apply for £3,000 neuro rehab award

The World Federation for NeuroRehabilitation (WFNR) is offering a £3,000 award for a neurorehab project that has benefited patients.



The WFNR Franz Gerstenbrand award is open to researchers, clinicians and allied health professionals all over the world who are currently working in neurorehabilitation. It is named after Professor Franz Gerstenbrand, the world-renowned neurologist, who died in 2017.

It will be awarded either as a travel bursary to a clinical conference, a professional development course or a research project. The deadline for entries is 30 November 2018.

For further details, visit [www.wfnr.co.uk](http://www.wfnr.co.uk)



Claire Fitzgerald

people who nominated me; consultant respiratory physiotherapist Maria Buxton and Sangita Patel, clinical director of therapy services.'

Two other physiotherapists were also finalists in the excellence awards. Jill Stokes, a highly specialised physiotherapist in the trust's vascular team, was nominated in the Heart Hero category while

physiotherapy manager Rachel Burton was nominated for the Women's and Children's Services award.

## AHP lead gains fellowship to research public engagement with healthcare

Michelle Tennyson, assistant director of allied health professions and personal and public involvement at Northern Ireland's Public Health Agency, has received a fellowship to enable her to research how public involvement can shape health services.

She applied to the Winston Churchill Memorial Trust with a research proposal titled Involvement – shaping a new conversation with the public.

Churchill fellowships fund individuals to travel overseas, explore new ideas and return with insights that could benefit communities and professions in the UK.

Michelle Tennyson

Ms Tennyson will use her fellowship to visit Belgium, Germany and the US and gain knowledge about the successes, failures and impact of introducing a co-production approach across a whole population.

She said: 'The research will enable me to benefit from experiential learning from world leading organisations that have moved a population to where people take greater control over their health services, transforming the community's role from "recipients of services" to "owner" of their health system.

'I am committed to learn as much as I can and use it to make a difference when I come home.'

Ms Tennyson strongly encourages other AHPs to apply for a fellowship.

**More information**  
To apply for a Churchill fellowship [www.wcmt.org.uk](http://www.wcmt.org.uk)

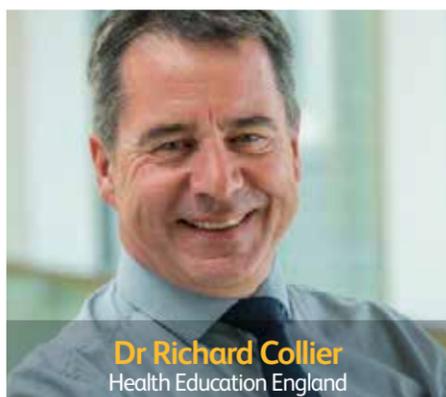


Rachael Moses accepts her award for her 'innovative' project to help people have their tracheostomies removed

Catherine Chin accepts her award for promoting sport and physical activity among disabled people



# More speakers added:



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# Research Findings

In the first of our regular series from the National Institute for Health Research, we look at stroke

**NHS**  
National Institute for Health Research



## Commentary

Dr Jacqui Morris gives her reaction

# NIHR Signal: Exercise therapy may still improve balance when started a long time after a stroke

### Why was this study needed?

Around 110,000 people in England have a stroke every year. Approximately half of these will depend on care and help with daily activities after stroke, with balance problems common. Rehabilitation aims to help people regain function and independence.

In the first two to three months after a stroke there can be some recovery of function, but little, if any, further recovery is expected beyond six months. Therefore, knowing the effects of exercise therapy in this 'chronic' ongoing phase is important.

Previous studies on this topic have been inconclusive and have not looked at whether training effects differ depending on whether it's the acute or chronic stage after stroke. It is also unclear which type of training is most effective. This review investigated the effects of exercise therapy on balance capacity for people in the chronic stage after a stroke.

### What did this study do?

This systematic review and meta-analysis identified 43 randomised controlled trials of adults in the chronic phase six months or more after stroke.

Exercise therapy, usually delivered by a physiotherapist, had to be targeted towards restoring function or reducing pain. Electric devices such as treadmills could be used; assistive devices like walkers could not. Training duration in total

varied widely across trials, from two to 62 hours in split sessions.

Balance capacity was the ability to achieve balance in any posture. Studies measured this using different tests, such as the Berg Balance Scale (designed to measure balance of older adults in a clinical setting) and Sensory Organisation Test (providing information on the impairments underlying balance problems, such as vision). Outcomes were pooled when at least three studies had used the same test.

Despite being small, the 34 studies included were considered high quality and nine were moderate quality, suggesting we can have confidence in the results.

### What did it find?

- Exercise therapy significantly improved balance scores immediately after the intervention as measured on three tests:
  - The Berg Balance Scale: mean difference (MD) 2.22 points, 95 per cent confidence interval (CI) 1.26 to 3.17 (28 trials, 985 participants). The scale is a 56 point scale and an eight-point change is considered an important difference.
  - The Functional Reach Test: MD 3.12 cm, 95 per cent CI 0.90



Daisy-Daisy/Alamy Stock Photo

Significant improvements were still seen on the Berg Balance Scale

# 1-5

months after the exercise therapy intervention

- to 5.35 (five trials, 153 participants).
- The Sensory Organisation Test: MD 6.77 per cent, 95 per cent CI 0.83 to 12.7 (four trials, 173 participants).
- Exercise therapy had no significant effect on Postural Sway Velocity in three studies measuring this outcome (89 people).
- One to five months after the exercise therapy intervention, significant improvements were still seen on the Berg Balance Scale (MD 1.65 points, 95 per cent CI 0.22 to 3.07; eight trials, 338 participants) and Sensory Organisation Test (MD 3.91 per cent, 95 per cent CI 0.10 to 7.73; 3 trials, 151 participants).
- Looking at the type of exercise therapy, significant improvements on the Berg Balance Scale were seen immediately after balance and/or weight-shift training (3.75 points, 95 per cent CI 1.71 to 5.78) and gait training (2.26 points, 95 per cent CI 0.94 to 3.58) but not after multisensory training or high intensity aerobic training. Intensity of training had no effect on Berg Balance Scale improvement.

### What does current guidance say?

NICE 2013 guidance on stroke rehabilitation (CG162, June 2013) recommends physiotherapy for people who have weakness, sensory problems or balance difficulties that affect function. Forty-five minute rehabilitation sessions on at least five days a week are recommended initially after stroke. Intensity may then be tailored to the person's needs if more rehabilitation is needed at a later stage.

Therapy is advised to continue until the person is able to maintain

or progress function either independently or with assistance from others.

The Scottish SIGN guidance on management of patients with stroke (SIGN 118, June 2010) recommends the following for gait, balance and mobility problems:

- ankle foot orthoses;
- individualised interventions;
- gait-orientated physical fitness training;
- muscle strength training; and
- increased intensity of rehabilitation.

### What are the implications?

This review found that for people in the chronic phase following a stroke, balance capacity can be improved slightly by exercise therapy. Evidence suggests the most effective training regimens were those that focused on balance, weight shifting and gait training. Rehabilitation programmes focused on improving balance could try these interventions.

However, the trials were small, assessed outcomes on various scales, and used a variety of interventions that may not be routinely available to this population in the NHS.

The review provides useful information for patients and health professionals that late improvements in balance in the chronic phase of stroke are possible, though the benefits may be small.

### Funding

This project was funded by a grant from The Netherlands Organisation for Scientific Research (NOW). Published on 15 November 2016 by the NIHR Dissemination Centre.

### Further information

'Exercise therapy may still improve balance when started a long time after a stroke' was published on 15 November 2016 by the NIHR Dissemination Centre. The full NIHR Signal and additional expert commentary can be found here: <http://bit.ly/2jhHfrv>

The conventional assumption is that the greatest potential for recovery after stroke is during the first few months after onset.

This high quality review challenges that assumption, showing that task-specific exercise therapy may improve balance capacity late after stroke onset. Good balance is critical for walking and undertaking activities independently and safely. Improving balance may therefore reduce falls and prevent unnecessary hospital admissions, and their detrimental consequences for quality of life and confidence of people with stroke.

However therapy services are typically not set up to routinely deliver such therapy six months and more after stroke. Innovative approaches to delivering this training must be developed, alongside cost-effectiveness studies showing the value of investment in such services.

The task-specific nature of effective balance training means it should be orientated towards tasks that people undertake in everyday life. Working with stroke survivors and their families to find ways to empower them to safely build balance-specific training into their daily routines and activities would provide a person-centred approach likely to promote adherence.

Technological solutions, such as gaming, mobile technology applications and tele-rehabilitation systems that people can use at home, may also be effective for supporting and monitoring engagement in therapy and for provision of remote feedback. These solutions should be developed more fully and evaluated.

Time to train therapists to deliver tailored task-training through technology?

**Dr Jacqui Morris** (*Grad Dip Phys, MSc, PhD*) is reader in rehabilitation research, School of Nursing and Health Sciences, University of Dundee

# Views & Opinions

 **Something to add?**  
email Frontline at  
[frontline@csp.org.uk](mailto:frontline@csp.org.uk)



## Adviceline

**Nina Paterson on the CSP's digital operation and how it enhances your membership**

# First contact physios get green light in Scotland



**A new role for physios in GP surgeries will open up opportunities UK-wide says Kenryck Lloyd-Jones**

**C**SP staff in Scotland have been working with members and with colleagues across the UK to make the case for integrating first contact physiotherapists within the general practice team.

We have argued that, for patients on the MSK pathway, it improves quality of care, delivers savings to the NHS and reduces demand on stretched GPs. The Scottish government has

now told local service planners and budget holders (integrated joint boards) that they should consider including these roles in their plans to improve primary care services.

As well as being incredibly proud of what we have achieved in Scotland, I know that similar strides are being made in all four countries with important announcements are anticipated very soon in England and Northern Ireland.

There are three challenges to this move that have come up from our profession in Scotland.

### 1 Why is it just MSK?

Some members have rightly raised the point that the offer of physiotherapy in primary care goes beyond MSK. But making progress on the MSK front is great news for the whole of the profession. It opens up other opportunities – for example in frailty, respiratory and community rehab.

But to turn these opportunities into reality we all need to make sure that MSK first contact physiotherapy roles in primary care are a major success and that we broadcast this.

### 2 Do we have the workforce to deliver?

We will need to expand the workforce to be able to fully deliver physiotherapy services as part of the

widened GP team. The Scottish government has committed to working with the profession to address difficulties in recruitment.

The CSP is already working with Scottish universities and stakeholders on this, and we anticipate an expansion of the number of graduates.

But we can't wait for these to be in place to seize the opportunities presented now.

### 3 Is this really new?

Much of this isn't new. It is a form of self-referral, a well-established model of access in Scotland. We have already developed advanced practice physiotherapist roles to provide MSK triage in GP surgeries.

What is new is that these

advanced practice triage roles will be integrated with general practice.

We want to know that changes truly are sustainable and exactly how the workforce ambitions will be realised. This will be a CSP priority for at least the next 18 months.

We have set up a Primary Care Transformation Network for members across the UK. I would urge Scottish members already leading this work and those just starting to get involved to join the network to share with and learn from other members by contacting [FCP@csp.org.uk](mailto:FCP@csp.org.uk)

See Improving workforce planning for primary care in Scotland is available at <http://bit.ly/2JPwVm6>

**Kenryck Lloyd-Jones** is CSP's policy officer for Scotland

# Time to tackle a major killer

**A national taskforce has been set up to reduce lung disease mortality, writes Alison Cook**

**L**ung disease is one of the UK's three biggest killers, ranking alongside cardiovascular disease and non-respiratory cancers. We have the fourth highest mortality rate from lung disease in Europe, yet there has been no improvement in mortality rates. We are spending £11 billion a year, but a continued lack of any national strategy aimed at improving lung disease outcomes means we are not getting the best out of this investment – far from it. And improvements in mortality have stagnated.

The Taskforce for Lung Health has been formed so that the respiratory community can write a five-year action plan so that we are not faced with the same depressing outcomes for lung patients in five years' time. The taskforce is supported by the British Lung Foundation and includes patient organisations, clinical bodies, policy makers and service design and delivery organisations. The taskforce has been consulting extensively with groups and individuals nationally, gathering evidence to support practical

**'Vital interventions, such as pulmonary rehab are known to be effective for patients with COPD, but are not widely offered to or taken up by eligible patients'**

recommendations for change. The five-year plan of action will

be published at the end of 2018, with key recommendations behind which we can all stand, knowing that these will benefit patients.

Vital interventions, such as pulmonary rehabilitation, are known to be effective for patients with chronic obstructive pulmonary disease but are not widely offered to, or taken up by, eligible patients. CSP members will know more than anyone that patients who take part in pulmonary rehabilitation programmes experience fewer exacerbations, need fewer GP

appointments and hospital admissions, and, if admitted to hospital, spend less time there. What I hope the taskforce will do is help find ways to ensure that patients uniformly have access to the rehabilitative care they need. As a taskforce member, the CSP is well placed to push for long overdue change and to be instrumental in its delivery.

**More information**  
Find out more at  
[www.blf.org.uk/taskforce](http://www.blf.org.uk/taskforce)



**Dr Alison Cook** is director of policy and communications at the British Lung Foundation

The CSP's ePortfolio, Learning Hub and eMentoring platforms offer a rich variety of online learning and development opportunities, free to all CSP members. In the 15 months since these were launched, more than 9,000 members have been using the ePortfolio. Nearly 2,500 use the Learning Hub to access the rich mix of eLearning modules (eBites) and we've seen steady use of the mentoring platform with almost 140 live mentoring relationships on-the-go currently.

It's great to see members coming back for more. Daily, 50-60 members visit the ePortfolio, most returning to pick up where they left off. We see similar returns to the Learning Hub. The eMentoring platform is all about ongoing relationships.

The ePortfolio contains tools to record, evaluate and evidence how your learning supports the development of your practice. Most popular is the journal – great for storing reflections.

The Learning Hub has a mix of eBites. Some are designed for specific groups (such as stewards), but most are open to everyone. They cover a range of topics including research, career development and the new safe-and-effective staffing levels tool.

The eMentoring platform allows members to connect with someone who is ahead of them on the career path for support. We'd like to encourage members to think about the developmental value in being a mentor themselves, not just a mentee.

Towards the end of the month, when members log in to any of the three platforms, they will notice some changes. Like every organisation, we've been ensuring compliance with General Data Protection Regulation. Next time you log in, re-read the terms and conditions, and the privacy statements, so you know how your data is processed. If you have information stored in the ePortfolio, check your profile and review your sharing options to make sure that content is only seen by those people you wish to see it.

**Nina Paterson** is CSP education adviser

**More information**  
Contact [learning&development@csp.org.uk](mailto:learning&development@csp.org.uk)

# CSP Campaign



Check out the poster for your clinic, inside the special front cover of this issue of *Frontline*

## We've recorded interviews with CSP members and their patients to highlight how a conversation can increase activity

You'll have seen the launch to members in the last issue of *Frontline* of the CSP's new campaign, Love Activity, Hate Exercise? Now a series of case study interviews – available on the CSP's campaign page as videos – will aim to inspire conversations between members and their patients about activity levels.

We asked members to give us examples of the sorts of conversations that can help to transform attitudes and behaviours towards activity. In the videos, three CSP members highlight the vital conversations taking place between physiotherapists and their patients across the UK. They also show, through partnership working, that patients can realise activity goals they never thought possible.

Women's health physiotherapist, Emma Brockwell, from Oxted in Surrey, pinpoints a typical barrier to activity: 'I have a lot of patients who are quite scared of exercise because of their symptoms.'

Known as 'Physio Mum', Emma set up a running club specifically for women, including post-partum mums, so that she could 'make running accessible in a non-intimidating way'.

One of Emma's patients reports how the running club and physio treatment have helped her to know 'how to do it the right way for my body'.

Leanne Antoine from Distinct Physiotherapy in Hertfordshire shares her approach to encouraging those with injuries and long-term conditions to be more active: 'When I hear a patient say X has told me I won't be able to do this, I ask them why. I often relate stories back to professional athletes who have injuries and get back to playing professionally. I know those people have a team of physios but the body is the same and you can re-educate it and train it.'

One of Leanne's patients, Andrea, reflects on her experience of embracing exercise after recovering from a knee injury:



'Being faced with a situation where you can't walk was the scariest experience of my life. I desperately wanted to get fit, but had a fear of injury. I also had a fear that whatever exercise I did would impact on my knee negatively.'

'The combination of all of this [physio support] brought me back my love for exercise and fitness, so bring it on!'

'I can't wait to do everything I used to love again and I think I am on the right journey.'

It doesn't have to be just about traditional forms of exercise. CSP's new campaign is also about encouraging patients to 'do more of what you love with physio'.

Member Ben Seymour and his patient, Paul Hilsey, are a perfect example of this, as Ben explains: 'Paul mentioned that he has a dog at home and wants to be able to go walking with the dog again. That's fantastic and a really great goal. It's something we can work towards.'

Miss Antoine reflects: 'As physios we don't shout loud enough about what we do and how well we do it. Being good problem-solvers, we help patients to establish what they want and how to get there.'

### Now it's your turn..

We know stories like these are happening across the country, thanks to the work of CSP members. But Love Activity, Hate Exercise? helps you to promote the vital role of physiotherapy in improving the nation's activity levels. So sign up now! FL

L-r: Ben Seymour; Leanne Antoine; Emma Brockwell and the Oxted Ladies' Running Group



## INSPIRED? Here's how to get involved

- Register via the CSP website to take part in the campaign between 17 May and 24 June [www.csp.org.uk/activity](http://www.csp.org.uk/activity)
- You will then receive digital and hard copy resources in time for the public launch on 5 July
- Once you have received your pack, you can support the campaign in the following ways:
- Have the important conversations about recommended activity levels and inspire your patients to be more active
- Familiarise yourself with the options available locally so you can signpost patients when discussing how to become active
- Discuss and share ideas with colleagues on ways to inspire patients to be more active
- Promote active lifestyles to the public either through a stand at a local public health and wellbeing event, your practice reception or hospital foyer
- Seek out other public-facing opportunities such as a health talk at a local patient participation group or a GP training event to highlight the role of physiotherapy in influencing patient behaviours
- Have these conversations with friends and family and help the spread the word via social media channels such as Twitter and Facebook
- Share success and patient breakthroughs by emailing [cre@csp.org.uk](mailto:cre@csp.org.uk)

For further advice, ideas and support contact the CSP's Campaign and Regional Engagement team by calling 0207 306 6666 or email [cre@csp.org.uk](mailto:cre@csp.org.uk) See [www.csp.org.uk/activity](http://www.csp.org.uk/activity)

Members can sign-up online from 17 May to take part in CSP's brand new Love Activity, Hate Exercise? campaign.

The campaign is built on research findings gathered by the CSP in collaboration with members and patients to identify the main barriers to poor uptake of physical activity.

# The power of the conversation

LOVE HATE  
ACTIVITY EXERCISE

Do more of what you ♥ with physio

Register now at: [www.csp.org.uk/activity](http://www.csp.org.uk/activity)

## Acetabular hip dysplasia: the physio's role

**Physiotherapists are ideally placed to reduce the long wait – often years – for a diagnosis of acetabular hip dysplasia. This would improve quality of life and the outcome for patients, says Liz Evans**

**A**lthough well recognised in infants, when it is known as developmental dysplasia of the hip, hip dysplasia in adolescents and young adults is poorly understood. This treatable condition is commonly referred to as acetabular hip dysplasia (AHD) because it is identified in the mature or near mature skeleton by a shallow, sometimes poorly oriented acetabulum (Troelsen 2012). The abnormal biomechanics this causes leads to disabling hip pain and dysfunction, which rapidly develops into premature, secondary osteoarthritis (OA). The problem is that poor recognition leads to delayed or misdiagnosis of AHD and the consequences can be devastating for the patient.

Acetabular hip dysplasia leading to premature, secondary osteoarthritis (OA) means that, shockingly, people as young as 18 may lose their native joint to total hip replacement (THR). The associations of THR with older people and the limited activity THR causes, means that young people are understandably devastated by the prospect.

Alternatively, when hip dysplasia is recognised early, joint-retaining, corrective surgery known as periacetabular osteotomy (PAO) is often the surgery of choice. This is highly specialised surgery carried out only by a select and very limited number of surgeons in the UK.

It is essential for a successful outcome that PAO is implemented before the joint degenerates into OA (Steppacher et al 2008) and when the joint remains congruent. Early diagnosis is vital but as Clohisy et al (2008) highlight, there are deficiencies in the quality of diagnostic evaluation in pre-arthritis hip disease. While this point was made some 10 years ago at the American Orthopedic Association's 2008 Orthopedic Forum, little has changed since.

However, physiotherapists who carry out standard hip assessments are well placed to raise relevant questions when patients present with initial hip pain and to improve the diagnostic opportunities for these patients by providing early referral for x-ray and to a specialist PAO hip surgeon.

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

### Key messages

- 1 AHD is commonly misdiagnosed and under-recognised
- 2 Without treatment, AHD rapidly deteriorates into secondary osteoarthritis of the hip
- 3 People as young as 18 years have had total hip replacements as a consequence of AHD
- 4 Diagnosed early enough, reconstructive surgery can prevent early onset OA and return patients to an active life
- 5 Physiotherapists could trigger early x-ray referral for accelerated diagnosis and effective treatment for patients with AHD

### Current evidence

Throughout the medical literature, AHD is the subject of a great deal of research. The focus for decades has been the reliability of x-ray diagnostic measures and the development of surgical methods. This research has improved surgical treatments and much of it emphasises the need for accelerated recognition of the condition to facilitate early intervention, in order to maximise PAO surgical outcomes. The problem is that because of the young age and, often, high activity level of patients presenting with initial hip pain, the clinicians they consult typically assume a diagnosis of femoroacetabular impingement (FAI) or provide treatment for a variety of soft tissue injuries. This means that dysplasia can be overlooked. Improved awareness to increase the index of suspicion for AHD when appropriate, is required and the indications for x-ray need to be recognised and promoted.

Promoting early recognition of AHD requires the provision, for clinicians, of a clear clinical picture of the physical presentation of the condition. Yet establishing this clinical picture of AHD is challenging. AHD can be seen as a wide spectrum of features. For instance, not only can first symptoms present within a wide age range (12-50 years), but the factors that trigger them vary widely, according to the individual's activity level and predisposition. It has therefore been recognised that research is required to establish regularly occurring features on which clinicians can gauge their index of suspicion for x-ray referral and definitive diagnosis.

Due to the poor record of accurate diagnosis for AHD, estimating the incidence is difficult. As Pun's 2016 review highlights, reports indicate a range in the general population of 1.7-20 per cent but her review points to various studies that find an incidence of 3-5 per cent (Jacobsen & Sonne-Holm 2005; Jacobsen et al 2005; Gosvig et al 2010; Ortiz-Neira

et al 2012; Engesaeter et al 2013, cited in Pun 2016).

More confidently recognised is that in patients undergoing total hip replacement before the age of 40, more than 25 per cent were due to underlying hip dysplasia (Engesaeter 2011). In a study of 311 subjects with either DDH of infancy (n=102) or AHD (n=209), bilateral AHD occurred in approximately 60 per cent of patients with young adult onset, less than 20 per cent of sufferers having left hip involvement only (Lee et al 2013). In the whole subject cohort, more than 90 per cent were female and over half had first degree relatives with a history of early hip disease.

### Recurring patterns

Our Young People's Hip Conditions research hub has collected more than 200 patient stories, currently undergoing analysis. The impression so far is that there are recurring patterns, ranging from unpredictable onset of incapacitating symptoms through to insidious declines in function, with patients feeling they have to accept a consistently diminishing quality of life. Patient histories show a strong family link with early hip disease, frequent memories of non-specific hip 'niggles' throughout childhood or adolescence and a high sporting activity profile.

Overwhelmingly, the picture that emerges is the painful experience endured in the search for an accurate diagnosis. Frequently these highly motivated individuals are inventive, persistent and determined in their mission. Furthermore, when diagnosis is finally forthcoming, patients' problems persist. In 2011, Gambling and Long carried out a study to explore the experiences of five young women adjusting to the diagnosis of hip dysplasia. The study recognised two major evolving concepts among these young women: first, that their diagnosis challenged the way they viewed themselves and questioned their identity as a young woman; second, as the women grew to understand the long-term implications of their diagnosis, they began a major quest to save their native joint.

Hence we return to the vital need for early recognition and relevant referral to a PAO surgeon. At Cardiff University, we have set up a multidisciplinary research hub, which includes patient groups, with patients taking direct and active roles in our research. We are linked to surgeon groups, the International Hip Dysplasia Institute, the Steps charity and DDH UK, in our determination to break new ground in this life-changing condition. We welcome new members to our group. **FL**

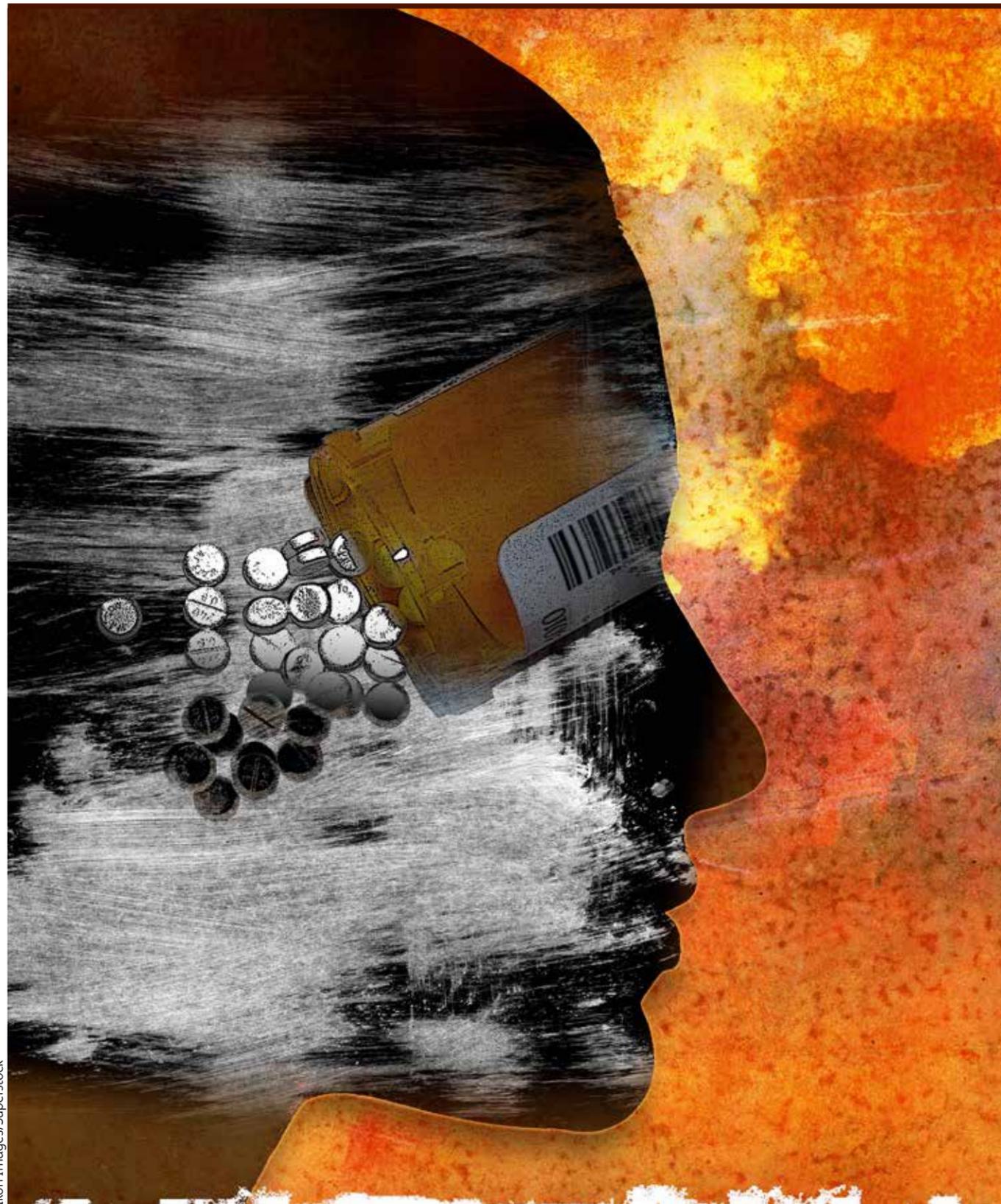
**Liz Evans** is a senior lecturer in physiotherapy at Cardiff University

• See *Three Minutes*, page 64 for a personal story

### Key Hip Joint Assessment Questions for AHD

- 1 Is there a history of infant hip instability?
- 2 Is there a family history of early hip osteoarthritis?
- 3 Is the hip complaint intermittent? Has it responded to an initial change of activity, hip mobility and/or strengthening exercises but with returning pain once previous activities resume?
- 4 Is hypermobility of joints evident?
- 5 Has the hip been x-rayed and if so, were the centre edge angle and the acetabular angle measured?

# Drug Dependency



Ikon Images/Superstock

## A hidden addiction

Sometimes patients don't realise they have become dependent on drugs prescribed in primary care. **Robert Millett** talks to two physiotherapists about the hazards

One in 11 patients in England was prescribed a potentially addictive drug last year. The figures, published in a report by the Public Health Research Consortium, add to growing concerns about the risk of prescription drug addiction. In response, Public Health England (PHE) has launched a review to examine issues of dependency and withdrawal in relation to these medicines.

CSP professional adviser Pip White says the one-year review, which began in January, focuses on medicines frequently prescribed in primary care settings, such as benzodiazepines, anti-depressants and opioid painkillers.

The aim is to examine how prescribed medicine addiction may be affecting people with conditions such as anxiety, insomnia, depression and non-cancer related pain.

Ms White says physiotherapists who are annotated with the Health and Care Professions Council as prescribers are likely to use some of the under-review medicines with their patients, especially those related to pain control and spasticity management.

'There are around 700 supplementary and independent prescribers compared with hundreds of thousands of nurses and doctors who can prescribe,' she says. 'And not all physio prescribers will prescribe these medicines, so physio prescribing will have a very small impact overall in the total number of prescriptions for these medicines.'

However, she adds that prescription medicine addiction

is an issue that all physiotherapists should be aware of, not just those with independent prescribing rights.

'As all these drugs act centrally on the brain, there is a risk of dependence and tolerance with prolonged use, which means patients might not be able to stop taking them easily and/or need a greater dose of the medicine over time to get the same effect.'

### Awareness of the risks

Dave Baker, an extended scope physiotherapist based in London, has been a supplementary prescriber for 10 years and became an independent prescriber in 2014.

He agrees that all physios should be mindful about the potential for addiction, especially in relation to opioids.

'A lot of physiotherapists may be well placed to flag up these types of issue,' he says.

'But many may not be considering this issue when they talk to patients, or may not feel confident about broaching the topic. So I think there is a need to raise awareness and highlight potential opportunities to help and support our patients.'

Mr Baker says physios can help to identify behaviours that might indicate a patient is at risk. He suggests good communication is key. 'Just ask patients about the medicines they use, how they came to be on them and whether they still require them,' he says.

'It could be as simple as saying "Do you feel you still need this medication?" or "Shall we talk to your GP about starting to reduce the medication?"'

GPs in England prescribed  
**23.8**  
million opioid-based painkillers in 2017

# Drug Dependency

'People are generally open about it and often feel this is an area they don't get an opportunity to discuss. Sometimes they are taking medication they no longer need. Or they may tell you about medicine over-usage, and you can advise them about safe and appropriate usage.'

From his own experience, Mr Baker has found that a range of factors can lead to patients, knowingly or not, misusing their medication. 'People don't always recognise the signs of addiction or realise they are potentially becoming addicted,' he says.

'Sometimes it's not until they discuss medicine usage, or someone suggests the possibility of reducing their dose, that they show reluctance to do so and start to become aware that they have developed dependency issues.'

He also says that when a patient appears to be misusing or abusing medication, physios need to be aware of their local policies and guidelines, which should detail how such information may be passed on and the potential services to which patients can be referred.

'Accessing appropriate support may mean liaising with a patient's GP and local specialist services that have knowledge or experience of addiction.'

## Review of controlled drugs list

While the PHE review is taking place, NHS England plans to conduct an unrelated public consultation, this summer, about the list of controlled drugs physiotherapists can prescribe. 'There are limitations in place on which controlled drugs physio prescribers can use, and the CSP is working with NHS England to review this list,' says Ms White, its professional adviser.

'While separate to the PHE review, this work will include some of the medicines within the PHE review that physiotherapists can't currently prescribe independently, such as Tramadol.'

In addition, the Home Office and the Medicines and Healthcare Products Regulatory Agency are reviewing

**'People don't always recognise the signs of addiction or realise that they are potentially becoming addicted.'**

**Dave Baker**

whether they should reclassify gabapentin and pregabalin (GABA-ergic medicines) as controlled drugs, due to their increasing recreational misuse and abuse. Physiotherapy prescribers can currently prescribe these two drugs, and both medicines are included in the PHE review.

However, Ms White says it is unlikely the PHE review will affect what physiotherapists can prescribe, although it may affect how the medicines are used and how patients who take them are managed. 'If medicines are reclassified as controlled drugs then they can only be independently prescribed if they are added to the restricted list, which physios can prescribe from,' she says.

'However, if a medicine is not on the restricted list, a physiotherapist prescriber can still prescribe it if they work within a written clinical management plan as a supplementary prescriber.'

She adds that, as clinical evidence develops, the CSP expects physiotherapists to update their prescribing practice to ensure they continue to use all medicines safely. This should include considering de-prescribing strategies, to help reduce the use of medicines known to cause dependence with prolonged use and ensuring that prescribing is in line with published clinical best practice.

The PHE review, which is due to report its findings in 2019, aims to collect evidence about the nature and likely causes of dependence among people who take prescription medicines, as well as examine effective prevention and treatment approaches for each drug category. FL

## More information

Public Health Research Consortium report  
[bit.ly/2vU97XZ](https://bit.ly/2vU97XZ)

Public Health England review: [bit.ly/2Fxyz3G](https://bit.ly/2Fxyz3G)  
The Report of the Short Life Working Group on  
reducing medication-related harm: [bit.ly/2CdKcVf](https://bit.ly/2CdKcVf)



## Sharp rise in opioid prescriptions

A BBC investigation, published in March, found that GPs in England prescribed 23.8 million opioid-based painkillers in 2017. This is in comparison to 10 million fewer prescriptions in 2007.

Meanwhile, a recent study of opioid prescribing in Wales showed prescriptions jumped by 300 per cent between 2005 and 2015.

BBC investigation: [bbc.in/2FJgPsJ](https://bbc.in/2FJgPsJ)  
Trends in Opioid Prescribing and Associated  
Resource Utilisation in Wales: [bit.ly/2pYI3Wb](https://bit.ly/2pYI3Wb)

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# InReview

## Featured book

**The End of Physiotherapy**  
 David A Nicholls  
 Routledge  
 ISBN: 1138673552

The End of Physiotherapy – it’s a provocative title but does the content live up to it? The book feels like two in one – both with such different paces and voices that I had to remind myself that it was the same author.

David Nicholls, who is associate professor in the school of clinical sciences at Auckland University, romps through the history of the profession. He places a context, a fascinating narrative, around the history we’re all familiar with (especially if you have read Jean Barclay’s *In Good Hands*), from the founders of physiotherapy through the war years to the

present day. From there, the pace slows as he wades through contemporary practice and the changes in how the profession operates – a trickier subject to capture.

As a feminist, I would have liked the book to go further in its exploration of the impact of the clearly political (with a small p) motives of the founders as they aligned the profession with state, authority and mainstream.

The book is not a quick read so maybe the author is right not to pursue that, given the sheer breadth of what he does cover.

For those who do want more, further reading is suggested and, most importantly, the justification for ‘what, how and why’ David Nicholls chose to focus on. Disappointingly for me, this was only revealed in

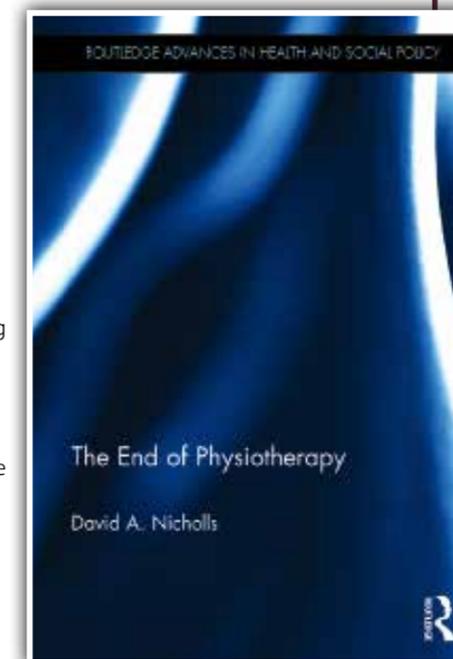
the epilogue.

While questions were left unanswered, this book is important in that it offers a narrative – a story from one perspective. It shines a light on the profession’s history and practice through the dominant culture – a western-centric lens.

I hope it encourages others to tell their stories so we hear not just one voice, but many. Viewing the profession through these different lenses should create a rich and evolving picture of physiotherapy.

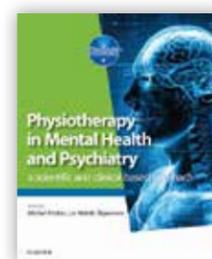
I’m also looking forward to the debates that stem from this. For me, it will be these discussions that determine whether the end of physiotherapy is nigh.

*Nina Paterson is the CSP’s education adviser*

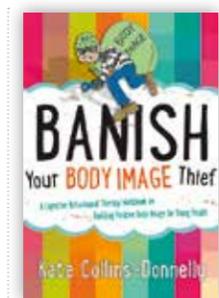


**Physiotherapy in Mental Health and Psychiatry**  
 Editors: Michel Probst, PT, PhD and Liv Helvik Skjaerven, PT, MSc  
 Elsevier  
 ISBN 0702072680

Billed as ‘a must for students and practising physiotherapists and a trusted guide on the different perspectives, contexts and approaches across the spectrum of mental health and psychiatry settings’, this is a substantial textbook. It contains contributions from internationally respected practitioners, academics and



researchers and is packed with relevant case studies and reflective learning exercises.



**Banish your Body Image Thief**  
 Kate Collins-Donnelly  
 Jessica Kingsley Publishers  
 ISBN 9781849054638

A well-thought-out CBT workbook for professionals, or parents, to use with young people when they are suffering from low self-esteem at a key developmental point, aged 10 to 18. This useful handbook is full of engaging exercises, personal stories, tips and coping strategies – all fun to engage in but, crucially, designed to help the young person build a positive body image and to feel more confident about themselves.



**Ingenious MSK app**  
 MSK Assist is a new app to help doctors and physiotherapists combat the increasing problems associated with

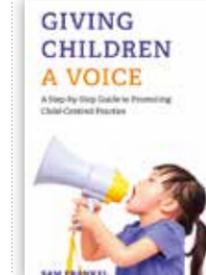
obesity, physical inactivity and an ageing UK population.

Musculoskeletal conditions cost the NHS an estimated £5 billion and result in more than 100 million appointments every year in England alone.

MSKnote, a Sussex-based company, has developed a digital service with the help of InHealthcare, the digital health specialist, to help educate patients about the importance of self-managing their long-term complaints. It provides patients with a personalised print-out and dedicated mobile app.

**Giving Children a Voice: A Step-by-Step Guide to Promoting Child-Centred Practice**  
 Sam Frankel  
 Jessica Kingsley Publishers  
 ISBN 9781785922787

This book shows how to create an environment in which the authentic voice and opinions of the child are heard. Useful for clinicians who are perhaps more comfortable – or used to – working and communicating with adults, or in dealing with parents who tend to speak for their child. It



covers a variety of settings, but the aim is to recognise that the child’s voice is valid and to allow it to be heard.

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

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## Networks & networking

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

### Frontline schedule

| Issue date | Booking deadline |
|------------|------------------|
| 6 Jun      | 21 May           |
| 20 Jun     | 4 Jun            |
| 4 Jul      | 18 Jun           |
| 18 Jul     | 2 Jul            |
| 8 Aug      | 23 Jul           |
| 5 Sep      | 20 Aug           |
| 19 Sep     | 3 Sep            |

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## Courses & conferences

Advertise your course or conference by contacting our advertising agents, Media Shed, tel: **0845 600 1394** or email: [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk) Send your text and have your lineage advertisement typeset by Media Shed to our magazine house style. Add a box or shading to make your advert stand out on the page. Alternatively you can choose to send your completed display artwork to Media Shed. Call to discuss rates.

### Online

Create your course advert online by using our easy to use website. Go to: [www.csp.org.uk/courseadverts](http://www.csp.org.uk/courseadverts)

**Please note** The courses and conferences advertised in this section have not been subject to the CSPs 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.

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## Recruitment

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

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



# Networks & networking

## English networks news



## English regional networks

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

Find out more at

[www.csp.org.uk/nations-regions](http://www.csp.org.uk/nations-regions)

### London

The next London regional network event is sold out. However, if you would like to learn more about first contact physiotherapy please join the waiting list for tickets via Eventbrite at: [www.londonregionalnetwork.eventbrite.co.uk](http://www.londonregionalnetwork.eventbrite.co.uk)

The event programme will include:

- an update on work to promote advances in first contact physiotherapy from Ruth Ten Hove, CSP head of research and development
- presentations from London regional network members on establishing, delivering and evidencing first contact MSK and other services
- Stuart Paterson, CSP council member, and an employment relations and union services colleague explaining other ways in which the CSP is supporting this development
- dedicated time for networking with other London regional network members.

**Date:** Monday 4 June

**Time:** 3pm-7.15pm

**Place:** The Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED

**Cost:** Free

**Contact:** For more information please email: [cre@csp.org.uk](mailto:cre@csp.org.uk) or: [londonchair@csp.org.uk](mailto:londonchair@csp.org.uk)  
For more information on physiotherapy in primary care visit: [www.csp.org.uk/primarycare](http://www.csp.org.uk/primarycare)

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/london](http://www.csp.org.uk/nations-regions/london)  
Follow us on Twitter: @CSPLondon

### East Midlands

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/east-midlands](http://www.csp.org.uk/nations-regions/east-midlands)  
Follow us on Twitter: @CSPEastMidlands  
Like us on Facebook: @CSPEMRN

### West Midlands

Thank you to outgoing ERN chair Sam McIntosh and secretary Sue England



Pictured above: Sue England



Pictured above: Sam McIntosh

The CSP West Midlands ERN core team would like to say a big thank you to former chair of the ERN, Sam McIntosh and former secretary Sue England for their highly valued contribution to the running of the CSP West Midlands ERN. Sam has been in the role for five years and has helped provide leadership through changing times across the region. Sue has volunteered for the region over the past 20 years and has contributed

significantly both locally and nationally over the years. The core team would also like to thank Ann, Sue's administrator, for her organisational and communication role with the network.



Helen Owen and Phil Hulse (pictured above) will continue the CSP West Midlands ERN leadership as joint-chairs. To contact Helen or Phil email: [westmidlandschair@csp.org.uk](mailto:westmidlandschair@csp.org.uk)

Our next meeting will be a teleconference based meeting (date TBC) and announced on our home page and social media feeds. Our next study day will be in September, focusing on recruitment and employability (date TBC).

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/west-midlands](http://www.csp.org.uk/nations-regions/west-midlands)  
Follow us on Twitter: @WestMidlandsCSP  
Like us on Facebook: @WestMidlandsCSP

### South Central

**CSP South Central needs you! Opportunity to find out more on Friday 13 July at CSP HQ**

We are actively recruiting more members to join our core team. If you want the opportunity to help promote physiotherapy in your area and get some fantastic CPD then you are welcome to come along to a meeting on Friday 13 July at CSP HQ to help plan events and activities for the region over the coming year. For more information and to book your place at the meeting, please email: [southcentralchair@csp.org.uk](mailto:southcentralchair@csp.org.uk)

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/south-central](http://www.csp.org.uk/nations-regions/south-central)  
Follow us on Twitter: @CSPsouthcentral  
Like us on Facebook, email: [southcentralchair@csp.org.uk](mailto:southcentralchair@csp.org.uk) for the link.

To contact the Guernsey network email: [physioguernsey@csp.org.uk](mailto:physioguernsey@csp.org.uk) and view the network page on iCSP at: <http://www.csp.org.uk/icsp/guernsey-support>  
Follow us on Twitter: @CSPsouthcentral  
Like us on Facebook, email: [southcentralchair@csp.org.uk](mailto:southcentralchair@csp.org.uk) for the link.

### South East Coast



Pictured above: Dr Jane Morris speaking at practice education day



Pictured above: Delegates at practice education day

University of Brighton and CSP South East Coast ERN event gives practice educators and members a fascinating insight into practice-based learning

The CSPs Gwyn Owen headed a packed agenda of speakers who all gave a fascinating insight into the world of practice-based learning. In addition to lectures giving delegates plenty to discuss and think about, there were workshops to explore typical scenarios that occur during placement.

Delegates very much enjoyed sharing, experience, knowledge and inspiration so that everyone could benefit with the overall aim of encouraging more placements for our future workforce.

To view some of the presentations visit the CSP South East Coast web page and watch some of the presentations online via South

East Coast Twitter profile: @CSPSouthEast (scroll through the timeline to 23 April).

University of Brighton Physiotherapy graduates help kick off the official launch of the Love Activity, Hate Exercise Campaign? via Twitter



Pictured above: University of Brighton students post up inspiration for #LoveActivity on Twitter

To show their support for the Love Activity, Hate Exercise? CSP campaign message, graduates from the University of Brighton were inspired by a talk from South East Coast chair Zoe Smith and CSP CRE officer Mindy Daubeny, to film their own inspiration for activity.

Tagged using #LoveActivity, the short films shared on the @CSPSouthEast Twitter profile, show students doing various activities to help highlight the campaign.

To view them just search for #LoveActivity on Twitter. Please like and re-tweet your favourite.

**Dates for your diary in South East Coast 2018:**

**Physios don't sleepwalk into obscurity – An evening with CSP chief executive Karen Middleton**

**Date:** Thursday 12 July

**Theme:** An opportunity for South East Coast members to hear from Karen Middleton about the future of the profession and what we, as members, need to do now to secure a prosperous future for physiotherapists and patients.

We have come a long way since Karen gave her founder's lecture in 2014. Physiotherapy's degree of autonomy continues to build – achieving endorsement by the BMA and >

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RCGP for Physiotherapists as first contact practitioners across England, through to government backed approval for physios to issue fit notes.

But does the profession need a SWOT analysis to ensure progress in the right direction? Are we in danger of losing our autonomy?

This special evening event will give you the chance to hear the viewpoint of the CSPs CEO on our direction of travel as a profession as well as provide the opportunity to ask questions in a dedicated Q&A session with Karen Middleton.

All members who register their attendance at the event will have the chance to submit a question to Karen in advance of the evening. We will then ask Karen to review the questions and pick the one that particularly captures her attention. The member who posed the question selected will then have the chance to sit next to Karen on the evening. All questions submitted will be answered on the night!

**Time:** 6pm-10.30pm

**Place:** Holiday Inn Gatwick, Povey Cross Road, Gatwick RH6 0BA

**Cost:** £15 per ticket

**Booking:** Book your place by emailing: cre@csp.org.uk (spaces are limited so book early to avoid disappointment)

#### CSP South East Coast regional conference

**Date:** Monday 29 October

**Time:** 10am-4pm

**Place:** Holiday Inn Gatwick, Povey Cross Road, Gatwick RH6 0BA

**Cost:** Free to members

**Booking:** Will be possible via Eventbrite later this year. More details will be published online and in *Frontline*.

If you would like to get more involved in the South East Coast network and help with activities and campaigning please contact: southeastcoastchair@csp.org.uk.

For news, events and updates from your visit: [www.csp.org.uk/nations-regions/south-east-coast](http://www.csp.org.uk/nations-regions/south-east-coast)

Follow us on Twitter: @CSPSouthEast

#### North East

**Watch presentations from the sold out Innovation in Exercise in the North East event**

In response to exceptional demand for tickets for the Innovation in Exercise event taking

place on 16 May the event is being filmed so that all CSP members can watch the presentations live and post event.

Visit the network's Twitter account: @CSPNorthEast to view the presentations from the event. View comments and remarks on the day by following the event hashtag #CSPnortheastexercise.

#### The event programme:

- Kenny Butler from UK active speaking on how physiotherapy can lead the change to embed physical activity into management of long-term conditions
- Edward Kunonga, director of public health, Middlesbrough Council, speaking on innovations in tackling physical inactivity across the population
- Sean Ledger, teaching fellow in physiotherapy and rehabilitation science, Keele University, speaking on cystic fibrosis and exercise interventions
- Sarah Moore, Newcastle University, speaking on exercise following stroke
- Rebecca Shea, South Tees Hospital, speaking on a water-based approach to COPD
- Rob Tyer, Connect Health, speaking on strength and musculoskeletal conditioning
- plus an introduction to the new CSP campaign, Love Activity, Hate Exercise?, designed to make it easy for physio staff to help get patients and the public more active.

If you have a query about the event please email the CSP campaigns and regional engagement team at: cre@csp.org.uk who will be happy to assist you.

#### Do you want a free ticket to Physiotherapy UK?

The CSP North East regional network is pleased to announce a competition to win a ticket to Physiotherapy UK 2018.

Two days of excellent CPD are up for grabs at the event which is taking place in Birmingham from 19-20 October.

All you have to do to enter is write an account (200 words max) on why your regional network should support you to attend the event.

Entries will be reviewed by the regional network chair alongside core team volunteers who have not submitted an application. The two entries that demonstrate the most impact in terms of the CSPs strategy themes of 'empowering, transforming and influencing' will each be awarded a free ticket for the two-day

event. Please note that members will need to pay for their own travel and accommodation.

For more information on the CSP strategy please visit: [www.csp.org.uk/strategy](http://www.csp.org.uk/strategy)

For more information about Physiotherapy UK 2018 visit: [www.physiotherapyuk.org.uk](http://www.physiotherapyuk.org.uk)

Entries must be submitted by 5pm on Wednesday 13 June to the North East chair Helen Robson at: [northeastchair@csp.org.uk](mailto:northeastchair@csp.org.uk) Please include your CSP membership number.

#### Terms and conditions:

- The chair's decision will be final
- Feedback will not be available on unsuccessful applications
- Entries are welcome from all CSP members who either work or reside in the North East region
- The two winners will be required to provide feedback about the conference at the North East event on 14 November at Teesside University. Feedback can be either verbally at the event or in the form of a poster presentation.

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/north-east](http://www.csp.org.uk/nations-regions/north-east)

Follow us on Twitter: @CSPNortheast  
Like us on Facebook: @CSPNortheast

#### East of England

##### You said, we did – an opportunity to engage

I recently circulated a survey to gain insight on what you want the CSP East of England regional network to focus on.

Thank you to everyone who responded. The feedback is very useful and a desire for opportunities to engage with the regional network and other local CSP members came through loud and clear.

Therefore, I am writing to invite you to an informal meeting to meet the core team of regional network volunteers in May.

All CSP members from across the physio workforce are welcome to join us. This includes support workers, students and retired CSP members.

Our meetings are very sociable and the next one will include regional network event and activity planning and local updates.

#### Meeting details:

**Date:** Monday 21 May

**Place:** The Ormonde, Fred Archer Way, Newmarket CB8 8NY

**Time:** 6.30pm-8.30pm

I would be very grateful if you would register your interest in attending so that I can book a large enough space for us all. Please email me at: [eastofenglandchair@csp.org.uk](mailto:eastofenglandchair@csp.org.uk) to register your interest or hear more. I look forward to meeting you on 21 May.

With best wishes,

**Becca Knowles, CSP East of England regional network honorary chair**

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/east-england](http://www.csp.org.uk/nations-regions/east-england)

Follow us on Twitter: @CSP\_EoE #PhysioEast

Like us on Facebook:

@CSPEastofEnglandregionalnetwork

#### South West

##### CSP South West ERN Joint event with stewards

**Theme:** A joint event with CSP South West stewards on topics relating to:

- the new CSP council
- Professional Standards
- Physio UK – your chance to attend this year on behalf of the South West

- ARC
- NHS 70th Birthday celebrations
- engaging with the CSP and networking with members locally.

All CSP members are welcome (students, retired, associates and full members) and the event is free.

You may join the event for a free lunch starting at 12.30pm or arrive when the ERN event starts at 1pm.

Spaces are strictly limited so please book your place now to avoid disappointment.

**Date:** Tuesday 19 June

**Time:** 12.30pm (for lunch which is provided) 1pm SWERN event starts

**Place:** Exeter Court Hotel, Kennford, Exeter EX6 7UX

**Cost:** Free to members

**Booking:** Via Eventbrite – see The South West CSP regional web page for the Eventbrite link

#### CSP South West ERN Conference

**Date:** Wednesday 3 October

**Time:** TBC

**Place:** TBC

**Cost:** Free to members

**Booking:** Will be possible via Eventbrite later this year. More details will be published online and in *Frontline*.

If you would like to get involved with South West member activity and events please email: [southwestchair@csp.org.uk](mailto:southwestchair@csp.org.uk)

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/south-west](http://www.csp.org.uk/nations-regions/south-west) Follow us Twitter: @CSPsouthwest

#### Yorkshire and Humber

Please hold Friday 14 September in your calendar for the next CSP Yorkshire and Humber regional network event which will be taking place in York.

Follow the regional network at: @CSPYorksHumber on Twitter to be the first to hear the latest news about the region.

To keep up to date with your region visit: [www.csp.org.uk/nations-regions/yorkshire-humber](http://www.csp.org.uk/nations-regions/yorkshire-humber) >

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**North West****CSP North West ERN Professional forum****Date:** Tuesday 12 June**Time:** 5.30pm food followed by meeting 6pm-8pm**Place:** Education Centre, Chorley Hospital**Cost:** Free to members**Contact:** To confirm your attendance and for enquiries contact Nena Mitchell, North West ERN secretary, at email: anenuk@hotmail.co.uk**CSP North West ERN Professional forum****Date:** Monday 17 September**Time:** 5.30pm food followed by meeting 6pm-8pm**Place:** MMU, Brooks Building – Room number TBC**Cost:** Free to members**Contact:** To confirm your attendance and for enquiries contact Nena Mitchell, North West ERN secretary, at email: anenuk@hotmail.co.uk**CSP North West ERN Professional forum****Date:** Tuesday 4 December**Time:** 5.30pm food followed by meeting 6pm-8pm**Place:** Education Centre, Chorley Hospital**Cost:** Free to members**Contact:** To confirm your attendance and for enquiries contact Nena Mitchell, North West ERN secretary, at email: anenuk@hotmail.co.ukTo keep up to date with your region visit: [www.csp.org.uk/nations-regions/north-west](http://www.csp.org.uk/nations-regions/north-west)

Follow us on Twitter: @northwestcsp

For Cumbria branch please email Cumbria branch at: [cspcumbriabranch.secretary@gmail.com](mailto:cspcumbriabranch.secretary@gmail.com) and follow on Twitter: @CumbriaPhysio**Stay up-to-date**[www.csp.org.uk/nations-regions](http://www.csp.org.uk/nations-regions)

## Professional networks news

**Professional networks****Courses and events from CSP recognised professional networks. Share your events here free of charge.**Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)**Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex**

ACPIN Evening lecture:

**Making lives better – Merits beyond function: different perspectives on botulinum toxin****Date:** Tuesday 15 May**Time:** 6.30pm-8.30pm**Speaker:** Karen Poole, consultant therapist in rehabilitation, Sussex Trauma Network director of rehabilitation**Place:** Firwood House, Brassey Ave, Eastbourne BN22 9QJ**Cost:** ACPIN members £2, non-ACPIN members £5 (payable on the day).

This event is being subsidised for all by Sussex ACPIN: promoting CPD in the field of neurophysiotherapy.

Audience: Physiotherapists/OTs/other therapists and medical staff.

Aims: An update of current practices in the use of botulinum toxin and its role in rehabilitation of the complex patient

**Closing date:** Friday 11 May**Contact:** Debbie Soave at: [d.soave@nhs.net](mailto:d.soave@nhs.net)**Aquatic physiotherapy for neurological conditions training course****Speaker:** Jacqueline Pattman**Date:** 11-12 August**Place:** Eastbourne District General Hospital, Kings Drive BN21 2UD**Cost:** ACPIN member £180, non-ACPIN member £230. Place secured when payment received. Only eight spaces available.**Contact:** Email: [turveyjane@gmail.com](mailto:turveyjane@gmail.com)**Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire****Neuroactive exercise in Parkinson's disease – How to make real change****Date:** Saturday 23 June**Time:** 9am-4.45pm**Place:** Tops Fitness and Rehabilitation, 1 Cobham Parade, Leeds Road, Wakefield WF1 2DY**Course tutor:** Rachel Rutley, independent physiotherapist and expert practitioner in Parkinson's disease and movement disorders  
**Cost:** £55 for ACPIN members, £90 for non-ACPIN members – to include refreshments (but not lunch). Places limited to 20 due to the practical nature of the course, priority will be given to ACPIN members.**Contact:** For further information contact Arzu Ozgur at: [yorkshire@acpin.net](mailto:yorkshire@acpin.net)**Association of Chartered Physiotherapists in Neurology (ACPIN) – Wessex****Connective tissue and fascia course**

This is a practical connective tissue and fascia course (part 1) workshop which is patient centred and clinically relevant. This course will explore the examination and treatment of connective tissues and fascia in relation to patients with neurological injury.

**Facilitator:** Michelle Watson<http://therapyfusion.com/training-courses/connective-tissue-and-fascia/>**Date:** Saturday 23 June, 8.30am-5pm**Place:** Neuro Gym, Poole Hospital, Longfleet Road, Poole BH15 2JB**Cost:** ACPIN members £75, non-members £95.**Contact:** For further details and booking see Eventbrite: <https://www.eventbrite.co.uk/e/connective-tissue-and-fascia-course-part-1-tickets-45015178611>For further details please contact: [wessex@acpin.net](mailto:wessex@acpin.net)**Association of Chartered Physiotherapists in Neurology (ACPIN) – Surrey and Borders****Study day: A multidisciplinary approach to the management of acute facial paralysis****Date:** Saturday 9 June**Confirmed speakers:** Catriona Neville, extended scope practitioner in facial palsy; and Vanessa Venables, principal speech and language therapist**Place:** Royal Surrey County Hospital, Physiotherapy Dept.

Note: a light lunch will be provided.

**Cost:** ACPIN members £80, non-members £100**Contact:** Email: [surrey@acpin.net](mailto:surrey@acpin.net)**Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands**

invites you to a practical day course:

**Observational gait analysis for neurological patients – An interactive course based on movement science principles**

Objectives: Describe the kinematics and kinetics of normal gait, identify deviations from normal gait, interpret the results of your gait analysis and hypothesise causes of the gait dysfunction, formulate a focused neurological assessment to confirm your hypotheses and treatment plans to address dysfunctions.

**Date:** Saturday 19 May, 9am-4pm**Speaker:** Ben Ellis**Place:** Solihull Hospital Gym, Lode Lane B91 2JL**Cost:** £40 for ACPIN members, £75 for non-members**Contact:** Email: [wmidlands@acpin.net](mailto:wmidlands@acpin.net)**Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)****The ATOCP has opened more local branches** and now runs several education evenings in the following areas: Scotland, North West, South Wales, Oxford, South and London. If you require any further information please email: [atocpchair@gmail.com](mailto:atocpchair@gmail.com)**ATOCP Annual conference 2018**The ATOCP are delighted to announce links with the British Orthopaedic Association (BOA). For 2018 the ATOCP annual conference will be run out of the British Orthopaedic Association Congress (<http://congress.boa.ac.uk/>) which is taking place 25-28 September at the ICC in Birmingham.

For the tremendous rate of £70, ATOCP members will be able to obtain associate BOA membership, including attendance at all four days of BOA congress. The ATOCP annual conference will run on the Wednesday with invited speakers and a scientific abstract session for physiotherapy research. We will also hold our AGM on the day. This is a great opportunity to demonstrate the quality of physiotherapy work to our trauma and orthopaedic peers multidisciplinary team.

This fantastic offer is only available to ATOCP members, so now is a great time to join if you are not already a member. To do so, visit: <http://atocp.csp.org.uk/join-us>**Association of Chartered Physiotherapists For People With Learning Disabilities (ACPLD) Annual learning event****Date:** Thursday 13 September and Friday 14 September**Place:** Unity Kitchen Timber Lodge Café E20 1DY**Cost:** (Two days without accommodation): £180 members, £210 non-members.

The South East region is excited to be hosting this year's ACPLD annual learning event. The venue will be the Unity Kitchen Timber Lodge Café which is situated in the stunning natural landscape of the Olympic Park and includes a lovely garden and terrace area.

We have speakers on a range of topics including postural care, complex respiratory management, pressure care, delegation and aquatic therapy. &gt;

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**Contact:** See: [www.acppld.csp.org.uk](http://www.acppld.csp.org.uk) for a full programme, attendance and accommodation options with costs and an application form.

**Pelvic, Obstetric, Gynaecological Physiotherapy (POGP)**

**Physiotherapy assessment and management of lower bowel dysfunction**

**Date:** 15-17 June

**Place:** London

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

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

**Date:** 23 June

**Place:** Chichester

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

**Physiotherapy assessment and management of female urinary dysfunction: Limited places left**

**Date:** 6-8 July

**Place:** Horsham

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

**Paediatric incontinence and pelvic floor dysfunction**

**Tutor:** Dawn Sandalcidi

**Date:** 13-14 July

**Place:** Ascot

**Cost:** £300 POGP member/affiliate, £350 non-member

**Physiotherapy assessment and management of lower bowel dysfunction**

**Date:** 7-9 September

**Place:** Larbert, Falkirk

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

**Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – Part 1**

**Date:** 28-30 September

**Place:** Doncaster

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

**Advanced pelvic floor course: In-depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunctions**

**Date:** 14-16 September

**Place:** Chertsey, Surrey

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

**Advancing your skills into men's health Part 1: Physiotherapy assessment and**

**management of lower urinary tract symptoms**

**Date:** 29 September

**Place:** Milton Keynes

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

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

**Date:** 13 October

**Place:** Leeds

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

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

**Date:** 10 November

**Place:** Cambridge

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

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

**Date:** 23-25 November

**Place:** Swindon

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

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

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

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

**An introduction to occupational health**

**Date:** 23-24-25 May

**Place:** Birmingham

**Cost:** £455 members, £515 non-members

**Office workstation ergonomics (DSE) level 1**

**Date:** 8-9 June

**Place:** TBC, most likely to be Guildford, Surrey

**Cost:** £300 members £360 non-members

**Office workstation ergonomics (DSE) level 1**

**Date:** 5-6 July

**Place:** TBC, Kings Cross, London

**Cost:** £300 members, £360 non-members

**Advanced office workstation ergonomics (DSE) level 2**

**Date:** 12-13 July

**Place:** Guildford

**Cost:** £320 members, £380 non-members

**Introduction to applied ergonomics**

**Date:** 14-15 September

**Place:** Islington, London

**Cost:** £300 members, £360 non-members

**Upper limb disorders in the workplace – Risk assessment and management**

**Date:** 12 October

**Cost:** £160 members, £220 non-members

**Office workstation ergonomics (DSE) level 1**

**Date:** 20-21 October

**Place:** Leeds

**Cost:** £300 members, £360 non-members

**Contact:** Tracy Long, on tel: 01284 748202 or email: [acpohe@buryphysio.co.uk](mailto:acpohe@buryphysio.co.uk)

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

**AACP CPD Scotland study day**

**BOOKING NOW OPEN!**

**Date:** 3 November

**Place:** Queen Margaret University, Musselburgh

**Upcoming CPD courses**

**One day acupuncture sports injury course**

**Date:** 7 June

**Place:** Rochdale

**Two day trigger points course**

**Date:** 14 June

**Place:** Peterborough

**Neck, back and upper limb acupuncture course**

**Date:** 7 July

**Place:** Bournemouth

**AACP Basic acupuncture foundation courses**

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

**Dates:** 9, 10, 16 and 17 June and 14 and 15 July

**Place:** Manchester

**Dates:** 9, 10, 16 and 17 June and 28 and 29 July

**Place:** Chertsey

**Dates:** 16, 17, 23 and 24 June and 11 and 12 August

**Place:** Tooting, London

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

**Contact:** To book visit: [www.aacp.org.uk](http://www.aacp.org.uk)

> Training and Conferences > Foundation Courses or CPD Courses

Tel: 01733 390007 #3 Email: [claire@aacp.org.uk](mailto:claire@aacp.org.uk)

**AACP Grants**

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

**Musculoskeletal Association of Chartered Physiotherapists (MACP)**

**Integrating imaging into musculoskeletal practice**

An interactive three-day course aimed at senior physiotherapists and new APPs with limited or no radiology background, wanting to learn more about requesting and basics of interpreting musculoskeletal imaging and how to utilise for better patient care in practice. You can choose to attend one, two or all three days.

**Each day includes:**

Requesting and looking at x-rays – Requesting and looking at MRIs – Case study based-teaching, orientation, normal, normal variants, pathological images, evidence base on imaging and how to utilise it enhance your existing clinical reasoning and patient care

**Facilitators and dates:**

**Day one:** 9 June; lumbar spine with Christopher Mercer, consultant musculoskeletal physiotherapist

**Day two:** 14 July; knee with Jessica Gent, clinical physiotherapy specialist (lower limb), advanced physiotherapy practitioner

**Day three:** 21 July; shoulder with Sharon Morgans, specialist physiotherapist, Shoulder Academy, Central Health Physiotherapy.

Previously lead extended scope practitioner, Imperial College Healthcare Trust

**Place:** Buckinghamshire Musculoskeletal Integrated Care Service, Unit 2 The Merlin Centre, Cressex Business Park, Lancaster Road, High Wycombe, Buckinghamshire

HP12 3QL

Registration: 9:00 until 16:30 (Registration 8.45am)

**Cost:** One day: £120 MACP members; £130 non-members; two days: £240 MACP members; £260 non-members; three days discounted: £330 MACP members; £360 non-members

**Contact:** Book at: [www.macpweb.org](http://www.macpweb.org) or contact Terry Smith at: [admin@macpweb.org](mailto:admin@macpweb.org) or tel: 01202 706161.

**An introduction to motivational interviewing**

This course will introduce you to motivational interviewing, which is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

This rests on a foundation of patient-centred counselling skills to provide the conditions of support that are conducive to change, and seeks to selectively elicit and reinforce the patient's own arguments and reasons for modifying their behaviour.

**Facilitator:** Robert Shannon BSc, MSc, CPsychol. Lecturer at University of Southampton. >

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# Can we still email you?

Data protection regulations are changing on 25 May.

Make sure you stay on our list by visiting:  
**[www.csp.org.uk/youremails](http://www.csp.org.uk/youremails)**

**Place:** Meeting Room, Wigmore Lane Health Centre, Wigmore Lane, Luton LU2 8BG  
**Date:** Saturday 1 September. Registration: 8.30am-9am, course close 5pm  
**Cost:** £110 MACP members, £120 non-members  
**Contact:** Book at: [www.macpweb.org](http://www.macpweb.org) or contact Terry Smith at: [admin@macpweb.org](mailto:admin@macpweb.org) or tel: 01202 706161.

**Spinal masqueraders: Expanded**  
 Following on from the highly-regarded spinal masqueraders study day, the MACP have developed a further stand-alone course designed to enhance awareness and clinical reasoning in the management of non-musculoskeletal causes of back and radiating leg pain. Spinal masqueraders: Expanded covers new issues not covered on the original study day. Developed from delegate feedback and evolving evidence, attendance on the original masqueraders study day is not a prerequisite to this course. Knowledge and skills gained from the first course will however be further enhanced and new skills accrued. This course covers in depth the topics of cauda equina syndrome, visceral

masqueraders, vascular masqueraders and pelvic masqueraders.

**Facilitators:** Laura Finucane, consultant musculoskeletal physiotherapist, East Surrey Hospital; Christopher Mercer, consultant musculoskeletal physiotherapist, Western Sussex Hospitals; Sue Greenhalgh, consultant musculoskeletal physiotherapist, Bolton Primary Care Trust.

**Place:** Manchester Metropolitan University, Brooks Building, Birley Campus, 53 Bonsell Street, Manchester M15 6GX

**Date:** 8 September

**Time:** 9am to 4.30pm (registration 8.30am)

**Cost:** £110 MACP members, £130 non-members

**Book at:** [www.macpweb.org](http://www.macpweb.org) or contact Terry Smith at: [admin@macpweb.org](mailto:admin@macpweb.org) or tel: 01202 706161.

**Pain: Translating neuroscience into clinical practice**

This workshop will deepen clinicians' understanding of pain neuroscience in order to clarify more complex patient presentations and facilitate refinement of clinical assessments, and application of more

appropriate and effective interventions.

**Facilitators:** Dr Niamh Moloney is a musculoskeletal physiotherapist who combines almost 20 years of clinical and academic experience. Dr Martin Rabey is a specialist musculoskeletal physiotherapist and fellow of the Australian College of Physiotherapists.

**Date:** Saturday 15 September

**Place:** The Royal London Hospital, Whitechapel Road, London E1 1BB

**Registration:** 8.30am-9am, course close 5pm

**Cost:** £120 MACP members, £140 non-members

**Contact:** Book at: [www.macpweb.org](http://www.macpweb.org) or contact Terry Smith at: [admin@macpweb.org](mailto:admin@macpweb.org) or tel: 01202 706161.

**British Association of Hand Therapists (BAHT)**

**Splinting: A clinical reasoning approach**

**Date:** 24-26 June

**Place:** Chelmsford, Essex

**Contact:** Debbie Miles at: [hand-ed@outlook.com](mailto:hand-ed@outlook.com)

**Optimising soft tissue repair**

**Date:** 21-23 September

**Place:** Mount Vernon Hospital, Northwood

**Contact:** Nikki Burr/Ella Donnison, email: [handtherapy@sky.com](mailto:handtherapy@sky.com) Tel: 07766554787

**Surgery and therapy management of flexor/extensor tendon injuries to the hand**

**Date:** September

**Place:** Queen Elizabeth Hospital, Birmingham

**Contact:** Suzanne Beale, email: [suzanne.beale@uhb.nhs.uk](mailto:suzanne.beale@uhb.nhs.uk) Tel: 0121 3713488

**Radiographic imaging of the hand**

**Date:** 3-5 October

**Place:** University of Derby Enterprise Centre

**Contact:** Ella Donnison, email: [linda.tozer1@nhs.net](mailto:linda.tozer1@nhs.net) Tel: 01332 786964

**PIPJ (NES)**

**Date:** 6-8 December

**Place:** Queen Alexandra Hospital, Portsmouth

**Contact:** Gemma Willis at: [gemma.willis@porthospi.nhs.uk](mailto:gemma.willis@porthospi.nhs.uk) See: [www.neshands.co.uk](http://www.neshands.co.uk)

Tel: 02392 286130/02392 286899

**Burn injuries of the hand and upper limb**

**Date:** TBC

**Place:** Park Inn Hotel, Nottingham

**Contact:** Nicole Glassey, email: [n.glassey@ntlworld.com](mailto:n.glassey@ntlworld.com) Tel: 07901500713

**Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)**

**ACPIVR AGM and study day 2018 with Susan Herdman**

**Date:** 19 May

**Place:** Lecture theatre, 33 Queen Square, National Hospital for Neurology and Neurosurgery WC1N 3BG

**Topic:** Vestibular treatment

**Speakers:** Professor Susan Herdman, Emory University, USA; Dr Dara Meldrum, Dublin, Ireland; Dr Edward Roberts, Imperial College London, UK; Dr Marco Mandalà, Siena University Hospital, Italy

**Description:** Join us for this exciting study day and AGM with the world renowned Professor Susan Herdman and other international speakers. It is for clinicians of all levels of experience looking to increase their knowledge and understanding of vestibular rehabilitation.

**Contact:** Programme and registration: <https://acpivr2018.eventbrite.co.uk>

**Physio First**

**Physio First reminders**

- **Subscriptions** – Our 2018/19 membership started on 1 April, our fees are:
  - full member £228
  - affiliate member £208

You can pay your membership renewal over the phone on the number below, please have

your membership number to hand.

- **HCPC renewal** – Your HCPC registration is up for renewal from 1 February and you must re-register by 30 April, to remain a physiotherapist, CSP member and Physio First member. The registration fee to be paid is £180 for two years.

- **General Data Protection Regulation (GDPR)** – We shared some information in our latest edition of The Core, February 2018, about GDPR and how we identified four ways to help our members, please see here: <http://bit.ly/2nNYm7q>

**Contact:** For more information about Physio First please call us on tel: 01604 684960 alternatively, you can email us at: [minerva@physiofirst.org.uk](mailto:minerva@physiofirst.org.uk)

**Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD)**

**Physiotherapy management of Temporomandibular Disorders (TMD)**

**Tutor:** Phil Bateman

**Date:** Saturday, 2 June

**Place:** Community Room, Tesco Superstore, Knocknagoney Road, Belfast, BT4, Northern Ireland

**Cost:** £149

This one day course reviews:

- relevant clinical anatomy
  - physiotherapy assessment of the masticatory system
  - classification of common TMDs
  - theoretical and practical aspects of physiotherapy management
  - case studies and clinical reasoning.
- Contact:** Cathy Gordon at: [cathy.gordon@stockport.nhs.uk](mailto:cathy.gordon@stockport.nhs.uk) for further information and an application form.

**Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD)**

**Physiotherapy management of temporomandibular disorders (TMD)**

**Tutor:** Phil Bateman

**Date:** Saturday, 22 September

**Place:** Back in Motion, Windmill Surgery, London Road, Wymondham, Norfolk NR18 0AF

**Cost:** £149 (early bird discount of £129 if booked by 20 August)

One day course reviews:

- relevant clinical anatomy
- physiotherapy assessment of the masticatory system
- classification of common TMD's
- theoretical and practical aspects of physiotherapy management

- case studies and clinical reasoning.

**Contact:** Cathy Gordon at: [cathy.gordon@stockport.nhs.uk](mailto:cathy.gordon@stockport.nhs.uk) for further information and an application form.

**The Association of Paediatric Chartered Physiotherapists (APCP)**

**APCP Introduction to paediatric physiotherapy**

This three-day course is for physiotherapists who are new to working with children and young people, including newly qualified physiotherapists, those changing from another speciality, or those returning to practice and wishing to work in paediatrics. The course may also be suitable for experienced support workers and other AHPs who work within paediatrics - however, this will be at the discretion of their managers when considering learning needs.

**Date:** 14-16 June

**Place:** Jury's Inn Newcastle, Scotswood Road, Newcastle NE1 4AD

**Cost:** £225 APCP members; £275 non-members

**Contact:** For further information/to book your place, visit: [apcp.csp.org.uk/courses-events](http://apcp.csp.org.uk/courses-events) or contact: [courses@apcp.org.uk](mailto:courses@apcp.org.uk)

**APCP Paediatric musculoskeletal physiotherapy foundation course**

This course aims to provide therapists who are new to paediatrics or who want to treat children with musculoskeletal conditions an understanding of the specialist knowledge and skills they need to have when working with children and young people. It will look at conditions seen in babies, children and adolescents.

**Date:** 22 June

**Place:** Raigmore Hospital, Inverness IV2 3UJ

**Cost:** £75 APCP members; £115 non-members

**Contact:** For further information/to book your place, visit: [apcp.csp.org.uk/courses-events](http://apcp.csp.org.uk/courses-events) or contact: [courses@apcp.org.uk](mailto:courses@apcp.org.uk)

**The sensory world of the infant – Joint annual study day for professionals in neonatal care**

5th Annual study day for neonatal physiotherapists, occupational therapists, speech and language therapists and others working in NICU and early intervention.

An exciting day bringing together prominent speakers from across medical, nursing and therapy professions to present and discuss research and best practice in line with this year's theme.

**Date:** Thursday, 27 September

**Place:** Holiday Inn, London-Bloomsbury

**Cost:** £95 >

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#### APCP Annual conference and trade exhibition 2018

An opportunity to network with paediatric physiotherapists from around the UK to share practice and expertise. Varied programme with topics including Ponseti, SDR, EHCPs and gait abnormalities plus a study stream on neuromuscular disorders on Friday and a stream on cerebral palsy integrated pathway (CPIP) on Saturday.

**Date:** 2-3 November

**Place:** Emirates Old Trafford, Manchester

**Cost:** From £215 for two days; residential packages available

**Contact:** For further information/to book your place, visit: [apcp.csp.org.uk/courses-events](http://apcp.csp.org.uk/courses-events) or contact: [courses@apcp.org.uk](mailto:courses@apcp.org.uk)

#### CPIP-UK Annual meeting 2018 – Sharing experiences of implementing CPIP and its impact on practice

A one-day event for paediatric physiotherapists, paediatricians and orthopaedic surgeons involved in the management of children and young people with cerebral palsy with speakers from the UK, Scotland and Denmark will share their experiences of implementing the cerebral palsy integrated pathway and its impact upon their practice.

**Date:** Saturday, 3 November

**Place:** Emirates Old Trafford, Manchester

**Contact:** For further information/to book your place for all events, visit: [apcp.csp.org.uk/courses-events](http://apcp.csp.org.uk/courses-events) or contact: [courses@apcp.org.uk](mailto:courses@apcp.org.uk)

#### Chartered Physiotherapists in Therapeutic Riding and Hippotherapy (CPTRH) Study day and AGM

An exciting programme built around the bio-medical approach to assessment and treatment of riders by Claire Howard, MCSP of The Balanced Rider. There will be a presentation on research opportunities. Steve Tolan, CSP head of practice, will attend to discuss with members the future of CPTRH. We urge any interested physios to attend.

**Date:** Monday 11 June

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

**Cost:** £25 members, £50 non-members

**Contact:** Elspeth O'Donnell at email: [elspethodonnell@gmail.com](mailto:elspethodonnell@gmail.com) for application form, or from: [www.cptrh.csp.org.uk](http://www.cptrh.csp.org.uk)

#### CPTRH Hippotherapy course now accredited at MSc level with Robert Gordon University Aberdeen

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

##### Course dates and Structure 2019

Two sequential modules both four days long:

##### Equine Module – Assessment and selection of equines for hippotherapy

**Date:** Friday January 25 to Monday 28 January 2019

##### Hippotherapy Module – Delivery of best practice in hippotherapy

**Date:** Friday October 25 to Monday 28 October 2019

**Place:** Venue for both modules: Clwyd Special Riding Centre, Llanfynydd, Wrexham, Clwyd LL11 5HN

**Cost:** £1300 including non-refundable registration fee of £200. This includes £300 fee to RGU.

Closing date for applications: 30 September

##### Prerequisites:

- Chartered Society of Physiotherapy membership
- HCPC registration
- CPTRH membership
- one year postgraduate clinical experience
- submission of the CPTRH Equine Skills Record

• required to register for the complete course.  
**Horse riding experience:** CPTRH 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, Fiona Hainsworth, email [afhains@btinternet.com](mailto:afhains@btinternet.com) or send to: The Coach House, Rodley Lane, Calverley, Leeds LS28 5QH

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

AGILE Regional study days 2018

##### Backward chaining – Approaches, and evidence-based exercise programmes to reduce falls with later life

**Speaker:** Bex Townley, an exercise specialist, director and tutor of Late Life Training; and Kate Bennett, clinical lead physiotherapist, AGILE chair.

An interactive study day of lectures and practical workshops to build knowledge of backward chaining (part of the evidence base

for FaME) and exercise training to reduce falls within our populations. Kate Bennett will be supporting Bex from a physiotherapy perspective. Pre-course reading will be supplied for participants.

This interactive study day will use lectures and practical workshops to:

- enable participants to consider if backward chaining should be included in rehabilitation programmes for frail older people at risk of falls
- provide participants an opportunity to build their knowledge of backward chaining
- provide participants with practical knowledge of implementation, analysis and progression of backward chaining
- provide participants with an insight/refresh of FaME exercise program and exercise training principles.

**Place:** Scotland

**Date:** 9 June

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

**Place:** East region

**Date:** 1 July

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

**Place:** North region

**Date:** 1 September

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

**Place:** West region

**Date:** 29 September

**Contact:** Email: [agile.rep.west@gmail.com](mailto:agile.rep.west@gmail.com)

**Place:** Ireland

**Date:** 6 October

**Contact:** Email: [agile.northernireland@gmail.com](mailto:agile.northernireland@gmail.com)

For venues please refer to website: <http://agile.csp.org.uk/network-events>

**Cost:** 40th anniversary concessionary price for AGILE members of two current previous consecutive years: £5, AGILE members: £50, non-members: £75

For more details see AGILE website: <http://agile.csp.org.uk/network-events>

#### Other groups news / events

##### CSP Diversity Networks

The CSP diversity networks are for any members who self-identify as disabled, are from black or minority ethnic (BME) groups or are lesbian, gay, bisexual or transgender (LGBT+). Please come along to network meetings for discussion, peer support, CPD and a warm welcome.

**Upcoming meetings:**

##### Joint diversity day

**Date:** 10 July

##### BME Network

**Date:** 25 September

##### Disabled members network

**Date:** 9 October

##### LGBT+ members network

**Date:** 13 November

**Place:** All meetings are held at the CSP in London

**Contact:** Please contact Susannah Gill at: [gills@csp.org.uk](mailto:gills@csp.org.uk) with any queries.

##### The Margie Polden Memorial Fund and 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 ACOG – now POGP – made an enormous contribution to the education of physiotherapists and other professionals.

Never afraid to be combative, she vigorously and knowledgeably debated and discussed with clinical colleagues, lectured, and wrote for professional publications. She also had the ability to reach out to the public, with witty, pertinent and informative articles and talks on women's health issues. In doing so she furthered the cause and raised the profile of physiotherapy in obstetrics and gynaecology and made a real impact on the lives of countless women.

Through her work and books, Margie, a loved and respected member of POGP influenced and educated numerous physiotherapy students.

Within our own professional network many members of POGP wished to honour Margie and this was made possible through the generosity of Margie's family. This has enabled the creation of the Margie Polden Memorial Fund, which supports the Margie Polden Memorial Lecture and the Margie Polden Bursary.

##### The Margie Polden Bursary

A bursary was set up in memory of Margie, thanks to 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 pelvic, obstetric, and gynaecological physiotherapy and is keen to develop that interest further.

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.

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

Applicants must: Complete the application form and provide a personal statement as requested on the application form.

An application form can be found on the POGP website at: <http://pogp.csp.org.uk/pogp-bursaries-awards> and should be returned by email to the chairman by 1 July.

If you know of anyone who would be a suitable recipient of this award, please encourage them to apply.

#### CSP Retirement Association



### CSP Retirement Association

News and information from the CSPRA. Upcoming meetings, events and also details of get-togethers in your area.

Contact Sue Russell at: [news4sue@keleus.com](mailto:news4sue@keleus.com)

##### CSPRA day trip – Visit to the Gordon Museum

What a great day we had in London on 18 April. The sun shone for us and fourteen happy souls met at the George Inn for an enjoyable lunch. We had been allocated a room, but it was not necessary as we all sat outside in the courtyard admiring the age of the surroundings - and wondering what it must have been like when Shakespeare and Dickens frequented the inn. Once we had eaten and had a good chat, we did a 10 minute amble in the sunshine, round to the Guy's site – right opposite the massive Shard building – to visit the Gordon Museum. Bill Edwards gave us a brief introduction to the collection, and then we were let loose. What treasures there are! – mainly in glass jars. The oldest item was >

# 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/diversity](http://www.csp.org.uk/diversity)

or email: [gills@csp.org.uk](mailto:gills@csp.org.uk)



from the 17th century and the most recent only six weeks ago. As a sideline it was interesting to see the medical students practising suturing – hard to believe how green we were as students!

It was a great time to reminisce with likeminded colleagues and share some personal stories. Some of the group had stayed overnight in London to make a mini break of the event and it really was lovely to meet up and share.

I had several 'thank you' messages, but the real 'thank you' goes to all of you for turning up and enjoying the day, and making my job so very easy.

Hopefully our next gathering will be in the East Midlands where the Headley Court (MOD) replacement rehabilitation centre is due to be completed this year. It will possibly around this time of year, so keep your eyes peeled for further information once I get my investigative head on. Come and join us!

*Heather Harrison*

#### **East Anglia Retired Physios**

Our next meeting is planned for Tuesday 5 June when we plan to visit Ickworth House in

Suffolk. If anyone would like to join our group do please send an email to: jacquipotter@outlook.com Everyone is welcome.

#### Reunions

#### **Bradford School of Physiotherapy 1980-83. 35 year reunion.**

Well as we all had such a good time at our 30 year reunion, it was decided that every 10 years was way too long a gap, so we will be holding our 35 year reunion on Saturday 22 September 2018 in Skipton, venue/s to be confirmed.

We have had a really good response to the Facebook group Bradford physios 83 that has been set up. So far we have made contact with 20 of our number, and would love it if we could get all 23 of us together. If you would like to attend, or even if you can't but just want to be included and find out what our plans for the weekend are, please can you email your email address and mobile phone number to: gillian\_weir@btinternet.com We are hoping to set up

a What's App chat group for those not on FB. Looking forward to hearing from you all.

#### **Middlesex Hospital School of Physiotherapy, 1985-88**

Let's have a big reunion, as it is 30 years since we qualified. We are planning a lunch in central London on Saturday 8 September. Please contact Caroline (Jolly) at: carolinewright11@gmail.com or Fiona (Murdoch) at: karlandfiona@btinternet.com so we can arrange somewhere suitable, there are about 10 of us already confirmed. Please pass the word on to anyone you keep in touch with. We can't wait to hear from you all and see you in September, there is so much to catch up on.

#### **Newcastle Polytechnic Physiotherapy Class of 1988**

30 year reunion weekend – 1 June and 2 June in Newcastle, Friday 1 June pizza and pasta night, Saturday 2 June Blackfriars restaurant. Feel free to attend either or both. Please contact Isla Surtees at: isla77@btinternet.com to book your place

#### **Sheffield City Polytechnic 1986-1989 set**

Next year we will have been qualified for 30 years (how did that happen!) We are thinking it would be great to catch up with everyone, and are proposing to meet up in Sheffield some time in 2019. If you are interested in meeting up we would love to hear from you. Please contact: heatherofthorntree@blueyonder.co.uk or: claire-miller@btconnect.com by end of June this year.

#### **Normanby College School of Physiotherapy, Kings College Hospital 1985-1988, 30-year reunion**

We cannot believe that it is 30 years since we all qualified and are planning a reunion this summer to celebrate! So far we have about 15 confirmed via Facebook with Alison coming from USA, Sarah from NZ and Vicky from SA.

At 1pm on Saturday 21 July we are meeting at one of our old haunts – The Crown and Greyhound (The Dog!) in Dulwich Village. Buffet lunch has been booked in the Billiards Room.

Please contact Zoe Spencer (nee Walker) for more details at: zjspencer@hotmail.co.uk and spread the word to anyone you are in touch with. Look forward to hearing from you.

#### **Oswestry and North Staffordshire School of Physiotherapy Set 40 1978 -1981**

This year we will be celebrating 40 years since we all met to train at the Robert Jones and Agnes Hunt Hospital, Oswestry. August bank holiday weekend; a time to meet each other, see how the hospital has changed (or not) and celebrate. Contact Jane Weston (nee Shapter) at: jane.e.weston@btinternet.com or tel: 07832 165285.

#### **University of West of England, Bristol School of Physiotherapy and School of Radiography, 1995-1998**

Hello all, it is 20 years this year since we qualified! It would be lovely to see as many of you as possible back in Bristol on the weekend of 28 July. Venue etc to be confirmed. We have a Facebook page where there has already been some chat about getting together. If you would like more information, please contact Sarah Clifford (nee Sarah E Evans) at: bristolclassof98@gmail.com for more details.

#### **Prince of Wales' School of Physiotherapy 1975-1978**

Did you attend the Prince of Wales' School of Physiotherapy between 1975 and 1978? This year it will be 40 years since we qualified and

a reunion is in order! It will probably be in the summer and in London so if you would like to attend or if you are in touch with any other members of that set then please contact Maggie Lewis (nee Robinson) at: maggielewis56@gmail.com

#### **Middlesex Hospital 1990-1993**

A 25-year reunion is happening this summer on Saturday 14 July, venue still to be arranged (around Goodge St). Please contact Nancy (Evans) for details, at: nancyblake@hotmail.com

#### **Guy's Hospital School of Physiotherapy 1969 - 1972 D Set**

Nine of the D set are in touch with each other, but we have lost contact with several others. Are you out there, or does anyone know the whereabouts of any of these members? Bridget King (Booth), Ginny Humphries (Sykes), Heather Bright (Strange), Liz Pote and Tessa Hamblin.

We would love to hear from you, and you might even like to join us at a Guy's reunion in 2019! Please contact: pataste@hotmail.co.uk

#### **Combined Training Institute, Cardiff School of Physiotherapy, 1985-1988**

Yes – this year, the class members of 1988 will be 30 years qualified, and we (Gwyn, Saskia and I) reckon it provides us all a great reason to meet and do some serious catching up.

We are proposing to meet over the weekend of 12-14 October back in Cardiff, with one main event on Saturday 13th. Please contact me at: physiotherapy.thirdage@gmail.com not only to confirm your ability to join in, but with ideas and contact details of any people you know who were in our class so we can get the message out to all. Looking forward to the clogging of my inbox with your enthusiasm. *Bhanu*

#### **St Thomas's School of Physiotherapy 1985-88**

This year marks 30 years since we qualified, and we wondered if we could really try to get the whole set together? Morag and Derrick are joining us from Australia and USA respectively, and we hope to find everyone else.

We are planning to meet for the weekend of 30 June in Edinburgh. We will have a big night out on the Saturday but are planning to do something during the day on Saturday – any ideas gratefully received. Please mail Emily at: goodlads2@yahoo.co.uk or Nicci at: nicci@thecaswells.uk or Selina at: selinacollinson@btinternet.com to confirm >



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you can join us and who you are in touch with to spread the word.

#### Guy's Hospital C and D sets 30 years

We have 11 of us so far planning to meet on 30 November this year in London, close to Guy's, venue and time to be confirmed. If you are interested in attending and receiving more information please email Nicola Ellis (nee Montgomerie) at: [nicky@hobbsrehabilitation.co.uk](mailto:nicky@hobbsrehabilitation.co.uk) Hope you can come – please let people you are in contact with know too.

#### Royal Liverpool Hospital College 1978-1981

This year marks 40 years since we started our training, and I wondered if any of my fellow students would be interested in a reunion in Liverpool next summer? I would love to catch up with you. If you are interested, email me at: [lesley.walters@hotmail.co.uk](mailto:lesley.walters@hotmail.co.uk) or visit my Facebook page (Lesley Walters), or the FB page I have set up called Royal Liverpool Hospital College School of Physiotherapy 78-81. *Lesley Walters (nee Pritchard).*

#### Guy's Hospital School of Physiotherapy 1975-1978. B and C Sets

Let's have a 40-year reunion. Ali, Beth, Maggie, Mary, Sally and Sue Rogers are in touch with each other and we would like to meet up with the rest of our two sets this year. Please get in touch and then we can arrange a convenient date and venue. Contact: [maggieboase@hotmail.co.uk](mailto:maggieboase@hotmail.co.uk)

#### Obituaries

#### Alison Cowan Sharp nee Woodhead 25 June 1950 - 7 February 2018

Alison (Ali to her friends and family) trained at Withington Hospital, Manchester 1968-1971. On qualifying Ali worked at Oldham Royal Hospital until 1979, achieving a Superintendent post. Ali met and married Eric after meeting Eric at her very first student physiotherapy party. Their daughter Katie was born in 1979, followed by Clare in 1981. She moved to Huddersfield in 1981 and started part-time in the MSK clinic alongside Anne Hesselden, who became her longtime friend. Initially these were termed 'jobbing physio' which could involve working in many different areas ranging from antenatal, hydrotherapy to orthopaedics. They also covered alternate Saturdays for respiratory and on-call ICU. Truly a mixed bag!

Ali increased her hours to full time as

her family grew up and also studied for her Maitland qualification. She became a full-time senior 1 MSK in the early 90s around the same time as Anne gained her Senior 1 in rheumatology. Ali continued to develop her career becoming the first extended scope practitioner (specialising in MSK/spinal) at Huddersfield. It was a hard won post and paved the way for the other ESPs that followed. She went on to complete her advanced practitioner and prescriber course. Ali stayed in this role until her retirement in 2011.

Ali had tenacity and was extremely supportive of her junior colleagues. She was always keen to learn and develop. She was known to have 'noisy feet' giving ample warning that she was on her way. Ali could stand her ground when discussing issues with consultants and didn't tolerate fools gladly (like many of us). She also wouldn't take no for an answer which enabled her to achieve her ESP role against some stiff opposition at times.

She had many skills and interests, however, flower arranging and pottery were not her forte!

She was also a member of the local choir and tried various activities over the years with various degrees of success (or not). We were not good students at Tai Chi due to not practising between classes hence forgetting the moves. We weren't flexible at yoga being thoroughly outperformed by a septuagenarian and fell asleep in the relaxation part. Mostly we fell about laughing. Our only excuse was the busy clinics prior to this.

We had little co-ordination at Zumba. Ali seemed an unlikely physio regarding exercise however she remained an enthusiastic walker and continued this with Anne on their retirement. It was with surprise that we found out that Ali was captain at hockey at school and also doubles tennis champion.

Ali liked Nordic walking but found that her asthma limited her in this. We did achieve scaling Ben Nevis in aid of charity despite it.

She was a 'foodie' and had enough cookery books to start a library. I think all the local charity shops had been scoured for a decent book to try. Ali and Eric were dab hands at searching these for toys and especially Lego for their grandchildren.

Ali was an enthusiastic, though admittedly not expert, gardener. We both had a 'shove it in and hope for the best' attitude. She was definitely handy with the pruning shears! We enjoyed days out at the Tatton Flower Show, loving the displays and exhibitions. We did seem to focus on the lunchtime picnic though.

Ali was also a bit of a 'twitcher' and kept the binoculars handy at home to keep an eye on the various birds that visited their garden. She was a frustrated explorer and spent many days with Eric in their little camper van exploring following her retirement. She called it 'adventure before dementia'. She was noted as the family expert on tents!

Ali was diagnosed with breast cancer prior to her retirement which returned in a more virulent form at the end of 2017. Ali approached this with fortitude and, in her usual way, ensured everything was planned for. Even the vicar commented on how he had never had such a well-planned funeral. The only thing she couldn't plan was the heavy snow on the day preventing some friends and family attending. Despite this, the church was full showing the esteem in which she was held.

The Kirkwood Hospice supported Ali and her family and friends throughout and she managed to stay at home until the final few days.

Most of all Ali loved her family, husband Eric and daughters Katie and Clare, their husbands John and Ami and the grandchildren.

She was a true and loyal friend with a lovely sense of humour and is sadly and profoundly missed.

*Karen Nicolson together with Anne Hesselden*

#### Leonard Whitlow

It is with great sadness that I report the death of Mr. Leonard Whitlow on 24 April 2018.

Leonard was born on 7 July 1927 and after his wartime service in the army (wartime corporal substantive sergeant) and a short spell in the police, enrolled as a student at Salford Royal qualifying in 1952. While at Salford he met and married Elizabeth Blacow.

He worked at Hope Hospital and for a short spell was the physiotherapist at Manchester United.

He moved to Withington Hospital as deputy principal of the School of Physiotherapy in the mid sixties, where he remained until his retirement in 1990. He was an examiner for the Chartered Society for many years and became the chief examiner.

His army service left him deaf and this condition grew worse with age, hastening his decision to retire. He suffered from Alzheimer's for the last six years of his life and following the death of Elizabeth, in 2015, he moved to live with his son in Oxford.

He is survived by his three children, eight grandchildren and four great-grandchildren.



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## Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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



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**Contact:** www.druyoga.com  
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Miscellaneous

## Weekend Warriors Brighton. The complete journey from Couch to Field

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**Website:** http://www.weekendwarriorsphysio.co.uk/

**Email:** dhft.ncore@nhs.net

**Phone:** (01332) 254679



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**Contact:**  
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Milly.Mistry@nhs.net  
01332 789585

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**Where:** CTC Healthcare Physiotherapy-Crewe Cheshire Crewe, Cheshire

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**When:** 15 Oct. 2018 – 17 Oct. 2018

**Where:** National Spinal Injuries Centre Aylesbury

for full details please visit [www.buckshealthcare.nhs.uk/NSIC](http://www.buckshealthcare.nhs.uk/NSIC)

**Contact:**  
Ania Koszewnik  
ania.koszewnik@nhs.net  
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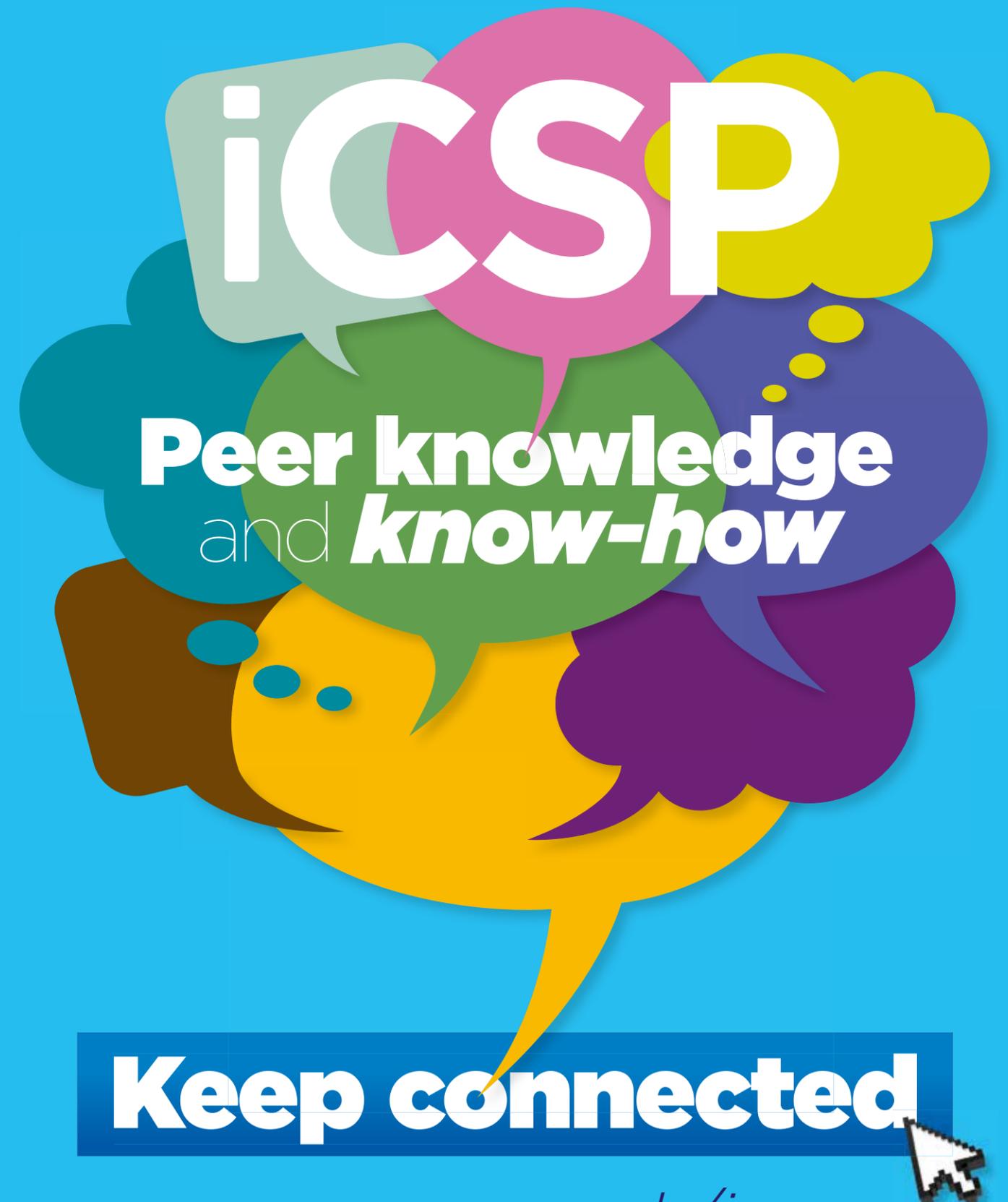


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# ThreeMinutes

## Long and winding road to diagnosis

As a young adult, physio student M-J Sharp had problems caused by hip dysplasia. She describes her struggle to get a proper diagnosis and treatment

### How did your hip dysplasia manifest?

I was diagnosed as a newborn with a 'clicky hip' and treated with a Pavlik harness to align the hips in the joint. The problem was thought to have been resolved. I first experienced hip pain at the age of 22. It only happened when I ran or played hockey. Despite physiotherapy, it kept recurring so I decided to stop hockey and it was fine for a few years. After repeated requests to my GP, I was finally referred for an x-ray when I was 26 and the dysplasia was picked up in the left hip. By then the pain had worsened and symptoms had started in my right hip. When I was diagnosed I realised there was a connection to the 'clicky hip', but didn't

know I had hip dysplasia. I found it difficult to find clear information on it, or on the long-term expectations. I had started to experience episodes where I struggled to walk or even stand up. It was quite scary. I had one operation, which seemed to help at first but proved unsuccessful.

### So did things get better at all?

After this, there was a lot of uncertainty about my other hip – how severe the problem was and whether surgery might be required. This led to to-ing and fro-ing between different health professionals, which I began to find stressful. It got to the point where I would go to appointments and not know what to say, as I had repeated myself so often. My symptoms were not quite as severe then (for example, I could walk) and I even had periods without hip pain, or flare-ups of knee or sacroiliac joint pain instead, but things eventually got worse. I was led to believe that I had femoro-acetabular impingement. I was encouraged to work on strengthening my hips, and for a while it seemed to be helpful, but I struggled to figure out what to do when the physiotherapy wasn't working. I knew that on some level I had to adjust to the fact I had a hip problem which might affect me for the rest of my life, but with conflicting information it was difficult to know how – and what I was meant to be adjusting to.

### Why did diagnosis take years?

Unfortunately, my experience of getting a referral to the right specialist is typical. It took until two years ago, when I was 31, to find a consultant who

could accurately diagnose both hips with dysplasia and provide a clear explanation of the condition and treatment options. I had to travel to find this consultant, but am so relieved I did. I recently had bilateral pelvic osteotomies which have been more successful. These operations and the recovery have been long and hard, but ultimately should prevent years of pain and early hip replacements.

### Is the future brighter now?

I feel for those still going through this long journey of trying to gain an accurate diagnosis and treatment, and I feel bound to inform the profession of this condition, especially as I found the 'journey' to be a lot quicker and clearer as soon as I went to see a specialist.

I was only diagnosed properly when I saw my fourth surgeon.

My own outlook is now more positive.

I haven't let it stop me and I'm now in my final year as a student physiotherapist, 17 months post-op right hip and nine months post-op left hip. It was actually my experience of physio after my first surgery that inspired me to change career! I'm just looking forward to living an active, normal life again. **FL**

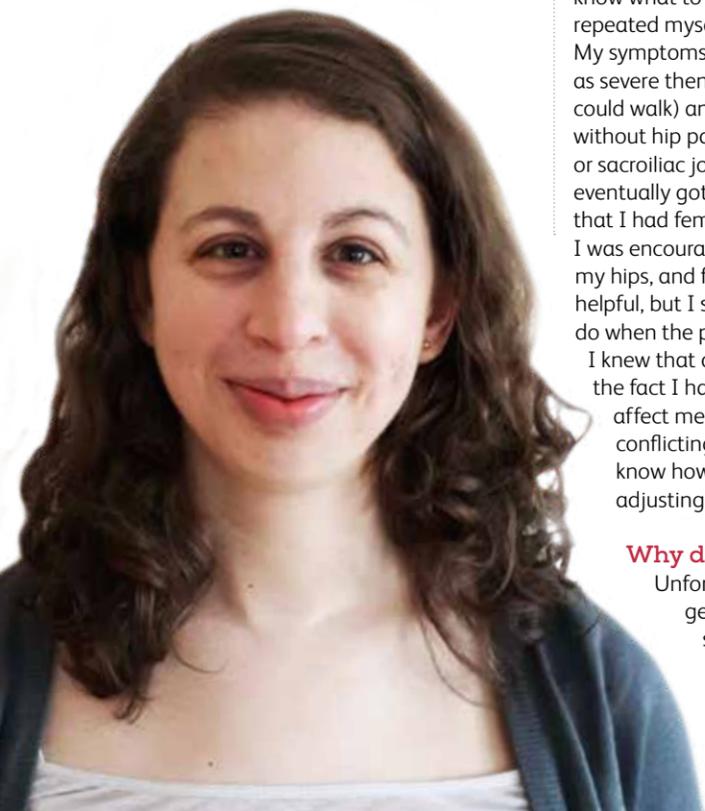
*M-J Sharp is a final year physiotherapy student at the University of Salford*

### More information

June is Hip Dysplasia Awareness Month: [bit.ly/2IrFFYG](http://bit.ly/2IrFFYG)

Further information on adult hip dysplasia: [bit.ly/2JOCVfc](http://bit.ly/2JOCVfc)  
Clinical Update, page 28

I was only diagnosed when I saw my 4<sup>th</sup> surgeon



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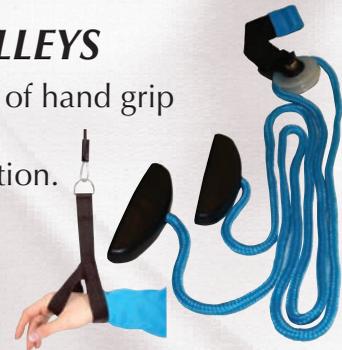
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