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Frontline

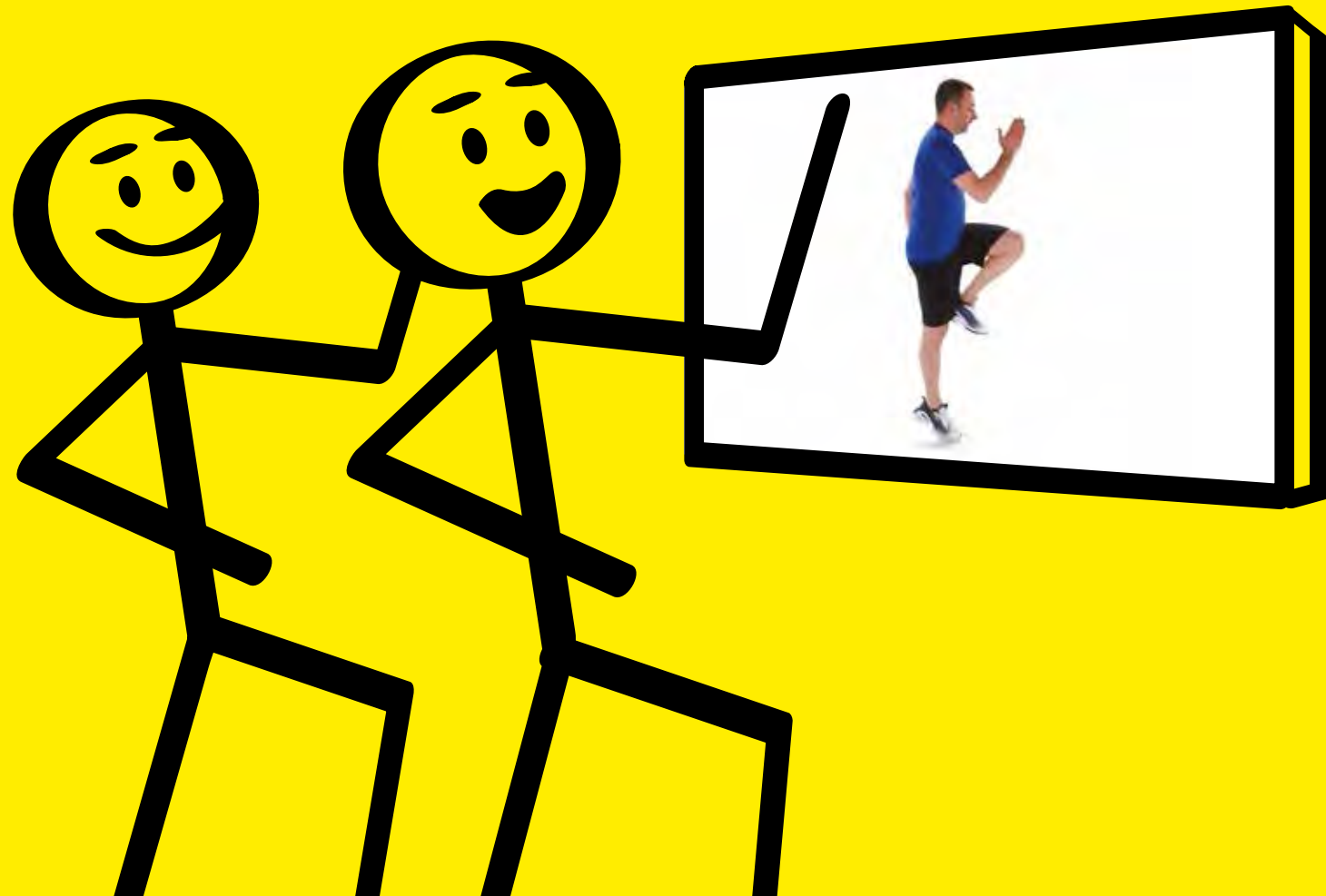
THE PHYSIOTHERAPY MAGAZINE FOR CSP MEMBERS

4 January 2017
Volume 23
Issue 1



Inside: Jobs • 3 minutes • Courses • In review

HAPPY DAYS ARE BACK



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

Comment



Pinpoint the pressure

Welcome to 2017. After all the Christmas excesses, the new year always brings a chance to reflect and

rethink your priorities for – well – January at least!

We've plenty in this issue to educate, engage and inform CSP members through the long winter nights.

Where better to start than looking at a new physio-run initiative: a gym for people with long term conditions who can now exercise under the direct supervision of physiotherapists, rather than just a gym instructor (page 24).

Unfortunately, some of you may be dreading going back to work after a stress-free holiday. If so, do take a look at our article, Pinpoint the pressure, on CSP's workplace campaign to highlight and address workplace stress (page 16).

'If things are getting on top of you, talk to your steward who has been trained to offer advice to you on this issue'

It recognises that the workplace can sometimes be a difficult environment to be in, particularly in the NHS where demand is high, you are passionate about the service you provide to your patients, but your time and the clinic's budget are limited.

'Don't struggle alone', is the message. If things are getting on top of you, talk to your steward who has been trained to offer advice to you on this issue. If you don't have a steward in your workplace, then speak to the CSP enquiries team (Tel: 020 7306 6666).

While taking up mindfulness or yoga can undoubtedly help you cope with stress, they won't necessarily help you to address the underlying problems about the amount of work you're being asked to do, or the way in which you are doing it.

Pinpoint the Pressure www.csp.org.uk/pressure

Lynn Eaton

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

Stroke survivors and rehab potential

I am a physiotherapist running a personal training/physiotherapy social enterprise in Edinburgh. This means that all of our profits go towards subsidising the cost of our stroke survivor training for those who have been discharged from the NHS but are still amenable to rehabilitation.

This summer we are planning a move into our own facility where I will have the capacity to help more stroke survivors during off-peak hours. From our work I will collect data and conduct research on sustainable behaviour change using a lifestyle intervention.

I am passionate about highlighting the importance of people's mindset in promoting post-traumatic growth among our survivors. I have hired a videographer who will track the progress of our stroke survivors over the next six months who have fantastic stories to share. I think the implications of sharing these stories are huge for helping others recover from debilitating conditions. I also believe that the social enterprise model could offer a new paradigm for physio and personal training companies to help a struggling NHS, through helping achieve preventive lifestyle interventions.

I am keen to increase awareness around our service as we are currently looking to take on two more stroke survivors. We would also like to celebrate the successes of our current stroke survivors in order to break down the commonly held perception that recovery after stroke is unlikely, or perhaps unrealistic, for many.

■ *Stuart Maytham*

For more information, visit www.healthbyscience.co.uk

Magnificent idea

The National Institute for Health and Care Excellence (NICE) guideline on treating low back pain is out, and getting plenty of airplay in the profession. See www.csp.org.uk/node/1025502

This is all good news and from, my own perspective, I applaud the heavy emphasis on exercise programmes that is recommended. But as a profession I think we are only half way there with this ... these guidelines are specifically about

the 'treatment' of low back pain, but we should be more pro-active in our role in 'preventing' low back pain.

I think we could have a strong role in preventive exercise medicine and, with that in mind, I produced this slightly irreverent but researched and relevant public health video in my blog here: www.physical-solutions.co.uk/the-magnificent-seven/

I think that the blog showcases how physios can present their 'extending'

roles, with my own role being fairly eclectic and concerning many of the aspects of work I get involved in. Many of these are in some way outside 'traditional' physiotherapy (which probably doesn't exist). This video is a bit of a 'call to arms' for other physios in that we could be challenging folks' perceptions of what and how we deliver our services.

■ *Bob Wood*

You've added...

It can take time for members to respond to items on the CSP website. For example, an anonymous member responded to an item about private practitioner Kathryn Priest shortly

after it was published last February www.csp.org.uk/node/859837. The member raised questions about physios moving into private practice without having worked in the NHS on

rotations. Last month, Kathryn Priest responded ■ *'As a mature student I already had ten years of life experience, employment and self employment behind me. On graduating, with*

a first class degree, I had already been working self employed as a massage therapist to pay my way through university, so this evolved into my practice. I worked in a number of private practices part-time with the support of long-

qualified physiotherapists, and did do some work as a locum in the NHS. All these people were impressed by my work, my commitment to learning and encouraged me to follow my dream of setting up my own business.'

Got something to say?

Write to us or comment on articles from the latest issue of *Frontline* online. Log in on the CSP site then to www.csp.org.uk/frontline and 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.

Top Tweets

■ **@RslewisSally** If we don't collect patient outcome data and make it available to patients and clinicians to inform care, we are failing

■ **@GutteridgeC** Off to discuss data and #SNOMED with head of therapies at Barts @tolanPT Exciting new ventures for analytics and practice

■ **@domcavlan** @GutteridgeC @tolanPT tell him that physios routinely write the most comprehensive electronic entries

■ **@HealthFdn** Improving whole system flow? The prize is too important to ignore. NEW blog from Bryan Jones: <http://bit.ly/2g5hJlw>

■ **@NICEcomms** We're working to improve the way you help us develop guidance. And we want to hear what you think: <http://bit.ly/2g5DdPt>

■ **@LeftFootFwd** An earmarked tax for the #NHS and social care? Philip Hammond should consider it. <http://bit.ly/2hdN4Yz>

■ **@PhysioHayley** Great to have @JonRyanCSP speaking to @thecspstudents reps about public speaking and media

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

Correction

A couple of errors crept into Karen Middleton's In person column (page 37, 7 December). Gary Lewin is the England national team physiotherapist, rather than working for Manchester City Football Club as stated. It should also have been made clear that the Manchester City physios felt let down by the CSP rather than any other organisation.

icsptalk

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

iCSP is our peer-led knowledge sharing area of the website – view all our popular discussions www.csp.org.uk/popular

Paediatric assessment

A member who is developing an MSK assessment sheet for new band 5s would like to network with others.

Comments: 19

Network: Paediatrics

www.csp.org.uk/node/1003816

Diastasis recti

Members discuss suitable post-pregnancy exercises.

Comments: 14

Network: Pelvic, Obstetric and Gynaecological Physiotherapy

www.csp.org.uk/node/1016896

Private physiotherapy on NHS wards

An increase in requests from patients wanting private physio in an NHS setting prompts members to debate the possible causes.

Comments: 11

Network: Neurology

www.csp.org.uk/node/1016424

Telephone triage in outpatients

A long-standing debate on telephone triage as way to manage waiting lists.

Comments: 20

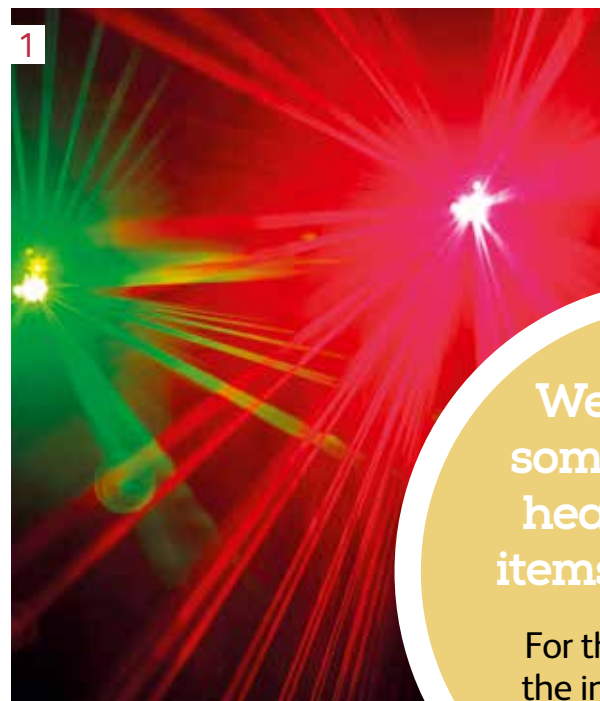
Network: Sports and exercise medicine

Discussion:

www.csp.org.uk/node/241654

Did you know that the CSP website contains five regularly-updated blogs? To find out more, visit www.csp.org.uk/news-events/opinion

NewsinPictures



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

For the stories behind the images just follow the shortcut codes

1 Flickering LED lights reduce toxic dumps in the brain that can cause Alzheimer's Disease, a study in mice carried out by the Massachusetts Institute of Technology suggests.
Source: The Daily Mail
<http://daily.mai/2hoeyue>

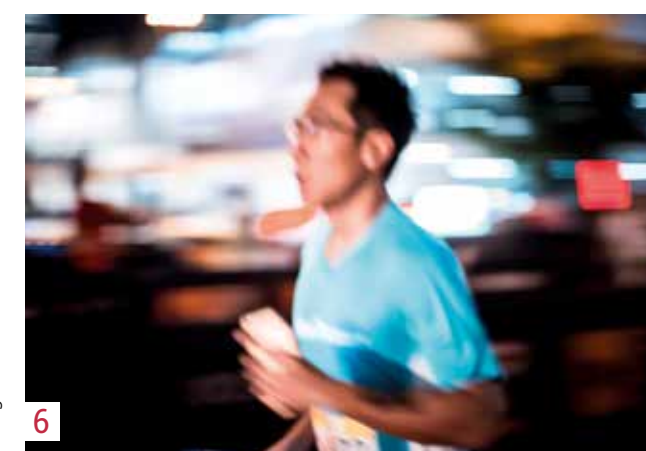
2 Eating a handful of nuts a day can keep the doctor away, research from Imperial College London shows.
Source: Mirror
<http://bit.ly/2gVfsuM>

3 The charity Headway East London has brought out the artist in people with brain injuries. Their work is being displayed for the first time at the Stratford Circus Arts Centre until 23 February.
Source: BBC
<http://bbc.in/2gVhRFA>

4 A 'gone fobbing' game - where people log in to fobs on lampposts to gain points while walking home - has got people in Salford more active.
Source: The Guardian
<http://bit.ly/2gVf2o9>

5 Scientists at the University of Oxford have found that up to one case of psychosis in 11 could involve a condition in which antibodies attack the brain.
Source: The Independent
<http://ind.pn/2gGPmXK>

6 Running home from work when there is a high level of air pollution could be deadly, according to the findings of a study led by cardiologist Jean-Francois Argacha from the University Hospital Brussels.
Source: Daily Telegraph
<http://bit.ly/2gVrKmE>



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 a 50,000+ physiotherapy audience with your product, course or recruitment ad.
cspads@media-shed.co.uk
0845 600 1394

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

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

NICE: exercise can help older people stay independent and mentally well

Older people who are at risk of losing their independence, or of a decline in mental wellbeing, should be offered tailored exercise in the community.

This is according to a new quality standard, published last month, by the National Institute for Health and Care Excellence (NICE).

It focuses on interventions that could help to maintain and improve the independence and mental wellbeing of people aged 65 or older.

CSP professional adviser Carley King said: 'Physiotherapy can have a massive role in sign-posting older people to activities they can participate in and be part of the local community.'

'To some, this might not seem relevant to the physio role, but it's all part of making every contact count.'

The standard suggests that older

people deemed at risk should be offered community-based activities that reflect their preferences. These could include dancing, walking and swimming and toning and stretching exercises.

NICE adds that such schemes could also reduce the risk of social isolation.

Ms King said: 'Public health is about the wider social determinants that have a real effect on our patients' quality of life, and reducing the risk of loneliness and social isolation is something we can influence.'

■ **Robert Millett**

More information
NICE quality standard on mental wellbeing and independence for older people: www.nice.org.uk/guidance/qs13



Older people taking part in stretching exercises, which NICE recommends

Fitness to practise self-referrals rise by 21%

More healthcare professionals appear to be playing safe by referring themselves to their professional body about fitness to practise issues.

The Health and Social Care Professions Council (HCPC) saw a 21 per cent increase in the number of registrants who made self-referrals in 2015-16. The total for the year was 429, compared to 353 the previous year.

'If you are thinking of self-referring or having any dealings with the HCPC – particularly around fitness to practise – please contact your senior negotiating officer (SNO) before you do this,' said CSP senior negotiating officer Patt Taylor.

In its Fitness to Practise Annual Report 2016, the HCPC says that, consistent with previous years, in 2015-16 most final hearings were about allegations that misconduct impaired the registrant's fitness to practise.

These allegations included going to work while drunk, bullying colleagues, breaching

confidentiality and posting inappropriate comments on social media.

The one example of a self-referral case

not consider there was a realistic prospect of finding that the registrant's fitness to practise was impaired, however.

According to the report, the panel took into account that the registrant had made a self-referral to the HCPC, a full disclosure to their employer, and the incident appeared to be a one-off lapse of behaviour.

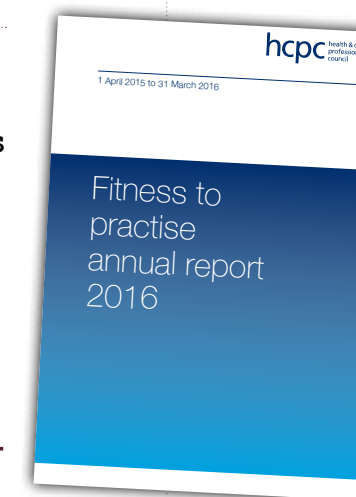
■ **Gill Hitchcock**

'If you are thinking of self-referring or having any dealings with the HCPC – particularly around fitness to practise – please contact your SNO before you do this,'

Patt Taylor

in the document concerns a registrant who self-referred after a caution for common assault.

After considering the case, the panel did



More information
Fitness to practise annual report 2016
<http://bit.ly/2htBbgy>

CSP resource: Keeping it professional
<http://bit.ly/2h05kYM>

Student funding still available in Wales says health secretary

Physiotherapy students can still access NHS bursaries if they start their studies in Wales this year, and work there for two years after graduating.

Welsh cabinet secretary for health Vaughan Gething confirmed last month that funding would still be available in Wales for student nurses, midwives and allied health professionals who start their training in September 2017.

He said, however, that eligibility for the bursaries would depend on applicants committing in advance to live and work in Wales, post-qualification, for at least two years.

'We're taking positive action to attract more

health professionals across the country and throughout the UK to come to Wales to train, work and live,' said Mr Gething.

'To ensure we have the workforce we need it's important that any enhanced investment made in training and development is combined with an opportunity to work in Wales and a commitment to invest in Wales by those who benefit.'

NHS bursaries for physiotherapy students in England are being replaced from 1 August 2017 by access to student loans. The change will not affect students in Scotland and Northern Ireland.

■ **Robert Millett**

Expert urges physios to educate whiplash solicitors

Britain has one of the highest rates of whiplash in Europe and more physios could be employed to investigate injury claims and identify fraud.

This was one of the topics discussed during a conference for the Medico-legal Association of Chartered Physiotherapists in London in November.

Martin Heskins, a former solicitor and general manager of MedCo, explained that part of his organisation's remit was to help combat fraud and reduce insurance premiums.

MedCo, a not-for-profit

organisation, is responsible for implementing the government's whiplash reforms in England and Wales. It provides an online system so whiplash claimants and their solicitors can search for accredited medical experts, who can be GPs or physios.

Since its launch in April 2015 more than 749,000 searches on MedCo's system have resulted in the selection of a medical expert.

However, 78 per cent of these selections were for medical experts who were GPs and only 12 per cent were for physios.

'I don't think most solicitors know how beneficial it is to have

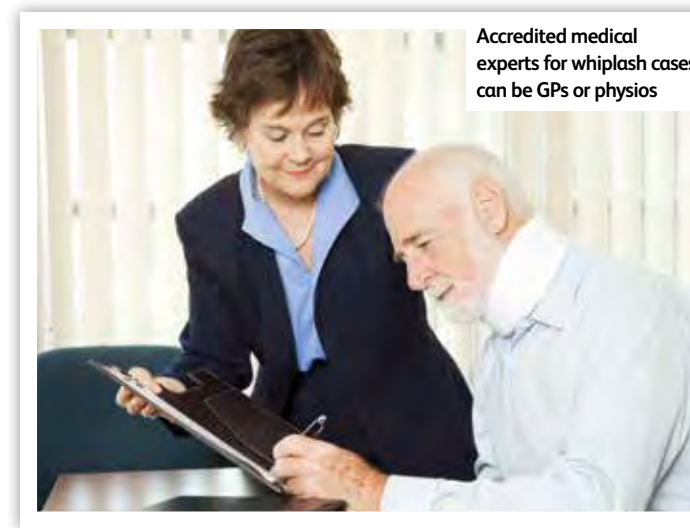
a physiotherapist rather than a GP,' said Mr Heskins.

'I'm told you often get a better quality of reporting from a physio. But when I was a lawyer I probably wouldn't have chosen a physio over a GP...

'It's an educational issue, and you need to find ways to get solicitors to look at physiotherapists more favourably.'

■ **Robert Millett**

More information
MedCo www.medco.org.uk



Accredited medical experts for whiplash cases can be GPs or physios

Survey finds early physio after cardiac surgery varies across UK

A UK-wide survey of physios working at cardiothoracic centres has revealed wide variations in rehabilitation for patients following cardiac surgery.

The UK has 33 cardiothoracic centres. Of the 22 that responded to a survey by the Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR), only six reported that physios routinely see patients pre-operatively.

In addition, physios at 12 centres provide post-operative care to all their patients the day after surgery, while physios at eight other centres only do so for high-risk patients, according to the findings.

The results of the survey, which was conducted between August and December 2015, are included in an APCICR report on early activity after heart surgery.

Information was requested about the level of physical activity patients were encouraged to do immediately after cardiac surgery, while recovering at home after surgery, and before starting outpatient cardiac rehab.

■ **Robert Millett**

More information
Hard copies of the report have been sent to APCICR members and all cardiothoracic centres in the UK. To view it online visit:
<http://bit.ly/2fUSs0A>

Neuro gym claims it could save £60k on NHS physio services

Neuro rehab gym sessions in an NHS hospital are reducing re-referrals, saving money and could be replicated, said Darren Beales, lead physio with Kingston Community Neuro Rehabilitation Team.

Since its launch in October 2015, there have been 1,500 attendances of people with neurological conditions at the gym at Tolworth Hospital in Surbiton, Surrey. They are all patients who have been discharged by the team. The gym, however, provides an opportunity for ongoing rehabilitation.

Physios, including Mr Beales, have chosen the equipment and designed personalised exercise regimes, while classes are led by an exercise therapist.

'Anywhere in the country there are people with long-term neurological conditions, and they need to have the opportunity to be

Since its launch there have been **1,500** attendances of neuro rehab sessions at the gym

active,' said Mr Beales.

'You just need a site and a lot of hospitals have gyms that are often poorly used, especially at weekends.'

The project started when the rehab team identified a need for people with long-term neurological conditions to exercise at the hospital.

Conventional gyms were not equipped to meet their needs, said Mr Beales.

He also said that his employer, Your Healthcare, a community interest company that provides rehab to the NHS, gave the team's physios the freedom to innovate. 'We are really encouraged to make changes for the better,' he added.

The next stage was a 'scoping project', followed by a presentation of a business case to Your Healthcare's board. They, together

with charity the League of Friends, provided £20,000 for equipment. Then a fruitful bid for National Lottery money produced another £10,000, for staffing.

At the start, people were charged £3.50 per class. The fee is now £3, but Mr Beales said it would be reduced further. And when the lottery money expires, the project will continue because the class fees means it pays for itself.

Mr Beales described the project as 'going from strength to strength'. The choice of twice-daily sessions on three days each week was extended in December to offer more slots.

There are plans for new classes for people with dementia or other conditions. Next year the team will consider whether GPs could refer people to the gym.

Asked about outcome measures, Mr Beales replied: 'Because they are people who are discharged from our service, we have regular questionnaire feedback.'

'We haven't got standardised outcome



Patients and staff making use of the neuro gym at Tolworth Hospital

measures because it's very difficult. Everyone using the gym is different, and the length of time it would take to collate that information makes it difficult.'

However, he said the gym had eliminated re-referrals back to the Kingston service

among attendees. He estimated the cost saving to the NHS at £1,000 per person. Given that between 50 and 60 people are currently attending the classes, that could amount to £60,000.

■ **Gill Hitchcock**

Lynne Turnbull said working with carers could help improve the design of the East Lothian Pulmonary Rehabilitation Service



East Lothian physios hold COPD day for carers

East Lothian Pulmonary Rehabilitation Service joined forces with local charity, Carers of East Lothian, to deliver support and information for carers of people with chronic obstructive pulmonary disease (COPD).

A physio-led session in Musselburgh included tips for daily living, advice on self-management and ideas about how to talk about low mood.

The event was also an opportunity for carers to meet, share common concerns and access a wide range of information on display about COPD.

'We felt after speaking to patients that some of their spouses or children didn't understand about their condition and how it impacted on their function,' said physiotherapist with the Lothian service, Lynne Turnbull.

'Some patients told us that their family either expected them to do more for themselves or conversely wouldn't let them do anything that made them breathless.'

'So the patients sometimes felt their families didn't know how to help or what the realistic expectations were.'

Physio staff found the event emotionally challenging, however, because of the desperate need for help expressed by some of the carers, according to Ms Turnbull.

'I was exhausted, but it reaffirmed that I need to work more with carers because working with them will help the patients, including helping us to design the service better,' she said.

After the event, it was decided that discussions about end of life care and support for staff leading the sessions would be considered for similar events in the future.

■ **Gill Hitchcock**

Good news on mileage
NHS mileage rates for staff who use their own cars on health service business will remain the same until May 2017, despite a drop in fuel costs. This is good news for physio staff who use their own cars for community and other work, because the current rates of 54p (for up to 3,500 miles) and 20p (for mileage over this) are staying. Reimbursement rates are reviewed every May and November, using the latest information on motoring costs.

Awards Roundup

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

Amputee physio team wins Scottish health awards

The amputee physio team at Ninewells Hospital in Dundee has scooped a top Scottish health award.

They won the healthier lifestyle award at the Scottish Health Awards sponsored by NHS Scotland, the Scottish Government and the Daily Record newspaper in November for their work with amputees.

The Ninewells team offer predominantly in-patient amputee rehab provision for Tayside, Fife, Angus and Perthshire.

'We introduce different activities for patients to try before prosthetic fitting to encourage them to use their prosthesis once home, and return to as active and fulfilling lifestyle as possible,' explained team lead Louise Whitehead.

Activities include the Friday challenge when different sports, activities and challenges can be tried.

'This brings out the competitiveness of all, including the staff,' said Ms Whitehead.

There is a community garden within the grounds of the hospital where patients are taken one afternoon a week to continue their rehab by standing and balancing while planting seeds in the raised beds; hoeing and pruning and making a mosaic sign post. There are seated activities for the non-fitted patients some of who struggle with depression, she told *Frontline*.

'We've also established links with local wheelchair sports groups, such as the Dundee Dragons, have adaptive rowing on the Tay, yoga for amputees, swimming, amputee football and also community links for cooking and upcycling.'

Hull team wins major award at GP ceremony

Healthshare Hull has been voted 2016 clinical team of the year for physio and musculoskeletal (MSK) services at a

prestigious awards ceremony for GPs. The healthcare provider picked up their award at a glittering ceremony in London last month. Also shortlisted were physio providers

'This brings out the competitiveness of all, including the staff,'
Louise Whitehead

MSK Triage Hub from Oxford and Beacon Medical Group from Devon.

'Healthshare Hull is a fantastic example of physiotherapy working in practice,' said CSP chief executive Karen Middleton, who presented the award to its clinical director Mick Cammish and his team.

Their winning success was for providing a service where the patient can access the right clinician at the right time, said the judges. All patients can self-refer, be assessed, treated, and given advice without having to book an appointment with their GP.

The citation said that they had succeeded in linking the pathway between the patient, primary care, orthopaedics, pain management, rheumatology and community leisure services with their one-stop shop to MSK service.

Mr Cammish told *Frontline*: 'We are keen to prove that putting physiotherapists at the centre of developing services in the current NHS climate generates great clinical care for patients with innovative and efficient solutions for commissioners.'

Ms Middleton added: 'Physiotherapy plays a critical role in easing pressure on GPs by seeing patients as a first point of contact. It is important that we continue to improve access to it across the country.'

The award was sponsored by the CSP. Ms Middleton said that the event provided a great opportunity to influence and promote physiotherapy and the CSP as a partner in primary care.

Richard Frew



Amputee patient Bill Neave plays bowls with technical instructor Carol Johnson



CSP chief executive Karen Middleton, centre, joins Healthshare Hull team members and Phil Hammond, far right

Herts technical instructor is 'leading light'

Elizabeth Chisoko, a technical instructor with Hertfordshire Community NHS Trust, told *Frontline* of her delight at receiving an award in recognition of her excellent care for patients.

The trust's Leading Lights award this summer followed her 15 years of service, the past six on a rehabilitation ward at the Queen Victoria Memorial Hospital, Welwyn.

Leading Lights awards are an annual event at the trust, aimed at celebrating the hard work, dedication and effectiveness of staff.

Ms Chisoko was the individual who won the accolade for 'demonstrating fantastic patient care', a category for those who show compassion, competence, communication, courage and commitment.

She said: 'I was so happy because of the amount of work that we put in, and sometimes we don't get recognised for all the things we are doing.'

Elizabeth Chisoko is a technical instructor at Welwyn's Queen Victoria Memorial Hospital

Ms Chisoko said she worked with a range of in-patients, including people affected by Parkinson's, stroke and falls. She gives one-to-one support and leads exercise classes.

'The trust did an interview with me as well, and they are using it as part of recruitment, to encourage people to join the trust,' Ms Chisoko added.



Gloucestershire clinical MSK group wins joint working award

A musculoskeletal (MSK) clinical programme group, which includes physios, has been recognised for its excellent cross-organisation work with Gloucestershire's health and social care community.

Carl Davies, physio and transformational programme manager, leads the group that triumphed in the Together we achieve category of the Gloucestershire Health and Social Care Awards 2016.

They received their award during a ceremony at Gloucester Cathedral, last month.

The award was in recognition of their work to establish a shared vision of an integrated MSK model across multiple organisations, including Gloucestershire Care Services NHS Trust and Gloucestershire Hospitals NHS Trust.

Mr Davies told *Frontline*: 'The programme has been huge and extremely ambitious and I've been lucky to work with a large group of such dedicated and hardworking clinicians and managers, including GPs, consultants from orthopaedics, rheumatology, pain and public health, along with physiotherapists both in core services and advanced practice.'

'Gloucestershire is lucky to have some extremely strong and positive leaders in its physiotherapy services. We now have a fantastic opportunity to deliver something special and that is thanks, in part, to the great work that has been proactively driven by local physiotherapy services.'

NewsDigest

Physio staff should value diversity and consider the impact of 'multiple identities'

People who belong to more than one minority group could face an increased risk of discrimination. This was one of the issues discussed at a meeting of CSP's diversity network in November.

Members of the black minority ethnic (BME), lesbian, gay, bisexual and transgender (LGBT) and disabled members' networks met in London to discuss the importance of recognising and supporting people with multiple identities.

Rachael Machin, who convenes the LGBT network and is vice-chair of the CSP equality and diversity group, opened the day, saying: 'As physios and support staff we're used to looking at patients holistically rather than as a single diagnosis.'

'But when it comes to our own characteristics, especially protected characteristics, it seems more

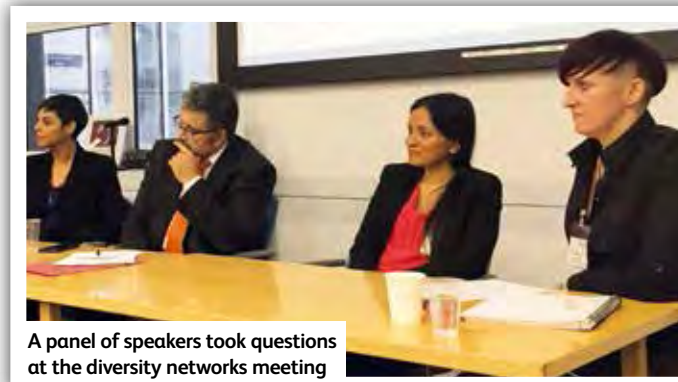
common to think in silos – "you're disabled, I'm LGBT, he's BME".

'In reality, of course, people are more complex and can have multiple protected characteristics. We know that discrimination such as racism, ageism, sexism and homophobia don't act independently of each other and often combine to cause significant disadvantage.'

Another speaker, Jabir Butt, deputy chief executive of the Race Equality Foundation, told delegates about his organisation's study into 'minorities within minorities'.

He flagged up a lack of research about people with multiple minority identities, including in the health service: 'The NHS staff survey records ethnicity and sexuality, but none of the analysis marries it together.'

'So you can't find out if BME gay men are having a poorer experience



A panel of speakers took questions at the diversity networks meeting

than their white counterparts. We need to improve evidence collection about minorities within minorities.'

Kamla Uppiah, an LGBT activist and author of the Ask Me I'm Bipolar blog, spoke about her mission to raise awareness of the ability to live well with bipolar disorder.

Suni Narayanan, a senior physio

and head of equality, diversity and inclusion at University Hospital Southampton, spoke about how physio staff could promote equality.

'It's not about treating people equally – it's about making sure everyone has equal opportunities,' she said.

■ Robert Millett

treating the whole person

Lots of things might bring you joy in your daily work, from an initial meeting which helps someone start their recovery journey to seeing the progress a long-term patient has made.

Using your skills to help fix and maintain a patient's health and wellbeing is probably part of what drove you to become a physio-therapist in the first place.

But what happens when a problem is brought to you that you can't fix? For instance a patient mentions the impact their injury, accident or condition has started to have on their finances.

Maybe they've fallen behind with repayments on their mortgage, or found

they had to take out a short-term loan and are struggling to pay it back.

Perhaps it's something completely unrelated to their condition, they just want to vent about how they've been treated by a financial business – and they just don't know what they can do.

Luckily, the Financial Ombudsman Service – the free service that can sort out money matters – has the following simple tips to share with your patients ...

1. Encourage your patient to be clear in their own mind what the problem is and what they want the business to do to sort it out. Sometimes

this is obvious but often it can be difficult to pinpoint what's gone wrong.

2. Tell them to get in touch with the business involved and explain to them what's happened. It's easy to get frustrated or angry when people don't feel they're being listened to, but they'll probably get a lot further by staying calm.

3. Reassure them that there's help if the business doesn't listen or if your patient doesn't get a response they're happy with.

The Financial Ombudsman Service are free, fair and for everyone and can take an independent look at what's happened. By speaking to your patient

and the business, they can make a decision on what they think should be done to put things right and help your patient move on.

Hopefully by following these three simple steps you can feel confident in treating the whole person the next time a patient comes to you with a money worry.

But if you have any questions – or want to talk to the ombudsman about your own money concerns – just call 0800 023 4567 or tweet @financialombuds



Financial Ombudsman Service

FREE • FAIR • FOR EVERYONE

Scottish AHPs to improve complex regional pain syndrome care



The Scottish AHP Chronic Pain Management Network has set up a group to investigate the knowledge and training of allied health professionals working in the specialist area of complex regional pain syndrome (CRPS).

The group was one of four

The AHP team at the Scottish National Residential Pain Management Programme: Fraser Bell, specialist physio Emma Tocher, OTs Gillian Ward and Jennifer Taggart

developed during a meeting of the network last year.

Fraser Bell, a clinical specialist physio with the Scottish National Residential Pain Management Programme, said: 'There will be an initial scoping exercise, with the aim of creating a national training package for AHPs, so that perhaps individuals who are seeing patients with CRPS but don't have a lot of knowledge, or who are working in more isolated areas, have a way of pooling best practice.'

One of the other groups will look at outcome measures for exercises used by AHPs in pain services. Another group will look at fear of pain leading to avoidance of movement, while another will focus on managing the activity of patients.

■ Gill Hitchcock



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Wellbeing at Work

Want to find out more?
visit www.csp.org.uk/pressure



As the new year begins, the CSP launches *Pinpoint the Pressure*, its workplace campaign to tackle growing and unreasonable workloads. Find out what's going on and how to get involved

TAKE CONTROL *of Workloads*

What's this CSP campaign all about?

We know from members and CSP reps across the UK that workplace pressures are currently affecting them, whether in the NHS or elsewhere.

Rather than struggling alone, we want to get you thinking about what you can do to support each other – and to help find improvements that could alleviate these problems.

Is this really the most important issue in the workplace?

Yes. Our advice from reps on the ground is that it is, with a potential impact on how clinical services are delivered.

This workplace campaign is based on a motion debated and passed unanimously at the 2015 CSP Annual Representative Conference. This recognised the increasing level of work-related stress among members. It called for a national standardised survey to establish the extent of the problem and identify common themes among members.

It also called for a national campaign to help representatives and members address the causes of work-related stress and how to manage it.

CSP organisers have been visiting NHS workplaces and listening to your reps' concerns about issues they are having to deal with more than most. As a result, we are aware that work pressures are a big issue among our members, particularly those working in the NHS, as they struggle to cope with high workloads, reduced resources and support during difficult times.

The impact of constant change and reorganisation in the NHS is also taking its toll on many members as they face uncertainty regarding their future employment.

But stress is normal – and it can be positive, can't it?

Yes, it can be. At times, a bit of pressure can help us to perform

at our best. But prolonged exposure to stress, if it is demoralising or distressing to the person, can lead to serious deterioration in their physical and mental health.

For England alone, NHS Employers say stress-related illnesses accounts for about 30 per cent of NHS sickness absence. A recent freedom of information request showed that, among 100 hospital trusts in England, doctors, nurses and other frontline staff took 845,966 sick days for stress, anxiety or depression in 2014-15 – a rise of 227,471 days since 2011-12. See bit.ly/1IGcuUN

A 2014 survey by NHS Employers, Staff Experience and Patient Outcomes, highlighted the links between how staff feel about their work (including levels of stress and work pressure) and the outcomes for their patients. See bit.ly/2gBURLS

Isn't it just the nature of the workplace, that we're all under more stress these days and there's really not much we can do about it?

Working under constant stress is likely to take its toll on everyone eventually, due to the ensuing higher sickness absence rates. According to the Health and Safety Executive (HSE), which enforces health and safety, the average length of sick leave in the UK for a stress-related illness is 30.1 days.

A separate report, the Office for National Statistics 2014-15 Labour Force Survey, almost 10 million days working days were lost in the UK economy through stress-related illness.

Meanwhile in the NHS, stress-related illnesses put further strain on the remaining staff and organisation to cover the work with less time and fewer resources.

CSP reps with their knowledge and networks can help members and employers to identify and seek more constructive ways to address unsustainable workloads. Active involvement of staff in decision making is a vital first step to resolving work-related stress.

For example, ensuring staff have sufficient time to complete patient notes would alleviate pressures and could improve morale and job satisfaction.

This campaign looks expensive – surely the problem is that the NHS has no money?

The investment we put into raising awareness of the impact of stress should actually assist in saving money. It could mean fewer staff going off sick and needing to be replaced by agency staff, who are more expensive.

Importantly, it will help show members the value of being members of the Society, and working collectively as they seek and find workable solutions to relieving workplace pressures.

Will the campaign help patients?

Yes, the 2014 research from NHS Employers, cited earlier, has shown that when NHS organisations actively engage with staff to improve their health and wellbeing this will lead to higher levels of patient satisfaction.

How can I get involved?

If you work in the NHS and have a workplace steward or safety rep, talk to them about the campaign and how to get others at your work actively involved.

I work outside the NHS – will the campaign have an impact on me too?

This campaign is for all our members who are encountering unreasonable work pressures and are actively seeking effective relief, wherever they work. Visit the CSP website www.csp.org.uk/pressure where you will find our advice sheets on the key causes of stress and what you can do.

If you are aware that you are not alone and that several colleagues at your workplace are experiencing

stress our new easy to use survey resource pack (available on the same web page) should help you provide evidence to your employer that there is a problem requiring their attention.

There are also excellent information pages and resources on managing stress at work provided by the HSE, which can be accessed on its website at www.hse.gov.uk/stress

If you would like further support and advice, contact the CSP's enquiries team on 020 7306 6666.

I work in the NHS but I don't have a CSP workplace rep – what should I do?

Talk to colleagues about electing a rep. However, it is important for everybody to get behind this campaign and support each other by organising and attending your CSP meetings or helping out your rep (if you elect one) through offering to do any tasks that may be required. To find out how to become a rep, visit www.csp.org.uk/workplace

I am a manager – how does the campaign affect me?

Working with your CSP reps in partnership should greatly assist you in engaging staff to be more actively involved in effective problem-solving. You can work towards shared decision-making to address any concerns staff may have with their workloads, if that is an issue in your workplace.

So what should I do to find out more?

Our online resource pack www.csp.org.uk/pressure is simple to use and should help you in identifying the work pressures among your colleagues. It could help you to provide sufficient evidence to put in front of your employer if there is a problem that requires their attention. The CSP will work with you in your endeavours to improve working conditions. FL



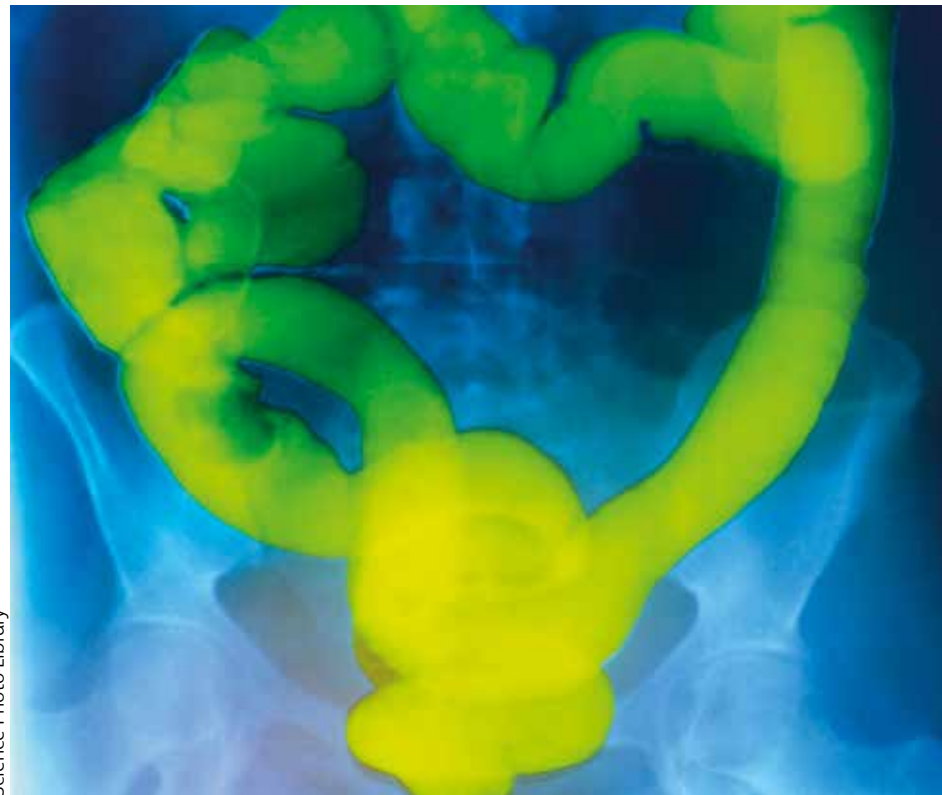
PhysioFindings

Janet Wright on the latest physio research



Something to add?
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Exercise eases chemotherapy fatigue



Science Photo Library

People with colon cancer often feel tired, especially while they're having chemotherapy.

To see if exercise would help, researchers recruited 21 men and 12 women to a randomised controlled trial.

Jonna van Vulpen, of the Julius Center for Health Sciences and Primary Care in the Netherlands, and colleagues were looking at various forms of fatigue – general, physical and mental, along with reduced motivation and reduced activity.

Participants, who were all undergoing chemotherapy for colon cancer, were divided into two groups. One took part in an 18-week supervised exercise programme, while the other group received usual care only.

After three assessments – at the beginning and end of the intervention and again at 36 weeks – the team found the exercisers had made improvements compared with the usual-care group.

'The intervention significantly reduced

physical fatigue at 18 weeks and general fatigue at 36 weeks,' the authors report.

'An 18-week supervised exercise programme in colon cancer patients during chemotherapy is safe and feasible,' they conclude.

Van Vulpen JK *et al.* Effects of an Exercise Program in Colon Cancer Patients undergoing Chemotherapy, *Medicine & Science in Sports & Exercise* 2016; 48: 767-775, <http://dx.doi.org/10.1249/MSS.0000000000000855>

Q&A

Why is this study important?

Colorectal cancer is one of the commonest forms of cancer. A 2014 review of exercise interventions during or after adjuvant colorectal cancer therapy found evidence in favour of aerobic exercise for short-term improvement in physical fitness, but not fatigue or quality of life, when compared with a control group. However, the 2016 study specifically highlights that no randomised controlled trial (RCT) has investigated the

effects of a supervised exercise intervention in colorectal cancer patients during chemotherapy.

What are the implications?

The 2016 study found 'promising results' in favour of an 18-week supervised exercise programme over usual care. However, a low proportion of the people with colorectal cancer who were approached opted to participate in the study. It is therefore difficult to determine how far the study findings can be generalised,

and the evidence is insufficient to give recommendations for routine practice.

The 2016 study authors say the results need to be confirmed in a larger trial as pre-diagnosis factors such as age, other health conditions, body weight and fitness could affect the results. Cramer H *et al.* A systematic review and meta-analysis of exercise interventions for colorectal cancer patients, *European Journal of Cancer Care* 2014; 23: 3-14, <http://dx.doi.org/10.1111/ecc.12093>

by CSP research adviser Katherine Jones

Comments and conclusions



■ A telephone counselling programme backed by home monitoring helped people with multiple sclerosis to reduce their fatigue and depression while increasing their physical activity levels, a US study has found.

In China, knee replacement patients who received structured follow-up by phone carried out more home exercise and had greater improvements in their range of motion than a control group who only received usual care. Turner AP *et al.* *Journal of Consulting and Clinical Psychology* 2016; <http://dx.doi.org/10.1037/ccp0000086> Chen M *et al.* *Patient Preference & Adherence* 2016; <https://dx.doi.org/10.2147/PPA.S102156> - open access

■ Surgeons have successfully treated 10 people's injured knees with cartilage grown from cells taken from each patient's own nose. The nasal chondrocytes form cartilage more effectively than those taken from other joints and can be removed less invasively. Two years after surgery, patients had significant improvements in pain, knee function and quality of life. Mumme M *et al.* *Lancet* 2016; [http://dx.doi.org/10.1016/S0140-6736\(16\)31658-0](http://dx.doi.org/10.1016/S0140-6736(16)31658-0)

■ Neck pain from various causes can be relieved by home exercise programmes that focus on strength and endurance training as well as self-mobilisation. This kind of programme also improves quality of life, say researchers who did a systematic review of studies covering 1,927 patients. Zronek M *et al.* *Journal of Manual & Manipulative Therapy* 2016; <http://dx.doi.org/10.1179/2042618613Y.0000000047>

Dizziness calls for specific exercise

People who have a whiplash injury are often left feeling dizzy and unsteady. Physiotherapist Julia Treleaven of Queensland University and colleagues compared three exercise programmes aimed at treating these symptoms.

They randomly allocated 140 people with chronic whiplash to receive either neck-specific physiotherapy,

with or without a behavioural approach, or a prescription of general physical activity.

The first two groups received two neck exercise sessions a week for three months at a clinic, and an exercise diary to record their practice at home.

The second group's clinic sessions also included talks on such subjects as goal-setting, dealing with relapses and

barriers to recovery.

After three months both physio groups were prescribed activity plans including neck exercises.

The third group were only given information about exercise, motivational interviews and individual activity goals.

Participants were followed up after three, six and 12 months.

'Physiotherapist-led neck

exercise groups including a behavioural approach had advantages in improving measures of dizziness,' the authors found.

However, many patients still complained of dizziness and balance impairment after the trial.

'Future studies should consider exercises specifically designed to address balance,

dizziness and cervical proprioception in those with persistent whiplash,' the researchers write.

Treleaven J *et al.* Balance, dizziness and proprioception in patients with chronic whiplash-associated disorders complaining of dizziness: A prospective randomised study comparing three exercise programmes, *Manual Therapy* 2016; 22: 122-130, <http://dx.doi.org/10.1016/j.math.2015.10.017>



Damien Lovegrove/Science Photo Library

Views & Opinions

 **Something to add?**
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Adviceline

Alice Sorby unpicks what Sustainability and Transformation Plans might mean for you

Dying to work

People with terminal illnesses should not be forced out of work, argues Kate Baker



To be diagnosed with a terminal illness is not something anyone wants to think about. But the additional burden of working for an employer whose only reaction to this devastating news is to begin a 'capability process' to remove you from the job you love is beyond contemplation – or is it?

So ask yourselves, if you were diagnosed with a terminal illness would you want to

A job can provide dignity, a purpose to life, a sense of satisfaction, potential financial security for loved ones, not to mention an income for daily living. To lose all of this at a time when you are facing death is an unnecessary and inconceivable stress. No-one should be forced to leave their job due to a diagnosis of a terminal illness and everyone should have the right to decide their own path at the end of their life.

As a delegate at the 2016 Annual Representative Conference in Manchester, I attended a breakout session titled 'Dying to Work'. I had no idea what the session would be about but soon discovered that the Dying to Work campaign had been set up by the TUC following the case of Jacqui Woodcock, a 58-year-old sales manager from Derbyshire, who

was forced out of her job after being diagnosed with terminal breast cancer.

In the absence of legislative protection, the TUC is now asking employers to sign up to its voluntary charter to prevent cases like Jacqui's happening again. The session, which covered Jacqui's story, was really moving and provided me with much to reflect on.

Surely, supporting and caring for the dying is fundamental to the core values of the NHS. Later, I took the campaign information packs to my staff-side meeting. With the backing and support of my union colleagues, we shared the resources with managers at our joint negotiating committee.

Our trust has always been positive about supporting those with a

terminal illness. Therefore, we did not feel it would be difficult for management to make the decision to sign up to the TUC charter. I was not surprised that management agreed and swiftly committed the trust to the charter.

When this was announced, I was delighted to discover that my trust was the first trust, and also the first employer, in north west England to support the campaign by signing the charter.

In adopting the charter, Southport and Ormskirk Hospital NHS Trust provided peace of mind to its 3,500 workers.

I believe that, as members a caring profession, we should all support and promote the Dying to Work campaign.

I urge you to lobby your employer, in whatever sector you work in, to sign up to this important charter.

The trust has provided peace of mind to its **3,500** workers

Kate Baker is a CSP steward and practice education facilitator, Southport and Ormskirk Hospital NHS Trust

More information
www.dyingtowork.co.uk

Sustainability and Transformation Plans (STPs) are blueprints for changing local health and care services in 44 areas of England over the next five years. For physio staff, key questions are whether more of them will work in primary care settings and whether there will be more investment in rehab services.

The CSP accepts that health and social care needs 'transforming' and backs moves to create a system that puts prevention and rehabilitation to the fore. We support the idea that health and social care should be integrated as a means to improve patient care. However, such transformation requires time, investment and engagement with the workforce and the public at large.

STPs have been surrounded by controversy, with timelines appearing rushed and somewhat unclear. All 44 plans were scheduled for publication by the end of 2016. From April, STPs will control all the funds available to revamp health and social care services.

Organisations representing GPs, local authorities and others have raised concerns about how funds will be allocated and said a focus on the acute sector is unhelpful. In order to challenge the perception that STPs are a vehicle to cut costs and pare back provision, more public scrutiny is vital. In terms of workforce engagement, lessons can be learnt from the devolution process in Greater Manchester. However, the central issue of funding cannot be dodged – no system, however good, can be the whole answer if funding is inadequate. And the case for engagement is clear – better engagement, particularly with the people delivering services, results in better outcomes.

CSP members in England might like to find out if an STP has been published covering your area and what the priorities are. Ask whether they offer opportunities or threats to physiotherapy services. Can you access information on how to get involved in any engagement and consultation processes? Are there any deadlines for getting involved?

Tell your CSP steward and regional network what you found out. I would also welcome hearing your views.

Alice Sorby, CSP policy and research officer.
Email sorbya@csp.org.uk

Joined-up thinking

Carolyn Nichols wants more physio staff to join the Posture and Mobility Group

If you work with clients whose physical disabilities affect their postural ability and movement, you will know about their need for postural support and wheeled mobility equipment, often individually prescribed. If you work in a multidisciplinary team where you have ready access to assistive and postural support equipment, you know how lucky you are. You can borrow a piece of equipment to try it out, or you're able to

get seating or lying supports made or modified. And, of equal importance, is taking part in the collaboration between disciplines in order to get the most effective result. This collaboration develops knowledge and practice for all involved, leading to better results for our clients.

Early in my career, I worked at two centres where this sort of collaboration was possible. Later, when I moved to the community, I learned what it was like for

many physiotherapists who work in situations where getting something fundamental to their clients' posture and mobility needs is not so readily accessible. It was then that I decided to join the Posture and Mobility Group (PMG). Attending one of their annual conferences I found a wide mix of professions – rehabilitation engineers, clinical scientists, occupational therapists, doctors and fellow physiotherapists – in addition

to companies that manufacture and distribute posture and mobility equipment. Although many of PMG's members work in NHS-commissioned wheelchair services, a growing number now work in the community as well as the charitable and private sectors, or independently as case managers.

I urge CSP members in this field to join PMG. Membership is free of charge. The website www.pmguk.co.uk provides

access to PMG's online journal, videos from previous conferences (very useful for continuing professional development), as well as details of training events, jobs, latest news and other relevant publications. Bursaries to attend the annual conference and other PMG training events are also available to members, as are research grants.

Carolyn Nichols, physiotherapist and PMG sub-committee member



Annual Representative Conference

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

Going to ARC?

Register to attend ARC and to find all information about going to ARC on the website: www.csp.org.uk/arc2017

Training for ARC representatives

This year there will be a training session 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.

Further information is available on the website.

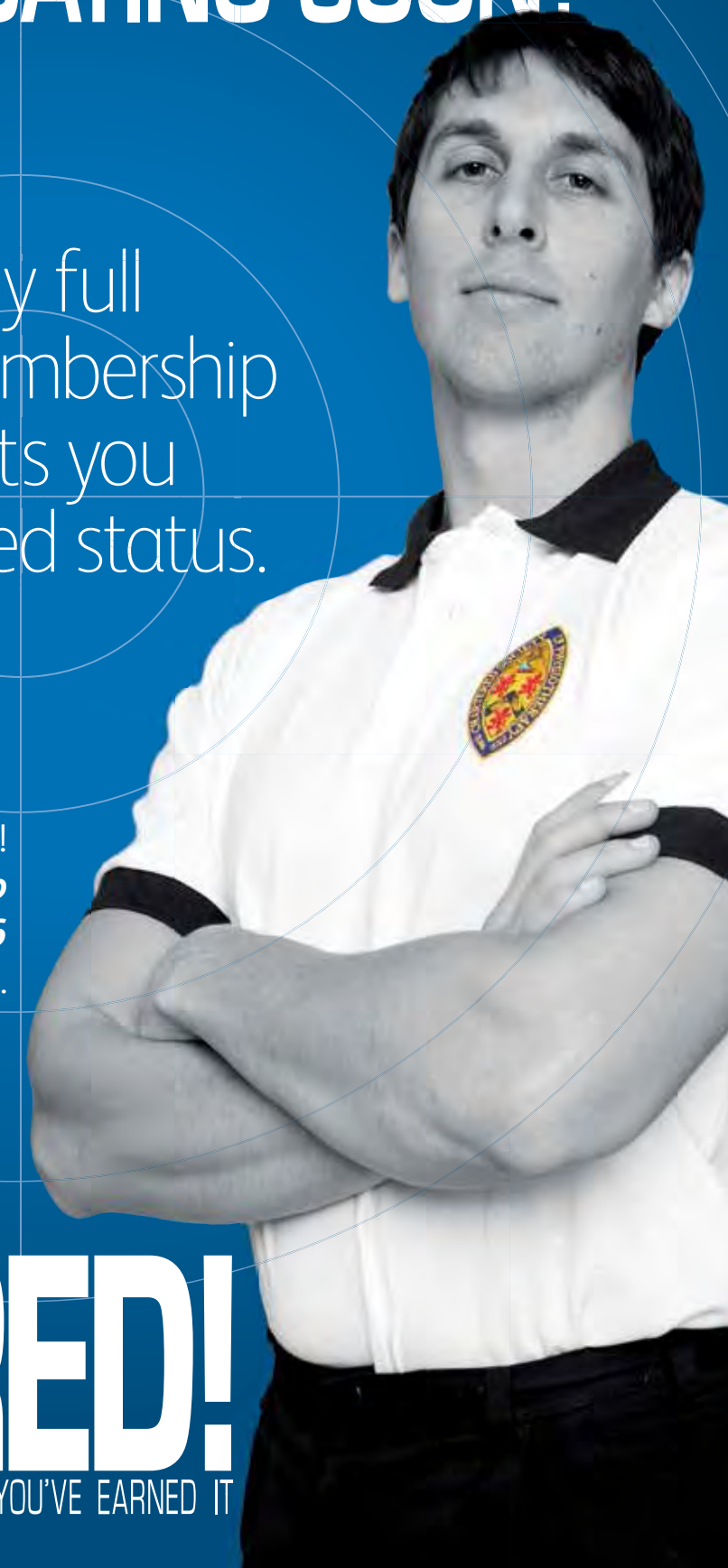
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PrivatePractice

If anyone knows about exercise, it's a physio. Gill Hitchcock headed to the East Midlands, where CSP members are revolutionising the art of gym coaching



Bridge4's mission is to change the focus of exercise from body beautiful to health benefits

Gym's the word

It's a chilly autumn morning outside, but in a brand new gym in Birstall, Leicestershire, a small group of people are sweating their way through some challenging exercises. From bikes, to steps, then weights, they work on under the watchful eye of their instructor. But this is no ordinary gym, no ordinary instructor, and the perspiring participants aren't typical gym bunnies.

One of them has Parkinson's; another feels very unconfident about exercising; and two more have entered their 60s without exercising properly for, well, let's say a very long time.

The gym, Bridge4, and its guided exercise programmes are the brainchild of Judith Pitt-Brooke, a former CSP Council member who's convinced that putting physios into gyms as exercise professionals could yield great results.

'Our target market is people who don't "do" gyms;

Private Practice

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ageing people and anybody who needs help or motivation to be more active or exercise to a higher intensity,' she says. 'We do carefully programmed, high-intensity, evidence-based class work using the latest science about exercise and managed by physiotherapists.'

'Through sports and occupational health work, I became increasingly confident that the root to improving people's health – whether they are athletes or people with comorbidities – is all about exercise. And as a physiotherapist, it's about clinically-prescribed exercise.'

Leading this morning's class is James Du Bois Hylton, a qualified fitness instructor and physiotherapist, who previously worked with young disabled people at Leicester General Hospital. For him, Bridge4 is special because he can provide individual attention to people with a wide range of abilities, and help to motivate them not just to get rid of pain or cope with a condition, but to become stronger and fitter.

'It's a lovely atmosphere because people are more accepting of the fact that they might be coming with certain conditions,' he says. 'And a lot of the clients here, when they have gone to normal gyms, have felt very isolated, stared at, not sure what's going on.'

Ms Pitt-Brooke regards herself as 'a bit of a mongrel' in the physiotherapy profession. Her career has shifted from neurology, to teaching and, after a masters in business administration, to setting up her own occupational health business. Her clients included PepsiCo and Leicestershire County Cricket Club. The idea for Bridge4 came more than two years ago, and she started trading earlier this year, with the chair of the cricket club as her business partner.

'Our strapline is that it's a different kind of gym,' she says. 'Our mission is to change the focus of exercise from body beautiful to the health benefits. I feel very strongly, we have to change attitudes towards exercise, so that as we get older, yes it might hurt a bit, but actually it's hurt not harm.'

'Predominant attitudes to exercise within the medical profession over the past 30 years have been that, as you get older, you need to take it easier. But all the evidence has shown us that is wrong. Whether you've got chronic arthritis, a cardiac condition, respiratory problems, balance issues or Parkinson's, all the evidence points to the fact that exercise is the best medicine.'

Swimming is 'fine for fish'

But what about a conventional gym or local swimming pool? After all, they are probably cheaper. Ms Pitt-Brooke responds that many gyms offer high-intensity exercise, but everything is targeted at younger age groups. It's very macho and a lot of people get injured.

When it comes to instruction, an exercise professional is not a clinician, and many of them won't know anything about arthritis, she argues. Most of them don't have any

'Our target market is ageing people and anybody who needs help or motivation to be more active or exercise intensively'

Judith Pitt-Brooke

awareness of the impact on a 45 year-old's tendons of doing high-intensity exercise if they have not done it for 20 years.

As for swimming, Ms Pitt-Brooke says that's fine for fish. But for human beings who want to remain fully fit it's not a very effective form of exercise, unless you build muscle by going super fast.

Bridge4's services are very different. Its 'fundamentals programme' starts by offering a 60-minute one-to-one session with a physio. The programme then takes people through 45-minute physio-led exercise sessions in groups of up to six. Gradually, the intensity of the strengthening and cardiovascular work is increased, until people are ready to move to the next level.

'I would argue that fundamentals is part of rehab,' says Ms Pitt-Brooke. 'I've got a 75-year-old man who has

had two hip replacements. After he joined, we did a one-to-one and he is in the fundamentals. His wife, in her late 60s, used to be very active but wouldn't go to a gym and was slowly becoming more sedentary. Now she is doing fundamentals and comes once a week.

'Another example is a 50-something woman with chronic back pain. She has been through all the specialities, including pain management, and been advised to exercise more. Keeps trying to go to a gym, but nobody supervises her enough. She has come up through fundamentals and is now in the what we call the Bridge45 class doing high-intensity exercise.'

Up on the first floor, above the gym, Bridge4 offers physiotherapy and Pilates designed for people with a range of neurological conditions. Josie Ledbetter, neuro physiotherapist at Bridge4, says the idea is to extend the treatment delivered through the NHS with longer-term rehab.

'I was in the NHS and I loved it, but I did feel restricted by what I could do,' Ms Ledbetter says. 'You are restricted by funding and there was a huge amount of pressure to see a lot of people in a short period of time. Discharge planning, I felt, was very early at times.'

'Being in the private sector – although you do have to accept that people have to pay – I think, this is actually value for money.'

The business case

- Judith Pitt-Brooke had a hunch from her occupational health work that physio-led exercise would be highly valued.
- She did a business plan, with projections over four years. She researched other physiotherapy businesses and other private gyms. 'But when you do a plan for a new business there is an element of "sticking your finger in the air".'
- She attracts clients largely by word of mouth, and through her own MSK practice, East Midlands Physiotherapy Clinic which she's run for nearly 20 years. It has a

- local reputation that reaches a radius of 15 miles or so. The company has also started advertising in local newspapers.
- The location is on the edge of a large new residential estate and right on a big road network that links motorways, at a strategic point for Leicester, Nottingham and Derby. The gym's target client group is middle aged, middle income people.
- Initial feedback from the 120 members is that they feel safe, that it is confidence-building, and is innovative.

Falls' risk reduces

Membership fees for Bridge4 range from £29 to £70 a month, with the cost of fundamentals and other sessions rated accordingly. They could be as low as £5. While the Parkinson's Pilates classes are subsidised by charity Parkinson's UK and cost £12, physiotherapy treatment with Ms Ledbetter is priced at £65.

'You could pay more than this go to the hairdresser's for an hour and you're getting a huge amount of lifestyle change out of it,' Ms Ledbetter adds.

Meanwhile, this morning's exercise session has ended and the participants reach for their towels. Karen Gavin wipes her forehead. She has been coming to Bridge4 for two months. Each week she attends a Pilates class for people with Parkinson's, plus two fundamentals sessions.

'This has been a good work out, particularly for my legs,' Ms Gavin says. 'I had been falling two or three times a week before I came here, but after the regular workouts I haven't fallen at all.'

'There are so many different types of Parkinson's, it's like an umbrella term and the Parkinson's group I go to here represents that. And the staff – and there are always two – are able to offer quite a bit of help.'

'I think it's a great place, with a nice atmosphere and staff are very good at being welcoming.' FL



Evidence shows that exercise is the best medicine, says Bridge4 founder Judith Pitt-Brooke (first right)

More information
For details of the clinic see
www.bridge4studio.co.uk

CPD Practice

New year: new plans

CSP professional adviser **Nina Paterson** challenges you to think about working with a coach or mentor in 2017

Welcome to the first continuing professional development (CPD) article for 2017. Last year we focused on career development – whether that was first jobs, returning to practice or lateral career moves. We’ve also discussed many ways to learn, such as through gaining new experiences or reflecting on mistakes, for example. This article draws those themes from 2016 together by looking at how coaching and mentoring might be options in 2017.

So what’s the difference between a coach and a mentor? Both are underpinned by a similar approach but, as a rule of thumb, coaching is usually used to improve your performance. Because coaching tends to focus on a specific issue, it is usually short-term. Mentoring focuses on your career or professional development and, as such, tend to last much longer. You are likely to only use one coach to address a single issue, but you may well seek out several mentors – those with experience (who have ‘been there before’) and

who can take you under their wing and help you navigate a path through your career.

Finding a coach or mentor

Coaching: If you work for the NHS or a large healthcare provider, there might well be internal structures you can tap into. Look for learning and development opportunities, through human resources, for example. Colleagues based elsewhere should also be able to support you if you need to go outside your organisation. Karen Middleton, the CSP’s chief executive, offered advice on what to look for in one of her regular In person columns in *Frontline*. If you’d like a recap, or missed it first time, see www.csp.org.uk/node/938450

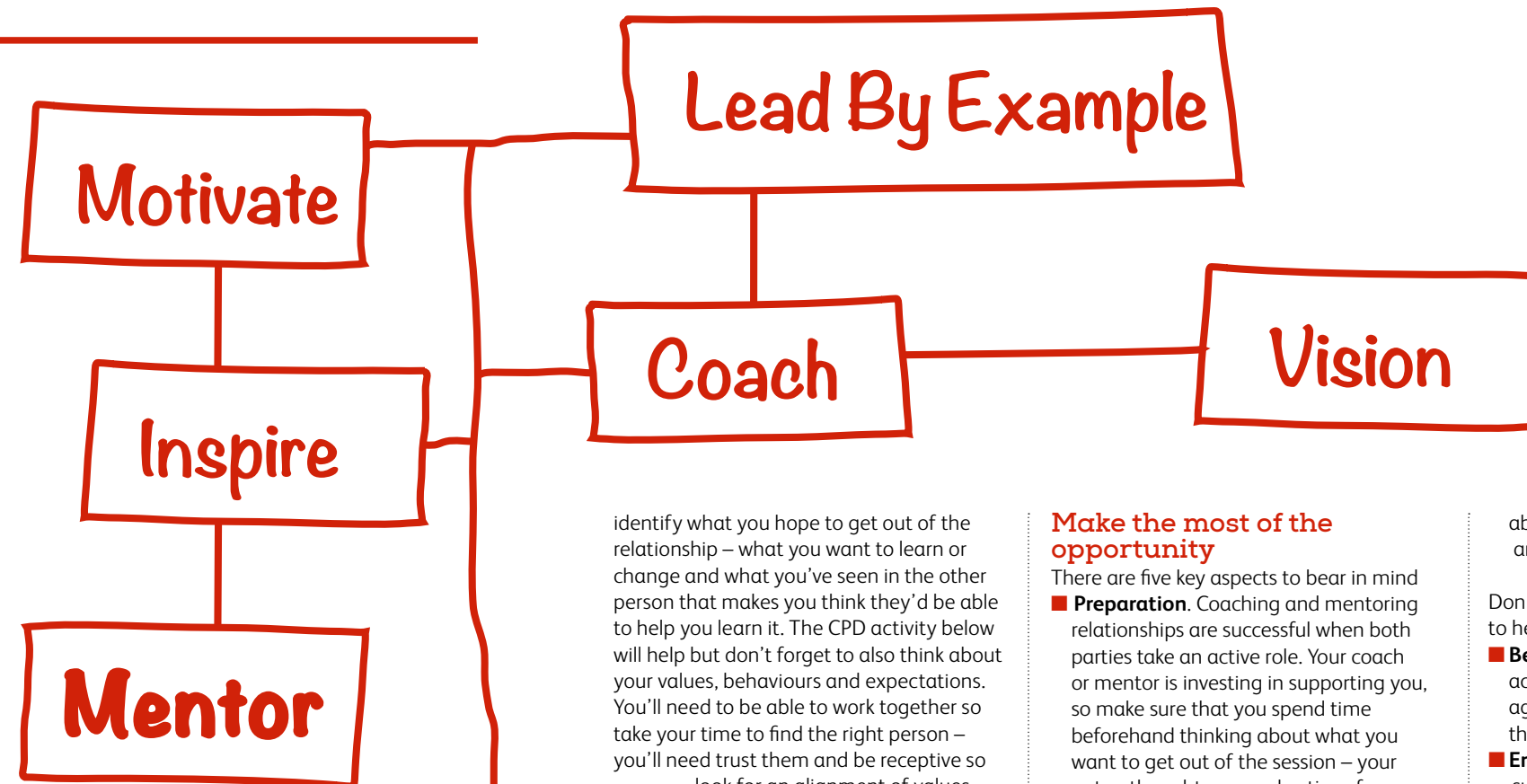
Mentoring: You might have access to a mentoring programme at work, but the chances are you are going to need to look around. You may have already come across someone at an event, course, conference or meeting, or have worked with someone in the past, who would be worth contacting. If not, you’ll need to create new

networking opportunities.

You might be interested in a CSP e-mentoring scheme that we will begin piloting in the new year. However you go about finding a potential mentor, remember they are more likely to agree to work with you when they can see clearly why you want to be mentored and why you are approaching them. Which leads us to our first point – be clear what you need help with.

Define what you need help with

Whether it’s coaching or mentoring, invest the time to



identify what you hope to get out of the relationship – what you want to learn or change and what you’ve seen in the other person that makes you think they’d be able to help you learn it. The CPD activity below will help but don’t forget to also think about your values, behaviours and expectations. You’ll need to be able to work together so take your time to find the right person – you’ll need trust them and be receptive so look for an alignment of values and behaviours if you want to make it work.

Let’s assume that you’ve completed the activity and move to the final point: exploiting opportunities.

Make the most of the opportunity

There are five key aspects to bear in mind

- **Preparation.** Coaching and mentoring relationships are successful when both parties take an active role. Your coach or mentor is investing in supporting you, so make sure that you spend time beforehand thinking about what you want to get out of the session – your notes, thoughts, agreed actions from your last session. Come ready with questions and examples to discuss.

- **Build a relationship.** As noted you’ll need to trust the person you are working with. To help build trust, mutually agree your purpose at the outset, be open

about your values, establish your roles and discuss your expectations.

Don’t be afraid to revisit these aspects to help maintain that trust

- **Be realistic** about what you want to achieve and don’t lose sight of your agreed goal. Again, revisit this along the way.

- **Engage.** Coaching and mentoring are successful when both parties actively participate. Your coach or mentor shouldn’t be doing all the work!

- **Allow yourself to be challenged.** It will be uncomfortable. If you want to grow, be willing to look yourself in the eye. There’s no point in pretending – otherwise why are you there? **FL**

CPD activity

You might want to use a set of questions or prompts to help you structure the activity. We used different models last year, so feel free to review the series and pick one that works for you.

Spend some time looking back over the past year, reflecting on your development so you can plan your future professional growth.

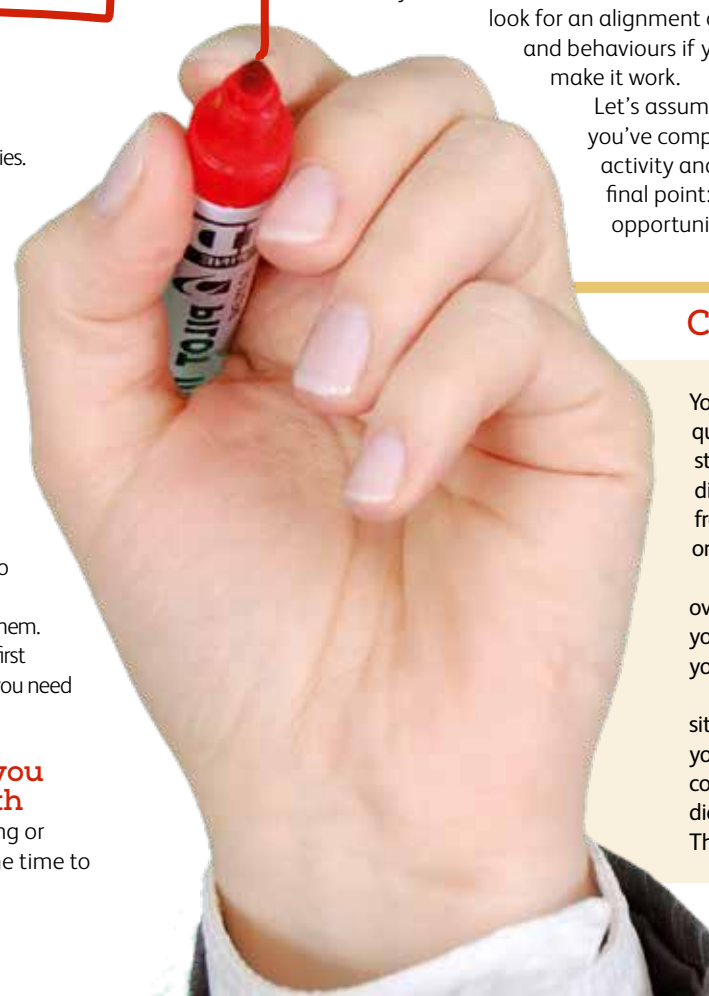
First, think about difficult situations that you have found yourself in this year. Take time to consider what went well and what didn’t. Were there any patterns? Things that you could have

approached differently? If yes, then what you would do differently next time? Thinking about these critical incidents, if you found yourself in a similar situation, would you handle it better next time? Did a portion of good fortune save the day? Are there areas that you can still see room for improvement in?

If you’ve identified an incident that you’d like to explore further, or you want to expand the toolkit so that you have more approaches to call on next time, why not think about working through this with a coach in the year ahead? As

preparation, use the prompts in the article to plan for it and go for it!

If you are at the point in your career where you need some support from someone who is ahead of you in the challenge; to help you grow and show what’s ahead and how to deal with it, then why not look for a mentor? Your challenge is to find that someone to take you under their wing. Remember that the better prepared you are, the greater the likelihood that you’ll find the right person. Work your way through the prompts in the article to help you to prepare.





PERFORMANCE TO MATCH THE PROFESSION



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FallsCosts

Southern trust's falls team lead Cathy McKeown takes strength and balance group member Helen McRory through her paces on a balance beam at South Tyrone day hospital



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

The driving force

Physio Cathy McKeown's care pathway is improving options for older people who have fallen in Northern Ireland, and saving money, as **Gary Henson** discovered

A care pathway, based on a CSP falls tool, has won the support of managers in one trust so effectively that it is being rolled out across Northern Ireland. A 'proof of concept' pilot, which started in 2012 at Southern Health and Social Care Trust with the Northern Ireland Ambulance Service (NIAS), will be implemented throughout the region by April.

Up to 400 paramedics now work with allied health professionals (SAHPs) to avoid hospital admissions and provide more care in the community for older people who have fallen. Before the pilot, paramedics who saw a person after a fall took them to a local emergency department or, if they refused to travel, left them at home with no follow up.

The pilot relied on the paramedics completing a client assessment, and if no serious injury was identified requiring emergency department attendance, and with the clients' consent, paramedics completed a referral form for the trust's falls co-ordinator. This was faxed to the falls co-ordinator who would provide telephone screening and, as appropriate, referral to a consultant-led falls clinic or to community staff for secondary falls prevention input.

'As a proof of concept model it proved useful, but low referral numbers and delays in the process needed to be improved on,' said Southern trust's AHP falls service lead Cathy McKeown.

During the pilot, plans were worked on to improve the

timeliness of referrals and to make the process more user-friendly to encourage increased numbers of referrals. By this time the Keogh review of urgent and emergency care and the Donaldson report were identifying the need for less reliance on acute care and more emphasis on 'see and treat' in the community, explained Ms McKeown.

By May 2015, a pathway was established where paramedics could telephone a central base which sent an email to the falls co-ordinator with details of the fall and consent for follow up.

The pathway has potentially saved **£390,000** since 1 June 2015

Paramedics' view

'Falling is number one for 999 calls in Northern Ireland,' NIAS clinical service improvement lead Ciaran McKenna told *Frontline*. 'Before the pathway we took fallers to the emergency department which was often the wrong place.'

It may not have been a great experience for them. As well as potentially adding to delays in the emergency department, they weren't accessing specialist care. Otherwise, they were left at home with no follow-up.

'Now patient care, safety and experience is enhanced. It's a win-win. This pathway has enabled us to provide all three.'

Last year, the number of referrals of older 'fallers' rose steeply compared to the 2015 figures, standing at 1,015 by

FallsCosts

1 December. Every time an emergency department attendance is avoided saves the trust £115, while avoiding a hospital admission saves £1,400 and every hip fracture prevented saves at least £13,000.

Since 1 June 2015 the pathway has potentially saved £390,000 through secondary fall prevention interventions. The proportion of people aged over 65 year is due to increase by 15 per cent in the region by 2020, with the highest rise expected among those aged more than 75.

In 2014, of the £38 million spent on falls by Northern Ireland's health service, £33 million was spent on people aged 75 years and older.

'More than 80 per cent of those referred by NIAS are over 75 so we are identifying the very high risk fallers,' said Ms McKeown.

'We are now able to get 98 per cent of these fallers to engage with our falls co-ordinator in Southern trust.' This has been achieved mainly by speeding up the referral process.

'A big proportion of our frail elderly patients are reluctant to admit to falling' said Ms McKeown. 'They're proud and have a great fear of losing their independence and going in to a care home.'



'It's a win-win': ambulance lead Ciaran McKenna

Building close links

In Southern trust, close links developed between its specialist falls team and paramedics. NIAS is very pleased, says Ms McKeown, to have developed a regional pathway.

Training for paramedics continues, including postural hypotension and in the Timed Up and Go test.

This should promote staff confidence and knowledge of the pathway, she said

'As paramedics become more confident with leaving clients in their own home knowing they will be followed up by the specialist team, numbers accessing the service and benefiting from the input in both the short and long term should continue to grow.'

Feedback from those who have gone through the pathway had been very positive.

'Cathy [McKeown] is the innovator,' said NIAS's Ciaran McKenna. 'It was all her idea, she's the driving force. On the back of her work its spread to the other trusts. 'She's very modest but she's the brains behind it.' FL

CSP falls tool

The initiative used CSP's falls tool, which calculates how much you can save by developing new ways to look after people at risk of falls.

Cathy McKeown explains: 'The information in the falls tool allowed me to speak with confidence to commissioners and managers in other trusts when I was asked by NIAS to

present to them.

'This enabled us to get their support for the role out of the pathway to the other trusts in the region. 'I knew I could rely on the accuracy of the falls tool figures and they were most impressed that I was able to provide them with this information.'

Go to www.csp.org.uk/node/842894

'A big proportion of our frail elderly patients are reluctant to admit to falling. They're proud and have a great fear of losing their independence and going in to a care home.'

Cathy McKeown

Prevention for high risk categories

In 2014 in Northern Ireland 30,418 patients attended the emergency department as a result of a fall-related injury. 12 per cent required hospital admission with one per cent sustaining a hip fracture. There is a 20-50 per cent mortality rate associated with hip fractures within one year of injury, with rates highest for the frail elderly. With 30 per cent of people aged 65 years and older falling every year, increasing to 50 per cent of those aged 80 years and older, fall prevention strategies need to be implemented across communities.

What happens in Southern trust?

The falls co-ordinator receives 99 per cent of referrals within two days of the fall and screens all of them via telephone contact with the patient or their next of kin within two working days. Those identified as requiring an urgent consultation with a geriatrician can be seen for a full multi-disciplinary falls assessment within 72 hours.

Others can be referred to their GP or pharmacist for a medication review, seen at clinic by the

multidisciplinary specialist falls team, or given advice and reassurance. They can also be seen in their own home by the community physiotherapist for a gait and balance assessment or by a community occupational therapist for an environment safety check. Mobility aids and equipment for the home can also be provided.

All staff aim to reduce the risk of another fall in keeping with National Institute for Health and Care Excellence guidelines.

Advertisement Feature

How The IDD Therapy Disc Programme Is Expanding Physiotherapy



Over the past five years, there has been a progressive rise in the number of physiotherapy clinics providing "IDD Therapy". So what is IDD Therapy and why do physiotherapists use it?

IDD Therapy is a targeted disc treatment which was originally developed in North America in the late 1990s. It arose from the need to do more for a certain category of back pain sufferer who was caught between manual therapy and pain management or surgery. There are now over 1,000 IDD Therapy providers internationally.

For decades physiotherapists used "traction" tables to treat back pain, but these fell out of favour because of their limited efficacy.

At the crux of the traction problem was its inability to focus treatment at specific spinal

levels. IDD Therapy has some elements of traction in its DNA, however it uses computer-controlled distraction forces to decompress and mobilise targeted spinal segments.

The decompression forces are built up to just over half a patient's body weight and are applied with sufficient control and duration in order to achieve therapeutic objectives. Such forces cannot be applied manually, hence the use of the mechanical treatment tool.

Physiotherapists have embraced IDD Therapy because it fits within the philosophy of creating an environment for the the body to heal itself.

The principle objectives of IDD Therapy are to decompress targeted discs and restore mobility in spinal segments, thus allowing the body's natural healing mechanisms to operate more efficiently.

Stage Two of the treatment programme sees manual therapy and exercise applied to address functional impairment and weaknesses.



Sheffield physiotherapist John Wood is an enthusiastic advocate of IDD Therapy

As a holistic programme spread over four to six weeks, IDD Therapy also provides a framework for a biosychosocial approach to help patients resolve more complex problems.

Helping patients get their lives back on track is the key goal of IDD Therapy. But the bigger picture is to help more patients avoid the need for pain management, spinal injections and surgery.

This shift in conservative care is good news for the patient and importantly, provides a new non-invasive model of treating chronic back pain.

Advertisement

Facet Loading - Sciatica - Segmental Immobility Disc Bulge - Nerve Root Irritation - Herniation

When your chronic back pain sufferers fail to respond to manual therapy and rehabilitation, what happens next?

If they are struggling to improve with physiotherapy, you might refer them back to their GP or on to a consultant. But what next? Stronger painkillers? Spinal injections? Surgery? Patient dejection, anxiety or frustration maybe.

If you are passionate about non-invasive care, you can help your 'difficult' disc patients with IDD Therapy.

IDD Therapy is the UK's fastest-growing targeted disc programme which improves spinal mechanisms by



Over 40,000 IDD Therapy treatments carried out in the UK

decompressing and mobilising specific vertebral segments - in a way never achieved with traction.

Raise your clinic profile and grow your business with IDD Therapy. To refer patients to a local IDD Therapy Disc Clinic, see [IDD Therapy/Clinic-Finder](#)



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InReview

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www.csp.org.uk/lis

Featured book

Handling the Media: Communication and presentation skills for healthcare professionals

John Illman
ISBN: 978099351780

Journalist and trainer John Illman covers a lot of ground in the 12 chapters of this 184-page book. As someone with 30 years' experience as writer specialising in the healthcare field, he is able to weave in plenty of real-life anecdotes to bolster his advice on getting your message across in the media.

My experience of working in the communications field is limited mainly to the writing side, and I enjoyed finding out more about how the broadcast media works. If, for example, you would like to become the go-to person for a particular condition or aspect of

physiotherapy practice, you will find plenty of food for thought in this publication. Illman has been a health correspondent for both the Daily Mail and the Guardian and, while the two papers may have strongly contrasting readerships and political outlooks, the nuts and bolts of what makes interesting and lively 'copy' differs little. For example, Illman recommends never using a long word if a short one will do, using active rather than passive verbs, and removing any word from your submission that can be cut.

His style is upbeat and encouraging but resolutely realistic throughout. For example, you might get no feedback at all from an editor if your article is rejected, but adding an eye-catching photo or graphic to your written piece might just sway an editor's verdict.

Of course, in the 'old days', you had to navigate your way through various gatekeepers or editors before your work could be shared with the outside world. Today, it's relatively easy to sidestep such filters by starting your own blog, and Illman devotes a chapter to using social media, such as blogs and tweets, as a way to voice your concerns and opinions.

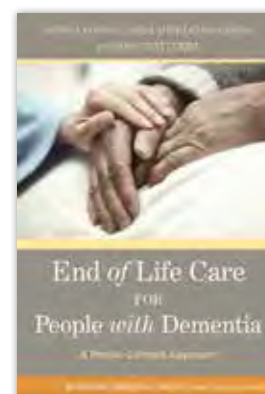
In my experience, many would-be writers who earn their living in the healthcare field are put off because they find the idea of writing too daunting. My advice would be to start in modest ways by, for example, writing something short for your trust newsletter, or by sending *Frontline* a punchy letter on something you feel passionate about. In fact, I am always on the lookout for letters (sent by email these days rather than post) for the



Comment pages.

If you want advice on how to find inspiration and avoid writing cul-de-sacs, this book will undoubtedly help.

Ian McMillan, deputy editor, *Frontline*



End of Life Care for People with Dementia: A person-centred approach

Laura Middleton-Green, Jane Chatterjee, Sarah Russell and Murma Downs
ISBN: 9781849050470

The authors explain why people with dementia should be included in decisions about their care.

Assessing and Communicating the Spiritual Needs of Children in Hospital: A new guide for healthcare professionals and chaplains

Alister Bull
ISBN: 9781849056373

This book outlines an assessment tool.



Working with the Trauma of Rape and Sexual Violence: A guide for professionals

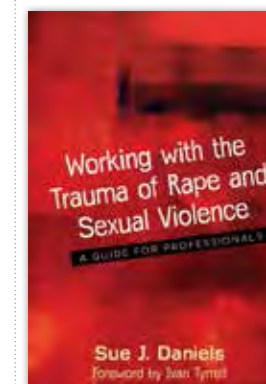
Sue J Daniels
ISBN: 9781785921117

This book offers the skills, knowledge and insight to help people who have been subjected to rape or other forms of sexual violence.

Cloudy with a Chance of Pain

This project aims to shed light on the veracity of the age-old theory that changes in the weather are linked to people's perception on pain. Researchers are seeking participants with musculoskeletal or other types of chronic pain who are willing to track their symptoms using a smartphone app. The study is funded by Arthritis Research UK.

<https://cloudywithachanceofpain.com>



Sea Hero Quest

This pioneering mobile game offers players a chance to help scientists discover more about dementia. The game has been played by almost 2.5 million people, making 'Sea Hero Quest' the largest dementia study in history.

The game anonymously records players' sense of direction and navigational ability as they work through the different levels. Early findings suggest that people's sense of direction declines in a consistent way from the early 20s.

www.seaheroquest.com/en

Research Awards 2017

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 2017.

Scheme A
**for experienced
researchers**

Up to £150,000
available for
research
projects

Scheme B
**for novice
researchers**

Up to £25,000
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 research projects

The deadline for outline applications is
12 noon, Monday 13 March

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

The **CSP Charitable Trust**
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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
Jan 18	Jan 2
Feb 1 Feb 15	Jan 16 Jan 30
Mar 1 Mar 15	Feb 13 Feb 27

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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

East Midlands

It was almost standing room only in Derby on the evening of Wednesday 7 December as members from the East Midlands met at the London Road Community Hospital to enjoy an evening of free CPD.

The event featured updates about CSP key projects and provided attendees with an opportunity to feedback any issues and opportunities from the region.

Attendees viewed a presentation on leadership and the development of the advanced physiotherapist practitioner role from Marcus Bateman, consultant physiotherapist, and an alcohol awareness briefing from Nick Southorn, pain management specialist physiotherapist.

To be the first to hear about similar events follow the CSP East Midlands regional network on Twitter [@CSPEastMidlands](https://twitter.com/CSPEastMidlands).

The East Midlands Regional Network has extended the deadline for members to enter a £500 competition to improve patient experience in the region.

The Network is offering a £500 grant for an East Midlands based CSP member to develop a project that will improve patient experience in the region.

Members are invited to submit their project ideas to Lucy Cocker and Felicity Begley, Co-chairs of the East Midlands regional network, by Tuesday 31 January.

Lucy Cocker said: 'I'm really keen to

hear members' ideas for improving patient experience in the region. Projects could include a new patient leaflet or poster, patient engagement project, new working group being established to focus on patient engagement or something really original and innovative which has not been done before.'

To find out more information about the competition members can email Lucy Cocker and Felicity Begley at: eastmidschair@csp.org.uk

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

East of England

To keep up to date with your region visit: www.csp.org.uk/nations-regions/east-england and follow on Twitter [@physioeast](https://twitter.com/physioeast)

West Midlands



Pictured above: Phil Hulse discusses the CSPs new strategy at December's West Midlands ERN forum meeting

To keep up to date with your region visit: www.csp.org.uk/nations-regions/west-midlands Follow the West Midlands on Twitter [@WestMidlandsCSP](https://twitter.com/WestMidlandsCSP)

North West



Pictured above: The North West ERN core team and members at the December forum meeting

Date for your diary – 21 January 2017

CPD event on patient experience featuring David McNally, head of experience of care, NHS patient experience. More details to be published soon at: www.csp.org.uk/nations-regions/north-west

South Central

To keep up to date with your region visit: www.csp.org.uk/nations-regions/south-central Follow South Central on Twitter [@CSPsouthcentral](https://twitter.com/CSPsouthcentral)

Join the South Central Facebook Group – email: southcentralchair@csp.org.uk for the link to join.

London

To keep up to date with your region visit: www.csp.org.uk/nations-regions/london and follow on Twitter [@CSPLondon](https://twitter.com/CSPLondon)

South East Coast

Promoting the profession through the patient voice in South East Coast

Members at December's regional network meet had the chance to view the results of the September Voicebox project, which saw members and patients share their thoughts and views on the profession. Most notable was a 92 year-old patient who described how she was able to do her gardening again thanks to her physio treatment.

Members from students to consultants shared their views on the profession in the Voicebox – and it became apparent that physios are very good in front of the camera! Highlights of the recordings will be published on the South East Coast CSP web page.

As a result of its success, the SECERN are keen to help fund voicebox projects at other trusts interested in capturing patient case studies on video that can be used to promote the profession and the trust's work. If you would be interested in this opportunity please contact:

southeastcoastchair@csp.org.uk

Members discussed the feedback from the September conference and noted some pledges made by members including:

- to push my project proactively to improve referral into the obstetric service and forge better links with our local midwives
- to look into courses to aid lymphatic drainage and make a business case to develop this service at my place of work

- to advertise myths of back pain to local council.

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

Follow South East Coast on Twitter [@CSPSouthEast](https://twitter.com/CSPSouthEast)

North East

More than 100 CSP members from the North East gathered together at a free event in Newcastle on Tuesday 6 December

In a first of its kind for the region the CSP North East regional network teamed up with the North East Musculoskeletal Society to host an event together. The programme included an afternoon leadership and influencing skills conference followed by an evening lecture on rotator cuff related shoulder pain.

The event featured a presentation on the CSP corporate strategy 2017 to 2020 by Catherine Pope, CSP chair of council as well as a talk on valuable productivity as an influencing tool by Steve Tolan, head of practice, Chartered Society of Physiotherapy. Local leaders Phil Howard, Neil Goodenough and Ruth Mhlanga took to the floor and discussed leadership in the North East and Elspeth Robinson presented on leading Community work in Kumi, Uganda.

The event was followed by a free evening CPD lecture hosted by the North East Musculoskeletal Society themed on rotator cuff related shoulder pain featuring Chris Littlewood, physiotherapist lecturer, and David Cloke, surgeon.

North East Musculoskeletal Society organise free quarterly CPD meetings for MSK professionals in the North East of England.

To be the first to hear about similar events follow the CSP North East regional network on Twitter [@CSPNorthEast](https://twitter.com/CSPNorthEast) and the North East MSK Society [@nemsoc16](https://twitter.com/nemsoc16)



Pictured above: CSP chair of council, Catherine Pope, updates the event delegates on the new CSP Corporate Strategy 2017-2020



Pictured above: Rob Goddard, chair of the CSP North East regional network, with Nick Livadas from Physiotherapy Matters and the North East Musculoskeletal Society

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

South West



Pictured above: Claire Madsen talking to the network

Award-winning physio Claire Madsen inspires members to innovate for the profession's future

Members from across the South West heard from award winning physio Claire Madsen on where she believed the profession will be in 10 years' time and her ambitions for physiotherapy's place in the overall healthcare system delivering the most effective and efficient patient care.

Claire Madsen has practised physiotherapy in continental Europe, educated the public about HIV and Aids when the diseases dominated headlines and helped establish successful health services across Bristol. The diverse nature of her career proved to be the perfect preparation for her current role as deputy clinical director of Bristol Community Health Trust.

Claire's rise to the rare position of being a deputy clinical director with neither a medical nor a nursing background, helped land her the CSPs 2015 demonstrating leadership award.

She sits on the consultants group at CSP, which aims to tackle barriers to healthcare roles and encourage members to move into leadership positions.

'The other thing, which I have done over the years with my staff, is about challenging job descriptions,' she says. 'You should ask why a nurse is doing a particular job. Things like a community matron post: why should they be nurses' posts, because therapists often have the skills to do that job?'

'As physios our character is such that we feel we have to be really, really good at something before we can do it and sometimes you have to put yourself in a position when you probably don't know that much about something, but you are leading it.'

'So it is about thinking that you've got the leadership skills and you've got the knowledge, so you just need to learn a bit more about nursing or the other professions you are managing. It is very normal for a director of nursing to manage therapists, but it is not normal for a therapist to be a director of nursing.'

Claire's thought-provoking talk invited the views of members at the event who all believed unanimously that there are plenty of opportunities for physios – we just need to seize them.

Claire challenged members to get in contact with the decision-makers involved in the local STPs and share ideas on how physio can help them achieve their goals.

To watch the presentation online visit CSP South West on Twitter [@CSPsouthwest](https://twitter.com/CSPsouthwest) and click on the Periscope links.

The network was delighted to welcome Cara Rowe and Fiona Grant who both won funded tickets to ERWCPT 2016. Cara chose to attend seminars on specialisms outside her career experience to date and she found this very enlightening, particularly around mental health. Fiona explored the seminars relating to frailty and also the benefits of new technology to empower patients. An article on their experiences and some of their findings from the congress will be published on the South West regional web page.

Dates for your diary

(further details to be published soon):

[Transform – CSP South West event to support the CSPs Primary Care campaign](#)

Date: Tuesday 14 March >

Collaborate – CSP South West joint event with CSP Stewards and health and safety reps

Date: Wednesday 7 June
Place: Exeter Court Hotel

Influence – CSP South West event focusing on enabling members to influence healthcare decisions

Date: Wednesday 13 September

For latest updates on events and news from the South West visit: www.csp.org.uk/nations-regions/south-west
Follow the South West on Twitter @CSPsouthwest

Yorkshire and Humber**CPD event themed on neurology and musculoskeletal physiotherapy**

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

Date: Saturday 4 March

Time: 10am to 3pm

Place: Leeds Beckett University (City Campus)

Cost: TBC

Book your ticket via: <http://bit.ly/2cbqtrG>

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

Professional networks news

**Professional networks**

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

Send an email to networkads@csp.org.uk

Association of Chartered Physiotherapists in Neurology (ACPIN) – Yorkshire**The walking wounded: An in-depth look at primitive reflex inhibition therapy**

This one day workshop is aimed at physiotherapists working in neurological rehabilitation. The day will focus on exploring different assessment and treatment methods to treat patients who are functioning at a fairly high level but report not being 'quite right'. This group of patients are often difficult to progress further and objective measures are limited.

The workshop has a large practical component and therapists will practice assessment and treatment skills together in small groups/pairs. Through this workshop, participants will:

- discuss and review the 'issues' that patients' present with clinically eg. include, headaches, dizziness, lack of concentration, high level balance difficulties, reduced co-ordination...
- discuss and review their own knowledge as to the current techniques that clinicians use
- gain an understanding of the philosophy of Primitive Reflex Inhibition (PRI)
- explore the assessment techniques and interpretation of the findings related to PRI related to neurological patients
- acquire the ability to apply the findings into a structured treatment programme
- devise and select exercises for patients' home exercise programmes and how to progress them.

Tutor: Pam Bagot, MSc MCSP principle physiotherapist

Date: Saturday 11 February 9am-4.30pm

Place: TOPS Fitness and Rehabilitation, 1 Cobham Parade, Leeds Road, Wakefield WF1 2DY

Cost: £55 for ACPIN members, £90 for non-ACPIN members – too include refreshments (but not lunch). Places limited to 18, due to the practical nature of the course. No course prerequisites required

Contact: For further information contact Heidi Thomas at: yorkshire@acpin.net

Association of Chartered Physiotherapists in Neurology (ACPIN) – Oxford**Oxford ACPIN Evening lecture:****'Rehabilitation, a complex therapy – what do we do and how should we describe it?'**

Date: Wednesday 18 January at 7.15pm

Speaker: Professor Derick Wade, consultant in neurological rehabilitation

Place: Seminar room, Oxford Centre for Enablement, Nuffield Orthopaedic Centre,

Windmill Road OX3 7LD

Cost: £1 ACPIN members, £3 non-members

Contact: Email: oxford@acpin.net

Physio First**Physio First AGM 2017**

Date: Saturday 1 April at 4.05pm

Place: East Midlands Conference Centre, Nottingham

Details: Our annual general meeting, open to all members of Physio First. Members are invited to submit motions for inclusion on the agenda of our AGM. These must be proposed and seconded and reach the Physio First office by Monday 16 January 2017. Please address your submissions for the attention of Pam Simpson, Physio First chairman, and send to: Physio First, Minerva House, Tithe Barn Way, Swan Valley, Northampton, Northamptonshire NN4 9BA or email: minerva@physiofirst.org.uk

Pelvic, Obstetric, Gynaecological**Physiotherapy (POGP)****Physiotherapy assessment and management of lower bowel dysfunction – a practical skills-based workshop**

Date: 27-29 January

Place: Chertsey, Surrey

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

Physiotherapy assessment and management of pregnancy related musculoskeletal conditions Part 1

Date: 3-5 February

Place: Tameside, Greater Manchester

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 4 March

Place: Chertsey, Surrey

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

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

Date: 11 March

Place: Salford, Greater Manchester

Cost: £100 POGP member/affiliate, £130 non-member

Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)

Date: 17-19 March

Place: Henley on Thames, Oxfordshire

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

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

Date: 6 May

Place: Worthing, West Sussex

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

Physiotherapy assessment and management of female urinary dysfunction (CSP-endorsed)

Date: 2-4 June

Place: Wishaw, North Lanarkshire

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

Understanding pelvic organ prolapse – assessment and conservative management

Date: 10 June

Place: Stockport, Greater Manchester

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

Physiotherapy assessment and management of lower bowel dysfunction – a practical skills-based workshop

Date: 23-25 June

Place: Wythenshaw, Greater Manchester

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

Contact: For further details of the POGP short course programme or to download an information pack for any of the above

courses, please visit the POGP website at: <http://pogp.csp.org.uk/courses-events>
Contact our course administrator at: pogpcourses@yahoo.com
Follow us on Twitter: @ThePOGP
Check out: pogp.csp.org.uk for information on bursaries and funding opportunities.

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

For just £55 per annum full members enjoy the benefits of a strong network of sports physios, three sports journals online, a structured CPD pathway supported, by a suite of evidence-based training courses in taping, soft tissue and rehabilitation and discounts with more than 20 companies. Student membership £21.

Current taping techniques

Date: Monday evenings in January

Place: Ulster University

Cost: From £175

Current taping techniques 2017

Date: 4-5 March

Place: Royal London Hospital

Cost: From £175

The 2nd World Conference on Sports Physical**Therapy – Optimal loading in sport**

Date: 6-7 October

Place: Titanic, Belfast

Contact: www.physiosinsport.org/courses.html

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

ACPOHE is the CSP professional network for physiotherapists working in occupational health and ergonomics.

Changing health behaviours: Using a cognitive behavioural approach to achieve better outcomes

Dates: 24-25 January, 23-24 May 2017 and 10-11 November

Place: Birmingham

Cost: £280 members, £340 non-members

NEW – Pilot course – An introduction to occupational health – to be delivered by a series of webinars

Dates: 9 January to 15 May

Cost: Complete course £380

Stand alone sessions –

Session 1 £20 1 hour

Session 2 £30 1.5 hours

Session 3 £30 1.5 hours

Office workstation ergonomics (DSE) level 1 >

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Moving to practise overseas?
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To find out more call us on 020 7306 6666 or visit www.csp.org.uk/membership



Dates: 3-4 March and 23-24 June
Place: Boxgrove, Guildford
Cost: £280 members, £340 non-members
Assessing fitness for work and function
Date: 6-7 May
Place: Liverpool
Cost: £350 ACPOHE members only
Advanced office workstation ergonomics (DSE) level 2
Date: 13-14 October
Place: Boxgrove, Guildford
Cost: £280 members, £340 non-members
Contact: Administrator, Tracy Long, tel: 01284 748202 email: acpohe@buryphysio.co.uk

Acupuncture Association of Chartered Physiotherapists (AACP)
 Upcoming CPD courses
Fascia and anatomy
Date: 7 February
Place: Peterborough
Electroacupuncture, cupping and Gua Sha
Date: 11 February
Place: Northern Ireland
Trigger points
Date: 16 February
Place: Leicester

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: 4, 5, 25 and 26 February, 8 and 9 April
Place: Cornwall
Dates: 4, 5, 11 and 12 February, 1 and 2 April
Place: Ascot
Dates: 4, 5, 11 and 12 February, 25 and 26 March
Place: Northumberland
Cost: £495 – including one year's full membership of the AACP with many benefits!
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

British Association of Hand Therapists (BAHT) Level I courses
Date: 16-18 February
Place: Dublin (Hand Dynamics)
Date: 6-8 March
Place: Mount Vernon Hospital
Date: 23-25 March
Place: Dublin
Date: 10-12 May
Place: London (NES)
Date: 11-13 October
Place: Derby
Date: 29 November to 1 December
Place: Derby
Level II courses Paediatrics
Date: September
Place: London
Contact: For the most up to date information on BAHT accredited courses see: www.hand-therapy.co.uk or follow on Twitter: @BAHTEducation

Extended Scope Practitioners (ESP) Managing complex spinal conditions in ESP MSK practice
Date: Friday 10 February
 An interesting and varied day looking at

spinal conditions frequently encountered by ESPs.
 By the end of the day clinicians will have a better understanding of the diagnosis and management of various conditions such as inflammatory arthritis, cervical myelopathy, chronic pain and the clinical relevance of incidental radiological findings. There will be the opportunity to hear about research on ESP clinical reasoning, case studies and time over lunch and coffee to network with colleagues old and new.

Provisional speakers (to be confirmed):
 Dr Jess Manson: consultant rheumatologist on early inflammatory spinal disease; Mr Parag Sayal: consultant neurosurgeon on incidental MRI findings or are they?; Mr James Allibone: consultant neurosurgeon on the role of lumbar fusion surgery in the management of degenerative spine; Neil Langridge: ESP on clinical reasoning for ESPs
Cost: Members: £80 (until end November 2017) then £95. Non-members: £120
Contact: Book online now at: www.esp-physio.co.uk/courses You are advised to book early to avoid disappointment.
 If you are interested in joining our group for only £25 go to: www.esp-physio.co.uk/join-online-now
 All general enquiries to: esp-physio@outlook.com

Physiotherapy Pain Association (PPA) Psychologically informed approaches to physiotherapy assessment and management of pain

A two-day course run by the Physiotherapy Pain Association in collaboration with Pain Training and Education
Tutors: Dr Pete Gladwell and Emma Bartlett
Date: Saturday 4 and Sunday 5 February, 9.30am-4.30pm
Place: Stort Physio, Jenkins Lane, Bishop's Stortford, Herts CM22 7QL
Cost: PPA members £200, non-members £220 Includes tea/coffee and buffet lunch on both days
Contact: For further information and an application form, please apply to Kate McAllister at email: ptecourses@gmail.com
 Closing date for applications: 27 January 2017.
'Talkin' 'bout a revolution' PPA Study Day and AGM
Date: Friday 20 February
Place: Royal Institute of Chartered Surveyors, 3rd Floor, 125 Princes Street EH2 4AD
Cost: PPA members £40 non PPA members £50 students £25
Contact: <http://ppa.csp.org.uk/network-events/>

save-date-study-day-agm-friday-20th-january-edinburgh

Association of Chartered Physiotherapists in Temporomandibular Disorders (ACPTMD) Physiotherapy management of Temporomandibular Disorders (TMD)
 These two one-day courses cover relevant clinical anatomy and classification of TMD, physiotherapy assessment of the masticatory system and treatment and management of TMD, using case studies to demonstrate clinical reasoning of common conditions
Tutor: Philip Bateman
Date: Saturday 4 March (8.45am to 5pm)
Place: Cumberland Infirmary Hospital, Newtown Road, Carlisle CA2 7HY
Date: Saturday 13 May (times as above)
Place: Cambridge Physiotherapy Clinic, Unit A, Magog Court, Shelford Bottom CB22 3AD
Cost: £149 (£129 early bird fee up to one month before course date)
Contact: Email: cathy.gordon@stockport.nhs.uk for further information or see: www.acptmd.co.uk for an application form.

Medico-legal Association of Chartered Physiotherapists (MLACP)

MLACP Introduction to medico-legal work
 This course will be of interest to any physiotherapist who wishes to be involved in medico-legal work. This introductory day will involve legal systems, civil and criminal, difference between causation and liability and quantum, Part 35 of C.P.R. and legal aspects of physiotherapy report writing such as 'The role of an expert in the context of access to justice' and 'Being a medico-legal expert'. There will also be specific lectures on how to write a catastrophic injury quantum report and musculoskeletal quantum and causation and liability reports
Date: Thursday 30 March
Place: Irwin Mitchell Solicitors, Imperial House, 31 Temple Street, Birmingham B2 5DB
Course leader: Lorna Stybelska
 Cost £95 members; £145 non-members (max 50 delegates)
Speakers: Jane Wright, partner, Irwin Mitchell Solicitors; Ian Christian, partner, Irwin Mitchell Solicitors; Cathy Kwan, physiotherapist; Sarah Daniel, physiotherapist; Rob Swire, physiotherapist
Contact: For programme details and an application form please go to: <http://www.mlacp.org.uk>

Association of Chartered Physiotherapists in Energy Medicine (ACPEM) ACPEM conference 2017 One thing leads to another – Evolving practice
Date: 28 April-1 May
Place: The Ammerdown Centre, Radstock, Somerset BA3 5SW
Speakers: Saturday am: Louison Lecuyer, energetic healer, will explore what is happening in the world/environment around us and how it relates to the unfolding in each of us, our patients and our work. Saturday pm: Karen Reid, adv prac BFVEA, An exploration of the many forms and applications of vibrational essences available today to facilitate wellbeing and evolution.
 Sunday: Dr John Cross FSCP, assessment and treatment of the complex chronic patient, using various naturopathic and energy medicine methods of investigating the aetiology of chronic conditions.
 Monday am: Dr Anne Jensen will teach basic muscle response testing procedures and concepts, validated by her research, to enable accurate reliable testing.
Cost: *Early bird* until 28 February/full rate Members *£370/£395 Non-members*£395/£420 Students *£230 /£250 Day rate £125
Contact: Fiona Russell for further information at: fifiphysio@gmail.com or visit ACPEM website for application form at: energymedphysio.org.uk

Info exchange

The History of Physiotherapy in the Army (Part I: 1905 to 1918)



In 2014, when I retired, I decided to record the history of physiotherapy in the army. I had trained at the Army School of Physiotherapy (ASP) between 1973 and 1977 and had served in the army as a physiotherapist up to 1995. There is as far as I am aware no account as to >

The CSP Charitable Trust Scientific Panel

is recruiting new members across the following areas:

- Musculoskeletal
- Paediatrics
- Qualitative methodologies
- Clinical / clinical management based members
- Statistician
- Health economist.

The CSP Charitable Trust Scientific Panel oversees allocating funding for the Physiotherapy Research Foundation awards and the Robert Williams award. It also oversees awards where research has been directly commissioned by the Trust.

For further information on the work of panel members, requirements and details of how to apply see the CSP Charitable Trust Scientific Panel web pages at: www.csp.org.uk/scientificpanel
 The deadline for applications is 27 February 2017.



The CSP Charitable Trust
 Registered Charity No. 279882
 Supporting the advancement of physiotherapy education and research

how physiotherapy developed in the army. With the help from former students and accessing documents contained at various archives I was able to piece together a history. The approach used was to compare how physiotherapy developed in the army against the key milestones in the development of the Chartered Society of Physiotherapy (CSP). These key milestones therefore are included in my account.

If you would like to read the account I have written so far and/or help with my further research, please contact me at email: l.asplin@btinternet.com
Len Asplin

Paediatric MSK Outcome measure survey

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

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

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

Postural Assessment Survey

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

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

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

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

Happy New Year 2017!

At this time of year, it's fun to look back on the old year. 2016 was a busy year for the retirement association. In February we were invited to visit Headley Court Military rehabilitation centre. Headley Court enables wounded service personnel to rehabilitate in familiar surroundings with maximum support and expertise. We were all impressed with the facilities and particularly the expertise of the staff.

In March, I had the opportunity to visit the ARC Conference in Manchester as the representative of the CSPRA. As a first-time visitor, I found the event fascinating. Issues were fiercely debated and the delegates represented many differing points of view. March was also the month that we were able to visit the House of Commons as the guest of Rachael Maskell MP.

In late April, our next day trip was to Blatchfords in Sheffield, a company that manufactures prosthetics, wheelchairs and orthotics. After a factory tour and some lunch, we were shown state-of-the-art technology that will enable a prosthetist to make custom-fit sockets using CAD/CAM and 3-D printing.

The York Chairman's Roadshow took place in May at the historic Bar Convent. This event was well attended and we hope to roll out roadshows to other regions in 2017.

We finished the year on a high with a very successful AGM in November. At this meeting,

Karen Middleton, CSP chief executive, and Catherine Pope, CSP chair of council, spoke about the changes that are affecting the Society. Catherine urged members to be brave and bold; Karen outlined the strategy for the future. We live in changeable times and it was important to hear how they plan to steer the profession through this change.

There have been many meetings of local groups throughout the year, with more planned for 2017.

The committee meet approximately four times a year. We are always ready to welcome new members. If you are interested or feel you might like to sit in a meeting to get the feel of it, contact CSPRA chair Judith Saunders for more information. (see below for contact address)

Yorkshire and Humber Retirement Group

16 members of the group met in York to visit the Treasurers house and have lunch. After much loud chatter wine and food we did a tour of the house which looked so pretty all decorated in Christmas style.

We were pleased to welcome four new members and now our membership covers Durham, Darlington, Leeds, Bradford, York, Scarborough, Malton and Harrogate yet despite that we all know each other and their past work colleagues! Seems we are a close network!

Our next meeting will be a theatre trip to Bradford Alhambra in May or June 17 Watch this space!

Contact: Judith Saunders at email:
judith6072@hotmail.co.uk

All new members most welcome to this buzzing group.

The visit to the Hunterian Museum at the Royal College of Surgeons

Date: Thursday 30 March

This will now include lunch at the John Thompson Room, CSP, Bedford Row. The plan is to meet at 12 noon for a sandwich lunch then walk round to the RCS in time for our lecture at 2pm. Heather will need numbers asap to book the lunch but it is anticipated that the total cost will be under £15, dependent on numbers attending. Contact Heather at: heatherphysio.27@gmail.com or tel: 01767 318010.

Equipped for retirement: Routes to success

Date: Friday 7 April 2017

Place: College of Occupational Therapists, 106-

114 Borough High Street, London SE1 1LB Jointly hosted by the British Association of Occupational Therapists, Chartered Society of Physiotherapy and the Royal College of Speech and Language Therapists, this event is for retired members and members approaching retirement.

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

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

Places are limited. Please book early to avoid disappointment.

Cost: Early bird delegate fee (until 31 December 2016): members: £30, non-members: £40

Rates will increase by £10 from 1 January 2017.

Delegate fee includes lunch, refreshments and materials.

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

Reunions

Kings College Hospital 1966-1969, October set, 50th reunion

We had a lovely time in October meeting up in Holland Park, London. There were only six of us but some of us had managed to get in touch with others in the set so in the end we had news of 13 of us. It was so good to get together and catch up and we have decided to do it again next year and not to wait till the 50th anniversary of our qualifying! Thank you so much to Maureen for finding somewhere suitable to meet up. So if anyone couldn't make it this time please watch this space in *Frontline* nearer the time (October 2017). Many thanks to all. Carolyn Beavis, email: carolyn@beavisnet.co.uk

Addenbrooke's School of Physiotherapy 1984-1987

Next year is 30 years since we qualified. Where are we all now? If anyone is interested in a reunion, in Cambridge, July, please email Angela Waite (Thirtle) at: angelaw@keme.co.uk Looking forward to hearing from you!

Normanby College, Kings College Hospital 1981-1984

Plans are taking shape for our reunion. We hope to meet at The Phoenix, Denmark Hill for Sunday lunch on 26 February. For further details and to book your place if you have not been in contact already please get in touch with Sarah Neame (Dann) on tel: 07932 883344.

London Hospital – Autumn Set 74-77 Reunion

In 2017 we have been qualified for 40 years! We are planning a reunion for Saturday 21 October in Hertford. If you are in contact with friends please pass this message on and get them to contact me at: dorothy.toyn@ntlworld.com

- Are you considering a clinical academic career?
- Would you like guidance on how to make your NIHR or HEE/NIHR fellowship application successful?
- Would you like to network with others in a similar position to you?

Then this FREE workshop is for you!

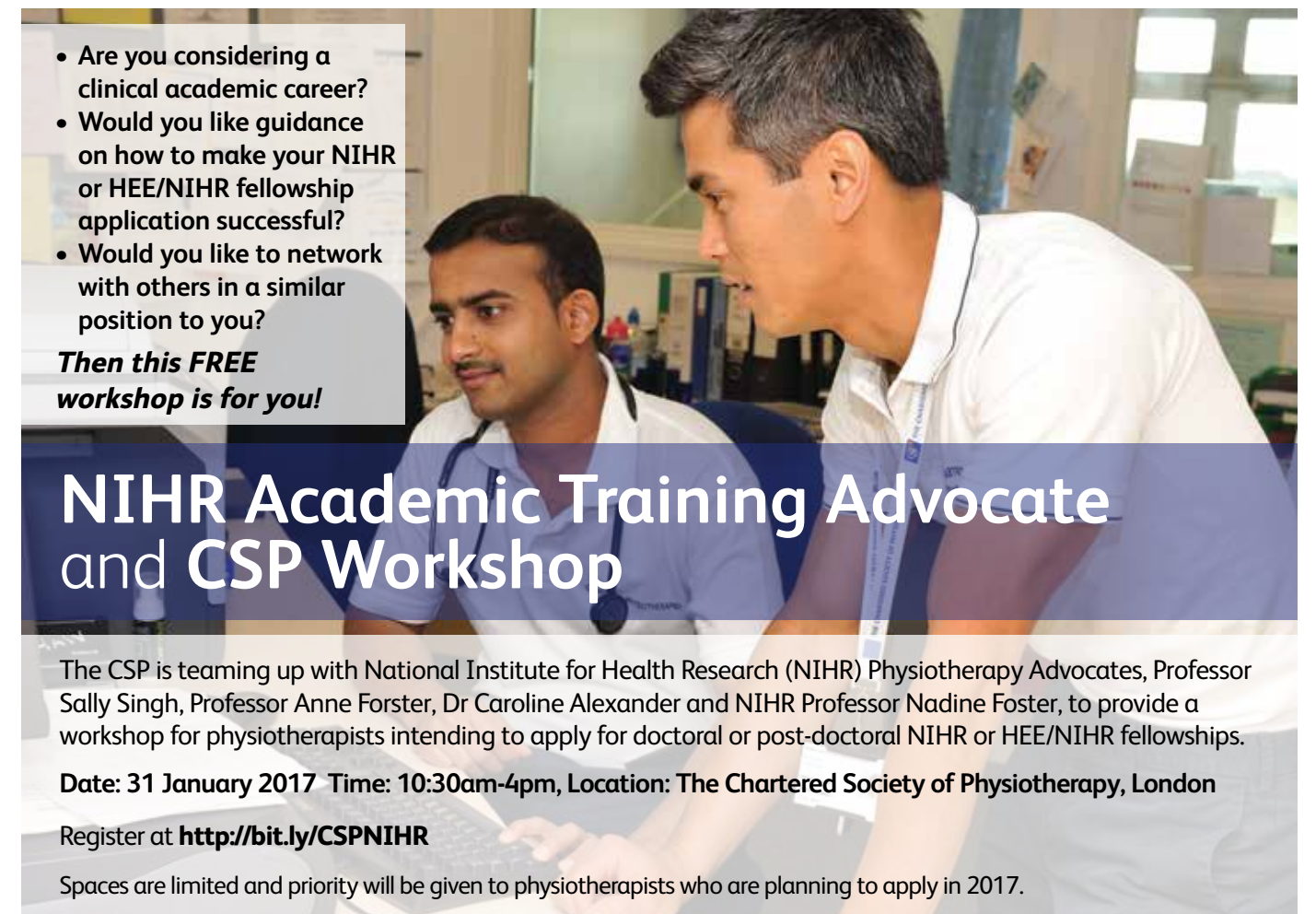
NIHR Academic Training Advocate and CSP Workshop

The CSP is teaming up with National Institute for Health Research (NIHR) Physiotherapy Advocates, Professor Sally Singh, Professor Anne Forster, Dr Caroline Alexander and NIHR Professor Nadine Foster, to provide a workshop for physiotherapists intending to apply for doctoral or post-doctoral NIHR or HEE/NIHR fellowships.

Date: 31 January 2017 **Time:** 10:30am-4pm, **Location:** The Chartered Society of Physiotherapy, London

Register at <http://bit.ly/CSPNIHR>

Spaces are limited and priority will be given to physiotherapists who are planning to apply in 2017.



We are planning ahead to try to get as many people back from abroad, as well as all those in the UK. We plan to meet mid morning, have lunch and go on until mid afternoon – or longer! The venue is fully accessible and there is accommodation locally if required. Hertford has two train connections to London and the East Coast line. Look forward to hearing from you all.

Addenbookes School of Physiotherapy 1988-1991

We have been qualified a whole quarter of a century. It is also 15 years since our last reunion. If anyone is interested in a catch up, probably in Cambridge, please contact me and I will organise something. Spread the word to anyone you're still in touch with. It would be great to hear from you. Julie Caplan (nee Sterling), email: julie@thecaplans.org

University of Teesside 1996-1999

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

Sheffield School of Physio 1974-1977

In 2017 it will be 40 years since we qualified so we are planning to hold a reunion in Sheffield on

Saturday 30 September.

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

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

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

Middlesex Hospital 1984-1987

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

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

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

Royal Orthopaedic Hospital, Woodlands Set 45 1973-1976

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

United Liverpool Hospitals School of Physiotherapy 1977-1980

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



Thinking of having a reunion?

Need to contact old friends? Send an email to networkads@csp.org.uk Don't forget... after your reunion has taken place, send *Frontline* a photo and tell us about it!

Obituary

Sarah Keilty

14 May 1960–26 November 2016



This week we very sadly lost a wonderful and gifted physiotherapist, a great colleague, teacher and mentor, and a very dear friend. Sarah had finally lost her two-year battle with a recurrence of a previous cancer. Rarely is the word 'battle' in this context so apt. I have never witnessed such determination, as I did in Sarah, to live and to try to maintain a 'normal' life, even if that meant 24/7 oxygen and carers. She maintained her interest in others and our lives, and in art and literature throughout her long ordeal, and coped with remarkable stoicism the many discomforts and difficulties she endured during this time. She remained uncomplaining, and politely grateful for any help and support, to the very end.

We received the news from Sarah's brother, Peter, on the Saturday she died: 'I'm deeply saddened to let you guys know that my beautiful sister Sarah passed away peacefully this morning a couple of hours ago'. Sarah had often recounted that she had 'an idyllic childhood', with loving parents and two adoring brothers. Her surviving mum, brothers and their families have a great personal loss to deal with.

I met Sarah as a young newlywed, around 1989-90. She was stunningly beautiful, with those startlingly turquoise eyes that she learned to accentuate with the many lovely scarves in shades of blues and aquas that later became her trademark. Sarah was full of the joys of life, and enthusiasm for our profession and our work. She was the calm, competent, steady 'Blue Peter' girl, to my more volatile and

erratic self, shooing me away from posters in the making if I dared approach munching an apple. Yes, we (well, actually Sarah!) physically made them with coloured card, paper and glue in those days! (I was considered a liability to the handiwork and was allowed only to admire from afar; this suited us both perfectly and we were still able to laugh at these memories even latterly).

This set the scene for a fantastically successful research team, huge quantities of lasting mutual professional respect and admiration, as well as sowing the seeds for a lifelong friendship, Sarah was also very much a 'good time girl'! She was even, until very recently, still able to enjoy a meal and a glass or two (ahem!) of wine with friends and colleagues - a real Sarah characteristic!

But Sarah was also a consummate clinician, and a gifted teacher to boot. Below are some heartfelt testimonials from those who worked with her later on. A recurrent theme in every single one is that Sarah was inspirational at work, but also able to relax and socialise with her more junior staff over a glass of wine after work.

RIP Sarah; many of us loved you and many more admired and learned from you. We will all miss you.

Julia Bott

Messages from others:

Kris Bahadur: What a sad time this is; Sarah touched many people throughout the different stages of her life if they were lucky enough to have spent valuable time with her, be it professionally or socially. For many of us she was inspirational. She was such a professional and always keen to share her knowledge. She was so proud to be a physiotherapist and to promote physiotherapy at every opportunity, driven by quality. She was able to see the bigger picture and to advocate. Her high standards and patient orientated approach shaped many a physio. She was always approachable, made time for us and was great to turn to for advice, being supportive and encouraging in our development, eg, for me to do my MSc.

Sarah was loved, though, not just by physios, but by all professions. She listened to everyone and respectfully implemented an holistic approach. She was held in such high regard, not only for her expertise and experience, but also for her fun, humour and sense of team work. She was always there with a glass of wine after work or on a night out – in fact, she was the only person I knew who loved chardonnay!

I have such fond memories of Sarah. It's such a loss. It's hard to put into words what an incredible lady she was.

Ruth Ainley: Sarah taught me a lot. Inspirational is exactly the right word to describe her. She created an environment that encouraged learning. No question was too daft, admitting a failure was a sign of strength and a learning opportunity, confessing to not knowing or understanding something was welcomed as an opportunity for coffee and reflection. It is a way I have tried to emulate ever since for others. Her absolute passion for respiratory physio was apparent to all. How many times did she quote: 'They can put a man on the moon but we cannot cure sepsis'. She loved the physiology of extremes and her enthusiasm was contagious. I know exactly what happens to blood gases on the top of Mount Everest. She was interested in so many things: her love of literature and art, Paris and the south of France. We would animatedly debate for hours and, of course, with Sarah, it would be over a large glass of red.

And Sarah was strong and brave - she patiently sat through hours of chemo and hospital visits, enduring the lengthy wait for a blood test or a simple CXR without complaint or self-pity. She enjoyed the gallows humour, and yet never forget to ask after others. My enduring thoughts will be of a laughing lady, wine in hand, art in mind, wondering about someone's fluid balance, whilst debating pacifism, who loved her family dearly, and spoke of them often, and I will treasure those special moments.

Jo Ansell: she was inspirational, on my first day at St Thomas' I remember being a petrified junior and asking her for help with a respiratory patient, she put her sats probe on her finger and said 'she's fine' before leaving the ward, I remember thinking 'oh my God, she's so important!' A brilliant physio, teacher and wine drinker, a fun and inspirational lady.

Helen Gremo: Not only was Sarah a phenomenal clinician she was also a phenomenal friend. She set the 'fire in my belly' with regard to respiratory physiotherapy (and fine wines!) and I feel honoured to have had the opportunity to work with her and laugh with her. Even though I have not worked with Sarah for 10 years now, her presence in my thoughts and her ongoing influence on my clinical practice, that is still evident to this day, is testament to the wonderful woman she was.

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For more details go to:

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or email:

keatings@csp.org.uk



Courses – Guidance for members

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

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

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

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

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

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

Further guidance and support:

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



Complementary therapy

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

With: Hubert van Griensven
18th Feb 2017: High Wycombe
13th May 2017: Loughborough
30th Sept 2017: Bath
Contact: info@physiouk.co.uk or call 0208-394-0400

ACUPUNCTURE REFRESHER COURSE – IDEAL FOR RETURNING TO PRACTICE

AACP approved 1 day course
21st Jan 2017: Surrey
Contact: info@physiouk.co.uk or call 0208-394-0400

Electrotherapy

Laser Therapy Training 2017

When: 17 January
Where: Leeds
When: 21 January
Where: Birmingham
When: 4 March
Where: London
When: 14 March
Where: Manchester
Theory, dosage, safety, contraindications, regulations, hands on training. Cost: £200.
Contact: Course Leader: James Carroll FRSM. 01494 797100, www.thorlaser.com Register online - Early Bird Discounts available

Manual therapy

JEMS Movement A.R.T. (Analysis, Rehabilitation and Training) Parts 1 and 2

The science and art of moving beautifully with Joanne Elphinston.
Powerful, simple, clinically reasoned rehabilitation for every body. Start your JEMS® journey this Spring.
When: 5-8 May 2017
Where: London
Contact: info@jemsmovement.com
For more information: http://www.jemsmovement.com/rehabilitation-professionals/

ONLINE EVENING LECTURE: WHIPLASH PART 1: PATHOMECHANICS AND ASSESSMENT

There will be a second evening in March on prognosis and treatment
With: Chris Worsfold, James Elliott and Dave Walton
Weds 22nd Feb 2017 (7-9pm)
Contact: info@physiouk.co.uk or call 0208-394-0400.

Musculoskeletal

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

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

Laser Therapy Training 2017

Please refer to advert in Electrotherapy section

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

4th-5th Feb 2017: Sheffield
18th-19th March 2017: High Wycombe
Contact: www.physiouk.co.uk/john4 or call 0208-394-0400

DRY NEEDLING COURSE; LEVEL 1

When: 20 Jan. 2017 – 22 Jan. 2017
Where: Function Jigsaw Leicester
Get safe and effective needling techniques in just 3 days!
Contact: Craig Smith
craig@club-physio.net
(+44) 07748 3333 72

DRY NEEDLING LEVEL 1 - CLUB PHYSIO

When: 27 Feb. 2017 – 1 March 2017
Where: COVENTRY Coventry
Get needling in 3 days!
Contact: Club Physio
craig@club-physio.net
07748333372

Musculoskeletal

COMBINED MANUAL THERAPY DAY : OPTION 2

When: 1 April 2017
Where: Royal United Hospital, Bath Bath
Only £99, benefit from two experienced tutors Visit: http://www.physioimpulse.co.uk/cpd-courses.html
Contact: Jo Galise
jo.galise@physioimpulse.co.uk
07917327322

THE COMPLETE MANIPULATION COURSE

When: 18 March 2017 – 19 March 2017
Where: Royal United Hospital, Bath Bath
When: 14 Oct. 2017 – 15 Oct. 2017
Where: Royal United Hospital, Bath Bath
Only £199, Benefit from 4 Experienced Tutors Visit: http://www.physioimpulse.co.uk/cpd-courses.html
Contact: Jo Galise
jo.galise@physioimpulse.co.uk
07917327322

Miscellaneous

CPDO 2017 Professional Development for Manual and Physical Therapists
0207 263 8551
www.cpdo.net

Date	Topic	Lecturer
28 Jan	Tissue repair: implication to manual therapists	Prof. Tim Watson
28 Jan	Communication and counselling skills for clinicians	Tsafi Lederman & Jenny Stacey
4 Feb	Nutrition in practice: Low tech nutritional assessment of patients & Crash course in evidence based nutritional supplementation	Prof. Adam Cunliffe
24-26 Feb (Start Friday 17.00)	Functional neuromuscular rehabilitation	Dr. Eyal Lederman
25-27 Mar	Managing breathing pattern disorders: biomechanical and functional approaches	Leon Chaitow
20-21 May	A process approach in physical therapies: beyond the structural model - NEW COURSE	Dr. Eyal Lederman
6 May	Optimising rehabilitation prescription in sport	Matt Ashman
3 June	Nutrition and human performance: Ergogenic aids that actually work & Nutrition and recovery from musculoskeletal injury: Nutritional approaches to inflammation	Prof. Adam Cunliffe
17 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman
30 Sept	Lower limb MSK assessment: What is useful and what is redundant	Matt Ashman
7-8 Oct	Fascial dysfunction: management in manual and physical therapies	Leon Chaitow

10% discount on most courses booked by 7 Jan 2017

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 cpd@cpdo.net
50% discount available to students on most courses (see www.cpdo.net for details)

MLACP Introduction to Medico-Legal Work

When: Thursday 30th March 2017
Where: Irwin Mitchell Solicitors, Imperial House, 31 Temple Street, Birmingham, B2 5DB
£95 MLACP Members / £145 non-members
Contact: For further details email info@mlacp.org.uk or visit www.mlacp.org.uk

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Neurology

Addenbrooke's New to Neuro Course

When: Friday 3rd March 2017
Where: Addenbrooke's Hospital, Cambridge

This course is aimed at physiotherapists who wish to embed their basic neurology skills (3rd year students - new band 6 physiotherapists). We will provide evidence based knowledge on the comprehensive neuro physiotherapy management of various common presentations. Sessions will include: imaging of the brain, assessment and clinical reasoning skills, 24 hour postural management, input in the critical care stage and basic spinal cord injury care.

Cost: £80 (lunch not included)
Last date for registration is 13th February 2017
For registration email: physioeducation@addenbrookes.nhs.uk
Enquiries: 01223 216773

MANAGING MS

When: 21 Feb. 2017
Where: Cambridge Cambridge
A study day for therapists working with people with MS.
Contact: Wendy Hendrie
mscentrenorwich.wendyhendrie@gmail.com
07826161868

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Neurology

STROKE PROFESSIONAL MASTERCLASS - MANAGING STROKE AS A LONG TERM COMPLEX CONDITION**When:** 20 Sept. 2016 – 20 Sept. 2016**Where:** London London**When:** 15 Feb. 2017 – 15 Feb. 2017**Where:** Cardiff Cardiff**When:** 1 March 2017 – 1 March 2017**Where:** Stirling Stirling**When:** 29 March 2017 – 29 March 2017**Where:** Cheshire Widnes

We have invited leading stroke experts to host enlightening seminars, to share their knowledge, skills and experience to aid your professional development. This event provides CPD points and is an excellent way to raise your awareness of up to date research and how you can apply this to your clinical practice. We have a limited number of 'buy 2 get 3rd free' places for this event. Prices start as low as £56.60 when combined with our earlybird rate (Lunch included). Book now at www.stroke.org.uk/professional-masterclass

Contact: Nikki Owen**CPD COURSE MIRROR THERAPY (2 DAYS)****When:** 31 Jan. 2017 – 1 Feb. 2017**Where:** University of Leicester Leicester**When:** 16 March 2017 – 17 March 2017**Where:** University of Leicester Leicester**When:** 23 May 2017 – 24 May 2017**Where:** University of Leicester Leicester

Interdisciplinary, interactive course based on current research. Includes booklet, refreshments, lunches and mirror. Please see www.le.ac.uk/mirror-therapy for details and booking.

Contact: Annegret Hagenberg
ah413@le.ac.uk
+44 116 229 7605

Paediatrics

AN INTRODUCTION TO MYOFASCIAL RELEASE FOR NEURO-PHYSIOTHERAPISTS (PAEDIATRIC FOCUS) WITH JOHN ANNAN

28th-29th Jan 2017: Liverpool

Contact: info@physiouk.co.uk or call 0208-394-0400

Pain management

ENABLING SELF MANAGEMENT FOR PERSISTENT PAIN AND OTHER LTC. WHAT DO WE NEED TO DO?**When:** 24 March 2017 – 25 March 2017**Where:** Nr Birmingham Hampton-in-Arden

2 day course exploring cognitive behavioural approaches to the management of persistent pain and other LTC. Providing HCPs with knowledge and skills to engage and support people to self manage their condition. Details & application www.enablingselfcare.com

Contact: Eve Jenner (Specialist Physiotherapist) or Dr Patrick Hill (Clinical Health Psychologist)
info@enablingselfcare.com
07450323460**Laser Therapy Training 2017**

Please refer to advert in Electrotherapy section

Advertise in FrontlineGet in touch with Media Shed
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Pain management

KNOW PAIN**When:** 4 Feb. 2017 – 5 Feb. 2017**Where:** St Mary's Hospital, London London**When:** 20 Feb. 2017 – 21 Feb. 2017**Where:** Australian Physiotherapy & Pilates Institute (APPI), London London**When:** 25 March 2017 – 26 March 2017**Where:** The Physiotherapy Centre, Surrey Surrey**When:** 6 May 2017 – 7 May 2017**Where:** Worcestershire Royal Hospital Worcester

Trying to help people make sense of pain? Want to develop your teaching skills? Know Pain provides practical pain education. "I connect with my patients so much better since taking this course." Physio

Contact: Mike Stewart
mike@knowpain.co.uk
07888853457

Sports medicine

Laser Therapy Training 2017

Please refer to advert in Electrotherapy section

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www.csp.org.uk/strategy

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- To advise the Senior Medical Officer and OC PCRf with regard to specialist physiotherapy recommendations.

- To manage and prioritise own clinical caseload efficiently and effectively.
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Applications must be made online at <https://www.civilservicejobs.service.gov.uk/csr/index.cgi> and supported by a full CV. CV's received without a formal application having been submitted will not be accepted. Please search using the relevant Vacancy Ref to be taken to the full job advert.

Closing date: 18th January 2017.

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Guernsey Therapy Group Ltd

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Guernsey Therapy Group Ltd is looking for an enthusiastic physiotherapist to come and lead our experienced and dynamic team. Our Paediatric team provide a community based service in clinics, schools and the home; working alongside our partners in Health & Social Care and Education. We offer a wide range of physiotherapy intervention to children and young people throughout the Bailiwick including those with complex Neurodevelopmental and Orthopaedic conditions. We believe in intensive, patient centred rehabilitation, aiming to achieve the best possible outcomes facilitated by skilled and motivated physiotherapists and assistants. We offer clinical supervision, peer support and commitment to CPD.

The successful candidate will have a minimum of 5 years experience, enthusiasm to further develop the service and passion to provide high quality care.

Guernsey Therapy Group Ltd is a private physiotherapy practice contracted by the States of Guernsey to provide physiotherapy services within secondary health care. We also offer services to private clients. Guernsey is part of the Channel Islands, offering a wealth of outdoor activities, good connections to UK and low taxation. If you are looking to escape the long commutes and dream of a greater work life balance, we are the firm for you.

For an information and application pack, please contact:
Sara Rouget
Tel: 01481 725241 ext. 4040
Email: Sara.Rouget@gov.gg
Closing Date for Applications: Monday 16th January 2017

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For an information and application pack, please contact: Sara Rouget

Tel: 01481 725241 ext. 4040

Email: Sara.Rouget@gov.gg

Closing Date for Applications: Monday 16th January 2017



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Western Isles

Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis

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MSK Out-patients
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Fixed term contract 2 years, 37.5 hrs per week
Ref: SW999/AHP/W11696c/SH

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The Western Isles are a chain of islands lying off the north-west coast of Scotland. The Isle of Lewis is the largest of the islands of the Western Isles. The Western Isles Hospital is a 120 bed hospital which is located in Stornoway, the largest town in the Western Isles (total population 26,000). The Western Isles provide an excellent environment in which to live and work; housing costs and crime rates are relatively low. Outdoor pursuits are easily accessed; the islands are unspoilt and have areas of outstanding natural beauty. For more information on living and working in the Western Isles visit the website: www.wihb.scot.nhs.uk/wihrr.pdf.

We offer:

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The successful applicant will be required to register with the PVG (Protecting Vulnerable Groups) Scheme. This post is not eligible for relocation expenses. All NHS Western Isles vacancies appear on the SHOW website: www.jobs.scot.nhs.uk along with a job description and an application form.

For more information contact Sheila Nicolson, Physiotherapy Manager, Western Isles Hospital, on 01851 708291 or 01851 708258 or email sheila.nicolson@nhs.net.

Return completed application form in Word Format to wi-hb.recruit@nhs.net or mail to: Human Resources Department, Western Isles Hospital, Macaulay Road, Stornoway, Isle of Lewis, HS1 2AF. Tel: 01851 762005 or 762027.

Closing date: 1 February 2017.

www.jobs.scot.nhs.uk

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CHELMSFORD, ESSEX Part-time self-employed physiotherapists required to join our friendly and expanding clinics in Chelmsford and South Woodham Ferrers. We require enthusiastic and dynamic physiotherapists for • Early morning sessions • Evening sessions • Daytime sessions • Weekend sessions Applicant needs to have at least three years specialising in musculoskeletal work, strong manual therapy skills, and the ability to work in a team and individually. Acupuncture and sports experience preferable but not essential. Please send CVs to: bwsfarrell@gmail.com or call tel: 07980 898212 for further information.

SHEFFIELD PHYSIOTHERAPY Sheffield Physiotherapy a friendly and innovative private practice is currently looking for an enthusiastic physiotherapist who is passionate about hands-on physiotherapy for patients to provide them with long-term solutions to their problems. The ideal candidate will have two to three years experience and be keen to learn and expand their practice, in order to develop the skills required to thrive within the private practice arena. The role is on a self-employed basis initially for two to three sessions per week with the possibility to expand the hours over time. This is an opportunity to earn a good rate of pay while working with patients who are motivated to get better in a nice working environment. A friendly disposition, the ability to work as part of a team and a willingness to learn are key qualities that we are looking for. For more information contact: john@sheffieldphysiotherapy.co.uk

COME AND JOIN OUR FUN AND DYNAMIC TEAM at Emma James Physiotherapy clinic, The Old Town, Hemel Hempstead, Hertfordshire. We have an exciting vacancy for a senior musculoskeletal physiotherapist to join our friendly team. We are looking for an enthusiastic and committed physiotherapist to join us in a part or full-time role. Salary circa £38,000. You will need to be three plus years qualified, a member of the CSP and HCPC. Acupuncture and Pilates qualifications are desirable. If you would like to work in a forward thinking and dynamic practice please contact us on tel: 01442 870686 or email: lisa.green@ejphysio.co.uk

OUTSTANDING PHYSIOTHERAPY OPPORTUNITY – PRIVATE PRACTICE IN SUNNY AUSTRALIA Albert Street Sports and Spinal Injury Centre is seeking a dynamic, motivated physiotherapist to join our multidisciplinary team, in a full-time capacity from January/February 2017. We are an established physiotherapy business that has been in operation for 20 years. Exciting and varied musculoskeletal caseload, strong practice focus on skilled manual handling and active exercise/clinical Pilates based patient management. Generous remuneration pay structure, approx. £50,000plus, annual PD allowance, newly renovated practice with modern, fully-equipped clinical Pilates facilities. Apply to Helen Lockwood, principal physiotherapist at email: admin@albertstreetsports.physio Web: www.albertstreetsports.physio Address: 32 Albert Street, Warragul, Victoria 3820, Australia. To check for Australian qualification equivalence, see: www.physiocouncil.com.au

THE LETCHWORTH CLINIC is seeking an enthusiastic physiotherapist to join our team. We are a well established multi-disciplinary private clinic in Letchworth Garden City offering a wide range of services. Ideally you will have at least two years work experience. The position will be based upon a fee share basis. Applications and queries to be emailed to us at: info@theletchworthclinic.co.uk

TRING, HERTS Experienced, self-employed, flexi part-time musculoskeletal physiotherapist needed for busy practice based in large GP surgery. Weekdays. Evenings and Saturdays preferable. Private/NHS caseload. Send CV to: info@tring-physio.co.uk

PHYSIOWORKSNI BELFAST – Self-employed musculoskeletal physiotherapist required for seven months, starting February 2017, with the option of further work after this period. Experience in sports, musculoskeletal and orthopaedics essential. Minimum of three days with possible evening work also. If interested please forward CV to: info@physioworksni.co.uk

PRIVATE PRACTICE MUSCULOSKELETAL SENIOR PHYSIOTHERAPIST Athery Limited looking to recruit dynamic, driven physiotherapists to join our expanding national team. Opportunities at our Leeds and Nottingham clinics, located within Virgin Active Health Club. What is on offer: Full-time and part-time employed positions available, competitive salary, performance related pay enhancement, regular in-service training, education allowance for external CPD. This post is suitable for experienced physiotherapists, with three plus years experience in musculoskeletal, looking to progress in their career. Candidates should have excellent manual skills and experience in sports/private practice with the ability to motivate their clients and deliver first class evidence based care. Please include a CV and cover letter with your application. Contact: chrisduffy@athery.com

DOVER, KENT Dover Physio clinic requires a part-time, self-employed musculoskeletal physio for 14 hours per week to work in a well-established private practice. Must have excellent skills in assessment and diagnosis of all musculoskeletal conditions, with good clinical reasoning skills. Two years' experience preferred; needs to be enthusiastic and hard working. Send your CV to email: admin@doverphysio.co.uk

PART-TIME COMMUNITY WORK, LONDON Looking for self-employed physiotherapists to join our team. All specialities required: neurological, orthopaedic, and musculoskeletal

physiotherapists. Good pay and flexibility – suitable for NHS and private physiotherapists looking for additional work. CVs to: info@londonhp.com Website: www.londonhomephysio.co.uk

EAST LOTHIAN, SCOTLAND County Physio in Haddington requires an experienced musculoskeletal associate physiotherapist to join a friendly, well-established practice in a large busy market town. Flexible hours are available to suit the right candidate. Please contact Maureen on tel: 01620 825380 or email: office@countyphysio.co.uk with a CV or for further info.

SELF-EMPLOYED MUSCULOSKELETAL PHYSIOTHERAPIST REQUIRED to join friendly practice in Havant. Three years post qualified. Acupuncture and sports injuries experience desirable. Part-time post. Please email CV to: enquiries@physio-logical.net

HAMPSHIRE Are you a physiotherapist and Pilates instructor who would like to work somewhere you are valued, supported and challenged in equal measures? We have just created a brand new dedicated clinic to relocate our growing, solid business to and are looking for excited, committed people to join us. Full-time, employed position (part-time considered). Great mix of work, highly-motivated, self-funded patients, classes, funded CPD and opportunity to learn commercial aspects of private practice. Email: fiona@gophysiotherapy.co.uk for more information.

FULL-TIME PHYSIOTHERAPIST – HARLOW, ESSEX Mike Varney Physiotherapy are looking for a passionate and dedicated physiotherapist to join their team. One plus year's experience in musculoskeletal physiotherapy, HCPC and CSP registration and acupuncture qualifications are desirable. Able to offer a competitive salary dependent upon qualifications and experience. Pension scheme, CPD bursary, annual and sick leave, full equipped individual treatment room, shockwave therapy training and free parking. Please send CV and cover letter to: info@mikevarneyphysio.co.uk

PRIVATE COMMUNITY WORK THREE DAYS PER WEEK, LONDON Seeking part-time physiotherapist (three days initially) with potential to go full-time to join a rapidly growing community practice based in North London. The ideal candidate would have NHS rotational experience. Good pay and flexibility offered. Car driver required. CVs to: info@londonhp.com Website: www.londonhomephysio.co.uk

MUSCULOSKELETAL PHYSIO IN NORTH LONDON? Great opportunity for part time therapists to join a friendly, busy clinic in London N14. Suit local person with excellent clinical and interpersonal skills. In-house CPD. Please send CV and covering letter stating availability to: info@oakwoodphysio.co.uk

SENIOR MUSCULOSKELETAL PHYSIOTHERAPIST AND WEEKEND BANK PHYSIOTHERAPIST REQUIRED

The Fosco Private Hospital is a small private hospital located in Banbury, providing high quality healthcare to the local community in a friendly environment. We are seeking to recruit an enthusiastic and motivated senior musculoskeletal physiotherapist for 30 hours per week to join our small team. The candidate must have excellent communication skills with the ability to assess, treat and clinically reason a variety of musculoskeletal conditions. Pilates is desirable as we teach eight classes per week. You will also be required to play a key role in our successful enhanced recovery programme to inpatient orthopaedics. Taking part in the weekend rota is required. The successful candidate must have three years musculoskeletal experience, registered with the HCPC and CSP. There are weekend bank hours also available for inpatient orthopaedics. Please send CV to: elaine.turner@thefoscotehospital.co.uk or call tel: 01295 252281 for further information.

CAMBERLEY, SURREY Full and part-time musculoskeletal physios needed to join friendly, professional team in private clinic with large NHS contract. Flexible hours and days. Must have five years post-grad experience. Accommodation available on site. Call tel: 01276 508408 or send CV to: avenue.physio@btconnect.com

WE HAVE AN EXCITING OPPORTUNITY FOR A LONDON BASED, JUNIOR MUSCULOSKELETAL PHYSIOTHERAPIST in an expanding, dynamic, private practice. Advanced Total Therapy Ltd currently run 20 clinic sites in North, South, East and West London. We are looking to improve the clinical practice of newly qualified or physios with one to two years experience. Full training and CPD support will be given to every new starter including a comprehensive induction process and regular supervision. The role will include treating patients with a wide range of musculoskeletal injuries and pathologies in an outpatient setting. Contact: info@advancedtotaltherapy.com to arrange an interview or for more information.

MUSCULOSKELETAL PHYSIOTHERAPIST REQUIRED IN NORTH WALES Part-time positions available in busy clinics in Abergele and Wrexham, treating a mixture of post-surgical/insured and private patients. Good rates of pay and would suit NHS or private physio looking for additional work. Need to be willing to work independently and have relevant post grad experience. Please send covering letter to email: chart.physio@btinternet.com

CAPITAL PHYSIO ARE SEEKING AMBITIOUS PHYSIOTHERAPISTS ACROSS THE UK to join its expanding team. We currently have vacancies in London, Manchester, Cambridge and Birmingham, with opportunities coming up in other major cities. For up an up to date list of vacancies, please visit: <http://www.capitalphysio.com/jobs/>

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Practice for sale

CLINIC FOR SALE Business and premises for sale in Truro, Cornwall. Ground and first floor with basement flat/garden. Business has potential, perfect for growth. Digital x-ray system and in-house therapists. Enquires to Jane, Tel: 01872 264040. Email: kernow.chiropractic@hotmail.co.uk

IN A NORTH CORNISH SURFING RESORT WITH GOOD SPORTS FACILITIES a well-established remedial massage business for sale. The business, started 10 years ago, has a large client base covering sport and work related stress, muscle tension and pain. Client base covers all age groups and gender. The business is recognised and recommended by local doctors and sports organisations, as treatments have proved to be very successful. I am looking towards retirement and it is an opportunity for anyone wishing to move into the area, to take on a successful practice. Business comprises of deep tissue and remedial massage only, although other areas of therapy could be introduced, physiotherapy, acupuncture, etc. Current business operates from a rented property in town centre, which would be available if required. Business Website, couch and office furniture included. Tel: 07971 529538.

Business opportunity

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



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ThreeMinutes

Going with the Flo ...

Cormac Ryan from Teesside University is finding novel ways of helping physiotherapy students to empathise with older patients with pain

Is pain in older people misunderstood?

I don't know if it is misunderstood – but I think it is reasonable to say that the biological, psychological and social complexities of persistent pain in older people are not fully appreciated. Therefore, how we as healthcare professionals help older people manage their pain may not be optimal. For example, older adults with multi-site persistent pain are at increased risk of falling.

I wonder if the majority of physiotherapists working in a falls setting are aware of this modifiable falls risk factor. This broader issue is particularly pertinent considering that older people have been shown to under-report their pain to healthcare practitioners and healthcare professionals are less likely to offer pain

management services to older people compared to younger people with an identical clinical presentation.

Is empathy an issue – and, if so, why?

One of the unique challenges with respect to pain in older people is related to the issue of empathy. Empathy is a crucial component to the patient-therapist relationship and is consistently linked to improved patient satisfaction and outcome.

Arguably, a young healthy physiotherapy student might find it difficult to understand how an older person with persistent pain is feeling. Worryingly, levels of empathy appear to decline in health and social care students as they move through their courses, according to previous studies. Therefore, there is a great need to enhance health and social care undergraduate training in the field of persistent pain in older people that is rooted not just in information and knowledge exchange but in the creation and development of empathy.

You are trying to remedy this?

At Teesside University Professor Denis Martin and I, funded by a grant from the Higher Education Academy, have set about addressing this challenge by developing a new social media based module called FLO's story (Facebook Learning Object). The aim of the module is to develop health and social care students' understanding of, and empathy with, older people with persistent pain.

The module presents the story of Flo (short for Florence), an older adult with persistent pain written by a professional playwright using real life stories. It covers a year in Flo's life in which she regularly posts updates, photos and mini blogs. Within the Facebook platform she communicates with her friends, who are all older adults with persistent pain.

In the module students can follow, in an interactive way, the day-to-day life of an older

person with persistent pain. The information used to inform the story and characters was obtained from the real life stories of older people with persistent pain. They were gathered as part of a Research Council project titled EOPIC – Engaging with Older People and their carers to develop Interventions for the self-management of Chronic pain <http://eopic.dundee.ac.uk>

And does it work?

In a small pilot study of physiotherapy students it was found their attitudes towards older people significantly improved after being exposed to FLO's story. The improvement was on a par with that shown following a clinical placement. While

we do not say this module could replace a clinical placement, we feel it demonstrates the potential impact that this module could have and its potential to be used on courses as a precursor to placement, or on courses where placements are not offered. Social media certainly poses an interesting opportunity to engage with students and feedback about the module was very positive.

The module is freely available if you log in to Facebook and visit <http://bit.ly/2gSbTIt> Log A blueprint manual on building your own similar resource is available from Teesside University.

If you could make one thing happen in 2017, what would it be?

I would like to see enhanced pain education at undergraduate level not just in physiotherapy but across all health professions, greater integration of the International Association for the Study of Pain's pain curriculum into undergraduate training <http://bit.ly/2gjqmMN> and an increased use of modules such as FLO's story would be a positive step towards this. **FL**

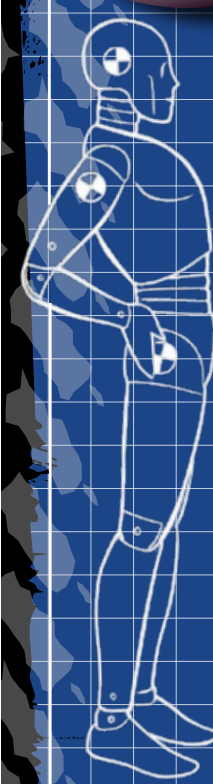
Cormac Ryan is a reader of physiotherapy at Teesside University

Find out what Cormac's wish for **2017** would be



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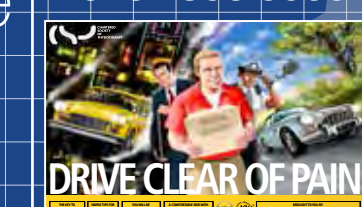
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