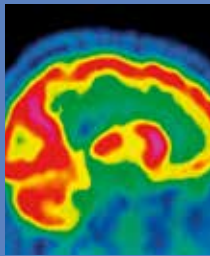




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CSP calls for better pay in NHS

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Younger onset dementia

A physio's role

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Upper limb expert

Meet South Africa-bound Val Jones

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Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

21 September 2016
Volume 22
Issue 16

Pitching in

W@W!
workout@work
SPECIAL



Inside: Jobs • 3 minutes • Courses • In person

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

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Working out

You'll find plenty of inspiration in this issue of *Frontline* – in fact we hope you always do.

But this time you'll see some of the many projects members have run during the summer months as part of the CSP's annual Workout at Work (W@W!) initiative (see pages 8-9 and 20-21).

It's great to see members taking up the challenge – and giving up their time – to educate and inform others about the value of keeping active in the workplace. A big thank you to all of you who have gone that extra mile.

But, as physio staff know, it's often taking small steps – a walk every lunchtime, or getting off the bus a stop or two early – that starts to bring about long-term change.

'It's great to see members taking up the challenge – and giving up their time – to educate and inform others about the value of keeping active in the workplace'

Each small step individual members make – through W@W! and other CSP initiatives, such as our involvement in Older People's Day – helps to promote physiotherapy to commissioners, to other clinicians and their patients.

I'm sure you'd like to know that CSP staff – many of whom are not physios – are doing their bit to keep fit too.

A number of us in Bedford Row are sporting pedometers to record our steps. Mine is up to 12,000 after just four days, which can't be bad, can it?

I'm only sorry I wasn't wearing it last week while I was on holiday in the Lake District!

Lynn Eaton

managing editor *Frontline* and head of CSP member communications
eatonl@csp.org.uk

Lessons from the chalk-face

I am responding to the article titled 'Managing pressures in practice' by Gwyn Owen www.csp.org.uk/node/994147 It's good to know what you're getting into, professionally speaking. As a one-time teacher with 12 years at the chalk-face, I can appreciate the impact of being asked to shave time off appointments or taking on additional duties.

I was particularly interested in Gwyn's suggestion on how to challenge problematic situations through using professional standards and duty of care. Most definitions of a 'profession' include not only highly-skilled learning but a moral and ethical code. For physios, this exists in the Health and Care Professions Council standards, but is more actively embodied in the CSP.

It's one reason why I joined the CSP: to engage with a professional body, to learn from those with experience, to be involved in professional discussion and have a voice. It's why, when the chance came, I stood for the role of CSP rep and why I intend to continue this role when I begin working. It's also why I believe it's important to engage my cohort in discussion and why their voice should be heard.

Challenging an employer is not easy. Even if they have unreasonable expectations, there is a power balance that is hard to fight. The more involved students (and experienced physios) are with CSP debates and discussions, the better. The more students can voice a professional opinion, the more they are able to define their own standards, the more they question what is best for their patients, the better prepared they are for a working environment.

■ *Alec Newton, physiotherapy student*

Leap of faith

I am currently a physiotherapy student at Manchester Metropolitan University about to go in to second year.

I thoroughly enjoyed your student focus article on students' back stories on pages 30-33 in the 7 September issue of *Frontline* www.csp.org.uk/node/1000662

I could really relate to the stories you published from the different

students, and I have started this course after being out of education for 12 years. I was a professional Irish dancer from the age of 16 and travelled the world for 10 years with various shows and companies

However, I always had an interest in how the body works and spent half my time asking the tour physios loads of questions about their job.

I finally took the leap and did an

access course at college, which I was so pleased to have gained a place on.

I thought I'd let you know a little bit of my story and thank everyone at *Frontline* for their brilliant articles, which really help to keep me interested throughout the course!

■ *Tom Blishen, physiotherapy student*

In favour of IT

I followed with interest the IT developments in the NHS last week www.csp.org.uk/node/1002868

I am really passionate about this topic as I worked in IT running my own website design company before I was a physiotherapist.

I used it to fund my time at university.

Since graduating, I have always tried to use both of my skill sets and was recently heavily involved in our team's introduction of electronic patient records in the community paediatric physiotherapy service.

■ *Anna Evans, paediatric physiotherapy team lead for North Worcestershire Health and Care Trust*

Top Tweets

■ [@thecsp](https://twitter.com/thecsp) We can afford a properly funded NHS. It is a matter of political choice @CSullivanCSP #TUC16

■ [@hharniess](https://twitter.com/hharniess) 70% health outcomes determined by factors outside hospitals/clinical care. Need2address these if NHS 2b sustainable


■ [@HealthFdn](https://twitter.com/HealthFdn) New guide outlines how the science of behaviour can help people to self-manage their health: <http://bit.ly/2cbZ6vo>

■ [@nhsconfed](https://twitter.com/nhsconfed) Learning from international healthcare systems – listen to our latest podcasts <http://bit.ly/2cBtvGG>

■ [@NICEcomms](https://twitter.com/NICEcomms) We're on the hunt for our next cohort of fellows and scholars: <https://news.nice.org.uk/nice-fellows-and-scholars-programme/index.html>. Is it you we're looking for?

■ [@jkruger71](https://twitter.com/jkruger71) Fantastic opportunity 4 #physicaltherapist #physiotherapist to be part of the next winter #Olympic games. #Gloabtp

■ [@PhysioATOCP](https://twitter.com/PhysioATOCP) #erwcp2016 ATOCP are giving away 2 places for members to attend. Login and see newsletter

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

You've added...

In response to a column in the Views and Opinions pages in the last edition of Frontline, titled 'Debunking myths about back pain', www.csp.org.uk/node/1001245 davejw said:

■ 'More patients are seeking surgical opinion without fully exploring conservative measures or feel conservative measures are a waste of time by being "given a few exercises" and sent

on their way. Granted patients do need to take ownership of their condition but physiotherapists have valuable manual skills that can be utilised to great benefit and in recent times appear to be under utilised.'

The comments sparked a number of responses, including the following one from paulbryce:

■ 'What particular manual skills can we use that would bring anything other than transient mechanical and/or symptomatic

improvement?

I know it's an old debate and I could not agree more about our acclaimed assessment and diagnostic skills but manual therapy, particularly with passive patients, can not only be ineffective but iatrogenic.'

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 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

Fracture clinic working

Members share their positive and motivating experiences of working in new ways in a fracture clinic.

Comments: 8

Network: Orthopaedics
www.csp.org.uk/node/988441

Is massage still core to practice?

A long-running, important and robust debate continues with members of contrasting opinions sharing what they believe is core to physiotherapy learning and practice.

Comments: 92

Network: Musculoskeletal
www.csp.org.uk/node/256355

New to private practice

Members exchange advice on setting up in private practice and share their experiences regarding the effort required to get up and running.

Comments: 15

Network: Independent healthcare
www.csp.org.uk/node/977865

Correction

■ In our news item titled 'CSP launches updated Falls Prevention Economic Model online' (page 10, 7 September), we wrongly stated that the money saved could be £25.2 million.

In fact, the estimate is far higher, at £252 million.

NewsinPictures



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

For the stories behind the images just follow the shortcut codes

1 A third of adults should take statins, says a report on research which found that the drug's side effects have been exaggerated and the treatment prevents 80,000 heart attacks a year. Source: The Telegraph <http://bit.ly/2cKTVr4>

2 Why mango really is a 'superfood'. Scientists find the tropical fruit 'helps to prevent obesity and type 2 diabetes'. Source: Daily Mail <http://dailym.ai/2c9otAe>

3 Household dust harbours toxic chemicals linked to an increased risk of health hazards, from cancer to infertility, researchers in the US have found. Source: Guardian <http://bit.ly/2cag900>

4 'Super agers' offer clue to keeping a sharp memory. Source: BBC www.bbc.co.uk/news/health-37348130

5 Drinkers who exercise in recommended amounts can cut their risk of dying from alcohol-related cancer, according to a British Journal of Sports Medicine paper. Source: Guardian <http://bit.ly/2cci9tD>

6 Toxic air pollution particles pose a risk of Alzheimer's, say researchers who found minute magnetic particles typically found in air pollution in 'abundant' quantities in human brain tissue. Source: Independent <http://ind.pn/2cg810V>



Frontline

Got a news story or idea for Frontline? See www.csp.org.uk/ideasforfrontline for details of how to contribute, email frontline@csp.org.uk with a short summary and your phone number or call the news desk on 020 7306 6665

Want to send us a photo? Use our datasend photo service. For details see 'photographs' at: www.csp.org.uk/ideasforfrontline

Want to place an advert? Reach a 50,000+ physiotherapy audience with your product, course or recruitment ad. cspads@media-shed.co.uk 0845 600 1394

Got an item for Networks & networking? networksads@csp.org.uk 020 7306 6174

Contact the CSP enquiries@csp.org.uk 020 7306 6666
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Members have access to the CSP's journal, *Physiotherapy*. www.csp.org.uk/journal

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

Physio's YouTube video shows the benefits of a service for complex regional pain syndrome

A physiotherapist from Bath has helped to produce a YouTube video about a specialist service for people with complex regional pain syndrome (CRPS).

Senior physiotherapist Emma Houlihan, who works for the CRPS service at the Royal United Hospitals Bath, made the video with the help of her colleagues

and a professional editor.

The aim was to raise awareness of the service among people living with CRPS and the clinicians who work with them.

The specialist national service provides a multidisciplinary inpatient rehab programme for adults with CRPS. Over two weeks, it aims to improve the

daily functioning of service users, improve quality of life and allow them to return to activities that are important to them, whether their pain is reduced or not.

'We found that often therapists, doctors and nurses around the country were not aware of our service or how to access it,' said Ms Houlihan.

'Some patients also told us they were anxious about coming in as they felt they didn't really know what to expect. This fear of the unknown had prevented some people from coming.

'So we hope this film will inform people all over the country and indeed further afield of our service. And by knowing more

about the service, they can be empowered to make an informed decision to access our service or not.'

Any adult in England with a possible diagnosis of CRPS can be considered for treatment by the service, if they have a referral from a GP or pain clinic.

■ *Robert Millett*

**More information
CRPS service
YouTube film**
<http://bit.ly/2cDGh3L>
**CRPS service at the
Royal United Hospitals
Bath** www.bathcentreforpainservices.nhs.uk

Emma Houlihan uses a neurocognitive technique with lower limb CRPS patient Rohann



W@W! is another resounding success thanks to CSP members

Nearly 400 CSP members took part in this year's WorkOut@Work event, organised by the society, making it the most successful in the six years since it began.

Originally on a fixed day each June, events can now be held over a number of months during the summer.

'Now members can run the events on days that best suit them,' said Jennie Edmondson, head of campaigns and regional engagement at the CSP.

The campaign encourages employees to become more physically active – not just at work but outside work too.

Members have also used the campaign as a great influencing opportunity with local commissioners and politicians.

South Warwickshire NHS Trust involved their CEO, Glen Burley, director of nursing, Helen Lancaster, and local

MP for Warwick and Leamington, Chris White, in their 30-day W@W! fitness challenge.

Others have taken a more commercial approach. Nick Livadas, clinical manager at Physiotherapy Matters, teamed up with Tyne and Wear Metro operator DB Regio for his event.

'It's fantastic to see a company like DB Regio embracing the WorkOut@Work campaign and supporting their staff in improving their health and fitness,' said Mr Livadas.

See some of the pictures from the events on pages 20-21. Further images are available at www.csp.org.uk/wow

Meanwhile, CSP members have signed up to nearly 500 – a record number – of events marking Older People's Day on 1 October.

■ *Lynn Eaton*

Physios must warn younger hip replacement patients about the risks of further surgery

Physios have a role to play in warning younger patients that they should consider waiting to receive hip replacement surgery, a former senior physiotherapist has said.

The National Joint Registry's (NJR) 13th annual report highlights the fact that the risk of revision surgery for hip-replacement patients aged under 55 is much higher than for patients aged over 75.

The NJR's medical director Martyn Porter (pictured right), an orthopaedic surgeon, said the higher risk of revision surgery was presumably a result of greater activity among the under-55s.

'Younger patients need to be advised that revision may be two or three times more likely at 10 years compared to less active patients,' he said.

'If patients under-55 years are most likely to need at least one revision surgery in their lifetime, then we must use the maturing dataset of the NJR to analyse long-term trends and get the first time surgery as right for the patient as possible.'

Retired orthopaedic therapy team leader,

Anthony Morgan, who worked at the James Paget Hospital in Great Yarmouth, said clinicians had always known that hip replacements had a lifespan.

'If a patient with an arthritic hip tells us they want a hip replacement then we should tell them

how long it will last,' he said.

'If they are 40 and likely to live another 40 years we have a duty to tell them that their new hip will not last as long as them.'

■ *Graham Clews*

**More information
NJR 13th annual report**
<http://bit.ly/2c02sGD>

A survey has found that current practice on movement precautions and equipment provision does not represent clinicians' perceptions of best care after total hip replacement (THR).

Historically, THR patients have been provided with post-surgery precautions and equipment such as raised toilet seats and furniture rises, to reduce the risks of dislocation.

But this has been questioned recently, with some hospitals opting to change practice and relax restrictions.

A new study, carried out by Catherine Sackley, head of physiotherapy at King's College, London, and Toby Smith, physio lecturer at the University of East Anglia, found that

precautions of restricted hip flexion, abduction and rotation were routinely prescribed by 97 per cent of trusts, and most frequently taught in a pre-operative group.

Equipment was most frequently provided before the operation (61 per cent), and advice about precautions and equipment varied from up to six weeks post-operatively to life time usage.

**More information
BMC Musculoskeletal Diseases**
<http://bit.ly/2d2YCJg>



CSP delegates spoke at the TUC congress. Robert Millett reports on some of the key debates

CSP speaks out on post-Brexit rights for workers

CSP delegates at the TUC congress in Brighton on 13 September spoke out against austerity cuts and threats to work rights.

Jill Taylor, chair of the society's industrial relations committee, seconded a motion by Unison that called for a campaign to protect workers' and trade union rights post-Brexit.

The motion also called for 'the rights of existing EU workers to remain in the UK to be protected'.

The CSP did not take an overall position on the EU referendum.

Later in the day the CSP added to a motion raised by the Society of Chiropractors and Podiatrists. The motion called on the TUC to raise awareness about the implications of austerity on people's health and wellbeing.

Deborah Russell, a CSP regional steward, highlighted the link between poverty and obesity. She said: 'Obesity rates in the UK have been rising sharply, nearly doubling the past 20 years.'

The CSP seconded a motion by the Royal College of Midwives, highlighting the value of health and safety representatives and their role in improving health, safety and wellbeing at work.

CSP regional steward James Allen said: 'For too long NHS staff have been working under extreme and increasing pressure.'

'Constant demands for efficiency saving are now making working lives intolerable. It's a truly dangerous scenario.'

All the motions were carried.

CSP calls for investment in NHS staff and services

Photos: Jess Hurd



Claire Sullivan: pay restraint is having a detrimental impact

The CSP has called for increased investment in the NHS and highlighted the need for real-terms pay increases and quality employment for staff.

CSP director Claire Sullivan moved a motion that highlighted the risks to the sustainability of the NHS. She told delegates that the health service was experiencing an ever-worsening financial situation. The CSP motion said NHS England was facing a deficit of £550 million by the end of this financial year.

And – despite the NHS workforce being passionate about providing high-quality care – the government needed to recognise that years of pay restraint and increasing

workloads were having a detrimental impact.

'NHS staff have already had six years of pay cuts visited on them,' Ms Sullivan said. 'This is the reward for hugely increased workloads, rising stress levels and falling job satisfaction – not because they feel less commitment to their patients, but because they know they no longer have sufficient resources to always give them the very, very best.'

'There are 82,000 unfilled posts in the NHS in England alone. And

this as political pressure is brought to bear to deliver an expanded seven-day NHS.'

She added that the outcome of the EU referendum also potentially jeopardised the future of 144,000 'talented, dedicated and loved EU staff who currently work in our health and social care sectors'.

Ms Sullivan urged the TUC and its affiliates to make a case for increased investment in healthcare. The motion was carried.

There are
82,000
unfilled NHS posts
in England
alone

Raise awareness about hidden conditions, says CSP

Employers need a better understanding of how 'hidden conditions' such as dyslexia, arthritis and mental illness can affect staff.

This was one of the messages from the CSP to hundreds of TUC delegates.

Alex Mackenzie, who chairs the CSP's national group of regional stewards, told delegates that 'invisible' impairments could take many forms.

'Managers and colleagues often forget that there are a wide range of conditions which may be classified as a disability and may impact on the individual in the workplace,' she said.

'These include neuro-diverse conditions such as dyslexia, dyspraxia, autism and ADHD [attention deficit hyperactivity disorder] as well as mental health conditions and long-term conditions such

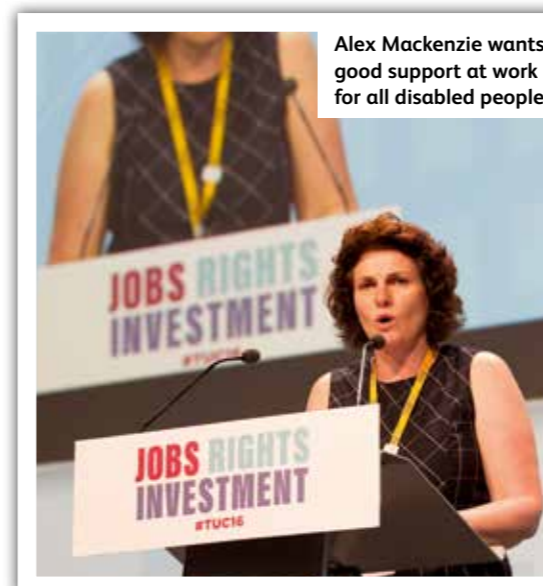
as arthritis, cancer and HIV.'

She added that a recent CSP disabled members network survey revealed that many physio staff with dyslexia said they faced barriers to obtaining support and reasonable adjustments at work.

In addition, a study on arthritis and work, published by the charity Arthritis Research UK, indicated that many people with musculoskeletal conditions were reluctant to speak to their manager about their condition for fear of being found unfit for work or dismissed.

Ms Mackenzie called on the TUC and its members to continue to raise awareness about the impact of hidden conditions on people in their workplaces.

The motion was passed.



Alex Mackenzie wants good support at work for all disabled people

NICE issues new guidance on extracorporeal carbon dioxide removal

Physios must inform their trust's clinical governance leads if they want to use extracorporeal carbon dioxide removal (ECCO2R) to treat patients with respiratory failure.

This is one of the recommendations in an interventional procedure consultation document published by the National Institute for Health and Care Excellence (NICE).

The document states that ECCO2R, a process that removes excess carbon dioxide from the blood, should only be used by specialist intensive care teams who are trained in its use. And its use should be limited to patients who have potentially reversible acute respiratory failure or those being considered for lung transplantation. Gabriella Cork is a member of the

extra-corporeal membrane oxygenation physiotherapy network, a sub-group of the Association of Chartered Physiotherapists in Respiratory Care.

She told *Frontline*: 'We would encourage physios who work outside of designated severe respiratory failure (SRF) centres and encounter patients supported with ECCO2R to contact their regional SRF centre for advice about the physiotherapy management of these seriously ill patients with complex needs.'

■ Robert Millett

More information
Association of Chartered Physiotherapists in Respiratory Care www.acprc.org.uk

Number of written complaints about NHS falls by 4 per cent

NHS Digital has released figures showing the NHS in England received nearly 200,000 written complaints over the last financial year, 4.2 per cent fewer than in 2014-15. Its report, Data on Written Complaints in the NHS 2015-16, divides written complaints into those about NHS hospitals and community services, and those about family health services.

Read the full report at <http://bit.ly/2cPZdxt>

Awards Roundup



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

Physio-led rehabilitation service is hailed as model of good practice



Members of the multidisciplinary Colchester neuro rehabilitation team

our service to be included in this guidance to clinical commissioning groups about how best to transform neurology services as an example of a needs-led service,' she said.

'The team are passionate about the service we provide and are all skilled, experienced and motivated but we're one of those services which few people know about and which goes largely unheralded so this recognition is a real fillip for us.'

'What's unusual about us for a hospital-based neuro-rehab team is that we see patients not just in our outpatient unit and on the wards in the hospital but in the community too, and support them and their families lead for neuro rehabilitation at Colchester Hospital University NHS Trust and leads the team. She says that although hospital-based the team is also spearheading efforts to provide services in patients' homes. 'It's great recognition for

The work of a physiotherapist-led neuro-rehabilitation service in Essex is being held up as an example of 'inspirational' care in new clinical guidance.

The Colchester neuro rehabilitation team, which supports more than 1,500 adults with a range of diagnoses, has been included as a model case study in guidance recently published by the Thames Valley Strategic Clinical Network (SCN).

The team of four physios, three occupational therapists, an associate practitioner, a brain injury nurse specialist, a rehabilitation assistant and two neuropsychologists, are based at Colchester General Hospital. They support patients with multiple sclerosis, Parkinson's, traumatic brain injury, motor neurone disease, and stroke or post-polio syndrome.

Anne Glynn, a clinical specialist physiotherapist in neurology, is the clinical

The Colchester neuro team supports over **1,500** Adults

from diagnosis often through until the end of life.'

Steve Williams, the SCN's community neurology project manager, said: 'I'm sure this will inspire commissioners and others responsible for delivering health care services to patients with neurological conditions to learn from your example.'

Direct access scheme wins HSJ award

A physio-led project in Devon has won an award for enabling people with rheumatoid arthritis to book appointments whenever their condition gets worse.

The patient-initiated clinic system at Derriford Hospital in Plymouth, part of Plymouth Hospitals NHS Trust, triumphed at the Health Service Journal Value in Healthcare Awards this summer.

Known as Direct Access, the system replaces the need for patients to have regular follow-up visits with a rheumatologist.

It is funded by the National Institute for Health Research's collaboration for leadership in applied health research and care south west peninsula (PenCLAHRC) scheme.

Physiotherapist Victoria Goodwin headed the research team behind the project, which was recognised in the general medicine category of the awards.

Dr Goodwin, a senior research fellow with PenCLAHRC at the



Physiotherapist and project lead Victoria Goodwin (second from right) and the rheumatology team from Plymouth Hospitals NHS Trust



Advanced practitioner in training Sophie Wallington and senior physio Hannah Harrison

University of Exeter and a CSP fellow and council member, told *Frontline*: 'This award was a fantastic achievement for everyone.'

'We used the existing evidence from trials and systematic reviews and together with the clinical team and patients we changed how they run the service.'

'We found this resulted in better patient satisfaction and fewer GP appointments compared to having regular appointments with the specialist.'

The direct access system started in 2011 and now has more than 800 service users.

More information visit: <http://bit.ly/2cR4oBJ>
A short video about the project is available at: <http://bit.ly/2cyn72V>

Manchester physios help crisis response service win patient safety award

Physiotherapists in Manchester are part of a multidisciplinary team which won an award for treating

people in the community and preventing hospital admissions.

Hannah Harrison, a senior physiotherapist, and Sophie Wallington, a trainee advanced practitioner, are part of the crisis response service at Pennine Acute

Hospitals NHS Trust.

Alongside their colleagues they received the improving safety in primary care award at the 2016 Patient Safety Awards, held in Manchester this summer.

The team provides a rapid response to people in the community who are experiencing a health or social care crisis.

It takes referrals from health or social care professionals and serves 36 GP practices, with a patient a population of more than 189,000.

Ms Harrison said: 'By being there from the beginning of the patient's journey we can have a real impact on improving their long-term health outcomes and speed of recovery.'

As well as physios the team includes an occupational therapist, two social workers, senior nurses, pharmacists, advanced nurse practitioners and assistant practitioners.

Mark Gould and Robert Millett

Therapy team produce award-winning video to help hand surgery patients

A team of physios and occupational therapists are making rehabilitation after complex hand surgery easier with an award-winning exercise video.

The therapists, from Morriston Hospital in Swansea, produced the online video to back up advice on post-surgery exercises given in paper leaflets. By demonstrating the exercises the video helps to guard against further hand damage that can happen when patients don't perform exercises correctly.

Physiotherapy clinical manager Clare Ford came up with the idea of producing a video that people could watch online.

'Part of the therapy in the early post-op stage involves imparting a large amount of information, advice and instruction,' she said.

'These are people who have had an injury, they've just had surgery, they are in pain and they're anxious. It's not an ideal time to give them a lot of information

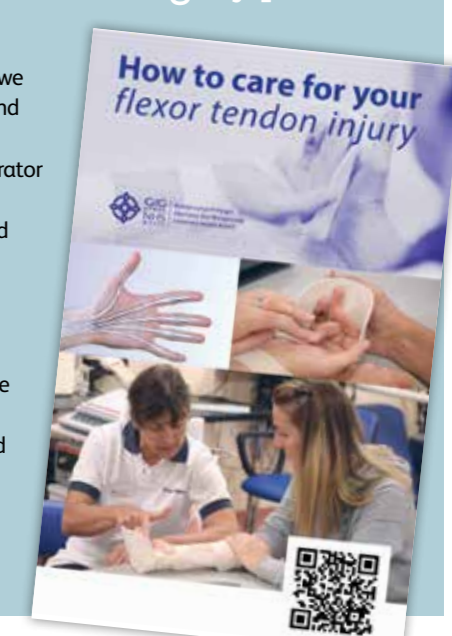
but they have to take it on.

'If they don't understand the instructions we give them there is scope for doing it wrong and that could cause further damage.'

Ms Ford wrote the script and acted as narrator on the video, Amanda Kyle, an advanced practitioner occupational therapist appeared and medical illustrator Steve Atherton produced the video, with exercises demonstrated by a patient who had undergone tendon surgery.

A poster explaining the development of the video won second place at the CSP Welsh Conference. And the video itself was awarded silver in the 2016 Institute of Medical Illustrators awards.

The video can be seen at www.youtube.com/watch?v=thniUmovCGI



NewsDigest

IT leadership roles for physios could be opened by digital NHS plans

Andrew Hendry



Sarah Judge: 'Physiotherapists should not be afraid to go for these training opportunities.'

Physiotherapists could train as digital leaders under recommendations in a landmark report on harnessing IT to improve NHS care in England.

Making IT Work, an independent report published by the Department of Health on 7 September, calls for a major effort to place well-qualified clinicians with advanced informatics training in every trust.

It estimates that an average-sized trust needs at least five such individuals on its staff, led by a chief clinical information officer.

The NHS needs to train national leaders in informatics, it says. Creating several slots each year for people with an interest in clinical informatics would be an 'excellent investment'.

£42 million – just one per cent of the £4.2 billion to be spent on digitising the NHS – should be used to support workforce development and training.

All health professionals, including physios, should receive foundation training in informatics, it says, as well as in the integration of digital tools into their practices. This type of training should

begin early in their professional education.

Sarah Judge, a specialist physiotherapist and allied health professions lead for West Suffolk NHS Trust's e-health record project, welcomed the recommendations. She said: 'Physiotherapists should not be afraid to go for these training opportunities.'

'They should use their existing IT skills, but take up the chance to enhance these wherever possible.'

Ms Judge's role in the development of West Suffolk's e-care programme will feature in a future issue of *Frontline*.

■ Gill Hitchcock

More information

Making IT work: harnessing the power of health information technology to improve care in England <http://bit.ly/2cnOJ9I>



Physios tweet chat about social media and their profession

A Physiotalk tweet chat about social media and its affect on continuing professional development (CPD) attracted 73 people and more than 600 tweets.

It was an opportunity for physios to contribute to a research project about social media and CPD. Participants from the UK, Ireland, Iceland, Canada, Malta, Sweden and Lebanon joined in the online event this summer.

September saw the launch of a second phase when people had an opportunity to comment more fully.

The project is run by two CSP members, Naomi McVey and Janet Thomas, who founded the

Physiotalk Twitter community, blog and website in 2013.

Ms McVey said the use of social media by health professionals for CPD has grown significantly, but formal research about the development is in its infancy.

'It's important to have an evidence base for what we do as a profession and a growing need to demonstrate the value of social media as a CPD activity,' she said.

The project has already reviewed Physiotalk's online activities. Ms McVey said that so far the #physiotalk hashtag had been used on Twitter by nearly 6,000 people in more than 44,500 tweets.

The full results will be presented at the European Region of the World Confederation for Physical Therapy congress in Liverpool in November.

■ Gill Hitchcock

Nearly
6,000
people used
#physiotalk in more
than 44,500
tweets

th

European Congress

PROGRAMME

In association with:



Hosted by:



Organised by:



Main sponsor:



Turn over
for your full
2 day programme

Morning **FRIDAY 11 NOV** PROGRAMME 12:45-14:00

<p>ROOM 1A Opening session 2016 Welcome address Sarah Bazin Keynote speaker Kari Bø</p> <p>Will You Still Need Me? Reflections On The Need For A Global Physiotherapy Organisation After 64 years Emma Stokes</p> <p>Founders' Lecture 2016: The value of physiotherapy Michael Brennan</p> <p>ROOM 1A What does making an impact mean for physiotherapists in terms of advancing practice?</p>	<p>Marie Guidon Michael Brennan Geraldine O'Neill Bhanu Ramaswamy Rob McSherry</p> <p>ER-WCPT Advancing physiotherapy – demonstrating value and impact Sarah Bazin OBE Esther-Mary D'Arcy Roland Craps John Xerri de Caro</p> <p>ROOM 1B Entry into Practice John Xerri De Caro Claire Sullivan Christian Grüneberg Bjorg Gudjónsdóttir Cliona O'Sullivan</p>	<p>ROOM 3A Current Population Health from a European Perspective The Current State of European Health Donald O'Shea</p> <p>Migrant Population Health Cecilia Winberg</p> <p>Cultural Variations Across Europe Nicholas Henschk</p> <p>Health Inequalities – A European Perspective Catherine Sykes</p>	<p>ROOM 3B E-technology in patient care: enhancing outcome and challenging practice Debbie Thackray Sarah Ingleby Andrew Kerr Darragh Whelan</p> <p>ROOMS 4A & 4B Researching the impact of physical therapies in practice Optimal Duration of Cold Therapy Applications at the Ankle Raissa Abela</p> <p>Evaluation of a rolling rehabilitation programme for patients with non-specific low back pain Kathleen Arden</p>	<p>Effectiveness of Movement imagery on hip abductors muscle strength: Results from a randomised controlled trial and implications for musculoskeletal physiotherapy Majid Alenezi</p> <p>Concordance of similar Actigraph and ActivPAL physical activity outcomes in stage 5 chronic kidney disease Sean Prescott</p> <p>ROOM 11B Patient-centred care: where the health and social worlds meet Daniel Catalan Janke de Groot Stefan Tino Kulnik</p>	<p>ROOM 11C Learning in practice Patient education interventions to improve physical activity in patients with intermittent claudication: A systematic literature review Ukachukwu Okoroafor Abaraogu</p> <p>Learning with expert patients – can this support the development of clinical skills? Kate Bazin</p> <p>Open online courses in health professions education: A scoping review Michael Rowe</p>	<p>Rating of physiotherapy student clinical performance: Is it possible to gain assessor consistency? Courtney Clark</p> <p>Meaningful learning experiences during continuing education process among Finnish physiotherapists - Grounded Theory Tuulikki Sjögren</p>
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LUNCH
POSTER VIEWING IN THE EXHIBITION HALL

Afternoon

<p>ROOM 1A The patient voice Tracey Howe Harriet Cooper Denis Martin Jonathan Harvey Krysia Dziedzic</p> <p>ROOM 1A Services users' experiences of practice An investigation into users' experience of foot orthoses for low back pain Lindsay Adele Hill</p> <p>Struggling with pain and breathing after traumatic multiple rib fractures: a qualitative study Jacqueline Claydon</p> <p>Rehabilitation following primary lumbar discectomy: patient and physiotherapist perceptions Peter Charles Goodwin</p> <p>Patients' Expectations of Physiotherapy Treatment for Musculoskeletal Conditions Elizabeth Bryant</p> <p>A prospective observational study of impacts of patient motivation on compliance and outcomes in physiotherapy treatment for pelvic floor dysfunction Phil Reed</p>	<p>ROOM 1B Competencies Undergraduate physiotherapy students' competencies after a reorganization of the educational pathways in EBP: time and type of activity are relevant? Marco Da Roite</p> <p>Graduating Physiotherapy Students' Conceptions of Their Own Competence Merja Kurunsaari</p> <p>The core competences of Finnish physiotherapists in the light of research data Tuulikki Sjögren</p> <p>Project for defining core competencies for physiotherapist in Finland Tiina Karhntala</p> <p>Physical therapy after critical illness: an international expert consensus statement Mel Major-Helsloot</p> <p>ROOM 1B Service Evaluation Patricia Almeida</p> <p>Analysis of activity levels whilst physiotherapy students are on placement: Developing a model to include students in workforce planning Helen Ricketts</p> <p>A value concept for healthcare: perceptions of physiotherapists working in England Steve Tolan</p>	<p>Physiotherapist's views and perceptions of the leadership they experienced from their work in different clinical settings Katy Lyne</p> <p>To disclose or not to disclose? The workplace experiences of physiotherapists with a specific learning difficulty Gillian Yeowell</p> <p>ROOM 1C Physiotherapy and Mental Health The mental health and physical health face interface: A central role for physical therapists Brendon Stubbs</p> <p>A feasibility study investigating a physiotherapy motivational interviewing programme to reduce cardiometabolic risk in schizophrenia and bipolar disorder Alice Waugh</p> <p>Common factor model in non-specific chronic low back pain Emanuel Brunner</p> <p>Physiotherapy guidelines for patients with eating disorders Michel Probst</p> <p>ROOM 3A Behaviour Change Special Interest Report: Making every contact count for physical activity: Equipping tomorrow's physiotherapists to deliver high quality physical activity interventions Anna Lowe</p>	<p>Motivational interviewing to promote exercise behaviour change: a meta-ethnography using perspectives of patients and clinicians Davina Lambie</p> <p>An exploration of strategies to enhance physical activity in people with Rheumatoid Arthritis Rachel Thomas</p> <p>Effectiveness of motivational interviewing on adult behaviour change in health and social care settings: An overview of reviews Helen Frost</p> <p>ROOM 3A Fit for Work The Current State of Workforce Health Stephen Bevan</p> <p>Work is Good for Health A Musculoskeletal Perspective Karen Walker-Bone</p> <p>Physiotherapy Works for Work: Demonstrating impact and value. Heather Watson</p> <p>ROOM 3B Practice in the digital age: platform presentations Gwyn Owen</p> <p>The integrated simulation and technology enhanced learning (ISTEL) framework: facilitating robust design, implementation, evaluation and research in healthcare Suzanne Gough</p>	<p>Interprofessional learning in acute care through high fidelity simulation – opportunities and challenges for faculty and students Lorna Johnson</p> <p>The Physio Matters Podcast Jack March</p> <p>A review of the effectiveness of using a wiki to support educational projects internationally at undergraduate and postgraduate levels Michelle Lee</p> <p>ROOM 3B Can technology be exploited to enhance healthcare education and clinical practice? Brian Caulfield Francis Fatoye Lucy Cassidy</p> <p>ROOM 4A & 4B Redesigning services to address differing population needs Five year review of an enhanced recovery program following knee arthroplasty at a UK general district hospital Paul Saunders</p> <p>Feasibility of a Physiotherapist-led community-based self-management programme for reducing non-specific chronic low back pain disability in rural Nigeria Chinonso Igwesi-Chidobe</p>	<p>Use of TENS on reducing the symptoms of Chemotherapy Induced Peripheral Neuropathy - preliminary case - control study Raquel Aparecida Casarotto</p> <p>Can patients with low back pain be satisfied with less than expected? Sandra E. Lakke</p> <p>Correlation between average physiotherapy frequency and physical outcomes in the frail elderly population admitted to hospital Jennifer Adamson</p> <p>ROOM 11A Sponsor presentation: Mammoth UK Jonathan Bloomfield</p> 	<p>Efficacy of neck stabilisation and dynamic exercises on pain intensity, depression and anxiety among patients with non-specific neck pain Bashir Kaka</p> <p>Does Acupuncture Benefit Clinic-Based Patients with Radiation-Induced Xerostomia (dry mouth)? Patricia G. O'Gorman</p> <p>Models of care are associated with time taken to achieve key rehabilitation milestones in patients undergoing lower limb amputation Joanne Heberton</p> <p>ROOM 11C Researching practice with children Interventions to improve or maintain lower-limb function in adolescents with cerebral palsy: a cross-sectional survey of current practice Gerasimos Taflampas</p>
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17:00-19:00
DRINKS RECEPTION

Morning SATURDAY 12 NOV PROGRAMME

ROOM 1A
The Alan Walker Memorial Lecture 2016: Enhancing practice in a digital age
Brian Caulfield

ROOM 1A
The impact of interdisciplinary engagement
Tara Cusack
Friederike Stening
Atle Karstad
Brian Caulfield
Jerome de Barros

ROOM 1A
Responding to the needs of patients with comorbidities: A service perspective
Walking in hospital is associated with a shorter length of stay in older medical inpatients
Ruth McCullagh

Ageing Affects Accuracy in Hand Laterality Judgement
Frances Sapsford

An exploration of Asian Indian women's perception of pain, coping and treatment
Stephanie Rook

Psychophysical and Patient Factors as Determinants of Pain, Function and Health Status in Shoulder Disorders
Zakir Uddin

ROOM 1B
Policy in practice
Pain education in professional health courses – a scoping review of standards, protocols and frameworks
Kate Thompson

Healthcare Education Staff's Conceptions and Experiences of Internationalisation and the Implications for its Delivery in Higher Education
Steven Ryall

European –level analysis of invasive physiotherapy scope of practice and regulation
Sonia Souto-Camba

Raising the standard of physiotherapy education worldwide: WCPT's accreditation service
Margot Skinner

ROOM 1B
The Power of Social Media (SoMe)
Anthony Demont
Simon Crompton
Mark Merolli
Unnur Pétursdóttir

ROOM 1C
Equality of care, can we achieve it and should we?
Philip van der Wees

ROOM 1C
Responding to the needs of patients: The individual perspective

Knowing my boundaries and pushing them safely to get back where I was after orthopaedic major trauma: A qualitative study
Jacqueline Claydon

Caregiver-provided physical therapy home programs in children with motor delay: a systematic review of clinical trials
Edward James Gorgon

Are Acute Brain Injury Rehabilitation Guidelines Applied to People with Brain Injury after Cardiac Arrest?
Claire Hill-Cottingham

Physiotherapists as Vocational Advisors
Martyn Lewis

ROOM 3A
Musculoskeletal Health
The association between displacement of sedentary time and chronic musculoskeletal pain: An isotemporal substitution analysis
Cormac G Ryan

Prospectively testing the Stanmore Length of Stay tool to predict length of stay following primary total hip or knee arthroplasty
Anthony Gilbert

Falling and the Fear-of-Falling in People with Multiple Sclerosis (PwMS)
Jo Jackson

Specialized rehabilitation and independence in Activities of Daily Living. A multicenter study in seven countries
Birgitta Langhammer

ROOM 3A
Contemporary health challenges: How can physiotherapy have an impact? Obesity & Physical Activity
Dominique Hansen

Mental Health: Time for Change
Brendon Stubbs

Cancer and the role of Physiotherapy Speaker? Falls & Frailty – Making an Impact
Dawn Skelton

How Can We Influence Public Health Policy as Physiotherapists?
Stephen Lungaro-Mifsud

ROOM 3B
Legalities, ethics and frameworks: Selection, implementation and evaluation of digital technologies in healthcare
Debbie Thackray
Suzanne Gough
Claire Hamshire
Rachael Lowe
Séan Bradbury

ROOM 3B
Low Back Pain
Psychosocial factors influence participation in people with chronic low back pain: A systematic review
Mazyad Alotaibi

Mattress type for improving outcomes for chronic low-back pain: a systematic review
Louise Hailey

Gender differences in variability patterns of forward bending: a cross-sectional field study among blue-collar workers in Denmark
Morten Villumsen

Comparison of a stratified group intervention(STaT Back) with usual group care in patients with low back pain
Susan Murphy

ROOM 4A & 4B
Optimising opportunities to embed digital technologies in healthcare education and clinical practice
Debbie Thackray
Séan Bradbury
Francis Fatoye
Claire Hamshire
Rachael Lowe

ROOM 11A
ENPHE / ER-WCPT Session: Living in the 4th Industrial Revolution! Strategies in educating physiotherapists
Raija Kuisma
Brian Caulfield
Nitie P. Mardjan
Silke Gruber

ROOM 11A
Tests and testing
The intra- and inter-observer reliability of a novel protocol for two-point discrimination in individuals with chronic low back pain
Katja Ehrenbrusthoff

Sex differences in reliability and multidimensional stability of tests to assess neuromuscular function
Vaida Bernecke

Exploring Safer Neuromuscular Knee Control: the relationship between the star excursion balance test and other knee tests in healthy subjects
Matthew Kenyon

ROOM 11B & 11C
Researching physiotherapy education
To disclose or not to disclose? Workplace experiences of healthcare professionals with specific learning difficulties; transition from education to employment
Janet Rooney

Exploring the Barriers and Facilitators to Evidence Based Practice in Clinical Physiotherapy Education: A Qualitative Study
Morgan West

An exploration of students' views of parallel teaching in pre-registration physiotherapy education
James Milligan

An alternative perspective on gatekeeping in clinical education
Joanne Etherton

ROOM 11B & 11C
Predicting the impact & value of physiotherapy
Long-term effect of textured insoles on gait and balance in people with Multiple Sclerosis: an exploratory randomised controlled trial
Yael Jennifer

Participant perception of the effect of textured insoles on balance and gait in people with Multiple Sclerosis
Yael Jennifer

Is there a difference in the knee joint position sense in standing on a firm or compliant surface?
Urška Puh

Does patellofemoral pain syndrome consider the most common differential diagnosis for anterior knee pain: An expert's opinion
Mazen Alkasem

12:30-13:45

LUNCH
POSTER VIEWING IN THE EXHIBITION HALL

Afternoon

12:45
ROOM 3B
CSP Annual General Meeting

ROOM 1C
Physical Activity & Participation
Relationship between physical activity levels and body fat of children aged 8-9, from UK schools in low socioeconomic areas
Sean Lowton-Smith

Physiotherapy for Children with Type 1 Diabetes Mellitus (T1DM) in Malta: Effects of exercise and perceptions towards exercise
Daniela Carabott Pawley

Attitudes and understanding of exercise and healthy lifestyles in people with mild to moderate sub-acute stroke
Nicola Clague-Baker

The Health Disability Sport Partnership: working in partnership to transform the lives of disabled people through the power of sport
Catherine Chin

Kinematic analysis of ambulation comparing obese and normal-weight people
Manuel González-Sánchez

ROOM 1B
How to meet changing population needs through skill mix and workforce development
Natalie Beswetherick
Richard O'Connell

ROOM 3A
Mobility across Europe
Tina Lambrecht
Anna Lubasinska
Roland Craps
Francesca Farrugia

ROOM 4A & 4B
Practice in a digital age: Rapid 5s
John Stephens
Pang Hao Ong
Julie Latchem
Sanna Hakala
Brid Wilson
Grace O'Malley
Anthony Gilbert

ROOM 11A
Research in(g) practice
The Effect of Rehabilitation Interventions on Long Term Upper Limb Function in Chronic Stroke Patients: A Meta-analysis
Nirit Rotem Lehrer

The Effect of Rehabilitation Interventions on Long Term Upper Limb Function in Chronic Stroke Patients: A Meta-analysis
Isaac Olubunmi Sorinola

Reconceptualising Parkinson's: from illness to wellness using a participatory action research approach
Bhanu Ramaswamy

Innovations into Orthopaedic Rehabilitation - Evaluation of a Post Operative Shoulder Class
Dakshika Govan

ROOM 11B & 11C
Advancing my practice (speed-dating ER-WCPT style)
Ciara Clancy
Christopher Mercer
Caomhe Bennis
Jenny Tinkler

Ann Moore
Karen Middleton
Jane Johnson
Neil Langridge

15:00-15:30
Break & poster viewing

ROOM 1A
Closing session
Sarah Bazin

Stand up for physiotherapy
Elaine Miller

15:30-16:30

CLOSING SESSION

STAND UP FOR PHYSIOTHERAPY

CSP Campaign

Members' W@W! activities showcase how the CSP campaign has inspired people to get fit for work

W@W! workout@work

Kent



Mark Roberts, deputy head of Valence School in Westerham, leads staff on a lunchtime walk organised by lead physio Nicola Burnett

Liverpool



Physiotherapists from the local acute hospital, and the trauma and rehab unit at the Walton Centre NHS Trust enjoyed their W@W! activity

Pennines



Staff at Pennine Acute Hospitals Trust exercise using a film produced by the W@W! team at the trust

Cardiff



Mark Drakeford, AM for Cardiff West (second left) joined CSP members and staff at a W@W! event in July in Bute Park

Yorkshire and Humber



The highlight of lots of W@W! activity organised by CSP members at the Leeds Teaching Hospitals NHS Trust – a Macarena flashmob that has been viewed by more than 70,000 people on Facebook

South Warwickshire



Staff at South Warwickshire NHS Trust took part in the physio team's 30-day fitness challenge

London



CSP member Charlotte Walker and colleagues at Lewisham and Greenwich NHS Trust enjoyed a week of W@W activities in July, including Strala yoga, pilates, circuits, t'ai chi and a running club

Eastbourne



W@W! inspired East Sussex Healthcare NHS Trust's Out of Hospital clinical unit team to create their version of the Rio Olympics, posted on Twitter #OOHOlympics

Dunfermline



Consultant psychiatrist John Russell and Michael Hooper, from the e-health team, try hula hooping with Sheena McIntyre and Lorraine Munro, therapy instructors at Lynebank Hospital

Craigavon



Fiona Swift organised an event at Craigavon Area Hospital as part of a day-long cycling event to raise money for Marie Curie

Suffolk



Staff – including the chief executive – at All Hallows Hospital and Nursing Home in Ditchingham took part in an event last month. Members of the local community joined them

East Midlands



Ann Parkinson leads a W@W! talk and exercise session for staff from Langleys Solicitors, Lincoln

Surrey



Admin staff, nurses, assistant practitioners, Mencap staff and physios played rounders with staff at Merton Community Services, Wilson Hospital

Isle of Man



Staff from Noble's Hospital, Strang, give rugby a try, thanks to physio Mark Young – the Isle of Man's rugby development officer

North East



CSP member Diane Beeforth leads a W@W! session at a paediatric therapists' away day. Community paediatric physios, speech therapists and occupational therapists from South Tees Hospitals NHS Trust enjoyed a W@W! exercise session and talk from Diane

Generic Working

Leeds leads leads

Robert Millett speaks to reps in Leeds who are helping physio staff to take on generic roles

It's one thing to go beyond the call of duty as a one-off act of goodwill; another to be asked regularly to carry out duties that are beyond your previous professional expertise. So a debate at this year's Annual Representative Conference (ARC) in Manchester will have touched a nerve for many physios. Members called on the CSP to examine the issue of physio staff working in generic roles.

The motion, raised by Yorkshire and Humber and London South stewards, asked the society to investigate how common it was for physio staff in the UK to be recruited into generic roles. It also asked the CSP to find out if these staff felt they had received adequate training and support to fulfil their duties effectively.

Yorkshire steward Jenny Graham said that some NHS trusts were altering job descriptions to allow vacant nursing posts to be covered by therapy staff. This was leading to physio staff carrying out duties traditionally associated with nursing.

In a lively debate in Manchester, members raised concerns that physios in generic roles could be required to perform assessments and treatments outside of their scope of practice, without receiving any additional training. They also suggested that a rise in generic roles could lead to a loss of identity

among physio staff and a weakened sense of professional autonomy.

CSP professional adviser Priya Dasoju says physio staff who are recruited into integrated or generic posts have an opportunity to use their skills in wider areas, but should ensure capability and competency issues are considered.

'One important issue we would ask members to consider is whether they are working within the scope of the profession and their own individual scope,' she says. 'They should be educated, trained and competent to carry out the activities/role that they are being asked to deliver and they need to meet the regulatory requirements set out by the Health and Care Professions Council (HCPC).'

She adds that the HCPC standards of performance and ethics state: 'You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner'. They also recommend that registrants refer to the HCPC standards of proficiency to ensure that any proposed role still allows an individual to fulfil their registration requirements.

The CSP has begun to gather information about the prevalence of physios working in generic roles,

along with details of the support and training they receive.

CSP trade union organiser Cailean Gallagher told *Frontline*:

'We were warned at ARC that decisions to recruit physios with nursing budgets are eroding skills and identities.

'The CSP can review the shift to more generic working, but only members and their reps on the ground can ensure skills, roles and the culture of physiotherapy are moving in the right

'The increase in therapy staff will empower nursing and therapy staff to improve the experience of patients and staff'

Becky Vickers

direction. It's vital to get organised to influence recruitment and job descriptions, and in this respect members in Leeds are leading the way'.

A successful campaign

CSP stewards Ms Graham and Helen Lewis are both based at Leeds Teaching Hospitals NHS Trust. Since June they have worked with managers at the trust on a generic roles initiative that is part of the process of recruiting five band 6 physiotherapists. As a result of their involvement, there are clear job descriptions for the new

recruits and clarity on how the trust's budget is allocated. There is also better union

engagement. In the process Ms Lewis says they have managed to turn 'something which could have caused great concern into a positive example of physiotherapy in the workplace'.

The scheme on the trust's acute neurosurgery and stroke rehabilitation wards involves re-allocating nursing funds to physiotherapy, says Ms Lewis. This means temporary physio staff can be recruited. 'It will see physio staff supporting nursing staff and the overall aim is to change the ethos of the ward and make it more rehab-orientated.'

Two senior physios are being employed to work on the stroke rehabilitation ward, while three new senior physios will join the neurosurgery ward. 'The new staff employed

with this money will be doing clinical work and the staff that have worked in the area for some time will be up-skilling the healthcare assistants so that they are able to spot if a patient is tiring and will learn about good positioning,' says Ms Lewis.

Becky Vickers, clinical physiotherapy manager for neurosciences at the trust, said: 'I am delighted that we are moving forward with this. Our nursing colleagues are really supportive of therapy and really want to improve the culture of the wards; offering more of a rehabilitation focus.'

'Until now we have not had the resources to support them with this. Because they have nursing vacancies that they cannot recruit to they have been able to invest in more therapists.'

Ms Vickers adds that the changes will enable nurses and support staff to enhance therapeutic handling, personal care and mobility on the wards.

The extra staffing will also allow the physiotherapy teams on each ward to take a lead on training, culture setting and demonstrating the benefits of ward-based therapeutic interventions – such as actively involving patients in supported feeding – in addition to established rehab sessions.

'This is a win-win situation,' says Ms Vickers.

'The increase in therapy staff will empower nursing and therapy staff to improve the experience of patients and staff and, hopefully, reduce length of stay. And we will ensure that physios continue to work within their professional boundaries and respect the skills that other professions also bring to improving patient care.'

Ms Lewis hopes the CSP's investigations into generic roles will show that having extra physios on wards 'can improve the quality of rehab, improve quality of stay and maybe cut bed days and expedite discharge'. She says recruitment to generic roles is likely to affect more physio staff in the future and is 'happy to liaise with other stewards and members who would like to address the issue in their workplace'. You can contact Ms Lewis on helen.lewis11@nhs.net FL

More information

The CSP advocates that any changes to the way physio staff work should

- provide quality, safe, and cost-effective care to patients
- be based on a defined driver for change, monitored carefully and refined as necessary based on review

Members should ensure that when generic or integrative positions are created

- roles and responsibilities are clearly defined
- service specifications, policies and procedures are made clear
- changes are reflected in job descriptions

and contracts

- staff are engaged in the process and consulted

If you have any concerns about changes to your role, contact your local steward initially, or email enquiries@csp.org.uk

PhysioFindings

Janet Wright on the latest physio research

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

Cochrane sifts evidence for acupuncture

Neck or head pain may be relieved by acupuncture, recent Cochrane reviews have found. Kien Trinh, of McMaster University in Ontario, Canada, and colleagues reviewed 27 studies of 5,462 people with neck pain from various causes.

The team, updating a 2006 review, found that acupuncture worked better than sham treatments or nothing in relieving pain and disability. Any side-effects were minor.

However, the evidence was only of low to moderate quality. Studies tended to be small and, in some cases, researchers failed to check that participants were randomly assigned to a group, or to note how many had dropped out.

'Since the time of our previous review, the quality of randomised controlled trials has improved,' say Dr Trinh's team. 'However, few large trials have provided high-quality evidence.'

For migraine or tension headaches, a six-week course of acupuncture can be 'a valuable option', according to Klaus Linde, of the Technical University of Munich, and colleagues.

Dr Linde's team looked at 22 trials with nearly 5,000 participants, comparing acupuncture's

effects on migraine with either drugs, sham treatment or no treatment. They found moderate-quality evidence that acupuncture did have an effect, noting, 'If people have six days with migraine per month on average before starting treatment, this would be reduced to five days in people receiving only usual care, to four

'The cumulative evidence suggests that acupuncture is effective in various chronic pain conditions'

days in those receiving fake acupuncture or a prophylactic drug, and to three and a half days in those receiving true acupuncture.'

For people who have frequent tension headaches, Dr Linde's team reviewed 12 trials with 2,349 adults. They found moderate to high quality evidence that acupuncture worked better than routine care or sham acupuncture.

Trials comparing acupuncture with physiotherapy, massage or exercise were less favourable to acupuncture in reducing tension headaches. But these trials were of lower quality, the team found. 'The cumulative evidence suggests that acupuncture is effective in various chronic pain conditions, that correct point selection plays a role ... and that a relevant part of the clinical benefit might be due to needling effects not dependent on the selection of traditional points or powerful placebo effects or both,' says Dr Linde's team.

Trinh K *et al.* Acupuncture for neck disorders, *Cochrane Database of Systematic Reviews* 2016; <http://dx.doi.org/10.1002/14651858.CD004870.pub4> - open access

Linde K *et al.* Acupuncture for prevention of episodic migraine, *Cochrane Database of Systematic Reviews* 2016; <http://dx.doi.org/10.1002/14651858.CD001218.pub3> - open access

Linde K *et al.* Acupuncture for the prevention of tension-type headache, *Cochrane Database of Systematic Reviews* 2016; <http://dx.doi.org/10.1002/14651858.CD007587.pub2> - open access



Caia Images/Science Photo Library

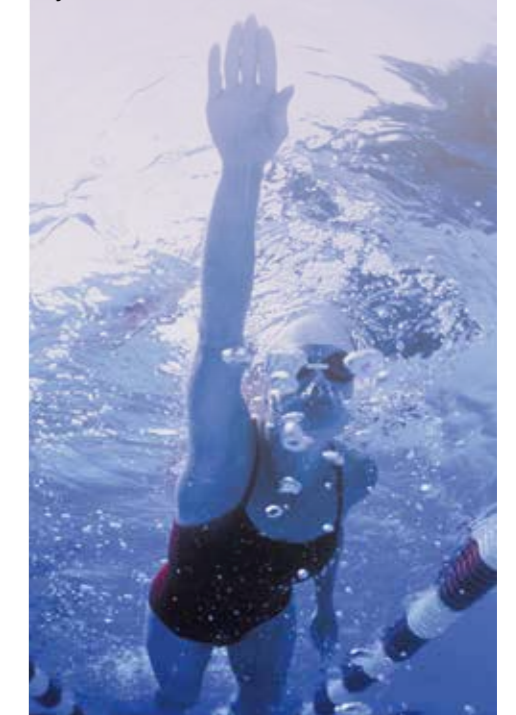
Comments and conclusions

■ People's risk of the heart condition atrial fibrillation increases sharply in the fortnight after their partner dies, especially if the death was unexpected. Researchers studying Danish data on nearly a million people say that the risk subsides to normal over the following year.

Graff S *et al.* *Open Heart* 2016; <http://dx.doi.org/10.1136/openhrt-2015-000367> - open access

■ Swimming and cycling were equally effective in reducing the joint pain and stiffness of osteoarthritis while improving muscle strength and functional capacity, in a study of 48 people who did three months of either swimming or cycling, for 45 minutes three times a week.

Alkatan M *et al.* *Journal of Rheumatology* 2016; <http://dx.doi.org/10.3899/jrheum.151110>



Virtual reality keeps older people on their feet

Adding a virtual reality (VR) component strongly increases the benefit of treadmill training for older people at high risk of falling, a new study has found. 'Many interventions have been proposed, but few have aimed to prevent falls via an integrated approach targeting both motor and cognitive function,' say the authors.

Anat Mirelman, of Tel Aviv Sourasky medical centre in Israel, and colleagues studied

data from 282 older people living in Belgium, Israel, Italy, the Netherlands and the UK.

Aged 60 to 90, nearly half the volunteers had Parkinson's and 43 had mild cognitive impairment. All of them had fallen at least twice in the six months before the study began.

In the VR group, a camera projected the movement of the walkers' feet on to a screen in front of the treadmill, so they could see their feet moving in real time. The simulation

included challenges such as avoiding obstacles, stepping over puddles and staying on a pathway.

Participants were divided into two groups for treadmill training, with or without VR. They did an average of three 45-minute sessions a week for six weeks.

During the six months afterwards, the VR group had 42 per cent fewer falls than in the six months before. People

with Parkinson's made the biggest improvements. Participants who only used the treadmill had no significant improvement.

Mirelman A *et al.* Addition of a non-immersive virtual reality component to treadmill training to reduce fall risk in older adults (V-TIME): a randomised controlled trial, *Lancet* 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)31325-3](http://dx.doi.org/10.1016/S0140-6736(16)31325-3)

Falls fell by
42%
among members
of the VR group
in a 6-month
period



Views & Opinions

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



Adviceline

The introduction of fees for employment tribunals was a catastrophe that needs reversing, says Ian Taylor

Employment Tribunals (ETs) are a last resort to resolve a workplace dispute in England, Scotland and Wales. With a membership of more than 50,000, the CSP might run only a handful of ET cases in a typical year. Yet for many vulnerable workers they offer a lifeline to justice, and vital financial recompense for unfair treatment at work.

ETs were established (as 'industrial' tribunals) in the 1960s, intended as an accessible lay court, with no costs attached, for workers to obtain justice for unfair treatment by employers. By 2010, more than 100,000 ET claims a year were being made.

So when the government announced in 2013 that it was introducing fees for claimants lodging employment tribunal claims, trade unions were understandably concerned. When the scale of those fees was announced – up to £1,200 if a claim goes to a full hearing – that concern intensified. The TUC predicted at the time that the numbers of cases would drop by a third to a half.

In fact, they have dropped by a staggering 70 per cent. And this figure masks an even greater reduction in claims for sex discrimination suggesting that women have been disproportionately affected.

Sitting as I do as a lay panel member in the ET in Leeds, I regularly see examples of appalling treatment by a minority of employers who simply hope that they will get away with it. One suspects that the small numbers of claimants passing through the tribunal system these days is only the tip of a much larger iceberg.

The CSP, through the TUC, opposed the introduction of fees and continues to support the campaign for their removal. The publication of a long-awaited Ministry of Justice report into their impact has been delayed several times, and is clearly a low priority for the current government. Hopefully, when the report is eventually published, we will see the removal of this barrier to justice and a much fairer regime all round.

Ian Taylor is a CSP senior negotiating officer

■ A different system operates in Northern Ireland, where no fees are payable.

Maximising patient outcomes after locked in syndrome



Locked-in syndrome was a terrifying experience for Kate Allatt – but physios can do more to help

Imagine the noise of a pneumatic drill and then a bomb exploding in your brain. Then imagine waking up inside your own coffin where you can think, feel, see and hear normally, but can move absolutely nothing. Worse still, imagine not being able to give a physical signal or blink to show that you are completely aware of yourself and your environment. It had started with what felt like a massive migraine, but ended in 'locked-in' syndrome.

That was my hell at just 39 years of age in February 2010. Nine weeks in ICU unable to do anything. The indignity; the pain; the boredom; the anxiety; the fear of dying; the separation anxiety from my young children which almost destroyed my 'fight' completely. Not knowing the next time a therapist or nurse would 'look into my eyes' to see if I was trying to communicate something, which gave me so much chest pain, I wondered if it was a heart attack?

If only the medics knew how

much I wanted to be back at home with my three children, to walk and run again. (I had been a 70-mile a week fell runner.) I was written-off, which spurred me to prove the negative-thinking, expectation-lowering medics wrong.

Over 450 times, seven-days-a-week as part of my rehab I would 'will' a different part of my body to move, move further and for longer than it had ever done. I was obsessed with my own predetermined daily, bite-sized goals. I allowed myself a

10-minute break after each set of 40 repetitive exercises. I did my exercises in addition to my three hours a day therapy sessions.

In fact, staff at my rehab unit said that I pushed them harder than they pushed me. I was the ultimate self-management case study, even before it became an NHS buzz term! It was, in effect, Teasell's repetitive, frequent and intensive approach put into practice. But I would also emphasise the need for early treatment after my charity advocacy work. I could not always

communicate my drivers, my needs, my goals, so friends and family needed to try to fill in the gaps on my behalf.

Your job as a physio is to 'know' your patient, and that can be hard with this condition. Rather than give up on someone like me, please equip them to be the best version of themselves.

Kate Allatt is a TEDx speaker and author of *Running Free: Breaking out from locked-in syndrome* www.KateAllatt.com @KateAllatt

On your bike!

The CSP wants safer cycling policies and one member challenges the stance of a national cycling body

I am responding to Cherry Allan's 'Cycling champions' column www.csp.org.uk/node/994174 I question Cycling UK's position on helmets, namely that it is 'opposed to compulsion, and helmet promotion'.

I find this view astonishing and without due consideration to common sense. UK Cycling is trying to promote cycling and its health benefits and want physios to encourage their patients to take up cycling. But they are not addressing our duty of care as physios to our patients and the responsibility we hold for recommending best practice.

I do not think we need to

use compulsion. But we should encourage helmet use. The individual cyclist can employ common sense and have a flexible approach about when helmets are needed and by whom. But not promoting and endorsing the use of helmets seems careless, because helmets offer protection to the cranium. Helmets also make the cyclist more visible, especially when in fluorescent colours.

I have personal experience of attending cycle crashes and of rehab work with acquired brain injury patients. So – while there may be different scientific opinions out there – I have no

'The challenges of rehab following an aquired brain injury can be so life-changing that protecting the head should be paramount'

doubts that the protection of a helmet is a massive plus to safety. A 2009 Transport Research Laboratory review (PPR446, at www.trl.co.uk) was inconclusive about compulsion helmet use but

suggests that 10 to 16 per cent of cycle deaths could have been avoided had a helmet been worn.

Cycling UK is failing to address the fact that protecting the head (our most vital organ) is integral to a purposeful life. The challenges of rehab following an acquired brain injury can be so life-changing that protecting the head should be paramount. Brain injuries are one of the worst types of injury. Only those who have witnessed these injuries first-hand will truly understand how horrendous they can be.

Not wearing a helmet just isn't worth it. A helmet can be the difference between life or death.

Not wearing one can mean living the rest of your life in a vegetative state with 24-hour care.

Cycling UK quotes statistics from other countries to back their argument that the number of cyclists drop with helmet enforcement. They cite the Netherlands but attitudes to cyclists there are very accepting and positive: cycling is a way of life there. By contrast, in Britain, there are people who don't believe cyclists should be on the roads and feel anger towards the cyclist – and their driving behaviours reflects this.

My chartered status gives me credibility with my patients. They usually listen to my advice and I have integrity and care about recommending an appropriate



course of action.

I believe Cycling UK's approach – wanting physios to encourage patients to take up cycling, but failing to endorse the use of vital safety equipment – is negligent on their part.

Rosie Bartlett, a physiotherapist with a special interest in sport, is based in Herefordshire

DementiaServices

Dementia and younger people

Julie Rees gives a physio's perspective on working with patients who have younger onset dementia

Patients with younger onset dementia (YOD) have been diagnosed with a form of dementia under the age of 65. According to an Alzheimer's UK estimate, there are at least 42,000 people with YOD in the UK, or more than five per cent of all those with dementia. Compared to their older counterparts, people with YOD are more likely to have problems with movement, walking, co-ordination or balance.

Their needs and expectations are often different from older patients. They can, for example, find it more difficult to accept their diagnosis and come to terms with losing their skills and function at such an early age.

As the disease progresses differently in younger people with dementia, patients are more likely to have a rapid progression and be much more complex and challenging in their presentation. In addition, the rarer types of dementia are more commonly diagnosed in patients who have YOD.

As a physiotherapist working with these patients my main focus is on improving independence and function, and promoting their quality of life in the community for as long as possible. I also offer support to patients' families or carers. I am a band 6 physiotherapist working 18.75 hours a week, so it is sometimes difficult to resolve problems quickly. My role covers patients in the community as well as the day hospital and inpatients on a specialised unit. I currently have 30 patients on my caseload and, on average, I receive three new referrals each month and see from one to five patients in the community every week.

Treatment is aimed at improving and maintaining the patients' mobility and preventing falls, both in the community setting and in hospital. In addition, I treat musculoskeletal conditions, neurological symptoms and respiratory problems. I also help to manage any postural or seating issues, and support patients needing palliative care. To facilitate my

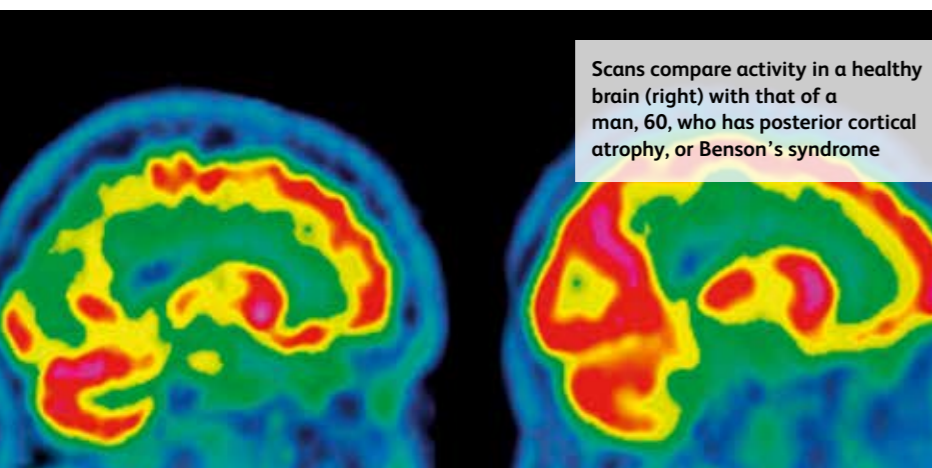
Patients who develop dementia while still relatively young are more likely to experience a rapid progression in their condition



Dementia Services



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



Scans compare activity in a healthy brain (right) with that of a man, 60, who has posterior cortical atrophy, or Benson's syndrome

Centre Jean/ISM/Science Photo Library

Jackie's story

Jackie (who asked for her surname to be withheld), 50, has posterior cortical atrophy – a rare form of dementia affecting vision and perception.

Jackie was admitted with symptoms of vertigo and placed on a general medical ward. While there she deteriorated, becoming immobile and spending all her time in bed. She could only tolerate having the head of her bed elevated for meals.

In collaboration with the physiotherapists from the medical team, we carried out a joint session with Jackie and three members of staff. We managed to sit her on the edge of the bed with staff on either side and behind her and an armchair in front of her to help control her sensation of dizziness. She then managed to stand up with our assistance for a short time. This was the first step for Jackie, as she had been in bed for a few weeks.

Shortly after this, Jackie was transferred to a dementia care ward and started a new medication to help control her symptoms of dizziness.

We continued to treat her. Initially three physiotherapists were involved in assisting her to

stand using a standing hoist. Jackie quickly progressed to standing with hand-held assistance. She carried out functional exercises and then started to walk using a rollator Zimmer frame. She soon became independently mobile with supervision. As Jackie's mobility improved so did her confidence and, instead of staying in her bedroom all day, she sat in the lounge with the other women on the ward.

However, a major hurdle for Jackie was the stairs. As her bedroom at home was upstairs she needed to achieve the goal of using them, as it was thought she would not manage a stair lift due to her perceptual problems. Jackie worked hard to overcome this obstacle and we encouraged her to count the number of steps as she ascended or descended the stairs as a distraction technique to reduce her anxiety.

We then took Jackie on a home visit where she successfully managed the stairs.

Jackie has now been discharged home with support from the community resource team. She commented that the physiotherapy staff had really helped to get her back on her feet again.

role, a half-time band 4 therapy technician works alongside me to help me provide physiotherapy care.

Like any physio service nowadays we strive to demonstrate the value of our service, though this is not always easy.

Exercise is helpful

We encourage patients with YOD living in the community to participate in exercise as it has been suggested that physical activity is effective in helping to improve quality of life for people with mental illness. Evidence indicates that it improves self-esteem and cognitive functioning and benefits include improved mood, increased energy and better sleep (Kaur J *et al* 2103).

We liaise with physiotherapy technicians in local leisure centres who specialise in exercise therapy. They provide patients with personalised exercise programmes. In addition, we support YOD patients to join walking programmes in the community and we have also made links with 'Pedal Power', a cycle centre in the community for disabled people living in Cardiff.

In the more advanced stages of dementia patients' needs change and it is often challenging to engage those patients who have lost their cognitive abilities and are unable to follow instructions. To encourage patients to participate in treatment interventions we use alternative methods to achieve treatment goals. Dancing and singing to music have been effective ways to engage patients in physical activity. Going outdoors for a walk often works well as do activities involving automatic responses such as cycling, throwing and catching, or kicking a football. We have found that other interventions such as multi-sensory stimulation, reminiscence therapy, a therapy called Sonas, Jabadao sessions or games such as skittles, hoopla and boules can also be effective.

Establishing eye contact

Highly developed communication skills are essential with all patients living with dementia. Encouraging eye contact is important as well as keeping sentences short, speaking slowly and clearly, and, when possible, reducing any background noise. It is important to be aware that although patients may have lost their factual memories they still retain their emotional memories. This means that although patients may not remember a therapist's name or face, they will remember the experience of the treatment session and whether it has been positive or negative.

It has been difficult to measure the effectiveness of our treatment due to the degenerative nature of dementia. However, the use of subjective data can often be a useful way to capture our effectiveness

'Highly developed communication skills are essential with all patients living with dementia. Encouraging eye contact is important as well as keeping sentences short, speaking slowly and clearly, and reducing any background noise whenever possible'

and Jackie's story (left) illustrates how our service has benefited one patient in particular:

Future plans

We hope that our service will continue to develop to improve the wellbeing of our patients and to promote healthy lifestyles. If funding becomes available and working with our third sector colleagues, we plan to start up a weekly post-diagnosis exercise group at a local leisure centre to encourage more patients in the early stages of their illness to maintain their fitness levels. We also believe a weekly cycling session in the community

could benefit patients by making use of the facilities provided by the charity Pedal Power.

Origins of the service

Proposals to create a specialist dedicated service for people with YOD were first set out in 1994. However, it wasn't until 2011 that the National Dementia Vision in Wales was launched, leading to the creation of the Cardiff and Vale Health Board YOD service.

The board initially appointed a dementia care adviser and two family support workers, and set up clinical lead and consultant sessions. This formed the basis of the YOD community service.

The service has evolved and now has a full multidisciplinary team which supports patients and their families from diagnosis through the course of their illness.

The service provides a post-diagnosis support group to help patients come to terms with their diagnosis and to give advice on how to manage their memory problems.

New patients are supported in the community by two cognitive stimulation therapy groups known as friendship groups. Both of these are held once a week.

Family members can also attend carers support groups which give information, education and advice. Ty Hapus, a charitable service affiliated to the Alzheimer's Society, provides a drop-in Moon Dance Cafe offering advice and support as well as day care for patients with YOD living in the community.

If patients need hospital care, they are admitted to acute dementia care wards. However, if possible, patients are maintained at home and so links have been made with the community crisis intervention team for patients in the community with mental health problems.

Patients with more complex or challenging behaviours are admitted to a specialist unit at Barry Hospital for extended assessments. They can then move on to an appropriate care home when their behavioural or psychological symptoms have become stable. **FL**

Reference

Kaur J, Masaun M, Bhatia MS. Role of Physiotherapy in Mental Health Disorders. *Delhi Psychiatry Journal* 2013;16: 404-8.

More information

A guide titled 'What is young-onset dementia?' is available at www.alzheimers.org.uk

For queries, email julie.rees22@wales.nhs.uk



Activities such as Jabadao sessions have helped patients with YOD. See www.jabadao.org

Image courtesy of Jabadao

More than
5%
of people with
dementia
are aged
under 65

NICE Update

This feature gives an overview of the work of NICE and aims to be of interest to all physio staff

What is NICE, what can it do for you and what can you do for it?

NICE fellow **Gail Sowden** gives an overview of the role of NICE and explains how CSP members can get the most from its work

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for driving improvement and excellence in the health and social care system. It was established in 1999 to reduce variations in the availability and quality of treatments and care (the so-called 'postcode lottery').

NICE aims to improve outcomes for people using the NHS and public health and social care services by:

- producing evidence based guidance and advice for health, public health and social care practitioners
- developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care

What can NICE do for you?

If you want to learn more about what good quality care looks like, or have an interest in shaping national policy, NICE can help you. Here are just some of the ways NICE can support you in your work or studies.

Clinical guidelines www.nice.org.uk/guidance set out the appropriate clinical care for patients with a specific disease or condition receiving care. They are based on the best evidence available of what works and what it costs and provide recommendations on how to best identify, refer, diagnose, treat and manage patients.

NICE quality standards are concise sets of prioritised statements designed to drive

measurable quality improvements in a particular area of health or care www.nice.org.uk/standards-and-indicators. They are derived from the best available evidence, such as NICE guidance and other evidence sources accredited by NICE. Quality standards can be used in contrasting ways by different stakeholders.

Service providers can use NICE guidance and quality standards to ensure, and therefore demonstrate, that they provide high-quality care, based on the best available evidence. Commissioners can use NICE quality standards to promote integration of health and social care and in ensuring the services they commission are of high quality. They can support service users in their choices about who provides care for them, and in knowing what to expect from a good quality care service.

The Into practice guide www.nice.org.uk/intopracticeguide is a web-based guide to help health and social care organisations use NICE guidance and quality standards to achieve high-quality care in local settings. It suggests what organisations can put in place and what staff can do to use NICE guidance and quality standards to improve outcomes and get the best value for money. The guide also includes helpful tips, links to other resources and offers shared learning examples showing how others have used NICE guidance and standards. It is for commissioners, providers, quality improvement specialists, clinical governance or NICE leads, and anyone implementing a specific piece of guidance or planning or scrutinising care services.

NICE evidence searches www.evidence.nhs.uk is a password-free (no registration) web portal linking to high-quality medicine, health and social care information sources. These include: guidelines, care pathways, systematic reviews and medicines information. It is separate from, but complements, bibliographic databases such as BNI, CINAHL, and PubMed/Medline. It is particularly useful whenever you want to find high-quality consolidated sources of evidence relating directly to patient or client care, or when you need a quick answer. It is not, however, the place to search for primary research articles.

Clinical knowledge summaries <http://cks.nice.org.uk> are

What you can do for NICE

Getting involved with NICE www.nice.org.uk/getinvolved encourages local engagement with relevant topics, fosters a culture of using evidence-based guidance, and supports individuals' professional development. There are many things you can do to engage with NICE, so go on, do one of them today!

- 1 explore and engage with NICE through its website www.nice.org.uk
- 2 undertake an audit against NICE quality standards, this could be used for evidence for the Care Quality Commission
- 3 submit a shared learning example: These show how NICE guidance and standards have been put into practice by a range of health, local government and social care organisations. Each year the best examples are recognised at the Shared Learning Awards
- 4 comment on draft guidance and standards. All draft guidance and quality standards are consulted on prior to final publication. Register as a stakeholder to comment or send your comments to a relevant registered stakeholder
- 5 subscribe online to NICE News, the monthly newsletter containing information about new guidance, quality standards and implementation resources launched each month. Sign up at www.nice.org.uk/newsletter
- 6 follow NICE on Twitter: 107,000 people follow NICE on Twitter for guidance updates @NICEcomms
- 7 access NICE guidance on your mobile. Download it today free from the Apple iStore and the Android Market, bookmark key recommendations and email them to a colleague
- 8 join a working committee to contribute to the production of guidance and quality standards. Vacancies are advertised on the website.
- 9 join an external reference group
- 10 become a NICE fellow or NICE scholar. Join NICE for a fixed period, for a day or more each month, to share your expertise, enthuse your colleagues or work upon an agreed research project of mutual interest. In return, benefit from NICE's expertise, mentorship and support

a source of clinical knowledge about the common conditions generally managed in primary and first-contact care.

NICE pathways www.evidence.nhs.uk are graphical presentations of NICE guidance. They bring together related guidance, between and within topics, and link with other products such as quality standards and implementation resources. They are essentially a network of NICE information.

The British National Formulary (BNF) www.evidence.nhs.uk/formulary/bnf/current and British National Formulary for Children (BNFC) are key medicine prescribing sources and are available in digital and print for eligible health and social care professionals. **FL**

Gail Sowden is a consultant physio and NICE fellow. Her fellowship enables her to build her networks and influence, learn about NICE and its work and to foster greater engagement with NICE and the implementation of clinical guidelines



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

From Sheffield to South Africa

Encouragement from her team led Val Jones to push herself that one step further – with amazing results. Julie Penfold reports

Summer 2016 is a time that will always have great professional significance for Val Jones, an upper limb specialist and lead physiotherapist at Sheffield Teaching Hospitals NHS Foundation Trust.

In June, Ms Jones was awarded the prestigious Copeland Fellowship by the British Elbow and Shoulder Society (BESS) at the society's annual conference. As part of her fellowship, Ms Jones will travel to South Africa for a 12-day visit from the end of October, where she will spend time with some of the country's leading surgeons and physiotherapists, observing clinical practice and how trauma is managed.

'Steve Copeland was a pioneer in shoulder surgery and I feel extremely privileged, proud and honoured to travel as a fellow in his name,' she says. 'I'm excited to go out to South Africa and learn from the surgeons and physiotherapists, looking at how they manage trauma and devise post-operative rehabilitation programmes. I've been fortunate enough to work



Team player:
Val Jones feels
valued at work

UpperLimbs



On the ball: Val Jones uses a variety of techniques

with a fantastic team of surgeons for over 15 years and I'm looking forward to sharing our expertise and bringing back new knowledge and experience which could help to shape patient care in Sheffield.

'As well as being an ambassador for BESS, I will also be an ambassador for the physio profession. I want to share what physiotherapists can do as part of a collaborative team,' adds Ms Jones. 'Physios have a wealth of knowledge that enables us to integrate pathology, pain physiology and exercise prescription to achieve the best outcomes for patients.'

The BESS Copeland Fellowship is offered to one allied health professional member and one consultant member annually. Ms Jones was awarded the allied honour while the consultant fellowship was awarded to Chris Peach, a consultant elbow and shoulder surgeon at the University Hospital of South Manchester. The pair will visit South Africa along with Mike Thomas, president of BESS.

The team at the trust's shoulder and elbow unit works across orthopaedic, fracture and physiotherapy clinics. As the unit's lead physio, Ms Jones also teaches band 5 and 6 physios and provides mentoring support. Juggling all the different aspects of her role can be challenging at times, she admits. To keep on top of evidence-based practice she finds Twitter and podcasts are useful for her continuing professional development. While driving, Ms Jones listens to a podcast (for example, Jo Gibson, shoulder rehabilitation specialist) as a way to stay informed.

Unforgiving joints

Functionally, the shoulder and elbow can be unforgiving joints following injury, says Ms Jones. 'The elbow is the most unforgiving joint we know. If you don't treat it properly or

'Physios have a wealth of knowledge that enables us to integrate pathology, pain physiology and exercise prescription to achieve the best outcomes for patients'
Val Jones

you immobilise it, the elbow just doesn't move and then you struggle with even everyday activities such as bringing your hand to your mouth. The elbow is sometimes seen as a poor relation. It's a forgotten joint and I'm passionate about ensuring that the elbow is treated really well. I'm more known for rehabilitation of the elbow.'

The team sees a lot of fractures and dislocations, particularly from climbers and cyclists as Sheffield is just five miles from the Peak District. Additionally, Sheffield city centre is home to a number of tramlines, which can lead to cycling accidents – particularly when the tracks become wet due to rainfall.

'We see a whole range in Sheffield,' says Ms Jones. 'We see a lot of trauma sports injuries and injuries caused by people overstretching their hands to soften falls, leading to fractures and dislocations. We also see patients with conditions such as degenerative tendinopathy and osteoarthritis. We're really good as a unit at discussing and devising rehab programmes to ensure that we get patients moving as safely and as early as we can to maximise positive outcomes. Our surgeons are very pro-physiotherapy and it leads to great collaborative working.'

An aspect of her role that Ms Jones finds especially rewarding is overcoming complex injuries and enabling patients to get back to normal. 'When you can turn patients around that have experienced failed treatment or those that have given up on physiotherapy helping them, it is enormously satisfying.'

A young man was recently referred to Ms Jones by colleagues in London. Elbow surgery had left him with an unstable joint that affected his confidence. Ms Jones and her team's rehab programme left him elated. 'He has gone back to work and is playing sports again,' says Ms Jones. 'He's a different guy now from the one that was first referred to us and it's great to see him continuing his life.'

Support from colleagues

It was the team's support that first led Ms Jones to lecturing in new settings. After presenting a paper at a BESS scientific meeting, she was asked to speak nationally and also presented to the European Society for Shoulder and Elbow Rehabilitation www.eusser.org Ms Jones is now the society's UK national delegate and has presented in Poland and Italy. Following her return from South Africa in November, Ms Jones will be lecturing in London and in Spain, Belgium and Holland.

Outside work, Ms Jones is kept busy by three young daughters whose sports interests include football, judo and swimming. She jokingly describes herself as 'an unpaid taxi service' as she ferries them around. She is a keen Stoke City fan and feels all physios can learn something from last season's surprise Premier League champions, Leicester City.

'When you are part of a team that pulls together and has a strong leader, it is possible to exceed all expectations,' says Ms Jones. 'We have a great team here and we're all very supportive of one another. I come into work each day knowing that I'm valued by the team and that makes such a difference. It's a great team to work in.' FL

InPerson

What did you have for breakfast? Karen Middleton is a believer in the importance of culture in your daily diet

The value of values

I hope you saw CSP Council's vision for the profession, launched last year. If not, here is a link www.csp.org.uk/vision-uk-physiotherapy It was the first step in developing our mission for the CSP, to ensure it reflects the changes in the healthcare landscape and is forward looking in its approach for the profession.

Now council has now agreed the mission for the organisation and the new three-year strategy, which runs till 2020, will deliver that mission and ensure your society is as efficient and effective as possible. But more of this in my next In Person column and other communications from the CSP in the autumn.

Crucial to delivering all these changes is the culture of the organisation – some of you may be familiar with the phrase 'culture eats strategy for breakfast'. So, whatever plans you have in place, without the organisation having the right culture, they may not be delivered.

Values are the core of culture: what we stand for and believe in, our principles, ideals and beliefs. Getting the right culture to deliver the strategy – or performing at the very highest level – requires attention to organisational values.

This is exactly what staff at the CSP have been working on over the last few months (as well as doing their day job!). The evidence is out there: the top performing organisations in the public and private sectors are those that have a clear set of values embedded in the work of the organisation, partly through systems and processes. They also perform well because there is strong alignment between the organisational values and those held by the individuals working for the organisation.

Where there is strong alignment between personal and organisational values, individuals can perform at their very best – they can be creative and innovate in order to deliver the strategy – and so the organisation performs well. After all, an organisation, service or team

is simply a collection of people.

The value of values, however, can never be fully realised unless they are developed in the right way. That means using an inclusive approach to create buy-in. Otherwise they just remain a list – however creative – on a wall or a website, or in a publication. Values need to be embedded into the fabric of the organisation through its systems and processes – everything from recruitment to

how business is conducted.

The values also have to be lived. We will be translating the CSP's values into expected behaviours of all staff which then clearly delivers the culture or 'the way we do things around here'.

All very interesting for CSP staff, but what relevance does it have for you as a CSP member? First, it should impact on the service you can expect from the CSP staff.

Second, as a member of the CSP, you will be more aware of the values of your organisation when you are representing the CSP, acting on the society's behalf. Clearly, that is in addition to the CSP Code of Conduct and the Health and Care Professions Council Standards.

So, you might want to consider the values held in your team, service or organisation. Do you have any? Should you have them, given they relate so closely to performance and culture? How are they exhibited and embedded? If you don't have them, perhaps consider developing some. A good place to start is learning from other organisations and teams and having a conversation about what you have gleaned.

Not everyone thinks as I do about values. Often this cynicism is based on people's experiences where values are talked about but not demonstrated; where they lacked authenticity, or where they were just 'motherhood and apple pie' aspirations. If organisational values are to be of real value, coming up with them is only the start; they must be a work in progress.

Physiotherapy is a values-driven profession. Perhaps think how to take that one step further in driving up excellence in your team or service. FL



Contact Karen
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Robert Williams International Award

The **World Confederation for Physical Therapy (WCPT) International Congress** will take place in South Africa, from 2-4 July 2017.

The **Robert Williams International Award (RWA)**, funded by the **CSP Charitable Trust**, provides financial assistance to help members of the CSP to present papers at the Congress. A total of **£10,000** for up to 10 awards is available for allocation and awards will be offered on the basis of the quality of abstracts submitted.

Applicants for the Robert Williams Award must submit an abstract for presentation to the World Congress. The closing date for abstract submission to WCPT is 31 October 2016.

Details of the application procedure for the Robert Williams Award are available from the CSP website: www.csp.org.uk/charitabletrust (follow the link to the RWA page).

The closing date for applications for the Robert Williams Award is noon on 11 November 2016.



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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

Frontline schedule

Issue date	Booking deadline
Oct 5	Sep 19
Oct 19	Oct 3
Nov 2	Oct 17
Nov 23	Nov 7
Dec 7	Nov 21

p58 Courses & conferences

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p62 Recruitment

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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

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

East of England East of England regional network CPD event – Dementia in practice

Date: Saturday 1st October
Time: 10am to 3pm
Place: Luton and Dunstable University Hospital, Lewsey Road, Luton LU4 0DZ
Cost: Free of charge (each delegate will be asked for a £35 deposit cheque which will be handed back at the event. Non-attendees will lose their deposit).
 Contact: To register your interest in attending event email: cspadmin.eoe@cspn.net

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

West Midlands South Warwickshire NHS Trust takes W@W! 2016 to a whole new level

Physiotherapists at South Warwickshire NHS Foundation Trust helped the trust's CEO, Glen Burley, director of nursing Helen Lancaster and local MP for Warwick and Leamington Chris White with a 30 day fitness challenge test as the theme for their workout at work event.



Pictured above: NHS Foundation Trust CEO Glen Burley with physiotherapist Lucy Edwards

The challenge was created by the team to help local healthcare workers get fitter over a 30 day period. Using five different exercises – squats, star jumps, press-ups, the plank and sit-ups - the challenge is designed to work every major muscle group in the body.

The team also produced a short film on YouTube to demonstrate the correct movements for the exercises for staff and patients to benefit as much as possible from the exercises.

To view South Warks NHS Trust on Twitter visit their profile: <https://twitter.com/nhsswft>

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

North West Study day

Date: Saturday 8 October
Time: 8.30am registration, 9am-2pm (tea/coffee and refreshments provided)
Place: Chorley Education Centre
Cost: Free of charge
 For more details and to confirm your attendance email: nenamitchell@aintree.nhs.uk or visit: www.csp.org.uk/nations-regions/north-west

South Central Conference: Physiotherapy – a brave new world

South central are delighted to welcome professor Karen Middleton, professor Karen Barker and Laura Penhaul, pacific non-stop rower and paralympic PT, to the conference. This free event for south central members will take place on Tuesday 22 November from 1pm until 5.15pm with refreshments included. Look out for further details and how to book online at: www.csp.org.uk/nations-regions/south-central

London London regional network support worker and associates event

The event has been designed with a focus on learning and development, CPD opportunities and training and networking.

Date: Monday 26 September
Time: 9.30am-4pm
Place: CSP, 14 Bedford Row WC1R 4ED
Cost: Free of charge for CSP members and £10 for non-members.
 Don't delay – secure your place today. They will be allocated on a first come, first served basis and are sure to be very popular. To register for your place at the event email: cspregions@csp.org.uk

London regional forum event

Date: Monday 12 December
Time: 4pm-7pm
Place: TBC
Cost: Free of charge for CSP members.

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

South East Coast



The Rio Olympics hits Eastbourne thanks to East Sussex Healthcare – out of hospital clinical unit service manager Katy Lyne

and the trust's community first project manager, Anne Canby co-ordinated a fantastic staff rendition of the Rio Olympics with the team re-creating their own version of virtually all of the Olympic sports. Inspired by W@W!, the campaign went viral on twitter with the trending topic #OOHOlympics and BBC Sport even tweeted their support for the team's efforts. For more on the story visit the news page on the South East Coast web page. Follow the team on Twitter at: @ESHT_OOH

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
 For more details and to confirm your attendance email: southeastcoastchair@csp.org.uk or visit: 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

North East North East regional network forum

Date: Tuesday 6 December
Time: TBC
Place: Durham County Cricket Club, Chester le Street, County Durham DH3 3QR
Cost: Free of charge.

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

South West SWERN welcomes new acting chair to the network

Shan Aguilar-Stone, programme leader for BSc (Hons) physiotherapy at the University of the West of England, has become the Acting Chair of the SWERN following Adam Zawadzki's resignation due to career progression which has placed greater demands on his time.

Adam has worked tirelessly to provide many local opportunities for South West CSP members to network, share ideas and develop their profession. He led the core group in championing representation for South

West members, instigating the excellently attended SW (approx. 65 members) June forum event, which was the first joint gathering of regional stewards and health and safety reps. The meeting provided great discussion throughout and around ways the SWERN is working and opportunities to improve engagement with members.

On behalf of all members, we would like to thank Adam for all the time he has given voluntarily for the profession and for the CSP. Best wishes Adam as you move to advance practitioner status!

Shan joined the SWERN core group over a year ago along with Kate Stancombe, also from the University of the West of England and along with the core group they are working on an interesting programme events over the coming months.

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

Yorkshire and Humber

An event is being organised in collaboration with Chartered Physiotherapists in Mental Healthcare (CPMH) and will focus on the role and value of the physiotherapist in meeting the challenge of a quality journey for patients with dementia and mental health issues. The event will feature guest presenter Sharon Greenshill, council representative for Yorkshire and Humber and clinical specialist/clinical lead physiotherapist mental health, Rotherham Doncaster and South Humber NHS Foundation.

Date: Tuesday 27 September
Time: 3pm-7pm
Place: The Woodlands Older Peoples Mental Health Unit, Moorgate Road, Rotherham S60 2UD

Cost: £20 per attendee. This fee will include refreshments at the event and will include 12 months membership of CPMH. Please book your place via the link below and send a cheque made payable to CSP Yorkshire and Humber Regional Network for £20 to Gill Feldman c/o ERUS, CSP, 14 Bedford Row, London WC1R 4ED.

To book your place visit:
<http://bit.ly/2ckiPsH>
 The venue is five minutes from junction 33 of the M1. The venue is at the rear of the Rotherham General Hospital. There is limited parking outside the venue, but attendees can park in the main hospital car park and walk up to the venue which is a few minutes walk away.

A CPD event focused on women's health featuring women's health specialist Kate Reece

Date: Monday 7 November
Time: Evening TBC
Place: Doncaster venue TBC
Cost: TBC

To book your place visit:
<http://bit.ly/2cApjan>

CPD event featuring Professor Mick Thacker

Date: Friday 27 January 2017
Time: 8.45am to 11.45am
Place: Medical Education Centre (MEC) Lecture Theatre, Hull Royal Infirmary
Cost: The event will be free of charge on a 'not for profit' basis. However, there will be a small charge to cover light refreshments. This is estimated at £10. To book your place visit:
<http://bit.ly/2cbqtrG>

CPD event themed on neuromusculoskeletal 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
 To book your place visit:
<http://bit.ly/2cVHzLL>

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

Spotlight on the East of England: Your exclusive invitation to the first ever free CSP back pain mythbusters event

Members from the East of England region are being given the exclusive opportunity to attend the first CSP back pain mythbusters event. >

Cost: Early bird offer: £80 members only (until end of August, then £95), £120 non-members
Radiology workshops

Workshop sessions are filling up! Delegates will attend two sessions only:

Session 1. 11.30am-12.10pm

Session 2. 12.15pm-12.55pm

Can you please confirm your choices in order of preference ie 2,3,1,4 (see below).

As places fill up we will have to allocate you accordingly to balance sessions. The earlier you book and confirm the better chance of securing your preferred choices!

1 – Systematic approach to image viewing, Gulraiz Ahmed

2 – Understanding MRI of the Knee, professor Waqar Bhatti

3 – Ankle ultrasound, Dr Reda Braham

4 – Radiology of the hip, Dr Pascal Demaine.

Please confirm your choices to: esp-physio@outlook.com

(If you do not confirm, we will allocate you to sessions of our choice)

Present a case study

If you would like to submit a case study to present on the day, please complete a case submission form. The deadline for submitting is Friday 29 July. We will then inform you within two weeks whether you have been selected. Case study presentations will be for a maximum of five minutes and you may use a maximum of five powerpoint slides. These will be required approximately two weeks prior to the event. All responses to: research@esp-physio.co.uk

Contact: Any questions please contact: esp-physio@outlook.com
 If you are interested in joining our group for only £25 go to: www.esp-physio.co.uk

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)

MLACP Introduction to Medico Legal Work

This course will be of interest to any physiotherapist who wishes to be involved in medico-legal work. This introductory day will involve legal systems, civil and criminal, difference between Causation and Liability and Quantum, Part 35 of C.P.R. and legal aspects of physiotherapy report writing such as 'the role of an expert in the context of access to justice' and 'being a medico-legal

expert'. There will also be specific lectures on how to write a catastrophic injury quantum report and musculoskeletal quantum and causation and liability reports

Date: Monday 3 October

Place: Withy King Solicitors, Robert Adam Room, Chandos House, 2 Queen Anne Street, London W1G 9LQ

Course leader: Lorna Stybelska

Speakers: Stuart Brazington, partner, Withy King LLP; Tracy Norris Evans, partner, Withy King LLP; Sarah Daniel, physiotherapist; Rob Swire, physiotherapist; Cathy Kwan, physiotherapist

Cost: £60 members, £95 non-members (max 50 delegates)

Contact: For programme details and an application form please go to: <http://www.mlacp.org.uk>

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>

Chartered Physiotherapists Working With Older People (AGILE)

AGILE Regional study days 2016: Exercise and fitness for clinical and specialist populations – Evidenced based exercise programmes in practice

Date: 29 October

Place: Whitefield Day Hospital, Queen Margaret Hospital, Dunfermline KY12 0SU
Contact: Janet Thomas at: janetthomas@nhs.net

Cost: The cost per delegate is £50 for AGILE members; £65 for non-members

Contact: Full details on particular AGILE course via organiser or on AGILE website at: <http://agile.csp.org.uk/network-events>

AGILE learning event 'Managing dementia: the Allied Health Professionals' role'

Date: Saturday and Sunday 8-9 October

Place: Great North Museum: Hancock, Barras

Bridge, Newcastle upon Tyne NE2 4PT

This AGILE learning event will focus on the role of allied health professionals across the full biopsychosocial scope of managing dementia and the AHP role in providing personalised dementia care. Delegates will have the opportunity to explore the most up to date policy, research and practice insights related to caring for someone with dementia and a chance to reframe how AHPs deliver dementia care to ensure the person with dementia is at the centre of all care and support planning.

Keynote speaker: Professor Lynn Rochester, speaking on 'Gait, cognition and falls – a clinical challenge.'

Other presentations include: neurobiology of dementia, gait and cognition, Parkinson's dementia, hip fracture recovery, pain management, personalisation, end of life care, and the role of the carer. Workshops will be held on multidisciplinary team approaches and psychotherapy and dance.

Contact: To book and to see the full programme, go to: <http://www.andrewsimscentre.nhs.uk/events/607/managing-dementia-the-allied-health-professionals-role/>

Association of Paediatric Chartered Physiotherapists (APCP)

Wales region CPD session – Pilates for children

Date: Saturday, 5 November

Place: Glan-Irfon Health and Social Centre, Builth 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 Energy Medicine (ACPEM) – Craniosacral therapy group

Richmond Stace MCSP MSc BSc Pain coach programme

Richmond Stace is a physiotherapist who specialises in persistent and complex pain. His background is pain neuroscience, physiotherapy, rehabilitation, nursing and craniosacral therapy. Blending pain science and philosophy with craniosacral therapy, the whole person approach to pain. Complex and

chronic pain is at the heart of a great deal of suffering. Our understanding of pain and how it can change has progressed significantly, creating an opportunity to be more effective as a clinician. The Pain Coach Programme emerges from the latest pain sciences and philosophies, blended with strengths-based coaching to give the individual the knowledge and skills to overcome their pain, thereby creating the conditions for healthy change towards a meaningful living. The principles can be applied to other therapies and will be explored practically during the day..

Date: 15 October

Place: Chedworth Village Hall, Chedworth, nr Cirencester GL54 4NE

Cost: ACPEM members £60, non-members £75

Contact: Anne Stevens, tel: 0208 050 6232, email: annepia.stevens@ntlworld.com

Physiotherapy Pain Association (PPA) Sleep and pain

This course introduces the theory and evidence base for a cognitive behavioural approach to pain-related sleep problems. The assessment of sleep problems is linked to individualised treatment planning and there is emphasis on practical skills development. This course is targeted at all physiotherapists who aim to enhance their knowledge and develop skills to support patients with pain-related sleep problems.

Tutors: Andrew Green and Pete Gladwell

Date: Saturday 1 October, 9.30am-4.30pm

Place: Manchester and Salford Pain Centre, Salford Royal NHS Foundation Trust, Stott Lane, Salford M6 8HD

Cost: PPA members £90, non-members £100

Contact: For further information and an application form, please apply to: Kate McAllister, email: ptecourses@gmail.com
 Closing date for applications: Friday 23 September. Places are limited: please apply early to avoid disappointment.

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: ➤

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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 Harrison 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

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



Professional networks

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

Send an email to networkads@csp.org.uk

Other groups

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, 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

Info exchange

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 The closing date for the survey is 18 October.

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

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: lasplin@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

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

Dr Barbara Richardson, who worked on the CSPs oral history project, looks back to the first days at college in years gone by
New students are embarking on their chosen careers in physiotherapy now and that prompts memories of being a physiotherapy student in

years gone by. There were variations between the colleges but here are the recollections of some former students of their school days

The restrictive environment with the disciplined attitude to uniform and appearance looms large in many of our memories. Some colleges had two intakes of students, in April or October. The April set girls were thought to be more worldly having had opportunity to travel, go to finishing school or take temporary jobs, the October set more naïve. Coming from a high school, or feeling independent in choice of dress and behaviour, life in a student hostel and training could be seen as a backward step; 'like a girls boarding school with nail and hair inspection' (C1586-86). Wearing jewellery was not allowed and many were surprised in being called by their surnames only with the use of the formal address between staff and student and patients (C1586-45) Some were further shocked by having to ask permission to wear an engagement ring (C1586-74). It was not expected that girls would get engaged or, even worse, married!



Pictured above: Guy's student uniform 1965

Some colleges had the practice of having to line up each morning to say good morning to the Principal before starting classes or going out onto the wards. Each set lined up from the youngest to oldest in alphabetical order

and then walked through the Principal's office. There would be scrutiny of hair being back off the face, no jewellery or make-up, stockings in good order, shoes polished and laced up and skirt ironed and of the right length. It could take 30 minutes to get through all sets (C1586-44).

The standard uniform when on the wards was the stiffly starched white coat with a stiff white belt (replaced on qualifying with a belt of school colour). The starched coats 'almost stood up on their own with bachelor buttons which were white buttons held in place by hooks which were difficult to insert and always broke in the laundry' (C1586-86), and the stiff starched uniforms could give a 'rash under the arm because they were so rigid' (C1586-46). We were issued with three coats. The cost of laundering was 1/3d (C1586-41). Some students also wore starched American style nurses' caps (C1586-41) or a large triangular white hat (C1586-71). Coat hems had to touch the floor when kneeling. When short skirts were fashionable, one person recalls herself and friends shortening their coats only to have to take them down and work all day with the tattered hem (C1586-45). Uniform included a split skirt with an aertex blouse or a shirt with a tie and blazer of School colour. Some Schools had a smart pleated split skirt which one person at least used later as a mini-skirt! (C1586-86). Some had a cape which could be short and flared sitting around the shoulders or full length with hood, dark navy blue lined with green silk (C1586-86). Another former student fondly remembers the lovely grey culottes, red V-neck sweater and white shirt uniform when taking classes, but the challenge was of ironing the culottes (C1586-50). Gym shorts had to touch the floor when kneeling so as 'not to inflame the passions of the patients' (C1586-71). Then there were those big bloomer type knickers for exercise classes – 'passion killers which hung halfway down the thigh' (C1586-27), 'slimeys' (C1586-34). When clothes were still rationed after the war uniforms were patched and stitched and re-used until practically worn out (C1586-81).

Happy days! – did it influence how we practiced as physiotherapists?

Dr. Barbara Richardson

Quotes taken from The Chartered Society of Physiotherapy Retirement Association Oral History Project, 2012-2014. British Library Sound and Moving Image Catalogue reference C1586. © Chartered Society of Physiotherapy and the British Library. Full reference list on request. ➤

CSPRA AGM and Meeting**Date:** 7 November 2016, 10.30am**Place:** CSP 14 Bedford Row, London WC1R 4ED – Arrange to meet your physiotherapy friends in the council room, Chartered Society of Physiotherapy, Bedford Row for the CSPRA AGM and study day.**Cost:** £15 which includes a sandwich lunch. **We have a day of interesting speakers:** Karen Middleton CBE chief executive of the CSP will give a presentation of 'Physiotherapy in practice today', and answer your questions – Rachel Maskell MP, former physiotherapist and Labour Member of Parliament for York Central, shadow secretary of state for the Environment, Food and Rural Affairs, and Alison Clayton Turner, physiotherapist, will present on Dementia Friends.**Contact:** Please post application form and your cheque for £15 made out to CSPRA, to: Lyn Ankcorn, 23 Swarthmore Road, Selly Oak, Birmingham B29 4NQ.Application forms to be found on iCSPRA, *Frontline* (6 July p46) or requested from Lyn Ankcorn.Lyn Ankcorn is happy to take any enquiries by phone on tel: 0121 475 2612, mobile: 07798 525 822 or email: ankcornl@csp.org.uk or email: lyn.ankcorn@virginmedia.com**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 Treasurers House. Details later. Look forward to seeing you all again.
Judith Saunders

Reunions

**Thinking of having a reunion?**Need to contact old friends? Send an email to networkads@csp.org.ukDon't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!**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 30th 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 or: 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@goolemail.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 and if enough are interested I'll plan something.**Robert Jones and Agnes Hunt Orthopaedic Hospital 1961-1966**This year it is 60 years since we qualified! Where have the years gone? To celebrate, we are holding a reunion in London at the Wallace Collection on Saturday 5 October between 10am and 5pm. For more information please contact either Chris Vanstone (Morrison) or Joan Gabbett (Keymer) via email at: chrisvanstone@icloud.com or at: joan.gabbett@yahoo.co.uk**Guy's Hospital School of Physiotherapy C set 1972-1975**Nine of us got together last year for a 40-year reunion. We had lunch at an Italian restaurant in London then a boat trip up the River Thames, including a quick trip to Guy's. It was fun to catch up after so long and we are organising another get together this year. We plan to meet on Friday 21 October in London, with lunch then possibly a visit to the Sky Roof Garden. We would love to see more of the old set so if you would like to join us please contact me at: lizdeller@blueyonder.co.uk We look forward to hearing from you.
*Liz Deller (nee Meire)***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**Normanby College, Kings College Hospital 1986-1989**It's 30 years since we first met! I saw Chris and Nina at a conference the other day and we decided it was time for a reunion. The plan is to meet Sunday 2 October in London, the venue will depend on numbers. If you would like to be part of the gathering please contact me Alison Booth (nee Tomlinson) initially via my email: alison.booth@yahoo.co.uk**Manchester Royal Infirmary physiotherapy reunion for year 1978-1981**Hello, it's nearly 35 years since we qualified! Is anyone interested in a reunion? Please contact me and we will look to arrange! Alison Colwell email: alihunt21@hotmail.co.uk**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**Normanby College, Kings College Hospital 1981-1984**This year it is 35 years since we started training! It is also 15 years since our last whole set reunion. Would anybody be interested in meeting up this year – possibly September/October? We are also going to send out letters to the addresses that we have from 15 years ago – obviously many could well be very out of date so please pass this on if you are in contact with anyone you know who is not working and receiving *Frontline*. Please get in touch if you are interested. Once we have some response and an idea of numbers we can think about location etc. Would be great to hear from you. Contact Alison Hodgson (nee Pilling), email: alih.sher@hotmail.co.uk or Sara Sandford (nee Croot), email: sara@sandford.me**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**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 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 How exciting!**The Guy's Hospital 30 year reunion E and F sets**The Guy's Hospital 30 year reunion for E and F sets will be held on Saturday 1 October in Oxford. Pub lunch, walk, tea etc. All welcome. Please email Liz Ellis at: lellis52@hotmail.com for details.**University of Northumbria 1993-1996**Save the date – Class of 96 reunion in Newcastle, Saturday 24 September 2016. It will be 20 years this year since we have graduated so it would be great to have a get together! Details TBC. Please pass this message on to people who you are still in contact with. Please get in touch via email to Nicola Idowu (nee Henderson) at: nichen74@yahoo.co.uk or see the Facebook page at: <https://www.facebook.com/groups/943057765730497/?fref=ts>**The Royal Orthopaedic Hospital School of Physiotherapy – 'The Woodlands' 1969-2**It is 43 years since we qualified and, while some of us are in contact, we have never organised a set reunion. If you are interested in meeting up sometime during the summer of 2016 please email me, Marilyn Andrews, at: m.p.andrews@keele.ac.uk It would be lovely to catch up with everyone after all this time.**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 Please share with tutors et al: Eileen Thornton that includes you!**St Mary's Paddington Class 1971-1974**Anyone out there from class 1971-1974 who would love to meet and catch up? Contact by emailing: lesrust@gmail.com**Kings College Hospital 1966-69 October set**

A reunion has now been organised for Saturday 15 October, 50 years after we >

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started our training, and six of us are now going to meet up in London. We are really looking forward to meeting up after all this time and we'd be really pleased if more of the set could join us. Please contact me at: carolyn@beavisnet.co.uk if you are interested. Thank you so much. Carolyn Beavis (nee Gray)

Prince of Wales (POW) Set A 1966-69

Remember us – Angela Hancock-Martin, Jenny Eve, Marion McKenzie, Anne Brown? We hope to get in touch with Elaine Slater, Prunella Patel, Tina Laffin, Sue Frankel and perhaps others from Set A for a possible get-together this year, or just to hear how the passing years have treated you! Please contact: angecourt@googlemail.com and/or: awbrown15@gmail.com Hope to hear from you.

Bradford Hospitals School of Physiotherapy Set 1974-1977/8

It has now been more than 40 years since we all met in Bradford to start our physio training. Jill, Mary, Mary, Liz, Janet and Barbara shared a weekend in 2015 and plan to reunite this year.

We all wish to widen the circle by inviting everyone from our year to join us and meet this year. We plan to meet in Bradford over a weekend to revisit old haunts and local Yorkshire beauty spots – time and exact location yet to be decided. It would be great to hear from you. If you would like to join us, please contact Jill Cooper (nee Emery) at: jill.cooper@hotmail.co.uk or Barbara (nee Sharp) at: barbara.marsland@gmail.com

Nottingham School of Physiotherapy

We are planning a reunion for the Nottingham leavers from 2001 in 2016 – it will be 15 years since we qualified. There are still people we have not been able to track down email addresses for – Darren, Cath, Carl, Nicky, Sue, Carol. If this is you please contact me at: rfieldhouse78@hotmail.com

School of Physiotherapy, Withington Hospital Manchester 1973

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

Edinburgh Royal Infirmary 1963-1966

Anyone out there still working? Fancy meeting up? Email me on: madelinesg14@tiscali.co.uk or tel: 01992 586659.

West London School of Physiotherapy

John M B Long would like to hear from ex-students who were there in the 1950s. Email: jmblongahotmail.com

West Middlesex Hospital School of Physiotherapy 1975-1978

Reunion? I now have contact with 14 students/physiotherapists from our set, but some are still 'missing'. Are you 'one of us', or do you know someone who graduated from West Middlesex 1978? If so, please contact Lars Andersen on email: la-and@online.no

Salford School of Physiotherapy, Hope Hospital 1974-1977

It's a long time since we left Salford. If you are interested in a reunion or just a catch up by email, please get in touch with Jane Heyer at: janeheyer@rocketmail.com

Obituary

Eve Baker (nee Reid)



With great sadness, we record the death, age 68 years, of Eve Baker, lately of Aglionby Grange, Carlisle.

Eve was born and brought-up in Dundee before training at Aberdeen School of Physiotherapy when she became a member of the Chartered Society of Physiotherapy.

Following a spell at Aberdeen Royal Infirmary, Eve moved south of the border to a senior physiotherapist position at Addenbrooke's Hospital, Cambridge where she developed an interest in neurological rehabilitation. This was followed by a period travelling and working in Australia and New Zealand.

Eve returned to the UK and, 40 years ago this November, took up the post of senior physiotherapist to the NE Thames Regional

Neurological Unit based at Homerton Hospital, Hackney. During this time she met and married Peter.

Promotion to superintendent physiotherapist at Whipps Cross Hospital followed but was interrupted when her husband, Peter, was seconded overseas. Ever the physiotherapist, Eve provided physiotherapy to residents of the Cheshire Home, Changi, Singapore and, following Peter's re-assignment to the Philippines, at the Philippine General Hospital in Manila. While living in the Philippines, Peter and Eve adopted their son Andrew. The adoption process had to be repeated in the UK before Eve and Andrew were able to join Peter in Lagos, Nigeria. The next international move was back to Southeast Asia, this time to Indonesia, and allowed Eve the opportunity to volunteer again with the Cheshire Homes, on this occasion in Jakarta.

Following their return to the UK, Eve, Peter and Andrew briefly lived on the outskirts of London before moving to northwest Norfolk where, initially, Eve combined working part-time for the Sue Ryder Foundation, with a senior community physiotherapist role, before joining the community neurological rehabilitation team, latterly as team leader. She then joined the neurological team at the Queen Elizabeth Hospital, King's Lynn.

The last big move was to Cumbria, where Eve and Peter jointly owned and operated a holiday cottage business near Appleby-in-Westmorland. Eve combined this with working for the Eden Valley Primary Care Trust, in the care of neurological outpatients. In the last years of employment, by the Cumbria Primary Care Trust, Eve once again worked in a senior role in the care of neurological patients in the northeast Cumbria community.

Eve retired, from the NHS, in 2008 and led a full and happy life doing some private practice work, leading walking groups, and running exercise classes for the Carlisle branch of the MS Society. In addition, she volunteered at the Eden Valley Hospice book shop, Carlisle, enjoyed walking with the Ramblers Association and playing bridge.

Approximately two years ago Eve's health began to fail although it was only a few months ago that the definitive diagnosis of Motor Neurone Disease, overlaid with Parkinson's, was made. Her care needs became such that, six days before her death, Eve moved into a nursing home where she passed away peacefully on 23 August.

Peter G Baker

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



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Electrotherapy

Laser Therapy Training 2016

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

Hydrotherapy

Aquatic Therapy

One day Ai Chi course with Sarah Wratten
When: Saturday 15th October
Where: The London Clinic
Contact: Heba Massri, email: H.Massri@thelondonclinic.co.uk, phone: 0207-616-7651

Learning disabilities and mental health

The Psychology of Injury: Psychosocial Considerations of Injury Rehabilitation

When: Online 24/7
Where: CMJ Academy of Applied Psychology Website
Cost: £45
Contact: admin@cmjacademy.org

Manual therapy

STECCO FASCIAL MANIPULATION LEVEL 1 COURSE (6 day)

When: 28th -30th Oct and 4th -6th Nov 2016
Where: Oxford
With: Julie Ann Day
Contact: info@octopusphysiotherapy.co.uk
See www.fascialmanipulationcourse.co.uk or call 01865 591 357 for details and booking.

ONLINE EVENING LECTURE: THE LATEST THINKING ON ENTRAPMENT NEUROPATHIES

With: Annina Schmid, Brigitte Tampin and Colette Ridehalgh
Weds 26th Oct (7-9pm)
Contact: info@physiok.co.uk or call 0208-394-0400.

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

19th-20th Nov: High Wycombe
Contact: info@physiok.co.uk or call 0208-394-0400

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26th-27th Nov 2016: Scotland
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Contact: info@physiok.co.uk or call 0208-394-0400

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

Miscellaneous

ACPOHE Assessing Fitness for Work & Function

When: 11-12 November 2016
Where: Glasgow
Contact: £350 ACPOHE Members Only
http://www.acpohe.org.uk/events

ACPOHE Occupational Rehabilitation & Work Hardening

When: 15-16 October 2016
Where: Edinburgh
Contact: £280 ACPOHE Members Only
http://www.acpohe.org.uk/events

ACPOHE Study Day

When: 18th November 2016
Where: MANCHESTER
Contact: £75 Members / £100 Non Members
http://www.acpohe.org.uk/events

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

ACPOHE Upper Limb Disorders in the Workplace – Risk Assessment & Management

When: 1st October 2016
Where: Guildford
Contact: £140 Member / £200 Non Member
http://www.acpohe.org.uk/events

25TH UPDATE IN UCL CRITICAL CARE FOR PHYSIOTHERAPISTS

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 seminars@rocktape.net
 01206615464

UNDERSTANDING SHOULDER INSTABILITY

When: 29 Oct. 2016 – 29 Oct. 2016
Where: Edgware Community Hosp
When: 26 Nov. 2016 – 26 Nov. 2016
Where: Progress, Cambridge Centre for Health & Performance
 Tutor: Anju Jaggi
Contact:
 Irene Wellman
 iw@welbeing-cpd.co.uk
 +441375893835

THE ADULT HIP PATIENT LEVEL 1 & 2: BENOY MATHEW AND GLEN ROBBINS

When: 22 Oct. 2016 – 23 Oct. 2016
Where: London
When: 19 Nov. 2016 – 20 Nov. 2016
Where: Manchester
 Evidence based rehab strategies in the conservative management of the hip patient
Contact:
 Kasia Zielina
 kasia@vitalpm.com
 07940015169

THE SHOULDER: STEPS TO SUCCESSFUL TREATMENT

When: 3 Dec. 2016 – 3 Dec. 2016
Where: Ashton Primary Care Centre
 Tutor: Jo Gibson
Contact:
 Irene Wellman
 iw@welbeing-cpd.co.uk
 +441375893835

Musculoskeletal

THE HIP & GROIN

When: 22 Oct. 2016 – 23 Oct. 2016
Where: Liskeard Community Hosp
 Tutor: Prof Graham N Smith
Contact:
 Welbeing CPD Limited
 iw@welbeing-cpd.co.uk
 +441375893835

PELVIC GIRDLE PAIN

When: 5 Nov. 2016 – 5 Nov. 2016
Where: Edgware Community Hosp
 Tutor: Alison Middleditch
Contact:
 Irene Wellman
 iw@welbeing-cpd.co.uk
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ADVANCED ONE DAY SHOULDER

When: 3 Dec. 2016 – 3 Dec. 2016
Where: PT Dept Level B Nightingale Wing Royal Hampshire County Hosp
 Tutor: Anju Jaggi
Contact:
 Irene Wellman
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Neurology

Padovan method Neurofunctional Reorganisation Module I Sensorimotor Development

Where: Brighton
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Pain management

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

MIRROR THERAPY (2 DAYS)

When: 24 Nov. 2016 – 25 Nov. 2016
Where: University of Leicester
 This course trains PTs, OTs and Psychologists with international current practice of mirror therapy, informs about current research and relates treatment to neurology and pain practice. It includes course booklets, lunch and refreshments.
Contact:
 Annegret Hagenberg
 ah413@le.ac.uk
 +44 116 2297605

Occupational health

CROSSING THE WORK/HEALTH DIVIDE - BETTER ENGAGEMENT WITH EMPLOYERS

When: 13 Oct. 2016 – 13 Oct. 2016
Where: Birmingham Hippodrom
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 www.communitytherapy.org.uk
Contact:
 Linda Reid
 info@communitytherapy.org.uk
 0203 479 5111

Sports medicine

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ONLINE EVENING LECTURE: THE LATEST THINKING ON ENTRAPMENT NEUROPATHIES

See advert in Manual Therapy

Laser Therapy Training 2016

Please refer to advert in Electrotherapy section

Women's health

ACUPUNCTURE IN WOMENS HEALTH

With: Cheryl Mason
 12th Nov 2016: Milton Keynes
Contact: info@physiok.co.uk or call 0208-394-0400

The Psychology of Injury: Psychosocial Considerations of Injury Rehabilitation

When: Online 24/7
Where: CMJ Academy of Applied Psychology Website
Cost: £45
Contact:
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THE CLAVADEL

The Clavadel is a brand new 32 bedded private inpatient rehab centre with state of the art hydro pool and gym. We are situated in central Guildford with great transport links from London and other areas. We specialise in post op orthopaedic rehab with many knee/hip patients coming through, staying approx. 2 weeks at a time with intensive physio twice daily.

We require an experienced full/part time physio equivalent of late band 6/7, someone who can work autonomously with a patient case load, MSK experience essential and hydro experience preferred. An interest in hydro is important as this will be part of the job role, full training can be given. We operate a small experienced friendly team of 7 physio's who work closely with our nursing team in a multi-disciplinary role.

We would be offering a salary range from £38,000-£48,000 depending on relevant experience, we require one working Saturday in four as our service is run 6 days per week.

Please send full CV to charles.g@gggroup.co.uk to register your interest.

Clinical Specialist in Neurophysiotherapy

MNC

MNC are offering a unique and exciting opportunity for someone to join our dynamic team, working in a private Neurophysiotherapy clinic that has an international reputation as a centre of excellence. This position offers a competitive remuneration package and the successful applicant would have the opportunity to:

- Be involved in leading the clinical team
- Continue their professional development through extensive formal and informal educational opportunities
- Be directly involved in the business development within the changing landscape of the health care system
- Be mentored and supported by two Advanced Bobath Tutors

Do you have the drive to play an active role in growing and developing our team and the primary motivation to enable patients to achieve their maximum potential? If so, please contact admin@mncweb.co.uk for further information. Prerequisite Basic and Advanced Bobath training.

Neuro-Physiotherapist
25hrs per week
Belfast, Northern Ireland
Salary: £25,484 – £29,052

MS Multiple Sclerosis Society

At the MS Society, we put people affected by MS at the centre of everything we do, and it's this commitment that unites us across the UK. Our vision is a world free from the effects of MS. Our ultimate goal is to find a cure, but until then, we will do all that we can to enable people with MS to live life, knowing that they do not have to face MS alone.

With our five-year organisational strategy it is now an exciting time to join the MS Society. The strategy is based on what people affected by MS have told us is important to them, and it gives us a clear and determined focus. We have big aspirations and we need to attract brilliant new people to help us achieve our ambitious goals.

Job Details:

We are looking for a highly skilled individual to play an active role in developing a physiotherapy service, developing relationships with range of government departments to provide for example exercise classes and providing specialised physiotherapy assessment and treatment to people affected by Multiple Sclerosis in Northern Ireland.

You will have a strong track record of working in a neurological environment with proven clinical ability and expertise in the physiotherapy management of people with MS.

To apply please visit our website:
<https://www.mssociety.org.uk/jobs/vacancies>

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We are looking for musculoskeletal physios who want to join the Pure Physio family. We are proud to have an experienced close knit team across our clinics with a low staff turnover. We have opportunities for full/part time employment at our new clinics in Manchester, Stockport, Bolton, Warrington and Rochdale. We offer excellent rates of pay, funded CPD, flexible working hours, a supportive environment to assist your development and the enjoyment of being part of our team for the right applicants. We look forward to hearing from you: send your CV to: info@purephysiotherapy.co.uk

PHYSIOTHERAPIST IN SOUTH ISLAND, NEW ZEALAND A highly competitive salary package (includes base salary, mobile, laptop and vehicle), generous post graduate study assistance and ongoing professional development, training and supervision in a great team environment. Full details on: www.jobescalator.com

URGENT: PHYSIOTHERAPISTS WANTED

Too much to list. Private setting, fantastic opportunities. Run your own clinic, be part of a great team. Bispham Physio. Fylde Coast area. Call Ivan on tel: 07970 354921.

NORTHUMBERLAND, BEDLINGTON

Band 5 physio required for busy and expanding practice. Mixed caseload and great development opportunity for an enthusiastic and motivated physiotherapist. Clinical supervision, training and pension available. Easy commute from Newcastle. For more info email: emma@synergyhealthcare.co.uk

THE PHYSIO COMPANY, CLAYGATE CLINIC KT10 0QY

Experienced self-employed part-time musculoskeletal physio required to join our busy team in established private practice in Claygate Surrey (30 mins from London). Hours: two evenings and some Saturday morning work (hours can be discussed at interview). Do you have a minimum five years musculoskeletal experience including private practice experience? Excellent manual therapy and rehabilitation skills? Evidence of recent and ongoing musculoskeletal CPD and a passion to develop your skills? (Acupuncture and Pilates experience an advantage). If so we should meet! The clinic has full-time reception, two treatment rooms,

rehabilitation area and Pilates Reformer. Support and regular CPD with our other clinics. www.thephysiocompany.co.uk If this position interests you please email CV and cover letter to: amanda@thephysiocompany.co.uk or come and visit us. Tel: 01872 865319.

NORTHUMBERLAND Neuro physio to required to cover maternity leave. Mixed caseload of stroke, MS, spinal injury and brain injury. Possibility for permanent contract. Hours negotiable. Easy commute from Newcastle. For more info email: emma@synergyhealthcare.co.uk

FOREST OF DEAN, GLOUCESTERSHIRE

Expanding, friendly, multidisciplinary clinic, established 20 years, requires dynamic, experienced, musculoskeletal physiotherapist/s. Excellent working conditions and job satisfaction. In-house and external CPD supported. Approx 18 hours available; may suit two people, evenings/daytime. Come and look! Email: mail@vineyhallphysio.co.uk Tel: 01594 516810.

HARRIS & ROSS HEALTHCARE ARE CURRENTLY RECRUITING

for full-time and part-time chartered musculoskeletal physiotherapists across all clinic locations – Manchester, Altrincham, Wilmslow and Wigan. We are looking for energetic, enthusiastic physios who want to work in a dynamic clinic environment with amazing facilities. So, if you would like to work as part of a multidisciplinary team, learning every day, treating patients and athletes with complex injuries and conditions, please send your CV and covering letter to our business manager at: hayley@harrisandross.co.uk

CHELTENHAM Part-time self-employed evening physiotherapist required for a busy established clinic. Tuesday/Thursday. Rate of pay £28 per hour. Please send CV to: chrisj@cotswoldphysio.co.uk

OUR EXPANDING TEAM NEEDS FULL-TIME AND PART-TIME

self-employed senior physiotherapists for clinics in west/south west London. Candidates must be experienced, motivated and proactive as well as flexible to fit in with the existing multidisciplinary team. Shifts may include evening and weekend work. To start ASAP. Acupuncture/Pilates preferable but not essential. CV/enquiries to: gill@physioedge.co.uk

FARNHAM, SURREY Four hours per week/fortnight. An opportunity to work within occupational health in musculoskeletal, one role in Farnham. Based on-site, you are able to observe the employees performing their roles and make adjustments/recommendations as well as exercise and manual treatment. Musculoskeletal experience essential as is ability to work independently. OH experience an advantage. Please email your resume stating which location you are applying for to: jobs@backinactionuk.com

NW LONDON/HERTFORDSHIRE – SPORTS/MUSCULOSKELETAL

Bodybalance Physiotherapy and Sports Injury Clinic require an experienced sports and musculoskeletal physiotherapist for full-time or part-time position working across both our sites, potentially including work with elite netball team. Interesting patient mix with good balance of sports, musculoskeletal and orthopaedics. Great working conditions; fun, friendly workplace with excellent remuneration plus mentoring, gym membership, etc. Email: jobs@bodybalancephysio.com

PART-TIME SELF-EMPLOYED PHYSIOTHERAPIST: LOCATED GOOLE/SELBY AREA

15 to 20 Hours per week with potential to expand for right candidate. At least five 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

EXPERIENCED SPINAL CORD PHYSIOTHERAPISTS – NATIONWIDE

Do you value high standards? Do you want to develop and maximise your potential whilst maintaining your day-to-day clinical role? Do you work with spinal cord injured patients, either on the ward or in the community? Do you have at least one day/10 hours every week available? Jacqueline Webb & Co are expanding our highly regarded spinal cord injury expert team. Bring your clinical skills and knowledge and we will train you to become an expert witness. For more information, or to make an initial enquiry, please visit our website: www.jwebb.co.uk/recruitment or contact our head of recruitment, Simon Dickinson, on tel: 01722 342512 or email: recruitment@jwebb.co.uk

MORLEY, LEEDS, CASTLEFORD, DONCASTER Full and part-time musculoskeletal physiotherapists. Opportunities for musculoskeletal physiotherapists with the right personality and at least two years experience to join our fantastic team. Approx 23-28k pro rata depending on skills and experience. Further information and instructions on our website: <http://griffithsandhartley.co.uk/blog/physiotherapist-opportunities-in-our-growing-business>

LEEDS NEUROPHYSIOTHERAPY

Opportunities for experienced, enthusiastic adult and paediatric Bobath trained physiotherapists to join our established, friendly practice. Very good professional development opportunities, clinical and clerical support are provided. Patients are treated in the practice located on the Leeds Bradford border, and in the community. Excellent remuneration. For further details, please contact Jill Fisher at: practice@leedsneurophysiotherapy.co.uk

SOLIHULL PHYSIOTHERAPY AND PILATES PRACTICE

Due to continued expansion, we require motivated, self-employed Pilates trained physiotherapists to join our friendly team. Reformer training highly desirable. Classes and Individual sessions, hours negotiable. Please email CV to: physio2pilates@gmail.com

WE ARE A HOLISTIC PRIVATE PHYSIOTHERAPY AND PILATES PRACTICE

working with musculoskeletal patients under a biopsychosocial model of care. We are looking for chartered physiotherapists with a passion for practice, bags of personality, excellent communication skills and a great sense of humour, embracing both the science and art of physiotherapy. We have clinics based within a GP practice as well as at the prestigious Edgbaston Priory Club where we have full access to the gym facilities. For the right candidate, part or full time hours are available, salary negotiable (employed or self employed considered). Interested? See: www.physioart.co.uk and email your CV to: admin@physioart.co.uk

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 Website: www.londonhomephysio.co.uk

CAMBRIDGESHIRE Private practice offering physiotherapy, sports massage, Pilates and yoga. We are looking for a full/part-time musculoskeletal physiotherapist with at least one years postgraduate experience to join a growing friendly practice. Pilates and acupuncture desirable the successful candidate will be supported to achieve these skills if necessary. Please email CV with covering letter to: contact@ultimateperformancelifestyle.com or call tel: 07714 773529 for further information.

NEUROLOGICAL PHYSIOTHERAPISTS REQUIRED

Due to continued expansion The Neuro Physio Service require experienced adult and paediatric physiotherapists to work with us on an associate basis in all areas of the country. If you can offer a few hours per month to see private clients please forward your CV to: info@theneurophysioservice.co.uk www.theneurophysioservice.co.uk

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/>

GREAT OPPORTUNITY Full-time (would consider part-time) musculoskeletal permanent employed or self-employed physio post available in north London N14. Would suit local person with excellent clinical and interpersonal skills. The post is within a friendly multidisciplinary clinic which continues to grow. In-house CPD. Please email with CV and details of availability to: info@oakwoodphysio.co.uk

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Business opportunity

CAPITAL PHYSIO is actively looking to acquire and partner with physiotherapy practices across the UK. If you are a physiotherapy business owner considering selling your practice or exploring joint venture opportunities, please visit: www.capitalphysio.com/buy-my-practice

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cs pads@media-shed.co.uk

ThreeMinutes

A place for passion

Amanda Buttery is helping to steer a national audit that aims to improve the quality of services delivered to people with dementia

What is the National Audit of Dementia?

The National Audit of Dementia aims to improve the quality of services for people with dementia, by comparing them against evidence-based standards and national benchmarks. Hospital admission can be difficult and distressing for people with dementia, and the audit helps to identify how they are affected by structures, clinical practice and standards in general hospitals in England and Wales, and prioritise areas for improvement. This round of audit includes carer and staff surveys, a case note audit of people with dementia and an

organisational checklist, which looks at areas such as complaints and staff training.

What's your role in the audit?

The Royal College of Psychiatrists leads the audit and I'm on the steering group, which advises on the audit's design and management. See <http://bit.ly/2aFgXKi> I attend meetings alongside representatives from patient and carer organisations, third sector agencies, quality improvement and audit experts, and clinicians. We review the audit questions and content and help to promote participation. I got involved through previous experience with the Royal College of Physicians' National Falls and Bone Health Audit – and it's the first time a physiotherapist has been on the steering group. It's timely, given the increasing evidence that exercise can have benefits in both preventing and managing dementia.

How can physio staff get involved?

One great way physiotherapists and support workers can get involved is by filling in the online staff survey, which has questions about support and training for good dementia care. All staff working in hospitals in patient-facing roles with people with dementia can take part, and the survey closes on 31 October. To complete the survey, visit Nadstaff.uk Make sure you have your hospital code to hand. You can get this from your hospital audit lead or by contacting the national audit team. Tel: 020 3701 2697.

Tell us about your 'day job'

I'm an innovation fellow at the Health Innovation Network, the Academic Health Science Network (AHSN) for south London, one of 15 AHSNs

across England. The Health Innovation Network connects academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the spread and adoption of innovations and best practice, using evidence-based research across large populations. My work includes improving falls risk assessment for people with dementia living in the community. Multiple stakeholders, including memory and falls services, are involved.

What drew you to this field?

I'm passionate about older people's services and research, and have completed a PhD in gerontology at King's College London. I've always been interested in how research evidence is translated into practice, and part of the remit of the AHSN is to do just that. I'm a great believer in how audits can drive quality improvement.

We heard you've also worked in Germany?

Yes. I previously worked at the Robert Koch Institute in Berlin, the German government's central scientific institution for biomedicine, named after the Nobel Prize winning microbiologist who identified the tuberculosis bacilli. I worked in the epidemiology and health monitoring department, analysing population health data on topics including frailty, physical functioning and relationships between physical and mental health.

What's next?

At November's Dementia UK Congress I will co-run a workshop on practical ideas for preventing falls in people with dementia living in care homes.

Amanda Buttery is an innovation fellow at the south London Health Innovation Network

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