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Frontline

THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

17 January 2018
Volume 24
Issue 2



Finding relief

Physio-led bowel clinic

Inside: Courses • Your CPD • Jobs • 3 minutes



Neo G is looking forward to expanding our product range and continuing to support **The Chartered Society of Physiotherapy** for another year. We have been developing some new and innovative products which we are excited to share with you throughout 2018, including our NeoThotics range of premium silicone insoles launching early in the year.

2018 NEW YEAR NEW INNOVATIONS

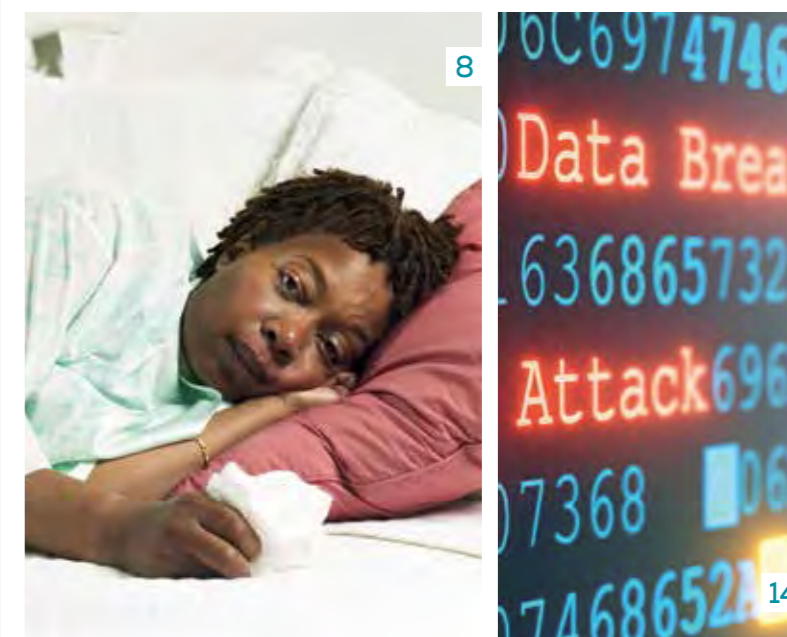
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Comment



Grey sky thinking

We're told that 15 January is the most depressing day of the year. I'm not sure there's much science to it but it certainly feels pretty grim at the moment. It's a long time until pay day this month. The skies are grey more often than blue and, whichever colour it is, it's cold.

On top of that, many of us are pulling in our horns, both financially and with our eating and drinking habits, after the excesses of Christmas or the new year sales.

As for the NHS, the year began badly, with reports of ambulance staff waiting outside A&E departments in some parts of the country, unable to admit patients to hospital. An older woman died as she waited nearly four hours for an emergency team to reach her home in Clacton, Essex.

Meanwhile planned operations are to be postponed in an attempt to cope with the 'winter crisis'.

'CSP members are doing their best in difficult circumstances. Some are working in A&E trying to ensure appropriate decisions are made about admission, and to speed up discharge'

CSP members are doing their best in extremely difficult circumstances. We know some members are working in A&E trying to ensure appropriate decisions are made about admission, and to speed up discharge. Others are working in the community to help prevent admission in the first place, providing support for older people in their own homes.

If you're on the frontline in the NHS, trying to help avert a crisis, we want to hear from you. Just go to the online survey to tell us how you're trying to help, so we can share your experience with others. Visit www.surveymonkey.co.uk/r/D3PNTVY

Lynn Eaton

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

Standing up for falls awareness

We are well aware of the huge cost to the NHS and of the advice given regarding falls prevention. However, it seems this is mostly aimed towards the frail elderly, even though fit and active older people are still falling in alarming numbers. So what are we missing?

Using information gathered at a recent Retirement Association event and elsewhere, we ask the CSP to target fit and active people aged from 55 to 80 through education and raising falls awareness.

Members of the CSP Retirement Association recently met some third-year York St John University students to explore issues relating to falls. A number of fit and active retired delegates told stories about their last fall and why it happened. The best story came from a retired headmaster, aged 87. He gave way to a young mum with a pram in the town centre but fell on uneven ground as he stepped off the pavement. His courtesy, coupled with a moment's reduced awareness, cost the NHS at least £1,000.

■ *Judith Saunders, chair, CSP Retirement Association*

CSP assistant director Sara Hazzard responds: 'This fits well with our goals for 2018: campaigning around Older People's Day, promoting public health more widely and planned activities on falls prevention.' For relevant CSP resources, visit www.csp.org.uk/getupandgo

Placement heaven

I am excited about my elective, four-week practice placement with Alzheimer Scotland. This placement is 'role-emerging' as the role of physiotherapy in mental health is evolving, and conditions such as dementia are often misunderstood.

This placement will grant me the opportunity to establish what physiotherapeutic interventions can offer people with dementia and how this relates to my continued professional development.

It is important for students to seek

out non-traditional placements in order to develop interpersonal, leadership and management skills while expanding their scope of practice. Physios play an invaluable role in improving the quality of life for people with dementia, such as by supporting them to maintain mobility and prevent falls. Participating in physical activity has remarkable benefits in dementia by improving cognition and mood.

As people with dementia can find it difficult to express distress and pain, physios must be competent communicators.

This modern placement will also allow me to critically evaluate my clinical reasoning and refine my professional identity within a diverse multidisciplinary team. Ultimately, it will enable me to develop new expertise and emphasise the value of physiotherapy for people with dementia in a way that enhances service delivery.

■ *Rory Higgins, Glasgow Caledonian University*

Top Tweets

■ **@rachaelmoses** The 'flow' problem in hospitals was totally predicted as @Jeremy_Hunt refused to invest in #NHS forcing the loss of vital therapy posts as the 'non essential workforce'. #NHSWinterCrisis

■ **@MelroseStewart1** Retweeted @TheBMA The government must acknowledge that the NHS does not currently have the resources nor capacity to meet the needs of patients, and we need an honest debate about the investment and support the NHS needs to deliver safe, high-quality care. #NHSCrisis

■ **@KarenWardrespPT** ... Aintree Hospital (Fazakerley) was established because of the prevalence of infectious disease, pre-NHS and good sanitation. Glad to be part of the NHS – we need to stand up for it. #NHSat70 @NHSEngland

■ **@SuzanneRastrick** Prof Keith Willett @NHSEngland on @BBCr4today emphasising the important role #therapy staff make in enabling discharge of patients from hospital. #AHPsIntoAction @WeAHPs

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

Good old days

I write in response to the 'Keeping it in the family' feature that appeared in the 3 January issue of *Frontline* (www.csp.org.uk/node/11284300).

I also worked in the 1970s and was privileged to have a fairly free rein on treatments. Good liaison with well-founded arguments allowed us this freedom. Support from our superintendent was paramount and results mattered.

The rheumatologists were the only prescriptive doctors but, again, with good discussion and reasoned arguments they, too, allowed us to treat as we thought appropriate.

Perhaps we were lucky, but the Royal Free Hospital in north London had a very forward-looking physiotherapy department and was well respected.

■ *Cathy Harrington*

You've added...

An anonymous member responded to a news item on a successful challenge by the Association of Chartered Physiotherapists Interested in Neurology, whose members are able to influence the revision of national stroke guidelines

in a direct way. See www.csp.org.uk/node/1125712
The member said:
■ All guideline development groups are open to all professionals. It is up to everyone to get involved – they are well advertised both on the NICE [National

Institute for Health and Care Excellence] site as well as iCSP. Unfortunately, they are sometimes unable to recruit but still have to work within an allotted time frame... It is a shame the article reads as a 'challenge', working with

NICE should not be perceived as a battle.

A news item on the development of an app to support people with hand injuries (See www.csp.org.uk/node/1128242) prompted a response from NZ, who noted:

■ What a great idea. I am waiting for hand therapy following ORIF for distal radial fracture and was just thinking that something like this would be so helpful.

Until it happens to you, you cannot imagine how debilitating it is.

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 for members only www.csp.org.uk/popular

Competencies for new advanced physio role in A&E

Members discuss competencies relating to 'advanced practice' – such as management of wound (including suturing), relocation of fracture, dislocation – and would like to hear from you.

Comments: 12

Network: Orthopaedics

www.csp.org.uk/node/1101099

Self-employed physio and Pilates classes

A member seeks feedback about the best way of assessing participants before they start Pilates classes.

Comments: 16

Network: Musculoskeletal

www.csp.org.uk/node/1109110

Setting up a private stroke physio service

Members debate the virtues of running a practice from home. Ideas or information on how this could work would be welcomed.

Comments: 10

Network: Neurology

www.csp.org.uk/node/1093118

Morning stiffness

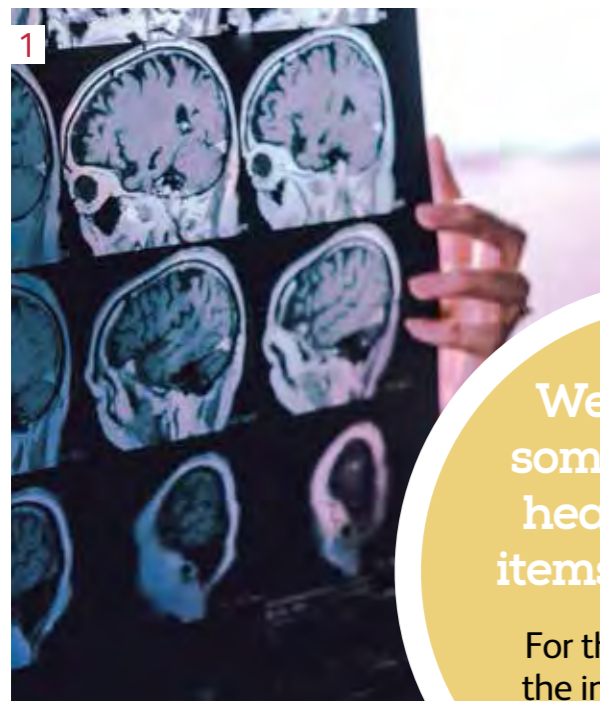
What is within the realm of 'normality'? Members debate the reasons for bilateral knee pain and the concerns of a patient who 'aches all over' and 'feels really stiff, particularly on waking in the morning.'

Comments: 7

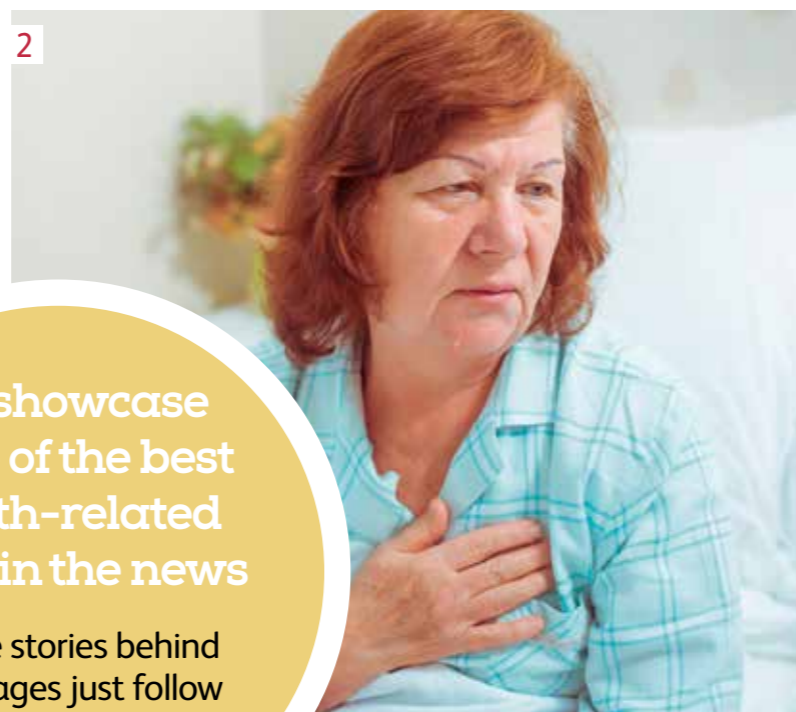
Network: Rheumatology

www.csp.org.uk/node/1110950

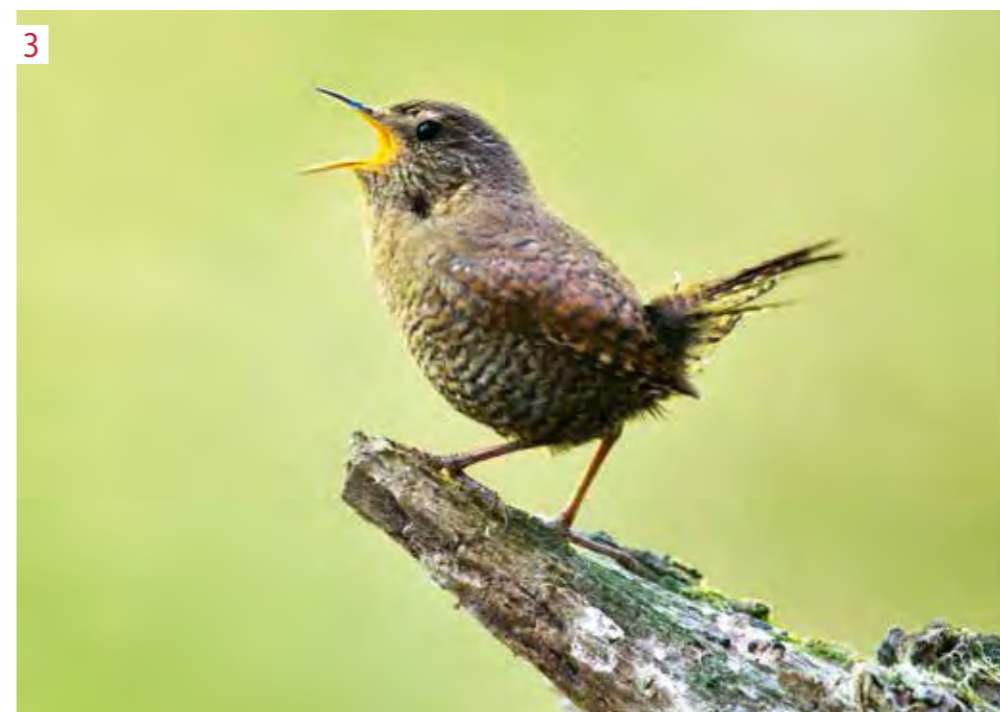
NewsinPictures



1



2



3

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 diabetes drug could help treat Alzheimer's disease, according to a study carried out using mice in Brain Research. Source: Independent bit.ly/2D1tBok

2 Researchers from the University of Leeds and the Karolinska Institute in Stockholm have shown that women are less likely than men to receive the recommended treatments after a potentially fatal type of heart attack. Source: BBC bbc.in/2ExoDnc

3 Hearing birdsong can boost people's mental wellbeing for more than four hours. Scientists from King's College London monitored 108 participants for a week using the Urban Mind app. Source: Telegraph bit.ly/2ANyJr8

4 With 15 per cent of England's A&E patients waiting more than four hours to be seen last month, the NHS budget must rise to £153 billion by 2022-3, says NHS Providers. Source: Sky News bit.ly/2Ewe6BP

5 An article in Nutrition and Metabolism by researchers from Sri Venkateswara University, Tirupati, India, claims that an ingredient in black pepper could help fight obesity. Source: Daily Mail dailym.ai/2CSmiMf

6 Eating processed meat may increase the risk of breast cancer by a fifth, state researchers from the University of Glasgow in the European Journal of Cancer. Source: The Times bit.ly/2Fn2u5s



4



5



6

Archaeo Images/Alamy Stock Library

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 dataseed photo service. For details see 'photographs' at: www.csp.org.uk/ideasforfrontline

Want to place an advert? Reach 56,000 CSP members with your product, course or recruitment ad. cspads@media-shed.co.uk 0845 600 1394

Got an item for Networks & networking? networkads@csp.org.uk

Contact the CSP enquiries@csp.org.uk 020 7306 6666 14 Bedford Row London WC1R 4ED Members have access to the CSP's journal, *Physiotherapy*. www.csp.org.uk/journal

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NewsDigest

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

CSP backs top doctor's call for talks about mandatory flu jabs for NHS staff



One of England's top doctors has called for a 'proper discussion' about mandatory flu vaccination for all frontline NHS staff.

Sir Bruce Keogh, the medical director for NHS England, described flu as a 'double whammy' for the NHS, because it increases the number of patients and puts staff out of action.

He said: 'A proper discussion for next year about mandatory jabs for doctors, nurses and other frontline NHS staff would be sensible.'

Natalie Beswetherick, the CSP's director of practice and development, agreed, saying: 'It's important that we have discussion about this.'

'Health workers must already

have a number of inoculations if they have direct contact with patients. One could argue, why flu should be any different?'

The last week of December saw a sharp rise in hospital admissions in England for confirmed flu cases, Public Health England figures show.

There were 114 people admitted to intensive care units with confirmed flu and a further 421 admitted to general hospital wards. The figures were up from 61 and 66 the previous week.

Public Health England also reported a rise in the number of GP consultations with people experiencing flu-type illnesses.

'This past week's flu figures underline why it makes sense for NHS staff who haven't yet had the

flu jab now to do so,' said Dr Keogh.

He said that a third of people with the virus do not know they are carrying it. As a result, staff may not know that they are putting patients, colleagues and their own families at risk.

Ms Beswetherick said: 'We should not forget, flu is a killer of people with pre-existing conditions or frailty.'

■ *Gill Hitchcock*

More information
The pros and cons of mandatory flu vaccination for NHS staff are debated on the CSP's Facebook page

CSP responds to NHS England's measures to address winter pressures

Physiotherapy services that prevent hospital admissions could help to ease the pressure of rising A&E admissions this winter.

This is the message from the CSP in response to NHS England's decision to extend measures to defer non-urgent inpatient elective care and routine outpatient appointments until 31 January.

Rob Yeldham, CSP director of strategy, said: 'This further highlights the enormous scale of winter pressures.'

'Physiotherapists regularly switch from an outpatient role to support the rehabilitation and discharge of A&E patients.'

'It is essential however that outpatient services are only postponed in the most extreme of cases.'

'Services which can provide a longer term benefit to patients, for example falls prevention, help

people to live independently and ease the pressure on emergency care by reducing A&E admissions.'

His comments came after NHS National Emergency Pressures Panel made a series of recommendations to hospitals to address the sustained pressure, including increased support for allied health professionals for rehabilitation and discharge.

Since then the prime minister has received a letter, signed by 68 senior A&E doctors from England and Wales, which warns of 'serious concerns for patient safety' this winter.

GPs have also reported a rise in flu cases and Public Health England data, taken from 22 NHS trusts, shows that at least 5,000 people with flu were admitted to hospital in the first week of January.

■ *Robert Millett*

At least **5,000** people with flu were admitted to hospital in the first week of January

NICE work on offer – if you can get it!

A physiotherapist specialising in upper limbs is needed to help develop a guideline for the National Institute for Health and Care Excellence (NICE).

The National Guideline Centre (NGC) has been commissioned by NICE to develop a guideline on hip, knee and shoulder joint replacement.

'We're recruiting for clinicians and specialists with experience and knowledge in hip, knee and shoulder joint replacements to become guideline committee members,' said NGC project manager Meredith Faust.

In addition, an extended scope practitioner with expertise in orthopaedic triage will be co-opted as a committee member.

They will join up to five orthopaedic surgeons, an occupational therapist, a pre-assessment nurse, an anaesthetist and a commissioner.

CSP head of research and development Ruth ten Hove said: 'Rehabilitation is a critical component of any joint replacement pathway.'

'This is an opportunity for physiotherapists with experience and knowledge to contribute to shaping best practice, nationally.'

The closing date for applications is 5 February with interviews on 6–8 March.

The closing date for applications is **5 Feb**

The committee's work will start at the beginning of April and will last for 18 months. Committee members are expected to attend 13 day-long meetings.

The position of committee member is unpaid although expenses are met.

■ *Gary Henson*

More information
To apply, go to bit.ly/2mosi8P
Any enquiries by email to [Meredith Faust at Meredith.Faust@rcplondon.ac.uk](mailto:Meredith.Faust@rcplondon.ac.uk)

Dance programme aims to cut falls in older age

Dance to Health, an older people's falls prevention programme, is being rolled out across England and Wales. The sessions use evidence-based physiotherapy exercises, combined with dance, and are led by dance artists who have trained as postural stability instructors (PSIs).

Aesop, an arts charity and social enterprise, developed Dance to Health and the initiative received £2.3 million funding from organisations including the Big Lottery Fund, Nesta and the Department for Digital, Culture, Media and Sport.

The PSI qualification is provided by Later Life Training and is accredited by Queen Margaret University, Edinburgh.

For more information, visit www.dancetohealth.org



Helen Murray

NewsDigest

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

Standard for physiotherapy degree apprenticeship gets seal of approval

The CSP has received confirmation that the Institute for Apprenticeships has approved the standard for the physiotherapy degree apprenticeship.

The standard sets out the knowledge, skills and behaviours that individuals will need to demonstrate as they progress through the new apprenticeship route to qualify as a physiotherapist.

It makes clear that the apprenticeship will be at honours degree level and that all apprentices will need to follow a degree programme, for which

Health and Care Professions Council approval and CSP accreditation have been secured.

CSP assistant director Sally Gosling welcomed the news, saying that although there was more work to be done, it was a key step towards the physiotherapy degree apprenticeship becoming available.

'The engagement of CSP members in the consultation on the standard last year was very important, including to ensure that the standard defines the apprenticeship robustly and in

'The engagement of CSP members in the consultation on the standard last year was very important'
Dr Sally Gosling

ways that fully reflect the demands of contemporary physiotherapy practice,' she said.

The next phase is to develop the assessment plan for the apprenticeship. This is already under way and being carried out

by a sub-group of the physiotherapy trailblazer group. Each group includes physiotherapy managers, educators and CSP representatives.

Dr Gosling said that the aim was for the assessment plan to be ready for submission to the Institute for Apprenticeships by the end of February 2018, with consultation due to take place before this. After it has been approved, the degree apprenticeship will be ready for delivery.

■ Gill Hitchcock

Army reserve physio gains 'Sword of Honour'

A physiotherapist and army reservist has received a prestigious military award for being the best cadet in her class of 90 trainee officers.

Natalie Gardner accepted the award after completing eight weeks of officer training at the Royal Military Academy Sandhurst in Camberley, Surrey.

Assistant chief of defence staff for reserves and cadets, Major General Ranald Munro, presented her with the MacRobert Sword during the course's final parade.

Ms Gardner told *Frontline*: 'I wasn't expecting it and was shocked to get it, but I felt lucky to have a fair amount of military experience behind me, so I

could use the skills I'd picked up from operations abroad and through my training.

'Also, my experience of being a band 7 physio meant I had a lot of management and leadership training, and that is what Sandhurst is all about – leadership, development, supporting your peers and being able to inspire confidence in those you are working with.'

Ms Gardner has been an army reservist for 10 years.

She began a two-year master's degree in critical care at King's College London, last September.

■ Robert Millett

Major General Ranald Munro presents Natalie Gardner with the MacRobert Sword



Queen recognises impact of five physiotherapists

Five CSP members received recognition in the New Year honours list.

Maria Stokes, associate dean of research and professor of musculoskeletal rehabilitation in the faculty of health sciences at the University of Southampton, received an Order of the British Empire (OBE) for her services to physiotherapy research.

She told *Frontline*: 'I'm delighted to receive this award on behalf of my colleagues and all our collaborators.'

Elaine Atkins, a CSP fellow and programme leader for the Society of Musculoskeletal Medicine, was made a Member of the Order of the British Empire (MBE) in recognition of her services to physiotherapy.

Dr Atkins said: 'This award draws together all the friendships, achievements and exciting projects I've been involved with.'

Ruth Graham, a senior physiotherapist in the Northern Ireland Children's Hospice, was made an MBE in recognition of her services to bereaved and disabled children in Northern Ireland.

She said receiving the honour was 'a very humbling experience.'

Physiotherapy technical instructor Elaine McIntee received a British Empire Medal (BEM) for her work with neurological outpatients at the Douglas Grant Rehabilitation Centre in Irvine, west Scotland.

She thanked her 'patients, their families and my wonderful colleagues.' And

physiotherapist Michèle Lee was made an MBE for services to improving the diagnosis and treatment of children with dyspraxia.

Mrs Lee, a trustee and former chair of UK charity the Dyspraxia Foundation, said: 'I would like to thank the staff and the other trustees at the foundation for all their hard work and support to me.'

■ Robert Millett

More information
For more information visit:
www.csp.org.uk/node/1130090

Left to right: Elaine Atkins, Michèle Lee, Ruth Graham, Maria Stokes and Elaine McIntee



CSP awaits new-look council

CSP members are awaiting the outcome of significant changes in the way its council and committees are organised. Nominations to the new-look council closed on 15 January. Members can vote for their council members from 5 February, by postal ballot. The poll closes on 26 February with results on 2 March. It follows a decision last year by members to a number of governance changes to the organisation, including a more streamlined council.

See: www.csp.org.uk/node/1117501

Stewards benefit from TUC-recognised training



The 19 stewards who were among the first to receive their certificates are pictured with CSP officers in Leicestershire

Nineteen CSP stewards received certificates at an event in Leicestershire to mark the completion of their TUC-accredited induction training.

Claire Sullivan, the CSP's director of employment relations and union service, was there to present the certificates and congratulate the stewards. The TUC's external moderator of the CSP's course, Les Doherty, joined her at the event.

The 19 stewards, from across the UK, were among the first to receive their certificates after the CSP gained national accreditation for its induction course.

Louise Walker, the CSP's head of training, said: 'It means that a national accreditation

body, the TUC, has recognised that the courses we are running for our stewards are spot on.'

Nkechinyelu Molokwu, a steward at University Hospitals of North Midlands NHS Trust, was among the 19. Speaking afterwards about the course, she said: 'It touched on everything, including how to organise and communicate with our members. And it was a good opportunity to explore workplace policies and rights.

'I feel that, CPD-wise, it was useful because we learned a lot about people management and how to handle conflict in the workplace.'

Natalie Jones, of the Robert Jones and Agnes Hunt Orthopaedic Hospital in

Oswestry, and Alex Bailess, of Broomfield Hospital in Chelmsford, also received their certificates.

They agreed that the course had been a great learning opportunity and a good way to share experiences with other stewards.

'It was thorough, interactive and was a good basis for representing and being a voice for members,' said Ms Bailess.

■ Gill Hitchcock

More information
Training for stewards www.csp.org.uk/professional-union/union-support/stewards/training

Physios help develop new NICE guideline on cystic fibrosis

Physiotherapists have contributed to the development of the latest guideline on the diagnosis and management of cystic fibrosis.

Members of the Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF) worked with National Institute for Health and Care Excellence (NICE) on the content of the guideline, which was published late last year.

Nuala Harnett, a clinical specialist physiotherapist at Great North Children's Hospital and ACPCF chair, told *Frontline*: 'We were involved throughout the development of this guideline, having two representatives on the working party and also the opportunity to comment on the draft document during the consultation period.

'In terms of physiotherapy, the guideline gives recommendations for airway clearance, mucolytic therapy and exercise.'

Ms Harnett added that the guideline's advice complemented the association's recently updated standards of care and good practice for the physiotherapy management of cystic fibrosis, which is available on the Cystic Fibrosis Trust website at www.cftrust.org.uk

'The combination of both of these documents gives a comprehensive overview of the physiotherapy management of people with cystic fibrosis,' she said.

■ Robert Millett

More information
NICE guideline cystic fibrosis: diagnosis and management [NG78]: www.nice.org.uk/guidance/ng78

NHS Digital survey shows more men than women meet physical activity guidelines

Two men in three (66 per cent) in England met national aerobic activity guidelines in 2016 compared to 58 per cent of women, according to NHS Digital figures.

London had the most adults who met the guidelines for aerobic activity, at 65 per cent. The West Midlands had the lowest, at 53 per cent. On average, 62 per cent of adults met the guidelines, which recommend a minimum of 150 minutes of moderate intensity activity in a week.

Health Survey for England 2016 digital.nhs.uk/pubs/hse2016

Chelsea and Westminster Hospital physios help develop hand therapy app and audio tutorials

Physiotherapists at Chelsea and Westminster Hospital NHS Trust have been instrumental in developing an app to support people with hand injuries.

It provides patients at the trust with bespoke exercises prescribed by their therapist to aid recovery. The trust treats more than 4,500 patients with hand injury every year.

The app contains a library of more than 80 instructional videos and audio tutorials, which patients can follow and replicate at home.

Built-in reminders help patients meet their recommended exercise times and frequency. The aim is to improve patient compliance and comprehension, and aid positive outcomes.

Victoria Rainey, a physiotherapist at the trust, said that after being involved in weeks of scriptwriting and video filming for the app, it was fantastic to be able to use it with patients.

'They are able to follow the exercise videos

in real time, resulting in improved performance of the exercises,' she said.

'Patients also love the reminder feature and the option to keep a log each time they do their home exercise programme.

'As a team we're all really proud of how the app looks and really feel it will enhance patient care.'

Launched in November, the app was funded by hospital charity CW+ and built by IE Digital.

It is available for Chelsea and Westminster patients to download free on Apple or android devices.

■ Gill Hitchcock

More information
Apple link apple.co/2FmmmG1
Android link bit.ly/2mmaXhf



NewsDigest

News from the annual conference of the Medico-legal Association of Chartered Physiotherapists (MLACP)

Physios may need extra insurance in case of criminal allegations, says medico-legal expert

Physiotherapy staff should consider having criminal defence insurance to cover them in the event of serious allegations, which could result in legal costs and loss of income.

This was one of the key messages from Sarah Daniel, a consultant neurological physiotherapist and an expert witness for medico-legal reports, during her presentation at the MLACP conference, held in London in November.

Ms Daniel said: 'Physiotherapists are becoming increasingly vulnerable, because of a rise in compensation culture, where people complain about all sorts of things – which may or may not be true.'

'You could face a sexual allegation, or you might be accused of stealing money or jewellery during a home visit.



'But it's important that all physiotherapists – those in the NHS and the private sector - are aware that professional indemnity, which the CSP provides, and public liability insurance do not cover criminal allegations.'

'A lot of physios might assume they are protected by the NHS, but

they aren't.' Ms Daniel gave some suggestions about what physiotherapists could do to protect themselves from allegations, as well as actions to take if they did find themselves accused.

She told delegates to:

- and your CPD is up to date
- make sure you have completed any mandatory training and are aware of chaperone policies
- document anything unusual that happens in a treatment session and keep a clear audit trail
- follow up conversations on the phone with patients/clients with a letter, and consider copying a third party like their GP
- if you face an allegation, contact the CSP for support and advice
- **Robert Millett**

More information
The CSP offers an additional criminal defence insurance to its members. Find out more at: www.csp.org.uk/node/901961

Cyber security adviser warns physio businesses to guard against attacks

Delegates at the event also heard that physiotherapy businesses needed to ensure they were 'cyber resilient'.

This was the advice of Paul Davidson, a special adviser on law enforcement and security at the Foreign and Commonwealth Office.

He said: 'Cyber attacks are doubling every year, and your data is valuable, but there are simple steps you can take that help to reduce the risk.'

He suggested that physio businesses should limit access to their data, make use of cloud storage systems, use password vaults, back up data to at least three different places on separate networks, use secure web services, encrypt data on mobile devices and USB sticks and consider employing a professional cyber security service.

■ **Robert Millett**

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Tel: 0116 255 6326



We still have a few places available for a new London Half Marathon. Starting at Tower Bridge, following much of the London Marathon course in reverse, finishing by The Cutty Sark in Greenwich.

Sunday 4 March 2018

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RehabApps

Appy days

A Devon-based team of neuro and stroke specialists can help you find the best treatment and rehab apps. Daniel Allen reports

Turn your back on technology and it gallops past leaving you breathless and confused and asking a teenager how your phone works. But harness it and it can bring profound change to how we live and work. A multidisciplinary team of stroke and brain injury specialists in Devon, far from being overawed by the dizzying pace of technological change, has embraced one aspect of it to create a resource that is rapidly gaining a global following.

Mytherapy is a simple idea that seeks to make sense of a massive market. There are, says Ruth Siewruk, occupational therapist and Mytherapy clinical lead, an estimated two million health apps available to download.

For time-pressed professionals, finding one that might, safely, be recommended for use by a patient is a herculean task. Mytherapy takes on that role, displaying on its website reviews of health apps that have

been assessed according to strict criteria.

The idea behind Mytherapy hatched about five years ago, Ms Siewruk explains. The stroke and neuro team that provides a community service as part of Northern Devon

Healthcare NHS Trust found that patients were asking whether any apps could help as part of their treatment and rehabilitation.

Louise Holmes, a band 6 neuro-specialist physiotherapist and part of the Mytherapy team, stresses there is no question of apps replacing the treatment offered by skilled professionals. 'An app is very

much an adjunct to what we do,' she says. 'You have to justify why you're using it, just as you would any other treatment technique.'

What were the first steps? 'We didn't know [the answers] so we did some

research, spoke to a whole variety of other teams and started a project that looked into

Debbie Groves uses an app with a patient who has had a stroke



Something to add?
go to *Frontline* online to start a debate

whether apps could be used, and whether they were reliable, valid and clinically assured,' Ms Siewruk says. It was clear from others working in stroke rehabilitation around the country that there was demand for reliable information about potentially beneficial apps. 'But they had hit the same wall: they didn't know which apps to use.'

Pilot studies followed, using apps that passed a testing group's rigorous assessment, and the results were positive, Ms Siewruk says. 'Engagement went up, outcomes improved, and patients were motivated and enjoyed doing their therapy using the apps.'

Approval process

With the support of their trust and the South West Academic Health Science Network, the team secured funding to build a website, launched last year. The site – my-therapy.co.uk – is founded on the principle that apps can contribute to recovery and are a useful treatment tool. All the apps on the site are tested by clinicians and expert patients using a unique pathway and critiquing process. Only those that pass – and Ms Siewruk says 70 per cent of apps fail the 50-point critiquing test – are given the Mytherapy seal of approval.

And how exactly might an app help a patient? Ms Holmes offers an example. 'From a physio perspective, we're now starting to use apps to film patients walking. We can then review the film later, as a team, back in the office. We also see a lot of patients with spasticity in their arms. If we

Dexteria
Upper limb rehab made fun

ViaTherapy
Designed to aid clinical reasoning for upper limb treatment options

Hudl
Helps therapists review and give feedback on movement patterns and gait

Read the full reviews at my-therapy.co.uk



can measure the joint angles using an app, film them and take photos that can be seen by the district nurse, the GP and other relevant health professionals, that makes everything a lot smoother. Apps are really opening up a new way of working.'

From a patient's perspective, an app that monitors progress and shows them how they are improving day by day provides valuable motivation, Ms Holmes adds. The team has half a dozen tablet devices it can loan out and patients have like using apps on them, Ms Holmes says. For those who have had a stroke, if the app is proving beneficial to their rehabilitation, patients can apply for a grant from the Stroke Association to get their own iPad.

An unforeseen issue at the outset was data protection because some apps ask for personal information. So all apps reviewed by the Mytherapy team are subjected to security tests and will not be recommended unless they pass. What's next? The team already offers a consultancy service to app developers, advising them how they can improve their products. And there are plans to work with developers to advise on gaps in the app market.

Over the past year, the Mytherapy website has attracted international interest and now has users in 110 countries. 'We get emails from patients and therapists all over the world thanking us for making this information freely available,' says Ms Siewruk. **FL**

A CSP view

CSP head of programme Stuart Palma says: 'This work demonstrates how technology can, when constructed with efficient quality assurance and the evidence base, really work for the benefit of patients and staff. This is a great example of physiotherapists and allied health professionals working

innovatively and collaboratively to lead improvements in the delivery of care.

'Others looking to develop or use technology to deliver effective and efficient care should follow a similar approach – involve patients and other stakeholders at the beginning, assess need,

explore all options, carry out an impact assessment, ensure the change is informed by evidence and, above all, ensure it is safe and robustly evaluated.

'Service users are fundamental throughout the process when implementing or adapting ways of working and care delivery.'

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Rehab Matters

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'My life - starting over'
- Jane, 45



'I'm out and about again'
- Parim, 72



'Back playing with my grandkids!'
- Mae, 68



'Returned to work - stronger than ever'
- Mia, 28



www.csp.org.uk/rehabmatters



Asthma is helped by breathing retraining

Breathing retraining, taught by a physiotherapist face to face or in a DVD, can improve quality of life for people whose asthma is poorly controlled despite treatment, indicate the results of the largest study of its kind.

But at a fraction of the cost of face to face instruction, the DVD may prove the cheaper and more convenient option, suggest the researchers, who are now looking into a digital version.

Clinicians rarely recommend breathing retraining. Access to this is often limited by the lack of respiratory physiotherapists and the failure to integrate the technique into standard care. And many people live with persistent symptoms that impair their quality of life, say the researchers.

To find out what difference the technique might make, the researchers studied 655 UK adults with poorly controlled asthma and impaired quality of life from 34 general practices. They were randomly assigned to either the breath technique delivered via DVD

(261) or to three face-to-face sessions with a physiotherapist (132), or to usual care (262).

The training involved diaphragmatic, nasal, and slow breathing, as well as controlled breath holds and relaxation techniques. The DVD provided detailed instructions and illustrations of how to carry out the exercises, plus a daily planner and progress chart. Some 93 per cent of participants attended all three face to face sessions, and engagement with the DVD was equally as good.

Both interventions improved asthma-related quality of life scores at 12 months: 62 per cent in the DVD group; 64 per cent in the face to face group; and 56 per cent for usual care.

Participants rated the self-taught and physiotherapist training positively, and felt that they had better control over their breathing, less need for medication for asthma attacks, and they felt more relaxed.

Serious side effects were more common among those receiving usual care: 20 incidents compared with 11 and 4 in the DVD and



physiotherapist groups, respectively.

The face to face intervention was more expensive at £83.45 per patient compared with £2.85 for the DVD.

Neither type of intervention significantly improved lung function, airway inflammation, or number of asthma attacks over the year, suggesting that breathing retraining improved symptoms without improving the underlying biology of the condition, say the researchers.

In a linked Comment, Dr John Blakey, of the Royal Liverpool Hospital, writes: 'Asthma outcomes have remained poor over recent years, with low expectations around control from patients and health-care providers. Remotely delivered breathing retraining is a key component toward incremental improvement, and a necessary adjunct to improved use of more tailored medical treatments.' Bruton A, *et al.* Physiotherapy breathing retraining for asthma: a randomised controlled trial. *The Lancet Respiratory Medicine* [http://dx.doi.org/10.1016/S2213-2600\(17\)30474-5](http://dx.doi.org/10.1016/S2213-2600(17)30474-5)

Comments and conclusions

- Oral health problems, such as complete tooth loss and dry mouth, are linked to a heightened risk of developing frailty in older age, irrespective of socioeconomic factors and other underlying conditions, suggests a study of 1,622 older men.

Journal of the American Geriatrics Society, 2017; DOI: 10.1111/jgs.15175

- Around a third of patients with type 2 diabetes taking metformin for their disease, are the least likely to stick to the prescribed dose compared with other drugs, such as gliclazide and pioglitazone, finds a systematic review of the available evidence. Gut side effects and the need to take several doses a day may partly explain these differences, suggest the researchers.

Diabetes, Obesity and Metabolism, 2017; DOI: 10.1111/dom.13160

- Just one exercise workout may protect the heart against cardiovascular disease, even in the absence of changes in key risk factors. Repeated exposure to short periods of blood flow blockade, which occur during various types of exercise, may 'precondition' the heart to cope with the damage/disruptions to blood flow caused by narrowed arteries, for example.

JAMA Cardiology 2017; doi:10.1001/jamacardio.2017.4495



Screening might pick up one in four hip fractures before they happen

Screening for osteoporosis in primary care might potentially stave off more than a quarter of hip fractures in older women, suggests a study of more than 12,000 participants from 100 general practices across England.

A simple questionnaire, combined with bone mineral density measurements for some, would help identify those at risk of hip fracture in general practice, enabling them to be targeted for treatment, say the researchers.

They randomly assigned 12,483 women aged 70+ to either screening (6,233) using the

Fracture Risk Assessment Tool (FRAX) or to usual care over a period of five years. Treatment was recommended for 898 (14 per cent) of those screened and deemed to be at high risk of hip fracture. More than three quarters of them (78 per cent) were taking drugs for osteoporosis within six months of screening.

Screening didn't reduce the incidence of all osteoporosis-related fractures, nor the overall incidence of clinical fractures. But it did reduce the numbers of new cases of hip fracture by 28

per cent, with 54 fewer women sustaining one or more hip fractures in the screening group compared with those in receipt of usual care.

In the UK around 536,000 people sustain fragility fractures every year, including 79,000 hip fractures. And co-author Professor Eugene McCloskey, of the University of Sheffield, said: 'If the SCOOP screening strategy were taken up in exactly the same way as in the study in all UK women aged 70-85 years, we estimate that the strategy could prevent up to 8,000 hip fractures per year in the UK.'

Lead researcher Professor Lee Shepstone, of the University of East Anglia's Norwich Medical School, added: 'A hip fracture can be devastating with a loss of independence, and less than one third of patients make a full recovery. Mortality at one-year post-fracture is approximately 20 per cent.'

Shepstone L, *et al.* Screening in the community to reduce fractures in older women (SCOOP): a randomised controlled trial. *The Lancet* 2017 [http://dx.doi.org/10.1016/S0140-6736\(17\)32640-5](http://dx.doi.org/10.1016/S0140-6736(17)32640-5)



Views & Opinions

 **Something to add?**
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Adviceline

Rosalind Campbell urges physios to get involved in the Model Hospital programme, run by NHS Improvement

The NHS has long been condemned as being 'data rich but information poor' and this has applied to allied health professional (AHP) services as well. The Model Hospital digital information service was created by NHS Improvement to help staff spot opportunities to improve productivity opportunities and put changes into effect. People can use a series of metrics to evidence quality outcomes, show a good use of resources and benchmark themselves against each other.

The programme allows physiotherapy and other AHP services to demonstrate their role in achieving good patient experiences and outcomes, and how they contribute to their trust's overall productivity and efficiency. The challenge is to find consistent and accurate data that describe the quality and productivity of AHP services in a comprehensive way.

AHP service leads are encouraged to register themselves through the portal at model.nhs.uk. It is strongly recommended that trusts record and report data accurately, while AHP leads are urged to engage in this process in their own trusts, particularly as the data will be used for a more open and integrated approach to performance management across the NHS.

AHP leads are also encouraged to access tools and best practice guidance being developed by NHS Improvement's national AHP productivity programme. The first of these is the recently-published AHP job planning guidance, which standardises the framework by which trusts identify the capacity of their AHP workforce. See bit.ly/2p2HaOB. It is expected that clinical capacity will be reported via the Model Hospital site in due course.

NHS Improvement is keen to hear from AHP services that already measure productivity alongside quality outcomes. We are also seeking case studies that demonstrate improved productivity as a result of a service change or innovation. For more information about the programme, or to help shape the Model Hospital compartment, email Rosalind.campbell1@nhs.net. Follow the conversation on Twitter at [#supportingclinicalproductivity](https://twitter.com/supportingclinicalproductivity)

Rosalind Campbell is AHP productivity lead at NHS Improvement

STOMP it out!

Is your patient one of the 35,000 being given psychotropic medication inappropriately, asks Jenny Tinkler



Using psychotropic medication to manage mental health disorders and challenging behaviour in people with intellectual disabilities came under the spotlight in the 2015 Transforming Care Programme. This represented the government's response to the events at Winterbourne View, which prompted 'deep concerns' about the over-use of antipsychotic and antidepressant medicines in people with learning disabilities and or autism. See bit.ly/2CbY0g2. In 2016, following a

pledge by a number of different professional groups to bring an end to 'inappropriate practices', NHS England launched the Stopping Over Medication of People with a learning disability, autism or both campaign, known as STOMP. This three-year project aims to raise awareness and reduce over use of psychotropic medicines.

In 2015, Public Health England estimated that, every day, about 35,000 people with learning disabilities or autism are prescribed psychotropic medicines when they do not have a diagnosed mental health condition. These drugs are often given to manage behaviour that is seen as

challenging and includes medicines used to treat psychosis, depression, anxiety and sleep disorders. It also includes epilepsy medication when it is only used for its calming effect, rather than to treat epilepsy.

STOMP is about making sure people get the right medicine if they need it. It is about encouraging people to have regular medication reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.

STOMP also aims to improve awareness of non-drug therapies and practical ways

of supporting people whose behaviour is seen as challenging.

The CSP, along with other allied health professional governing bodies and the Learning Disability Professional Senate, endorses the STOMP campaign. Every professional should challenge medication-related side-effects that impede the potential for rehabilitation among people with a learning disability and or autism.

Physiotherapists need to be aware of the psychotropic medication their patients are taking. The CSP, through the Association of Chartered Physiotherapists for People with Learning Disabilities (acppld.csp.org.uk) will

- raise awareness of the STOMP campaign among its members. See bit.ly/2BJrzGc
- raise awareness of the impact that the secondary side-effects of over-medication can have when delivering physiotherapy
- promote opportunities to engage in physical activities and the role physical activity has on improving health and wellbeing and quality of life
- encourage physiotherapists to work with the multidisciplinary team in supporting the reduction of medication

Dr Jenny Tinkler chairs the Association of Chartered Physiotherapists for People with Learning Disabilities

A jolly good fellow

Being a research fellow helped me improve the lives of people with dementia, says Victoria Booth

Dementia is a rapidly growing global issue. About 850,000 people in the UK have the condition and the number is rising. The expertise of physiotherapists and other allied health professionals is invaluable to enable people affected by dementia to live well with their condition. This is why I studied for a PhD through the Alzheimer's Society's clinical training fellowships programme. See bit.ly/2DkdRtU

I have spent much of my career working with older people

and realised that patients with dementia were not always getting the best care. I wanted to use my expertise to make a difference to the lives of patients and their families.

My studies focused on understanding why people with cognitive impairment are at a higher risk of falls, and whether physiotherapy techniques could help to reduce this risk. I discovered that a combined physical and cognitive exercise-based programme was deliverable, feasible, and acceptable to older

adults with mild dementia, and shows promise at reducing falls risk. I now hope to study whether these combined exercises can be integrated into a multifactorial intervention and explore if they are effective at reducing falls.

While research is an exciting and challenging career path for physiotherapists, you never stop being a clinician and the Alzheimer's Society values your clinical contribution. It is committed to patient and public involvement. See www.england.nhs.uk/participation. Throughout

my PhD I was advised and helped by a wonderful group of people who had personal experience of dementia.

I'm so pleased I took the chance and applied to the Alzheimer's Society. To follow suit, you need to provide details of your project plan, your experience and a financial breakdown. You also need to write a lay summary so that people affected by dementia can read it and comment from their perspective. If you are lucky enough to be shortlisted, you have to attend an interview.

Although it's a daunting process, I'm glad I took the chance. My fellowship helped me develop my research skills, and allowed me to tailor my studies and training to my needs while keeping my clinical skills up to date.

More information
visit www.alzheimers.org.uk/forresearchers or email grantenquiries@alzheimers.org.uk



Dr Victoria Booth is based at Nottingham University Hospitals NHS Trust

CarePlanning

Joined-up thinking

Robert Millett meets physiotherapist **Yvonne Cheung** and colleagues who coordinate the care of children with complex health, educational and social care needs in north London

In one of London's most crowded boroughs a physiotherapist provides coordinated care for children with complex health needs, as part of a pioneering multidisciplinary team. Yvonne Cheung, a band 7 paediatric physio, is part of an innovative integrated care support team (ICST), based in Camden and run by Central and North West London NHS Trust.

As one of three highly specialist clinical assessment and care planning coordinators, she works alongside team leader Hannah Coles, a band 8 speech and language therapist, and Lizzie Mander, a band 7 health visitor and school nurse. The trio's clinical experience is one factor that sets them apart from similar coordination services, for either adults or children.

'We are unique in that we are health professionals from different clinical backgrounds, as opposed to an admin team that provides coordination,' says Ms Cheung. Ms Coles agrees: 'Traditionally key workers who coordinate care do not have a clinical background, whereas we have extensive clinical knowledge and experience.' And Mrs Mander points out that 'the team has funding from the NHS, but most others are council funded'.

Together they oversee the care of children in Camden, from babies up to the age of 18, who require two or more health services, such as paediatrics, occupational therapy, speech and language therapy or physiotherapy.

In addition, they collate multi-agency plans for the home and educational setting. This can be for children who fall marginally short of the threshold for an education, health and care plan (EHCP), which local authorities draw up for children or young people who have complex educational, health and social care needs.

CarePlanning

Something to add?
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frontline@csp.org.uk

The multi-agency plans can also be used to monitor a child's progress and be used by educational settings as evidence in applying for an EHCP.

With a remit to plan and coordinate assessments and interventions across a range of disciplines and in many environments, the team regularly liaises with colleagues in child and adolescent mental health services (CAMHS) and social care teams. They work with the families of children, their clinicians and school special educational needs and disability coordinators. The aim is to ensure that every child has a personalised care plan that can be followed at home and at school, nursery or other educational settings. 'We work to bring all the different elements together, so that health, social care and education can become better coordinated,' says Ms Cheung.

Joined up care

The team was set up in September 2014, following engagement with local parents and carers. 'Feedback identified that although there were high levels of satisfaction within individual services there was a need for shared care planning,' Ms Cheung says. Team manager Ms Coles explains that Camden's community NHS services are provided by four different NHS trusts working in partnership. 'The Royal Free London NHS Trust provides children's physios, occupational therapists, special school nurses and paediatricians. Camden's speech and language therapists, dieticians, audiology and continuing care are provided by Whittington Health NHS Trust, and CAMHS by Tavistock and Portman NHS Trust. Central and North West London NHS Trust has a coordinating role in the partnership, which includes providing the single electronic patient record and the ICST. It also provides all universal children's services and MOSAIC, which encompasses specialist health services for children and young people with additional as well as complex needs.

As a result, much of the team's work involves communicating and sharing information between the borough's different services and professionals. As well as liaising with external hospitals and specialist services. 'Our goal is to make things as clear as possible and facilitate clear and understandable communication,' says Ms Mander. 'So the job we do is all about creating clarity.'

Each team member has their own caseload, which sees them overseeing the care of 15 to 20 children at any one time. 'That may include complex cases that need coordination on a daily basis, as well as children who have multidisciplinary care plans in place that just need their progress monitored,' says Ms Coles.



Nathan Clarke

Working together (from left): health visitor and school nurse Lizzie Mander, speech and language therapist and team manager Hannah Coles, and physio Yvonne Cheung

Many referrals come through the service's single point of referral panel, which is chaired by Ms Coles. This meeting is attended by, the head of the trust's child development team and the heads of various clinical services, including such as paediatrics, occupational therapy, speech and language therapy and physiotherapy.

An open referral system also allows parents to self-refer, says Ms Cheung, and clinicians who feel that a child's parents need assistance can refer cases to the ICST. 'For example, if they are missing lots of appointments then the healthcare professional might discuss the issue with them, ask if they feel they'd benefit from additional support and refer the child to our team,' she says.

'We then meet with the family to discuss what they feel they need help with, liaise with the relevant professionals and then, if needed, pull together a personalised care plan which can be easily managed and monitored.'

The multidisciplinary aspect of their work can create challenges, says Ms Cheung, especially when it comes to coordinating meetings with all the relevant professionals.

'It can take a long time, because you may need to get 13 different professionals together, which can be time consuming,' she says. 'And we need to do that with each individual case, so you can imagine what it's like when we have 20 cases each.'

On top of these tasks, the team takes a lead in chairing the meetings, taking minutes, following up on action plans and mediating between the families, schools and health professionals.

'You are often tested in your conflict resolution and negotiation skills,' says Ms Cheung. 'And it can be paperwork heavy, but making sure that the quality of the minutes, goals and plans are of a high standard, saves time in the long-term.'

As well as facilitating communication between all the different parties, the team also strives to offer support to parents, families and/or carers. This can include explaining medical documentation, outlining what they should expect and helping them improve their attendance of hospital or medical appointments. 'We often have a role in reducing



'The children often need to see a physio, nurse or speech and language therapist. We keep all our clinical duties separate, so there's no overlap and it doesn't confuse the families'
Yvonne Cheung

parental anxiety, increasing their confidence and building their resilience,' Ms Cheung says. 'That could be to do with helping them understand clinical letters, or figuring out all their different appointments, making a timetable and amalgamating all the information for them.'

As well as their coordination roles, the team members also work clinically on a part-time basis. Ms Cheung works three days a week with the team and works as a paediatric physio on the other two.

'The children whose care we coordinate have very complex needs and often need to see a physio, nurse or speech and language therapist. We keep all our clinical duties separate, so there's no overlap, and it doesn't confuse the families,' she says.

However, team members feel their clinical experience is crucial. 'It instils faith in a lot of the parents, because we do know about the clinical pathways and the jargon and how to navigate through the clinical systems,' says Ms Mander.

Rise in referrals

Since the service started three years ago the team has received good feedback from both families and professionals, says Ms Coles. One example is a mother who raised a concern two years ago to the clinical commissioning group about a lack of coordination in her son's care.

The development of the partnership known as Camden Integrated Children's Service, which sits within ICST, and the range of improvements this partnership has allowed to develop, has improved care in general, says Ms Coles. 'This particular child's mother recently told the team: "The latest appointment with the paediatrician went very well! This is due to the clinician having access to all of his health records; inclusive of all therapy information and a report from an external specialist hospital. This saved time and meant he could get back to school on time for his Friday lunch treat, chips with his friends."'

And Ms Coles adds: 'Our referral numbers went up 50 per cent from year one to year two. And we've received a lot more referrals from parents this year as opposed to professionals.'

Ms Cheung says one of the best things about her work is seeing a personalised plan come together and developing good relationships with the children, their families and the services and professionals they require. 'It's great to see how well multi-agency teams can work when there is good communication,' she says. **FL**

More information

The Association of Paediatric Chartered Physiotherapists apcp.csp.org.uk
APCP's guidance on EHCPs bit.ly/2z1cUN7

CPD: Personal View

New Year reflections

CSP education adviser **Nina Paterson**, who helped to update the CSP's ePortfolio, gives some personal reflections on the year ahead

Welcome to the onset of another year. Rather than starting a series, as in the past, by focusing on new beginnings and new year's resolutions I'm going to look backwards to share lessons I learned in my professional life last year.

When I went into my annual appraisal at the CSP in December, I felt more reflective than I usually would. As one of the two officers responsible for education and continuing professional development (CPD) at the CSP, I have been leading the CSP's eLearning strategy since 2015. I was responsible last year for bringing you the updated ePortfolio and CSP learning hub. So, no surprise that this formed a significant part of my conversation with my line manager as we sat down to review achievements.

Up until my appraisal, the e-learning aspect of my role had been relentless. Keeping a project to time, in budget, and at the quality required took continuous 'plate-spinning' – determination,

energy and enthusiasm. The launches of both systems and encouraging uptake through the year required more of the same. When managing a project – any project – you have to make continuous course changes, weighing up risk and measuring the impact of each of the micro-decisions in the moment. My appraisal gave me the chance to slow down, step back and review developments from a distance.

A couple of things struck me, which I will outline shortly. None was a revelation, but they both reminded me about what my team does to support you as a member gearing up for another year of your professional lives, and, perhaps, preparing yourself for this year's Health and Care Professions Council (HCPC) audit. When we launched the ePortfolio, our phones rang non-stop. This slowed as the year went by but we did receive a large number of queries. Putting aside the technical queries, I was heartened by how many queries focused on CPD, rather than the ePortfolio system. Whether it was calls from members wanting to make sure that the

resources they had saved – their reflections or action plans, for example, were safe – or asking if the original 'really useful template' was still be available.

Keep going

Healthcare issues in the new year had an interesting start – with health secretary Jeremy Hunt and prime minister Theresa May acknowledging the 'NHS winter crisis', and apologising for the cancellation of non-urgent surgeries. These might well bring tangible pressures to your working life. In the middle of this, you're expected to demonstrate your CPD. The conversations I had with members during the project reminded me that as a profession, in the middle of this, you take your CPD responsibilities seriously. For the year ahead, the challenge is the same – finding the time and head space to do it all again!

Here at the CSP headquarters, we are committed to supporting you. The next issue of *Frontline* will feature an article to the HCPC CPD audit process, but you've already done the hard

work for that over the past two years – attending courses, undertaking mandatory training, shadowing others, being mentored, mentoring others, taking students, and developing staff.

We'll also be developing eBites, delivering webinars, popping up in Tweetchats and coming out to your workplaces/universities to support you.

One size doesn't fit all

When the previous ePortfolio was set up, analytics weren't on anyone's horizon. We knew how much storage you used but that was about it. The project gave me the opportunity to formally stop and audit/evaluate what CSP delivered. It was interesting to discover which tools you valued, and what, and didn't, work for you online.

With 57,000 members, we were never going to find a perfect system but is clear is that you all capture your learning differently. Our analytics this time give us far more detail – what amazes me is how popular the 'unstructured' tools/templates are. You aren't looking for one-size, just a way that

works well for you.

While I spent many months concentrating on the ePortfolio's development, my appraisal gave me the chance to remind myself that my role is about supporting you develop professionally.

So, if we meet while I'm out and about, and you're not using ePortfolio, you don't have to avoid my gaze. Don't get me wrong, it is a fantastic system: simple, easy to navigate, offers great templates and a journal function that will let you be as unstructured as you want.

Remember, though, it is a means to an end. It makes no difference what tool you use, what matters is that you do it. Take time to reflect on your practice, to learn, to grow, improve. Your patients aren't really interested in how you record your development, just that you're committed to developing. And from what I've seen last year, you've got that covered!

So as we head into 2018, I encourage you to keep doing what you've always done – be clear about how you want to develop professionally,

look for ways to do it, and record your learning in a manner that works for you. And in the midst of everything going on around you, make sure to protect regular time in your diaries to stop, step back and review your progress as you go. **FL**

More information

For more information about the CSP's ePortfolio, visit www.csp.org.uk/node/796

We ended last year with the penultimate article in the careers series of continuing professional development (CPD) articles. See www.csp.org.uk/node/1124660 An article on the final topic – how to support associate CSP members – will appear in a two-part series later this year.

Success story

Tears turn into smiles at Aintree's healthy bowel clinic, the only one in the UK thought to be run by specialist physiotherapists for people with chronic bowel problems. **Andrew Cole** reports

The patients who turn up at Aintree University Hospital's healthy bowel clinic are usually desperate. They may have had constipation, faecal incontinence or obstructed defecation for many years – even since childhood. These conditions can be debilitating and embarrassing, and many patients are reluctant to talk about their experiences.

'It's often taken them an awful lot of time to get to our clinic,' says healthy bowel physiotherapist Sandra Blythin, who helped to found the clinic 14 years ago. 'They've had the problem for years and are just up the wall with it all because they don't know where to turn. Quite often they haven't even told their partners.'

After talking about it at the clinic and receiving reassurance and practical advice on what can be done, many are unable to hold back tears of relief, says Ms Blythin. 'Beforehand, they are really worried but by the end of the first session they really feel they are getting somewhere.'

Aintree Hospital's healthy bowel clinic is one of very few clinics in the country that deals with functional bowel problems and is, Ms Blythin believes, believed the only one run by a team of specialist physiotherapists. Ms Blythin, who leads the team, previously worked as a women's health physio in Nottingham. She was persuaded to set up a bowel clinic to meet a clear demand in the 1990s, before moving to Liverpool and establishing a similar centre at Aintree in 2003.

At first, she recalls, the clinic opened one afternoon a fortnight but as word spread, demand grew and the number of sessions expanded. It now operates five days a week, seeing an average of 150 patients in that time. The clinic is supported by a range of healthcare professionals, including

Healthy bowel pathway

Hospital is rarely the best place for someone whose main problem is constipation. Yet from December 2013 to November 2014, 301 patients with a primary diagnosis of constipation spent an average of 3.3 days each in Aintree Hospital before being discharged. This cost the trust nearly £400,000.

In 2016, Sandra Blythin put in a bid to the hospital's 'dragon's den' and won £16,000 to set up an alternative pathway to see whether many of these patients could be treated by the

healthy bowel clinic.

During the one-year pilot, which has just ended, patients with a primary diagnosis of constipation who present at A&E are referred directly to the bowel clinic and seen as outpatients within 24 hours.

So far, the new pathway has saved 231 bed days and cut costs by an estimated £92,400. Ms Blythin believes this has only scratched the surface and would like to expand the scheme to all patients whose discharge is delayed due to continued constipation.

colorectal consultants, radiographers, physiologists, a gastroenterologist, a specialist nurse and a cognitive behaviour therapist.

Patients must be referred to the clinic and are triaged to ensure the problem is functional rather than pathological. The physiotherapy team can send patients for investigations such as transit marker studies, defecating proctograms, anorectal physiology or various blood tests. Then they will decide on appropriate treatment or management. Most patients are managed conservatively because surgery is rarely an option.

Around half of the patients are constipated – perhaps unsurprisingly, given that around 17 per cent of the UK population has the condition. Another quarter have faecal incontinence while a similar proportion have obstructed defecation – that is, an inability to fully expel faeces, often brought on by complications in childbirth.

Following a detailed assessment, patients are offered a range of treatments from biofeedback, nerve stimulation and rectal irrigation to anal sphincter strengthening and pelvic floor exercises. Some are also offered cognitive behaviour therapy. 'People with faecal incontinence may be very anxious about going out. Even when symptoms

BowelCare

improve, this anxiety can remain,' says Ms Blythin. 'The therapist can give tips to help them cope with that.' Probably the biggest element of the physiotherapist's role is offering advice and education to help patients manage their condition. This may relate to diet and lifestyle as well as activity and exercise.

A sympathetic ear

Finding the right medicine and dosage for a problem can be challenging in itself. In addition, constipation can be an unfortunate side-effect of many medications for other conditions. 'We have to help manage the resulting symptoms,' says Ms Blythin.

Laxatives can be tricky. 'People tend not to know how to take laxatives properly,' she notes. Softeners and stimulants, for instance, should be used in very different ways. Others can take three days to work but if the patient is unaware of that, they may take too many and end up with diarrhoea.

The team often encounters people with severe diarrhoea where the underlying problem is actually faecal incontinence caused by constipation. In such cases, they have to persuade the patients to take laxatives against their better judgement. Equally, some patients on high-fibre diets to ease constipation may actually be better off on a low-fibre regime. Good dietary advice can be transformative in some of these situations.

One of the most important things staff can offer is a sympathetic ear, followed by practical advice on how to turn things around. 'Often they have been to other clinicians about their symptoms but nobody has ever had the time to sit down and talk about it, and ask the right questions.'

The approach taken by the healthy bowel clinic also focuses on putting people back in control of their lives and devising strategies to enable them to live a relatively normal life, despite their condition. One happy patient said, 'The clinic has given my life back. Before attending the healthy bowel clinic I was afraid to go out and felt stressed all the time. My life has changed so much for the better thanks to the [clinic].'



Meet the team (from l-r): admin assistant Kelsie Riley, specialist physiotherapist Sandra Blythin, senior physiotherapist Zoe Crook and specialist physiotherapist Julie McAteer

'Nobody [else] ever had the time to sit down and talk about their symptoms, and ask the right questions'
Sandra Blythin

Ms Blythin is extremely proud of her clinic's achievements. 'The biggest satisfaction is seeing a patient who's desperate because they don't feel anybody can help them. But by the time they leave we've been able to improve their symptoms and help manage them and that makes a big difference.'

More information

The CSP Pelvic Obstetric and Gynaecological Physiotherapy network has patient leaflets on its website pogp.csp.org.uk/information-patients
NHS Choices features a page on bowel incontinence www.nhs.uk/conditions/bowel-incontinence
Bladder and Bowel UK offers resources for professionals www.bladderandboweluk.co.uk/professionals

Top tips for physios and patients

Advice and education are probably the two most important things physios can offer people with constipation or incontinence, says Ms Blythin. 'Ask the right questions in assessments and the rest will follow.'

So, for example, patients should be asked if they feel they have emptied their bowel fully after defecation. People are often told they are constipated when actually they have obstructed defecation. The two conditions are treated very differently.

Bowel habits change through life in response to many factors. In addition, frequency of bowel movements varies: some people go two to three times a week, others two to three times a day.

Tips for patients include

- change the angle at which you sit on the loo by resting feet on a small box or stool
- record your diet, bowel movements and symptoms on a daily basis as this can help determine what to do next

- increasing activity levels helps in cases of constipation
- programmed exercises to strengthen the anal sphincter and pelvic floor help to tackle faecal incontinence and obstructed defecation

The overall aim, says Ms Blythin, is not just to support patients but to give them control. Even being able to hold on for three minutes, rather than 30 seconds, before going to the toilet can be important.

Annual Representative Conference

2018 **Midland Hotel Manchester**
5-6 March 2018

Going to ARC?

Register to attend and find all information about going to ARC on the website www.csp.org.uk/arc2018

Training for ARC representatives

Following the successful session last year training will be before the start of ARC providing an opportunity for representatives to increase their understanding of ARC including:

- debating of motions
- ARC standing orders
- structure of the conference.



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InPerson

New year, new job!

CSP chief executive Karen Middleton gives her top tips on job applications



I have no doubt that the beginning of the new year has seen many of you start – or perhaps stop – activities or habits in a bid to make a fresh start. Usually that is about improving your health and wellbeing, but many think about moving house, switching jobs or other life changes.

Changing jobs almost always involves some form of application, which I have written about before (15 April 2015). This is a key skill in your career development and in making the most of opportunities, such as courses and further study.

Once you're in a post in which you recruit staff and receive applications, it becomes so much easier to see the dos and don'ts of completing application forms. For instance, I have recently been exposed to feedback from colleagues about the applications to the CSP leadership programme and a number of posts at the CSP.

In the main, applications are about getting through to the next stage – whether that's being invited to attend an interview or simply gaining a place on a course. You need to stand out and your whole application must be geared towards that objective. 'Standing out', however, does not mean promoting yourself in such a way that simply sounds narcissistic. There is a fine balance.

Your starting point needs to be 'what are they looking for?' The answer can usually be found in the information about the course or the job. You may also have other 'soft intelligence' gleaned from contacts. Look for stand out words in the blurb you receive to form a picture of what's wanted. Crucially, don't translate this into what you think they need: a really common mistake.

Then follow the instructions. I know this is stating the obvious but when there is a vast number of applications to short list or choose from, those who have not followed

the instructions are the first to go, mainly because their applications are so irritating.

When answering specific questions, evidence every statement about yourself. Illustrate the outcome or impact of what you did rather than just describing it. After making such a statement ask 'So what?' This will help you to work out the real difference you made.

The illustrations you use in your evidence need to be varied and as recent as possible. Try to use a combination of hard and soft data to demonstrate impact that would appeal to different sorts of readers.

An open question like 'Why do you want this job?' or 'Why this course now?' requires a lot of thought. You might think: 'I may want to study for a master's right now because I don't see how I can further my career without one'. But I would phrase that answer differently: 'I have come to the point in my career when I am ready to commit to further study to expand and deepen my understanding of my chosen subject'.

If your application simply asks for a CV, you have much more freedom

about what you write, but don't be tempted to send in a CV that you have used before. Always ensure your CV is fit for the current purpose.

Make sure you highlight and evidence the aspects of your experience, employment history and continuing professional development that addresses what you know they are looking for.

Try to keep your CV to two pages. Read and re-read your application. Spellcheck the text and read it aloud. Then, however painful, ask others to read your application alongside the information about the post or course you have been sent. This is the step most people leave out, because of time, because they don't want others to be aware they are applying or – and this is a telling one – because some of what they've written is stretching the truth a little.

A new year brings new opportunities, so just make sure you give yourself every chance of making them work for you. FL

Contact Karen: middletonk@csp.org.uk

CSP Charitable Trust Funding for Qualified, Student and Associate Members *Spring 2018*

Academically Accredited Courses Award

- Up to £300 for 20 credit course
- Up to £1200 for 180 credit course (MSc)
- Up to £1500 for a PhD

Courses supported in previous years include:

- Research Design & Research Management
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- PG Certificate in Advanced Lymphoedema Management
- MSc Global Health and Development
- MSc Musculoskeletal Medicine
- PhD in Sports, Exercise & Rehabilitation

Education & Development Placements Award

- Up to £3500 for international study visits/research projects to overseas centres of excellence
- Up to £3500 for international education and development projects
- Up to £750 for student elective placements (UK and overseas)

Successful applications to this award have included:

- Research visits to Melbourne to explore international collaborations examining rehabilitation and the recovery pathway of critically ill patients.
- Development projects in: Mexico, Bermuda, Malaysia and Gambia
- Student elective placements within the UK and to: Sri Lanka, Nepal and Romania.

Submit your application via the CSP ePortfolio.

Deadline **Tuesday 20 March 2018**.

Find out more, including conditions of the awards, at: www.csp.org.uk/charitabletrust

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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
7 Feb 21 Feb	22 Jan 5 Feb
7 Mar 21 Mar	19 Feb 5 Mar
11 Apr	26 Mar

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Courses & conferences

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

Online

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

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

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Recruitment

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

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



Networks & networking

English networks news



English regional networks

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

Find out more at

www.csp.org.uk/nations-regions

London

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

East Midlands

New Year New Start. Become a CSP East Midlands Regional Network Rep in 2018
Why not start 2018 by joining the CSP East Midlands regional network? We are looking for new members to join the volunteer core team. All CSP members can do this including students, full members, associates, retired and NHS or privately employed. The role is very varied and there is plenty of opportunity to shape it with a focus on your expertise, passion and aspirations.

If you are interested in getting involved, please come and meet us at The Otter in Kegworth on Thursday 18 January from 6pm. This informal meeting is open for everyone to come along and find out more about getting involved in our regional activities.

Alternatively, if you cannot make 18 January meeting but would like to know more details about volunteering contact Catherine Chappell, CSP campaigns and regional engagement officer, at: chappellc@csp.org.uk or call tel: 020 7314 7863.

Please share this message with your colleagues at team meetings and on staff notice boards. We look forward to meeting you later this month.

Lucy Cocker and Felicity Begley
CSP East Midlands regional network
honorary co-chairs

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

Follow us on Twitter: @CSPEastMidlands
Like us on Facebook: @CSPEMRN

West Midlands

If you are interested in helping to promote physiotherapy in the West Midlands and would be keen to support the network with events in the region please email Mindy Daubeny, CSP campaigns and regional engagement officer, at: daubenyum@csp.org.uk

CSP West Midlands ERN AGM and professional forum

Date: Monday 19 March

Time: AGM (including election of core team) 9.30am. Network meeting 10am

Place: TBA – details will also be published online on the West Midlands CSP regional web page once confirmed

Cost: Free to members

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

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

South Central

CSP South Central needs you!

We are actively recruiting more members to join our core team. If you want the opportunity to help promote physiotherapy in your area and get some fantastic CPD then please contact Mandy Pike or Marie-Clare Wadley, CSP South Central joint chairs, by email at: southcentralchair@csp.org.uk

Update from Guernsey physios – by Michelle Mooney; Anne McAuliffe; Jill Davenport

The CSP support in Guernsey has given physiotherapists on the island a platform as a professional group, to contribute the discussion about the health and care services reform. The CSP visit to the island in May brought together physiotherapists across specialities to form a local CSP network. The network is developing opportunities for peer support and professional development and it has also given individual physios a voice with professional representation in direct conversations with the states.

The CSP visit facilitated the opportunity

for us to represent the local network and meet with the state's health and social care executive. It was a rare opportunity and led to a very positive conversation with the HSC Executive about the challenges and barriers for physiotherapy locally and discussing possibilities in the future including how physiotherapy could contribute as part of the transformation of health and care services.

We are pleased to see physiotherapy on the agenda for the transformation project. Within the state's proposals there are potentially significant and exciting opportunities for local professional development and for physiotherapists to use their skills and expertise in positive changes to further enhance the quality of services for Guernsey residents. With the CSPs help we have been able to contribute directly to discussion on the island and respond to the transformation proposals. We look forward to the outcome of the state's debate to see what the future holds.

To contact the network email:
physioguernsey@csp.org.uk
View the network page on iCSP at:
www.csp.org.uk/icsp/guernsey-support

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

Follow us on Twitter: @CSPsouthcentral
Like us on Facebook, email: southcentralchair@csp.org.uk for the link.

South East Coast

ESHT Physio dept host a 'Bake down' at Conquest Hospital – by Helen Goddard



Pictured above: 'Bake down' participants

We are required to be creative in our jobs as physiotherapists, and apparently the ability to bake is almost a requirement for entering the profession... perhaps something they can bring into Band 5 interviews...

Physiotherapists at Conquest Hospital, Hastings are spread across the trust, always rotating and constantly dashing off somewhere. It was time to put our skills to the test and bring us together. The challenge: bake a physiotherapy themed cake, 95 per cent edible which would be marked for aesthetic appeal, taste and originality.

The competitive physiotherapy spirit kicked in: one trying to sway the orthopaedic surgeon judge with a broken leg themed cake, and others increasing complexity by building a hydrotherapy pool where the water was jelly!

The event attracted physiotherapists and other colleagues and gave us precious time to get together for bit of fun and bonding. Prizes were supplied by our health and wellbeing team and the remainder of the cake was taken on the wards to share with colleagues. We even managed to raise some funds for the department to help our patients. CSP chief executive Karen Middleton even took part in the judging via Twitter!

A very successful and team building event... especially the cake eating part!

Become part of the CSP South East Coast team

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

Dates of events for 2018 will be published soon online and in *Frontline* – watch this space!

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

Follow us on Twitter: @CSPSouthEast

North East

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

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

East of England

CSP East of England needs you!

Why not start 2018 by volunteering to join the CSP East of England regional network?

The network is looking for members to represent Norfolk, Suffolk, Essex, Peterborough, Cambridgeshire, Bedfordshire and Hertfordshire as part of the volunteer core

team. All CSP members can step up to do this including students, full members, associates, retired members and NHS or privately employed.

The role is very varied and there's plenty of opportunity to shape it with a focus on your expertise, passion and aspirations. Team members are currently involved in campaigning to promote physio, the network's communication channels, event management and managing projects.

The next network event is taking place at the Best Western Heath Court Hotel in Newmarket on the evening of Wednesday 21 March. It will feature a presentation and Q&A on physio apprenticeships with Sally Gosling, CSP assistant director of practice and development, as well as the network's AGM and a session on the HCPC audit. Tickets are free and can be booked online at: www.eoeagm.eventbrite.co.uk

Come along to meet the core team and find out more about getting involved in their work. Alternatively, if you would like to know more details contact Catherine Chappell, CSP campaigns and regional engagement officer, at: chappellc@csp.org.uk or call tel: 020 7314 7863.

Free Musculoskeletal Education in the East of England in 2018

Nuffield Health Cambridge Hospital has invited CSP members to their programme of free 2018 consultant-led educational events and seminars designed especially for physiotherapists.

Musculoskeletal masterclass Part 1 – Lower limb

Date: Wednesday 21 February

Time: 2.30pm-6.30pm

Place: Wellcome Genome Campus Conference Centre, Hinxton

Musculoskeletal masterclass Part 2 – Upper limb

Date: Wednesday 25 April

Time: 2.30pm-6.30pm

Place: British Racing School, Newmarket

Musculoskeletal masterclass Part 3 – Sports injuries

Date: Tuesday 10 July

Time: 2.30pm-6.30pm

Place: Wellcome Genome Campus Conference Centre, Hinxton

Musculoskeletal masterclass Part 4 – Spinal and pain

Date: Tuesday 30 October

Time: 2.30pm-6.30pm

Place: British Racing School, Newmarket >



Home cover

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Contact: Book your place now and tell a colleague too! Call tel: 01223 370956. Email: cambridge.gp@nuffieldhealth.com The events will also include free parking onsite, refreshments, CPD.

To keep up to date with your region visit: www.csp.org.uk/nations-regions/east-england
Follow us on Twitter: @CSP_EoE #PhysioEast
Like us on Facebook: @CSPEastofEnglandRegionalNetwork

South West

South West members discuss feedback from Physio UK, ARC motions and plans for 2018 at recent forum event in Exeter

The South West ERN submitted motions for consideration for ARC 2018 following discussions with members at the forum event that took place in Exeter towards the end of last year.

Jen Pearson from The Council for Allied Professions Research (CAHPR) presented on their role and activities and asked members to share the information and encourage volunteers to come forward as local organisation reps. Please contact Jen at: cahrsouthwest@uwe.ac.uk for further information.

SWERN has agreed to work in closer collaboration with CAHPR in the future to support embedding research into the clinical culture.

There was also excellent feedback provided from PhysiotherapyUK with three different perspectives on the experience and learning gained. SWERN has agreed to try and support members to attend Physiotherapy 2018.

Plans for 2018 members' activity and events were discussed. Proposals include a tweetchat (March), shared meeting with stewards about clinical records and the law (June) and rehab matters in the older person in October linked with 'Older Peoples Day'. Dates and more details will be published soon in *Frontline* and shared on the CSP web page and the South West's Twitter page.

The ERN core team were delighted to welcome new members to the team, Jane Clarke, Gemma Pugh and Alec Rickard, who are keen to help engage with more members across the region and help raise the profile of physiotherapy locally. Jane Mitchell, acting co-chair, thanked Heather Hunter, in her absence, for all of her hard work as council rep over recent years. Chris Foster has also stood

down from the core team and was thanked, in her absence also, for her excellent work as secretary and wished a happy retirement.

Members were also encouraged to consider standing for the new council.

If you would like to get involved with South West member activity and events please email: southwestchair@csp.org.uk or tweet us at: @CSPSouthwest

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

Follow us Twitter: @CSPsouthwest

Yorkshire and Humber

The regional network event that is taking place on Friday 26 January is now completely sold out

You can follow updates on the day via Twitter: #Physiofit4thefuture

Follow the network: @CSPYorksHumber to be the first to hear about future regional events and activities.

Date for your diary:

Please hold Friday 14 September in your diary so that you can attend the second free regional event of 2018. The event will take place at The Principal Hotel in York. Keep reading *Frontline* for more information on the programme throughout the coming months.

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

North West

Cumbria branch secretary Vicky Johnston shares her tips on using Twitter to influence

I have been using Twitter for several years now, and tend to use it mostly for work-related social networking (and also a little bit of running and some greyhound-related charities).

Some of our local GP surgeries are on Twitter, and one in particular is very active. They are a rural practice and use social media extensively to network with other practices with similar rural issues. We often share relevant information and articles. When the practice was reviewing its surgery leaflet, I forwarded the links to the CSP website live long live well self-help section: <http://www.csp.org.uk/your-health/live-long-live-well> and delivered a box of 'Get up and Go' booklets.

One of my personal objectives for this year's Older Peoples Day was to share the animation and resources produced by the CSP (<http://www.csp.org.uk/news-events/events/get-go-older-peoples-day>). When the animation was launched I tweeted the link and tagged in the GP surgery. They have since put it on their waiting room screen.

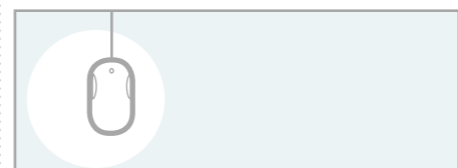


Pictured above: Vicky Johnston (centre) with Rachel Newton and members of the Cumbria branch

I would recommend using the social media hashtag (#SoMe) especially on Twitter to enhance work-related communication, networking and CPD. I have 'met' so many like-minded people on Twitter, and been able to network, share and keep up to date with current trends in the field of older people. The reach of information is astonishing. Over the two week period surrounding Older Peoples Day, my Twitter impression was 6.5K – impression refers to the tweets sent that actually generate interaction or replies from others online. @greyhoundvicky

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

Follow us on Twitter: @northwestcsp



Stay up-to-date

www.csp.org.uk/nations-regions

Professional networks news



Professional networks

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

Send an email to networkads@csp.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Surrey and Borders
Study day: Parkinson's disease update study day

Date: 3 February

Confirmed Speakers: PD specialist nurses, specialist physiotherapists in neuro-rehabilitation, Parkinson's UK, Patient story
Place: St Hugh's Conference centre, Holy Cross Hospital, Haslemere

Cost: ACPIN members £50, non ACPIN members £70 Lunch provided

Contact: For further information and the application form please contact Surrey and Borders committee via email: surrey@acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Kent

BBTA Short course: Ataxia

Tutors: Ann Holland and Janice Champion

Date: Saturday 12 May

Place: Stroke Gymnasium, Maidstone Hospital, Maidstone

This one day course aims to augment knowledge and skills and will focus on rehabilitation for people with cerebellar ataxia, reviewing aspects of neuroanatomy and neurophysiology. Participants will develop their clinical reasoning skills through a patient workshop and practical sessions aimed at enhancing clinical effectiveness.

The course will provide participants with the opportunity to review the current evidence base as well as identify and modify existing knowledge in relation to practice based on the Bobath concept.

Cost: ACPIN Members £65, non-members £80 includes refreshments (but not lunch).

Contact: Email: kent@acpin.net to book your place or for further information. Booking deadline 1 March.

Association of Chartered Physiotherapists in Neurology (ACPIN)

ACPIN Awards 2018

The Association of Chartered Physiotherapists in Neurology (ACPIN) 2018 conference will host the third ACPIN awards ceremony. The conference will be held at the Hilton Hotel, Deansgate, Manchester on 19 and 20 March. Three types of awards, distinguished service, fellowship, and honorary fellowship will be awarded. Full details are available at: www.acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Merseyside

Shoulder pain in the neurological patient: steps to success

An evidence-based look at the shoulder complex including:

- understanding the dynamic stabilisers
- differential diagnosis: Getting decision-making right
- treatment – where to start?
- barriers to success and case studies.

Tutor: Jo Gibson, MSc MCSP

Date: Friday 5 January 2018 5.30pm-8pm and Saturday 6 January 2018 9am-5pm

Place: Sid Watkins Building, The Walton Centre NHS Foundation Trust, Lower Lane, Liverpool L9 7LJ

Cost: ACPIN members £95, non-members £120

To book: Please contact: merseyside@acpin.net to request an application form to book a place.

The Bobath concept: The 24-hour approach to recovery and functional skill acquisition in neurological rehabilitation – A problem-solving workshop

This day and a half day themed workshop will cover the following learning outcomes:

1. to discuss postural and motor control, neuroplasticity and motor learning in to recovery of function in the neurological patient
2. to have an understanding of factors that >

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influence task practice and skill acquisition
3. to develop human movement analysis skills, especially in relation to specific task analysis – to progress treatment intervention and task practice in the neurologically impaired patient.

Tutor: Clare Fraser, BBTa tutor, clinical director at Therapy Matters, neurological physiotherapy and rehabilitation clinic.
Date: Saturday 10 March 8.45am-4.30pm, Sunday 11 March 9am-1pm
Place: Therapy Matters, Aldford House, Bell Meadow Business Park, Park Lane, Cuckoos Nest, Pulford, Chester CH4 9EP
Cost: ACPIN Members: £90, non ACPIN members: £110
To book: Please contact: merseyside@acpin.net to request an application form to book a place.

Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP) ATOCP Awards

The 2017 ATOCP Awards are now open for entries. Please see website: <http://atocp.csp.org.uk> for more information. Categories include doctorate, MSc, professional (eg: audit) and undergraduate. Prizes of £250.

The ATOCP has opened more local branches and now runs several education evenings in the following areas: Scotland, North West, South Wales, Oxford, South and London. If you require any further information please email: atocpchair@gmail.com

ATOCP Annual conference 2018

The ATOCP are delighted to announce links with the British Orthopaedic Association (BOA). For 2018 the ATOCP annual conference will be run out of the British Orthopaedic Association Congress (<http://congress.boa.ac.uk/>) which is taking place 25-28 September at the ICC in Birmingham.

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

Call for abstracts for congress is now open and will close 7 February. More information

is available on the BOA website. You will see on the website that there is a specific abstract category for physiotherapy/rehabilitation (ATOCP). So please submit any appropriate work. Members of the ATOCP executive committee will be helping to review abstracts, so if you have any questions please contact us at: atocpchair@gmail.com Also if you would like to be involved in supporting the conference in any way possible then get in touch.

Finally this fantastic offer is only available to ATOCP members, now is a great time to join if you aren't already a member. To do so visit: <http://atocp.csp.org.uk/join-us>

Pelvic, Obstetric, Gynaecological Physiotherapy (POGP) Physiotherapy assessment and management of female urinary dysfunction

Date: 2-4 March
Place: Scunthorpe, North Lincolnshire
Cost: £350 POGP member/affiliate, £420 non-member
Understanding pelvic organ prolapse – assessment and conservative management
Date: 17 March
Place: London

Cost: £125 POGP member/affiliate, £160 non-member
Advancing your skills into men's health – Part 1: Physiotherapy assessment and management of lower urinary tract symptoms

Date: 21 April
Place: Wishaw, Glasgow
Cost: £125 POGP member/affiliate, £160 non-member

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions – Part 1
Date: 11-13 May
Place: Wishaw, Glasgow

Cost: £275 POGP member/affiliate, £345 non-member
Understanding pelvic organ prolapse – assessment and conservative management
Date: 19 May
Place: Milngavie, Glasgow

Cost: £125 POGP member/affiliate, £160 non-member
Physiotherapy assessment and management of lower bowel dysfunction
Date: 15-17 June
Place: London

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

Paediatric incontinence and pelvic floor dysfunction
Tutor: Dawn Sandalcidi
Date: 7-8 July
Place: Bradford

Cost: Early bird fee of £250 POGP member/affiliate, £300 non-member for all bookings confirmed before 31 January; thereafter fees of £300 POGP member/affiliate, £350 non-member

Paediatric incontinence and pelvic floor dysfunction
Tutor: Dawn Sandalcidi
Date: 13-14 July
Place: Ascot

Cost: Early bird fee of £250 POGP member/affiliate, £300 non-member for all bookings confirmed before 31 January; thereafter fees of £300 POGP member/affiliate, £350 non-member

Advanced pelvic floor course: In-depth assessment, differential diagnosis and advanced treatment techniques for complex female pelvic pain and pelvic floor muscle dysfunctions
Date: 14-16 September
Place: Chertsey, Surrey

Cost: £325 POGP member/affiliate,

£395 non-member

Advancing your skills into men's health Part 1: Physiotherapy assessment and management of lower urinary tract symptoms

Date: 29 September
Place: Milton Keynes
Cost: £125 POGP member/affiliate, £160 non-member

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

Acupuncture Association of Chartered Physiotherapists (AACP)

AACP 2018 Annual acupuncture conference – Booking now open

Date: 19 May
Place: The Hilton, Reading
Upcoming CPD courses

Fascia and anatomy

Date: 26 January
Place: Peterborough

Two-day refresher course

Date: 10 February
Place: Crewe

Electroacupuncture, cupping and Gua Sha

Date: 2 March
Place: Peterborough

AACP Basic acupuncture foundation courses

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

Dates: 17, 18, 24 and 25 February

Place: Rochdale

Dates: 24 and 25 February 3 and 4 March and 14 and 15 April

Location: Wirral

Dates: 3, 4, 17 and 18 March, 28 and 29 April
Location: Salisbury

Cost: £495 – Including one year's full membership of the AACP with many benefits
Contact: To book, visit: www.aacp.org.uk

> Training and Conferences > Foundation Courses or CPD Courses

Tel: 01733 390007 #3

Email: claire@aacp.org.uk

AACP Grants

AACP have a number of grants available for AACP members. For more information please contact Mindy Cairns, AACP research advisor, at: research@aacp.org.uk or see the AACP website: www.aacp.org.uk

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

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

Manual handling: Train the trainer

Date: 27 January

Place: Bury St Edmunds

Cost: £150 members, £210 non-members

Introduction to applied ergonomics

Date: 23-24 February

Place: Snow Hill, Birmingham

Cost: £320 members, £380 non-members

Assessing fitness for work and function

Date: 16-17 March

Place: Islington, London

Cost: £300 ACPOHE members only

Occupational rehabilitation and work hardening

Date: 21-22 April

Place: Ashbourne

Cost: £300 ACPOHE Members only

Introduction to applied ergonomics

Date: 14-15 September

Place: Islington, London

Cost: £300 members, £360 non-members

Contact: Administrator Tracy Long on tel: 01284 748202 or email: acpohe@buryphysio.co.uk

Medico Legal Association of Chartered Physiotherapists (MLACP)

Paediatric and adult neurology: The role of the physiotherapist as an expert witness

Date: Wednesday 25 April and Thursday 26 April

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

Cost: £300 MLACP members, £350 non-members

Contact: For further details email: info@mlacp.org.uk or email: ww@eamedicolegal.com

or visit: www.mlacp.org.uk >

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Association of Paediatric Chartered Physiotherapists (APCP)

APCP Respiratory workshops – Respiratory update for paediatric physiotherapists working in the UK

Date: January
Place: Liverpool (TBC)
Cost: £75 APCP and ACPRC members, £115 non-members
Contact: For further information or to book your place, visit: <http://apcp.csp.org.uk/respiratory-committee>

British Association of Bobath Trained Therapists (BABTT)

Training day – Therapeutic management of children who have dyskinetic cerebral palsy

Led by: Christine Barber, director of clinical services, The Bobath Centre, London
Date: Friday 19 January
Place: Bobath Children's Therapy Centre Wales, Cardiff
Cost: £70

This event is open to BABTT members only. Due to the practical nature of this day, there will be a limit of 24 places. Places will be allocated on a first-come basis – upon receipt of completed application form and payment.

Contact: Enquiries to: sandra.mackay@bobath.scot

Education day – Dyskinetic cerebral palsy update: What is new in measurement and management?

Date: Saturday 20 January
Time: 9am-5pm
Place: Bobath Children's Therapy Centre Wales, Cardiff
This event is open to anyone with an interest in the field. Topics will include:

- recognition, discrimination and measurement of dyskinetic cerebral palsy, Dr Elegast Monbaliu and professor Bernard Dan
- Bobath approach to treatment of children who have dyskinetic CP, Christine Barber
- communication in children who have dyskinetic CP, Rina Van der Walt
- promoting function in children who have Dyskinetic CP, speaker tbc
- medical interventions for dyskinetic CP, Professor Bernard Dan.

Cost: Members £70, non-members £90. More details to follow.

Contact: Enquiries to: sandra.mackay@bobath.scot

Musculoskeletal Association of Chartered Physiotherapists (MACP)

Spinal masqueraders: Expanded

Following on from the highly regarded spinal masqueraders study day, the MACP have developed a further stand-alone course designed to enhance awareness and clinical reasoning in the management of non-musculoskeletal causes of back and radiating leg pain. Spinal masqueraders: Expanded covers new issues not covered on the original study day.

Developed from delegate feedback and evolving evidence, attendance on the original masqueraders study day is not a prerequisite to this course. Knowledge and skills gained from the first course will however be further enhanced and new skills accrued.

Date: 17 February, 9am-4.30pm (Registration 8.30am)

Place: The Royal London Hospital, Outpatient Therapies Department

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

Facilitators: Laura Finucane, consultant musculoskeletal physiotherapist, East Surrey Hospital. Christopher Mercer, consultant

musculoskeletal physiotherapist, Western Sussex Hospitals. Sue Greenhalgh, consultant musculoskeletal physiotherapist, Bolton Primary Care Trust

Contact: Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Manual therapy in early-stage knee rehabilitation

The early-stage of rehabilitation after acute knee injury and surgery is the most important stage of a rehabilitation process intended to restore knee functional joint stability. The purpose of this course is to present a rational, evidence-informed, multi-modal approach to integrating manual therapy, taping, and exercise therapy. Emphasis is placed on clinical reasoning, practical manual therapy, taping, and exercise therapy techniques that are targeted at enhancing knee joint mobility, proprioception, and neuromuscular control in early-stage knee rehabilitation for acute injury and surgery.

Facilitator: Dr Nicholas C. Clark, PhD, MSc, MCSP, MMACP, CSCS

Date: Saturday 3 March
Registration: 8.30am-9am, course runs 9am-5pm

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

Cost: £125 MACP members, £135 non-members

Contact: Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Moving beyond exercises for managing patellofemoral pain: Expanding the need for tailored management

This exciting, practical and innovative course will focus on tailored treatment and how it can be applied in clinical practice. The tutors will present methods for identification of the primary symptom driver and examine tools that can be easily adopted within the clinical setting.

This course will provide you with a broader approach to understand, stratify and manage individuals with a diagnosis of patellofemoral pain. Most importantly, this course will provide you with the practical and clinically applicable knowledge and competences when you encounter a patient with patellofemoral pain.

Date: Saturday 14 April
Place: The Royal London Hospital, Whitechapel Road, London E1 1BB

Cost: £130 MACP member £140 non-members

Facilitators: Simon Lack MSc (sports and exercise medicine) BSc (Hons) MCS and Bradley Stephen Neal MSc (Adv Phys) BSc (Hons) MCSP

Book at: www.macpweb.org or contact Terry Smith at: admin@macpweb.org or tel: 01202 706161.

Physio First

Physio First AGM 2018 – East Midlands Conference Centre

The annual general meeting, open to all members of Physio First, will take place in Nottingham on Saturday 28 April at 4.05pm

Physio First members are invited to submit motions for inclusion on the Agenda of the AGM.

These must be proposed and seconded and reach the Physio First office by Monday 29 January. Please address your submissions for the attention of our Secretarial Support Team, and send to: Physio First, Minerva House, Tithe Barn Way, Swan Valley, Northampton, Northamptonshire NN4 9BA or email: minerva@physiofirst.org.uk

Private Physiotherapy Education Foundation (PPEF) AGM 2018

The AGM of the PPEF will take place on Saturday 28 April at 1pm, at the East Midlands Conference Centre, Nottingham.

British Association of Hand Therapists (BAHT)

Level 1 courses

Date: 5-7 February

Place: Cardiff and Vale Therapy Centre

Contact: Jennifer Hall/Kate Lane on tel: 02920 335269 email: jennifer.hall@wales.nhs.uk or: kate.lane@wales.nhs.uk

Date: 16-18 May

Place: Mount Vernon Hospital, Middlesex

Contact: Juliette Bray on tel: 020 7317 7703 email: juliette.bray@nhs.net

Date: 12-14 September

Place: London

Contact: See: www.neshands.co.uk

Date: 28-30 November

Place: Enterprise Centre, Derby

Contact: Linda Tozer on tel: 01332 787491 email: linda.tozer1@nhs.net

Level 2 courses

PIPJ (NES)

Date: 25-27 January

Place: William Harvey Hospital, Ashford, Kent

Contact: Michael Keane at: >



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ekh-tr.KCHHandTherapy@nhs.net
See: www.neshands.co.uk Tel: 01227 783195
Wrist (NES)
Date: 25-27 April
Place: Chesterfield Royal Hospital
Contact: Sarah Barnard at: sarahbarnard1@nhs.net See: www.neshands.co.uk Tel: 01246 512177

Splinting: A clinical reasoning approach

Date: 24-26 June
Place: Chelmsford, Essex
Contact: Debbie Miles at: hand-ed@outlook.com

Optimising soft tissue repair

Date: 21-23 September
Place: Mount Vernon Hospital, Northwood
Contact: Nikki Burr/Ella Donnison, email: handtherapy@sky.com Tel: 07766554787

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

Date: September
Place: Queen Elizabeth Hospital, Birmingham
Contact: Suzanne Beale, email: suzanne.beale@uhb.nhs.uk Tel: 0121 3713488

Radiographic imaging of the hand

Date: 3-5 October
Place: University of Derby Enterprise Centre
Contact: Ella Donnison, email: linda.tozer1@nhs.net Tel: 01332 786964

PIPJ (NES)

Date: 6-8 December
Place: Queen Alexandra Hospital, Portsmouth
Contact: Gemma Willis at: gemma.willis@porthosp.nhs.uk See: www.neshands.co.uk Tel: 02392 286130/02392 286899

Burn injuries of the hand and upper limb

Date: TBC
Place: Park Inn Hotel, Nottingham
Contact: Nicole Glassey, email: n.glassey@ntlworld.com Tel: 07901500713

Level 3 courses

B94027 Contemporary practices in injection therapy (upper limb)

Date: February
Place: Nottingham
Contact: Sharon Goodwin, email: Sharon.goodwin@nottingham.ac.uk Tel: 0115 8231927.

Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)

ACPIVR AGM and study day 2018 with Susan Herdman

Date: 19 May
Place: Lecture theatre, 33 Queen Square, National Hospital for Neurology and

Neurosurgery WC1N 3BG
Topic: Vestibular treatment
Speakers: Professor Susan Herdman, Emory University, USA; Dr Dara Meldrum, Dublin, Ireland; Dr Edward Roberts, Imperial College London, UK; Dr Marco Mandalà, Siena University Hospital, Italy
Description: Join us for this exciting study day and AGM with the world renowned Professor Susan Herdman and other international speakers. It is for clinicians of all levels of experience looking to increase their knowledge and understanding of vestibular rehabilitation.
Contact: Programme and registration: https://acpivr2018.eventbrite.co.uk

Other groups news / events

CSP Diversity Networks

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

Upcoming meetings:

BME Network

Date: 25 September

Disabled members network

Date: 9 October

LGBT+ members network

Date: 13 November

Place: All meetings are held at the CSP in London

Contact: Please contact Gill Feldman at: feldmang@csp.org.uk with any queries.

Physiotherapy for hyperventilation

We are in the process of re-vamping our website and are aware that many of the contact details of the site are out of date. If you treat hyperventilation or dysfunctional breathing and would like to be listed on the new site please email: louisa.stonehewer@uhcw.nhs.uk

Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD)

Physiotherapy management of Temporomandibular Disorders (TMD)

Tutor: Phil Bateman

Date: Saturday 27 January

Place: St Georges Hospital, St James Wing, Ground Floor, Blackshaw Road, London SW17 0QT

Cost: £149

This one day course reviews:

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

Contact: Cathy Gordon at cathy.gordon@stockport.nhs.uk for further information and an application form.

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

Dear retired members, happy new year to you all!

I have been asked to circulate the following job advertisement. As you will see, retired members are very welcome to apply to become the East Midlands network rep. As the closing date is almost on us, if you are thinking about the post, contact Catherine Chappell directly as soon as possible for more information and to express an interest.

New year new start. Become a CSP East Midlands regional network rep in 2018

Do you want to spend 2018

- impacting on CSP planning and policy?
- meeting other local CSP members?
- being part of a dynamic team?

If the answer is yes then why not start 2018 by joining the CSP East Midlands regional network?

We are looking for new members to join the volunteer core team. All CSP members

can do this including students, full members, associates, retired and NHS or privately employed.

The role is very varied and there is plenty of opportunity to shape it with a focus on your expertise, passion and aspirations.

New core team members will have to input into some group emails, two to three conference calls per year and attend two network events as well as at least one evening pub meet. Expenses are paid for and there is often the opportunity to visit the CSP offices at Bedford Row for development opportunities too.

If you are interested in getting involved, please come and meet us at The Otter in Kegworth on Thursday 18 January from 6pm. This informal meeting is open for everyone to come along and find out more about getting involved in our regional activities.

Alternatively, if you cannot make the 18 January meeting but would like to know more details about volunteering contact Catherine Chappell, CSP campaigns and regional engagement officer, at: chappellc@csp.org.uk or call tel: 020 7314 7863.

We are very keen to bring together a larger group of members from all backgrounds and areas who together can represent the region centrally and speak up for the East Midlands in healthcare decision-making. The volunteer core team is a very friendly group and we get support from central CSP staff too. There really is nothing to lose.

Please share this message with your colleagues at team meetings and on staff notice boards. We look forward to meeting you.

*Lucy Cocker and Felicity Begley
CSP East Midlands regional network honorary co-chairs*

Reunions

Prince of Wales' School of Physiotherapy 1975-1978

Did you attend the Prince of Wales' School of Physiotherapy between 1975 and 1978? This year it will be 40 years since we qualified and a reunion is in order! It will probably be

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

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

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

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

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

Next year, we will be 30 years qualified, and we (Gwyn, Saskia and I) reckon if that is not a good enough excuse to meet and do some serious catching up, nothing will be.

We are proposing to meet over the weekend of 12-14 October back in >

www.csp.org.uk/grahamegardner
0116 255 6326

*CSP member discount has been applied to all prices shown online

Cardiff, with one main event on Saturday 20 October. Please contact me at: physiotherapy.thirdage@gmail.com not only to confirm your ability to join in, but with ideas and contact details of any people you know who were in our class so we can get the message out to all.

I am looking forward to the clogging of my inbox with your enthusiasm.
Bhanu, on behalf of the reunion posse!

Guy's Hospital C and D sets 30 years qualified reunion

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

St Thomas's School of Physiotherapy 1985-88

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

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

Middlesex Hospital 1975-1978 sets

Jane (Harland), Karen (Horsley) and Ruth (Jones) will be meeting for a 40 year reunion lunch on Saturday 22 September,

1pm in Sheffield, venue to be confirmed. We hope as many as possible will join us so if you are interested please contact Ruth at: ruth_vaughan@btinternet.com

Bradford Hospitals School of Physiotherapy 1984-1987 set

30 year reunion... we would like to contact as many of our set as possible for a reunion in Yorkshire in the autumn. Please contact Rona King at: ronaelizabeth@yahoo.co.uk or tel: 07974 181301 or Steve Redmond at: steve.redmond@ntlworld.com or tel: 07973 687378.

Brighton University Graduates 1993 (First cohort at Brighton!)

I'm looking to arrange a 25th year reunion for this year. If you are interested please go to the Facebook page: 'Brighton Uni Physio 25th Anniversary 2018' or email me at: cjmallows@aol.com Look forward to hearing from you.

Royal Liverpool Hospital College 1978-1981

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

Lesley Walters (nee Pritchard).

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

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

Class of 96 University of Northumbria reunion



Finally a couple of photos from our very special 20 year reunion in Newcastle in September 2016. Thank you to everyone who could make it and we missed those of you who couldn't! Sorry we didn't manage to get a photo of everyone altogether. We are planning a 25 year reunion in Norway in 2021.

Obituary

Helen W Atkinson (nee Peterkin) FCSP, DipTP 1928-2017



Helen Atkinson, previously a physiotherapy teacher and Principal of the Coventry School of Physiotherapy and later Head of The Physiotherapy School at Lanchester (Coventry) Polytechnic, has very sadly died aged 89 after a short illness.

Helen was pivotal in the development and advancement of physiotherapy education in Coventry. She was instrumental in the move from NHS based 'training' in the 1960s through to the Higher Education based education of undergraduate and post graduate physiotherapists towards the end of the 1980s.

Helen was born in Harlow in Essex in 1928 and the family moved very soon after her birth to Scotland. When she was four the family returned to Essex where she spent some more of her childhood years and attended primary school. They then moved to Banstead in Surrey where she undertook her secondary education. She studied physiotherapy between 1947-1950 at St Mary's Hospital School of Physiotherapy (Swedish Institute) in London. As Helen gained experience her interest in neurology grew. Gaining her teaching diploma (Dip TP) in 1955 she became a teacher of physiotherapy and worked in Vancouver and Vallejo California between 1959 and 1961. She achieved qualifications in PNF at Vallejo and having returned to the UK undertook training in the Bobath approach towards neurorehabilitation and then hydrotherapy in Bath. She soon became committed to sharing her passion for physiotherapy (and neurophysiotherapy in particular) with others. On becoming deputy principal of the then Coventry School of Physiotherapy in July 1961, she and the Principal Philip Foster began to develop some innovative approaches to the traditional curriculum >

JOIN UP!

CSP Equality and Diversity Networks

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



For more details go to:

www.csp.org.uk/diversity

or email:
belmontj@csp.org.uk



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– such as student-centred learning. This invoked a degree of criticism at the time and in her later years Helen reflected that Philip's thoughts on physiotherapy education were probably streets ahead of his time albeit answering to a negative critical acclaim in the 1960s. It was a time when education was still dominated by an authoritarian and didactic approach. Possibly working with Philip Foster shaped Helen's own courageous attitude and approach to innovation in education.

In 1969 Helen became principal of the Coventry School and with Alan King as her deputy she headed the transition from NHS to HE physiotherapy education, which in Coventry took place in 1978 with the then Lanchester Polytechnic (later Coventry Polytechnic). Helen inspired a dedicated staff team and developed an independent diploma followed quickly by one of the early BSc degrees in UK physiotherapy in 1989. Many of the cornerstones Helen and her team laid down remain within the provision of physiotherapy education today, including a radical view of clinical education which truly valued the input of experienced non-faculty clinicians.

In patient management Helen was somewhat of a pioneer in the use of a fundamentally problem-solving, patient-centric approach rather than its perfunctory acknowledgement and this approach transferred to her teaching. This was all in an era when patriarchal behaviour and treatment of the medical condition was commonplace. She published some celebrated chapters in the textbook 'Cash's Neurology for Physiotherapists' during the 1970s and 1980s and these became a lifeline to students grappling with the mysteries of neurology. Helen had developed

an eclectic approach to the management of neurologically impaired patients and taught her students according to the same philosophy.

In the early 1980s Helen studied Benesh Movement Notation (BMN) as a method for the recording of detailed observation of patients' posture and movement. She believed that the traditional neurological examination and recording of movement patterns and postural adjustments was inadequate and saw that drawing on the expertise of the choreology discipline as used in professional dance could be valuable for physiotherapists. She began to disseminate her knowledge and employ the discipline in her teaching. Her BMN approach was rapidly taken up particularly by Japanese Physiotherapists.

In 1988 Helen was awarded a Fellowship of the Chartered Society of Physiotherapy for her contribution to physiotherapists and physiotherapy practice particularly in neurology.

Helen retired in 1989 and then devoted her time to her garden near Meriden, Warwickshire and to her dogs. She went on to study canine behaviour formally and to become a professional dog trainer. She became a Member of the UK Registry of Canine Behaviourists (UKRCB) and a Member of the Association of Pet Dog Trainers (APDT). She also undertook an Advanced Diploma in Canine Behaviour Management. Helen utilised her physiotherapy and teaching skills in her dog training, maximising on her observations of movement, both human and canine, and of body language. Helen's love of dogs had been with her throughout life having owned 22 dogs overall, usually in concurrent multiples and once having seven! Drawing on

her physiotherapy and teaching experiences, Helen employed a dog training and owner education approach that was driven by kind and motivational techniques avoiding punitive measures. She has influenced the lives of many dogs and their owners over the years. She trained over 40 dogs and their 'human companions' every week for years and was still doing so until a few weeks before her death.

Helen was indeed a kind-hearted, talented, motivating and inspiring individual who gained the greatest respect from all who knew her. She was undoubtedly a team person and one of subtle tactics. She was always willing to listen to her colleagues' views before encouraging a group decision. Having the welfare of her staff and students at heart she was always prepared to go the extra mile when needed. Helen's engaging sense of humour was never far away and often enjoyed at her own expense. Her ability to add her playful slant to so many aspects of life and join in staff room banter kept a buoyant and happy staff group and entertained so many of her students.

Helen leaves a legacy that has changed or enhanced the lives and careers of many physiotherapists over the years and she was without doubt ahead of her time in her approaches to education and to patient care. For this we owe her our abiding gratitude.

Helen died on 8 November 2017 of oesophageal carcinoma, following a recent diagnosis and very short period during which her ill health became manifest. Helen's husband Alan, predeceased her in 1999. She is survived by her beloved standard poodle who now has a new home. We will miss you greatly Helen.
Angela Downing, Ann Moore and Heather Coates

Physiotherapy Research Foundation

Research Awards 2018

The **CSP Charitable Trust** is pleased to announce the **Physiotherapy Research Foundation (PRF)** award scheme this year. The trust is now accepting research applications for funding in 2018.

Scheme A *for experienced researchers*

Up to £150,000
available for
research
projects

Scheme B *Paediatric research funding for novice researchers*

Up to £25,000
of funding in the area of
**paediatric non-acquired brain
injury** and **paediatric cerebral
palsy**, available for one
research project

Scheme B *for novice researchers*

funded in collaboration with
the Private Physiotherapy
Educational Foundation (PPEF)



Up to £25,000 available
for research projects

The deadline for outline applications is
12 noon, Friday 9 March

Guidance notes and outline application
forms for each scheme can be found at:
www.csp.org.uk/prf



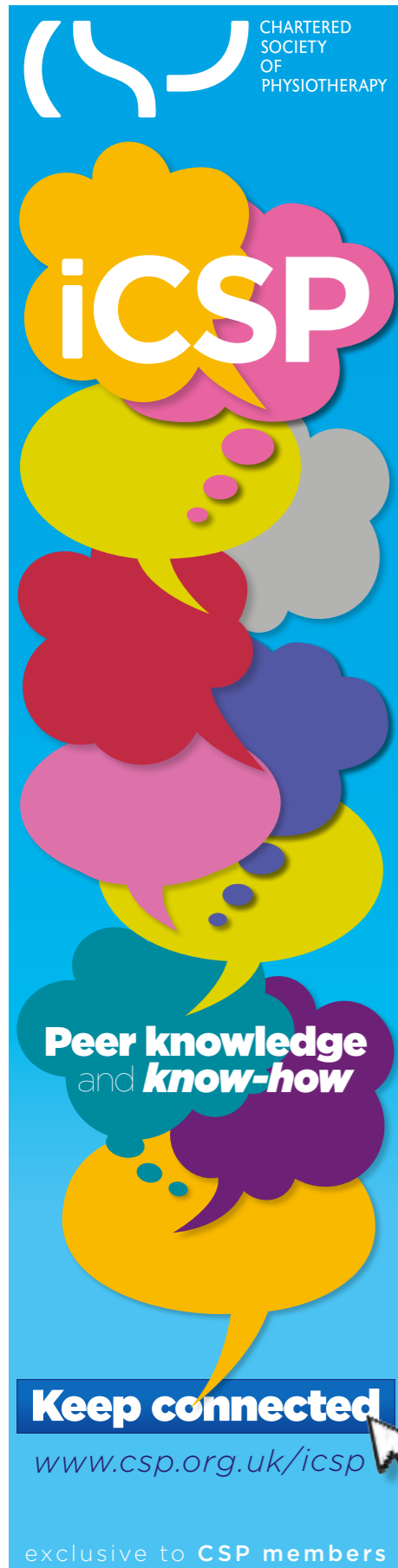
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Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

- CSP ePortfolio: www.csp.org.uk/ePortfolio
- 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



AAACP



Acupuncture Association of Chartered Physiotherapists

2018 ANNUAL CONFERENCE SATURDAY 19TH MAY

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Amos Ziv

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Dr Thomas Perreault

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Courses & conferences

Complementary therapy

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When: 24 Feb. 2018 – 24 Feb. 2018

Where: Lancaster Friends Meeting House
Lancaster

When: 10 March 2018 – 10 March 2018

Where: Wolverhampton Friends Meeting House
Wolverhampton

When: 24 March 2018 – 24 March 2018

Where: Bridge of Allan Parish Church
Bridge of Allan

A practical workshop demonstrating the use of mindful, effective, relaxing, exercises suitable for rehabilitation.

Contact:

Rosalind Smith
taichisexercises@gmail.com
07742594085

Miscellaneous




CPDO 2018 ☎ 0207 263 8551
www.cpdo.net
Professional Development for Manual and Physical Therapists

Date	Topic	Lecturer
27 Jan	Tissue repair: implication to manual therapists	Prof. Tim Watson
27 Jan	The spinal care revolution: a process approach	Dr. Eyal Lederman
24 Feb	Clinical nutritional supplementation in health and sports	Prof. Adam Cunliffe
23-25 Feb	Functional neuromuscular rehabilitation	Dr. Eyal Lederman
23 Mar	Managing breathing pattern disorders (BPD): one-day introduction	Leon Chaitow
24 Mar	How to use placebos to help patients: an evidence-based approach	Dr. Jeremy Howick
24-25 Mar	Advanced MET: management of spinal, respiratory & pelvic dysfunction	Leon Chaitow
14-15 Apr	Hartman's master class in manipulative techniques: upper body	Prof. Laurie Hartman
14-15 Apr	A process approach in manual and physical therapies: beyond the structural model	Dr. Eyal Lederman
19 May	Exercise prescription: a process approach	Dr. Eyal Lederman
2 June	Nutritional management of obesity: what really works	Prof. Adam Cunliffe

Courses venue:
Whittington Education Centre, Whittington Hospital
Gordon Close, off Highgate Hill, London N19

CPDO Ltd. 15 Harberton Rd, London N19 3JS, UK, Tel 0207 263 8551 cpdo@cpdo.net
50% discount available to students on most courses (see www.cpdo.net for details)



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08 & 09 Mar	Falkirk
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03 & 04 Mar	Coleraine
03 & 04 Mar	Kilmarnock
03 & 04 Mar	Portsmouth

MATWORK LEVEL 3 - Inter/Advanced

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10 & 11 Mar	Falkirk
17 & 18 Mar	London
14 & 15 Apr	London

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Certificate in Orthopaedic Manual Therapy

Twice yearly intense 4-week evidence based program. Can lead to higher qualifications at Curtin University including a Masters.

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PORTUGAL September 2019

Instructors: Manual Concepts team including: Kim Robinson, Dr Toby Hall, Prof Peter O'Sullivan, Vaidas Stalioraitis, Michael Monaghan, A/Prof Helen Slater, A/Prof Ben Wand, Dr Tim Mitchell and Mark Oliver.

Investment: AUD 6,450

Spinal Manual Therapy Course

Intensive 8-day spinal course to increase expertise in evidence-based spinal manual therapy.

EDINBURGH 19 May 2018 **DUBLIN** 21 July 2018
LONDON 27 October 2018

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Investment: AUD 2,200

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or email info@manualconcepts.com

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7th Annual Spinal Symposium
Saturday 3rd February 2018
Park Plaza Hotel London Victoria
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Core MSK Conditions - Assessment, Reconstruction and Replacement
Saturday 17th March 2018
Sopwell House St Albans
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Musculoskeletal

THE NEURO FASCIAL MOBILISATION COURSE; LEICESTER, UK**When:** 4 May 2018 – 5 May 2018**Where:** Function Jigsaw Leicester

Upgrade your skill set to release nerves and neural tension.

Contact:
Craig Smith
craig@club-physio.net
+44 7748 333372**INSTRUMENT ASSISTED SOFT TISSUE MOBILIZATION COURSE****When:** 10 March 2018 – 11 March 2018**Where:** Leicester - Function Jigsaw Leicester

Save your thumbs and fingers with the IASTM course!

Contact:
craig smith
craig@club-physio.net
+447748333372**Advertise in Frontline**

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cspads@media-shed.co.uk**BRIAN MULLIGAN- ONE DAY PRACTICAL MASTER CLASS.****When:** 3 Feb. 2018**Where:** Sheffield Sheffield**When:** 4 Feb. 2018**Where:** London London

LIMITED SEATS

Contact:
Prime physiotherapy
primephysio@primephysio.com
01143992280**FOOT & ANKLE COMPLEX****When:** 7 April 2018 – 8 April 2018**Where:** Liskeard Community Hospital Liskeard

Tutor: Prof Graham N Smith

Contact:
Irene Wellman
iw@welbeing-cpd.co.uk
+44 (0)1375 893835

Elderly rehab

Vestibular Rehabilitation for elderly patients with vertigo, dizziness, unsteadiness and falls**When:** 1) 10th March 2018 - Codsall, Wolverhampton

2) 24th March 2018 - London (location TBC)

Tutor: Samy Selvanayagam
MSc PT, MCSP**Contact:**
dizzycareclinic@gmail.com**ADVANCING PRACTICE IN MSK OUTPATIENTS: 3 WEEKEND COURSE - LOWER LIMB (3&4 FEB), SPINE (24&25 MAR) AND UPPER LIMB (19&20 MAY)****When:** 3 Feb. 2018 – 4 Feb. 2018**Where:** QEHB Birmingham Birmingham**When:** 24 March 2018 – 25 March 2018**Where:** QEHB Birmingham Birmingham**When:** 19 May 2018 – 20 May 2018**Where:** QEHB Birmingham Birmingham

The course focuses on skills of assessment and understanding management of common musculoskeletal conditions, considering evidence based Physiotherapy in the context of overall musculoskeletal medical and surgical intervention. They are appropriate for any therapist wishing to develop towards senior and specialist MSK roles.

Contact:
Physiotherapy
physio.courses@uhb.nhs.uk
0121 371 3499**Advertise in Frontline**

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cspads@media-shed.co.uk

Neurology

MLACP Paediatric and Adult Neurology: The Role of the Physiotherapist as an Expert Witness

This two day course is for experienced physiotherapists working in paediatric or adult neurology who are interested in developing their skills as an expert witness.

When: Wednesday 25th April & Thursday 26th April 2018**Where:** CSP, 14 Bedford Row, London, WC1R 4ED

£300 MLACP Members / £350 non-members

Contact: For further details email info@mlacp.org.uk / www.eamedicolegal.com or visit www.mlacp.org.uk

Paediatrics

Cerebral palsy evening lecture series: The NDT-hybrid approach for physiotherapists

These lectures apply theory to practice using the well-established NDT/Bobath approach combined with evidence-based practice and consist of powerpoint presentations and video analysis. A certificate of attendance will be provided.

Speaker: Dr Pauline Christmas PhD MSc MCSP Consultant Physiotherapist**Dates:** Weekly from Wednesday 7/02/18 to Wednesday the 14/03/18 (except 21/02/18)**Time:** 6.30-8.30pm.**Price:** £22.50 per lecture, 3 lectures £55 and whole series £100

Further 10% discount for APCP members or early bird before January 10th

Neurology

DYNAMIC MOVEMENT SCREENING & FUNCTIONAL EXERCISE PROGRESSIONS**When:** 3 March 2018 – 4 March 2018**Where:** C-Physio, Clayton Bradford

Movement Analysis is fast becoming an essential part of providing the best Assessments and Treatment plans. You'll come away with a comprehensive Movement Assessment Framework, a clear pathway for Outstanding Exercise Progressions, and a DVD resource that is second to none. Costs £300 for 2 day course. Lunch Provided.

Contact:
David Carter
info@c-physio.co.uk
01274 270450**Advertise in Frontline**

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cspads@media-shed.co.uk**Functional Neurological Symptoms, An introduction to understanding the diagnosis and treatment approaches of Functional Neurological Symptoms (previously known as Conversion Disorder/ psychosomatic disorder).****3rd to Friday 4th May 2017**

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

This two day introductory course provides therapists and nurses with an overview of functional neurological symptoms covering topics including pathophysiology, assessment, treatment and other key management issues. A broad perspective on this disorder is presented by medical professionals with a special interest in this field including a neurologist, neuropsychiatrists, specialist nurse, cognitive behavioural therapist, occupational therapists, physiotherapists and speech and language therapists.

This course aims to combine theoretical knowledge with practical application using video case studies and workshops to help consolidate learning. The course is suitable for qualified healthcare professionals practicing across all clinical settings.

Fee: £275 including lunch and delegate pack. To book onto the course please go to our website: www.uclhcharitycourses.com. For further information please contact: Alkida Domi, 02034483476, **email:** a.domi@nhs.net**Spasticity Management – A Multidisciplinary Approach****17th and 18th of May 2018 - 9am – 4.45pm**

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

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

Fee: £190 including lunch and comprehensive delegate pack, drinks on Thursday after talks for further information please contact: Alkida Domi, 02034483476, **email:** a.domi@nhs.net**Advertise in Frontline**Get in touch with Media Shed
cspads@media-shed.co.uk

Sports medicine

DYNAMIC MOVEMENT SCREENING & FUNCTIONAL EXERCISE PROGRESSIONS**When:** 3 March 2018 – 4 March 2018**Where:** C-Physio, Clayton Bradford

Movement Analysis is fast becoming an essential part of providing the best Assessments and Treatment plans. You'll come away with a comprehensive Movement Assessment Framework, a clear pathway for Outstanding Exercise Progressions, and a DVD resource that is second to none. Costs £300 for 2 day course. Lunch Provided.

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SPECIALIST PAEDIATRIC PHYSIOTHERAPIST



Location: The Brainwave Centre Ltd, North West Centre, Unit 602, Birchwood One Business Park, Dewhurst Road, Birchwood, Warrington, WA3 7GB

Grade and salary: Band 5/6
Contract: Permanent, Full Time (Part Time will be considered)
Hours of work: 37.5 hours per week
Closing Date: 29 January 2018

Brainwave are looking to recruit an enthusiastic paediatric physiotherapist to join our integrated therapy team based at the North West Brainwave Centre in Birchwood, Warrington.

The North West therapy team is an integrated Physiotherapy, Occupational Therapy and Speech and Language Therapy department, who work closely to provide a hands on approach for babies, children and teenagers covering a wide geographical area.

This is a great opportunity to assess and treat children with variety of complex backgrounds, but with the luxury of time. We typically see clients over the 1-2 day period so that a joint MDT approach can be achieved and you will also have the opportunity to build up an outpatient caseload of local families who require more regular therapy.

You will be closely supervised and get the opportunity to work directly with experienced multidisciplinary team members.

At Brainwave we actively encourage personal development and therefore you will have the opportunity to attend local special interest groups and external training courses.

To apply or for more information please visit our website at: <https://www.brainwave.org.uk/north-west-centre-opportunities> or for an informal discussion and to arrange an informal visit please contact:

Tel:- 01925825547
E:- enquiriesnw@brainwave.org.uk

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NEWCASTLE UPON TYNE Senior clinic based and occupational health physiotherapists required. Physiotherapy Matters operate across a number of onsite occupational health contracts and also have three private clinics in the North East. PML is dedicated to providing a high standard of service to clients suffering from musculoskeletal problems. The successful applicant will ensure a genuinely exceptional client and customer experience. Part or full time positions available. Enhanced company pension scheme and CPD budget for professional development available. Salary £24-32K FTE. CV and covering letter to: chris@physiotherapymatters.co.uk

NEWCASTLE UPON TYNE Clinical lead at Physiotherapy Matters Limited. PML is dedicated to providing a high standard of service to clients suffering from musculoskeletal problems. We have three private clinics in the North East and offer occupational health services to our clients. We also provide services to GP practices for the NHS. The successful applicant will ensure a genuinely exceptional client and customer experience through excellent clinical management, whilst maintaining their own clinical caseload. This permanent part or full time position comes with an enhanced company pension scheme and CPD budget for professional development. Salary £36-42K FTE. CV and covering letter to: chris@physiotherapymatters.co.uk Closing date 2 February.

LISBURN – NORTHERN IRELAND We are looking for a full or part-time highly-motivated 'hands on' musculoskeletal physiotherapist to join our busy private clinic in Lisburn, Northern Ireland. Applicants will be engaged on a self-employed basis. Experience in the private sector an advantage, but not essential. Must have varied clinical experience, with acupuncture and myofascial release an advantage. They should ideally be two years qualified, but not essential. Full training will be implemented. Applications with CV to: info@lisburnphysio.com

SOUTH WALES Performance Physiotherapy currently has variety of clinic based/ occupational health part time/evening/

weekend work available for physiotherapists with minimum three years postgraduate experience. Flexible hours on a self-employed basis. For more information please email: info@performance-physiotherapy.co.uk

ACTIV8REHAB, CHERTSEY, SURREY

A thriving well established multidiscipline clinic are looking for a self employed part time musculoskeletal physiotherapist for two to three days per week. The ideal candidate will have at least three years postgraduate experience, excellent clinical reasoning and manual therapy skills with experience in end stage rehab/S+C due to the high volume of orthopaedic referrals. The clinic runs an integrated multidisciplinary team approach which will require excellent communication skills. Previous private practice experience would be an advantage as would Pilates training. You will have access to diagnostic testing equipment (training will be given) –Isokinetic Unit, RTUSS, Video Gait Analysis as well as a Rehab Gym. Regular in house CPD/in-service training. Hourly rate dependent on experience. An Enhanced DBS check will be requested on successful application. Please send CV with cover letter to: dave.fewster@activ8rehab.co.uk

MUSCULOSKELETAL PHYSIOTHERAPIST – EMPLOYED FULL/PART-TIME, DEAL, KENT

Full or part-time employed musculoskeletal physiotherapist required in a busy 30-year established physiotherapy clinic, to work alongside other physiotherapists and osteopaths. Hours flexible, salary band 5/6 according to experience. Case load will be a mix of NHS and private patients. Manual skills an advantage. Application to Stephen Comfort at Comfort physiotherapy with CV and covering letter, email: stepcmf@aol.com or call tel: 01304 375658.

NORTH WEST LONDON Part-time physiotherapist required. In-house and domiciliary work. Seeking self-employed physiotherapists who have minimum of five years postgraduate qualifications. Musculoskeletal, ortho, neuro, vestibular, women's health specialities needed. Excellent rates of pay. Please forward CVs with a covering letter to: office@silverphysio.co.uk

SUDBURY, SUFFOLK Physiotherapist wanted for well established multi-disciplinary clinic, in the delightful town of Long Melford, which is 20 minutes from Bury St Edmunds and 30 minutes from Colchester. Applicants must be experienced in musculoskeletal work and have a minimum of three years experience. Initially two days a week are available, with potential to extend to full-time as the caseload builds. There is also potential for buying into the partnership for the right candidate. CPD is encouraged both internally and external courses. The Iveson Clinic is supported by an established time of administrative staff, who deal with all insurance company invoicing, reports etc. Please email your CV to: theivesonclinic@talktalk.net For further information, contact Julie Iveson on tel: 01787 374964.

THERASMART REQUIRE A SELF-EMPLOYED PHYSIOTHERAPIST to join a team of highly skilled professionals at our Bristol practice. Ideally, you will have experience within a private practice setting and have between three to five years post-registration experience in musculoskeletal within the NHS and private sector. You will be expected to use electronic notes and compile reports as part of our ongoing contracts. Hours may be flexible on further discussion. Ideally, Tuesday and Wednesday evenings, Saturday mornings. Please email CVs to: admin@therasmart.co.uk

MANCHESTER NEURO PHYSIO are recruiting neurological physiotherapists to join our growing team in Manchester. Full-time and part-time positions available. We have positions available to suit experienced band 7's, band 6's looking to develop their skills and also band 5's looking to specialise in neurological rehabilitation. Work in clinic with evidence based interventions, in patient's homes, in hydro and also private inpatient settings. Fantastic opportunities for internal and external training. To apply please visit: manchesterneurophysio.co.uk/careers or call John on tel: 0161 883 0066 for more information.

MUSCULOSKELETAL PHYSIOTHERAPIST – WILTSHIRE AND SOMERSET

Passionate and positive musculoskeletal physiotherapist required. Benefits include, excellent remuneration, structured training

programme and career development opportunities. Applications from all levels of experience are welcome to join our amazing and supportive team. If this sounds like the job for you please email: jointtheteam@hattclinic.co.uk or look at our full advert at: www.hattclinic.co.uk

LIVERPOOL NEURO PHYSIO

are recruiting senior neurological physiotherapists. Inpatient, outpatient, community and hydro patients. To apply please visit: careers.physio.co.uk or call John on tel: 0151 558 0188 for more information.

NORTHUMBERLAND – BEDLINGTON

Due to exciting upcoming developments we are looking for dedicated and motivated physiotherapists to join our expanding team. There are a mixture of full and part-time posts covering musculoskeletal and neuro caseloads. We offer competitive rates of pay, clinical supervision, funding for training and a pension. Candidates must be willing to work to high clinical standards, with excellent customer care and use a hands on approach. Additional skills in Pilates, acupuncture, manual therapy, Bobath are desirable but not essential. For musculoskeletal physiotherapists work will be predominantly at our Bedlington clinic, for neuro physiotherapists there will be some community work so a car driver is essential. We are a dynamic and forward thinking company who seek like minded people to join us. Detailed job descriptions available. Salary and terms are negotiable. Days and hours are flexible. CVs to: emma@synergyhealthcare.co.uk

PURE SPORTS MEDICINE, LONDON

We are expanding into two new clinics in central London! If you are a driven, passionate clinician with a desire to work in a stimulating MDT environment striving for clinical excellence then we're keen to hear from you. We are looking for clinicians with drive and passion for providing expert musculoskeletal care. Proven experience of four to five years in musculoskeletal setting with clinical mentorship and development is an advantage. Full-time positions are employed with excellent remuneration including commitment to CPD. Send your CV and cover letter to: sam.wilde@puresportsmed.com or apply through our website: www.puresportsmed.com/about/join-us

NEUROLOGICAL PHYSIOTHERAPY are looking to expand its service in Southport and require an experienced neurological physiotherapist (minimum 10 years experience) to work alongside the current team, providing treatment for complex neurological patients within an inpatient rehabilitation setting. Excellent rates of pay, expansive CPD opportunities plus the ability to work within a dynamic, enthusiastic and established team. For more information please contact Megan Knowles-Eade at: megan@neurologicalphysiotherapy.co.uk

EVENING +/- DAYTIME WORK CHIPPING NORTON (COVERING OXON, GLOS, WARKS)

Great opportunity for a musculoskeletal physiotherapist to join our team in a thriving, friendly private practice. Potentially two positions: Evening – minimum two hours fortnightly, daytime – hours flexible/negotiable. Good rates of pay. Must be willing to work independently. Email: physio@chippingnortonphysio.com for more information, or send your CV to apply.

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looking for self-employed physiotherapist to join our friendly multidisciplinary team due to continued expansion. Excellent mix of case load including post-operative rehabilitation with gym facilities. Part time positions available (up to 30 hours) to include some evening work. Must be HCPC/CSP registered -mail CV to: mail@roundwoodclinic.co.uk or call tel: 01226 282560.

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ThreeMinutes

Taking the lead

Stuart Yeomans is one of a handful of physios accepted on to the prestigious Darzi fellowship scheme – the first time it has taken applicants outside London

What is a Darzi fellowship?

The fellowship has been available in London for eight years but was expanded in 2017 to Kent, Surrey and Sussex, where I'm based. It's a one-year programme that allows healthcare professionals at a transition point in their career (for instance, bands 7-8a) to work on a project aimed at increasing system leadership and management skills. To find out more, visit bit.ly/2ECfZxW

Why did you apply?

As operational team lead physiotherapist at Horsham Hospital's musculoskeletal outpatients department, I've been interested in moving beyond my clinical role to explore leadership and management opportunities. The Darzi fellowship arose at an opportune moment at the start of

2017 so I applied. I was successful and very happy that my employers were able to support the secondment. My project began last May, so I am just over half-way through on a full-time basis.

What does it involve?

There are three elements. Academically, we're working towards a postgraduate certificate in healthcare leadership from London South Bank University. We also undertake a designated project under the guidance of an organisational sponsor. Third, we work on how our projects align to national policies, such as the Five Year Forward View and sustainability and transformation plans, as well as on our systems thinking and understanding. I'm working with Health Education England in Kent, Surrey and Sussex on initiatives to improve the physical health of people with serious mental illness. My role is to communicate with staff who will be delivering this package, discover training and education opportunities and see how we can help them make it work in practice, fitting it into an already crowded workload.

Who's on the course?

There are 26 fellows, including doctors, paramedics, pharmacists, a pathologist, a midwife and myself. We meet on a regular basis for university workshops and action learning sessions as well as a variety of other events. It's an excellent mix of people in terms of backgrounds and experience. It has been really interesting being involved in the development of the group – we learn so much from each other.

What have you learned?

I'd say half of what we've learned is about the healthcare system and half is learning about ourselves and how we interact with that system.

We've done a lot of work on our own leadership and communication styles, and I've found that invaluable. Individual coaching has also been a real help. It has also given me a chance to step out of my clinical comfort zone. I've enjoyed the wider view and the networking involved in that.

I have produced project documents and recently completed a more in-depth report. I wouldn't necessarily have got that opportunity without being able to step away from a clinically-oriented environment. As a fellow, you're assimilating vastly different types of information and knowledge in different ways and for a variety of purposes – all vital skills when taking on leadership roles and responsibilities.

Would you recommend the scheme to other physiotherapists?

Absolutely. Opportunities like this are rare and I'd encourage anyone who is curious about leadership in the wider NHS to apply. Physiotherapists are creative, energetic people with a unique set of skills. I'd love to see the profession branching out to far wider areas of healthcare.

How will you use the experience?

I'll be looking to use these skills in a variety of ways with my organisation once the fellowship ends. I can't wait to start using them in a substantive role.

Stuart Yeomans is a Darzi fellow in clinical leadership, based at Sussex Partnership NHS Trust

Stuart is currently one of **26** Darzi scholars




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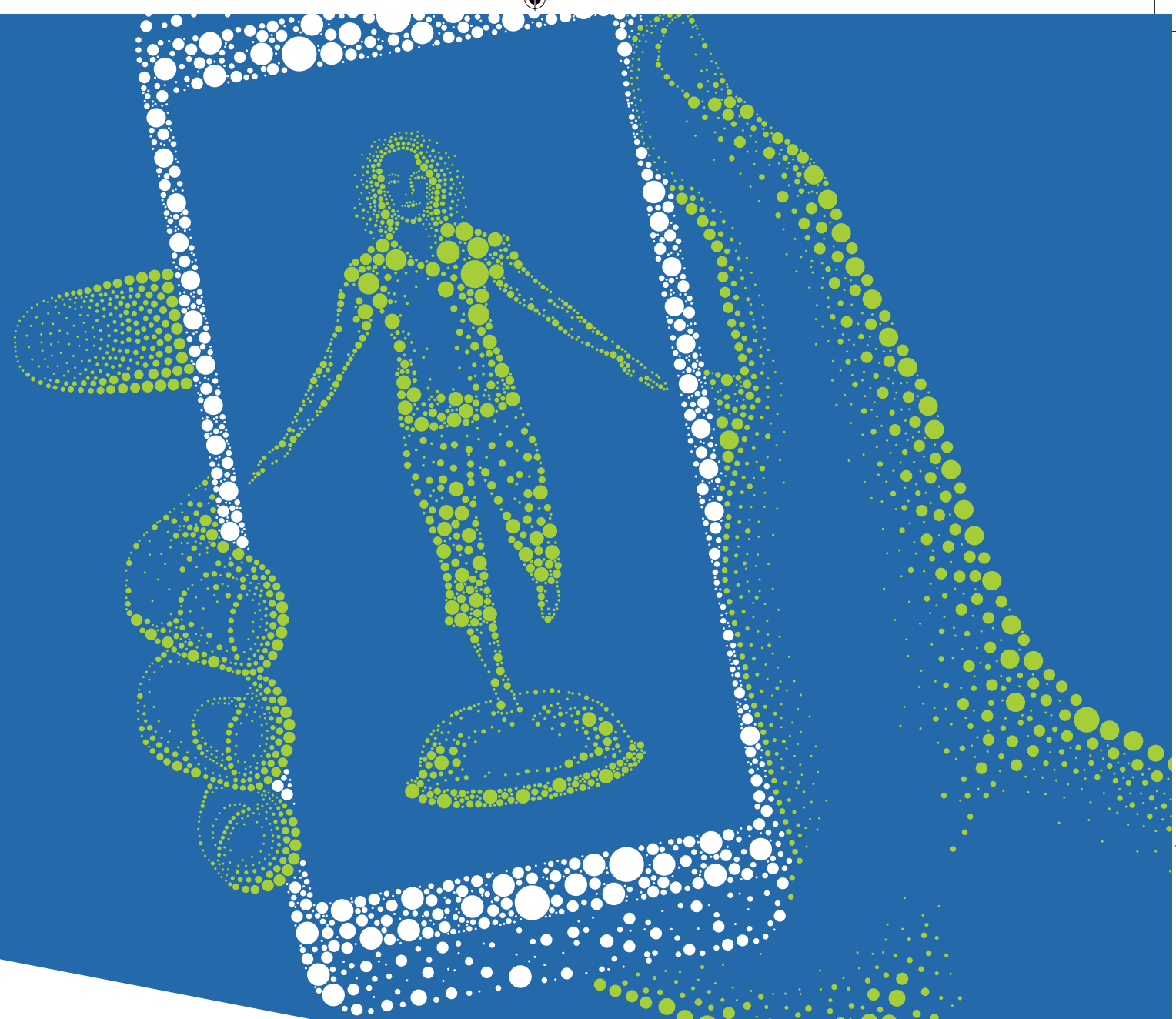
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