Prescription addiction
The hazards of dependency

Inside: Jobs • Views and opinions • Courses • In review
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With over 12,500 online exercise videos and more than 100 added every month, it’s no wonder we are the Number 1 ally of physiotherapists around the world.

We are Physiotec and we help over 3 million patients lead a healthier, more normal life.
We 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), offers 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 a patient’s 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 get involved, please contact us. 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 Luns, Winston Churchill Memorial Trust

Yoga meets physiotherapy

I have started a Physioyoga – I made up the name! – class for physiotherapy students at Cardiff University, where I am a physiotherapy student myself. I am also a qualified yoga teacher and 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 Moonon

Hip resources

I felt compelled to comment on 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 hydros, 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

You’ve added...

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

One of the major reasons patients do not attend is the length of wait they endure before 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 in 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 using equipment (www.csp.org.uk/node/1190397). Shirley-Anne 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 ideal.”

From an anonymous commentator:

“Having read your comments regarding the recyling of physio equipment, I have been surprised to find that hospitals do recycle equipment because it’s too expensive to clean.”

Lynn Eaton
managing editor Frontline

You can watch the recordings at www.bit.ly/2JHotFF. To like on Facebook or tweet articles, follow us on Twitter at @thecsp.

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

@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/23kHFT

@Age_and_Aging Trajectory of social isolation following hip fracture: an analysis of the English Longitudinal Study of Ageing cohort bit.ly/2HD6Gfr

@NHRC Postnatal depression affects around 10 in 151 every new mothers in the UK. NEHR research has shown that aerobic exercise moderately reduces symptoms in new mothers buff.ly/2KdgsS

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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/frontend 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.

Interested in recent topical discussion? We’re now running a Twitter Chat. #csp is our peer-led knowledge sharing area of the website – view all our popular discussions www.csp.org.uk/popular

Cyclist injury advice
Members discuss potential trends and effective graded quad and hamstring strengthening exercises.
Comments: 13
Network: Musculoskeletal

Classification of mobility and tagging walking aids
Members have improved their service by marking W2Fs and the use of ‘I can’ on boards.
Comments: 11
Network: Older people

Tracheal weaning
Members share current practice, advice and experience on tracheal weaning protocols.
Comments: 13
Network: Respiratory care

Safety using theraband
Members debate patients’ safe use of equipment and whether protective wear is required.
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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

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

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

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://dailym.ai/2IwebLB

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/263j7hp

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
CSP delight as first contact practitioner 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: "It is the future of healthcare in the region. The NHS England multi-disciplinary teams (MDT) framework for England will be published in the next year and we will also be playing our part in supporting our primary care colleagues by maximising the specialist skills available and make greatest impact in primary care multi-disciplinary teams."

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 to our service users and patients. 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/2o6KW1H.

More information
NI Department of Health announcement bit.ly/2woZMN7
CSP NI resource 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

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 exceeded her lofty ambitions.

‘He came to me and said he wanted to set this new record and raise funds 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 let him start 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 it, 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.’

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.

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

NewsDigest
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 physiotherapy 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.

More information
Scotland’s Digital Health and Care Strategy [bit.ly/2vODZgZ]

Physiotherapists: an ‘amazing role’ in social prescribing

Physiotherapists 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 professions to refer people to a range of local non-clinical services. Exercise classes, reading or gardening groups, are examples,’ Mr Sanderson said.

For 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,’ he added.

‘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 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,’ Dr Dixon said.

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 in [for social prescribing] in place,” she said.

More information
CSP leadership development programme [www.csp.org.uk/node/1138949]
Yorkshire and Humber Improvement Academy [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. Myles 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.

Physiotherapist Laura Proctor will take a year-long leave 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 35-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]
Yorkshire and Humber Improvement Academy [bit.ly/2r9peQ4]

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

20% of GP Michael Dixon’s patients came with a social problem.
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 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 to Parkinson’s, will play an integral part in ensuring people with Parkinson’s get the best care when it comes to therapy as well. 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 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 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/2NM5925

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

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, including 21,067 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 Butler 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 cent in 2011.

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

More information

Accuracy of general hospital dementia diagnoses in England
bit.ly/2t9E6U4

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 Bareto 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/2lJ8G0

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

Frontline • 16 May 2018
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 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 StaT Back screening tool. Patients may be offered a one-to-one with a physiotherapist, if the assessment process reveals this is necessary.

Physiotherapist Joanne Shale gives a BE FABB session

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Your home may be repossessed if you do not keep up repayments on your mortgage or other loans secured on it.
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 Betis Cadwadu 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 health boards.

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 physiotherapist 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 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 Moses had a further change of post and became the clinical manager in a respiratory ward at the trust.

Rachael Holmes, a band 6 physiotherapist at Ulster Hospital who provides frontine care in the emergency department, was pleased to be a rising star.

"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 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

Clare 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, anesthetists 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 sites.

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

‘It was nice to be nominated in the first place, as it was up against two teams.’

‘I would like to thank the two physiotherapists who nominated me; consultant respiratory physiotherapist Marc Burton 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 physiotherapist 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.

Ms Tennyson will use her fellowship to visit Belgium, Germany and the US and gain knowledge about the successes, failures and impact of introducing co-production approaches 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 “owners” 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.wcmtr.org.uk

Physiotherapy manager Rachel Burton was nominated for the Women’s and Children’s Services award.

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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: ‘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 when, as far as we know, has not been done anywhere else in the UK.

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Rachael Holmes, a band 6 physiotherapist at Ulster Hospital who provides frontine care in the emergency department, was pleased to be a rising star.

"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 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

Clare 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, anesthetists 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 sites.

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

‘It was nice to be nominated in the first place, as it was up against two teams.’

‘I would like to thank the two physiotherapists who nominated me; consultant respiratory physiotherapist Marc Burton 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.

Ms Tennyson will use her fellowship to visit Belgium, Germany and the US and gain knowledge about the successes, failures and impact of introducing co-production approaches 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 “owners” 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.wcmtr.org.uk

Have you received an award?
tell Frontline about it frontline@csp.org.uk

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 neurorehab colleague or as a research project. The deadline for entries is 30 November 2018.

For further details, visit www.wfnr.co.uk

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More speakers added:

- Dr Helen Buxton
  North Tees & Hartlepool NHS FT
- Dr Victoria Butler
  North Tees & Hartlepool NHS FT
- Dr Neil Langridge
  Southern Health NHS FT
- Prof David Oliver
  Royal College of Physicians
- Adine Adonis
  Imperial College Healthcare NHS Trust
- Dr Annina Schmid
  University of Oxford
- Dr Richard Collier
  Health Education England
- Dr Ian Horsley
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**Research Findings**

**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.

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 phase after stroke.

**What did this study do?**

This systematic review and meta-analysis included 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.

**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 Strokeguidance on management of patients with stroke (SSG118, June 2010) recommends the following for gait, balance and mobility problems:

- ankle foot orthoses;
- individualised interventions;
- gait-oriented 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.

**Commentary**

Dr Jacqui Morris gives her reaction

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?
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

The Taskforce for Lung Health has been set up to reduce lung disease mortality, writes Alison Cook

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

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

The Scottish Health Minister, Vaughan Gething, has announced the introduction of the first contact physiotherapy (FCP) model into primary care to help improve the outcomes of patients with the chronic respiratory disease COPD. FCP is a new model of care that uses physiotherapists to work one-to-one with patients via a self-referral system, allowing them to offer patients a much-needed service.

What has the taskforce done?

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 faulty respiratory and community rehab.

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.

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 physiotherapy 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 are truly 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. We will support members already leading this work and those just starting to get involved to plan the network to share with and learn from other members by contacting FCP@csp.org.uk

See improving workforce planning for primary care in Scotland is available at http://bit.ly/2IPwVm6

Kenryck Lloyd-Jones is CSP’s policy officer for Scotland

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 using the ePortfolio nearly 2,500 people have been using the ePortfolio. Nearly 2,500 use the Learning Hub to access the rich mix of eLearning modules (editable) 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. 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.

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

You've seen the launch to members in the last issue of Frontline of the CSP’s new campaign, Love Activity, Hate Exercise? Now as a series of case study interviews – available on the CSP’s campaign page as videos – we’ll 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 realign 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’.

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

‘The power of the conversation can increase activity’

CSP’s new campaign is about encouraging patients to ‘do more of what you love with physio’, and the Oxted Ladies’ Running Group 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.’

‘It doesn’t have to be just about traditional forms of exercise. CSP’s new campaign is about encouraging patients to ‘do more of what you love with physio’. Member Ben Seymour and his patient, Paul Hiley, 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!"
LOVE

HATE

ACTIVITY

EXERCISE

Do more of what you love with physio

Register now at: 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

Although 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 (Toussi et al 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, shocking as it may be, some 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, mean 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-arthritic hip disease. While this may have been some 10 years ago at the American Orthopaedic Association’s 2008 Orthopaedic 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 a 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 diagnostic 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 in 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 do not always suspect the condition. Early diagnosis can be overlooked.

Improving awareness to increase the index of suspicion for AHD when appropriate, is required and the indications for x-ray referral 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. We need to break the clinical picture of AHD: 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 diagnosis 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, x-rays indicate a range in the general population of 1.7-20 per cent but hip review points to various studies that find an incidence of 3-5 per cent (Jabbsen & Sonne-Holm 2005; Jacobsen et al 2005; Goos et al 2010; Otto-Neu 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 (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 decline 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 reports 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: firstly, that their diagnosis challenged the way they viewed themselves and questioned concepts among these young women: first, that their diagnosis challenged the way they viewed themselves and questioned concepts among these young women: 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 the life-changing condition. We welcome new members to our group. rt

Le Evans is a senior lecturer in physiotherapy at Cardiff University
See Three Minutes, page 64 for a personal story
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 physios 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 physiotherapists 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?”’
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.

**More information**


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**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-use, 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 trusting 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 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, whichphysicians 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.’

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**More information**


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**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


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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 voices that I had to remind myself that it was the same author. David Nicholls, an associate professor in the school of clinical sciences at Auckland University, rambles 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 Barber’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, contents 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.

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.

McKnite, a Sussex-based company, has developed a digital service with the help of LinkHealthcare, 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 O’Kane
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.

The items appearing on this page are not endorsed by the CSP.

Physiotherapy in Mental Health and Psychiatry
 plays a leading role. He places a context, a fascinating narrative, around the history we’re all familiar with (especially if you have read Jean Barber’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, contents 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.

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.

McKnite, a Sussex-based company, has developed a digital service with the help of LinkHealthcare, 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 O’Kane
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.

The items appearing on this page are not endorsed by the CSP.
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

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

Online Create your course advert online by using our easy to use website. Go to: www.csp.org.uk/courseadverts

Please note The courses and conferences advertised in this section have not been subject to the 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.
Networks & networking

English networks news

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

The event programme will include:
• an update on work to promote advances in first contact physiotherapy from Ruth Ten Have, 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 csp@csp.org.uk or: londonchair@csp.org.uk

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

East Midlands
To keep up to date with your region visit: 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

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: westmidlandchair@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
Follow us on Twitter: @WestMidlandsCSP
Like us on Facebook: @WestMidlandsCSP

South Central
CSP South Central needs your 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

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-central
Follow us on Twitter: @CSPSouthCentral
Like us on Facebook: southcentralchair@csp.org.uk for the link.

To contact the Guernsey network email: 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 for the link.

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. The CSPs Gwyn Owen headed a packed agenda of speakers who all gave a fascinating insight into the world of 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. The CSPs Gwyn Owen headed a packed agenda of speakers who all gave a fascinating insight into the world of 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. The CSPs Gwyn Owen headed a packed agenda of speakers who all gave a fascinating insight into the world of 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.

Pictured above: Dr Jane Morris speaking at practice education day

To show their support for the Love Activity, Hate Exercise campaign, graduates from the University of Brighton were inspired by a talk from South East Coast chair Zoe Smith and CSP CRE officer Mindy Doubeny, 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 grow – achieving endorsement by the BMA and...
RCPS for Physiotherapists as first contact practitioners across England, through to government backed approval for physios to fit new roles.

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 CSP’s 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 crel@csp.org.uk - prices 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
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 everyday lives.
• Edward Kurisanga, 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 cytokines 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 Tyler, Connect Health, speaking on strength and muscular-skeletal conditioning.

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 Teeside University. Feedback can be either verbal 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
Follow us on Twitter: @CSPNorthcoast. Like us on Facebook: @CSPNorthcoast

East of England
You said, we did – it’s time to engage!
I recently circulated a survey to gain insight into what CSP members feel the CSP East of England regional network should 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 Grimsby, Fred Archer Way, Newarkham, CB8 8NY
Time: 6.30pm-8.30pm

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
Follow us on Twitter: @CSP_EoE #PhysioEast Like us on Facebook: @CSPEastEnglandRegionalNetwork

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

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

Terms and conditions:
• 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, Kenfords, 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

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: southwestchair@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

Physiotherapy UK
CSP Conference & Trade Exhibition 2018
30+ sessions of professional excellence
Frontline • 16 May 2018

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

To keep up to date with your region visit: 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: @CSPYorkHumber 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

For more information about Physiotherapy UK please visit: www.physiotherapyuk.org.uk
Stay up-to-date
www.csp.org.uk/nations-regions

Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex
neurophysiotherapy.
Audience: Physiotherapists/OH/other therapists and medical staff.
Aims: 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
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: surveymay@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-4.15pm
Place: Taps 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: £45 for ACPIN members, £80 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 Oguek at: 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, Longfleat Road, Poole BH15 2SB.
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

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

Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands:
Studying variability in standing: An evidence-based workshop
Date: Thursday 4 October
Time: 9am-4pm
Place: The Kingsley Hotel, Walsall
Cost: ACPIN members £75, non-members £90.
Contact: Email: wmidlands@acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex
Aquatic physiotherapy neurology course and workshop
Date: Saturday 19 May
Time: 9am-4.30pm
Place: Firwood House, Eastbourne
Cost: ACPIN members £2, non-ACPIN members £5.
Contact: For further details please contact: sussexacpin.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex
Aquatic physiotherapy for neurological conditions training course.
Speaker: Michelle Watson
Date: Saturday 9 June.
Cost: ACPIN members £2, non-ACPIN members £5.
Contact: Michelle Watson
www.csp.org.uk/nations-regions
#ourNHS70

Association of Chartered Physiotherapists for People With Learning Disabilities (ACPPLD)
Annual learning event
Date: Monday 15 October
Time: 9am-4pm
Place: Mercure Hotel, Wakefield
Cost: £30
Contact: Email: juliet.mockett@nhs.net

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)
The ATOCP has opened more local branches and now offers regional education evenings in the following areas: Scotland, North West, South Wales, Oxford, South and London. If you require any further information please email: acpin.net

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP)
The ATOCP is delighted to announce links with the British Orthopaedic Association (BOA). For the 2018 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 attend 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 (ACPPLD)
Annual learning event
Date: Thursday 11 January
Time: 9am-4pm
Place: Unity Kitchen
Cost: £30
Contact: Email: juliet.mockett@nhs.net

Association of Chartered Physiotherapists for People With Learning Disabilities (ACPPLD)
Annual learning event
Date: Monday 15 October
Time: 9am-4pm
Place: Mercure Hotel, Wakefield
Cost: £30
Contact: Email: juliet.mockett@nhs.net

Contact: To book visit: www.aacp.org.uk > Training and Conferences > Foundation Courses or CPD Courses
Tel: 01733 390007 #3 Email: 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.org.uk or see the AACP website: world.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 presenting and basis of interpreting musculoskeletal images 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 MRT – Case study based-teaching, orientation, normal, normal variants, pathological images, evidence base on imaging and how to utilise it to 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 Morgan, 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, Creeses Business Park, Lancaster Road, Hucclecote, Buckinghamshire HP12 3QL

Registration: 9.00 until 16.30 (Registration 8.45am)
Cost: One day: £120 MACP members; £150 non-members; two days: £240 MACP members; £260 non-members; three days discounted: £330 MACP members; £360 non-members.
Contact: Book at: www.macweb.org or contact Terry Smith at: admin@macweb.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, CPhys. Lecturer at University of Southampton.

**Chartered Physiotherapy**

**PHYSIOTHERAPY**

**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
the topics of cauda equina syndrome, visceral new skills accrued. This course covers in depth course will however be further enhanced and study day is not a prerequisite to this course. Developed from delegate feedback and evolving evidence, on the original study day. Following on from the highly-regarded Spinal masqueraders study day, the MACP has developed a further stand-alone or tel: 01202 706161.

Contact: [mailto:admin@macpweb.org]

Cost: 19 -20 OCTOBER 2018

ICC BIRMINGHAM

The Association of Paediatric Chartered Physiotherapists (APCP)

APCP interest in paediatric physiotherapy

This three-day course is for physiotherapists who are new to working with children and young people, including newly qualified therapists, those changing from another specialty, 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: £220 APCP members; £275 non-members

Contact: For further information/to book your place: apcp.csp.org.uk/courses-events or contact: 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: Regent Hospital, Inverness IV2 3JU

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

Contact: For further information/to book your place, visit: apcp.csp.org.uk/courses-events or contact: 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
Contact: For further information/to book your place, visit: appc.csp.org.uk/courses-events or contact: courses@appc.org.uk

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, ECHOs and gait abnormalities plus a study stream on neurovascular 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: appc.csp.org.uk/courses-events or contact: courses@appc.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 to discuss 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: appc.csp.org.uk/courses-events or contact: courses@appc.org.uk

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

An exciting programme built around the bi-annual approach to assessment and treatment of riders 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: appc.csp.org.uk/courses-events or contact: courses@appc.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: 2019
  - January 25 to Monday 28 January 2019
    - Placement Module – Discovery of best practice in hippotherapy
  - February 25 to Monday 28 February 2019
    - Hippotherapy Module – Delivery of best practice in hippotherapy

Venue: For both modules: Clydes Special Riding Centre, Lanark, Lanarkshire, Clywd LL11 5HN
Cost: £1,300 including non-refundable registration fee of £200. This includes £300 fee to RGU.
Closing date for applications: 30 September

Assessment: Continuous formative assessment of practical skills. Extensive written assignments following each module. Summative assessment of practice in the hippotherapy module.

Contact: Application requests and enquiries should be sent to course coordinator Fiona Hainworth, email fohan16@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: Bev Towlson, an exercise specialist, director and tutor of Live Life Learning; 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 Bev 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/refesh of FaME exercise program and exercise training programmes.

Place: Scotland

Date: 9 June
Contact: Email: agilescottishrep@gmail.com

Place: England

Date: 1 July
Contact: Email: agileeast@gmail.com

Place: Ireland

Date: 6 October
Contact: Email: agile.northernireland@gmail.com

Contact for venues please refer to website: http://agile.csp.org.uk/network-events

Cost: 40th anniversary concessionary price for AGILE members of £15 and £10 for non-members

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 a black, minority ethnic (BME) group, or are lesbian, gay, bisexual or transgender (LGBT+).

The CSP day trip – Visit to the Gordon Museum

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 Gai’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 us for more details and news at:
www.csp.org.uk/diversity or email: gilis@csp.org.uk

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

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 Gai’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.

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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 pleasure to reminisce with kindred 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 overlap 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

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**Reunions**

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

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 to be confirmed.

We have had a really good response to the Facebook group Bradford physio 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 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.weston@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: carolinejwrigth11@gmail.com or Fiona (Murdock) at: karlondadino@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 Blockfish restaurant. Feel free to attend either or both. Please contact Julie Surtess at: sis77@btinternet.com to book your place.

**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 (née Shapton) at jane.weston6@btinternet.com or tel: 07832 165285.

**University of West of England, Bristol School of Physiotherapy and School of Radiography, 1985-1998**

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: bristol1985@btinternet.com or tel: 07832 165285.

**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 Haydn (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 the following? Wendy Bridger (Bloth), Genny Humphreys (Sylkies), Heather Bright (Strange), Liz Pote and Tessa Hamill. Please choose to hear from you and you might even like to join us at a Guy’s reunion in 2019! Please contact: patole@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 (Guy’s, Salford, SA) 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.thirdeagle@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.

**Are your circumstances changing?**

You could be taking a career break, looking to practise overseas, heeding on maternity or parental leave or considering retirement.

Whatever your circumstances, stay up to date and connected, at a reduced fee, using your CSP membership.

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**Contact the Enquiries Team**

020 7306 6666
www.csp.org.uk/membership
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 Bills (née Montgomerie) at: nickybillshrebhakabilitation.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: leslie.watters@hotmail.co.uk visit my Facebook page (Lesley Watters), or the FB page I have set up called Royal Liverpool College School of Physiotherapy. Longtime friends. Initially these were termed in 1981 and started part-time in the MSK clinic 8-11. Lesley Watters (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 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

Obituary

Alison Cowan Sharp nee Woodhead
25 June 1950 - 7 February 2018
Alison (Ali) to her friends and family) trained at Whittington Hospital, Manchester 1968-1971. On qualifying Ali worked at Oldham Royal Hospital until 1979. Having a Supernumerary post, Ali met and married Eric after meeting Eric at her very first student physiotherapy party. Ali was a true and loyal friend with a lovely sense of humour and is sadly and profoundly missed.

Karen Nicolichon together with Anne Heselden Leonard Whitlow
It is with great sadness that we 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 University. He worked at Hope Hospital and for a short spell was the physiotherapist at Manchester United. He moved to Whittington Hospital as a supernumerary, to establish the 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 of Physiotherapy. However, he continued to develop his career becoming the first extended scope physiotherapist (specializing in MSK) in London. Ali continued to develop her career becoming the first extended scope practitioner (specializing in MSK) in London. 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 tent!

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 weeks.

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

She was always keen to learn and develop. She was supportive of her junior colleagues. 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 tent!

Ali was an enthusiastic, though admittedly not a proficient gardener. She could boast a ‘show 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 luncheon picnic though.

His army service left him deaf and this was the way for the other ESPs that followed. She seemed an unlikely physio regarding exercise and strength, but Ali always wanted her family and friends to keep going. She was a true and loyal friend with a lovely sense of humour and is sadly and profoundly missed.

Karen Nicolichon together with Anne Heselden

For members only

CSP Plus is a member-only benefit. The scheme provides deals and discounts on lifestyle and professional products and services.

Courses – Guidance for members

Members have a responsibility 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.

Further guidance and support:
• CSP EPortfolio: www.csp.org.uk/ePortfolio
• CSP Code of Professional Values and Behaviour: www.csp.org.uk/code
• Frontline CPD series (published in each issue)
• HCPC CPD requirements: www.hcpc-uk.org/aboutregistration/standardspd

Frontline • 16 May 2018
Complementary therapy

Dru Yoga 200 hour Teacher training course
A 16-weekend course teaching a therapeutic and accessible style of yoga. Courses also available in North Wales, London, Stroud, Leeds and Scotland.
When: 26-27th May or 2-5th August
Where: the Workspace, Wolverhampton
Contact: www.druyoga.com
c: midlands@druworldwide.com
01902 409164

Weekend Warriors Brighton. The complete journey from Couch to Field
Date: 6-7th October 2018 at Brighton
Proposed numbers: 160 maximum - 4 groups of 40 candidates
Join us for this intensive composite course for common lower limb injury, featuring:
Clare Robertson, Benoy Matthews, Glen Robbins, Andrew Cuff, Thomas Mitchell and Yuval David
Plus special keynote lecture from Tom Groom
Website: http://www.weekendwarriorsphysio.co.uk/
Email: dhft.ncore@nhs.net
Phone: (01332) 254679

Leading the World in Physiotherapy and Pilates Teacher Training Courses.
Unique courses designed by Physiotherapists specifically for those in the field of rehabilitation.

Become a Pilates Instructor with APPI

Hamstring Injuries
World Class Research & Rehabilitation

Dr David Opar, Dr Phil Glasgow, Dr Nicol van Dyk, Dr Ryan Timmins

June 5th – Bolton (10am – 4pm)  
June 7th – Reading (10am – 4pm)

One day workshop presented by 4 of the world’s leading Hamstring Injury researchers & elite sports clinicians, presenting the very latest international research and rehab ideas, to reduce injury & enhance recovery. PLACES LIMITED

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Shoulder Savers
an integrated approach to injury reduction & rehab

Jo Gibson MCSP MSc (Adv. Practice)
Nick Grantham MSc, CSCS, ASCC, Performance Enhancement Specialist

October 17th – Gloucester (9am – 5pm)

These two superb clinicians will present evidence-based principles alongside practical interventions, that will allow you to produce effective shoulder rehab and reconditioning programmes to meet all your patient’s needs.
DO NOT MISS THIS COURSE.

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SPLINTING IN NEUROLOGY COURSE
NATIONAL HOSPITAL FOR NEUROLOGY & NEUROSURGERY
Friday 20th & Sat 21st July 2018
This 2 day course will cover the theoretical and practical application of splinting using softcast and scotchcast materials. The course is open to Physiotherapists and Occupational Therapists working in Neurology.
Fee £300.00 – includes costs of materials used in practical sessions.
Course Tutor: Katrina Buchanan
For further details and application form contact:
Course Co-ordinator: Alkida Domi, Tel: 020 3448 3476, (fax: 020 3448 3711)
Email: a.domi@nhs.net
Also visit our website http://www.uclhcharitycourses.com
Growing my experience, delivering quality care

Physiotherapist Opportunities
Nationwide, Full & Part Time
Competitive Salary and Benefits inc free gym membership, free private medical insurance and CPD with 3 study days per year
It’s all about progress here at Nuffield Health, pushing ourselves and each other to improve.
For our patients it means getting the treatment they need to get on with their lives, from highly-trained experts empowered by a culture that puts people before profit.
And for our physiotherapists, it means growing their expertise by collaborating with other specialists across a variety of cases in a range of settings, including gyms and hospitals.
Join us, and we’ll bring out the specialist in you.
To find out more about our opportunities please call Jemma for an informal chat on 07920 542 020 or email jemma.rameswar@nuffieldhealth.com.
www.nuffieldhealthcareers.com

Wanted - Musculoskeletal Specialists
Qualification in Physiotherapy is ideal
Full time position with exciting career development path and opportunity
We are looking for those of you who wish to develop your skills further and be part of a dynamic, forward-thinking team.
This position comes with an attractive package for the right applicants.
Travel required to see a broad spectrum of corporate clients across the UK. Our head office is in Tewkesbury, off Junction 9 of the M5.
If you need to be challenged and stretched, and want the opportunity to progress and grow, this is the role for you.
Please send your CV to me, Adam Hamilton, Innovations Director at adam.hamilton@healthcare-rm.com

FIND THE NEEDLE IN THE HAYSTACK – LOCATE THE EVIDENCE YOU NEED

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Providing you with:
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• Help with developing your information skills
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• Information specialist advice on finding the information you need
• and much more!

www.csp.org.uk/lis
**PhysioEast Bungay, Suffolk**

**Full-time** musculoskeletal physiotherapist to join our multidisciplinary team based in Cawston, Tyneside in the North East of England.

Registered and HCPC licensed, you will be offered the opportunity to assess and treat clients with a variety of neurological conditions, working with them to achieve their rehabilitation goals, and guiding them towards functional independence and participation in social and leisure activities. Clients are seen at Optimise Neurotherapy Centre in our spacious, well-equipped neurotherapy gym, and within the community and outreach settings. The post offers educational/ training opportunities on a formal basis, whilst working as part of a highly experienced multidisciplinary team. We offer a competitive salary with a contributory pension scheme and we are happy to consider job share opportunities. The successful candidate will be confident, committed to delivering clinical excellence and exceptional service. For more information or to apply, please email your CV to: reception@optimise-neurotherapy.com

**PhysioEast East London**

We are looking for a dynamic and enthusiastic musculoskeletal physiotherapist to work as part of our friendly, well-structured and supportive team in a busy clinic, serving both NHS and private patients. We have a busy multidisciplinary clinic consisting of Physiotherapy, injection therapy, shockwave, rehabilitation and bio-mechanical assessment. Salary £28,000 to £30,000 dependent on experience. We offer an annual bonus, 28 days annual leave (including bank holidays). Minimum experience two HCPC and CSP membership required. Full CPD support. A high level of manual therapy and communication skills essential. Anticipate not essential but preferred. The position will suit a physiotherapist, therefore transport is essential. Full admin support. Our patients include self-referrals, health insurance, post-operative, NHS, medical-legal, occupational and industry. Please email David Kenshaw at Complete Physiotherapy on tel: 0118 946 2299 if interested.

**Complete Physiotherapy**

We have an exciting opportunity for a fantasy multidisciplinary team approach consisting of Physiotherapy, injection therapy, massage therapy, acupuncture, shockwave, rehabilitation and bio-mechanical assessment. Salary £28,000 to £30,000 dependent on experience. We offer an annual bonus, 28 days annual leave (including bank holidays). Minimum experience two HCPC and CSP membership required. Full CPD support. A high level of manual therapy and communication skills essential. Anticipate not essential but preferred. The position will suit a physiotherapist, therefore transport is essential. Full admin support. Our patients include self-referrals, health insurance, post-operative, NHS, medical-legal, occupational and industry. Please email David Kenshaw at Complete Physiotherapy on tel: 0118 946 2299 if interested.

**FULL-TIME POSITION available May 2018 in busy clinic in Cork City suburbs.**

Voted patient centre of the year 2018, this is an excellent opportunity for an experienced musculoskeletal physiotherapist. The successful candidate will possess excellent clinical reasoning and manual therapy skills. An interest in musculoskeletal conditions is advantageous but not a requirement. Please email your CV to: janine@ashgrovehealth.co.uk

**Cranleigh/Oxfordshire**

Do you like to solve problems, have a genuine love of making people feel happy, and get real satisfaction from helping patients recover by delivering first class, professional physiotherapy? If so, we would love to hear from you to join our team. We are flexible on full-time or part-time, self-employed or employed. You may be newly qualified or experienced, and it is essential you are an excellent, caring and effective physiotherapist. If so? Then look out! Wendytime now on tel: 01483 361277 or email: wendybarney@ cranfieldphysio.co.uk

**Gravesend, Da11 8Qx**

Self-employed part-time (new graduate plus experienced physiotherapist) required. Morning, evening or alternate Saturday mornings. Competitive approach required to cover spinal, musculoskeletal/sports injuries workload, to include NHS. Must be well motivated and committed to CPD and have a real belief in what they do. Professional development is actively encouraged with one to one training, supervision and peer support. Excellent remuneration in an employee contract position. Send your CV to: cvrdphysio.com

**A Vacancy HAS BECOME AVAILABLE to join our friendly and relaxed physiotherapy teams based in North East of England.**

Call 07478 68892 and send CV to: admin@foft.com

**Cheshunt, EN8 9SH**

Self-employed part-time (new graduate plus experienced musculoskeletal physiotherapist) required. Morning, evening and weekends as this will be an extended project. Happy to consider various shift patterns and days. Competitive approach required to cover spinal, musculoskeletal/sports injuries workload, to include NHS. Must be well motivated and committed to CPD and have a real belief in what they do. Professional development is actively encouraged with one to one training, supervision and peer support. Excellent remuneration in an employee contract position. Send your CV to: cvrdphysio.com

**Chartered Physiotherapist, Cork, Ireland**

We are looking for a full-time and part-time dynamic and enthusiastic chartered physiotherapist to join our team in a friendly, busy private practice in Cork, Ireland with immediate start. The successful candidate will possess excellent clinical reasoning and manual therapy skills. An interest in musculoskeletal conditions is advantageous but not a requirement. Please email your CV to: ilizzle@londonroadtherapy.co.uk to register your interest.

**Physit Ltd**

is a mobile physiotherapy company. London: 30-45k pro rata plus bonus with career growth opportunities. We have an exciting opportunity for full or part-time self-employed and enthusiastic musculoskeletal physiotherapist with experience in orthopaedic, musculoskeletal, elderly and rehabilitation. You will possess excellent clinical and interpersonal skills, with a flexible and approachable attitude to your work and a good understanding of the importance of marketing and business promotion in today’s healthcare market. Essential Requirements: UK resident, HCPC registered and full clean driving licence. Full and ongoing CPD support and training provided. Applications or further enquiries for full or part-time position please email: info@physit.co.uk or call tel: 07714 244438.

**North Norfolk Physiotherapy**

Part-time, self-employed musculoskeletal physiotherapist required for a busy and expanding clinic based in North Walsham Norfolk. Initially evening and Saturday clinics available with the potential for further in the future. Job involves musculoskeletal experience and Pilates trained. Please send CV to Fiona Spencer at: fizsnorton@talk21.com or call tel: 07784 227649.

**Wokingham, Berkshire Full time post.**

We require a passionate, experienced, ‘hands on’ musculoskeletal physiotherapist to join an open minded, friendly and enthusiastic practice. Not a weekend worker. Excellent manual therapy and communication skills required. With a flexible approach required to cover spinal, musculoskeletal/sports injuries workload, to include NHS. Must be well motivated and committed to CPD and have a real belief in what they do. Professional development is actively encouraged with one to one training, supervision and peer support. Excellent remuneration in an employee contract position. Send your CV to: cvrdphysio.com

**Cambs/Reds/Northants Borders**

Are you looking for a busy role looking after interesting patients, a great team and incredible CPD/mentoring? Could you bring enthusiasm, dedication and a smile to a clinic with a bouncy atmosphere? We are a busy multidisciplinary clinic on the Cambs/Reds/Northants borders, and we need a new physio to join us. You will have to enjoy being busy! If you have a specialist we are happy to promote that, and help you build a specialist patient list – whether it’s musculoskeletal, gynaecology, sports, sports rehab or something completely different. The most important things for us are that you care about your patients, enjoy sharing knowledge, and want a busy list. It will also help if you are quite smiley! Please send an introductory email to: jamie@agrohealth.co.uk

**Physiotherapy Practice, North West London**

We are seeking an enthusiastic, driven and motivated musculoskeletal physiotherapist with a minimum of 2 years musculoskeletal experience. The successful candidate will have the ability to work as part of a small rehabilitation team in a friendly, challenging and rewarding environment.

**Cambridge Physio**

We have a busy multidisciplinary clinic consisting of Physiotherapy, injection therapy, shockwave, rehabilitation and bio-mechanical assessment. Salary £28,000 to £30,000 dependent on experience. We offer an annual bonus, 28 days annual leave (including bank holidays). Minimum experience two HCPC and CSP membership required. Full CPD support. A high level of manual therapy and communication skills essential. Anticipate not essential but preferred. The position will suit a physiotherapist, therefore transport is essential. Full admin support. Our patients include self-referrals, health insurance, post-operative, NHS, medical-legal, occupational and industry. Please email David Kenshaw at Complete Physiotherapy on tel: 0118 946 2299 if interested.

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FOR THE OPPORTUNITY TO JOIN THE TEAM led by Alison Rose and Graeme Everard at CSPC physiotherapy, Leeds treating athletes and complex conditions, visit: www.cspc.co.uk ‘Join Our Team’ Closing date for applications: 30 June.

CAPITAL PHYSIO are looking for a full or part-time ambitious physiotherapist to join our established team in London. As an expanding company, we are looking for experienced physiotherapists who have an interest and passion for musculoskeletal physio. This role comes with a great CPD package and key benefits. To apply please visit: https://www.capitalphysio.com/physio-jobs/

CAPITAL PHYSIO are looking for a full or part-time ambitious physiotherapist to join our established team in Cambridge. As an expanding company, we are looking for experienced physiotherapists who have an interest and passion for musculoskeletal physio. This role comes with a great CPD package and key benefits. To apply please visit: https://www.capitalphysio.com/physio-jobs/

CAPITAL PHYSIO are looking for a full-time ambitious physiotherapist to join our established team in Brigg and Barton Upon Humber, North Lincolnshire. As an expanding company, we are looking for experienced physiotherapists who have an interest and passion for musculoskeletal. To apply please visit: https://www.capitalphysio.com/physio-jobs/

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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.

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.

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
- Further information on adult hip dysplasia: bit.ly/2D0CVfG

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