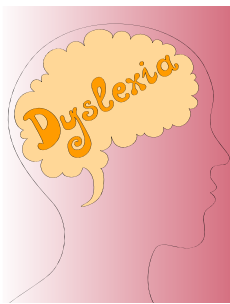




**Strategic thinking**

In person

Page 37



**Dyslexia dilemmas**

Workplace support

Page 32



**Advanced practice**

Meet an A&E physio

Page 66

# Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

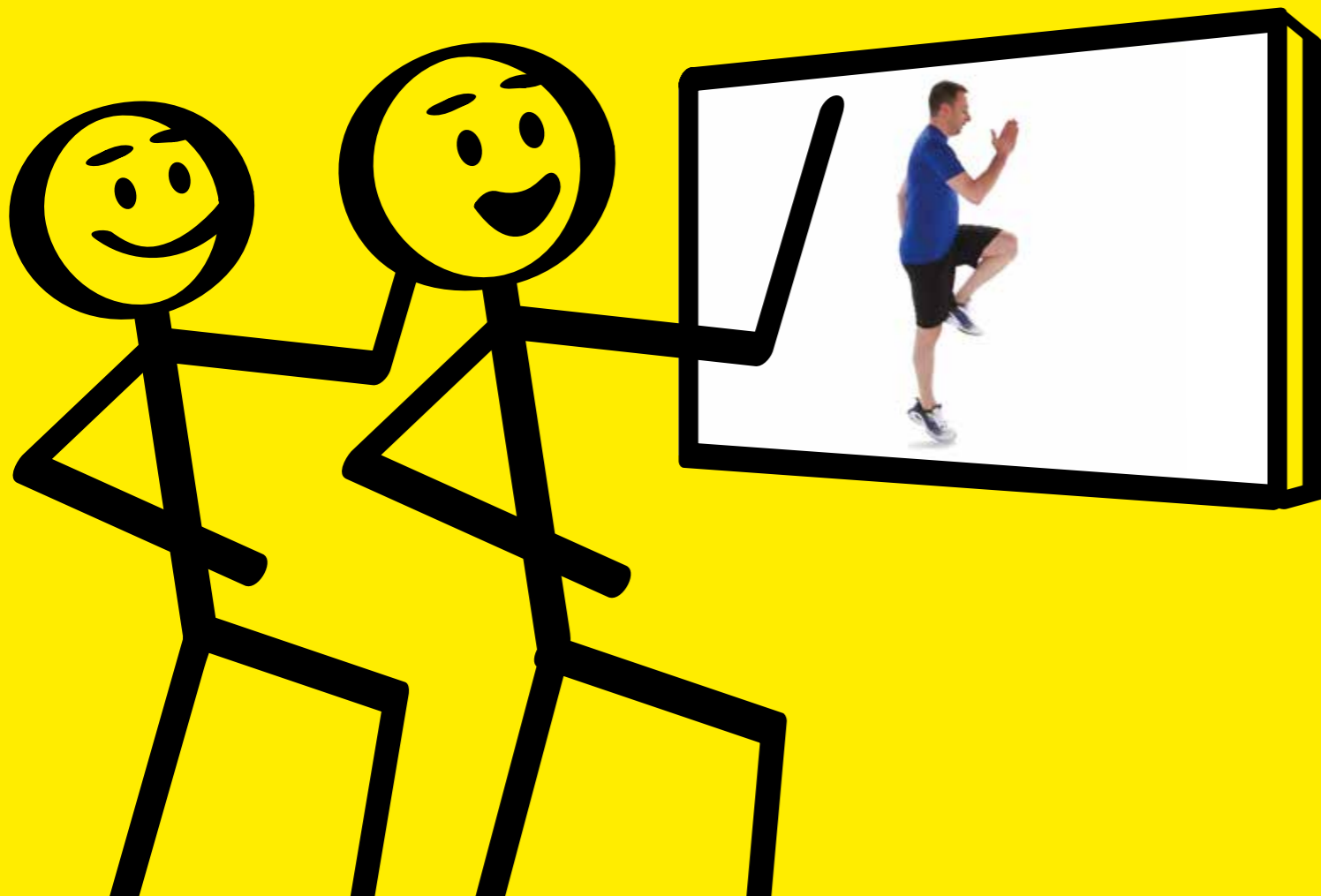
2 November 2016  
Volume 22  
Issue 19



Andrew Marr

## My rehab journey

**Inside:** Jobs • Physio findings • Courses • Views & opinions



## Contents

### News

News in pictures	6
Morale boost as physios win banding victory	8
Students make standing a matter of routine	9
Patients praise physiotherapy at Belfast event	10
Round-up from Agile's annual conference	12
GP calls for better evidence about MSK models	14

### Features

How the CSP supports mistreated members	16
In the spotlight: Andrew Marr's physio regime	24
Be my guest: respite breaks at Leuchie House	28
CPD: dyslexia and workplace support	32



28



### Regulars

<b>Comment:</b> your emails and views	4
<b>Physio findings:</b> prehab and surgery risks; motor skills therapy	18
<b>Views &amp; opinions:</b> stroke services; CSP revamps e-portfolio offer	20
<b>In person:</b> on a mission	37
<b>Networks &amp; networking:</b> what's going on locally and at CSP-linked professional groups	39
<b>Courses &amp; conferences:</b> your guide to better practice	56
<b>Recruitment:</b> latest jobs	62
<b>3 minutes:</b> meet Nathan Humphries, A&E practitioner	66

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# Comment

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## Different strokes

**O**ur feature on BBC presenter Andrew Marr (page 24) is a stark reminder that an unexpected event can change who we are, and how others see us. Andrew, a fit, active man at the top of his profession, suddenly found himself in another category and with a new label: 'disabled man with a stroke'.

His battle to retain his job, stay in the media spotlight and do what it takes to get back to as normal a life as possible is inspiring.

So too is the candid way in which he describes his new lifestyle, with humour and joy, tinged with just a little touch of what might have been. Many people who have had a stroke will, as I'm sure you know, be equally inspirational. The difference with Andrew is that his rehabilitation happens in the public eye. It's

**'Andrew Marr, a fit, active man at the top of his profession, suddenly found himself in another category and with a new label: "disabled man with a stroke"'**

credit to his physio, Jo Tuckett, who has managed to build the special relationship that's essential to every rehab programme.

Less inspirational are the difficulties Andrew faced in accessing adequate NHS physiotherapy on discharge. It's a struggle for many patients face – few of whom can opt to go private.

As CSP freedom of information audit showed that, in some areas of England where there is no early supported discharge service, as many as 15 per cent of stroke patients waited 13 weeks to see a physio after leaving hospital. Four per cent were only seen after 18 weeks. (See page 8-9 and the column on page 20). Such delays are outrageous.

Check out Karen Middleton's column (page 37) on the plans the CSP is making – with your help – to convey a key message: physiotherapy works. And that includes adequate NHS stroke rehab.

### Lynn Eaton

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

### Living well

I was pleased to read about a physiotherapist, Julie Rees, working in a service dedicated to people with younger onset dementia (YOD) (page 28, 21 September).

In the 1980s I was appointed to help develop a physiotherapy service for the elderly in a large psychiatric hospital. It was quite unusual at that time for physiotherapists to be working in mental health and it's good to see how things have progressed.

I agree with Julie's comment that people with YOD are likely to be complex and challenging in their presentation. However, for many living with YOD their main problems are not concerning memory. As a person living with progressive non fluent aphasia (PNFA) my main challenges relate to difficulties around communication and executive function. Working with Jenny La Fontaine I've written an article, Living Well with PNFA. You can download the article as a PDF at:

<http://bit.ly/2ejje19>

■ Jane Twigg



Victor Hibbick Visions/Science Photo Library

### Praising the NHS

The amazing NHS saved my life last week. All the ward staff were friendly, caring and treated me as the young, normally fit person that I am. They came from all walks of life, all countries and deserve appreciation.

We need to appreciate this service and keep it for future generations so they don't have to live in a society where money buys access to life-saving care and medication. I hope I am a better

physio from this experience.

■ Eleanor Clarke

### A lot of neck

Your item titled 'All players should do neck exercises' (Physio Findings, page 19, 19 October) tells us that a small study showed that strengthening exercises strengthen muscles (!) but admits there is no proof this can prevent concussion.

On the basis of this small study, we as

professionals are being advised to start neck strengthening programmes as they might protect players from concussion and head trauma.

Why? We should be very careful what we publish, suggesting an alteration in practice without evidence.

■ Darren Cornforth, managing director, *Physis Physiotherapy*, Edinburgh

### Janet Wright, who compiles Physio Findings, replies:

*'Thank you for raising these valid points. We're sorry that the final two words of the headline "All players should do neck exercises, say researchers", were accidentally dropped in the editing process. We did not mean to give the impression this was CSP advice.*

*'Physio Findings is written*

*from research in peer-reviewed journals, but researchers' conclusions are not necessarily endorsed by the CSP. Physio Findings seeks to help members stay up to date with new thinking as well as potentially useful new evidence.'*

*To help readers use Physio Findings in their practice we have introduced a Q&A section to Physio Findings (page 18).*

### Top Tweets

■ **@crissmassis** An educational film on LGBTi Health. Created by @UniMelb

■ **#physio** students for all health students & practitioners


■ **@thecsp** PLI for physios built into membership benefits, make sure you are in the right membership category to get the right cover

■ **@neilbacon** #Doctors #nurses #physios #dentists: automatically turn your #wgc reviews into instant tweets - <http://bit.ly/2eBUAJT>

■ **@diffstrokes** Later today we launch #HowOldWereYou for World Stroke Day. We hope you will help us raise awareness stroke can happen at any age

■ **@NaomiMcVey** Help please Twitter: examples of AHP-led front of house frailty pathways out there you can point me towards? **@WeAHPs@sarahdebiase**

■ **@profchrisham** STPs should be subjected to a stress test to ensure realism on finances and delivery of service changes **@hughalderwick@sarahwollaston**

 Follow us on Twitter at **@thecsp**

## You've added...

An online news item about Andrew Marr (see page 24 for more on this topic) titled 'Leading TV presenter supports CSP call for more physios' prompted several comments.

An anonymous member noted:  
■ 'I do agree with Mr Marr. But I think more than staff we need more funding for allowing us to provide a service where we could treat patients

not only with stroke but also with neurological conditions to achieve their long term goals. I work in an outpatient set up and we can only provide 6-7 sessions. I don't think this helps me or my patient ...'

And Sue Forrest added:

■ 'I'm afraid it's not just a lack of therapists but a lack of funding and the unfortunate attitude of placing ongoing rehabilitation for stroke (and other neurological conditions) as a very low priority.

'Andrew Marr suggests investment in physiotherapy gets people back to work and paying taxes and this may sometimes be the quantifiable benefit ... [but] many stroke victims are older and retired ...'

### Got something to say?

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

## icsptalk

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

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

### Complex regional pain syndrome

Members share clinical options on a ruptured posterior cruciate ligament that's proving hard to treat.

Comments: 13

Network: Pain management  
[www.csp.org.uk/node/1004920](http://www.csp.org.uk/node/1004920)

### Dizziness

Members diagnose and recommend treatments for an 88-year-old patient with dizziness when walking.

Comments: 14

Network: Vestibular rehabilitation  
[www.csp.org.uk/node/994312](http://www.csp.org.uk/node/994312)

### What service do you offer post-elective spinal surgery?

In an effort to reduce inappropriate referrals a member has asked some questions that are designed to highlight the core services offered by physiotherapists.

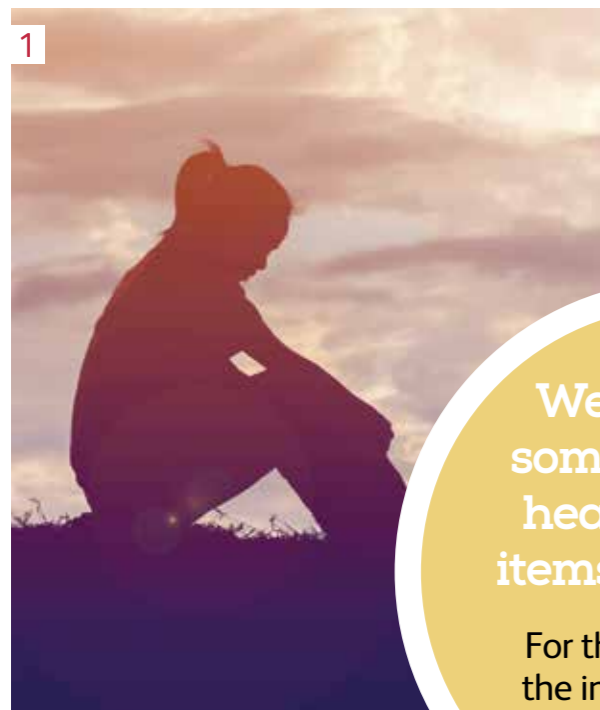
Comments: 10

Network: Orthopaedic medicine and injection therapy  
[www.csp.org.uk/node/986666](http://www.csp.org.uk/node/986666)

## Correction

■ Lucy Edwards, whose photograph appeared in an item about a W@W! event at her trust (page 40, 21 September), has asked us to point out that she is a physiotherapy assistant and not a physiotherapist as the caption stated.

# NewsinPictures



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

For the stories behind the images just follow the shortcut codes

**1** Could drugs that are used to treat arthritis help to cure depression? New pills for joint pain are said to ease symptoms of this prevalent mental health problem.

Source: Daily Mail  
<http://daily.mai/2f7rWD4>

**2** Drinking more than two sugary drinks a day is said to greatly increase the risk of diabetes risk, a study shows.

Source: Guardian  
<http://bit.ly/2eLKqWk>

**3** Researchers call for more studies as heading footballs is linked to the occurrence of memory loss.

Source: Sky News  
<http://bit.ly/2evlDam>

**4** Brushing your teeth could help prevent the risk of a heart attack, according to study.

Source: Telegraph  
<http://bit.ly/2fflCr0>

**5** Doctors' leaders call for the creation of a helping to support people who have become dependent on prescription drugs.

Source: BBC  
<http://bbc.in/2eRCBxG>

**6** The milk from Tasmanian devils, a marsupial, has the potential to fight superbugs. That is the somewhat unlikely message highlighted in a BBC report.

Source: BBC  
<http://bbc.in/2eLLbP3>



Dr P Marazzi/Science Photo Library

## Frontline

Got a news story or idea for Frontline?  
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## Physios should make their mark on falls initiative, says CSP

The Royal Society for the Prevention of Accidents (RoSPA) has named 10 local authority teams that it will work with on falls prevention.

The initiative, welcomed by the CSP, will be part of RoSPA's Stand Up, Stay Up project. It aims to raise awareness of how to prevent falls.

Spread across England, the 10 teams are located in Birmingham, Blackburn with Darwen, Brighton and Hove, Bristol, Cumbria, Hammersmith and Fulham, Hampshire, Northamptonshire, Sandwell and Southend-on-Sea.

The teams were chosen because of the high rates of falls among their local populations, as well as the high numbers of older residents.

For example, in Brighton and Hove people aged 65 and over account for more than 13 per cent of the residents. According to RoSPA this part of the country has a higher rate of emergency admissions for hip fractures in people over 65 than other areas of the England.

Sandwell in the West Midlands has 2,400 falls a year, higher than the regional and national figures.

A spokesperson for RoSPA said the project was designed to help organisations maximise falls prevention initiatives in their local communities. This will include training staff and volunteers and promoting falls services.

Stuart Palma, project manager for the CSP's Physiotherapy Works programme, said: 'It's really important that those of us with expertise in falls prevention are involved in this project and get in touch with RoSPA.'

■ Gill Hitchcock

More information  
[www.rospace.com/home-safety/stand-up-stay-up](http://www.rospace.com/home-safety/stand-up-stay-up)

## Society helps ESPs to up-banding win



Amjad Mahmood, ESP; Stephanie Taylor, ESP; Paula Deacon, clinical lead; and Richard Lee, ESP

Six CSP members at an NHS community trust were backed by the society as they challenged and won their case to be up-banded from 7 to 8a.

It was 2004 when the posts of the extended scope practitioners (ESPs), at Stafford and Stoke on Trent NHS Trust's integrated orthopaedic and pain management service, were previously re-banded.

The process began March 2016, when they submitted a formal request to the trust. It took until September for the trust to announce a final decision in their favour, however. Their pay increase will be backdated to March.

CSP senior negotiating officer Ruth Jones said: 'The job description they were working to was the same as the other ESPs in the trust, who were already on band 8a. So there was an anomaly which needed to be rectified, but obviously upwards and not downwards.'

The six were represented by their steward, Graham Whitehead, and had the full support of their manager and physiotherapy clinical

lead Paula Deacon.

In addition to being unfair, Ms Deacon said the banding issue had hampered recruitment.

'We held off recruitment to one ESP role for nine months, because we had already interviewed candidates who were applying from band 6 roles to do this ESP role,' she said.

The upgrade means the trust has since been able to appoint a physiotherapist with the right skills. And it has been a 'morale boost' for existing staff who 'feel valued,' said Ms Deacon.

'We don't want to cause the NHS more financial bother, but it's important to ensure that professionals are paid at the right level for the right skills, as Agenda for Change was supposed to reflect,' she said.

She added that it was important for physios to have the courage to challenge workplace systems sometimes. 'I would encourage people to speak to their stewards and get their support early on in any similar process. Professionally this has been a massive thing for us.'

■ Gill Hitchcock

## Low back pain guidance receives publication date

New guidance on the treatment of low back pain will be published by the National Institute for Health and Care Excellence (NICE) on 30 November. The document, which was due for release in September, follows a six-week consultation about the best treatment for low back pain. It will update existing NICE guidance which was issued in 2009. CSP professional adviser Carley King said: 'This is an important guideline for many physiotherapy staff, so do keep an eye out for CSP publicity on the launch date.'

## CSP quizzes CCGs about community stroke care

Patients in England face variable levels of care after they are discharged from hospital following a stroke, a CSP investigation has found.

In 86 of the areas that said patients were given access to an early supported discharge service, 97 per cent saw a physio within three days.

In 89 areas where no such service existed, or people were considered to have a non-urgent need, 15 per cent of patients were able to access community-based physio in less than a week. Nearly half (47 per cent) were seen within two to five weeks, while 19 per cent were

seen in six to nine weeks. Some 15 per cent waited 13 weeks and four per cent were seen after 18 weeks.

The CSP used freedom of information requests to ask all 212 clinical commissioning groups in England about the provision of community stroke rehabilitation services in their area. Improvements in stroke care as a consequence of the government's stroke strategy, which is due to end in 2017, mean that hospital patients receive intensive rehabilitation immediately after a stroke.

■ Gill Hitchcock

Where patients had access to early supported discharge services  
**97%** saw a physio within 3 days

## Salford students stand up for posture

University of Salford physiotherapy undergraduates are putting their learning into practice by sitting for no longer than 30 minutes during lectures.

'If we can't follow our own advice as physiotherapists, then how can we expect patients to do so,' said lecturer Louise Henstock.

She told *Frontline* that her students now take a break and move around the room after 20 or 30 minutes in a lecture.

Sometimes the discussion continues while everyone is up and out of their chair.

The change stems from spinal assessment and management, a level five module delivered to full and part-time undergraduates on the BSc physiotherapy degree.

This year, the ergonomic and posture lesson was redesigned, and after the students had completed their practical work, presentations and group discussions, Ms Henstock asked them to put their new-found learning into their university life.

'This also works twofold, because it helps retain students' concentration in the classroom as well,' she added.

■ Gill Hitchcock

Louise Henstock: If we can't follow our own advice as physios, then how can we expect patients to?



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

## Patients move Stormont with life-changing physio stories

Even the toughest person had a lump in their throat at a CSP event in Northern Ireland's Stormont building on 18 October.

Politicians from the assembly joined members from the Northern Ireland branch of LaMPS, the CSP network for leaders and managers of physiotherapy, to hear the powerful stories of people whose lives had been turned round by physiotherapy.

Paula Bradley, a member of the assembly's health committee opened the event, which was held to raise awareness of the role of the

profession – and the value of self-referral – with decision makers.

The first patient, Rachel Anderson, a paediatric nurse, was in tears as she looked at a video diary of her 20-month rehab and recovery following a car accident. She was 24 when the crash happened. 'I just wanted my life back,' she said, explaining her determination to keep fighting.

Her long list of injuries led to complicated surgery and physio led by Louis O'Connor, clinical lead at Belfast's Royal Victoria Hospital's specialist rehab unit.

'My goal was to get married, walk up the aisle and get back to work,' said Mrs Anderson. 'At times I thought "I can't do it", but I had a team of professionals behind me who kept telling me that I could.'

She married her fiancé six weeks ago and started back at work in her old job the day after the event.

Three other patients told their stories. Phillip Irvine had a positive experience of using self-referral to access vital physiotherapy for a long-term injury. 'It gives you the opportunity to take control,' he said.

Another, Nicola Corrigan, had

a stroke in 2014, aged 39. 'I couldn't stand at first, but I've been able to go home, live with my kids and I'm starting to go back to work in a call centre.'

And Fred Rodgers spoke of the problems he'd had with faecal incontinence after surgery for bowel cancer. A colostomy bag didn't work for him – a hernia developed at the stoma site – so he had the operation reversed.

But he was going to the toilet 30 times a day. The physio told him about anal irrigation, which he now does daily, and the exercise regime

on the NHS Squeezy app ([www.squeezyapp.co.uk](http://www.squeezyapp.co.uk)). He's only going once a day now, thanks to these interventions and taking medication to slow down his gut.

'Talk about a change,' he said. 'Why didn't my surgeon refer me to a physio in the first place?'

Mr Rodgers had felt so bleak about his situation that he hadn't wanted to go on. 'I don't think I would have been here had it not been for Alison, my physio.'

Ms Bradley was clearly moved by the diverse patient stories she had heard at the CSP event, saying:

'Sometimes we just think of physios as musculoskeletal, but we've heard the stories today and it's so much more than that, which we need to remember. It's something we need to remind other health professionals of as well.'

And in her closing remarks, CSP chair Catherine Pope said: 'It makes me really proud to represent physios when I hear stories like this.'

■ Lynn Eaton



Patients Phillip Irvine and Rachel Anderson had nothing but praise for their physio care

Kevin Cooper

## Physios could have a greater role following NI health review

The CSP has welcomed the Northern Ireland executive's promise to explore the impact that allied health professionals (AHPs) can have as part of primary care teams.

The commitment is part of a package to overhaul Northern Ireland's health system over the next 10 years, set out in the executive's Health and Wellbeing 2026 report.

Launched by health minister Michelle O'Neill on 25 October, the report aims to create a new model of person-centred care, which will improve a health service that she said was 'at breaking point'.

The report calls for health and social care services in Northern Ireland to 'develop innovative primary care-based models that will allow non-medical staff to work in a way that makes the most of their skills'.

The plan is based on Systems, Not Structures: Changing Health and Social Care, a

report by a panel chaired by the former Basque health minister, Rafael Bengoa.

It largely focuses on developing primary care in Northern Ireland.

The CSP said this could be helped by ensuring that an ongoing pilot of self-referral to physiotherapy in the South Eastern Trust area is introduced across the country.

CSP Northern Ireland public affairs and policy manager Tom Sullivan said: 'The CSP across the UK has been working with GPs and physiotherapists in developing the role of general practice physiotherapy, where experienced physios take on a proportion of the GP's caseload – assessing, giving exercises, and where necessary referring patients for imaging or tests or treatment.'

'With 20 to 30 per cent of GP consultations for musculoskeletal conditions, the CSP is calling for patients to be able to choose

physiotherapists as their first point of contact, whether in surgeries alongside GPs or in regular outpatient clinics. This would be a natural progression for the promised roll out of the physiotherapy self-referral services currently being piloted.'

The wider use of AHPs in the Northern Ireland health service was backed by health committee member Paula Bradley MLA, who spoke at a CSP event in Stormont last month (see [www.csp.org.uk/node/1015693](http://www.csp.org.uk/node/1015693)).

■ Graham Clews

**More information**  
Health and Wellbeing 2026: Delivering together <http://bit.ly/2ejm85V>  
Systems, Not Structures: Changing health and social care <http://bit.ly/2faWT9i>



Northern Ireland health minister Michelle O'Neill

## Peterborough GP event leads the way on influencing

The CSP's chief executive Karen Middleton has welcomed an initiative by an enterprising CSP member as the way ahead that other members could follow.

Helen Preston, clinical director at Prestons Health in Peterborough, organised a meeting on 19 October to influence local healthcare decision makers and shape their opinion of physiotherapy.

'This event model, which is centred on bringing together influential guests from the heart of local healthcare decision making, is the way forward,' said Ms Middleton.

'It provided an invaluable opportunity to promote the benefits of physiotherapy.'

Mrs Preston decided to organise the event in Peterborough to improve understanding of the latest evidence on effective back pain treatment.

'I just get really frustrated that people are given the message that their back is vulnerable,' she said. 'That's just not what the evidence tells us.'

Some 50 guests attended, including 15 local GPs, representatives from the clinical commissioning group's patient participation group, and the chair

of Healthwatch Peterborough.

Also there was Tracey Burge, chair of the CSP East of England Regional Network. And Chris Newton, an extended scope spinal musculoskeletal (MSK) physio, emphasised physiotherapy's effectiveness in tackling back pain and in primary care.

GP Harshad Mistry told guests that physiotherapy in primary care should be the norm. 'The vast majority of our routine counselling is to do with MSK problems, which are far better dealt with by physios than GPs,' he said. 'I hope that more collaborative events are organised in the future.' Mrs Preston, who has put on similar events for GPs in the past, said: 'Obviously it's good for my business, but it benefits all CSP members.'

Ms Middleton said she was keen for all members to influence locally at the point where decisions affecting members and their patients are taken.

'I take my hat off to Helen and look forward to seeing more of the same from members in 2017.'

■ Catherine Chappell

How can you help the CSP? See In Person page 35

Agile, the professional network for physiotherapists working with older people, held its annual conference in Newcastle-upon-Tyne this autumn. Julie Penfold reports.

## Agile conference hears about importance of person-centred care



Hands are 'key points' linked to a patient's muscle memory

A person-centred approach is vital for the successful physical rehabilitation of people with dementia.

This was one of the messages from clinical lead physio Jane Blakey to members of Agile, the professional network for physios working with older people, at its conference on the 8 and 9 October.

Delegates discussed the importance of tapping into a patient's long-term memory and of considering the rhythm and tone of their voice.

Ms Blakey, who works at Tees, Esk and Wear Valley NHS Trust, described how patients with dementia retain their hearing and are able to interpret facial expressions and non-verbal cues.

All types of communication should be used, she said: 'It is crucial that positive engagement

techniques are used from the start of your communication with patients, even before your assessment begins.'

She said people with dementia prefer firm, tactile pressure, particularly across the 'key points of control' – hands, pelvis and feet. This was because these key points were linked to a muscle memory and motor learning.

She highlighted the significant issue of pain in this patient group. The timeframe for effective rehabilitation led to a discussion, when Ms Blakey illustrated research suggesting that a rehabilitation period of six months or more was needed for maximum outcomes.

Delegates heard that physios can do a great deal for patients in the advanced stages of dementia, such as improving posture management.

## Hip fracture rehabilitation for patients with dementia

The event heard about the PERFECTED (peri-operative enhanced recovery hip fracture care of patients with dementia) project, aimed at improving hospital care for hip fracture patients with dementia.

Jane Cross, senior lecturer in physiotherapy at the University of East Anglia, began by explaining that the project, funded by the National Institute for Health Research, had a number of 'work packages'.

The first focused on the design of an enhanced recovery pathway (ERP) and involved in-depth data collation.

This included issuing a freedom of information request to NHS organisations about reviewing their policies for hip fracture and dementia. The research team also spoke to staff, patients with dementia and their carers as part of an information gathering exercise.

Dr Cross highlighted some of the key findings from this data gathering, saying: 'We need to

think about early recognition and accurate diagnosis of dementia and delirium.'

She also said that healthcare professionals needed to involve carers and recognise their expertise.

As part of the ERP development research, the team carried out a 'focused ethnography' of what care looks like in an acute setting. A team of five academics and three peer researchers observed about 144 hours of practice.

Dementia and delirium gives rise to challenging behaviours which can impact significantly on staff, Dr Cross said. Meanwhile, staff on trauma wards said they were not adequately trained to look after people with cognitive impairment.

The initial implementation of the ERP forms the second work package. A prototype ERP is being trialled in acute trauma wards across three trusts and covers admission, pre- and post-operative, rehab and discharge phases.

A team of academics and researchers observed about **144** hours of practice

## Linking cognition and mobility

The relationship between gait and cognition was explored in a keynote speech by Lynn Rochester, professor of human movement science at Newcastle University.

She introduced three propositions of gait: as a cognitive task; as a measure of cognition; and falls and how rehabilitation should address cognitive impairment.

Professor Rochester began by looking at behavioural data to identify what happens in ageing and when cognitive function is also changing.

'Cognition very much contributes to gait and therefore it contributes to some of the gait impairment we see,' she told the conference.

She spoke about the increase in 'white matter' in the brain as we age and how this impacted on the way different areas of the brain communicate with each other.

'You need good information links between the frontal cortices of the brain as these have an impact on mobility,' she said.

'Any white matter interruption within the pathways that link all of the areas of the brain underpins a person's decline in mobility and gait.'

Professor Rochester highlighted the significant impact of cardiovascular risk factors, such as inactivity, on mobility and cognitive decline.

A contemporary approach to rehabilitation should be linked to the understanding that cognition and gait were intimately related to each other, she said.

'As our understanding has increased, it is starting to drive changes in physiotherapy assessment and intervention.'

### Reducing the risk of falls

Delegates heard about a clinical trial, published in *The Lancet*, which explored the impact of virtual reality treadmill training on older adults at risk of falling. The trial, led by researchers at the Tel Aviv Sourasky Medical Center, took place across five clinical centres, including Newcastle University.

The researchers found that both actual and virtual reality treadmill training reduced falls, but that virtual reality had particular advantages for people with Parkinson's.

The *Lancet* <http://bit.ly/2bdXWAO>

## Dance and movement to connect to people with dementia

Identifying new ways to connect with people who have cognitive impairment can help to improve the relationship between physiotherapist and patient, dance movement psychotherapist Richard Coaten told the event.

Dr Coaten, who works at South West Yorkshire Partnership NHS Trust, began by saying it was important to recognise the impact of dance on older people, adding that dance halls and social dancing activities may have been a regular pastime

for many of them.

He advised that patients may not understand questions that involve their gait or balance, but by asking someone to move or dance helped to connect into their social and long-term memory.

Dr Coaten said people with

dementia remained highly emotionally sensitive. 'People are still able to feel and intuit, even though they may not be able to tell you that,' he said.

Connecting into people's feelings and emotions can be a useful tool for physiotherapists, he added.



# NewsDigest

## We need evidence about MSK care models, says leading GP



Jonathan Serjeant: GPs struggle to let go of what they are doing professionally

NHS leaders would benefit from evidence about musculoskeletal (MSK) services, GP and healthcare entrepreneur Jonathan Serjeant told *Frontline*.

'I think we would benefit from a review of the different MSK models around the country,' he said.

'So do people actually get what they need first time in the different models? And what is the impact in terms of the transformation cost, but also in reducing interventions?'

Dr Serjeant, clinical director of Brighton and Hove Integrated Care Service, spoke at a King's Fund event last month about NHS Collaborate. He said the programme, which is run by the New NHS Alliance and other bodies, supports 'capable and determined' primary care leaders.

'In its early phase, it has been a real journey of discovery for all of us involved', he said.

'And it is providing a really deep foundation and self-sustaining community, which is committed to taking a fresh approach to

leadership development and support.'

NHS Collaborate currently involved doctors, but the aim was 'to cede to a broader range professional groups', said Dr Serjeant. This could mean that different professional groups, such as physiotherapists, would join the project and 'connect' and 'support each other'.

One of the things the initiative had identified was that: 'GPs, while recognising that they need to work in partnership with other professionals, struggle to let go of what they are doing professionally.'

While suggesting that better evidence about MSK services could help lower this barrier, he told *Frontline* about the Sussex MSK Partnership in Brighton, an organisation that he is involved with.

'What we have done there is to enable extended scope physiotherapists to take a leadership role in supporting patients out of hospital care,' he said.

■ Gill Hitchcock

## CSP director heralds prevention and rehabilitation in primary care

Healthcare in the future must shift to primary care, multidisciplinary working, involve patients and exploit IT, according to CSP director Natalie Beswetherick (pictured).

Speaking at a King's Fund event on 18 October about emerging models of primary care, she called for healthcare teams to share core competencies. This would reduce unnecessary consultations with patients by different professionals.

Moving physiotherapists and other allied health professionals

(AHPs) into primary care would support better preventive care and rehabilitation, she said during a discussion on healthcare in 2050.

But the change must start with undergraduates. Placements should take place in primary care and not the 'traditional secondary care environment'.

She said the skills of 'generalists' need greater recognition, not least because of the 'massive complexity, uncertainty and high risk' they deal with each day.

'We need that cultural shift to take place to recognise the power that those people actually have in delivering care to the populations they are accountable to.'

Ms Beswetherick said there was a need to exploit IT and emphasised its ability to enhance supported self-management, a core feature of physiotherapy.

■ Gill Hitchcock



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# WorkIssues



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

**Gary Henson** looks at the support the CSP can give if you're treated unfairly at work. Outcomes have included securing compensation or even large pay outs

## Batting for you



Amounts secured for members totalled approximately  
**£300k**

Over the past six months, the CSP has achieved a number of notable outcomes for members who required representation on a range of issues. These include discrimination, unfair dismissal, redundancy, bullying and harassment, personal injury and non-payment of wages.

In 12 of the cases, the outcome has resulted in financial settlements for members who were employed in both the NHS and private sector.

Outcomes have been reached through settlement agreements, and successful breach of contract, employment tribunal and personal injury claims.

Amounts secured for individual members totalled approximately £300,000 and ranged from £1,000 through to £114,000 for a redundancy following reorganisation.

Many cases are subject to confidentiality clauses or members do not want to be

identified, so we are not able to publish names or other details.

One exception was Philip Hulse. When the CSP's vice-chair of council was knocked from his bicycle by a driver in 2014, he suffered head and leg injuries requiring a four-month absence from work.

Mr Hulse turned straight away to CSP solicitors Thompsons to begin the process of making a personal injury claim.

'Thompsons were there for me right from the start,' he said. 'They secured an interim payment for me. This helped to offset my loss of income from not being able to work additional hours on call – while off sick and during my phased return. The solicitor assigned to my case was really professional, caring and empathic.'

Two years later, Mr Hulse learned that his claim had been settled, avoiding the need for a court hearing and he received a five-figure sum in compensation.

Mr Hulse summarised his experience with the

solicitors: 'The CSP arranges and funds the entire process, making accessing the service really straightforward.'

### Unfair dismissal

When a physio working in the prison service was unfairly dismissed, with the help of the CSP she took her case to an employment tribunal.

At a preliminary tribunal hearing it was ruled that the physio had been directly employed and not self-employed. She was awarded £10,000 compensation.

In a letter to senior negotiating officer (SNO) Ian Taylor, the member wrote: 'I have now received the final settlement via Thompsons solicitors. I was very happy with the end result, so I am very grateful.'

abused and harassed by work colleagues over several months and the employer failed to take any effective action to deal with the situation.

The other referral was for a physiotherapist in the late stage of her pregnancy. She had been working full-time at the same place for more than three years, but employed by a sub-contractor.

She received a phone call from the sub-contractor to tell her that the contractor could not accommodate her having maternity leave for a second time and would be 'letting her go'.

'The sub-contractor denied ever having said that, when she challenged him later about his behaviour,' said Ms Steele.

'Unfortunately for him, he rang her at work, which is an open-plan office and she had two colleagues to witness her distress at the time.'

Both cases resulted in settlements of £7,500 each. **FL**

### How you can get help

Employment law advice and representation: Most workplace problems are resolved well before any legal course of action is taken. For initial support and information, contact your local steward, or if you do not have one call 020 7306 6666 and you will be referred on to your senior negotiating officer.

For all the below members should call Thompsons' freephone number 0800 587 7519 (available from 8am to 8pm, Monday to Friday).

**Personal injury services:** CSP provides a free personal injury scheme that covers any personal injury, which your relatives can also access for non-work related claims only. To make a claim following any accident, whether it occurred at or away from work.

**Road traffic accidents:** you and members of your family are entitled to free legal assistance in pursuing a compensation claim for any injury sustained on the roads, whether as a driver, passenger (including public transport), pedestrian or cyclist.

**Free legal advice on non-employment matters:** take advantage of a 30-minute free legal advice service on any issue of law other than employment law, including consumer disputes, road rage incidents, holiday injuries and disputes between neighbours.

The CSP reserves the right to decide in respect of each case whether to support the individual member and if so to what level. Legal services can only be accessed through the CSP employment relations and union services directorate.

# PhysioFindings

Janet Wright on the latest physio research

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

## Can prehabilitation reduce surgery risks?



Patients who are already physically fit before they have an operation run a lower risk of postoperative complications, lengthy hospital stays and death.

People awaiting an operation can increase their fitness by carrying out a 'prehabilitation' exercise regime, researchers have found. But does that also reduce those postoperative risks?

Jonathan Moran, of the department of physiotherapy at Trinity College Dublin, and colleagues reviewed the evidence on people having abdominal surgery for a number of different conditions.

Their search of databases revealed nine randomised controlled trials that detailed the prehabilitative exercises carried out and compared prehabilitation with usual care or active control groups.

The team found that prehabilitation (including inspiratory muscle training, aerobic exercise and/or resistance training) could reduce all types of postoperative complications.

However, the quality of the studies was rated as very low.

'It is unclear from our meta-analysis

whether prehabilitation can decrease postoperative length of stay, because the number of studies that examined length of stay was small,' the authors added.

'No postoperative mortality was reported in any study, and conclusions could not be drawn on the ability of exercise to influence operative mortality.'

Moran J *et al.* The ability of prehabilitation to influence postoperative outcome after intra-abdominal operation: a systematic review and meta-analysis, *Surgery* 2016; <http://dx.doi.org/10.1016/j.surg.2016.05.014>

## Comments & conclusions

■ Everyone over 65 should be encouraged to take part in multicomponent training (MCT), say researchers who carried out a systematic review of evidence. They looked at programmes including endurance training, muscle strengthening, balance exercises, stretching and/or coordination training. Older people who took part showed improvements in cardio-respiratory, metabolic, functional and cognitive measures as well as quality of life. Bouaziz W *et al.* *International Journal of Clinical Practice* 2016; <http://dx.doi.org/10.1111/ijcp.12822>

■ Cyclists who wear a helmet are much less likely than others to suffer injuries to the face or head, say researchers who reviewed 40 studies covering 64,000 bicycle accidents. Helmet-wearers reduced their risk of a facial injury by one third, any head injury by half and a serious or fatal head injury by two thirds.

Olivier J & Creighton P *International Journal of Epidemiology* 2016; <http://dx.doi.org/10.1093/ije/dyw153>

### Q&A

#### Why is this review important?

The authors say that about 35 per cent of patients undergoing abdominal surgery experience postoperative complications. Although preoperative fitness is thought to predict the postoperative outcome, an earlier review of randomised controlled trials found limited evidence on the effects of prehabilitation in patients undergoing major abdominal surgery (Pouwels 2014, Moran 2016). This latest systematic review pools

data from trials of different types of intra-abdominal operations.

#### What are the implications for research and physiotherapy practice?

The review authors found very low quality evidence in favour of prehabilitation when compared with a mix of usual care and active control groups.

Prehabilitation had a stronger effect on postoperative complications when compared

with usual care only.

The review authors concluded that more high-quality trials are needed.

They downgraded the quality of the evidence for multiple factors, including methodological quality. In particular, they identified blinding as a common methodological issue in exercise-based trials.

Pouwels S *et al.* *International Journal of Surgery* 2014; <http://dx.doi.org/10.1016/j.ijso.2013.11.018> - open access

by CSP research adviser Katherine Jones

## Higher quality evidence hones advice on motor skills therapy

Task-oriented interventions seem the most effective treatments for developmental coordination disorder, according to a new review.

The disorder is believed to affect about one child in 20, leading to social and health problems as well as low achievement at school.

But researchers have found that much of the research into therapies has been of low quality. Many studies were too small, for example, or were not set up or conducted rigorously enough to give reliable results.

Nick Preston, of the University of Leeds, and colleagues investigated programmes

involving physical exercise such as sports, movement, balance and motor training activities.

They set out to review the highest-quality evidence. After excluding all that fell below a certain level, the team were left with only nine randomised controlled trials to assess.

They found that some

techniques previously thought to be possibly useful were not backed by reliable evidence.

'Certain features seem to be shared by all effective interventions (e.g. a task-oriented approach) and may be useful as guiding principles in future research into an effective intervention,' the team report.

'Wii, core stability training, self-concept training, Tai Kwon Do, table tennis and aquatic therapy are not supported by the available evidence,' they add.

The authors make recommendations for research that would give clearer results.

Noting that journals are more likely to publish studies with positive results than those showing that interventions proved ineffective, they call for all trials to be registered in advance.

Preston N *et al.* A systematic review of high-quality

randomised controlled trials investigating motor skill programmes for children with developmental coordination disorder, *Clinical Rehabilitation* 2016; <http://dx.doi.org/10.1177/026921551661014> - open access



# Views & Opinions

 **Something to add?**  
email Frontline at  
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## Adviceline

The CSP is changing its ePortfolio provider, as Nina Paterson explains

As you may know, the CSP is changing ePortfolio providers. Our contract with the current provider ends next month and we will be offering a CSP-owned ePortfolio in the new year. It actually goes live towards the end of this month, giving existing users of the PebblePad version time to move their content between the two versions. We encourage new users to wait until the new year to allow us to focus our attention on helping existing users move their content.

Members will need to move their content from the old system and put it in the new one. As the owner of your content, you will need to decide what to bring across to the new system and take responsibility for ensuring that it happens within the timescales provided. Details of the timescales will be provided and guidance (including videos and help sheets) will be available to support this activity. You will be contacted directly by email but information and reminders will also be publicised on the website, e-bulletin and via the blog.

As there will be no access to content once the contract ends, please don't ignore the reminders.

You don't need to wait until we contact you by email to spring clean – Gwyn Owen's blog offers some pointers (follow the link and click on the picture of Gwyn and her duster to find out how).

Moving is simple – PebblePad creates a zipped file with your resources as PDFs. You can then either save your data to a memory stick or your PC (backing your content up is always a good thing!) and then import it just as simply into the new ePortfolio. When they are ready the videos will show you how to move. And again, CSP staff will be available to help if you get stuck.

*Nina Paterson is a CSP professional adviser*

**More information**  
CSP ePortfolio website [bit.ly/2ee0j5L](http://bit.ly/2ee0j5L)  
Gwyn Owen's blog [bit.ly/2dprvRD](http://bit.ly/2dprvRD)  
Email CSP staff at  
[learning&development@csp.org.uk](mailto:learning&development@csp.org.uk)  
Frontline article on the changes  
[www.csp.org.uk/node/1000645](http://www.csp.org.uk/node/1000645)

## We need a new era for stroke services



**Much needs to be done to improve stroke care. David Bridson puts the case for a new national strategy in England**

As physiotherapists you know more than anyone how vital it is that someone who has suffered a stroke gets the therapy they need to make a good recovery. We at the Stroke Association hear all too often that the care people receive is excellent but it takes too long to start and patients just don't get enough. With a quarter of strokes happening to people of working age, it's vital they

receive the best chance of a recovery.

However, the National Stroke Strategy comes to an end next year. This means there will be nothing in place to drive forward the specific improvements stroke survivors need.

Tony McKeivitt, from Liverpool, was 47 when he had a stroke and was later discharged to a nursing home. He was in a wheelchair and had no access to rehabilitation, his condition did not improve and his morale suffered. Eventually a member of the Stroke Association team arranged physiotherapy for him

and he can now take a few steps. With the ongoing support from the rehab team he hopes one day to be able to walk his daughter down the aisle.

The care patients get after a stroke depends on where they live. We know physio staff do a fantastic job but there must be improvements at a national level so that more people benefit from their interventions.

The National Stroke Strategy has led to huge improvements, such as a 46 per cent drop in the mortality rate and an increase in people accessing the right treatments in stroke units. The

government now feels the stroke strategy is no longer needed – we disagree as we know that improvements, especially in post-acute care such as physiotherapy, still need to be driven forward at a national level.

We are delighted that the CSP, in conjunction with other clinical bodies, has joined our call for a new national stroke strategy. The CSP has played a crucial role in helping the core group of clinicians to reach a consensus over what this statement of intent should include.

The statement addresses the following areas: improving prevention specific to stroke; implementing a plan for the national roll-out of new treatments; and improving post-

acute care to enable people to receive the rehabilitation they need to make the best recovery possible.

We hope that this clinical backing, along with the support of 50,000 people who have signed our petition, can bring about change and create a new era for stroke – where people like Tony get the care and support they deserve, regardless of where they live.

*David Bridson is campaigns officer, the Stroke Association*

**More information**  
Get involved in the campaign  
[www.stroke.org.uk/newera](http://www.stroke.org.uk/newera)  
See also page 24

## Shock tactics

**New guidance could help people at risk of anaphylaxis, says Fiona Rayner**

Many patients at risk of anaphylaxis still do not receive an appropriate diagnosis or management. The British Society for Allergy and Clinical Immunology recently published guidance about prescribing an adrenaline auto injector, aimed at improving the management of those at risk.

The guideline provides advice to doctors about when an adrenaline auto-injector (AAI) should be prescribed to improve patient safety.

There are a number of

important steps in managing severe allergy. These include identifying triggers, careful avoidance of triggers and an assessment of risk, which should be done in an allergy service.

The guidance recommends that those who are at risk of anaphylaxis should be prescribed an AAI. It recommends that the auto-injector should be part of the overall management of allergy care, aimed at ensuring the safety of patients requiring it.

In most cases, the guidance says, one AAI is sufficient for

those at risk of anaphylaxis. This is in line with the national and European guidelines [www.nice.org.uk/guidance/qs119](http://www.nice.org.uk/guidance/qs119) and <http://bit.ly/2e2B4Xb>

In some cases, it is appropriate for the individual to carry more than one AAI and guidance about when this is necessary is provided. In addition, most children require a second auto-injector for school.

Some patients do not receive an auto-injector after an anaphylaxis attack – the guideline recommends this is prescribed immediately or as

soon as possible afterwards.

Conversely, many patients who are prescribed an AAI have never suffered anaphylaxis but are considered to be at risk. For this reason the new guidance offers information on how to make a risk assessment.

The guidance also highlights the importance of training and retraining in the use of adrenaline auto-injectors. This is because a significant number of patients, for whom auto-injectors are prescribed, are either unable to use them, are afraid to use them or don't carry them.

**'Auto-injectors should be part of the overall management of allergy care, aimed at ensuring the safety of patients requiring it'**

If you have a concern about the recommendations, seek advice from your local allergy service.

*Fiona Rayner is chief executive, the British Society for Allergy*



*and Clinical Immunology*

**More information**  
Prescribing an adrenaline auto-injector [bit.ly/2eoSKy4](http://bit.ly/2eoSKy4)

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# Rehabilitation

Andrew Marr: 'invest in more physio staff to save money in the long-run'

## Going the extra mile

BBC presenter Andrew Marr talks to **Lynn Eaton** about his physio experiences after having a stroke aged 53

**B**uilding a good relationship with your patient is key to their recovery, as any physio knows. But what about when your patient is someone who is constantly in the public eye?

That's the challenge for Jo Tuckey, from North London Neuro Physio, who has TV presenter Andrew Marr as one of her patients. 'I will watch his programme, but will look at his posture or what his arm look likes. And I know full well he can turn round and his balance is much better when he's not stressed because he is on live TV.'

Andrew had his stroke nearly four years ago, in January 2013, at the age of 53. Jo has been his physio since October 2013, initially seeing him three times a week during gaps in his gruelling broadcasting schedule. The input is paying off: 'When I started working with Andrew,' she says, 'he was having some falls and was more self-conscious.' But things are very different now. He manages several flights of stairs in his north

London home, walks across Primrose Hill to the BBC and is back exercising in the gym.

Andrew is one of 152,000 people who have a stroke in the UK each year, of whom one in four is of working age. For him, being in the public eye is a mixed blessing. 'You are always aware of being watched,' he says. 'But on the positive side, lots of people come up and say "well done".' He had a dissection to the carotid artery, affecting the movement to the left

side of the body. Although he can walk, he still has limited movement in his left leg and left arm and his smile is a little lopsided.

Andrew is one of the **152,000** people who have a stroke each year in the UK

# Rehabilitation

Before the stroke, Andrew had been a keen long distance runner into his late 40s and had completed the Amsterdam marathon (in 3 hours 53 minutes). In fact, it was a running injury, a snapped Achilles tendon, that gave him his first experience of physiotherapy. But his knees deteriorated so badly he had to stop running. Instead, he opted for short bursts of intensive exercise.

'I was under a huge amount of pressure and I wasn't taking the kind of exercise I was used to. So we got a rowing machine in the house and I absolutely caned it on the machine.' That's when the first stroke happened. Andrew believes he had another after being given clot-busting drugs in hospital, which he thinks caused a life-threatening bleed on the brain. Andrew spent nearly eight weeks in Charing Cross Hospital in west London, first on the hyper-acute stroke unit and then on a general stroke unit. 'The NHS care was wonderful and the nurses and physiotherapists were fantastic. I was out of bed and in the gym very early on.'

## 'Clinically insane'

But the first physio he saw after his stroke put him right about the intensive rowing. 'I was trying to do five miles in 20 minutes at the top gearing. She said that would be tough for a 20-year-old professional rower. "For a man of your age," she said, "it was clinically insane".' When Andrew

returned to Richmond, where he then lived, the intensive physio he'd had in hospital wasn't so readily available.

'We are absolutely brilliant at saving people's lives from stroke but we are not good in saving people's quality of life after a stroke. I realised that if I was going to make any improvements, I needed more physiotherapy than the NHS system was going to provide.' Initially, Andrew had private physio in Richmond three times a week. Once he moved to north London, to be nearer work, he continued that level of engagement, but with Jo. 'That intensity of physiotherapy was only available privately,' says Jo, who qualified as a physio in 1990, then specialised in neuro-physio in the NHS.



Steps to success:  
Andrew and Jo make use of accessible resources



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

A member of the Association of Chartered Physiotherapists in Neurology (ACPIN) professional network and its former chair, Jo set up her own physio company in 2012. 'I see the gap, at this later stage, where people frequently say I just feel abandoned. Is this it?'

Andrew knows he is fortunate. 'Others are less lucky and don't have the money to spend on [additional physio]. But if 50 per cent of the people of working age with strokes were able to get back to work and paying taxes, rather than receiving benefit for the rest of their lives, think of the effect on the welfare budget.'

## A 'reformed character'

So what's his own recent rehab been like? Apart from the intensity, the regime is not especially different from anyone else's, says Jo. Andrew enthusiastically picks up the story: 'When I first saw Jo I was walking very, very slowly and with a stick. We spent a lot of time breaking down the issues with my walking. Are the abductor muscles strong enough? Do I need to do more with my hamstrings? He has no voluntary ankle movement on the left, so his foot drops badly. He now wears a very lightweight ankle foot orthosis, which Jo recommended. Andrew has also seen improvement to the subluxation (droop) of his shoulder. He has finger flexion and is getting a tiny bit of voluntary finger extension.'

With plans to cut down on physio supervision and do more rehab on his own, Jo has been accompanying Andrew to a local gym, offering advice on what he can do safely. He had hated gyms but now plans to go three times a week. He's using the stepper, treadmill and – very, very gently – the rower. 'I'm a reformed character.'

Andrew also has a trainer, who advocates using intense weights to build and strengthen muscle. He supports Action on Rehabilitation for Neurological Injuries. The charity can provide specialist trainers and this, he believes, can complement physio provision. For those of us more used to seeing Andrew interrogating a high-profile politician or presenting a hard-hitting documentary, there is another, gentler side to him. His Twitter handle describes him as an 'elderly amateur painter' first, then a 'presenter'. He even considered going to art college.

Andrew is an optimist, someone who adapts and survives. Rather than mope because he can no longer paint landscapes outdoors, something he loved pre-stroke, he's opted for a studio and painting abstracts. The studio is his relaxation: 'I come back feeling great. It's certainly good for the inside of my head.'

Andrew is also realistic about how full a recovery he can make. 'I have a good life, I can work well, I can follow my hobbies. I can get on to the tube, get up and down stairs.'

'However, am I going to get my full range of movement back in my ankle and in my hand and fingers? There is a possibility the answer is "no".' He talks instead of the joy of walking, of being on Hampstead Heath with his 21-year-



**'You have to have a physiotherapist who you like and trust and who puts up with you. They become a kind of friend, part of your life'**  
Andrew Marr

old daughter in the late summer sunshine and looking at the deep blue sky rather than his feet. 'I was able to enjoy it, without having to think "another step another step", or feeling frightened,' he smiles, with genuine delight.

So, what of that all important relationship between physio and patient? 'There's much more psychology involved in good physiotherapy than perhaps the public understands,' he says. 'You have to have a physiotherapist who you like and trust and who puts up with you. They

become a kind of friend, part of your life.'

'If it wasn't for Jo, the honest truth is I wouldn't do my physiotherapy. I have a very short attention span and I get bored with repetitive exercises. But throughout, she's talking to me, making me laugh and I try to make her laugh.'

And his message to *Frontline* readers? 'We need more physiotherapists and more physiotherapy. And physiotherapists have to make the case to government that this is an investment that would pay back quite quickly.' FL

## More information

ACPIN [www.acpin.net](http://www.acpin.net)

Action on Rehabilitation for Neurological Injuries

<http://arni.uk.com>

\* See also Stroke Association column, page 20

# Rehabilitation



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

Staff at an impressive mansion in East Lothian provide much-needed therapy for people with neurological conditions, as **Graham Clews** discovered

**A**n 18th century classical mansion set in rolling hills some 50 miles east of Edinburgh and near the bracing East Lothian coastline sounds like the perfect retreat. And Leuchie House provides exactly that for many people with neurological conditions, including multiple sclerosis (MS), Parkinson's, motor neurone disease and cerebral palsy – as well as for their carers.

For almost 30 years the grand house was used as a respite holiday home for people with MS. The home was run by Servite nuns until the MS Society took over in 1998 but in 2010 the society withdrew its funding. The then-manager, Mairi O'Keefe, launched a Save Leuchie Campaign and after donations poured in, Leuchie House reopened its doors in the summer of 2011 as an independent charity.

Physiotherapy is a key service offered to guests at Leuchie, and lead physio Moni Robson explains that the guests' residential stay (from four to 11 days) allows her team to address many ongoing problems. She says the treatment of people with long-term neurological conditions is 'very, very, patchy' across the UK.

Ms Robson attributes this mainly to different funding levels but also points out that the scope for introducing successful exercise programmes is limited for people with long-term conditions. 'But the scope to prevent deterioration is enormous and that is why we try to be preventive and anticipatory in our measures. We don't just see our guests at one moment in time. We see them in the morning, during the day, in the evening, and over a few days.'

Leuchie has 23 guest beds and three carers' rooms. In 2015 it delivered a total of around 6,200 respite days. Guests at Leuchie are given a health 'MOT', with particular emphasis on their wheelchair use (see 'Wheelchair checks' on next page).

But Ms Robson and her team focus on a number of care issues, especially those elements that can be



## The views of Leuchie guests

*'My wife was very impressed by the whole experience and felt relief that I was able to have a break at the same time. We both benefited very much from the whole week. She did mention especially the help from the physiotherapists and tips to bring home with her.'*

**Eric, husband of Leuchie guest Kay**

*'I'd recommend Leuchie because of the level of care, competence and general attitude and friendliness of everyone around, as well as the opportunities available.'*

**Margaret**

*'New friendships made, existing friendships strengthened. Care here is above and beyond.'*

**Anne**

# Rehabilitation

replicated when guests return home.

'We can look at manual handling and promote best practice by doing the right thing while the guests are here and if their carer is here we can show them and supervise them,' Ms Robson says.

'If the guest or carer feels they need more equipment we will refer on and make community occupational therapists aware of the problem.'

The physio team consists of two full-time physios and one physio assistant, as well as students on placement and volunteers. They will address night-time positioning, introduce home exercise programmes if the guest is keen, and work with nurses, nutritionists and other clinicians to provide a holistic treatment service.

'Thankfully we have the flexibility to spend an hour with a guest to achieve the ideal sitting position if we need to,' Ms Robson says. 'That way the guest feels the benefit and can take it away with them. Our physiotherapy is really wide-ranging and we link with professionals here and outside where needed. 'We can save the NHS money and improve the guests' quality of life.'



Uplifting moment: Moni Robson and Jim Grant

**45%**

of Leuchie House's running costs come from donations and grants

## Grants are available

It costs £1.6 million to run Leuchie House each year, with 45 per cent of the running costs coming from donations and grants. Guests must pay the costs of their stay, which, as well as the physiotherapy, includes 24-hour specialist nursing care and full board. Some local authorities will contribute to the fees and a number of charities and organisations provide

grants to help with respite costs.

Guests come from across Scotland as well as England and even the continent. The physiotherapy for visitors to Leuchie House is not mandatory but Ms Robson says guests are gently encouraged to take part if at all possible. 'We can provide a break for the guests, and their carers and partners and it's very clear that without Leuchie that wouldn't happen,' she says. **FL**

## Wheelchair checks

As part of the 'Leuchie MOT' staff check that each guest's wheelchair is the correct size and provides the support they need. Healthcare Improvement Scotland recommends that no one who is at risk of developing pressure ulcers should sit for more than two hours without changing position.

Moni Robson and her team at Leuchie House were concerned that many of their guests did not have the kind of adjustable chair they needed to let them change position regularly. And often they had no one to help them out of their wheelchair. The Leuchie House team asked 100 guests

who could not get out of their wheelchair without help whether they moved from their chair each day, and if not, why not.

They found that almost three-quarters (71 per cent) spent more than seven hours in their wheelchair each day, of whom 43 per cent said they typically never moved out of their wheelchair all day. This was mainly because no one was around to move them or there was no alternative suitable chair.

Ms Robson says the study suggests there could be thousands of people in Scotland risking serious health problems,

including restricted breathing, digestive problems and joint stiffness, due to a lack of movement.

A tilt-in-space wheelchair that allows users to shift their body weight within the chair may be one solution but the Leuchie survey found 65 per cent of wheelchair users don't have these chairs. Ms Robson says many wheelchair users who have brief visits from carers face a tough choice of being moved to a more comfortable chair but then being stuck until the carer returns, or retaining more independence but being unable to leave their wheelchair all day.

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# Dyslexia: breaking down the barriers

## One person in 10 has dyslexia. Nina Paterson suggests ways in which they can be supported in the workplace

**D**yslexia is a complex condition causing an individual to process information differently, particularly around reading, writing and numbers. That said, people with dyslexia often see things in a different way and have strong problem-solving and creative skills.

A recent CSP survey showed that more than half of respondents with dyslexia encountered barriers in the workplace. The most common were not being given time to implement adjustments and negative attitudes.

Where dyslexia affects an individual's day-to-day activities they are legally entitled to 'reasonable adjustments' in the workplace. Even if an impairment does not classify as a disability it is good practice for staff and managers to work together to ensure work gets done effectively as possible.

The CSP Disabled Members' Network recently hosted a study day on Understanding Reasonable Adjustments for Dyslexia. The learning from it prompted us to create a dyslexia resources webpage for those who could not attend. The day was fully booked and it was great to see members sharing their experiences. We heard from five fantastic speakers including Theresa Awolesi, a recent graduate from the University of Nottingham, and Stephanie Mansell, consultant physiotherapist at the Royal Free Hospital, London, who both have dyslexia. The event was filmed and highlights are available on the webpage.

### What the speakers said

Top tips from the day

- Early disclosure and communication is valuable to access the support and equipment you may need. New employees should request an Access to Work assessment within the first

six weeks of employment.

- Think positively about dyslexia – consider strengths rather than weaknesses.

'I don't think of dyslexia as a weakness or a problem, says Stephanie Mansell. I think of it in positive terms and how it has helped me get to where I've got to.'

- Be as proactive as possible in identifying your needs and support required. Theresa Awolesi explained how she and staff at the university developed templates and strategies to use on placement.

- Make use of assistive technology. Some are extremely simple and low cost, including iPhone reminders, dictation and use of a coloured overlay on clinical notes.

- Make the most of training for software to get the best out of any package rather than 'muddling along'.

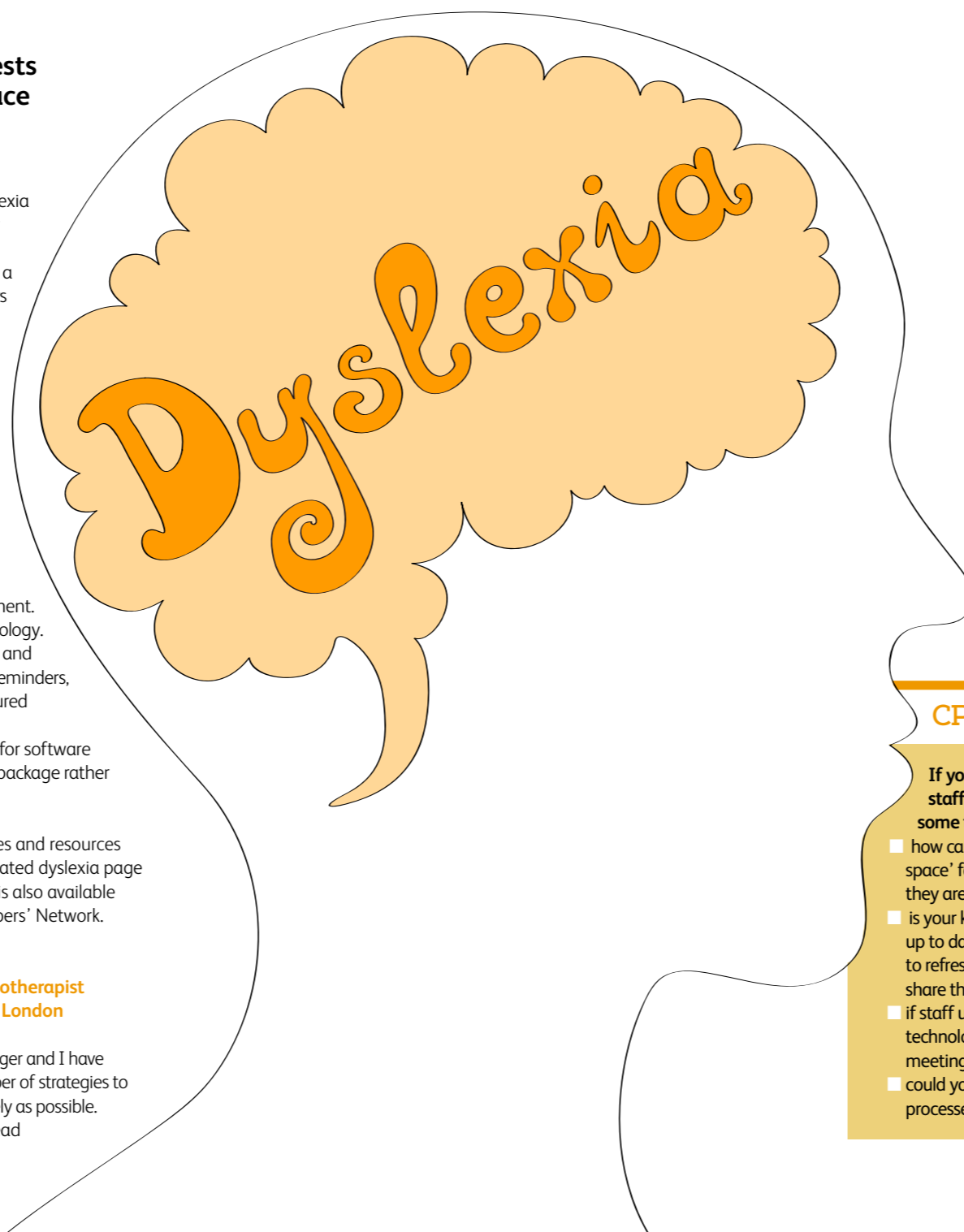
Coping strategies, case studies and resources are all available via the dedicated dyslexia page on the CSP website. Support is also available from the CSP Disabled Members' Network.

### In their own words

**Ade Olopade, band 6 physiotherapist at Central and North West London NHS Foundation Trust**

'I have dyslexia and my manager and I have worked together to try a number of strategies to enable me to work as effectively as possible.

'I find Dragon and ClaroRead



software invaluable and also use a dictation app on my phone to dictate assessments and email them to myself. This makes note writing much quicker and easier compared to writing them out longhand.

'I have had one-to-one coaching with a dyslexia coach on specific issues such as reading journal articles, which has been really helpful. Previously, if I got stuck on a word or sentence I would find it difficult to keep going to read the whole article.

'The most important thing is that members with dyslexia should feel confident to speak to their manager and work together to find solutions to any barriers.

'Having dyslexia within the workplace has been challenging, including

- written work – keeping up with documentation and writing reports in a timely manner
- feeling confident that you are communicating well with other healthcare professionals

'My strengths are more practical. The written part is an ongoing challenge and can lead to a feeling of reduced confidence.'

**Johanne Watson, a manager at Central and North West London NHS Trust**

'I was keen to support Ade in the workplace and ordered the appropriate software and training that were recommended by an Access to Work Assessment he had in his previous organisation.

'I realised I didn't really know much about dyslexia, so I attended the CSP study day. My knowledge of dyslexia increased as a result.

We heard testimonies from people who have dyslexia and it helped me understand what type of activities are more challenging for them and which are easier. I realised many of our team processes could make work more stressful for someone with dyslexia and that these could easily be changed.

'Ade and I worked with the Department for Work and Pensions (DWP) Access to Work team to identify what he needed. As a result, the DWP funded most of the costs for staff involved in his day-to-day supervision to undergo three hours of dyslexia training so they would understand how best to support him.

'We have worked with Ade to look at the structure of his day and have implemented strategies to decrease the stress of managing a clinical caseload and to help the quality of his written documentation match the quality of his clinical work and clinical reasoning.

'Hopefully, I provide a safe space for staff to speak with me about any issues and work with them to deliver the best quality patient care possible, to attain their maximum potential as a physiotherapist and to enjoy their work.' **FL**

*Nina Paterson is a CSP education and continuing professional development adviser*

### More information

**Dyslexia study day** [bit.ly/2eArhZt](http://bit.ly/2eArhZt)  
**Access to Work** [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work)  
**CSP Disabled Members' Network**  
[www.csp.org.uk/node/191](http://www.csp.org.uk/node/191)

### CPD activity

#### If you have a member of staff with dyslexia, take some time to consider

- how can you create a 'safe space' for them to discuss how they are affected by dyslexia?
- is your knowledge on dyslexia up to date? Use the resources to refresh your awareness and share them with others
- if staff use assistive technology, is it still meeting their needs?
- could you change your processes to help staff

with dyslexia work more effectively?

#### If you have dyslexia, consider

- are you clear how your dyslexia affects you?
- if you have adjustments in place are they still meeting your needs?
- are there any changes to systems or processes (patient assessment, clinical supervision and so on) that may assist you to work more effectively?

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**For more information visit:**  
[mammothmattress.co.uk/csp](http://mammothmattress.co.uk/csp)



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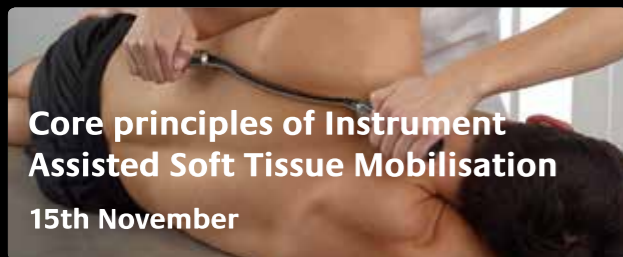


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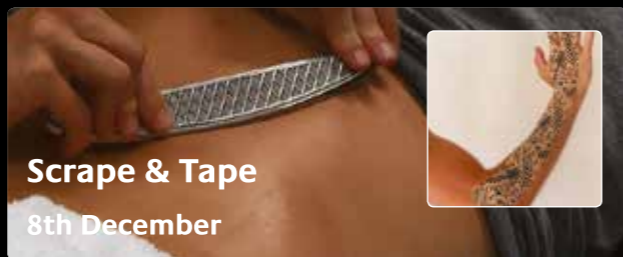
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Our upcoming events:



**Core principles of Instrument Assisted Soft Tissue Mobilisation**  
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**Scrape & Tape**  
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- > **Faster and easier to break up tissue densities**



# InPerson

## On a mission

Using jargon can often get in the way of understanding what we're really trying to achieve, admits Karen Middleton



As a practising clinician and a junior manager, I regarded the seemingly endless meetings to 'engage the frontline' in developing a vision, mission and strategy as a complete and utter waste of time. If we could all just get back to treating patients, surely we would just deliver what we were there to do and go home (on time).

Then, of course, I started to wonder whether we were treating the right patients in the right place and with the right interventions? Could we improve the service at all? Were we prioritising correctly, given there were never enough resources? What were we really there to do? Did anyone have a plan for what we needed to do?

There was never enough time to consider those bigger questions and make appropriate changes.

The management jargon can often turn us off, which is ironic when physiotherapy is full of its own jargon. 'Gait' was always my favourite: what's wrong with 'how you walk'?

Try stripping out the management buzz words and it's less alienating; easier to understand.

As I moved up the hierarchy of organisations, I began to see the value of having a vision (what we are striving to achieve) so that we all had something to aim for; of being clear about the mission (what we are here to do) in order that everyone was trying to achieve the same thing; and of having a clear strategy, (a road map showing us how to get from A to B) linked to a shared understanding of how we would deliver that.

CSP's council endorsed the vision for physiotherapy last year, recognising that physiotherapy can transform lives, maximise independence and empower populations ([www.csp.org.uk/vision](http://www.csp.org.uk/vision)).

Next comes the definition of what we

are trying to do (the mission). That includes how we want to position the profession at the cutting edge of healthcare delivery; how we will champion a cost-effective clinically-evidenced service; and that we'll represent your interests at work.

Then comes the plan for how we are going to do it (the new three-year strategy). You can view this at: [www.csp.org.uk/strategy](http://www.csp.org.uk/strategy).

Alongside these will be launching our new values that underpin the organisation's culture – a shared understanding of the way we do things at the CSP.

These have all been developed through a range of processes, involving members and staff, to ensure the mission, plan and values best reflect what we want to achieve over the next few years. Council, of course, had the final sign off – your elected council.

So what is of interest or relevance to you? Well, perhaps you better understand the jargon; you might even consider something similar for your team or service.

But as a CSP member I hope this will show how you contribute locally to

help in achieving our mission. The society will support you – through networks, your local workplace and other local communities – to help you organise.

While the staff at the CSP have a role in helping achieve all this, the 'sweet spot' – another buzz word that is being used

a lot lately – is involving or engaging as many members as possible. We want to work with you to develop your life-long relationship with the CSP, so it's an organisation where your views are heard and count.

In my 2014 Founder's Lecture ([www.csp.org.uk/profession](http://www.csp.org.uk/profession)) I reminded members of the potential for us all to 'sleepwalk into obscurity' if we don't all step up and take action. If we all pull together in the same direction, we will get to where we have said we want this profession to be.

Our mission is clear. And – as we tell our patients – the responsibility is on each individual one of us to take action, as no-one else will do it for us. FL

Contact Karen: [middletonk@csp.org.uk](mailto:middletonk@csp.org.uk)

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The Accu SPINA's tilting couch is essential for patients returning to weight-bearing

**92% of 129 patients considered to be surgical candidates enjoyed successful treatment with IDD Therapy<sup>1</sup>**

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The Accu SPINA is the CE approved machine which delivers IDD Therapy in a safe and controlled manner. For more details about options to provide IDD Therapy call: **01279 602030**.

**For Disc Clinic locations see [www.iddtherapy.co.uk/clinic-finder](http://www.iddtherapy.co.uk/clinic-finder)**

**Indications:** Herniated or Bulging Discs, Degenerative Disc Disease, Facet Syndrome, Chronic Low Back Pain and Neck Pain, Sciatica

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#### IDD Therapy Clinician Testimonials

*"As part of conservative care, IDD Therapy offers a non-invasive spinal decompression option for patients with an identifiable disc herniation."*

**Prof Amjad Shad**, MBBS, FRCS (Ed), FRCS (SN) Consultant Neurosurgeon, Coventry

*"IDD Therapy offers a non-invasive and clinically effective alternative when manual therapy has proved ineffective at improving a patient's symptoms."*

**John Wood** Clinical Director, Sheffield Physiotherapy

*"With IDD Therapy, we can now target spinal segments precisely in a safe, gentle manner in a way which is not possible with our hands or with traditional mechanical treatments."*

**Dan Smith** Clinical Director, Sports & Spinal Physio, Brentwood

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[www.iddtherapy.co.uk/clinicians](http://www.iddtherapy.co.uk/clinicians)

1 McClure D and Farris B, Intervertebral Differential Dynamics Therapy – A New Direction for the Initial Treatment of Low Back Pain. European Musculoskeletal Review 2006. 45-48

p40

## Networks & networking

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

### Frontline schedule

Issue date	Booking deadline
Nov 23	Nov 7
Dec 7	Nov 21

p54

## Courses & conferences

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

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

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p57

## Recruitment

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

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



# Networks & networking

## English networks news



## English regional networks

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

Find out more at

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

### East Midlands

#### The East Midlands regional forum

**Date:** Wednesday 7 December

**Time:** 5pm-7.30pm

**Place:** London Road Community Hospital, Training Room 1 London Road, Derby DE1 2QY  
**Cost:** Free of charge (members who travel more than ten miles will have their travel expenses refunded).

To keep up to date with your region and register to attend an event visit: [www.csp.org.uk/nations-regions/east-midlands](http://www.csp.org.uk/nations-regions/east-midlands)

### East of England

#### Member led event promotes physiotherapy to influence decision makers

As part of a new way of working CSP member Helen Preston, clinical director, Prestons Health, organised an event that was designed to influence healthcare decision makers and positively shape their opinion of physiotherapy.



Pictured above: Helen Preston, Tracey Burge and David Whiles

After years of frustration about the proliferation of back pain myths Helen was no longer willing to accept the issue and decided to decisively deal with the situation. Taking on an impressive enterprising spirit she organised a ground-breaking event that brought together 50 guests including CSP members, GPs, Patient Participation Group representatives, the Chair of the CSP East of England Regional Network and the Chair of Healthwatch Peterborough to tackle the problem head on.

The evening event, which took place on Wednesday 19 October, was held at Thorpe Hall Hospice in Peterborough and featured a presentation from CSP member and ESP Spinal MSK Physiotherapist Chris Newton. It was designed to give guests a better understanding of what the latest evidence says is best for back pain, how physiotherapy is key in tackling back pain and the effectiveness of physiotherapy in primary care.

If you are inspired by this event model and want to get involved in similar opportunities contact the CSP Campaigns and Regional Engagement Team at: [cre@csp.org.uk](mailto:cre@csp.org.uk)

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

### West Midlands

#### Older people's day

Report by member Rani George:

Physiotherapists at Edward Street Hospital facilitated a coffee morning at The Light House, Edward Street Hospital, West Bromwich on 5 October to celebrate older people's day 2016 and to raise awareness of role of physiotherapy in enabling older people to remain healthy and independent through preventing and reducing falls.



The day included demonstrations of key exercises for increasing strength and balance in older people and how to help if someone has fallen. Participants were given the opportunity to take the 'Get up and Go' test to predict risk of falls.

They were also given free resources on how to reduce risk of falls, how to incorporate physical activity into daily life, exercises for staying steady and leaflets about community falls management services and community exercise programmes.



Retired member Lyn Ankcorn got together with students from Birmingham University (pictured above) to give falls prevention and exercise advice to patients at Weoley Park Surgery, Selly Oak, Birmingham. Commenting on the event, the practice manager said: 'I am delighted to report that one of the patients who attended last week's physio session has provided some very positive feedback, she took a leaflet home to her mother who also suffers with falls. The patient thought the session was excellent and she is now using the exercises as part of daily routine.'

#### The West Midlands regional forum

**Date:** Monday 5 December

**Time:** 10am-1pm

**Place:** Birmingham University, Sport, Exercise and Rehabilitation Sciences Building, Room G86

**Cost:** Free of charge

**Contact:** To register your place at the forum, please email: [westmidlandschair@csp.org.uk](mailto:westmidlandschair@csp.org.uk)

For news, event and updates from the West Midlands visit: [www.csp.org.uk/nations-regions/west-midlands](http://www.csp.org.uk/nations-regions/west-midlands)

### North West

#### Knowsley older people's 'Fun Olympics' for older people's day

Member Paula Dixon reports: On 7 October we represented the MCAS department at the

Knowsley Older People's Fun Olympics – a yearly event in which all boroughs of Knowsley compete against each other in a wide range of sports from badminton, to indoor curling to welly throwing!



Pictured above: Knowsley Fun Olympics winning team

It was an extremely well organised and well attended event where social inclusion and the importance of physical activity for all ages and abilities was encouraged throughout.

The games are played in a well natured spirit to encourage fun and enjoyment, with a healthy dose of rivalry evident from the outset. The games started with an opening ceremony attended by the Mayor of Prescott, where team colours are worn and team anthems sang before the games commenced.

Our stand was in the market area where participants could come to ask us any 'physio' related questions, however our underlying aim was to promote engagement in physical activity and increase awareness of the benefits to manage and prevent chronic conditions.

Following a nail biting penalty and netball shootout, the day concluded with a closing ceremony where medals were given and the winning team presented with the coveted shield. This year Kirby came out on top winning back the title from close rivals Halewood.



Pictured above: Warrington Wolves Bridgewater NHS Foundation Trust

It was an extremely enjoyable day which brought together communities and promotes improvement in health. Teams train all year round and welcome new recruits. Any service user interested can be directed to the lifestyle

hub to find out the details of their local teams training times and venues.

W@W! – Events continue as North West tops the charts for most events registered in UK

W@W! events have continued to take place throughout the Autumn thanks to our members. The North West registered a total of 58 events putting it at the top of the UK Leaderboard!

#### Regional forum

**Date:** Tuesday 6 December

**Time:** 6pm

**Place:** Chorley Education Centre

**Cost:** Free of charge

**Contact:** For more details and to confirm your attendance email: [ena.mitchell@aintree.nhs.uk](mailto:ena.mitchell@aintree.nhs.uk)

For news, event and updates from the North West visit: [www.csp.org.uk/nations-regions/north-west](http://www.csp.org.uk/nations-regions/north-west)

### South Central

#### Tickets to 'Physiotherapy – a brave new world' on Tuesday 22 November in Oxford have now sold out

Information after the event will be made available to all South Central members on the key outcomes and topics covered with articles on iCSP and in these pages.

For news, event and updates from South Central visit: [www.csp.org.uk/nations-regions/south-central](http://www.csp.org.uk/nations-regions/south-central)

### London

#### London regional forum event

**Date:** Monday 12 December

**Time:** 4pm-7pm

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

**Cost:** Free of charge for CSP members

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

### South East Coast

#### SECRN Regional forum

**Date:** Tuesday 6 December

**Time:** 10am-1pm (tea/coffee and refreshments provided)

**Place:** University of Brighton, School of Health Professions, Eastbourne

**Cost:** Free of charge

**Contact:** For more details and to confirm your

attendance email: [southeastcoastchair@csp.org.uk](mailto:southeastcoastchair@csp.org.uk) or visit: [www.csp.org.uk/nations-regions/south-east-coast](http://www.csp.org.uk/nations-regions/south-east-coast)

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

### North East

#### Street physio at North Tyneside Council helps bust back pain myths

Chartered physiotherapist, Richard Holmes, carried out street physio sessions at North Tyneside Council's head office on Tuesday 4 and Thursday 6 October to promote the Mytbusters back pain awareness campaign.

Richard, who was representing Physiotherapy Matters, was joined by council staff who took the opportunity to learn more about common misunderstandings about back pain and what the latest evidence says is best for your back.

Hundreds of information leaflets about back pain were distributed and staff also enjoyed a 20 minute seminar and question and answer session which was designed to help bust the four biggest myths and help tackle what remains the leading cause of disability and sickness absence from work.

Nick Livadas, clinical manager, Physiotherapy Matters, said: 'Physiotherapists undertake more back care training than GPs and are therefore ideal to deal with back pain which is a major cause of sickness absence. It was great to be invited to North Tyneside's head office and be able to educate local workers about the back pain myths that are so prevalent and so frequently affect how people recover from back pain.'

For more information on the campaign, visit: [www.csp.org.uk/mytbusters](http://www.csp.org.uk/mytbusters)

#### North East Leadership and Influencing Skills Conference and North East Musculoskeletal Society evening lecture on rotator cuff related shoulder pain

**Date:** Tuesday 6 December

The CSP North East regional network is hosting a leadership and influencing skills conference featuring perspectives on leadership from both a national and local perspective including a presentation from Catherine Pope, chair of CSP council. It will be followed by a free evening CPD lecture hosted by the North East Musculoskeletal >

# JOIN UP!

## CSP Equality and Diversity Networks

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



For more details go to:  
[www.csp.org.uk/equalitynetworks](http://www.csp.org.uk/equalitynetworks)  
or email:  
[keatings@csp.org.uk](mailto:keatings@csp.org.uk)



Society themed on rotator cuff related shoulder pain featuring Chris Littlewood, physiotherapist lecturer, and David Cloke, surgeon.

**Cost:** Tickets for both events are free of charge.

Attendees are encouraged to attend both events, but may book for just one.

Event timeline:

1.30pm-5.30pm CSP North East Regional Network Leadership and Influencing Skills Conference

5.30pm-6.30pm Refreshments and networking

6.30pm-8.30pm North East Musculoskeletal Society CPD lecture on rotator cuff related shoulder pain

**Place:** Novotel, Newcastle-upon-Tyne

**Registration:** Book your free ticket online at: [https://north\\_east\\_06\\_12\\_16.eventbrite.co.uk](https://north_east_06_12_16.eventbrite.co.uk)

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

### South West

**New Falls Advice team in Gloucestershire use older people's day to maximum effect**



Pictured above: Gloucestershire Falls Team

A new team of three band 7 clinical specialist falls physiotherapists have been set up in Gloucestershire to form the 'Falls Assessment and Education Service'. As a new service they were seeking opportunities to raise public awareness of what they have to offer to the community and Older People's Day was the ideal opportunity.

They identified events and community groups that they could team together with to promote their service. This included the 'Village Agents' community engagement series of events – an initiative that helps signpost old and vulnerable people in the community to services that will help them.

Member Julia Bradbury, a who is part of the team along with Meghan Martin and Jodie Bennett describes the event activity:

'We have been supporting these events with information on how people can reduce their risk of falls and also completing the get up and go and other balance tests. It has been a great opportunity to network with other agencies supporting people in their own home.'

They have also been joining in on the area's 'safe and well bus' and presenting at community groups, dedicated groups relating to particular health issues – to get the message out there.

Although the team has only been running for a few months, their approach to collaborative working with the CCG, local council and community groups has meant that more people are getting the benefit of their advice. They are already making plans for OPD 2017 – exciting times ahead for a team that is helping to promote the value of physiotherapy.

### South West regional network event with award winning physio Claire Madsen

**Date:** Wednesday 7 December

**Time:** 1.30pm

**Place:** Exeter (TBC)

More details on booking available soon.

For latest updates on events and news from the South West visit: [www.csp.org.uk/nations-regions/south-west](http://www.csp.org.uk/nations-regions/south-west)

### Yorkshire and Humber

**CPD event featuring Dr Mick Thacker**

On Friday 27 January a friend and colleague of Louis Gifford, Dr Mick Thacker from Kings College London, will lead a morning lecture and workshop on pain in honour of Louis Gifford at the Hull Royal Infirmary Lecture Theatre. The event is open to all CSP members in the Yorkshire and Humber region. Places are limited to 140 attendees and will be offered on a first come, first served basis. They are sure to be very popular so don't delay.

**Date:** Friday 27 January 2017

**Time:** 8.45am-11.45am

**Place:** Medical Education Centre (MEC) Lecture Theatre, Hull Royal Infirmary

**Cost:** £10 per ticket to cover light refreshments.

**Booking:** <https://www.eventbrite.co.uk/e/yorkshire-humberside-cpd-event-focusing-on-neuromuscular-registration-26333819162>

[co.uk/e/yorkshire-humberside-cpd-event-focusing-on-neuromuscular-registration-26333819162](https://www.eventbrite.co.uk/e/yorkshire-humberside-cpd-event-focusing-on-neuromuscular-registration-26333819162)

### CPD event themed on neurology and musculoskeletal physiotherapy

Featuring: Mandy Young – speaking on spinal pathways; Dr Angela Clough – giving an update on the context of whiplash associated disorders; Steve Young – giving an update on evidence for treatment of lower back pain

**Date:** Saturday 4 March 2017

**Time:** 10am-3pm

**Place:** Leeds Beckett University (City Campus)

**Cost:** TBC

**Booking:** <https://www.eventbrite.co.uk/e/yorkshire-humberside-morning-workshop-on-pain-management-registration-26333704820>

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

### Professional networks news



## Professional networks

Courses and events from CSP recognised professional networks. Share your events here free of charge.

Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

**Association of Chartered Physiotherapists in Neurology (ACPIN) – Manchester**  
**Manchester ACPIN in collaboration with Manchester Metropolitan University:**  
**Therapeutic handling study day**

**Date:** Saturday 5 November, 9am-3.30pm

This study day aims to provide an overview of practice in the rehabilitation of people with neurological deficits, with specific focus upon practice of treatment techniques and critical consideration of the current evidence base.

**Speaker:** Deborah O'Connor, senior lecturer MMU

**Cost:** £80 ACPIN member (number required), £80 students (ID required), £100 non-members

**Contact:** For further info and to apply email: [cpd.hpsc@mmu.ac.uk](mailto:cpd.hpsc@mmu.ac.uk) Web: [www.buyonline.mmu.ac.uk](http://www.buyonline.mmu.ac.uk) search for rehabilitation.

ACPIN email: [manchester@acpin.net](mailto:manchester@acpin.net)

### Association of Chartered Physiotherapists in Neurology (ACPIN) – Sussex

Sussex ACPIN offers an evening lecture

**Functional electrical stimulation: FES case study**

**Speaker:** Presentation by Julia Buck, specialist physiotherapist and director, Rehab4U attended FES training supported by ACPIN

**Content:** Background theory of FES, practical application, interactive patient demonstration >

# Looking to enhance the quality of your practice through CPD?

**Available now** – a set of CPD resources designed to help all CSP members optimise the quality of patient care

### CPD Habits Series

A set of 7 easy-to-read information/activity sheets to help you maximise the opportunities for/impact of CPD in your practice

### Service user involvement in CPD

Information, guidance and examples to show how service users can support CPD in practice

### Person-centred professionalism

A bundle of 4 information/activity sheets to help you unpack what person-centred professionalism means for the development of your practice.

Available now to download from:

<http://bit.ly/1I4XGzV>



**Date:** Tuesday 8 November, 6.30pm start  
**Place:** Physiotherapy Dept. Eastbourne District General Hospital, Kings Drive, Eastbourne BN21 2UD  
**Cost:** ACPIN members free, non-ACPIN £5  
 This event is being subsidised by Sussex ACPIN: promoting CPD in the field of neurophysiotherapy. Audience: Trained physiotherapists and occupational therapists with little or no experience using FES.  
**Contact:** Marika Stevens at: marikastevens@googlemail.com  
 For housekeeping purposes it would be useful to know numbers so please let me know if you are coming.

**Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire Pilates for the neurological patient**

A one-day workshop designed to cover the basic principles and exercises of Pilates and their application to the neurological patient, aimed at neurological physiotherapists who are not Pilates qualified.

**Presenters:** Jenny Heron MCSP and Jess Adams MCSP  
**Tutors:** Jenny Heron MCSP – Jenny Heron has 20 years of experience as a physiotherapist, and specialises in the use of Pilates based rehabilitation for her patients. She has taught Pilates classes for over 15 years and worked as a tutor and course developer for Modern Pilates for 10 years, completing a PGCE teaching qualification in 2003. She is director of Physiofit, a physiotherapy and Pilates practice which runs over 55 Pilates classes per week. Jess Adams MCSP – Jessica has been qualified for 10 years and has worked for Physiofunction for the last seven, treating a range of neurological conditions. Jessica has used Pilates for her own rehab for over six years and started to use it more in her practice after completing training with APPI and Modern Pilates. She has been teaching Neuro-Pilates classes at Physiofit for four years.  
**Date:** Sunday 27 November  
**Place:** The Walnut Tree Physio Centre, 155a Town Street, Horsforth, Leeds LS18 5BL  
**Cost:** £100 for ACPIN members, £125 for non-ACPIN members – to include refreshments (but not lunch). Places limited to 20, due to the practical nature of the course. No course prerequisites required.  
**Contact:** For further information contact Heidi Thomas at: yorkshire@acpin.net

**Association of Chartered Physiotherapists in Neurology (ACPIN) – London**

**Task-specific dystonia: Making a case for retraining therapy**  
 Please join us to hear Anna Sadnicka talk on the topic of task-specific dystonia, and emerging evidence to support that it is a modifiable disorder of motor control, which can be positively managed with retraining therapy.  
**Date:** Thursday 17 November, 6.30pm  
**Place:** Basement Lecture Theatre, 33 Queen Square WC1N 3BG  
**Contact:** Please book a space in advance via Eventbrite: <https://www.eventbrite.co.uk/e/task-specific-dystonia-evening-lecture-tickets-28283877840>

**Association of Chartered Physiotherapists in Neurology (ACPIN) – West Midlands**

**Study afternoon: Respiratory management for neurological conditions**

Including how to identify respiratory compromise early, investigations, interventions and monitoring. Also end of life issues, documentation and ethical dilemmas with case study discussion.  
**Date:** Wednesday 30 November, 4pm-7pm.  
**Speaker:** Rachael Moses, consultant respiratory physiotherapist, Preston Royal Hospital.  
**Place:** Lecture Theatre 2, School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham  
**Cost:** Free for ACPIN members, £5 for non-members  
**Contact:** Email: joasia.ohagan@heartofengland.nhs.uk

**Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent**

**Kent ACPIN study day 'ATAXIA'**  
 This one day course aims to augment knowledge and skills and will focus on rehabilitation for people with cerebellar ataxia, reviewing aspects of neuroanatomy and neurophysiology. Participants will develop their clinical reasoning skills through a patient workshop and practical sessions aimed at enhancing clinical effectiveness.  
**Tutors:** Ann Holland and Janice Champion – Bobath tutors  
**Date:** 3 December  
 Place: Maidstone Hospital, Kent  
**Booking deadline:** 25 November  
**Cost:** ACPIN members £65, non-members £80  
**Contact:** Email: Kent@acpin.net to book your place or for more information.

**Physio First Physio First 2017 conference – Body, brain and business: Tools for success**

**BOOKINGS NOW OPEN**  
**Date:** 31 March-2 April 2017  
**Place:** East Midlands Conference Centre, Nottingham  
**Cost:** Book now to receive our early bird 1 rates starting at just £165! See: [www.physiofirst.org.uk](http://www.physiofirst.org.uk)  
**See our exciting line up of international and UK speakers:** Paul Hodges, Tania Pizzari, Dylan Morrissey, Dr Ian Horsley, Igor Tak, Phillip Glasgow, James Butler and Richard Katz.  
**Paul Hodges** – We have Paul Hodges confirmed for conference 2017. His lecture will be beneficial to physiotherapists whose clinical patient load includes men, but particularly those who are interested in expanding their scope in management of men's health.

**Learning outcomes include:**

- understand new knowledge of the mechanisms of continence in men
- describe the anatomy of the pelvic floor in men and the differences with women
- understand theories related to pelvic pain in men
- understand the mechanisms for efficacy of interventions
- understand the basis for subgrouping and tailoring of interventions for pelvic floor muscle dysfunction in men.

**Contact:** If you are interested in attending or have any queries regarding our 2017 conference, 'Body, brain and business: Tools for success' email us at: [education@physiofirst.org.uk](mailto:education@physiofirst.org.uk)  
 For further updates on our conference, follow us on Twitter: @PhysioFirstC

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

**Physiotherapy assessment and management of pregnancy-related musculoskeletal conditions – advanced study day**

**Date:** 12 November  
**Place:** Stockport, Greater Manchester  
**Cost:** £125 POGP member/affiliate, £160 non-member  
**Advanced pelvic floor course: In depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunctions**  
**Date:** 25-27 November  
**Place:** Milton Keynes, Buckinghamshire  
**Cost:** £275 POGP member/affiliate, £345 non-member  
**Physiotherapy assessment and management**

**of lower bowel dysfunction – a practical skills-based workshop**

**Date:** 27-29 January 2017  
**Place:** Chertsey, Surrey  
**Cost:** £325 POGP member/affiliate, £395 non-member  
**Physiotherapy assessment and management of pregnancy related musculoskeletal conditions Part 1: L spine and pelvis**  
**Date:** 3-5 February 2017  
**Place:** Tameside, Greater Manchester  
**Cost:** £275 POGP member/affiliate, £345 non-member  
**Understanding pelvic organ prolapse – assessment and conservative management**  
**Date:** 4 March 2017  
**Place:** Chertsey, Surrey  
**Cost:** £125 POGP member/affiliate, £160 non-member  
**Advancing your skills into men's health Part 1: Physiotherapy assessment and management of lower urinary tract symptoms**  
**Date:** 11 March 2017  
**Place:** Salford, Greater Manchester  
**Cost:** £100 POGP member/affiliate, £130 non-member  
**Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)**  
**Date:** 17-19 March 2017  
**Place:** Henley on Thames, Oxfordshire  
**Cost:** £350 POGP member/affiliate, £420 non-member  
**Contact:** For further details of the POGP short course programme or to download an information pack for any of the above courses, please visit the POGP website at: <http://pogp.csp.org.uk/courses-events>  
 Contact our course administrator at: [pogpcourses@yahoo.com](mailto:pogpcourses@yahoo.com)  
 Follow us on Twitter: @ThePOGP  
 Check out: [pogp.csp.org.uk](http://pogp.csp.org.uk) for information on bursaries and funding opportunities.

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

For just £55 per annum full members enjoy the benefits of a strong network of sports physios, three sports journals online, a structured CPD pathway supported by a suite of evidence-based training courses in taping, soft tissue and rehabilitation, and discounts with more than 20 companies. Student membership £21.  
**Soft tissue techniques, part 2**  
**Date:** 19-20 November  
**Place:** The London Royal Hospital  
**Cost:** From £200.

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

ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics  
**ACPOHE Study day – 'Return to work – Getting you fit to advise'**  
**Date:** 18 November  
**Place:** The Place Aparthotel, Ducie Street, Manchester M1 2TP (close to train station)  
**Time:** 9am-4.45pm, After conference drinks, dinner 6pm  
**Cost:** £75 member, £100 non-member  
 Ask the experts Dr Robin Cordell, Glyn Smith, Diana Kloss, Karen Walker-Bone  
**Booking:** <http://www.acpohe.org.uk/acpohe-study-day-2016>  
 Don't forget to book for dinner at the Aparthotel 6pm – cost: £30  
**Assessing fitness for work and function**  
**Date:** 11-12 November  
**Place:** Glasgow  
**Cost:** £350 ACPOHE members only  
**Changing health behaviours: Using a cognitive behavioural approach to achieve better outcomes**  
**Dates:** 24-25 January 2017, 23-24 May 2017, 10-11 November 2017  
**Place:** Birmingham  
**Cost:** £280 members, £340 non-members  
**NEW – Pilot course – An introduction to occupational health – to be delivered by a series of Webinars**  
**Date:** 9 January 2017 to 15 May 2017  
**Cost:** Complete course £380  
 Stand alone sessions:  
 Session 1 £20 1 hour  
 Session 2 £30 1.5 hours  
 Session 3 £30 1.5 hours  
**Contact:** Administrator Tracy Long, tel: 01284 748202, email: [acpohe@buryphysio.co.uk](mailto:acpohe@buryphysio.co.uk)

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

**Lower limb update – MACP AGM**  
**Date:** Saturday 12 November, 1pm  
**Place:** King's College London, Strand Campus, London WC2R 2LS  
**Cost:** £50 MACP members, £70 non-members  
 The afternoon includes:  
 • principles and practice of manual therapy for sensorimotor control of knee functional

joint stability after acute knee injury and surgery  
 • management of achilles tendinopathy: aetiology, risk factors and rationale for treatment  
 • athletic screening and programme design: reducing injury risk and aiding performance.  
**Facilitators:** Dr. Nick Clark: knee consultant physiotherapist, senior lecturer in sports rehabilitation at St. Mary's University, London; Seth O'Neil: physiotherapy lecturer and PhD student at the University of Leicester; Simon Noad: head of academy science and medicine for West Bromwich Albion Football Club  
**Contact:** Book online at: [www.macpweb.org](http://www.macpweb.org)

**Association of Trauma and Orthopaedic Chartered Physiotherapists**

**ATOCP 2016 Annual conference**

#ATOCP2016  
 The ATOCP is excited to announce the 2016 conference will be held at Wolfson College, Oxford on 26 November.

• Session 1: The future of trauma and orthopaedic rehabilitation: Prof Keith Willett, Prof Sallie Lamb, associate Prof Karen Barker.  
 • Session 2: Orthopaedic research update: Dr Esther Williamson, Dr Anna Schmidt, Dr David Keene, Loretta Davies, Dr Liz Tutton, Dr Neil O'Connell.  
 • Session 3: CPD Session: Dr Rebecca Kearney, Dr Mark Williams.  
 • Session 4: Hip precautions: Dr Toby Smith.  
 The debate: Hip precautions after surgery – For the abolishment: Jane Harrisson and Mr Daniel Skinner; against the abolishment: TBC.  
**Contact:** For information please see our website: <http://atocp.csp.org.uk/conference2016>  
 Twitter: @physioATOCP or email: [ATOCPevents@gmail.com](mailto:ATOCPevents@gmail.com)

**British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR)**

**BACPAR 2016 Conference and AGM 'Supporting the challenging patient'**

The 2016 BACPAR Conference and AGM will be held in Liverpool on 10 November. The content of the 'Supporting the challenging patient' theme aims to develop the delegate's skills and knowledge for the management of the individual that has undergone amputation and presents with additional problems.  
**Place:** BT Convention Centre, ACC Kings Dock, >

Liverpool Waterfront, Liverpool Merseyside L3 4FP  
**Contact:** If you have any questions please email: bacparpro@gmail.com

**Medico-legal Association of Chartered Physiotherapists (MLACP)**  
**AGM/Winter conference: Case law and role of physiotherapy experts**

- Update on changes in Case Law
  - MedCo Evaluation
  - Reviews of physiotherapy reports in settled cases – Quantum, liability and criminal
- Date:** 18 November 2016, 9.30am-4.15pm followed by drinks reception  
**Place:** 14 Bedford Row Chambers, London WC1R 4ED  
**Course leader:** Lorna Stybelska  
**Cost:** Members: £50, non members: £85, CSP students: £40 (must provide CSP membership No.)  
**Contact:** For programme details and an application form please go to the MLACP website: <http://mlacp.org.uk>

**British Association of Hand Therapists (BAHT)**  
 For the most up to date information on BAHT accredited courses see: [www.hand-therapy.co.uk](http://www.hand-therapy.co.uk) and follow @BAHTEducation

**Level I courses**  
**Place:** Dublin (Hand Dynamics)  
**Date:** 16-18 February 2017  
**Place:** London (NES)  
**Date:** 10-12 May 2017  
**Place:** Derby  
**Date:** 11-13 October 2017

**The PIP joint**  
**Place:** St George's Hospital, London  
**Date:** 7-9 September  
**Contact:** Web: [www.neshands.co.uk](http://www.neshands.co.uk)

**Splinting**  
**Place:** Dublin (Hand Dynamics)  
**Date:** 22-24 September  
**Contact:** Email: [handdynamics@eircom.net](mailto:handdynamics@eircom.net)  
**Radiographic imaging of the hand**  
**Date:** 19-21 October  
**Contact:** Email: [melanie.arundell@nhs.net](mailto:melanie.arundell@nhs.net) or tel: 01332 786964

**The wrist**  
**Place:** London (NW11)  
**Date:** 7-9 December  
**Contact:** Web: [www.neshands.co.uk](http://www.neshands.co.uk)  
**Level III courses**  
**Contemporary practices in injection therapy – MSc module**  
**Place:** University of Nottingham  
**Date:** Eight days attendance between 17 October and 13 December.

**Association of Paediatric Chartered Physiotherapists (APCP)**  
**Wales region CPD session – Pilates for children**  
**Date:** Saturday, 5 November  
**Place:** Glan-Irfon Health and Social Centre, BUILT WELLS LD2 3DG  
**Cost:** £20 APCP members / £25 non-members  
 Practical workshop facilitated by Helena Webb looking at how to plan and structure children's Pilates sessions including how to

adapt exercises for different age groups  
**Contact:** Further information or to book your place: <http://apcp.csp.org.uk/courses-events>

**Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC)**  
**Annual autumn conference – Oncology and palliative care in brain and CNS**  
 Key objectives:

- to explore the complexities of the brain and CNS management in relation to cancer and palliative care
  - to provide an opportunity to discuss topical issues and current practice when supporting this disease group
  - to maximise networking opportunities.
- Date:** 24-25 November  
**Place:** Ibis Birmingham Centre New Street and Conference Centre, 21 Ladywell Walk, Birmingham B5 4ST  
**Cost:** The cost for members is £80 for one day and £145 for both days; and for non-members its £95 for one day and £175 for both days  
**Contact:** For further details please contact Kim Barlow, ACPOPC joint study day liaison officer, at email: [k.barlow@stjh.org.uk](mailto:k.barlow@stjh.org.uk)

**Chartered Physiotherapists in International Health and Development (ADAPT)**  
**ADAPT Conference and AGM 2016: Working Together: Multidisciplinary team work in global health**

It is with great pleasure and excitement that we can launch this two day conference, exploring multidisciplinary team work in global health. During this two-day conference participants will be introduced to multidisciplinary team working in the global health setting. We will hear from a selection of health professionals, including Valerie Taylor, OBE, of CPR Bangladesh and a live link from the Kings Sierra Leone Partnership. We will have an interactive training from Motivation on making and adapting wheelchairs, and you will have the chance to participate in this year's thought-provoking debate: 'This house believes that specialists are a more useful resource in the global health setting'.

We are also proud to announce our first poster competition! We welcome poster submissions on the theme of MDT working, with a prize of £30 Amazon voucher to be won.  
**Deadline for submissions:** 11 November.  
 For further details please see the link on the Eventbrite page.  
**Dates:** 18-19 November  
**Place:** Resource For London and The National Hospital for Neurology and

Neurosurgery, London  
**Cost:** £20 for unwaged/student members, £30 ADAPT members, £40 non-members plus Eventbrite fees  
**Contact:** Registration is via Eventbrite at: <https://www.eventbrite.co.uk/e/adapt-conference-and-agm-2016-working-together-multi-disciplinary-team-work-in-global-health-tickets-27190880656>

**Aquatic Therapy Association of Chartered Physiotherapists (ATACP)**  
**Autumn study day 2016**  
**Date:** Saturday 19 November 9.15am-4pm  
**Guest speakers:** Daniel Hind – Aquatic therapy for Duchenne muscular dystrophy: development and evaluation of a manualised intervention. Sarah Wratten – An introduction to Ai Chi, theory and pool practical  
**Place:** Royal Orthopaedic Hospital NHS Foundation Trust, Bristol Road South, Northfield, Birmingham B31 2AP  
**Contact:** Enquiries to Sarah Wratten at email: [atacpstudyday@gmail.com](mailto:atacpstudyday@gmail.com)

**Extended Scope Practitioners (ESP)**  
**Managing complex spinal conditions in ESP MSK practice**

**Date:** Friday 10 February 2017  
 An interesting and varied day looking at spinal conditions frequently encountered by ESPs. By the end of the day clinicians will have a better understanding of the diagnosis and management of various conditions such as inflammatory arthritis, cervical myelopathy, chronic pain and the clinical relevance of incidental radiological findings. There will be the opportunity to hear about research about ESP clinical reasoning, case studies and time over lunch and coffee to network with colleagues old and new.  
**Provisional speakers (to be confirmed):** Dr Jess Manson: consultant rheumatologist on early inflammatory spinal disease; Mr Parag Sayal: consultant neurosurgeon on incidental MRI findings or are they?; Mr James Allibone: consultant neurosurgeon on the role of lumbar fusion surgery in the management of degenerative spine; Neil Langridge: ESP on clinical reasoning for ESPs  
**Cost:** Members: £80 (until end November 2017) then £95. Non-members: £120  
**Contact:** Book online now at: [www.esp-physio.co.uk/courses](http://www.esp-physio.co.uk/courses) You are advised to book early to avoid disappointment.  
 If you are interested in joining our group for only £25 go to: [www.esp-physio.co.uk/join-online-now](http://www.esp-physio.co.uk/join-online-now)  
 All general enquiries to: [esp-physio@outlook.com](mailto:esp-physio@outlook.com)

## Other groups news

### Grant opportunity

Physiotherapists who completed their training at the former St Thomas' Hospital School of Physiotherapy are invited to apply for a grant from the Physiotherapy Education and Welfare fund.

This fund comprises the former St Thomas' Hospital Physiotherapy Trust funds and the Mennell-Randell and Bauwens-Carlisle fund which, with the consent of the Charity Commission, has been transferred to Guy's and St Thomas' Charity.

Applications may be made for training, professional development, conference attendance or welfare related costs (retrospective costs will not be considered). The deadline for applications is 14 November 2016.

**Contact:** For full details and application form, please contact Ruth Bishop, Funding Manager at Guy's and St Thomas' Charity, Francis House, 9 King's Head Yard, London SE1 1NA. Tel: 020 7089 4558. Email: [ruth.bishop@gsttcharity.org.uk](mailto:ruth.bishop@gsttcharity.org.uk)

### The James Lind Alliance (JLA) Scoliosis Priority Setting Partnership (PSP)

The JLA brings together patients, carers and health and social care professionals in Priority Setting Partnerships (PSPs) to agree what research matters most in given healthcare areas. This Priority Setting Partnership will identify important uncertainties in the diagnosis and management of scoliosis in people of all ages.

The PSP is led and managed by a steering group of people with personal and professional experience of scoliosis including patients, carers and clinicians, and is chaired by the JLA.

The aims and objectives of the Scoliosis PSP are to:

- work with patients, carers and clinicians to identify uncertainties about the diagnosis and management of scoliosis
- agree by consensus a prioritised list of those uncertainties, for research
- publicise the results of the PSP and process
- take the results to research commissioning bodies to be considered for funding.

In order to achieve these aims, organisations and individuals will be invited to take part, representing the following groups: people who have scoliosis, carers of people who have scoliosis, medical doctors, >

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nurses and professionals allied to medicine with clinical experience of scoliosis.

**Methods and timing:** An online survey will be used to gather questions from people with scoliosis, their carers and healthcare professionals. The responses will then be analysed and checked against existing evidence. Once a long list of verified unanswered questions has been identified, a process of prioritisation will begin. The end result will be a top 10 list of questions that people with scoliosis, their carers and healthcare professionals want researchers to address.

**How you can help:** We wish to reach a wide and diverse range of people: patients, carers and guardians, clinicians and healthcare professionals, and we will provide you with information and materials to help us to do that.

For details of the online survey please contact email: [sandra.regan@ouh.nhs.uk](mailto:sandra.regan@ouh.nhs.uk)

#### Info exchange

#### Paediatric MSK Outcome measure survey

A survey by Worcestershire Health and Care NHS Trust to benchmark clinical outcome measures and identify suitable Patient Reported Outcome Measures (PROMs) for clinical use in paediatric MSK patients. Results will be shared with paediatric and MSK CSP networks.

**Can you help?** Are you a MSK physiotherapist treating any paediatric patients? Are you willing to complete a five minute survey?

If so please complete the 10 question survey available via iCSP/APCP networks or request the survey by contacting: [caroline.watkins1@nhs.net](mailto:caroline.watkins1@nhs.net)

#### A national survey investigating the physiotherapy management of adults after ankle fracture fixation surgery – we are seeking your views to help shape future research

Are ankle fracture fixation patients treated similarly throughout the UK? We would like to invite you to complete a short survey to establish the variation in physiotherapy management of adults after ankle fracture fixation surgery across the UK. We would value your clinical opinions. Please take this opportunity to help shape research and optimise patient care/experiences of rehabilitation after ankle fixation surgery by completing this survey.

This study is being completed by Georgina

Taylor and David Keene, physiotherapists and researchers at the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Oxford University. The study is supported financially by Health Education Thames Valley. Ethics approval has been obtained by the University of Oxford Central University Research Ethics Committee (ref. R46784/RE001).

**Contact:** For survey details please contact: [georgina.taylor@ndorms.ox.ac.uk](mailto:georgina.taylor@ndorms.ox.ac.uk) The closing date for the survey is 22 November.

#### Postural Assessment Survey

**The research and its relevance:** We want to find out whether manual therapists are using postural assessment when treating patients with back and neck pain and if so, what methods they use and which specific aspects of posture they measure. Postural assessment may form an integral part of the assessment process used by many physiotherapists, yet visual assessment lacks objectivity and data cannot easily be shared, making it difficult to assess the relationship between posture and pain, or to accurately monitor change.

**Aim of the study:** The purpose of this survey is to gather information about the use of postural assessment by manual therapists, including physiotherapists.

**How you can help:** You are invited to complete an anonymous, 11-question online survey that takes approximately three minutes to complete. To complete or share the survey please contact Jane Johnson at email: [j.c.johnson@tees.ac.uk](mailto:j.c.johnson@tees.ac.uk)

#### Army School of Massage/Physiotherapy 1905-1977

**Can you help?** I am researching into the history of the Army School of Physiotherapy with the help of former students. Most of them trained between 1955 and 1977. There are two noticeable gaps in my research so far: 1920-1926 and 1940-1954. If through any research you have undertaken, you trained at the Army School Netley or Woolwich (civilian or service) or you have worked as a civilian at a military hospital and can provide me with any further information I would be grateful if you could contact me at email: [l.asplin@btinternet.com](mailto:l.asplin@btinternet.com)

#### Clinicians, we need 10 minutes of your time

Greater acceptance of chronic pain is associated with less distress and disability. Pragmatically, however, the idea that one might want to be more 'accepting' of chronic

pain runs contrary to common sense. Pain @ Neuroscience Research Australia are developing a questionnaire examining the role of acceptance in chronic pain. We are looking for 200 clinicians to answer a 10 minute questionnaire. To get involved email: [m.rabey@neura.edu.au](mailto:m.rabey@neura.edu.au)

#### CSP Retirement Association



## CSP Retirement Association

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

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

#### Older people's day 2016



Lyn Ankcorn asked physiotherapy students from Birmingham University to help out at an older people's day event at Weoley Park General Practice in Birmingham. They were very enthusiastic as you can see from the photographs. All printed material was supplied by the CSP.

Margaret Sinfield has kindly forwarded the following from a friend who trained as a physiotherapist in the early forties. Barbara is now 91 years old:

#### Was i the first member of the CSP?

By Barbara Blossom, Member of the Chartered Society of Massage and Medical Gymnasts Member of the Chartered Society of Physiotherapy

Two mantras: 'On Old Olympus Towering Top A Fat Armed Girl Performed A Hop' (mnemonic for the names of the twelve cranial nerves) 'Oh Beastly Little Bone Pray Can I Master U' (the extensor tendons of the wrist)

When I started training as a gymnast in 1942 at Anstey College of Physical Education in Birmingham the two-year course had been recently changed to include medical gymnastics. Our lecturer was a lecturer in human biology, Miss N. S. E. Weir, whose father was a doctor the Royal Family.

We attended Birmingham University Medical School once a month where our reference book was by Smart and MacDowell. Professor Smart was our tutor; he always wore a bow tie. The most memorable times were when we handled numerous and varied human parts that had been dissected from cadavers.

Also we had to work in a hospital department in our holidays and spare time. Six of us went to Ancoats Hospital in Manchester, they did not want us there, we did not want to be there!!

Instead we were allowed to watched various operations - I saw a Smith Peterson pin being inserted, two thumb skin grafts, two tarsectomies, a burst gastric ulcer, a repair of fractured tibia and much more.

On qualification in 1944 we became members of the Chartered Society of Massage and Medical Gymnasts, which in that year became the Chartered Society of Physiotherapy.

I worked as a teacher of physical education in girls' schools for the rest of my life but never lost my interest in physiotherapy.

Even now, at the age of nearly ninety-two, I still regret the passing of the Lea Valley Branch of the CSP to which on retirement I belonged and which produced so many interesting evening lectures at local hospitals.

And as you can see I have never forgotten the mantras by which we remembered anatomical names!

#### A visit to Hunterian Museum at Royal College of Surgeons, Lincolns Inn Fields

**Date:** Planned for Thursday 30 March 2017, 2pm

**Cost:** Around £5

We may meet for lunch beforehand, details later. *Judith Saunders*

#### Glasgow Group

The Glasgow retirement group met in Largs on the Clyde Coast on 18 August at the well-known Nardini's cafe. We enjoyed lunch together at this lovely seaside setting.

Our next meeting will be on Thursday 27 October at 1pm. We will be meeting at The Lighthouse, 11 Mitchell Lane, Glasgow. New members are always welcome. Please contact Anne at: [a\\_forrester50@hotmail.com](mailto:a_forrester50@hotmail.com) if you wish to join us on the 27th.

#### Yorkshire and Humber Group

**Date for your Diary! Thursday 1 December**

Our next meeting in York, 11am to 3pm. Light lunch and visit to the Treasurer's House. Details later. Look forward to seeing you all again. *Judith Saunders*

#### Equipped for retirement: Routes to success

**Date:** Friday 7 April 2017

**Place:** College of Occupational Therapists, 106-114 Borough High Street, London SE1 1LB Jointly hosted by the British Association of Occupational Therapists, Chartered Society of >

# Their lifestyle was secure even though Dorothy had been on long-term sick leave.

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Physiotherapy and the Royal College of Speech and Language Therapists, this event is for retired members and members approaching retirement.

With a combination of presentations and interactive sessions, you will be able to:

- network with inter-professional colleagues
- understand the legal requirements if you wish to continue to practice
- discuss ways of adapting to lifestyle changes
- get updates on the latest money management issues
- gain practical skills in the use of social media
- appreciate the importance of maintaining fitness and health using the principles of Pilates.

Places are limited. Please book early to avoid disappointment.

**Cost:** Early bird delegate fee (until 31 December 2016): members: £30, non-members: £40 Rates will increase by £10 from 1 January 2017. Delegate fee includes lunch, refreshments and materials.

**Contact:** For more details and to book your place, visit: <https://www.cot.co.uk/event/equipped-retirement-routes-success>

## Reunions



### Thinking of having a reunion?

Need to contact old friends? Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

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

#### University of Teesside 1996-1999

It is 20 years since we all we started our physiotherapy course in sunny Middlesbrough. A reunion is being planned so if would like to attend or just get in touch with your old class mates you have lost contact with, please email us at: [devtailor@hotmail.com](mailto:devtailor@hotmail.com) or at: [joyeccles@outlook.com](mailto:joyeccles@outlook.com) We look forward to hearing from you.

#### Sheffield School of Physio 1974-1977

In 2017 it will be 40 years since we qualified so we are planning to hold a re-union in Sheffield on Saturday 30 September 2017.

The initial idea will be to meet up around midday and then have a meal out, and for those wanting accommodation, to stay at the Mercure St Paul's hotel (in the city centre). The celebrations can be extended over the weekend if folk are in favour of meeting earlier, staying later.

We would love to meet up with as many from our year as possible so please forward to anyone you know who may not read *Frontline*.

Email please to Gill Richardson, nee Heatley at: [gill@matrock.fsnet.co.uk](mailto:gill@matrock.fsnet.co.uk) or: [mary\\_riches@hotmail.com](mailto:mary_riches@hotmail.com) (nee Mary Stanser).

#### Bradford Hospitals School of Physiotherapy 1978-1981

It's 35 years since we qualified! Nicky, Lorraine, Jill, Lesley and myself are arranging a get together, near Bradford, on the weekend of 12 November. We would love to get as many of the set as possible there. Please pass this on to everyone you are still in touch with. Details TBC. Come and share the memories and just a smidge of wine! Contact Debbi Cook at: [debbicook55@googlemail.com](mailto:debbicook55@googlemail.com)

#### Middlesex Hospital 1984-1987

2017 will be our 30 year anniversary of our three years at Arthur Stanley House under the watchful eye of Miss Coggins. Where did the time go? Anyone interested in having a reunion next summer? If so, please contact Sally Schofield (was Durnford) at: [schofields815@gmail.com](mailto:schofields815@gmail.com) and if enough are interested I'll plan something.

#### Royal Infirmary of Edinburgh 1966-69

In October this year it will be half a century since we started our training. Is there anyone interested in getting together to celebrate – possibly in Edinburgh in November. Please contact Jenny Currie (nee Dowie) at: [jenmcurrie@gmail.com](mailto:jenmcurrie@gmail.com)

#### Nottingham School of Physiotherapy class of 1983-86 – 30 years

We could not let this landmark date pass without celebrating those heady days in Nottingham in the mid-1980s! Are you up for getting together? Come and celebrate with us. We hope to meet for a Saturday in October or November. Will work out location and activities once we know where people are living. All welcome. Please email Ruth ten Hove (nee Dubbey) and Dean Phillips at: [dean@timberlandphysio.co.uk](mailto:dean@timberlandphysio.co.uk)

#### Coventry University School of Physiotherapy, class of 1988-1991

As it is 25 years since we qualified we are getting together in Coventry for lunch and an afternoon catching up on Saturday 26 November. Some of us will stay overnight on the Saturday night.

Please spread the word to any physios

from our course who you are still in touch with, or can manage to locate.

If you'd like to join us please email me to book a place, as we need to pre-order our meal and pay a £10 deposit. Looking forward to seeing you! Jill Davis (nee Bowerman) email: [jilldavis685@yahoo.co.uk](mailto:jilldavis685@yahoo.co.uk)

#### Middlesex Hospital School of Physiotherapy – 1966-1969, April set

It is 50 years this year since we began our training. If you are interested in a get-together to celebrate and reminisce please contact Geraldine Mann (nee Oldring) at: [geraldine.mann@btinternet.com](mailto:geraldine.mann@btinternet.com) or on tel: 01225 706148. I look forward to hearing from you.

#### Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

40 years since we qualified! It seems a good milestone for a reunion. If interested, we could arrange something for autumn. Please contact Debbie Stokes at: [debstokes@hotmail.co.uk](mailto:debstokes@hotmail.co.uk) How exciting!

#### United Liverpool Hospitals School of Physiotherapy 1977-1980

Hello! I was wondering if after all this time you'd like to meet? If you would, contact Karen (McLoughlin) at email: [ladylittler@gmail.com](mailto:ladylittler@gmail.com) Please share with tutors et al – Eileen Thornton that includes you!

#### Royal Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Set 45 – 30-year reunion



Nine members from Set 45, Royal Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, met in June for their 30 year reunion. Fantastic to rekindle old friendships and will hopefully see more of us next year on 10 June in Mansfield. Contact Andrea Williams (nee Raymont) for further details: [andrea@physiotherapyservices.co.uk](mailto:andrea@physiotherapyservices.co.uk)

#### Middlesex Hospital April 1966 set 50 year Reunion



Ten of our set, one of whom had travelled from Toronto for the occasion, met on a beautiful warm sunny day in September for the 50 year anniversary of the start of our training in April 1966. Our reunion took place at the Runnymede Hotel in Egham near Windsor - an ideal location by the River Thames. Over an excellent buffet lunch we caught up with everything from each other's family news, career paths and what we were all up to in our retirement. There were plenty of amusing reminiscences about our years of training too.,

Everyone thoroughly enjoyed the occasion and time passed all too quickly, but we did not go home without first agreeing to hold another reunion next year when we hope that more of our set will join us.



### Thinking of having a reunion?

Need to contact old friends? Send an email to [networkads@csp.org.uk](mailto:networkads@csp.org.uk)

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

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# Annual Representative Conference

2017 **Palace Hotel, Manchester**  
6-7 March 2017

## What is ARC?

ARC is an opportunity for the CSP's members to come together for two days to discuss and debate matters of importance to members, the services they offer and the health and welfare of the community.

## How can you be involved?

- Write a motion to give your group's opinion of what CSP should do
- View the motions on the website each year and discuss views with your group and other members
- Come to ARC – All CSP members are welcome to attend ARC and take part in the debate.

## Submitting a motion?

The ARC Constitution allows the following groups to submit motions: Council, Country Boards and Regional Networks, Branches, Stewards' regional groups, the National Group of Regional Stewards, the Student Executive Committee, the Associates Committee, the Professional Networks, the National Group of Regional Safety Representatives, each equality and diversity network and the retirement group network.

**Deadline for receipt of motions 12 noon 30 November 2017**

To submit a motion and for further information visit the website at: [www.csp.org.uk/arc2017](http://www.csp.org.uk/arc2017)

## JOIN UP!

### CSP Equality and Diversity Networks

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



For more details go to:

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

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

## Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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

# Courses&conferences

## Complementary therapy

### THE 50 MOST USEFUL ACUPUNCTURE POINTS REVISED (10 hrs CPD) (1 day)

**With:** Hubert van Griensven  
10th Dec 2016: Surrey  
13th May 2017: Loughborough  
**Contact:** info@physiok.co.uk or call 0208-394-0400

### UPPER LIMB ACUPUNCTURE CPD COURSE (10 hours CPD) (1 day)

**With:** Hubert van Griensven  
11th March 2017: Loughborough  
**Contact:** info@physiok.co.uk or call 0208-394-0400

### WANT TO REJOIN THE AACP? RETURNING TO PRACTICE COURSE

AACP approved 1 day course  
**With:** Hubert van Griensven  
3rd Dec 2016: Loughborough  
21st Jan 2017: Surrey  
**Contact:** info@physiok.co.uk or call 0208-394-0400

### WANT A FREE SPACE ON 1 DAY ACUPUNCTURE COURSE WITH HUBERT VAN GRIENSVEN IN 2017?

If you host this course you get one free spaces. Contact us on info@physiok.co.uk for details.

## Electrotherapy

### Laser Therapy Training 2016

**When:** 29 November  
**Where:** Glasgow  
**When:** 30 November  
**Where:** Newcastle  
**When:** 3 December  
**Where:** London, St Pancras Renaissance Hotel  
Theory, dosage, safety, contraindications, regulations, hands on training. Cost: £200.  
**Contact:** Course Leader: James Carroll FRSM. 01494 797100, www.thorlaser.com  
Register online - Early Bird Discounts available

## Manual therapy

### WANT 2 FREE SPACES ON MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)

If you host this course you get two free spaces. Contact us on info@physiok.co.uk for details.

### DOUG HEEL BE ACTIVATED LEVEL 1 (PLUS A 2017 DATE)

26th-27th Nov 2016: Scotland – LAST 8 PLACES  
28th-29th Nov 2016: Manchester – LAST 4 SPACES  
1st- 2nd Dec 2016: London - FULL  
3rd-4th Dec: Milton Keynes – LAST 2 SPACES  
18th – 19th March 2017: Loughborough  
**Contact:** info@physiok.co.uk or call 0208-394-0400

### INTRODUCTION TO MYOFASCIAL RELEASE (PART 1) WITH JOHN ANNAN (2 days)

15th-16th July 2017: Loughborough  
4th-5th Feb 2017: Sheffield  
**Contact:** www.physiok.co.uk/john4 or call 0208-394-0400

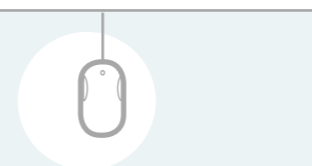
### Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

## Miscellaneous

### MLACP Winter Conference & AGM: Case Law & Role of

Physiotherapy Experts  
**When:** Friday 18th November 2016  
**Where:** CSP, 14 Bedford Row, London, WC1R 4ED  
£50 - MLACP Members / £85 - Non Members / £40 – CSP Students (must provide CSP Number)  
**Contact:** For further details email info@mlacp.org.uk or visit www.mlacp.org.uk



## Advertise in Frontline

Get in touch with Media Shed

cspads@[media-shed.co.uk](mailto:cspads@media-shed.co.uk)

## Miscellaneous

### WEXHAM 2016: 13TH WEXHAM PARK CRUCIATE LIGAMENT MEETING

**When:** 17 Nov. 2016 – 18 Nov. 2016  
**Where:** Wexham Park Hospital  
Conveners: Mr Henry Bourke (FRCS) and Mr Robin Allum (FRCS).  
International Speakers: Charles Brown, UAE; Peter Myers, Australia; Leo Pinczewski, Australia; Lucy Salmon, Australia. UK Faculty. Topics to be covered will include: Soft Tissue Kinematics, Graft Choice, Fixation, Tunnel Placement, Rehabilitation, Lateral Tenodesis, Live Surgery, Reconstruction, Posterolateral and Posteromedial Structures, Meniscus and Cartilage Repair. CME has been requested. Registration Fee: £65. Download an application form from: www.johnlister.ac.uk.  
**Contact:** Sabiha Mughal ACLWexham2016@fhft.nhs.uk 01753 634369

## Advertise in Frontline

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## Neurology

### Assessment and Management of Walking in Adults with Neurological Deficit: A Focus on Adjuncts to Optimise Gait

**Thursday, 1st December 2016, 9:00-5:00**  
**Clinical Neurosciences Centre, 33 Queen Square, London, WC1N 3BG**

This one day course provides therapists with an overview of gait assessment and management in neurological patients focusing on the lower limb.

Normal gait biomechanics will be revised and discussed in relation to neurological impairments. There will be an introduction to adjuncts including orthotics, FES and pharmacological management for the optimisation of gait biomechanics.

The course is lecture based with presentations, video case studies and open discussion. There will be representatives from companies supplying orthotics and FES providing opportunity see a range of products currently available.

Fee: **£110** including delegate pack, lunch and refreshments  
For application forms and further details please contact:

Alkida Domi,  
**Tel:** 0203 448 3476

**Email:** therapy.courses@uclh.nhs.uk

**Website:** www.uclhcharitycourses.com

### Spasticity Management – A Multidisciplinary Approach

**2nd - 3rd of February 2017 - 9am – 4.45pm**

Clinical Neurosciences Centre, 33 Queen Square, London, WC1N 3BG

This two day course delivered by experts in the field will provide clinicians with an in-depth understanding of spasticity, the many interventions available to manage it and current research. The course will be of broad reaching interest – for all doctors, nurses and allied health professionals who regularly meet patients with spasticity. The course aims to assist clinicians with practical translation of the evidence into high quality clinical care for the individual. We will address assessment, physical and pharmacological management, botulinum toxin, intrathecal therapies and the importance of education and self-management. We will feature sessions regarding management of the acutely ill patient and what the future may hold in treating this complex symptom.

Fee: **£190** including lunch and comprehensive delegate pack

To book onto the course please go to our website: www.uclhcharitycourses.com for further information please contact:  
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therapy.courses@uclh.nhs.uk

## Advertise in Frontline

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Pain management

**Laser Therapy Training 2016**

Please refer to advert in Electrotherapy section

**Advertise in Frontline**

Get in touch with Media Shed [cspads@media-shed.co.uk](mailto:cspads@media-shed.co.uk)

Occupational health

**ACPOHE STUDY DAY - 'RETURN TO WORK - GETTING YOU FIT TO ADVISE'**

**When:** 18 Nov. 2016 – 18 Nov. 2016

**Where:** The Place Aparthotel

Ask the experts Dr Robin Cordell, Glyn Smith, Diana Kloss, Karen Walker-Bone.

**Contact:**  
ACPOHE  
[ACPOHE@buryphysio.co.uk](mailto:ACPOHE@buryphysio.co.uk)  
01284 748202

Sports medicine

**APPI PILATES TEACHER TRAINING COURSE**

**When:** 3 Dec. 2016 – 4 Dec. 2016

**Where:** cthealthcare Ltd. Training Centre Nantwich Matwork 1 Foundation Pilates

**Contact:**  
Gemma Street  
[gemma.s@cthealthcare.co.uk](mailto:gemma.s@cthealthcare.co.uk)  
01270 361363

**Laser Therapy Training 2016**

Please refer to advert in Electrotherapy section

**LUBAS SPORTS TRAUMA MANAGEMENT**

**When:** 12 Nov. 2016 – 13 Nov. 2016

**Where:** Cambridge Centre fo Health and Performance

**When:** 19 Nov. 2016 – 20 Nov. 2016

**Where:** Durham City Physio & Sports Injury Clinic

**When:** 3 Dec. 2016 – 4 Dec. 2016

**Where:** Royal London Hospital

**When:** 10 Dec. 2016 – 11 Dec. 2016

**Where:** SSE Swalec Stadium

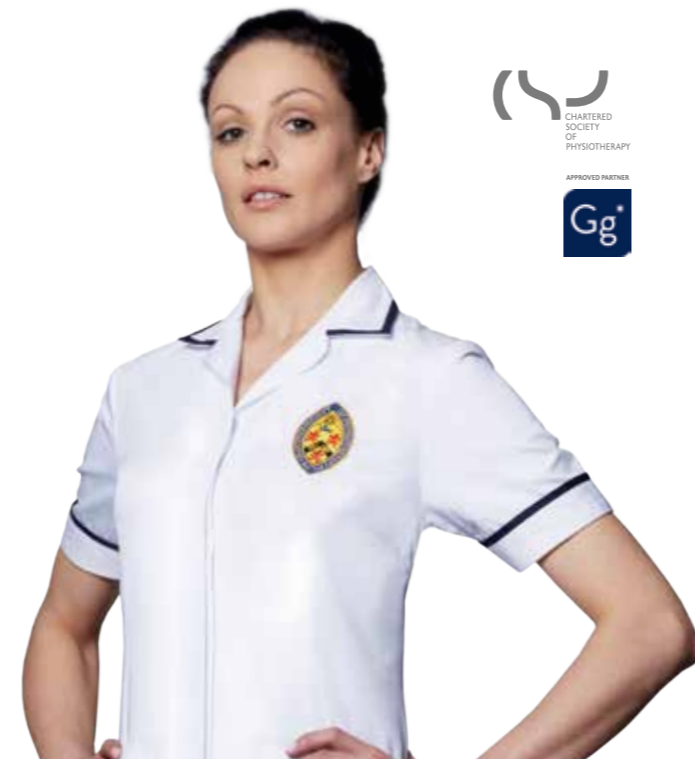
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Central and North West London NHS Foundation Trust

**Band 7**  
**Physiotherapists & Occupational Therapists**

Do you want to develop your career and be part of a unique and dynamic team?  
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CNWL and partners have recently been awarded a contract to deliver a community service which will provide health and social care support to people from Hammersmith & Fulham, Kensington & Chelsea, and Westminster in their own homes when they are unwell or recovering from illness.

The service will provide an integrated Health & Social Care service to people at home who are at risk of being admitted to hospital, in reaching into Emergency Departments in Charing Cross, Chelsea and Westminster and St Mary's Hospitals, and providing supported discharge and integrated rehabilitation and reablement care.

We have laid out an ambitious service delivery model for this work which includes the full adoption of mobile working, managing a sub-acute level of clinical need with dedicated medical and pharmacy support, shared clinical record keeping between health & social care staff and the implementation of reablement care as a standardised supportive activity for all patients in our pathways. In order to achieve this we are seeking to recruit equally ambitious and determined Band 7 Physiotherapists & Band 7 Occupational Therapists with experience of community rehabilitation care.

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We would also be keen to hear from other practitioners with high level clinical assessment & management skills such as paramedics.

Our provider partnership includes: Central and North West London NHS Foundation Trust and West London Mental Health NHS Trust, who together have significant experience of providing similar services in Hillingdon, Camden, and Milton Keynes (CNWL) and Ealing (WLMHT and CNWL in partnership) and these services are highly valued by our clients and commissioners alike. Applicants may be offered employment by either organisation.

We value our staff as much as our patients and place a strong focus on the development of our workforce, with comprehensive statutory and mandatory training to support for higher level learning in partnership with local Higher Education Institutions and Health Education England.

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For further information about the above posts, please contact:  
**Corina Sampson, Clinical Educator** on **07590 004 209**.

To apply please visit [www.cnwl.healthjobsuk.com](http://www.cnwl.healthjobsuk.com) using ref: **333-G-CC-0219 (OT)** or **333-G-CC-0220-A (Physio)**

**Closing date: Monday 21 November 2016**

[www.cnwl.nhs.uk](http://www.cnwl.nhs.uk) Wellbeing for life

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Closing date 20th of November

Query? Please email us at: [cpn-tr.Recruitment@nhs.net](mailto:cpn-tr.Recruitment@nhs.net)

Queenscourt Hospice is a northwest charity providing support for people of Southport, Formby and West Lancashire. Our clinical teams form an integral part of Multidisciplinary Specialist Palliative Services across the area.

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Post details:

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Associate Professor / Senior Lecturer

Reference J00946a  
Senior Lecturer / Lecturer in Physiotherapy

Payscale  
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Senior Lecturer Grade 8 £42,622 to £50,222 inclusive  
Lecturer Grade 7 £35,302 to £41,481 inclusive

We seek talented and ambitious academics who are UK HCPC-registered Physiotherapists to join the Department of Allied Health Sciences at London South Bank University. Successful candidates will be expected to work as a team to develop and deliver the refreshed and redeveloped Physiotherapy programmes from September 2017. They will be expected to take up other additional roles within the team, Department and School, depending on their experience and seniority. This is an exciting time to join the Department and School as we develop a suite of new courses, in addition to the existing breadth and depth of our under-graduate and post-graduate provision. The successful candidates will contribute to taking forward the departmental vision of LSBU as the leading provider of allied health education in London.

He / she will be committed to providing an excellent student experience and to ensure that all activities delivered to and in collaboration with our internal and external partners are of the highest quality.

#### Contact

For an informal discussion please contact the Head of Department of Allied Health Sciences, Professor Lesley Haig

**Email:** haigl2@lsbu.ac.uk **Tel:** (020) 7815 7928

Please note, the contact details listed are for enquiries only. Application forms, covering letters, or curriculum vitae documents sent directly to the contact listed will be disregarded. See the 'How to Apply' section below for information on how to submit an application.

**Closing date for applications:** 15th November 2016

Further particulars - Download full job description:  
<http://www1.lsbu.ac.uk/php5c-cgiwrap/hrweb/index.php/currentvacancies>



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The posts have the advantage of term time working and flexible working patterns will be considered to meet the needs of our learners.

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**For more information and to apply for these or our other vacancies, please visit: [www.nationalstar.org](http://www.nationalstar.org)**

**Closing date: Tuesday, 8th November 2016.**

**Interview date: Wednesday, 16th November 2016.**

An enhanced DBS check will be required for all posts. The organisation takes seriously its responsibilities and is committed to safeguarding and promoting the welfare of young adults and expects all staff to share this commitment. We value a diverse workforce and welcome applications from all sectors of the community. Charity no: 220239.

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**CAPITAL PHYSIO** are seeking ambitious physiotherapists across the UK to join its expanding team. We currently have vacancies in London, Manchester, Cambridge and Birmingham, with opportunities coming up in other major cities. For up an up to date list of vacancies, please visit: <http://www.capitalphysio.com/jobs/>

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**MARK LEATHER PHYSIOTHERAPY LTD** is currently recruiting physiotherapists to provide treatment for a variety of medico-legal based patients in Cumbria, the Midlands and South Wales as well as other locations nationwide. Work is on a self-employed basis with competitive rates of pay. For further information please send a curriculum vitae along with a covering letter to: [contact@markleatherphysiotherapy.com](mailto:contact@markleatherphysiotherapy.com) or call tel: 07539 286303.

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Back in Action UK is seeking a full-time and part-time physiotherapists to join our team delivering evidence-based musculoskeletal solutions in on-site workplace environments in Central, East and South London. You will be addressing the musculoskeletal health of the working population, including manual and sedentary workers and treating both work and non-work related injuries. You will take a holistic approach, addressing biopsychosocial factors, as well as contributing to injury prevention strategy and fostering broader positive health behaviours. We are looking for an enthusiastic, self-motivated physiotherapists with exceptional communication skills and strong musculoskeletal experience. Experience in a work based/occupational health will be viewed favourably. Please send your CV and brief covering letter to: [jobs@backinactionuk.com](mailto:jobs@backinactionuk.com) for further information on this unique role.

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Response Physiotherapy offer you: competitive salary; excellent training; funding for external courses; new treatment approaches; career progression; pension; guidance from experienced physiotherapists. We aim to provide high standard physiotherapy covering diverse problems and specialities. You will have a varied caseload including self-referral, private health insurance and NHS; rehabilitation facilities; connections with consultants and sports clubs. We'll nurture your analysis skills to improve results and challenge you to think about how you work. Successful candidates have: physiotherapy degree; musculoskeletal experience; HCPC and CSP registration; fluent spoken and written English. Applications with CV and covering letter to: [gmeeks@responsephysio.com](mailto:gmeeks@responsephysio.com)

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### MUSCULOSKELETAL PHYSIOTHERAPIST – IPSWICH, SELF-EMPLOYED

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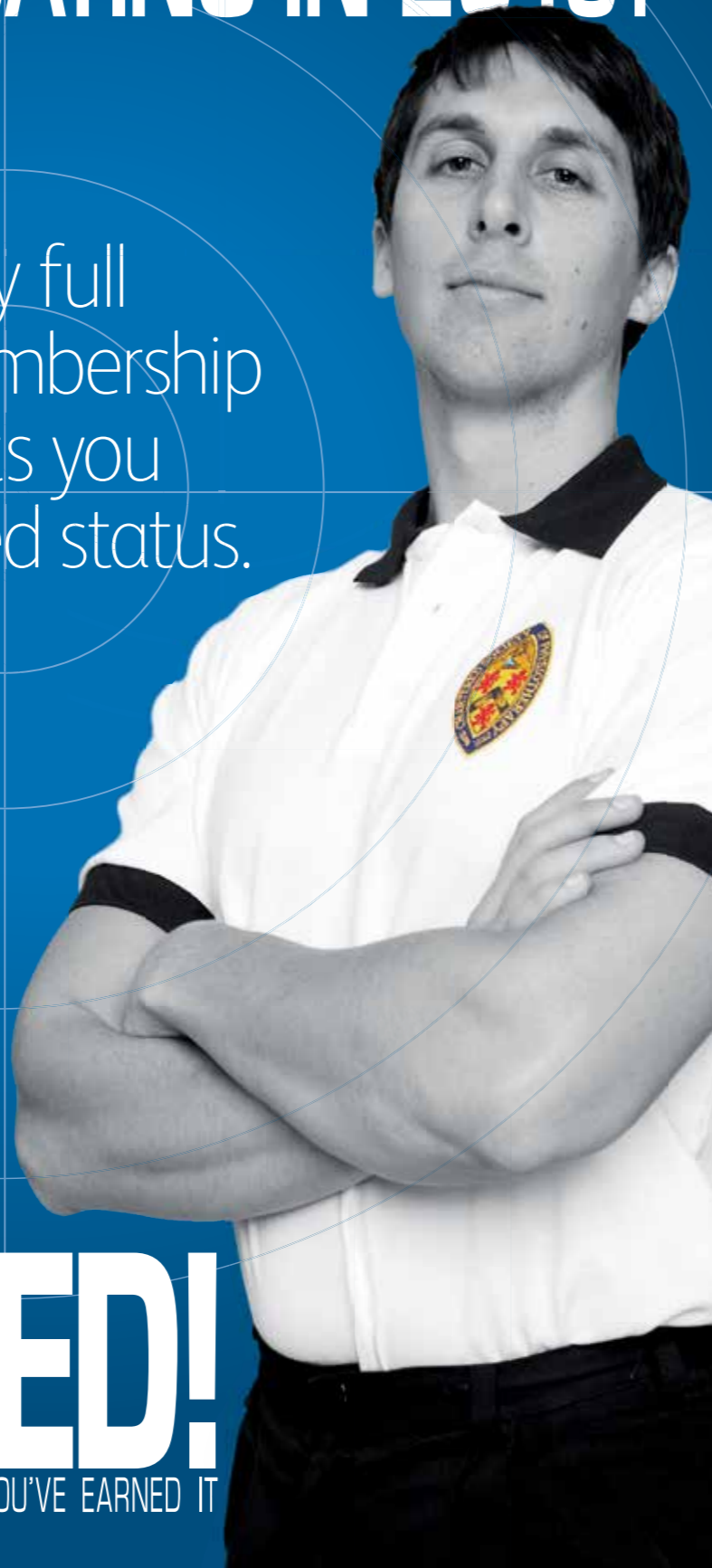
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**PART-TIME SELF EMPLOYED PHYSIOTHERAPIST: LOCATED GOOLE/SELBY AREA** 15 to 20 Hours per week with potential to expand for right candidate. At least two years experience of private treatment of sports and occupational conditions essential. HCPC/CSP registration and ability to work independently are essential. Pilates and acupuncture are desirable but not essential. Please email CVs to: [youngs.actionfirst@gmail.com](mailto:youngs.actionfirst@gmail.com)

**CHESTER AND NORTH WALES** Full and part-time positions available for motivated and enthusiastic physiotherapists wanting to join our friendly team in treating clients in an occupational health setting/ in musculoskeletal clinics treating private and insurance patients. We have a dynamic team of physios offering regular in-service

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**GLOUCESTERSHIRE** Friendly private practice seeks a musculoskeletal physio for two shifts per week 4pm-8pm (although this can be adjusted to suit therapist). Current HCPC and CSP registration required. CPD available. Email: [redsphysioclinic@yahoo.com](mailto:redsphysioclinic@yahoo.com)

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#### PART-TIME COMMUNITY WORK, LONDON

Looking for self-employed physiotherapists to join our team. All specialities required: neurological, orthopaedic, and musculoskeletal physiotherapists. Good pay and flexibility – suitable for NHS and private physiotherapists looking for additional work. CVs to: [info@londonhnp.com](mailto:info@londonhnp.com) Website: [www.londonhomephysio.co.uk](http://www.londonhomephysio.co.uk)

**NORTH BRISTOL** The Physio Clinic Bristol Ltd is looking to recruit an enthusiastic self-employed physiotherapist, 20 to 30 hours per week. Must be three plus years qualified. The post is split between our occupational health contract offering guaranteed income at an hourly rate and self-employed work at our main clinic. We offer in-house education and mentoring and funding for training. You must be able to work independently from the outset and be confident in your diagnostic and treatment abilities. Own transport is essential to fulfil part of the role. CV and covering letter to: [enquire@thephysioclinicbristol.co.uk](mailto:enquire@thephysioclinicbristol.co.uk) or call tel: 01454 854466 for further information.

**FELIXSTOWE, SUFFOLK** We have opportunities for full/part-time physiotherapists working in a busy musculoskeletal clinic. Two years post-registration experience preferred. Employed or self-employed considered. For further information please email: [felixstowephysio@btconnect.com](mailto:felixstowephysio@btconnect.com)

#### PHYSIOTHERAPIST REQUIRED FOR BUSY PRIVATE PRACTICE BASED IN HATFIELD, HERTFORDSHIRE

We are looking for an experienced musculoskeletal physiotherapist to join our established friendly multidisciplinary team on a self-employed basis. The ideal candidate should have excellent skills in assessment, diagnosis and treatment of all musculoskeletal conditions, be people focused and have good clinical reasoning skills to join our highly skilled team. Excellent rates of pay available. Please send your CV plus a covering letter to Ian at: [info@thehatfieldpractice.com](mailto:info@thehatfieldpractice.com) and we look forward to you joining our team.

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# ThreeMinutes

## Let's work together

As an advanced physiotherapist practitioner, Nathan Humphries is convinced about the benefits of working in a collaborative way

### What's your contribution to care?

I work as an advanced physiotherapist practitioner with the advanced clinical practitioner (ACP) team in the hospital's emergency department. I spend most of my time in minors and paediatrics, where I autonomously manage patients who present with anything from minor to major life-threatening conditions, through to admission or discharge.

I believe the patients I see receive competent medical assessment and management. The benefit of having a physiotherapy background, besides providing musculoskeletal (MSK) expertise, is my knowledge of rehabilitation and being able to provide a different insight to care from medical and nursing colleagues, which enhances the team as a whole.

### How do you share your expertise?

ACPs were introduced to this trust in 2006 because of a shortfall in medical staffing. They now make a significant contribution to the emergency department workforce, with 53 per cent of the attending patients being seen and treated by non-medically trained staff.

ACPs are capable of working as senior decision-makers and make fewer clinical mistakes and prescribe more safely than a transient workforce or middle-grade equivalents. A recent study, comparing permanent emergency department ACPs and emergency department middle-grades, showed that the emergency department ACPs saw approximately 1,000 more patients a year than the average medical emergency department middle-grade counterpart.

### Is a multidisciplinary approach vital?

From medical, surgical, cardiac and orthopaedic teams to paramedics, pharmacists, social workers and mental health professionals, we all need to work together to provide the best care to patients.

### Should more physios become ACPs?

This is already happening in our trust. Physiotherapist ACPs have recently been introduced into intensive care, critical care outreach, trauma and orthopaedics, acute medicine and elderly care. Being an ACP allows true, independent, autonomous patient management. However, developing ACPs is more than a process of just teaching more 'medicine' to nurses and AHPs. For an ACP to grow and become effective, they need to be coached in decision-making processes. They also need networks, supervision and support from medical clinicians and from fellow ACPs who have completed the process.

### What keeps you awake at night?

Nothing. After a typically hectic shift in the emergency department staying awake is the problem!

### What about your development?

I qualified as a physio in 1999, specialising in MSK outpatients from 2003. Three years later I began a split role, working 40 per cent of my time in physiotherapy MSK outpatients and the rest in the emergency department, initially exclusively seeing MSK presentations with the emergency nurse practitioner team. I qualified in the management of minor injuries in 2007 and minor illness in 2011 and these new skills led to my joining the ACP emergency department team in 2013. As part of the ACP team I see the full range of emergency department presentations. I have gained skills in venepuncture and cannulation, for example, and in advanced paediatric and adult life support and am an independent prescriber. I am in the final year of an MSc in advanced clinical practice at the University of Warwick.

*Nathan Humphries is an advanced physiotherapist practitioner at the emergency department at Heart of England NHS Trust*

After ACPs were introduced 53% of patients were treated by non-medically trained staff



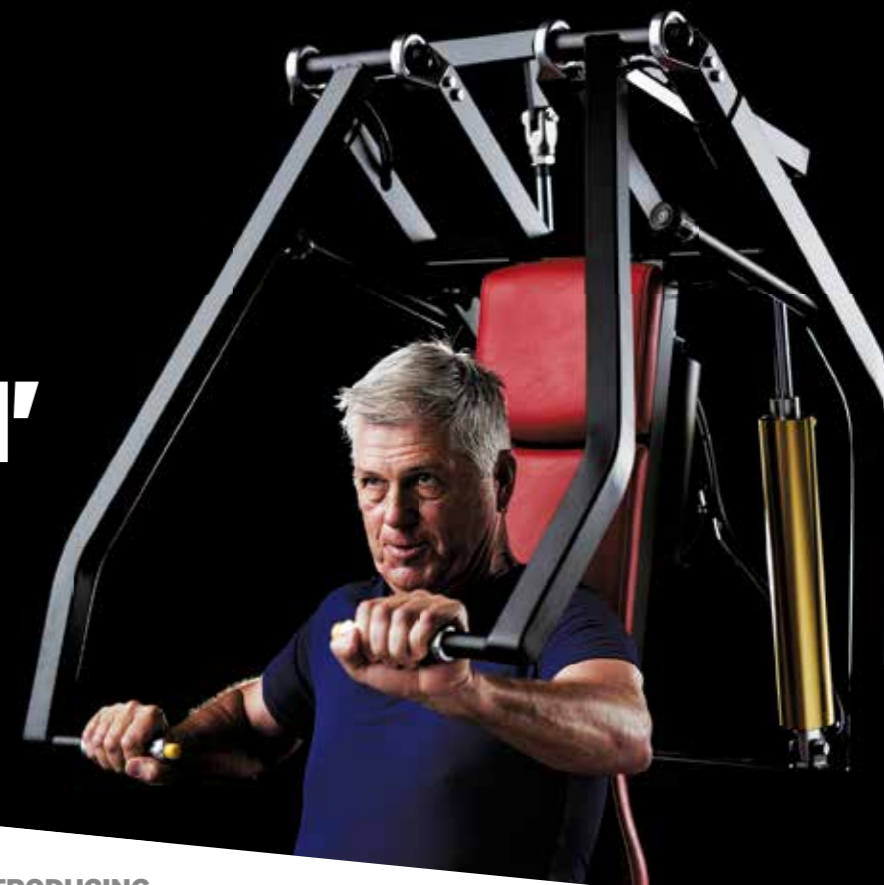
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in Low Back Pain - a patient centred approach

**Cognitive Behavioural Therapy for Physical Health**

Combined Approach to the Sacro Iliac Joint

**Combined Movements: Mobilisation (IV+) & Manipulation (IV-)**

Dizziness - Vestibular Assessment, Treatment  
& Rehabilitation: level 1 & level 2

**Dynamic Taping**

Ed Wilson's Myofascial Trigger Points course

**Examination of the Active Foot & Ankle**

Fascial Release Techniques

**Immediate Care in Sport & Exercise Medicine**

Introduction to Paediatric & Adolescent Musculoskeletal disorders

**Know Pain A practical guide for practical neuroscience education**

Management of the Athlete: Lower Quadrant

**Muscle Energy Techniques:**

**Lumbar Spine & Pelvis and Thoracic Spine & Ribs**

Mulligan Concept: Nags & Snags

**Paediatric Orthopaedic workshop**

Paediatric Respiratory workshop

**Practical Podiatric Biomechanics**

Respiratory Care Update & Advanced Respiratory Care

**Running Repairs - getting runners back on track**

Spinal Manipulation: Facilitating Rehabilitation

**Sporting Hip & Groin**

Sport & Exercise First Aid (introductory level)

**Sports Injuries: an essential guide  
to aetiology, assessment & treatment**

Sports Massage Masterclass

**Sporting Hand, Wrist & Elbow**

Tendinopathies Masterclass

**The Athletic Shoulder: Specific rehabilitation strategies**

The Neck: Clinical Rehabilitation

**The Shoulder, Theory & Practice (11th edition)**

The Sporting Spine

**Unravelling Strength & Conditioning for Therapists**

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