

the osteopath

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General
Osteopathic
Council

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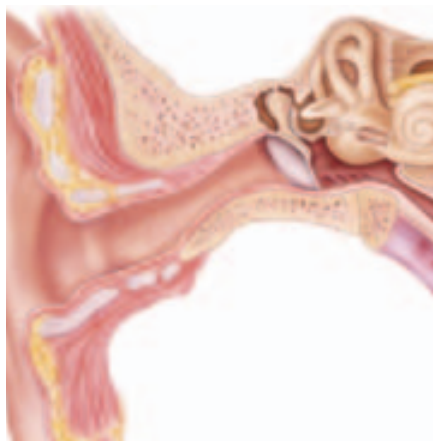
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This first issue of 2017 starts with details of our newly launched CPD website: a 'one-stop shop' to help you make the most of the new CPD scheme and its approach to learning. With the scheme scheduled to become mandatory in late 2018, now is a great time to familiarise yourself with all aspects of it, using the site's wide range of learning resources.

Besides keeping you up to date as we roll out the scheme, the new website is also a community where osteopaths can connect to discuss all things CPD: you can contribute blogs, signpost useful information, and share details of your professional communities and meetings, for example. Find out more overleaf.

To introduce the new CPD scheme in a way that works for everyone, we need to understand how the profession currently undertakes CPD – so we're grateful to the hundreds of osteopaths who have completed our online CPD evaluation in recent months. Some of the initial findings are set out on page 6.

If you're looking for career development that could also benefit the profession as a whole, the Osteopathic Leadership Programme could be for you. On pages 8-9 you can read about the difference it's made to previous participants, and find out how to apply for this year's programme.

Also in this issue, you can find advice on using social media (pages 10-11) and complying with equality legislation (pages 12-13), read up-to-date guidance and research on the management of back pain (pages 14-15) and vertigo (pages 16-17), and learn about a new specialist interest group for osteopaths working in the performing arts (page 19).

We hope you enjoy reading this edition.

Jeremy Pinel

Email: editor@osteopathy.org.uk

Support for osteopaths under investigation p7



the osteopath

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New CPD scheme: what's it all about?

What do I have to do? When do I have to do it? Is there support to help me? Questions like these are resonating across the profession in the wake of the GOsC's rolling implementation of a new scheme of CPD for osteopaths – and our comprehensive new online CPD resource aims to answer them

Although new CPD requirements for osteopaths are unlikely to become mandatory before late 2018, we want to ensure that osteopaths have plenty of time and opportunities to become familiar with the fresh approach.

To assist a smooth transition, we have created a dedicated CPD website – cpd.osteopathy.org.uk – to bring together much of the information and resources that osteopaths need to ease themselves into the new CPD scheme.

Designed to be easily accessible using a range of devices, the website contains details of events, learning resources, group activities and more. It aims to make CPD relevant, interesting and engaging for the profession, and will keep you up to date with what is happening as we introduce the new CPD scheme.

Importantly, this new resource needs to work for you, so please visit it as soon as you can and explore what it has to offer. We would very much like to hear what you find helpful and how we can improve the content; on every page of the website, you'll find an opportunity to submit your views.

What does it offer?

The first section of the site, **About the CPD Scheme**, outlines simply the requirements of the new CPD scheme over each three-year CPD 'cycle'.

Much of this will be very familiar to you as a continuation of the existing scheme – but if you have any concerns, here you will also find the full detail of the scheme (as set out in the new draft *CPD Guidelines*) and contact details for the GOsC CPD Team, who are ready to offer support and advice.

Step-by-step guides

Building on the previous section, **CPD in action** takes you step by step through the new scheme's requirements.

It starts with a six-stage guide to planning your CPD, showing how you can build over time a cycle of reflection that includes identifying learning needs, selecting CPD activities and evaluating their effect on your practice.

This is followed by detailed information about each of the new scheme's key elements, including:

- mapping your CPD activities to the *Osteopathic Practice Standards*
- undertaking an objective activity that gives you useful feedback on your practice
- enhancing your communication and consent skills.

In each of these areas, we explain the aims and provide learning resources and materials to aid your CPD.

The 'Objective activity' area, for example, suggests a range of activities where you can obtain feedback from others in order to gain insights into your practice: patient feedback, peer observation, clinical audit and case-based discussion. If you want to know more about case-based discussion, say, you can find out what it involves, read a step-by-step guide, and download a



template and a fictional clinical case for use in your own group discussions. Similar resources are available across all the new CPD requirements.

Peer Discussion Review

A novel feature of the new CPD scheme is the Peer Discussion Review – a discussion with a colleague of your choice at the end of your three-year CPD cycle, where you review together your learning activities and the difference they have made to your practice. Peer support and engagement are the foundations of the new scheme, and the *CPD in action* section of the website aims to help you make this a particularly rewarding aspect of your professional development.

You will find guidance here on choosing a suitable reviewer, as well as a step-by-step guide to carrying out a Peer Discussion Review plus advice on giving and receiving constructive feedback. Why not try these out with a colleague?

Learn with others

The essence of the new CPD scheme is

Early adopters

Over 160 osteopaths attended launch events late last year to become Early Adopters of the new CPD scheme. Their role is to test out the CPD resources we have been developing, and to work with us on the practicalities of implementing the scheme.

As well as helping us to identify where more support is needed, they are already proving a rich reserve of ideas for further resources and activities. And their growing familiarity with the new scheme's requirements means they can spread support and advice through the osteopathic community.

Visit cpd.osteopathy.org.uk/early-adopters to find out about some of the Early Adopters and hear why they wanted to be involved. We thank them warmly for their input and enthusiasm.



encapsulated in **CPD Connect**: a dynamic section of the website which highlights new resources and CPD events in the calendar. We invite all osteopaths and others to contribute blogs and 'thought pieces' that will encourage discussion and debate, or simply signpost information useful for practice.

Belonging to a community is a remedy for practitioner isolation, and *CPD Connect* aims to link osteopaths through local 'learning communities' or clinical interest groups. Let us know if you are establishing a professional group, and we will help to bring it to the attention of colleagues locally or across the country.

CPD Connect will also connect you with osteopathic organisations working to support your continuing professional development, including the National Council for Osteopathic Research, the Institute of Osteopathy and members of the Osteopathic Alliance.

Above all, osteopaths themselves are a rich source of practice advice and expertise – so do use *CPD Connect* to post a video, submit a blog or share your tweets to let your colleagues know about the CPD activities that have worked well for you and your practice.

You will also find a wide range of case studies in this section, showing how other osteopaths have gone about these CPD activities, and how they have applied what they learnt in practice.

We hope your practice or local group will offer case studies for inclusion.

We look forward to working with you in the months ahead to build this innovative and expanding online resource, and to support all osteopaths in switching over easily to the new CPD scheme.

Open to all

Along with being a 'one-stop shop' CPD resource for osteopaths, the website also contains information and opportunities for osteopathic organisations and CPD providers. The site will be accessible via the homepage of the main GOsC website, encouraging interaction with other healthcare colleagues and promoting learning exchange.

For patients, the website provides reassurance of osteopaths' commitment to safety and quality care, and indications of the crucial role the patient voice plays in enhancing practice standards.

Still unsure?

We hope the CPD website will encourage you to start trying out with colleagues the learning resources already on offer, as part of your current CPD. These resources have been developed with osteopaths, and in the **FAQs** section you will find our answers to osteopaths' questions about aspects of the new scheme – not least the Peer Discussion Review.

The website is about exchanging information. Please use it to flag concerns, make suggestions or offer solutions – as well as telling us what you think of it. We look forward to hearing from you.



Take action now on advertising guidance

New advertising guidelines were posted to all UK osteopaths late last year. If you still haven't checked that you are complying with them, do so without delay

Over the past two years, claims made on osteopaths' websites and in other advertising have been the subject of more than 300 concerns raised with the GOsC, and osteopaths have sought advice on how they can comply with advertising rules – prompting the Advertising Standards Authority (ASA) to provide clarification.

After working closely with the Institute of Osteopathy and other osteopathic organisations, in December 2016 it published *Osteopathy: ASA Review and Guidance for Marketing Claims for Pregnant Women, Children and Babies* – available at: bit.ly/asa-osteo-16

The ASA has put a lot of effort in to understanding the profession's perspective, and the guidance contains many examples of advertising claims that are likely to be acceptable and those that are not. It is now every osteopath's responsibility to ensure that their advertising follows the guidance, and that they and their staff comply with advertising standards.

'Indirect' claims

Like previously published advice for osteopaths from the Committee for Advertising Practice (CAP), the

ASA guidance interprets the rules on acceptable advertising as set out in the *UK Code of Non-broadcast Advertising and Direct & Promotional Marketing*.

It is important that your advertising follows the spirit of the rules, and does not suggest indirectly that you can treat conditions for which there is little solid evidence of efficacy.



JAN CHEBLIK

For example, the ASA guidance says that references in advertising to 'the qualifications of osteopaths, including their training in relation to specific patient populations such as children or babies', are unlikely to mislead the public – so saying in your advertising that you hold a specialist postgraduate qualification in paediatric osteopathy is likely to be acceptable.

However, your advertising should not state that you have attended training in the treatment of patients with conditions such as colic or glue ear, as this implies that you are qualified to treat them.

Similarly, your advertising must not include patient testimonials relating to such conditions. The CAP's AdviceOnline database (bit.ly/cap-advice-testimonial-claims) says: 'Marketers may not use testimonials to circumvent the Code by making claims in a consumer review that they would not otherwise be permitted to make. For example, if a marketer doesn't hold the evidence to substantiate an efficacy claim, they cannot use a testimonial which makes that claim.'

i You can find a concise summary of the ASA guidance and CAP advice at: bit.ly/cap-advice-osteopathy

CPD evaluation

Many thanks to the 358 osteopaths who made use of our online CPD evaluation questionnaire between October and January. We hope it proved useful in helping you reflect on your approach to undertaking CPD.

Anonymised versions of the completed questionnaires were forwarded to the GOsC, providing us with valuable information about how the profession currently undertakes learning – from identifying learning needs and selecting

CPD activities to discussing professional development with colleagues.

Our initial analysis of the answers recorded shows, for example, that almost 60 per cent of participants undertook some form of CPD in the area of communication and consent over the past year, but only a quarter said they currently collect objective feedback from their patients, fellow osteopaths or other sources.

Information like this will help us develop learning resources and work with other organisations to support all osteopaths in meeting the requirements of the new CPD scheme as it is introduced (see pages 4-5). A detailed analysis of the CPD evaluation answers will appear in *the osteopath* later this year.

Clarifying how we deal with complaints

If an osteopath is subject to a fitness to practise investigation, we want to ensure that they understand exactly how the matter will be investigated. Please tell us what you think of our new draft guidance



Whenver a concern about an osteopath is raised with the GOsC, we have a duty under the *Osteopaths Act 1993* to look into it – and, if it falls within our remit, we will begin an investigation and inform the osteopath concerned.

We appreciate that this can be a very stressful experience, so we want to do what we can to make them fully aware of what will happen and what they should do.

When an osteopath is notified that a complaint has been made, one of our caseworkers talks to them about the fitness to practise process. To support this, we have developed two guidance documents for osteopaths under investigation.

We hope that these documents will demystify the process, and give osteopaths greater confidence that we manage and consider fairly every concern we receive.

Complaints procedure

The first booklet will be sent to an osteopath when they are informed of the complaint; it explains our fitness to practise procedures generally, and what the osteopath needs to do. Topics include:

- the sorts of concerns that we will and will not investigate
- what happens when a concern is first raised with us, including our initial assessment and screening (usually before the osteopath is notified) to determine whether we have the power to investigate it
- how our Investigating Committee will consider the case, based on the written information presented to it – and the next steps if it decides that the osteopath has a case to answer
- what will happen if the Investigating Committee wants to consider imposing an interim suspension order.

The guidance also points out that we advise osteopaths facing a fitness to practise investigation to contact their professional indemnity insurer or seek their own independent legal advice as soon as possible.

Hearings

If the Investigating Committee decides that the case should be referred to the Professional Conduct Committee (where

it relates to the osteopath's conduct or competence) and/or the Health Committee (for concerns about their physical or mental health), we will send the osteopath a second guidance booklet.

This booklet advises on preparing for and attending a hearing, with details of:

- how we arrange the hearing date
- the expected timescale for cases to be heard, and the reasons for this
- sources of legal representation and help
- the documents that will need to be submitted to us at least seven days before the hearing
- what will happen on the day of the hearing
- how the hearing room will be set up, and the roles of the people there
- the three stages of a Professional Conduct Committee decision: whether any disputed facts have been proved; whether the facts proved amount to unacceptable professional conduct (UPC); and what sanction should be imposed if a finding of UPC is made
- how decisions made at hearings are published.

Consultation

The guidance documents have been developed following a review of the information and resources provided by other regulators to their registrants who are under investigation.

We have sought to make them 'user-friendly' and easy to understand, and have incorporated feedback from the Institute of Osteopathy and our Policy Advisory Committee.

Now we would like the profession and others to tell us whether the draft guidance is clear and helpful. You can find both documents and a consultation response form on our website at:

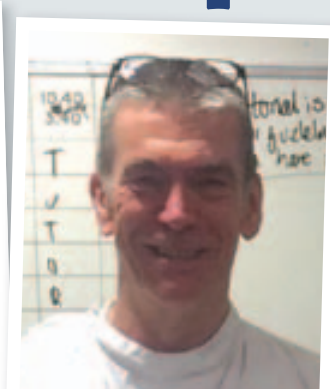
bit.ly/gosc-consult-ftp17

We welcome your feedback, which must be received by **Friday 10 March**; all comments received will be taken into consideration when we finalise the guidance later this year.

OSTEOPATHIC DEVELOPMENT GROUP

Are you leadership material?

Applications are now open for the third year of the Osteopathic Leadership Programme – and last year's participants can thoroughly recommend it



Since its launch in 2015, nearly 40 osteopaths have completed the Osteopathic Leadership Programme – a combination of a 25-hour Open University (OU) e-learning leadership course, two workshops and group work to explore development and leadership issues within the profession.

Run jointly by the Osteopathic Development Group and the OU, the programme is for osteopaths who want to apply leadership skills in clinical practice, a professional group, education or research.

This year's programme will start with a workshop on **Saturday 24 June**, followed by the e-learning and group activity, then a final workshop on **Saturday 7 October**. But what will they get out of it?

Career path

Sussex-based osteopath **Penny Sawell**, who also blogs at: osteofm.com, applied for the 2016 programme because "I wanted to develop skills and experience that might help me be involved in the profession in other ways than treating patients. I also thought it would give me a chance to meet people involved in different areas of osteopathy, and help me envisage a career path beyond the purely clinical."

Also on last year's programme was **Peter Simpson**, who combines practising in south London with teaching at the British School of Osteopathy clinic. "Before the programme I had a number of questions about the nature of leadership," he says. "What exactly is it? How does it differ from management? Who can lead? How does one lead? What do leaders do?"

He got "all the answers I was looking for and more – the programme helped me to realise that, not only was I demonstrating leadership skills in my teaching and practice, but I was a leader in my own way. It helped me to recognise my personal skills and develop them."

Penny agrees: "It gave me a new perspective on what it means to be a leader, and I realised that leadership can be quite a gentle phenomenon, almost like teaching or showing the way. Indeed, I came to see that much of what we do in the clinic room also involves leadership."

Thought-provoking

The opportunity to "have a glimpse of ways I could progress" was a particularly valuable aspect of the programme for Penny, while Peter found there were many highlights: "The two workshop days, where we worked in small groups to discuss aspects of our own experiences of leadership, were hugely thought-provoking and enlightening. The online learning was interesting and fun! It provided further insights into leaders, leadership styles and types of leadership; the modules became progressively more challenging but were manageable in my busy family, teaching and practice life. There were opportunities too for reflection and further reading."

Shared responsibility

Anyone who is curious about leadership will gain tools for personal and professional development by attending the programme, Peter feels: "Learn how to be yourself 'more, with skill!' I became aware that, as osteopaths and individuals, we all possess traits and skills that can contribute to effective leadership – and this is a responsibility we should all take for the wellbeing of the profession."

"Leadership is not a special gift and can come from anywhere in an organisation if a person is prepared to take responsibility, has a vision and can garner others' commitment toward a common goal."

Penny puts it succinctly: "I would absolutely recommend this to other osteopaths who are looking for inspiration or a change in their career, and a chance to learn some new skills."

How to apply

More information about the programme, together with a 2017 application form, is available at: osteodevelopment.org.uk/theme/leadership

The cost of the programme is £295 (for the e-learning course), but you will be entitled to a £150 bursary from the GOsC if you complete the programme.

The closing date for applications is **Sunday 30 April**.

"As osteopaths and individuals, we all possess traits and skills that can contribute to effective leadership"

OSTEOPATHIC DEVELOPMENT GROUP

Being a leader doesn't have to be a headache

Elizabeth Huzzey was part of the Osteopathic Leadership Programme's first cohort in 2015. How has she put what she learnt into practice?

"Two years ago, I was looking at ways to develop and progress in my career. I did a psychometric test, which suggested my leadership skills were undeveloped.

"A few days later, I saw an advertisement for the Osteopathic Leadership Programme. The commitment looked manageable, so I seized the opportunity and applied.

"The programme exceeded my expectations. It brought colleagues together and provided a rare opportunity to brainstorm, bounce ideas around and consolidate a plan to take back into everyday practice and career development.

"We covered different styles of leadership: not just the traditional type (having one strong person) but also transformational leadership, which involves influencing, inspiring, supporting and collaborating. It gave a different way of looking at leadership, where one could help lead the crowd without being the captain, and we were given tools to take this into our professional life.

"For a long time I have had a special interest in headaches and migraines, and I spent six years learning from neurologists, physiotherapists and acupuncturists. This has made a massive difference to my practice, but I wanted to do something more with my knowledge.

"A few months after the leadership programme ended, I read an article on headaches by osteopath Helena Bridge. I got in touch to congratulate her and see whether she would be interested in meeting; she said yes, and I duly got involved in the leadership of what has become Osteopaths for Progress in Headaches and Migraines (OPHM).

"The group's vision is to educate, improve understanding and clinical skills, and promote best practice and research in the field of headaches and migraines with a view to take our skills to a wider audience of medics and the public.

"You can find out more about OPHM and the benefits of membership at: www.ophm.org, and our first course will be on 9-10 September – see the advertisement on page 29."



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Gathering evidence

The Patient Reported Outcome Measure (PROM) app for osteopathy has now collected data from more than 750 patients – but more practitioners need to get involved for it to produce further valuable evidence about the difference that osteopathic management makes to patients' health and wellbeing.

Created as part of an Osteopathic Development Group project to help develop osteopathy's evidence base, the PROM app is easy for osteopaths to administer. When you sign up, you are sent a number of access codes which you can give to your new patients or former patients returning with a new symptom episode; they then log on to access the app and answer three short questionnaires over the next six weeks.

The anonymised results for your practice will be fed back to you, and will be aggregated and analysed at a national level by the National Council for Osteopathic Research (NCOR). For more information and to get involved, email NCOR Senior Researcher Carol Fawkes at: c.fawkes@qmul.ac.uk

Going global

If you want to tap into the wide range of osteopathic networks across the world, or you are interested in practising overseas, the Osteopathic Development Group's International Collaboration website (www.osteointernational.uk) is for you.

Designed to help UK osteopaths learn and share good practice with international colleagues, the website is updated regularly: this year has already seen the addition of information about the Forum for Osteopathic Leaders, a new space for current and future leaders of the profession to share experiences and explore new ideas. You can find out more about this and other networks at: www.osteointernational.uk/networks

The website also provides details of osteopathic associations and the regulatory status of osteopathy in 35 countries, along with developments around osteopathic education, research, regulation, clinical practice and business development.

If you have international contacts, or details of events and projects that would be of interest to share with the wider profession, please email seldred@osteopathy.org.uk

The Osteopathic Development Group is a national initiative bringing the profession together for the long-term development of osteopathy through eight strategic projects. Formed in 2012, it is a partnership between:

- the GOsC
- the Institute of Osteopathy
- the Council of Osteopathic Educational Institutions
- the National Council for Osteopathic Research
- the Osteopathic Alliance.

You can find out more about the Group and its projects at: osteodevelopment.org.uk



Using social media

Social media can help you to establish broader professional networks and engage in debates with other healthcare professionals all over the world, but you need to be aware of the risks and challenges it presents

Twitter, Facebook, Instagram, Google+, YouTube – there's no shortage of platforms (including personal blogs and discussion forums) enabling users to network and share their thoughts online.

Besides promoting your practice, the use of social media can benefit patient care – for example, by informing people about good health and health services, and engaging them in discussions on health matters – and can broaden your own network of professional colleagues.

Some sites, such as LinkedIn, are intended principally for professional purposes. But any site can have a professional impact, even if used purely socially.

As an osteopath, your responsibility to uphold the reputation of the profession extends beyond your interactions with patients, the public and other healthcare professionals in the course of your work; it also applies to your behaviour in a personal context.

Social media platforms offer new ways of communicating with patients and others, but the standards expected of you are the same as if you are talking to them face to face – with the additional consideration that anything said online may be accessed by others. Remember that your online presence, in any form, is a reflection of you and of your beliefs and values.

Blurred boundaries

The professional and the personal cannot always be easily separated on social media, so think about the image of yourself and the osteopathic profession that you present across all your online activities.

It goes without saying that you must not abuse your professional standing by using social networks to pursue or build relationships with patients – but there may be situations where patients seek a relationship with you.

What's in a name?

People often feel less inhibited when posting online, and especially if they are posting under a pseudonym rather than their own name.

Pseudonyms may be appropriate in some forms of purely social online activity – but if you are portraying yourself in a professional capacity online, we advise that you identify yourself with your professional name.

In any case, not using your own name is no guarantee of anonymity: in the event of a complaint, content can be traced back to the original author. Whatever the context, and however you are identifying yourself, always think before you post.

For example, many osteopaths use **Facebook** as a professional tool. A Facebook page for your practice presents a valuable opportunity to interact with patients in a public forum; if they 'like' the page, it will appear in their timelines and they can keep up to date with activity at the practice.

You may also have a personal Facebook profile to reflect your life outside work, in which case it is important to maintain a firm boundary between the two.

If a patient submits a 'friend' request to your personal profile, we suggest that you politely decline it: advise them that you maintain a boundary between personal and professional relationships, and direct them to your professional account or give them your practice's contact details.



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However, this calls for sensitive handling: friend requests are generally well-intentioned, and the patient is unlikely to have considered the reasons why you are turning them down.

There may be circumstances where, as an osteopath in your local community, you have personal relationships with patients through other community activities and networks. You will need to exercise your judgement as to how you manage such circumstances.

Twitter can be another excellent way of establishing a professional online profile, but you have no control over who your followers are. You may decide to have separate Twitter feeds for your professional and personal life – but whenever you tweet on either of them, bear in mind that you may well be interacting with current and past patients.

You should also remember that some messages can be difficult to convey in 140 characters, creating the potential for misinterpretation. And take care when retweeting; this will invariably be seen as an endorsement of not just the original tweet but also the person who posted it, so check first whether you are happy to be associated with them.

Stick to the facts

If you use social media (or other online communications) to promote your services or your professional views, you must ensure that what you say is evidence-based and correct to the best of your knowledge. And take care if commenting on areas of practice that fall outside your field of competence.

Like your practice website, your social media posts must follow the guidance on advertising and marketing published by the Advertising Standards Authority and the Committee of Advertising Practice (see page 6). You can find a summary at: bit.ly/cap-advice-osteopathy

Do not abuse your professional standing by promoting products or services in which you have a vested interest, unless this is very clearly stated at the time you promote them.

Confidentiality and dignity

You must not post anything online that breaches your patients' confidentiality – including on forums for healthcare professionals that are not accessible to the public.

Posting a photo of a patient without their consent is an obvious example of a breach of confidentiality, but you may also commit a breach inadvertently – for instance, by responding to a post from a patient on your practice Facebook page.

Even when you think that information you have posted does not identify a patient, it may – perhaps when combined with other information posted in the same place – be enough to identify them to some people, including the patient themselves. Any information shared online has the potential to reach a wide audience very quickly.

Remember that social media platforms cannot guarantee confidentiality, regardless of any privacy settings you may have in place. And the ability for other people to comment on or distribute online material means that you may not be able to remove it easily.

You should also avoid posting anything on social media that may be viewed as discriminatory, or which fails to respect your patients' dignity, even if you feel that it does not relate to identifiable patients.

Comments about others

While you have a right to express your views on colleagues and other healthcare professionals, your comments must be honest, accurate and valid – and you should be mindful of their impact on others. Remain polite and considerate to others online, even if they are unpleasant to you; consider withdrawing from an online interaction rather than being drawn into a protracted and critical debate.

Do not post comments while you are angry or upset over an issue. While having an online presence is useful in raising your professional profile, it could also leave you exposed to public criticism if you say something in the heat of the moment.

You also need to be aware of the law around defamation: the making of unsubstantiated comments that are considered harmful to the reputation of an individual or organisation. Posting potentially defamatory comments can leave you subject to legal action – and you can also be held responsible if you share content published by others.

Good housekeeping

It's advisable to review your online profile regularly, so you can be sure it projects the image you would like it to. And check what comes up when you Google yourself: if you can see it, others can too.

Think carefully about the extent to which you actually want to interact with patients on social media, and try to stick to that approach rather than reacting 'on the hoof' to individual situations.

Always consider when a private direct message would be more appropriate than a public conversation.

Remember that other people may upload images of you without your permission: you may find yourself tagged in someone else's Facebook image in circumstances you would rather not be shared. Make a point of learning how to un-tag yourself, as well as how to delete posts, tweets and images.



You can read more on the **o** zone at: bit.ly/ozone-social-media

What do the Osteopathic Practice Standards say?

Standard D17 requires you to 'uphold the reputation of the profession through your conduct'. The accompanying guidance points out that this includes 'maintaining the same standard of professional conduct in an online environment as would be expected elsewhere'. Other standards that are relevant to osteopaths' use of social media are:

- C4 (Be polite and considerate with patients)
- C6 (Respect your patients' dignity and modesty)
- D6 (Respect your patients' right to privacy and confidentiality)
- D9 (Keep comments about colleagues or other healthcare professionals honest, accurate and valid)
- D11 (Be aware of your role as a healthcare provider to promote public health)
- D14 (Act with integrity in your professional practice)
- D16 (Do not abuse your professional standing)

Equal rights and wrongs

Given osteopathy's focus on treating every patient as an individual and meeting their individual needs, the principles of equality and diversity are deep-rooted in the profession. But do you know your legal responsibilities?

The *Equality Act 2010* applies to all providers of goods, services and facilities in England, Scotland and Wales, regardless of their size. It gives people legal protection if they are discriminated against on the basis of any of the following 'protected characteristics':

- age
- race
- sex
- disability – this includes progressive conditions such as HIV, multiple sclerosis and cancer, *from the point of diagnosis*, and protection also extends to people who have had a disability in the past)
- religion or belief
- sexual orientation
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity (including breastfeeding).

The *Equality Act* goes further with regard to disability, defined as a physical or mental condition with a substantial and long-term impact on your ability to do normal day-to-day activities: you can treat disabled people *more* favourably than others (for example, by providing parking spaces for them) if this removes a barrier that might prevent them from accessing services.

And the Act specifies other exemptions where discrimination is permitted – notably, it makes clear that you can offer concessionary rates to certain age groups.

Balancing needs

Achieving equality for disabled people may require changes to the way services are delivered, or the removal of physical

barriers – and service providers have a legal duty to make these 'reasonable adjustments' so that disabled people are not disadvantaged.

When considering what adjustments to make for a patient, focus on what you can do to enable *that patient* to use your service; the patient themselves may come up with a solution that you have not considered, and you should not assume that



CHRIS DORNEY / SHUTTERSTOCK

the same adjustment will be appropriate for all patients with a particular disability.

It is also important to balance the needs of the disabled patient with those of other people. For example, if relaxing your practice's 'no dogs' policy is a reasonable adjustment to enable a visually impaired person with a guide dog to access your services, you should also take reasonable steps to ensure that any practice staff or other patients with dog allergies have minimal or no contact with the guide dog.

Balancing different people's needs may also be necessary when addressing other potential areas of discrimination.

For example, if someone proposes to undergo gender reassignment, they have legal protection against discrimination from that moment onward – they do not need to have changed their name, be living full-time in their preferred gender, or possess a Gender Recognition Certificate. This means you cannot exclude them from services (including toilet facilities, for example) appropriate to the sex they present as, unless this exclusion can be objectively justified; in practice, you may need to weigh up their wishes and needs against the likely impact on others' privacy and potential for serious embarrassment.

The British Chambers of Commerce and the Government Equalities Office offer advice on this topic and others in their guide to the *Equality Act* for businesses, available at: bit.ly/eqo-quickstart

Recruitment

We occasionally hear from practitioners who want to recruit osteopaths of a particular sex to their practice. However, in most situations this will amount to unlawful sex discrimination.

To treat or not to treat?

The *Osteopathic Practice Standards* say (in guidance to standard D4) that the same quality of service should be provided to all patients, and it is illegal to refuse a service to anyone on the grounds of any of the nine protected characteristics.

You *can* decline to continue treating a patient if you feel unable to continue giving them good-quality care, but you need a good reason for doing so – this could be because the patient has become aggressive or inappropriately dependent on you, for instance, and many osteopathic practices have policies advising patients that verbal and physical abuse will not be tolerated.

Sometimes a patient's disability may affect their behaviour. Guidance produced by the Equality and Human Rights Commission for users of health services (bit.ly/ehrc-rights-healthcare) notes that, if you set standards of behaviour for your patients, these standards must not have a worse impact on patients who have a particular protected characteristic (unless this can be objectively justified) – and you should make reasonable adjustments to the standards for its disabled patients.



There are limited circumstances in which it could be a 'genuine occupational requirement' for an employee to have a particular characteristic, provided this is a 'proportionate means of achieving a legitimate aim': guidance from the Equality and Human Rights Commission (EHRC) says that, for example, a women's refuge could probably say it is a genuine occupational requirement for its counsellors to be women.

If you think that a genuine occupational requirement may apply to a post you are recruiting for, it is best to obtain legal advice before you recruit.

The *Equality Act* sets out other rules for recruitment; for example, you generally must not ask applicants questions about their health or disability before you offer them a job (except to ask them whether they require you to make reasonable adjustments to the selection process). The EHRC's recruitment guidance, available at: bit.ly/ehrc-employer-recruit, contains a wealth of good-practice guidance.

Policies and training

Although not a legal requirement, it is good practice for you to have an equality and diversity policy.

The policy, which you may wish to publish on your website, need not be lengthy: it can simply state your commitment to equality and diversity, and say that you will not tolerate less favourable treatment of the practice's patients or staff on the basis of the *Equality Act*'s protected characteristics.

It can also indicate the measures you have taken to support equality and diversity, and it should say how you will deal with alleged breaches of the policy.

If you employ staff, they should have training to ensure that they understand their responsibilities under equality law, and especially behaviours that are and are not acceptable. Remember that you can be held legally responsible for any acts of unlawful discrimination, harassment or victimisation carried out by people employed by you or carrying out your instructions – it does not matter whether you knew or approved of the action taken.

You can read guidance from the EHRC on equality policies and training at: bit.ly/ehrc-employer-policies

Of course, you also have responsibilities towards your staff: if you know that an employee has been harassed by a third party, and you do not take reasonable steps to prevent the harassment from recurring, the employee could make a discrimination claim against you.

i The full range of EHRC advice and guidance for businesses is available at: bit.ly/ehrc-guidance

FREQUENTLY ASKED QUESTIONS

Q What fee can I charge a patient for access to their health records?

A Patients have a right to see their notes, and the *Osteopathic Practice Standards* (in guidance to standard D6) say that you should assist them if they make what is known as a 'subject access request'.

Under the *Data Protection Act 1998*, you must provide the information within 40 calendar days of receiving the request and any fee.

If the patient wants a copy of their records, the maximum fee you can charge is £50, or £10 if the records are held entirely on a computer. The fee should not exceed the cost of making the copy and postal costs, where relevant.

The copy should be written out in a way the patient can understand, with abbreviations and medical terms explained, and you should explain anything you are asked to.

Where a patient only wants to view their records

rather than being given a copy, you may charge them up to £10 for access. But if the records are not stored wholly electronically, and have been created or added to during the 40 days immediately before the request is made, you must offer the patient the opportunity to inspect the manual records free of charge.

Remember that standard D15 of the *Osteopathic Practice Standards* requires you to be honest and trustworthy in your financial

dealings; the accompanying guidance advises that you should 'charge fees responsibly and in a way which avoids bringing the profession into disrepute', and recommends making information available in advance to patients about the fees you charge and what they cover.

For more information about dealing with subject access requests, visit the Information Commissioner's Office (ICO) website at: bit.ly/ico-organisations-sar

Back to basics

Dawn Carnes, Director of the National Council for Osteopathic Research (NCOR), summarises new guidance from the National Institute for Health and Care Excellence (NICE) on treating adults with non-specific low back pain and sciatica

NICE's guideline NG59, *Low Back Pain and Sciatica in Over 16s: Assessment and Management*, was published

in December 2016.

The previous NICE guideline in this area, published in 2009, focused on low back pain lasting between six weeks and a year in

patients aged 18 and over. The new version has been expanded to include a wider age group, patients with sciatica, and earlier presentation of symptoms.

The focus of the updated guidance is on risk assessment and combination packages of care, including manual therapy, exercise and psychological care in the form of

self-management and cognitive behavioural approaches.

This is relevant to osteopathy, as osteopaths provide a multi-component care package including a thorough case history and assessment, and jointly agreed care programmes that usually include manual therapy, psychological support and advice

Back pain and exercise

The NICE guidance says that osteopathy and other hands-on therapies should only be provided in conjunction with exercise. NCOR Research Officer **Austin Plunkett** offers advice on putting this into practice

There is an increasing expectation from both patients and other healthcare practitioners that patient care should be evidence-informed and aligned with guidance. The new guideline on low back pain and sciatica offers osteopaths a detailed overview of current evidence, and advice on how clinicians should respond to this evidence.

Osteopathy is a package of care, which varies between practitioners and patients. While osteopaths offer hands-on treatment during a typical appointment, research has found that they less frequently provide exercise recommendations.¹

We don't currently have a full understanding of why some osteopaths may be hesitant to recommend exercise; it may partly be due to differences in training, changes in attitudes towards exercise over the years, or other factors.

If you are not comfortable providing exercise advice to your patients, could you form a working relationship with a local exercise or movement specialist, to whom you could refer appropriate patients? Personal trainers and similar specialists are increasingly well-informed, and are often interested in working in partnership to improve patient health. Or you may prefer approaches such as yoga, tai chi, Pilates or the Feldenkrais method, which are offered in many multidisciplinary clinics as group or individual classes to augment manual treatment.

In any case, it may be useful to attend a class or training session yourself, so you can fully appreciate which approaches may be most beneficial for different patients. Always ask the patient for their preferences too!



JACOB LUND / SHUTTERSTOCK

If you do provide advice on exercise, is it informed by current guidelines? Regarding low back pain, section 9 of the guideline states that exercise should be aimed at improving 'muscle strength, timing or endurance, flexibility and range of motion, precision of movement, cardiovascular fitness, functional task performance and confidence'.

Exercises can be done as part of a group, or with individual guidance. Osteopaths often expect patients to conduct exercises alone at home, but adherence to this approach can be very low. If you find this, would you consider discussing with your patients the reasons they may not adhere to your advice? What do you think they would tell you, and how might you agree a productive way forward?

The guideline also states that the patient's preferences must be taken into account when choosing a type of exercise, acknowledging that what works for one patient may not work for another. This is very much in keeping with the individually tailored approach that many osteopaths feel is a hallmark of our practice, and it provides us with a clear opportunity to demonstrate excellence in the advice we give our patients about exercise.

¹Fawkes C et al, 2010. *The Standardised Data Collection Project. Clinical Research Centre for Health Professions*, University of Brighton. Available online at: bit.ly/ncor-sdc

for activity to promote movement and wellbeing.

The guideline can be used to support an osteopathic approach to care.

It contains recommendations for the management of low back pain and sciatica through physical, psychological, pharmacological and surgical treatments:

- Physical recommendations include group exercise programmes coupled with manual therapy as a treatment package, with psychological support in the form of self-management, cognitive behavioural care and/or return-to-work programmes.
- Pharmacological recommendations focus on non-steroidal anti-inflammatories (NSAIDs) – taking into account that some patients may be at risk of adverse events from these – at low dose for as short a period of time as possible, for both acute and chronic low back pain and sciatica. NICE suggests considering weak opioids, with or without paracetamol, for those with acute low back pain and/or sciatica.
- Surgical interventions are to be considered only when non-invasive treatments have not worked, and only when there is appropriate physiological rationale. NICE suggests considering radiofrequency denervation for chronic low back pain, and epidural injections of local anaesthetics and steroids for acute or severe sciatica.

The NICE guideline suggests that healthcare practitioners do not offer the following:

- devices – belts, corsets, foot orthotics, or rocker shoes
- spinal traction
- acupuncture
- electrical devices – ultrasound, percutaneous electrical nerve stimulation (PENS), transcutaneous electrical nerve stimulation (TENS), interferential therapy
- drugs – paracetamol alone, opioids for chronic low back pain, antidepressants, anti-convulsants
- invasive treatments – spinal injections, spinal fusion, disc replacement.

Full details of the individual recommendations can be found at: www.nice.org.uk/guidance/ng59

i The full guideline is published in two parts, subtitled *Assessment and Non-Invasive Treatments* and *Invasive Treatments*. The first of these can be downloaded as an 816-page PDF at: bit.ly/nice-lbp-noninvasive

PILARS of wisdom

Austin Plunkett explains how you can share your knowledge anonymously with osteopaths facing challenging clinical situations – and get others' advice if you are in the same position

Are you aware of the risk factors associated with migraine medication? Why might you refuse to treat a patient's unusually stiff low back? Could you advise a colleague who is dealing with an intimidating patient?

When experiencing a tricky clinical situation, it is natural to want to gain a fresh perspective on it. But those who practise alone, or have worked alongside the same colleagues for years, may find it difficult to do so – and there may be times when any osteopath would value an anonymous discussion.

This is where the Patient Incident Learning and Reporting System (PILARS) – a free-to-use 'collaborative online learning environment' developed by NCOR – can help.

By logging on to PILARS, you can read the real experiences of osteopaths who have encountered incidents regarding patient care. A 'traffic light' system indicates whether each incident actually happened, was a 'near miss' or simply had the potential to happen.

For ease of use, incidents are grouped under five categories:

- documentation (such as issues relating to patient notes)
- examination/assessment
- treatment/management
- accidents/equipment/infrastructure
- practitioner experience (such as issues around payment or patient behaviour).

You can report your own incidents and comment, completely anonymously, on other incidents – giving you the opportunity to share your experience and expertise with osteopaths beyond your social and professional circles.

For students, PILARS offers an insight into the challenging situations that osteopaths can experience. And even experienced osteopaths can benefit from engaging with and being aware of osteopathic practice beyond our own clinics.

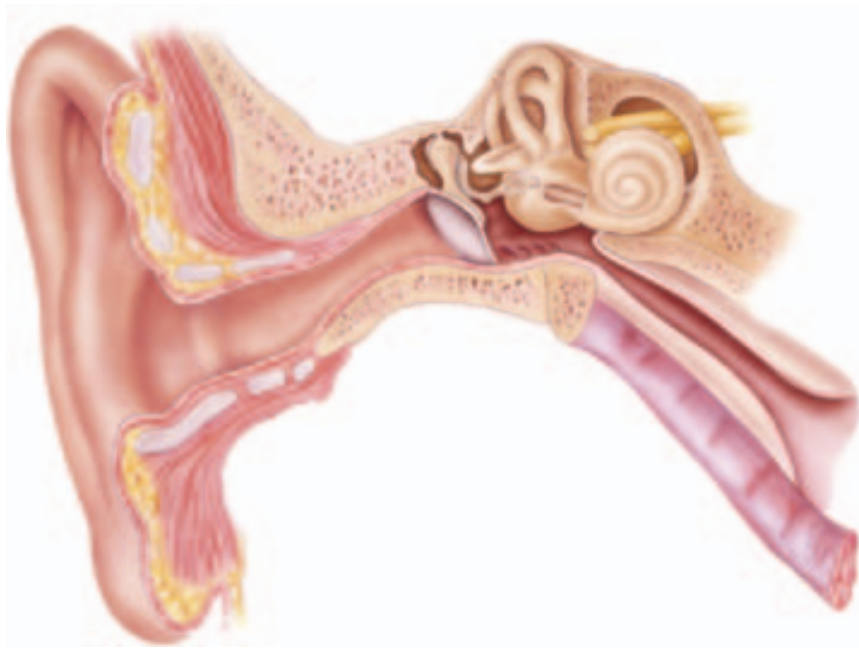
PILARS is available exclusively to osteopaths and final-year osteopathy students in the UK, and can be found at: www.ncorpilars.org.uk

You can find the current PILARS username and password, which you will need in order to log on, on the o zone at: tinyurl.com/ozone-pilars

Find NCOR news online

Want to keep up to date with topical issues in osteopathic research and find out about journal articles that may be relevant to your practice? You need the bite-size research round-up in NCOR's monthly news bulletin.

The bulletin is published online towards the end of each month. You can find the current edition and a full archive of past bulletins on NCOR's website at: www.ncor.org.uk/news/ncor-monthly-news-bulletins



MEDICAL ART INC / SHUTTERSTOCK

Vertigo and its management

Osteopaths may frequently be consulted by patients with the symptoms of benign paroxysmal positional vertigo. **Carol Fawkes**, Senior Researcher at the National Council for Osteopathic Research (NCOR), looks at issues to consider around examination, differential diagnosis and management of the condition

Benign paroxysmal positional vertigo (BPPV) is the most common cause of vertigo where patients experience the illusion of movement; a major study in 2007 found that it has a lifetime prevalence of 2.4 per cent (and twice as high among females as males), with 1.6 per cent of the population experiencing BPPV over the previous year.¹

Patients with BPPV may describe their symptoms to osteopaths either in isolation or as part of a range of other symptoms.

Examination

Good case history taking is imperative in clinical practice. Risk factors cited for BPPV including increasing age, being female, suffering from migraine, experiencing anxiety-related disorders, and having previous episodes of Ménière's disease.

Aggravating factors for BPPV include symptoms worsening when turning over in bed, sitting up after being supine, and side-flexion of the neck. The vertigo sensation can present alone or very occasionally be accompanied by vomiting.

Information concerning patients' medication use is important, since certain medications (some anticonvulsants and antihypertensives, for example) can contribute to vertigo symptoms.

Differential diagnosis

Many conditions may present as dizziness and vertigo, so the role of differential diagnosis is important in patient management. Although BPPV can be idiopathic, other areas for investigation include any history of head trauma, surgery to the stapes, acute and chronic disorders of

the middle ear (especially if hearing loss or tinnitus is reported), post-viral illness, and spontaneous degeneration of the labyrinth.^{2,3}

Other conditions that may manifest vertigo-type symptoms and which should be excluded include:

- vertebrobasilar insufficiency
- cerebrovascular disorders such as transient ischaemic attacks
- shingles affecting the ear (Ramsay Hunt syndrome)
- acute ear infection (labyrinthitis)
- cholesteatoma
- inflammation of the vestibular nerve
- multiple sclerosis
- pathologies of the brain stem
- tumours in the posterior cranial fossa.

Depending on the findings from the case history, patients with BPPV symptoms may require further investigations in the form of audiometry or MRI.

Management and advice

Although BPPV responds well to a range of available treatments, there is a significant rate of recurrence.⁴ This should be included in patient education, so that you can help patients try to avoid any trigger factors that have been identified, and can provide advice on managing the return of initial symptoms.

Mainstream medical management includes reassurance that the symptoms will normally resolve within several weeks, and advice on how to deal with symptoms while they are at their peak – for example, by reducing head movements, and by moving slowly from recumbent positions or from sitting to standing.

¹ von Brevern M, et al. Epidemiology of benign paroxysmal positional vertigo: a population based study. *Journal of Neurology, Neurosurgery and Psychiatry* 2007;78(7):710-5. Accessible at: bit.ly/jnnp-2007-brevern

² Payne J. Benign paroxysmal positional vertigo (version for health professionals). Patient UK website: bit.ly/patientuk-bppv-pro (accessed 13 January 2017)

³ Gacek RR. Evidence for a viral neuropathy in recurrent vertigo. *ORL: Journal for Oto-Rhino-Laryngology, Head and Neck Surgery* 2008;70(1):6-14. Abstract accessible at: bit.ly/orl-2008-gacek

⁴ Bhattacharyya N, et al. Clinical practice guideline: Benign paroxysmal vertigo. *Otolaryngology – Head and Neck Surgery* 2008;139:S47-S81. bit.ly/ohns-2008-bhattacharyya

Thanks to the members of the Haywards Heath research hub whose discussions contributed to this article: Sarah Alexander, Sue Baillie, Hannah Ellicock, Harriett Lennon, Theo Peters, Julia Pusey, Rupert Pusey and Penny Sawell.

Research hubs

There are four NCOR research hubs around the country, where osteopaths meet informally every two to three months to discuss topics of their choice: exploring clinical areas that they want to know more about, or updating their knowledge in familiar areas.

In December 2016, BPPV was the topic under discussion at the Haywards Heath hub. Before the meeting, hub members were each given a research paper to summarise; these ranged from an individual case study to systematic reviews. A number of the papers discussed the use of the Epley manoeuvre, with which many osteopaths will be familiar.

At the meeting, hub members talked about the quality of the papers and their application to clinical practice, and shared experience of managing patients with BPPV. Three of the members' summaries are presented below.

Rapid systematic review of repeated application of the Epley maneuver for treating posterior BPPV

Reinink H, Wegner I, Stegeman I, Grolman, W. *Otolaryngology – Head and Neck Surgery* 2014;151(3):399-406

bit.ly/io17-vertigo-1

Summary by Sue Baillie

The researchers had a clear aim of reviewing original studies to evaluate the effectiveness of repeated applications of the Epley manoeuvre on symptom relief and nystagmus in patients with Posterior BPPV. After an initial search of the relevant keywords (English, Dutch and German languages only) they retrieved 955 studies. This was reduced to just 14 studies with high relevance and low to moderate risk of bias

Vertigo and advertising

Although your patients may consult you about their vertigo, you should note that it is not a condition that you can claim to treat in your advertising.

The Advertising Standards Authority considers vertigo to be 'a subtype of dizziness', which is not among the conditions that manual therapists can claim to treat – see the guidance from the Committee for Advertising Practice at: bit.ly/cap-help-note-medical-conditions

after full text screening. One study was a randomised controlled trial; the rest were prospective or retrospective cohort studies.

There was a lot of heterogeneity in study characteristics (repetitions of manoeuvre in each session, number and frequency of sessions and time elapsed between treatments) which complicated result comparisons, so the reviewers used descriptive analysis rather than pooled data calculations to compile a conclusion. Additionally, there was no standardisation of outcome measures or outcome assessor blinding. Only two of the studies included a control group, which could raise the question of whether the resolution of symptoms could be attributed to the intervention or a result of the disease's natural course.

However, the reviewers drew together a conclusion, stating that 'multiple sessions [up to five] of the Epley maneuver in posterior BPPV patients who are not fully cleared of symptoms after the first session' show a beneficial effect. There is also some evidence that the technique can be repeated up to three or four times in one session to achieve a successful outcome.

Management of benign paroxysmal positional vertigo with the canalith repositioning maneuver in the emergency department setting

Burmeister DB, Sacco R, Rupp V. *The Journal of the American Osteopathic Association* 2010;110(10):602-4

bit.ly/io17-vertigo-2

Summary by Theo Peters

This case report described the treatment of a 38-year-old woman presenting with an acute onset of vertigo, nausea and vomiting of unknown aetiology: symptoms were exacerbated with head movements.

All medical examinations were normal except the Dix-Hallpike test on the left-hand side, which revealed a left torsional nystagmus. The Dix-Hallpike test is the standard for the diagnosis of BPPV, being 100 per cent specific and 88 per cent sensitive. Pre-treatment testing rated her vertigo and nausea at 10 out of 10 on a visual analogue scale.

The patient was treated by a physical therapist with a Canalith repositioning manoeuvre on the left-hand side. Post-treatment testing 30 minutes later showed that symptoms had reduced to 1 and 3 out of 10 for vertigo and nausea respectively, and the Dix-Hallpike test was negative. A follow-up treatment with an ENT physician was not required as her symptoms had resolved.

This case describes how the treatment of

BPPV in the Emergency Department setting can be resolved in less time if the Dix-Hallpike is positive, owing to its high level of diagnostic accuracy, and the Canalith positioning provides emergency physicians with a conservative alternative to medication therapy as well as decreasing the length of stay, the number of admissions into hospital and the costs associated with medical testing and loss of wages.

Evaluating the Epley maneuver

Braschi E, Ross D, Korownyk C. *Canadian Family Physician* 2015;61(10):878

bit.ly/io17-vertigo-3

Summary by Sarah Alexander

This paper evaluated the evidence to answer the question 'How effective is the Epley manoeuvre in treating BPPV?' Briefly reviewing six systematic reviews of randomised controlled trials, it is a summary of the medical evidence as a tool for practice, rather than a full scientific research paper.

The conclusion is that BPPV can be diagnosed clinically, using the Dix-Hallpike manoeuvre, and that neuroimaging is not required. Red flags include focal deficits with numbness or weakness, cerebellar signs including severe ataxia, unilateral hearing loss or tinnitus and direction-changing nystagmus.

The Epley manoeuvre is the treatment of choice, with 47 per cent obtaining symptomatic control after a single treatment and 84 per cent showing improvement after three treatments. A recommended demonstration of the manoeuvre, complete with animation of what is thought to happen in the ear, is at: bit.ly/yt-epley-video

A patient handbook developed by Stanford Primary Care Clinics can be downloaded at: bit.ly/stanford-bppv-patient-info

Here are details of the next round of hub meetings:

Haywards Heath

Wednesday 22 February

Vertebrobasilar insufficiency testing

Leeds Monday 27 February

Plantar fasciitis

Bristol Thursday 27 April

Heel pain

Exeter Saturday 29 April

Trigger points

All osteopaths are welcome. You can find details, including lists of the research papers to be discussed at each meeting, on the NCOR website at: bitly/ncor-hubs

For information about joining a hub, please email c.fawkes@qmul.ac.uk

Become the master of your clinical universe

The Masterclass section of the *International Journal of Osteopathic Medicine (IJOM)* presents accessible, 'go-to' summaries from leaders in their fields. Section Editors **David Evans** and **Oliver Thomson** explain what it has to offer working osteopaths

It has long been recognised that clinicians in a range of healthcare disciplines face a 'theory-evidence-practice gap', caused in part by the challenge of taking research evidence drawn from broad patient populations and being able to relate and apply it to decisions and situations that are often unique, ambiguous and person-specific.

In line with the original aims of evidence-based healthcare, our Masterclasses – perhaps the most clinically oriented papers in *IJOM* – aim to help bridge this gap. We invite clinicians and academics with expertise in their specialised fields to share their knowledge, so that osteopaths working at the 'coalface' of clinical practice can develop their own expertise.

By integrating current research evidence with the expertise and craft-knowledge of the authors, Masterclasses offer a framework for you to link the areas of research and practice in a meaningful and relevant way.

What do Masterclasses cover?

Over the last eight years, *IJOM* has published 19 Masterclass papers on a variety of topics related to contemporary osteopathic and manual therapy practice.

One recent example (available at: bit.ly/ijom-master-0916) covers the current thinking around risk assessment of the cervical spine prior to manual therapy. It notes the emerging consensus that pre-manipulative tests for arterial dysfunction have limited usefulness; provides up-to-date data from research into risk factors associated with cervical artery dissection; and suggests examinations that should be taken if any of these factors are identified in the clinical history.

Other topics covered in Masterclasses have included:

- technical manual therapy approaches (bit.ly/ijom-master-0311)
- breathing dysfunction (bit.ly/ijom-master-0909)
- thoracic outlet syndrome (bit.ly/ijom-master-1210)
- clinical reasoning and the development of clinical expertise (bit.ly/ijom-master-0915)
- psychological aspects of pain (bit.ly/ijom-master-0911)
- critically appraising research evidence (bit.ly/ijom-master-0615)
- application of the biopsychosocial model in osteopathy (bit.ly/ijom-master-0610)
- diagnostic accuracy and reliability (bit.ly/ijom-master-0611)
- HIV infection and the neuromusculoskeletal system (bit.ly/ijom-master-1209)
- the experiences and beliefs of patients with chronic low back pain (bit.ly/ijom-2016-darlow)
- research methodologies (bit.ly/ijom-master-0914).

Recent Masterclasses have covered topics including risk assessment of the cervical spine



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To access the full texts of any of these papers, you will first need to log in to the o zone at: members.osteopathy.org.uk

The diversity of topics in Masterclasses reflects the complex nature of clinical practice and the challenging problems encountered. The different forms of evidence and knowledge synthesised are echoed by more contemporary views of how research evidence can inform clinical practice.

'Real' evidence-based practice centres on the appreciation that there are different types of evidence, and involves the critical synthesis of these different forms of evidence with the individual practitioner's expertise and the patient's values and circumstances.

Who writes Masterclasses?

To date we have published Masterclass contributions from authors in the osteopathic, physiotherapy, nursing and medical professions. This diversity provides different perspectives and expertise on challenging areas of practice that are common to different healthcare professions.

Masterclasses in *IJOM* are usually written following an invitation from the Editorial Team, but we welcome proposals from authors who feel that they have sufficient expertise on a particular area. If you are interested, please contact us directly before submitting a paper, so that we can discuss the suitability of your proposal.

We hope that the Masterclass papers to date have been not only thought-provoking but also informative and clinically useful. We welcome your feedback on them, as well as suggestions for future Masterclasses.



You can contact David Evans at: dwe@backpainclinic.co.uk, and Oliver Thomson at: o.thomson@bso.ac.uk

Promoting osteopathy in the performing arts

Osteopaths with patients in the performing arts sector have a new specialist interest group to support and promote them, reports founder member **Michael Mehta**

A little over a year ago, I wrote some articles in the osteopathic press (including the October/November 2015 edition of *the osteopath*, page 17) asking whether there was any interest in establishing a new specialist interest group for osteopaths who provide treatment and care to people in the performing arts.

I noted that professional support bodies for performing arts medicine had osteopaths among their members, included osteopaths on their practitioner lists, and were interested in our approach and our expertise. But we lacked an equivalent of the Osteopathic Sports Care Association (OSCA) to be a recognised point of contact for performing artists seeking osteopathic care or arts organisations wanting more information about osteopathy.

There was a good response to these articles, resulting in a number of open meetings with interested colleagues. Some 25 osteopaths attended one or more of these meetings, with a further 20 colleagues making contact and asking to be kept informed of developments – and the decision was made to establish a formal group, to be called the Osteopathic Performing Arts Care Association (OPACA).

Following the useful guidance from the Osteopathic Development Group for setting up a successful group (available at: bit.ly/io-odg-regional-guide), we have now established a formal structure, and eight colleagues have formed a steering committee to take the group forward. We have set ourselves the following aims:

- Provide osteopathic care, education and treatment for the performing arts community.



SLETANIS / SHUTTERSTOCK

- Promote osteopathy to the performing arts community.
- Provide education and support for osteopaths working or interested in the performing arts sector.
- Facilitate research in the field of osteopathic care in the performing arts sector.

There will be a publicly accessible database of colleagues who work with the performing arts community, giving an indication of their areas of interest (working with dancers, musicians, circus performers and so on).

We will also organise study days, initially twice a year, with presentations

by osteopathic colleagues and performing arts professionals from different areas. Our first study day is set for **Saturday 6 May** in London, from 10.30am to 5.30pm, on the topic of meeting contemporary dancers' needs; this will include a contribution from influential dancer and choreographer Russell Maliphant. The study days will be open to all osteopaths, but OPACA members will receive a discount.

Membership of OPACA is now open to osteopaths and students at GOSC-recognised osteopathic educational institutions. We see OPACA as a national specialist interest group, and we welcome applications from across the country.

We are acutely aware that many osteopathic initiatives can appear to be centred very much in London and the South East, so we have decided that one of our study days each year will always be held elsewhere in the country; we welcome ideas as to possible locations where these can be hosted. Our second study day is planned for mid- to late October, and will probably be themed around the needs of musicians.

We would like to thank colleagues at the Institute of Osteopathy and the General Osteopathic Council for their support in taking the initiative forward. Also to Rambert Dance and London Contemporary Dance at 'The Place' for kindly hosting our initial meetings.

i The group is developing a website, www.opaca.co.uk, which it hopes will be fully functional by the end of February. Please contact OPACA secretary Lise Court at: membership@opaca.co.uk to apply for membership. See page 23 for details of the first study day.

Funding for education and research

Scholarships at Sutherland

The Sutherland Cranial College of Osteopathy (SCCO) has announced a new programme of scholarships and bursaries.

New osteopaths can apply for bursaries of £150 towards the SCCO's five-day course 'Osteopathy in the Cranial Field', reducing the price to £800. Every time the course is run, up to 20 bursaries will be available on a first-come, first-served basis to osteopaths who graduated less than two years before the course start date.

Additionally, a new scholarship programme is available to 'talented and deserving' osteopaths at any stage in their careers. The programme is competitive and requires a formal application, but it pays 50 per cent of the fees for the

'Osteopathy in the Cranial Field' course or the SCCO's Paediatric Diploma.

SCCO Chairman Mark Wilson said: "We are delighted to have tripled our programme of charitable support, investing in the future of young osteopaths here in the UK, and for the first time in Germany and Spain."

For more information about the scholarships and bursaries, visit the SCCO website at: bit.ly/scco-scholarship

Osteopathic Foundation

The Osteopathic Education Foundation – whose activities have included providing loans to osteopathy students and funding for the National Council for Osteopathic Research – has come under the stewardship of the Institute of Osteopathy (iO).



Moving forward as the Osteopathic Foundation, the trust will continue to use its resources to fund research, support education and further the development of osteopathy for the benefit of public health.

The change was

made on 1 February, after the Charity Commission approved a request from the foundation's former trustees for it to become the charitable wing of the IO.

A new board is being appointed, and will review how best to use the foundation's resources and profile. The new leadership will seek to maintain the foundation's important role in the development of UK osteopathy, as well as adapting to meet the challenges and opportunities faced by the profession.



Bookshelf

A selection of illustrated reference books for osteopaths

Palpation and Assessment in Manual Therapy: Learning the Art and Refining Your Skills (4th edition)

Leon Chaitow

Handspring Publishing (2017), 242 pages

ISBN: 978-1-909141-346



This practical guide for students and practitioners covers the assessment and palpation of tissues and systems including the skin, muscle, fascia, spine and pelvis. It also includes a chapter on palpation and emotional states. A supporting DVD features video clips and a commentary by the author to demonstrate and explain the book's techniques.

Essential Guide to the Cervical Spine, Volume 1: Clinical Assessment and Therapeutic Approaches

Rafael Torres Cueco

Elsevier (2016), 440 pages

ISBN: 978-0-702046-094



The first part of a two-volume guide to understanding and treating cervical spine disorders and syndromes. Following an initial exploration of the cervical spine's anatomy, biomechanics and pain patterns, it explores topics including the pathomechanics of joint dysfunction and the implications of muscle deficits in neck pain disorders.



If you would like to review any of these titles (in exchange for a free copy), contact the Editor at: editor@osteopathy.org.uk

Book reviews



Spine and Joint Articulation for Manual Therapists

Giles Gyer, Jimmy Michael and Ben Calvert-Painter

Handspring Publishing
ISBN: 978-1-909141-31-5

Reviewed by Laura Humphreys BSc(Ost)

This useful introduction to articulation is divided into two main sections. The first presents a detailed overview of articulation in general, including its evidence base, followed by an introduction to movement and joints, guidance on therapist posture and stance when applying techniques, and contraindications or considerations which would impact on the use of articulation in practice.

The second section of 10 chapters provides more detailed information about different areas of the body: in addition to an overview of the anatomy, epidemiology and examination considerations, there are photographs with detailed annotations depicting a number of techniques that could be applied to the area.

A lot of the information in the book will be familiar to many osteopaths, although

some of the research related to articulation specifically rather than manual therapy in general is enlightening. As a practicing osteopath, I feel that we often undervalue what are seen as relatively mundane techniques such as articulation in favour of the more dramatic manipulative approaches; this book made me question that tendency.

I also liked the tables in each chapter of the second section, which summarised details relevant to that area of the body such as common conditions, tests, muscle anatomy and red flags.

While I liked the book and will certainly refer to it in future, I am unsure how useful it will be to most practicing osteopaths, as articulation is something that we have been taught to do reasonably well during training. However, I did find that the chapters on peripheral joints were useful in identifying some gaps in my knowledge and techniques in less frequently encountered areas. And I can see that this will be a very informative text for student osteopaths and those practitioners who use these techniques less frequently.

Medical Therapeutic Yoga: Biopsychosocial Rehabilitation and Wellness Care

Ginger Garner

Handspring Publishing
ISBN: 978-1-909141-13-1

Reviewed by Anji Gopal MSt

Medical Therapeutic Yoga is an approach developed by Ginger Garner, and in this textbook – which also gives you access to some online

reference videos – she outlines the method.

As a yoga teacher and osteopath who combines the two in clinical practice on a daily basis, I looked forward to reading this book. Yoga and osteopathy have much in common, both from a 'whole person' philosophical approach and also in their practical application where we try to understand and unwind the effects of poor respiration, anatomical restriction and stress.

The book seeks to provide an up-to-date, evidence-based system for the use of yoga as a medical therapy. This is no mean feat, and the text covers an impressive range of topics: anatomy, biomechanics, orthopaedic and respiratory assessment, neurophysiological theory, pain science, and how yoga integrates with the biopsychosocial model of healthcare, as well as yoga postures.

It's a beast of a book – with 32 pages of references alone – and clearly represents a massive and worthy endeavour. However, this is also where it fails, as there is just too much material to cover in sufficient depth.

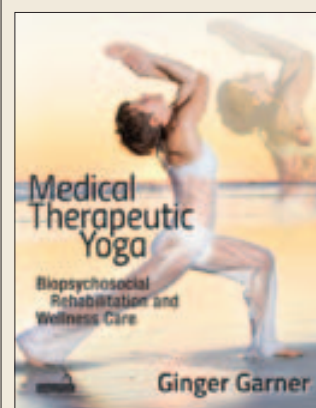
Although I see how the book has a place as a manual for the author's own course, I wouldn't recommend it as an introduction to yoga therapy for osteopaths, primarily because it is not a 'manual' that a non-yoga teacher can put into practice. Even as an experienced practitioner and teacher, I found it overly complicated: there are barely any case studies and no 'step-by-step' instructions. Additionally, osteopaths probably already know much of the biomechanics, orthopaedic assessment and

anatomy in more detail than presented here.

I can't recommend it as a standalone text either, for two reasons. Firstly, it was a really hard read: stylistically the writing is overly complex, and the material isn't arranged clearly. I had to search repeatedly for the author's long-winded acronyms to be explained, and to re-read paragraphs in the practical section time and again to understand their point. And secondly, the section on research evidence for yoga was light – I had been looking forward to a detailed commentary on the many studies, but this wasn't covered at all well enough.

All of this is a shame, as active exercise prescription taught by knowledgeable therapists has an increasingly important place in modern physical therapy (see the new NICE guidelines for low back pain!) and we all need to learn more.

Given our anatomical and physiological knowledge base, there are better yoga texts out there giving a clear understanding of the basic postures. But to truly appreciate the benefits of yoga, we probably need to experience it for ourselves by developing a strong practice first and then using our experiential knowledge.



Courses 2017

Courses are listed for general information; inclusion does not imply approval or accreditation by the GOsC. For a comprehensive list of courses, see the events diary on the **o** zone at: bit.ly/ozone-events

March

3-6

SCCO Pathway module 9: Introduction to paediatrics

Speaker: Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767607
admin@scco.ac
www.scco.ac

4-5

The development and function of the five lateral cranial nerves

Speaker: Prof Frank Willard
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

9-12

Pelvis, sacroiliac joint and lumbar spine masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

11

Risk, assessment, communication and consent

Speaker: Kelston Chorley
Venue: Middlesex University (Hendon campus), London NW4
Tel: 020 8905 1937
cpd@collegeofosteopaths.ac.uk
www.collegeofosteopaths.ac.uk/cpd-events/

11

Clinical methods DCP

Speaker: Trevor Jefferies
Venue: British School of Osteopathy, London SE1
Tel: 020 7089 5333
cpd@bso.ac.uk
www.bso.ac.uk/cpd

11-12

Northern Counties Society of Osteopaths convention

Speakers include Lorelei Waring and David Evans
Venue: Thorpe Park Hotel, Leeds
kaloelliott@aol.com
www.ncso.org.uk

12

Osteopathic care of abdominal conditions

Speaker: Kelston Chorley
Venue: Middlesex University (Hendon campus), London NW4
Tel: 020 8905 1937
cpd@collegeofosteopaths.ac.uk
www.collegeofosteopaths.ac.uk/cpd-events/

12

Let's breathe

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1
Tel: 07792 384592
mumandbabyCPD@gm.com
bit.ly/mumandbabycpd

13

Spinal manipulation and mobilisation techniques

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

16-19

Acupuncture techniques for sports injuries – Level 1

Speaker: Bernard Nolan
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

18-19

Breathing, breathing therapy and capnography in clinical practice

Speakers: Dr Robert Kissner and Gerry Gajadharsing
Venue: London Marriott Hotel Kensington, London SW5
Tel: 020 7631 1414
info@thehealthequation.co.uk

18-19

Animal osteopathy – taster days

Speakers: Dustie Houchin and Eleanor Andrews
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

19

Osteopathic care of abdominal conditions

Speaker: Kelston Chorley
Venue: Staffordshire University, Stoke-on-Trent
Tel: 020 8905 1937
cpd@collegeofosteopaths.ac.uk
www.collegeofosteopaths.ac.uk/cpd-events/

21

Muscle energy techniques made simple

22
Kinesiology taping for the athlete

23

Knee joint masterclass

24

Hip and groin masterclass

Speaker: John Gibbons
Venue: University of Oxford Sports Complex, Jackdaw Lane, Oxford OX4
Tel: 07850 176600
john@johngibbonsbodymaster.co.uk
bit.ly/jgbodymaster

25-26

Managing breathing pattern disorders: biomechanical and functional approaches

Speaker: Leon Chaitow
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

April

1-2

Neural manipulation

Speaker: Richard Twining
Venue: European School of Osteopathy, Maidstone, Kent
Tel: 01622 671558
cpd@eso.ac.uk
www.eso.ac.uk

2-3

The physiological basis of osteopathic medicine

Speakers include Melvyn Waldman and Caroline Stone
Venue: Wellcome Collection, London NW1
classical-osteopathy.org

2

Osteopathic care of the pelvis and pelvic conditions

Speaker: Kelston Chorley
Venue: Staffordshire University, Stoke-on-Trent
Tel: 020 8905 1937
cpd@collegeofosteopaths.ac.uk
www.collegeofosteopaths.ac.uk/cpd-events/

5-9

SCCO Pathway module 2: Osteopathy in the cranial field

Speaker: Carl Surridge
Venue: Columbia Hotel, London W2
Tel: 01453 767607
admin@scco.ac
www.scco.ac

8-9

Conference: The future of paediatric osteopathy

Speakers include Susan Turner and Prof Frank Willard
Venue: Regent's University, London NW1
www.fpo.org.uk/conferences

9**Postpartum mum: Treating the postnatal patient**

Speaker: Miranda Clayton

Venue: London School of

Osteopathy, London SE1

Tel: 07792 384592

mumandbabyCPD@gm.combit.ly/mumandbabycpd**9****Osteopathic care of the pelvis and pelvic conditions**

Speaker: Kelston Chorley

Venue: Middlesex University

(Hendon campus), London NW4

Tel: 020 8905 1937

cpd@collegeofosteopaths.ac.ukwww.collegeofosteopaths.ac.uk/cpd-events/**11****Cervical spine masterclass****12****Shoulder joint masterclass****19****The vital glutes and psoas**

Speaker: John Gibbons

Venue: University of Oxford

Sports Complex, Jackdaw Lane,

Oxford OX4

Tel: 07850 176600

john@johngibbonsbodymaster.co.ukbit.ly/jgbodymaster**21-23****11th International Conference on Advances in Osteopathic Research**

Speakers include Alberto

Gallace and Prof Wilfrid Jänig

Venue: Accademia Italiana di

Medicina Osteopatica, Milan

www.aimo-osteopatia.it/icaor11**May****6****Optimising rehabilitation prescription in sport**

Speaker: Matt Ashman

Venue: Whittington Education

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.netwww.cpdo.net**6****Meeting the needs of the contemporary dancer**

Speakers include Russell

Maliphant

Venue: London (details to be

confirmed)

Tel: 020 7638 3202

enquiries@opaca.co.ukwww.opaca.co.uk**11-15****SCCO Pathway module 4: Balanced ligamentous tension**

Speaker: Susan Turner

Venue: Hawkwood College,

Stroud, Gloucestershire

Tel: 01453 767607

admin@scco.acwww.scco.ac**13-14****Breath of Life conference**

Speakers include Dr Wendy

Anne McCarty and Robert

Lever

Venue: Regent's University,

London NW1

info@breathoflifeconference.co.ukwww.breathoflifeconference.co.uk**16-17****Healing traumatic stress**

Speaker: Dr Bessel van der Kolk

Venue: Regent's University,

London NW1

info@breathoflifeconference.co.ukwww.breathoflifeconference.co.uk**17-18****Advanced soft tissue techniques**

Speaker: John Gibbons

Venue: University of Oxford

Sports Complex, Jackdaw Lane,

Oxford OX4

Tel: 07850 176600

john@johngibbonsbodymaster.co.ukbit.ly/jgbodymaster**20-21****SCCO Pathway module 1: Foundation course**

Speaker: Penny Price

Venue: Gillis Centre, Edinburgh

Tel: 01453 767607

admin@scco.acwww.scco.ac**20-21****A process approach in physical therapies**

Speaker: Dr Eyal Lederman

Venue: Whittington Education

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.netwww.cpdo.net**22****Neurological testing**

Speaker: John Gibbons

Venue: University of Oxford

Sports Complex, Jackdaw Lane,

Oxford OX4

Tel: 07850 176600

john@johngibbonsbodymaster.co.ukbit.ly/jgbodymaster**June****3****Nutrition and human performance/Nutrition and recovery from musculoskeletal injury**

Speaker: Prof Adam Cunliffe

Venue: Whittington Education

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.netwww.cpdo.net**10****The miserable baby, part 1: Feeding and digestive disorders**

Speaker: Miranda Clayton

Venue: London School of

Osteopathy, London SE1

Tel: 07792 384592

mumandbabyCPD@gm.combit.ly/mumandbabycpd**10-11****Head First conference**

Speakers include Prof Laurie

Hartman and Prof Frank Willard

Venue: W12 Conference

Centre, London W12

Tel: 01453 767607

admin@scco.acwww.scco.ac**17****Verbal first aid: Words and ways to empower your patients' own inner healing**

Speaker: Judith Simon Prager

Venue: European School of

Osteopathy, Maidstone, Kent

Tel: 01622 671558

cpd@eso.ac.ukwww.eso.ac.uk**17****Managing the acute and chronic shoulder: a process approach**

Speaker: Dr Eyal Lederman

Venue: Whittington Education

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.netwww.cpdo.net**17****Communication and counselling skills for clinicians**

Speaker: Tsafi Lederman and

Jenny Stacey

Venue: Whittington Education

Centre, London N19

Tel: 020 7263 8551

cpd@cpdo.netwww.cpdo.net**July****1-2****SCCO Pathway module 1: Foundation course**

Speaker: Penny Price

Venue: Crista Galli Osteopathy,

London W2

Tel: 01453 767607

admin@scco.acwww.scco.ac**7-9****SCCO Pathway module 7: Spark in the motor**

Speaker: Rowan Douglas-Mort

Venue: The Beeches,

Bournville, West Midlands

Tel: 01453 767607

admin@scco.acwww.scco.ac**16****First aid appointed person**

Speaker: Steven Bruce

Venue: Skylight Centre,

London N5

Contact: 07000 785778

info@cranio.co.ukwww.cranio.co.uk**August****12-13****SCCO Pathway module 1: Foundation course**

Speaker: Penny Price

Venue: Fawnsmoor Farm,

Axminster, Devon

Tel: 01453 767607

admin@scco.acwww.scco.ac



CPDO 2017

Professional Development for Manual and Physical Therapists

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Date	Topic	Lecturer	Cost	Deposit	CPD points
24-26 Feb (Start Friday 17:00)	Osteopathic neuromuscular rehabilitation	Dr. Eyal Lederman	£385	£200	18
25-27 Mar	Managing breathing pattern disorders: biomechanical and functional approaches	Leon Chaitow	£315	£250	14
1-2 Apr	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	Fully booked		14
20-21 May	A process approach in physical therapies: beyond the structural model - NEW COURSE	Dr. Eyal Lederman	£195	£100	14
6 May	Optimising rehabilitation prescription in sport	Matt Ashman	£125	£125	7
3 June	Nutrition and human performance: ergogenic aids that actually work & Nutrition and recovery from musculoskeletal injury: nutritional approaches to inflammation	Prof. Adam Cunliffe	£125	£125	7
17 June	Managing the acute and chronic shoulder: a process approach	Dr. Eyal Lederman	£125	£125	7
17 June	Communication and counselling skills for clinicians	Tsafi Lederman & Jenny Stacey	£125	£125	7
30 Sept	Lower limb MSK assessment: what is useful and what is redundant	Matt Ashman	£125	£125	7
30 Sept	The challenge of tendinopathies: focus on LEX	David Wales	£125	£125	7
7-8 Oct	Fascial dysfunction: management in manual and physical therapies	Leon Chaitow	£315	£250	14
21-22 Oct	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	£355	£250	14
21-22 Oct	Functional stretching	Dr. Eyal Lederman	£275	£150	14

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www.cpdaonline.com



Get ready for the changes in CPD requirements: Join a supervision/tutorial/peer group with Dr. Eyal Lederman
cpd@cpdo.net / 0207 263 8551



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

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551

email: cpd@cpdo.net For more information and booking visit www.cpdo.net

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

Vascular Manipulation

Course leader: Richard Twining

Date: Saturday 18 to Sunday 19 February 2017
Cost: £280 (includes lunch and refreshments)
CPD: 14 hours

"By liberating a femoral artery one can easily gain a 10-30 degrees of extension of a hip, or when normalising a vertebral artery one can realise a gain of 10-30 degrees of sidebend" Chauffeur, Pratt & Michard (2009)

This course will review the global fluid exchanges, pressures and circulations in the body and their significance for health and dysfunction and then focus on the faster flowing fluids of the vascular system, the biomechanics of its connective tissue matrix and how to manipulate vessels, directly and indirectly, in both the musculoskeletal and visceral networks to improve musculoskeletal mobility, visceral function and tissue quality.



Professor Frank Willard

Lateral cranial nerves V, VII, IX & X (full title to be confirmed)

Date: Saturday 4 to Sunday 5 March 2017
Cost: £300 (includes lunch and refreshments)
CPD: 14 hours

In the brainstem these nerves form a major, embryologically defined column that evolved significantly with our ability to communicate. Professor Willard works with this theme to develop a fascinating and rewarding seminar.



ANIMAL OSTEOPATHY

New courses for 2017 - visit our website to find out more

Taster Days for Animal Osteopathy



Saturday 18 March (Equine) / **Sunday 19 March** (Canine)

Also coming up in 2017

How can Chinese Medicine help your Osteopathic Practice?

March 18-19
Speaker: Gordon Peck
£250 (incl refreshments)

Neural Manipulation

April 1-2
Speaker: Richard Twining
£280 (incl refreshments)

For full course details and to book online visit www.eso.ac.uk

BOOK NOW
to avoid disappointment

CONTACT US:

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Designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic-based settings.

Start date: TBC 2017

Pg Cert in Integrated Care of Older Adults

Did you know that by 2030, one in five people in England will be aged over 65? That's why we've specifically designed the only award bearing course in the UK for those wishing to develop specialists skills in osteopathic care of older adults (over 65 years). This course will equip practising osteopaths with contemporary, evidence-informed knowledge, practical and clinical skills in the specialist area of advanced osteopathic management of older adults.

Start date: March 2017

Pg Cert in Specialist Paediatric Osteopathic Practice

Designed for practising osteopaths who wish to develop specialist skills in paediatric osteopathic practice, this one year course develops knowledge, practical and clinical skills in the specialist area of paediatric practice. This course welcomes osteopaths, internationally and nationally.

Start date: April 2017

For more information or to apply for our postgraduate certificates:

admissions@bso.ac.uk 020 7089 5316

www.bso.ac.uk/postgraduate-cpd

CPD courses

Sat 11 Mar

Clinical Methods DCP

Sat 11 Mar

Emergency First Aid

Fri 17 Mar

Pain & Pharmacology

Sat 1 Apr

Advanced Spinal

Manipulation

Sun 23 Apr

Still Technique 1

Sun 23 Apr

Neonatology

Sat 13 & Sun 14 May

Clinical Risk in Older Adults

Sat 20 & Sun 21 May

Advanced Osteopathic

Paediatric Respiratory and

ENT Medicine

Sun 28 May

Still Technique 2

Sat 27 & Sun 28 May

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THE INSTITUTE
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DATE 2017	WORKSHOP	SPEAKER	ENHANCED CPD STANDARDS	IO MEMBER RATE	NON IO MEMBER RATE
4 March Harrogate	Communication and Consent <i>Keeping out of trouble</i>	iO Medico-legal team	<ul style="list-style-type: none"> Standard 1 OPS: A, C, D Standard 2 Patient feedback 	£60.00	£80.00
31 March	First Aid for Clinicians <i>Tailored for the need of osteopaths</i>	Academy of Physical Medicine	<ul style="list-style-type: none"> Standard 1 OPS: A, B, C, D 	£90.00	£120.00
22 April	Communication and consent <i>Keeping out of trouble</i>	iO Medico-legal team	<ul style="list-style-type: none"> Standard 1 OPS: A, C, D Standard 2 Patient feedback 	£60.00	£80.00
19 May	Low back pain & sciatica <i>In focus with the NICE guidelines</i>	Robin Lansman	<ul style="list-style-type: none"> Standard 1 OPS: A, B, C, D 	£125.00	£175.00
16 June	Patient Management <i>Getting your patients to buy-in to Osteopathy</i>	Painless Practice	<ul style="list-style-type: none"> Standard 1 OPS: A, B, D Standard 2 Patient feedback 	£25.00	£175.00

Communication and Consent (Harrogate and London)

This workshop proved so popular last year we had to increase capacity. As a mandatory component of the enhanced CPD scheme, the iO's extensive experience of supporting members with complaints, liaising both with patients and the regulator, places us in a unique position to share that knowledge and expertise through these workshops.

This year we are hosting two workshops, one in London and one in Harrogate.

Social Media Strategy and Patient Management

Seasoned business development coaches Painless Practice, tackle social media and how to make the most of this increasingly important method to connect with your patients new and existing. They also provide advice and guidance on how to maximise your patient/practitioner relationship.



Exploring Low Back Pain and Sciatica in focus with the NICE guidelines

Cases of low back pain and sciatica often present with complex patterns of dysfunction. In this practical workshop, Robin Lansman explores how osteopaths can best combine targeted hands-on treatment and prescribed remedial exercise, with reference to the updated NICE guidelines in this area, to provide lasting help for patients to overcome these presentations.



First Aid for Clinicians

Following its success last year we have invited back Steve Bruce to deliver his highly successful First Aid for Clinicians. Specifically tailored for the needs of osteopaths, his course is great fun, hugely relevant and most important, highly memorable. The course will provide advice and skills that meets the HSE's "emergency First Aid at Work" requirements and much more.

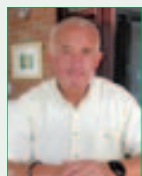
All workshops are a full day and will be hosted in central London unless otherwise stated. To book your workshop call

01582 488 455 Quoting: 'The Osteopath:CPD'
(Places are limited and will be allocated on first come basis.)

For more information on all the workshops visit
www.osteopathy.org/cpd-workshops

To book, visit: www.scco.ac, email admin@scco.ac or call **01453 767607**
Some courses require a minimum level of qualification; please contact us for further details.

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DA RIN

Leader: Clare Ballard

10 - 11 June 2017

W12 Conference Centre,
LONDON

£390*

non-residential

CPD: 16 hrs

We are delighted to present our latest conference which this year focuses on head trauma, concussion and relevant osteopathic treatment strategies.

Conference delegates will benefit from the wealth of knowledge and experience offered by our speakers and the diverse range of topics covered; including:

- Anatomy and physiology of whiplash
- Insights into brain injury
- Personal experience of head trauma
- Post traumatic stress
- Head trauma in sports
- Head trauma case studies

During both conference afternoons, delegates will also have the opportunity to attend a choice of workshops led by our speakers.



MARCH 2017

Module 9: Introduction to Paediatrics

3-6 March 2017 **£1100**** non-res
Hawthwood, Stroud CPD: 32 hrs

Leader: **Hilary Percival**

This course prepares you to practice safely and examine your young patients with confidence and a deeper appreciation of the extraordinary journey from embryo to childhood.

2017-19 Paediatric Diploma now on sale.

APRIL 2017

Module 2: Osteopathy in the Cranial Field

5-9 April 2017 **£950** non-res
Columbia Hotel, London CPD: 40 hrs

Leader: **Carl Surridge**

Our flagship *Osteopathy in the Cranial Field* course is an overview of the whole cranial concept, covering all the key areas, and includes treatment approaches that you can use immediately in practice.

SCHOLARSHIPS

Scholarships worth up to **50% off**
Module 2 and the

Paediatric Osteopathy Diploma
are available from September 2017.
Application deadline: 31 May 2017

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graduates valid for courses starting
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Scholarship and Bursary
availability is **limited**, please visit:

www.scco.ac
for full details.

MODULE 2: NEXT COURSES

2-6 September 2017

10-14 March 2018

Columbia Hotel, London

MAY 2017

Module 4: Balanced Ligamentous Tension

11-15 May 2017 **£980**** non-res
Hawthwood, Stroud CPD: 34 hrs

Leader: **Sue Turner**

An excellent introduction to working with
involuntary mechanisms in clinical practice
and to the treatment of body-wide joints.

JULY 2017

Rule of the Artery: Refresher Day

1 July 2017 **£185** non-res
BCOM, London CPD: 8 hrs

Leader: **Tim Marris**

Do you remember the Rule of the Artery course?
If you do then you will love this Refresher Day!
If not, then you need to come along!
This one-day course is perfect preparation
for anyone planning on attending **Rule of the
Artery: Part 2** on **30 September 2017**.

Visit our website, www.scco.ac, for full details.

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CPD: 16 hrs

£275
non-res

Leader: **Penny Price**

Have you ever wondered about the anatomy
above the atlanto-occipital joint? Or what
influence the structures within the head,
neck and pelvis may have on the rest of the
body? Allow us to introduce you to osteopathy
within the cranial field.

25-26 February 2017

London

20-21 May 2017

Edinburgh

1-2 July 2017

London

12-13 August 2017

Axminster

7-8 October 2017

London

18-19 November 2017

London

Module 7: Spark in the Motor

7-9 July 2017 **£945**** res
The Beeches, Bournville CPD: 24 hrs

Leader: **Rowan Douglas-Mort**

Explore the art and science of osteopathy
addressing the nervous system, cerebro-
spinal fluid and the subtle fluctuations and
bioenergetic communication throughout the
fluid fields of the body.

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Caroline Stone
Chris Campbell
Chris Batten

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Prices include lunch & refreshments

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Monday 3rd April 2017

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Classical Osteopathy
LMU Science Centre
29 Hornsey Road
London N7 7DD

WITH
Mervyn Waldman
Caroline Stone

EARLY BIRD OFFER (expires 31.01.17)
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Prices do not include
lunch & refreshments

For full details and bookings visit: classical-osteopathy.org/ico-events/conferences



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www.molinari-institute-of-health.org

'Postgraduate Diploma in Women's Health' **May 2017**

Last chance to enrol on this two-year part-time course providing a unique opportunity to gain an in-depth understanding of women's health and to become part of a body of practitioners with a specific expertise in this field.

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Module 1: Advanced technical development

Module 2: Healthy visceral

Module 3: Healthy cranium

For more information and to register on any of these courses please contact Corinne Jones at:
corinnejones.mih@gmail.com
or visit our website as above.



Evening Talks: Imperial College

14 March 17: Prof Renzo Molinari
Functional origin of women's health problems

25 April 17: Prof Renzo Molinari
Importance of foetal positioning in relation to babies dysfunctions

Practical Workshop: London

27 May 17 (PM): Michael Pye / Chiara Ribera
Lumbo-pelvic assessment and techniques

Glandular Dysfunctions **Osteopathic Approach**

15 – 18 June 17: Nathalie Camirand D.O
This course will explore the specific osteopathic approach to glandular balance. New diagnostic and therapeutic tools will be presented.

Neuro-Endocrine System

8 and 9 July 17 – Prof Frank Willard (USA)

Seminar in los – Greece

30 May – 4 June 17: François Allart, Geneviève Kermorgant and Prof Renzo Molinari
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9 and 10 September 17: MIH and OPHM
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Italy, Milan
21 - 23 April 2017



Call for registration

Keynote Speakers

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Honorary Fellow, University of Westminster, London
Editor-in-Chief, Journal of Bodywork & Movement Therapies

Keynote: "Implications of current research on dosage of manual/osteopathic treatment of fascial dysfunction."

 **Dr Lisa M. Hodge, Ph.D.**

Associate Professor, The Department of Cell Biology and Immunology, Osteopathic Heritage Basic Science Research Chair, The Osteopathic Research Center, University of North Texas Health Science Center.

Keynote: "The lymphatic system and Inflammation: insight into the mechanisms of protection offered by osteopathic medicine."

 **Dr. Silvestro Roatta, PhD**

Associate Professor of Physiology, Dept. of Neuroscience, University of Torino - Politecnico

Keynote: "Autonomic modulation of skeletal muscle function: physiological mechanisms, implications, speculations."

 **Dr. Alberto Gallace, Ph.D.**

Researcher in Psychobiology, Department of Psychology University of Milano-Bicocca

Keynote: "Body, Space, and Pain in the brain: the concept of body matrix."

 **Prof Dr Wilfrid Jänig**

Professor of Physiology Emeritus, Physiologisches Institut, Christian-Albrechts-Universität zu Kiel, Germany

Keynote: "Autonomic Nervous System and Inflammation."

Register now and learn more at

www.aimo-osteopatia.it/icaor11

www.bcom.ac.uk/icaor11



Energy Osteopathy

Sunday 2nd April 2017

Regents Conference Centre, Regents Park, London, NW1 4NS

In response to requests this full day course with Nicholas Handoll and Caroline Penn is being repeated:
Some of the feedback from the first course, 6th November 2016:

"Nick has pushed the science right to the edge and opened up the world in a new way. He offers us an opportunity to take a leap into a bigger way of being in the world. Go if you're open for a new challenge!"

Try the course even if you practice structurally. Expand your understanding; it will help you no matter how you work.

The clearest description of osteopathic philosophy I have heard. Go, if you want to further your development.

During the detailed science descriptions, the solid ground of common-sense got pulled away from under my feet!

Made me realise the awesomeness and amazingness of the universe in a RELEVANT way to practice!!! Revolutionary!

A mix of cutting-edge physics to explain osteopathic philosophy. Brought physics alive! The perspective was mind-blowing!

Explained physics concepts better than any of my A-level or Degree level lecturers!

Showed up some ways of thinking about osteopathy with some great discoveries about palpation.

Confirming, anchoring, transformational, encouraging. Will widen your horizon to how powerful osteopathy can be.

Sharp mind; big heart; one full day! You must go on it. It will expand your practice and your life view.

The Honesty and Open Questioning about what we're doing. I'll incorporate it into my practice.

Very inspiring. It gave me a different perspective of how I can apply my work in practice and everyday life.

Your personal words were spell-binding – I could feel you speaking from the void, encouraging us to take a step because of the difference it can make. At this point, it felt like we were standing on sacred ground. Thank you for going there!

To reserve a place please e-mail: nicholas@handoll.org

Anatomy of Potency

energy osteopathy and quantum physics

by Nicholas Handoll

Second edition now available

ISBN: 978-0-9511356-5-5

First published in year 2000 and translated into French, German and Italian, the second edition has been revised and updated. Available from orders@osteopathicsupplies.com or from the author: nicholas@handoll.org

Reviews:

"I recommend this book to anyone who has ever sat with his or her hands upon a patient, marvelling at the capacity of life to act, wishing they understood the process more. I recommend it to all who practise osteopathy."

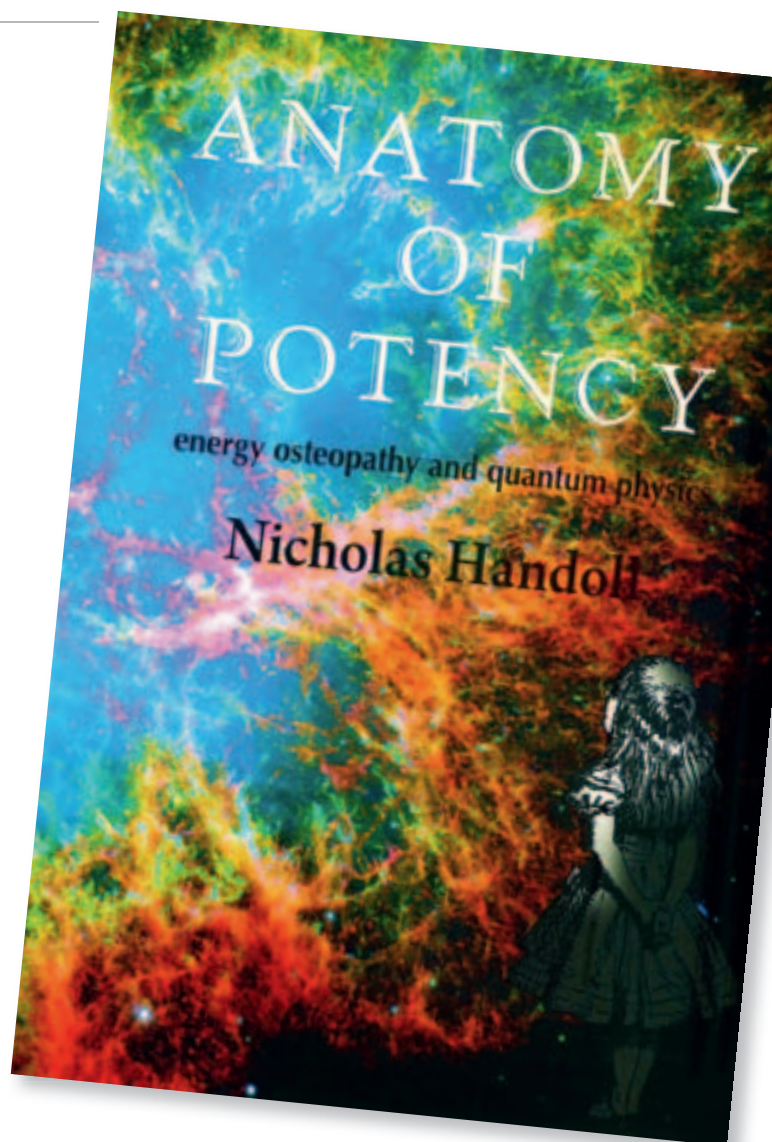
"A gift to osteopathy. Nicholas Handoll touchingly and paternally holds our hands while taking us on a journey. When, as the journey ends, it finally gives way to the author's re-appraisal of our work based on all that's gone before, the result is a personal and deeply felt understanding of patients, practitioners, illnesses, treatments and the whole electromagnetic soup that it's all dissolved in, that simply feels true."

"This is a must read book. A seminal text on Osteopathy and the New Physics. Very well referenced, erudite and readable. If all you wanted was to understand modern physics this book is the broadest and most readable, yet true to the science, I have found. I thoroughly enjoyed it. I will return to Anatomy of Potency many times."

"Anatomy of Potency is for the seeker of knowledge and for the individual who questions. Nicholas Handoll is asking for us to look in between the lines of William Sutherland's work and search for a deeper appreciation and understanding of the mechanism that motivates the forces of healing. Nicholas Handoll offers us a view of 21st century Osteopathy."

"The central question of the book is: What is the source of the physiological motion, first described by Dr Sutherland? Finding the usually proffered answers to this question incomplete, the author asks his readers to shift mental perspective and consider new ways of experiencing themselves in spacetime. We are given the beginnings of a possible language to enable us to speak together more precisely and to explain to others what it is that we feel when we place our hands and contact the living tissues of our patients. Terrific!"

"The first part of the book justifies its cover-price but, for me, the excitement was in the second half. The final three chapters are masterful. Wow!"



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Professor Frank Willard PhD

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Neuroanatomical Models of Behavioural Dysfunction



Mary Bolingbroke BSc

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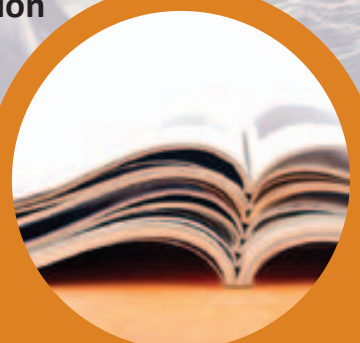
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WREXHAM

3rd - 4th June 2017
10th - 11th June 2017
22nd - 23rd July 2017

PETERBOROUGH

5th - 7th June 2017
17th - 19th July 2017

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17th - 18th Jun	Manchester	10th - 11th Jun	Nuneaton		
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"The teaching was brilliant, really explained well and made it enjoyable."

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Osteopath required: Bristol

Join Bristol's largest osteopathic practice, established in 1993. We are a motivated, friendly and supportive practice offering CPD, mentoring and the ability to work in a fully integrated practice. The position is full-time to cover maternity leave from early 2017, but will lead to permanent work. The position could be filled by one or two applicants. You will need good structural knowledge and the desire to learn. Please contact reception at Wells Road Osteopaths on **0117 9710221** or send your CV to info@southbristolosteopaths.co.uk

Osteopath required: Derbyshire

Help required with expanding patient list. Long-established practitioner in Ripley (www.osteopathy4life.com) needs fellow osteopath to help manage expanding patient list. Mentoring, support and flexible working arrangement

guaranteed. For an initial informal discussion, call Paul Ashburner on **01773 843 033** or email paul@osteopathy4life.com

Osteopath required: Devon

A chiropractic and osteopathic clinic in the heart of Exeter has space for an osteopath to work within the practice. This opportunity would ideally suit a self-motivated osteopath who is keen to grow their own patient base within a well-established clinic. For details, email Richard at: cathedralchiropractic@live.com

Osteopath required: central London

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Associate osteopath required: Essex

The Point Clinic in Colchester is looking for an associate for three days per week, preferably including Saturday. The role is to expand our existing busy team. Please send your CV and a covering letter to Katie@thepointclinic.com

Associate osteopath required: Gloucestershire

Associate required with good structural and cranial skills, to join a well-established practice in Newent. Two half-days, building to two full days. A minimum of three years' experience in cranial osteopathy is essential. Must be flexible and able to cover during school holidays when needed. Send CV to practice@newentosteopaths.co.uk or ring **07792 312176** for details.

Associate osteopath required: Staffordshire

Associate required to join rapidly expanding multi-disciplinary practice in Bridgtown, Cannock. We are seeking an enthusiastic, self-motivated individual with good communication and time-management skills. New graduates considered. Cranial skills beneficial but not compulsory. The candidate must be willing to maintain the high standard of patient care and expand a patient list. Hours negotiable. Please contact Jennifer Froggatt on **07968 789503** or email staffordshireosteopath@gmail.com

Associate osteopath required: West Yorkshire

New year, new opportunity. Are you looking for a change or for work in a busy practice? We are looking for a good, structural and personable associate to work at our practice on a Saturday morning (9am-1pm) and Wednesday afternoon (2pm-7.30pm). The Saturday is a long-established list and the Wednesday will grow very quickly. We are a well-established, friendly practice in Ilkley, within commutable distance of Leeds and Bradford. You will be working with four other osteopaths and a cognitive behavioural therapist. Fortnightly to monthly mentoring is available. There is full reception cover in a professionally run practice. It's a great job! The position is available immediately. Please call Robbie Grech-Cini on **07980 801102** and email your CV to robbiegc@rocketmail.com

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Courses: Animal osteopathy

The next one-year course in osteopathy for horses and dogs, with Stuart McGregor, starts in September 2017. Learn how to treat horses and dogs using traditional osteopathic techniques without the use of sedation or anaesthetic. For information, please contact the Osteopathic Centre for Animals at: wantageclinic@msn.com or call **01235 768055**

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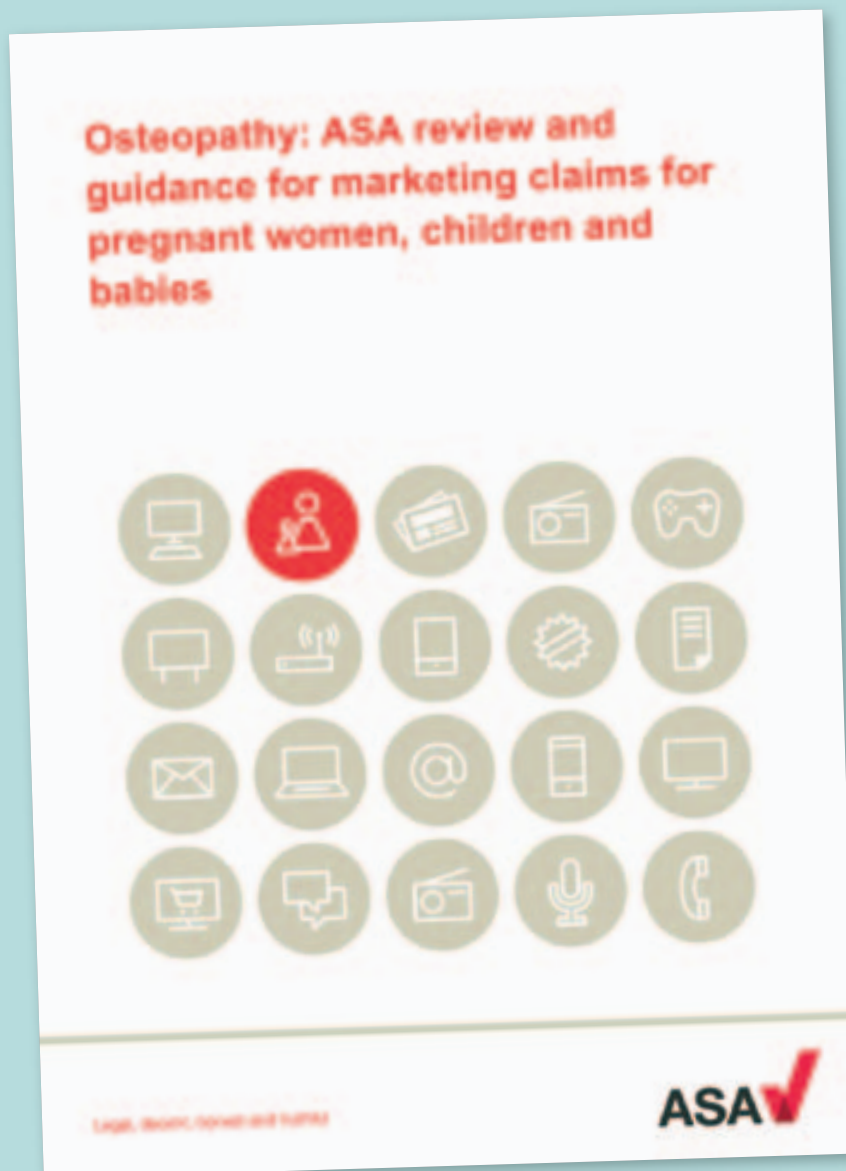
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