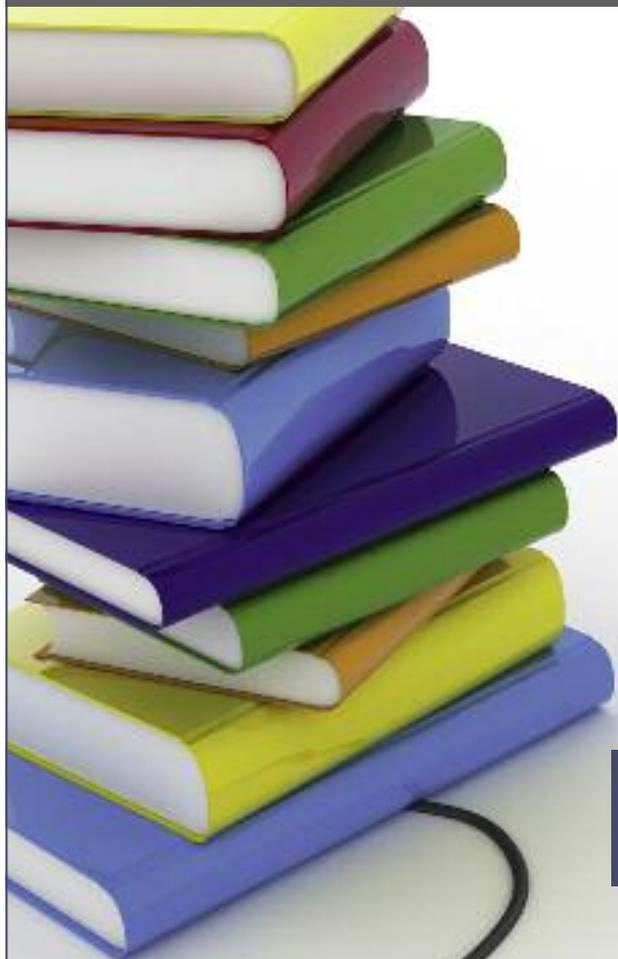


the osteopath



- > GOsC Regional Conferences 2012
 - > Olympic countdown
 - > IJOM Plus
- > Revalidation assessors

Interactive learning



General
Osteopathic
Council



General
Osteopathic
Council

Key GOsC services

**Freephone helpline
for osteopaths** **0800 917 8031**

**Communications and Osteopathic
Information Service** **ext 242 / 222 / 228**

Enquiries about conferences, workshops and events, *The Osteopath*, GOsC websites, Certification Mark, the media, NHS, publication orders (including GP consent forms and off-work certificates), presentation material, Regional Communications Network, consultations, NCOR.

Professional Standards **ext 238 / 235 / 240**

Enquiries about continuing professional development, osteopathic education, standards of practice, Assessments of Clinical Competence, Recognised Qualification process.

Finance and Administration **ext 231**

Enquiries about registration fees, VAT, payments.

Public Affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 229 / 256**

Enquiries about annual renewal of registration, updating your Register details, non-practising status, practising abroad, graduate registration, retiring/resigning from the Register, professional indemnity insurance.

Regulation **ext 224 / 249 / 236**

Enquiries about the *Code of Practice* for osteopaths, dealing with patient concerns, ethical guidance and consent forms, fitness to practise, Protection of Title.

Governance **ext 246**

Enquiries about Council members and meetings, GOsC Committee business.

Chair / Chief Executive and Registrar **ext 246**

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Osteopathic practice standards

Professionalism

This month we will continue our look at Theme 4 of the *Osteopathic Practice Standards* – professionalism. ‘Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues and patients in a respectful and timely manner’. This incorporates the following standards:

- | | | | | | |
|----|--|-----|---|-----|---|
| D1 | You must consider the contributions of other healthcare professionals to ensure best patient care. | D7 | Be open and honest when dealing with patients and colleagues and respond quickly to complaints. | D13 | Comply with health and safety legislation. |
| D2 | You must respond effectively to requirements for the production of high-quality written material and data. | D8 | Support colleagues and cooperate with them to enhance patient care. | D14 | Act with integrity in your professional practice. |
| D3 | You must be capable of retrieving, processing and analysing information as necessary. | D9 | Keep comments about colleagues or other healthcare professionals honest, accurate and valid. | D15 | Be honest and trustworthy in your financial dealings, whether personal or professional. |
| D4 | Make sure your beliefs and values do not prejudice your patients’ care. | D10 | Ensure that any problems with your own health do not affect your patients. | D16 | Do not abuse your professional standing. |
| D5 | You must comply with equality and anti-discrimination laws. | D11 | Be aware of your role as a healthcare provider to promote public health. | D17 | Uphold the reputation of the profession through your conduct. |
| D6 | Respect your patients’ rights to privacy and confidentiality. | D12 | Take all necessary steps to control the spread of communicable diseases. | D18 | You must provide to the GOSc any important information about your conduct and competence. |

In the April/May issue of *The Osteopath*, we focussed on complaint handling and how to provide feedback to colleagues. We turn our attention now to personal health, and equality and diversity matters.

Maintaining your health – Standard D10

Being a healthcare professional is one of the most challenging and demanding roles in our society. It may involve long hours, stressful situations and high-stakes decision making, all of which can take a toll on your own personal health and wellbeing. It is recognised that healthcare professionals are special in that they face particular challenges and that their work is demanding, that they give their all to their patients and can often neglect their own health needs. So it is particularly important that you have in place measures that preserve your own health.

The Department of Health commissioned a report to look at the health of a range of healthcare professionals, including osteopaths. The report, *Invisible Patients – the health of healthcare professionals*, was published in January 2010 (see: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113540).

It concludes that:

‘Ill health in health professionals may remain hidden, leading to worsening of their condition and to possible adverse effects on the quality of care provided to their patients.’

‘There is evidence for higher rates of depression, anxiety and substance misuse in health professionals than in other groups of workers ...’

‘In terms of the impact of ill-health on the quality of care, there is evidence for the impact of depression on doctors’ performance, and working under the influence of drugs or alcohol increases the chance that health care workers will make mistakes and communicate poorly with colleagues and patients. Lower levels of productivity and quality of care from sick health professionals may increase workload and stress among their colleagues, leading to lower morale and motivation,



poor communication and adverse effects on the quality of care.'

So, as an osteopath, it is important that you are able to identify problems with your own health and have access to appropriate coping mechanisms for your own benefit as well as that of your patient.

So how do you know when you are fit enough to treat a patient? There is no simple answer to this question, but as a professional you will be able to employ your own judgement and knowledge to the situation. Some things to consider are as follows:

- > **Take precautions** – register with a GP and access vaccinations against prevalent infections, i.e. the annual influenza vaccine. Try to maintain a work/life balance as far as possible and learn to recognise when you might be under particular pressure/stress, i.e. when you have a particularly challenging patient, so that you are better able to deal with these situations more effectively.
- > **Recognise/acknowledge when there are problems and seek help** – sometimes we feel that admitting to problems with our own health, especially in relation to mental health, is a sign of weakness. We may feel that we are letting down our patients and colleagues or we simply can't spare the time away from our business.

In fact, as a healthcare professional, identifying health problems and seeking appropriate help that ensures your own ill-health does not adversely affect that of your patients is indicative of a strong professional ethic. You should never feel embarrassed or ashamed to consult another healthcare professional, such as your GP or another osteopath. Understanding your professional environment, they can offer you invaluable and confidential advice in relation to your illness or condition and how best to manage it.

Alternatively, there are other organisations that offer advice and guidance, including:

- > **COSSET** (Confidential Osteopathic Support for Emotional Trauma): out of office hours confidential telephone support provided by experienced osteopaths via the British Osteopathic Association.

- > **Alcoholics Anonymous/Narcotics Anonymous:** a network of support groups for those with alcohol or narcotic addictions (visit: www.alcoholics-anonymous.org.uk or call 08457 697 555. Visit: www.ukna.org or call 0300 999 1212).
- > **The Department of Health:** offers advice and guidance on general public health issues and specific advice to healthcare professionals (www.dh.gov.uk).
- > **Mind:** provides advice and support on mental health problems (visit: www.mind.org or call 0300 123 3393).
- > **Relate:** offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through this website (visit: www.relate.org.uk or call 0300 100 1234).
- > **Samaritans:** a confidential emotional support service for anyone in the UK and Ireland (visit: www.samaritans.org or call 08457 909 090).

Have you thought about establishing your own support network of colleagues who will understand the pressures you face and will be able to share experiences and provide support and counselling if necessary?

- > **Don't delay** – if you do not deal with your health problems quickly and effectively these can build until they become overwhelming. This may end up blighting your own life and that of your family and friends, as well as having an adverse effect on your patient care.
- > **Managing short-term, minor illness** – you should ensure that even with minor illnesses you are not putting your patients in danger, i.e. treatment of patients with compromised immune systems. Ensure for your own safety that you are fit and well enough to work. Even minor illnesses can sometimes leave you exhausted.
- > **Managing long-term/degenerative illnesses** – if you are diagnosed with a long-term or degenerative illness or condition, it is important to be aware of the onset of new symptoms over time, so that you can adjust your practice. Plan in advance the point at which you will no longer be able to continue your practice. Reassess your situation at regular intervals to continue to assure patient safety. It may be important to inform a professional colleague or friend,

so that they can also track the progress of your illness and alert you if necessary to any changes in your condition.

- > **Maintain your practice** – if you know that you will be unwell for a period of time, consider employing a locum to cover your practice and to ensure that your patients continue to receive the care that they need. This will also mean that when you are well enough to return to practice you will have retained your patients and also not be subject to a backlog – especially important if you need to ease yourself back into work.
- > **Are you covered?** – you may want to consider taking out insurance in the event of illness particularly if you are self-employed. This could provide an income for you should you become ill and could be used to employ a locum to cover your practice.
- > **Look out for your fellow colleagues** – it is important that a profession is supportive of its members. With a large percentage of people working in busy sole practices, either from home or from rented rooms within a large practice, it can be all too easy to focus on our own work schedules and overlook the signs of when a colleague may need help. Try to be supportive of your colleagues and talk to them early on if you have concerns about their health. You may feel uncomfortable about doing this, but it is important for their sake that any health concerns are addressed early. If health problems are not addressed, this may eventually lead to a professional obligation to report an osteopath to the GOsC. It is better that health issues are identified and managed at a local level, than having to go through formal proceedings with the GOsC, so do them a favour and approach your colleagues if you have a concern.
- > **Inform the GOsC when appropriate** – while in the majority of circumstances, personal health conditions can be managed within your practice, there are times when it will become necessary for you to report these to the GOsC. This is when your health has deteriorated to the point where you are no longer fit to practise. You are asked about this on your annual renewal of registration forms, but it is important to inform the GOsC as soon as possible if ill-health is compromising your practice.

Equality and diversity in practice – Standards D4 and D5

As providers of services to the public, osteopaths are reminded that Standard D5 of the new *Osteopathic Practice Standards (OPS)* requires you to comply with current equality and anti-discrimination laws. Below we explore some aspects of the new Equality Act 2010 and some implications for your practice.

More specifically, Standard D4 of OPS cautions osteopaths to ensure you never allow your personal beliefs and values to prejudice your patients care. The guidance offered in the OPS expands on this principle, specifying that it is illegal to refuse a patient treatment on the grounds of their gender, ethnicity, religion, sexual orientation, transgender status, age or marital status.

If you think that your own beliefs may affect the treatment or advice you provide, you must explain this to your patient and tell them they have the right to see or be referred to another patient.

The new Equality Act 2010 – what it means for you

The new Equality Act 2010 (the Act) came into force in October 2010. This replaces previous anti-discrimination laws with a single Act, seeking to simplify and strengthen equality legislation in the UK.

In relation to those who provide services to the public, including osteopaths, the Act enshrines standards that aim to ensure that all service users (such as patients, their carers and family) are treated equally and with dignity and respect. The Act guides health practitioners to provide a service that treats all patients fairly, and in no way (intentionally or unintentionally) discriminates against any patient or group on the grounds of the following 'protected characteristics':

- > Age
- > Race (this includes ethnic or national origins, colour and nationality)
- > Disability
- > Sex
- > Religion or belief
- > Gender reassignment status
- > Marriage and civil partnership status
- > Sexual orientation
- > Pregnancy and maternity

Unlawful discrimination

In a healthcare setting, unlawful discrimination can take a number of different forms, and examples of these are given below. Don't forget that employers are also subject to similar duties not to discriminate, and some examples of discrimination in an employment context are also given.

- > **Direct discrimination**, for example where a patient receives less favourable treatment compared to other patients, on the basis of any of the characteristics listed above.
- > **Indirect discrimination** occurs when a particular rule, policy or practice that applies to everyone causes a disadvantage to a person or group of people characterised by one of the categories listed above. For example, an osteopath advertises for an associate with a driving licence, even though home visiting is only an occasional part of the job. This would prevent some people with disabilities from applying, and is therefore indirect discrimination.

> Discrimination by association

occurs when a person receives less favourable treatment compared to other patients because of someone they know or are related to. For example, an osteopath refuses a patient treatment because he fears the patient's young child, who has ADHD, would be disruptive in the practice.

> Discrimination by perception

occurs when an individual is treated unfairly as they are perceived (even mistakenly) to belong to a particular group. For example, should an osteopath refuse to allow a patient into the practice

at the same time as other patients because it is believed the patient may have mental health problems.

- > **Victimisation** occurs when a person is treated unfairly because they have complained or spoken up about something. For example, talking negatively about the person behind their back or making disparaging, ridiculing or mocking comments or remarks.
- > **Harassment** occurs when a person is picked on purposely. The perceptions of the recipient of the harassment are very important and harassment can be deemed to have occurred even if the intention was not present, but the recipient felt they were being harassed. For example, an Associate who is dyslexic is upset by his Principal's persistent teasing about spelling mistakes.

In summary, as a health professional you must recognise and respect the different backgrounds and circumstances of your patients and any members of the public



that come into contact with you. You must provide the same quality of service to everyone, never unfairly discriminating against any patient by allowing your personal views to adversely affect the treatment you provide.

Duty to make reasonable adjustments

Equality law recognises that ensuring disabled people enjoy services of the same standard as anyone else may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers.

As service providers, osteopaths are duty bound to make 'reasonable adjustments' to your practice to aid those with special needs who may wish to access your care. You must not wait until a person with a disability wishes to use your service, but should at all times be alive to what assistance is needed across a range of impairments – such as mobility impairments, visual impairments, hearing impairments or a learning disability – and proactively take steps to remove or prevent potential obstacles.

What is reasonable?

You are required by law to make 'reasonable adjustments' to your practice to assist patients with disabilities, but what is 'reasonable'? This depends on, among other factors, the size and nature of your practice and the nature of the goods, facilities or services you provide, how effective the change will be in assisting disabled people, the cost of making the adjustment, and whether it is actually within your power to make the adjustments. In this, the Act seeks to be fair to the service provider – you are not required to do more than is reasonable. As well as meeting your

legal obligations, making reasonable adjustments will encourage a wider range of people to use your services. Once you have made an adjustment to your practice, tell people about it. For example, put up a notice in the practice, include details in patient information (providing this in alternative formats, where possible) and give details on your website.

Examples of reasonable adjustments could be:

- > When treating a patient with a learning disability, taking more time to explain what you are doing.
- > Adding a ramp to steps within or at the entrance of your practice, and/or fitting a handrail by the steps, to aid those with more limited mobility.
- > Providing larger, well-defined signage for people with impaired vision.
- > For patients with hearing impairments, using written notes to give information and encouraging all those working in your practice to look straight at customers and not cover the mouth when they are speaking to them. This will benefit in particular people who use any level of lip reading.

Take time to talk to and gain feedback from patients who are disabled and their carers to find out what you can do to better help them use your service.

Be conscious that the legal requirement to make reasonable adjustments is an ongoing duty and you must regularly review your practice, your premises, and your policies, to ensure that none of these facilities in any way substantially disadvantage a disabled person.

Who pays for reasonable adjustments?

If the adjustment is reasonable, you must pay for it. You cannot ask a disabled person to pay for the adjustment, even if they have requested it.

Your responsibility for what others do

Not only can you be held legally responsible for your own conduct, but be aware always that you can also be held legally responsible if a worker that you employ does something, in the course of their employment, that amounts to unlawful discrimination, harassment or victimisation.

You can also be held legally responsible if a person who is carrying out your instructions (also known as your 'agent') does something that is considered unlawful discrimination, harassment or victimisation. It does not matter whether or not you knew about or approved of their acts.

So what steps can you take to reduce the risk of being held legally responsible for the actions/behaviour of others?

To minimise this risk, you can pro-actively undertake to provide them with information and/or training. You may not be held liable for the behaviour of your workers and agents if you can show that you have taken all reasonable steps to prevent a worker employed by you from acting unlawfully, or that an agent has acted outside the scope of your authority. If this situation arises in practice, we advise that you contact your professional indemnity insurers and/or seek independent legal advice.

Develop an equality policy for your practice so that all staff understand what is expected of them and of the practice. Ensure you and your staff are familiar with the Codes of Practice published by the Equality and Human Rights Commission (see below).

Further information

The Equality and Human Rights Commission publish Codes of Practice that provide detailed explanations of the provisions in the Act and how these legal concepts apply to everyday situations. These include Codes of Practice for Employment, for Services and for Equal Pay. See: www.equalityhumanrights.com.

If you wish to further enhance your knowledge and that of your staff, you may find useful the e-learning provided by Skills for Health, which cover a number of subjects, including Equality and Diversity – see: www.skillsforhealth.org.uk.



Where is the 'I' in osteopathy?

Tim Walker, GOsC Chief Executive and Registrar

The health of the osteopathic profession, and its ability to best serve the needs of patients, is a collective responsibility for all osteopaths, argues Tim Walker, GOsC Chief Executive and Registrar.

The relationship between the patient and their osteopath is central to the therapeutic experience of osteopathy. It is necessarily a hands-on experience that requires trust (on both sides) and effective communication between osteopath and patient.

Sometimes when I talk to groups of osteopaths, one of them will say (and I paraphrase) "all that matters to me is that my patients are happy and I can pay the bills at the end of the month". But I really wonder whether that is satisfactory either from a patient or professional perspective.

The point in time when a patient is lying on an osteopath's plinth is the culmination of a huge range of experiences and influences. The patient will have expectations of the osteopath, driven by their previous experiences of healthcare (whether osteopathic or not), by what they read in the media or online and by what their friends, family or colleagues say about osteopathy. The osteopath's approach will have been moulded at an undergraduate level, through postgraduate training and continuing professional development, through interaction with other osteopaths and healthcare professionals, and of course through exposure to patients.

So I would challenge the view that the individual osteopath should only be concerned about what is happening within the four walls of their own clinic; the reputation of osteopathy and the ability of osteopaths to continue to provide a high quality patient experience is determined by more complex and interdependent relationships.

Or to use John Donne's words: "No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were."

But what does that mean in practice for the osteopathic profession? Well, here are some thoughts for starters:

- > There is a shared responsibility across the whole profession for maintaining high standards in both practice and professionalism.
- > All osteopaths can have a role in contributing to the advancement of the quality of osteopathic care and osteopathic knowledge.
- > Current osteopaths have a duty to share their knowledge and experience with new entrants to the profession.
- > Where osteopaths have concerns about the performance or behaviour of a colleague, they must take appropriate action.

It is easy to look at a list like this and say, "Isn't that the job of the regulator?" "Nobody mentored me when I started out, so why should I?" or "I am too busy looking after my patients." All of those statements might be true – up to a point – but if everyone is too busy, disinterested or looks in the other direction when they see a problem, what are the implications for the future of the profession?

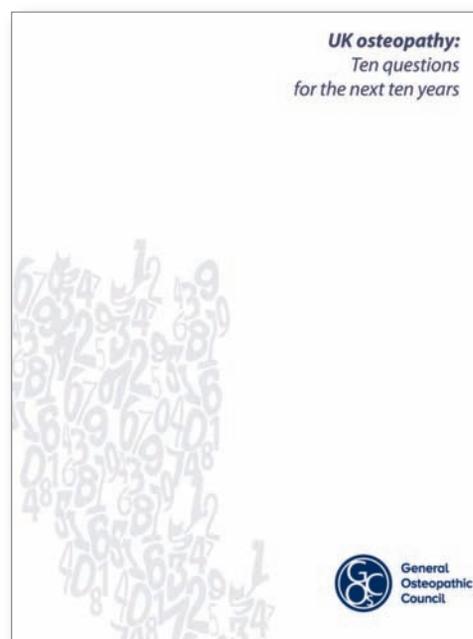
Earlier this year we published a document titled *UK osteopathy: Ten questions for the next ten years*. In that document we set out to engage the osteopathic profession and the organisations within it in a debate on how the profession should develop, what needs to be done to facilitate that development and who should take the lead in different areas.

Hundreds of osteopaths around the UK have taken part in discussions on these issues at regional conferences hosted by the GOsC, the British Osteopathic Association, the Council



of Osteopathic Educational Institutions and the Osteopathic Alliance.

But if we are to build a consensus on the steps that are needed to ensure the highest standards of osteopathic patient care and a thriving profession, we must hear everyone's views. The profession needs every osteopath to think, "What can I do to make a difference?"



GOSc learning resources on the o zone

A wealth of resources is available to osteopaths on the o zone, our dedicated website for osteopaths. They are aimed at supporting you in your practice and your continuing professional development.

Testing your knowledge and understanding

We have a new section on the o zone devised to assist osteopaths in understanding and applying in practice the new *Osteopathic Practice Standards* (OPS) which comes into effect on 1 September 2012. Entitled 'Osteopathic Practice Standards', you will find this new section in the 'Practice guidance' area of the website.

Here, there is a separate page for each of the four themes of the OPS, and on each page you can draw on current advice, articles and resources related to each theme. There are also links to useful external resources relevant to your daily practice.

On the introductory page of this OPS section, you will see a distinctive orange button. The button launches an e-learning tool that allows you to test your general knowledge of the standards. Work your way through a range of multiple choice questions that put the OPS into practice – on selecting your answer, you will be told straight away whether your answer was correct or not and to which of the practice standards it relates. (And, don't worry – this is for your personal use only. Your answers are not stored and remain anonymous.)

Further e-learning and guidance will be added to this area of the website throughout the year, culminating in a more complex case-based scenario learning activity, which will be launched when the OPS takes effect on 1 September 2012.

Enhancing the quality of your practice

There are a range of ways in which healthcare professionals can systematically enhance the quality of their practice. As part of our current revalidation pilot we have drawn together a number of

resources that we think could be useful for osteopaths and which may not have been readily accessible to you in the past. These are all available in the 'Revalidation' section of our website at 'My registration/Revalidation/Revalidation resources'.

The patient feedback templates have proved to be particularly popular with pilot participants, better equipping osteopaths to collect feedback directly from your patients on their experience of the service you provided. Not only can this be illuminating and represent solid evidence of the high standards of care you provide (a very good marketing tool) but, of course, helps you also to identify those areas of practice that could be improved to enable you to deliver a better service.

Help to review and audit your practice

Having determined the standards that you want for your practice, how do you know that you are consistently meeting them? The answer lies in the collection and review of data, commonly referred to in healthcare as clinical audit.

The National Council of Osteopathic Research (NCOR) has developed a clinical audit handbook to help osteopaths conduct clinical audits relevant to osteopathy. *An Introduction to Clinical Audit for Practising Osteopaths* is readily accessible on the o zone in the 'Practice guidance' section.

Why not have a go at using one of these audit tools in an area that you would like to improve? Perhaps you want to audit your patient records or your treatment outcomes. Maybe you would like to find out how effective your advertising is. There are examples of all these options for audit, and more, in the handbook.

And NCOR would greatly appreciate your comments on how useful you found the handbook. This feedback will be used to

refine the document with a view to publishing and possibly providing a copy to all osteopaths in 2013.

Continuing professional development resources

As well as being able to complete your CPD Annual Summary Form online, you will find an events diary containing details of the forthcoming CPD courses of which we have been informed. This is at 'Get involved/Events'.

A list of CPD providers and sources can also be found at 'My registration/My CPD/CPD resources'.

Learning through research

The National Council for Osteopathic Research (NCOR) has been working to establish a research base for osteopathy, through research projects funded by the GOSc and others. Much of this research is collected on our own website (In the 'Resources/Research' section) as well as that of NCOR at www.ncor.org.uk

In addition, the GOSc currently provides you with free access to a number of research journals relevant to your practice, including:

- > *International Journal of Osteopathic Medicine*
- > *Clinical Biomechanics*
- > *Journal of Bodywork and Movement Therapies*
- > *Journal of Manipulative and Physiological Therapeutics*
- > *Manual Therapy*
- > *Medicine*
- > *Spine Journal*.

These journals can be accessed through the o zone from the 'Resources/Research/Research journals' section.

Regional conferences 2012 – join in the discussion

How should osteopaths explain the risk of treatment to patients? What is known about adverse events in osteopathic practice? Does osteopathy need a career path structure? These are just some of the questions being asked by delegates at the series of GOSC regional conferences being held across the UK between April and July.

These events are an important opportunity for us to hear your thoughts on regulatory developments and the wider issues facing the profession.

Attendance at the meetings has been excellent, with lots of thought-provoking discussion on a number of topics. Feedback from each meeting has been positive and indicates that delegates were especially interested in the findings from the recent Clinical Risk Osteopathy and Management (CROaM) study and how this can be used to better communicate to patients the benefits and risks of osteopathic treatment.

Discussion on the day

The programme for the conferences has been split into two parts: the morning session aims to assist you with some of the practical aspects of applying the new *Osteopathic Practice Standards* (OPS) in your everyday clinical practice. Here we focus primarily on communicating effectively to patients the benefits and risks of osteopathic treatment, with guest speakers offering some useful guidance.

During this session we also invite your views on how to improve the current CPD scheme and share some of the revalidation pilot experiences to date.

In the afternoon, we widen the horizon: we are offering these events as an unprecedented opportunity for osteopaths across the UK to work together as individuals and organisations to debate and seek consensus on the future of osteopathic practice – priorities for development and what’s needed to achieve these goals.

During this session, we explore the issues identified in the GOSC’s document *UK osteopathy: Ten questions for*



the next ten years and debate these with the audience and other osteopathic stakeholder organisations. This discussion is led by a panel of senior representatives from the GOSC, the British Osteopathic Association, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance.

So please don’t delay. Share your views and help to shape the future of osteopathy.

To reserve your place at the two remaining conferences, please complete a booking form via the [zone website](#) and submit it by the booking deadline (see dates below).

Regional conferences 2012 – remaining dates

Venue	Date	Booking deadline
Manchester United Football Club	Saturday 30 June	Sunday 24 June
Holiday Inn London Elstree, Borehamwood	Saturday 14 July	Sunday 8 July

GOSc regional conference programme

9:00-9:45 *Registration and coffee*

9.45-9:55 **Welcome and introductions: Introducing the new GOSc Chair**

Alison White, newly appointed Chair of the GOSc, introduces herself and the aims of the day



Morning session: the *Osteopathic Practice Standards* 2012

9:55-10:10 **Communication and patient partnership – introducing the new *Osteopathic Practice Standards***

Velia Soames, GOSc Head of Regulation, and **Kellie Green**, Regulation Manager, advise on key elements of the new Standards, which come into effect on 1 September 2012

10:10-11:00 **Risks and benefits: adverse events and outcomes in UK osteopathy – what should we be telling our patients?**

Steven Vogel DO, Vice-Principal (Research and Quality), the British School of Osteopathy. Editor, *International Journal of Osteopathic Medicine*

Important new data from the Clinical Risk Osteopathy and Management (CROaM) study, including the frequency and character of minor and major adverse events



11:00-11:20 *Tea and exhibition*

11:20-12:00 **Communicating benefits and risks effectively to patients**

Pippa Bark, Principal Research Fellow, University College London

Today's patients expect detailed information on the pros and cons of treatment. This is an opportunity to consider how best to integrate risk information into practice, ensuring common sense prevails



12:00-12:30 **Joint panel question and answer session**

Pre-lunch session: continuing fitness to practise

12:30-13:10 **Revalidation + CPD = Continuing Fitness to Practise**

Fiona Browne, Head of Professional Standards and **Marcus Dye**, Professional Standards Manager, lead a discussion of the strengths and weaknesses of the current system of CPD and how it could be reformed, and provide an update on the revalidation pilot.

13:10-13:15 **Chair's closing remarks**

13:15-14:15 *Lunch and exhibition*

Afternoon session: future-proofing UK osteopathy



General
Osteopathic
Council



14:15-16:30

Steered by independent Facilitator **Mark Butler**, Director of The People Organisation, senior representatives of the General Osteopathic Council, the British Osteopathic Association, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance lead an interactive audience discussion exploring the priorities for the development of the profession in the decade ahead

Meet the revalidation pilot assessors

We have now recruited a diverse pool of 31 assessors who will be analysing and providing feedback on the portfolios of evidence to be submitted later this year by osteopaths now half-way through the revalidation pilot.

The assessors have been recruited from across the UK, encompassing a wide variety of experience, patient populations and treatment approaches to reflect the richness and diversity of osteopathic practice. The group is also made up of both pilot participants and non-participants.

The newly appointed assessors took part in training days in May led by Caitrian Guthrie and Simeon London, from the team who developed the pilot revalidation assessment criteria. These sessions emphasised that we are testing the revalidation process, rather than the osteopath. There is no pass/fail.

The appointed assessors are listed below, together with a brief extract from their biographies which are available in full at: www.osteopathy.org.uk/uploads/revalidation_pilot_assessor_biographies.pdf

Liza Adams

"I am a traditional osteopath, familiar with structural, classical, cranial and some visceral techniques ... Trained as an external examiner by the GOsC I have examined FCCAs in many colleges .."

Tom Bedford

"... has experience of using both the structural and non-structural techniques of osteopathic philosophy ... Since 2003 has been a Clinic Tutor ... helping supervise and formally assess students on the undergraduate degree course ..."

Stephen Beaver

"... I have been involved in assessing and reviewing students and peers at many levels ... most recently as a faculty member of the Osteopathic Centre for Children (OCC) Masters Programme."

Mary Bridger

"... I am a working practitioner and currently a part-time Senior Lecturer. I have been involved with the development, course design, and delivery for the current MSt course at Leeds Metropolitan University ... I am module leader for the



Practical Osteopathic Knowledge for level 4 students ..."

Philip Bright

"... I'm currently involved in a systematic review of low back pain trials while lecturing in osteopathic technique and research methods. I regularly examine at an undergraduate level and act as a reviewer on research articles for Elsevier publications ..."

Brenda Case

"... I received the Diploma in Paediatric Osteopathy in 2004 and ... became a clinic tutor ... I have assessed MSc portfolios, which included both critical incidents and case histories requiring reflective learning. To improve my teaching and assessing skills I completed the Post Graduate Certificate in Academic Practice in 2007 ..."

Jo Clarkson

"... Over the last 15 years I have focussed more on examining than teaching, and have examined at most of the UK osteopathic education providers ... I am committed to helping ensure the quality of osteopathic treatment delivered to patients is as high as it can be ..."

Tom Cree

"... started as a single practitioner but I now work with four colleagues. In the

1980s I started working as an external examiner and moderator first for the GCRO and later the GOsC ..."

Suzanna Frisby

"... I completed a MSc in Paediatric Osteopathy in 2006 and have lectured and tutored in this subject as well as general osteopathic approaches. My treatment approach combines structural, soft tissue, cranial and functional techniques. I have assessed pre and postgraduate students ... in a clinical environment, exam situation ... and in the classroom ..."

Fiona Hamilton

"... Whilst I use some cranial and visceral approaches, I consider myself a generalist. I have a PGCE (in higher education), and am undertaking a MSc in Healthcare Education and Clinical Leadership. I have been a clinic tutor and FCCA examiner, and am a QAA Visitor for the GOsC and External Examiner at various universities."

Lindsay Howley

"... I have worked at the BSO as Senior Clinical Tutor for the past 10 years and have taught their communication skills course for the last seven years. I also work as a clinical competency assessor ... and have worked as an external assessor/moderator for several other osteopathic institutions ..."

Claire Gregory

"... I have a foundation teaching Preparing to Teach in the Lifelong Learning Sector qualification and I work for Oxford Brookes University as a clinic tutor ... I spend my time running tutorials, and giving constructive feed back to students ..."

Caspar Hull

"... Osteopath with great interest in the Involuntary Mechanism [IVM], mostly my 27 years been 'structural', because my partners were 'cranial' – I see no difference ... I am a final clinical competence assessor and moderator ... and through this now an External Examiner at Keele and Stafford universities ..."

Jo-Anne Holmden

"... I utilise a variety of osteopathic techniques including structural, IMS, functional and strain-counterstrain and have an interest in the management of chronic pain ... As well as clinical tutoring I teach strain-counterstrain at both undergraduate and postgraduate levels. I have experience of assessing against criteria in the clinic (formative and summative assessment), FCC examining, dissertation supervision and as a GOsC mentor."

Brian Isbell

"... has had extensive experience moderating and examining academic, practical and clinical skills ... is an external examiner and adviser for degree provision in the UK, Europe and Australasia."

Trevor Jefferies

"... I mainly practice as a faculty member at the BSO, where I am a Senior Clinic Tutor and Clinic Team Leader. I also teach Diagnostic Clinical procedures and Diagnostic Clinical Reasoning ... My approach is fairly eclectic, using structural, visceral and IVM modalities of treatment ... I am involved in the end of term Clinical Performance assessments ... I act as an assessor and moderator for the Internal CCAs ... I supervise undergraduate dissertations ..."

Barbara Judge

"... I have been involved in teaching ever since qualification ... I have been Chair of Clinical Learning at the BSO and also managed the BCOM Clinic ... I am currently a clinical team leader ... and work with students and manage a small team of clinical tutors ..."

Nigel Kettle

"... I am principal lecturer in 3rd and 4th year osteopathic technique and a clinic tutor at SIOM. Working primarily as a structural osteopath, I use the traditional osteopathic techniques of soft tissue, articulation and manipulation ... I also have an interest in Cranio-Sacral Osteopathy."

Barry Kleinberg

"... I treat all ages and conditions ... I have worked pitch-side with football clubs and am very excited to be working at the Olympic Games in London this year. I am deputy head of osteopathy at BCOM and am currently finishing a MSc in Advanced Sports Rehab and am due to commence a PhD in October 2012."

Simeon London

"... has extensive experience in osteopathy education and has taught at undergraduate and postgraduate level ... has a particular interest with regards assessment of clinical practice and has published in IJOM, as well as contributing to and chairing conference seminars on the subject ... has also worked for the GOsC as an assessment expert, developing the pilot revalidation criteria and assessment tools, and is a Reviewer for Educational Oversight for the Quality Assurance Agency."

Susan Nicholson

"... My osteopathic works covers the treatment of a wide range of the population ... I use a wide range of modalities of osteopathic techniques ..."

Jay Patel

"... I have been an assessor for Active Associates, which is a sports massage school, for the past 18 years ... I feel that I can bring empathy to the role as an assessor through having shared fears and concerns during local meetings of osteopaths about the process of revalidation ..."

David ProPERT

"... A broad range of patient groups has led me to develop competencies in structural and functional modalities (including working with the involuntary mechanism), biochemical issues and psychotherapeutic factors ... I have been lecturing and assessing in Physiology and Pathology at the BSO since 1995, including roles as Sports clinic and NHS elective clinic tutor. In 2007 I completed a Post-Graduate Certificate in Academic Practice ..."

Matthew Rogers

"... joined Central London Community Healthcare NHS trust where he is still employed as a senior therapist ... also runs regular tutorials for his team and is responsible for managing parts of the service, conducting regular appraisals and knowledge and skills assessments for colleagues in a process very similar to that of revalidation ..."

Deborah Smith

"I currently work as both a sole practitioner and in group private practices. I use a predominantly structural approach, alongside some cranial work and medical acupuncture. Whilst I treat a broad spectrum of patients, my particular interests are in paediatrics, rehabilitation and shoulder conditions ..."

Aidan Spencer

"... I gained a Masters in paediatric osteopathy through the OCC, where I now work as a clinic tutor and lecturer. This has given me experience of assessing including the supervision of reflective learning journals. I have also completed a post-graduate teaching qualification."

Sarah Spencer Chapman

"... I've lectured ... and been involved in the assessment of students, consulted in Harley Street, London as part of a multi-disciplinary team and have for three years locumed in Ischia where I worked in the water as a Hydro Osteopath ..."

Angela Stevenson

"... I use structural (HVT, soft tissue, articulation) and the involuntary mechanism. I now prefer to use the involuntary mechanism and have begun the Sutherland Cranial College pathway ... I have experience of assessing students in a clinic setting and in technique ..."

Kristina Walker

"... I would describe myself as a classical osteopath due to my use of Littlejohn's philosophy within my practice. As an assessor I work for a fitness qualification training provider, PS Pro Training. In this role I have assessed practical, theoretical and portfolio components for various fitness qualifications and CPD courses."

Diana Widdows

"... I use a structural approach to treatment together with cranial techniques and equipment ... Before training as an osteopath I worked as a HR Manager ... I also worked as Practice Manager in a busy GP practice ... As a result I have had responsibility for recruiting and managing staff including performance appraisal. I have also acted as an assessor in Assessment Centres."

Ed Wilmot

"... I use a mixture of techniques to really get to the root of patient problems for a long term solution. This extends to teaching to allow the student to develop their own style while guiding within an evidence base for diagnosis and treatment enabling efficient treatments ..."

New public information leaflets

Two new public information leaflets produced by the GOsC will be available for osteopaths to use in practice this summer to assist awareness and understanding of osteopathic care. We hope you will use them and find them helpful.



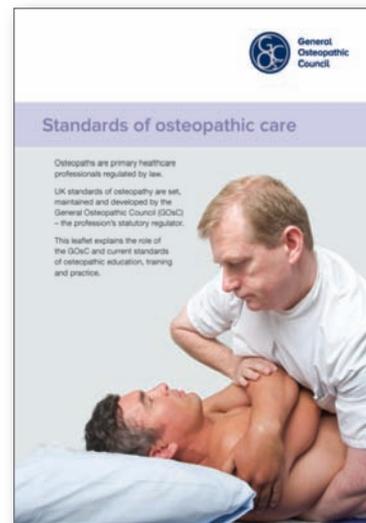
What to expect from your osteopath targets patients who are considering osteopathy for the first time and gives an overview of what to expect from treatment. This information is in response to the many questions we receive from patients and the public on what happens during the first and subsequent appointments with an osteopath. It also reflects the new *Osteopathic Practice Standards*, which take effect from 1 September this year.

Standards of osteopathic care is designed to help members of the public know more about the standards of training, professional

skills and behaviour required to be registered as an osteopath in the UK. This leaflet also answers some of the typical queries about osteopaths from other healthcare professionals, including GPs and NHS commissioners.

Both leaflets were developed in consultation with osteopaths and patients over the last four months. They can be purchased from the Communications Department by calling 020 7357 6655 ext 242 or online via the **o** zone from July.

For further information, please contact Sarah Eldred, Communications Manager on 020 7357 6655 ext 245 or email: seldred@osteopathy.org.uk.



Is the current CPD scheme fit for purpose?

We're keen to find out your thoughts on possible changes to the current continuing professional development (CPD) scheme. Would the introduction of mandatory or core CPD contribute to the enhancement of standards of practice? Should CPD courses be quality assured?

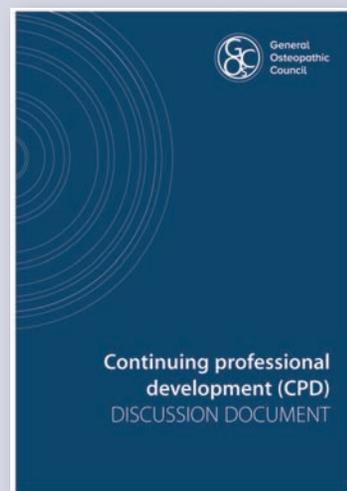
The CPD Discussion Document asks a number of questions to generate debate on ways to improve the scheme to support the continued standards of care for patients of osteopathy. Feedback so far has been mixed, with some osteopaths arguing that it would be beneficial to disseminate core learning about first aid, health and safety and other related matters, and to support new graduates in making the transition into practice. Others have expressed concern that core CPD could inhibit the diversity of practice and adversely affect those in areas where courses were not readily available.

In relation to quality assuring CPD, most feedback has indicated that there is not a great deal of support for this.

You have told us that you are all different and as such have different learning needs and levels of knowledge so one course would not be suitable for all.

If you have a view on these two questions, or any other questions raised in the CPD Discussion Document, please do let us know. This year-long consultation runs alongside the revalidation pilot to ensure that both schemes are complementary so that together they help you to demonstrate that your practice is meeting current standards and expectations and to develop your practice in a way that best suits you.

Please share your thoughts with us by completing the response form on our



public website (www.osteopathy.org.uk/about/our-work/consultations-events/Consulting-you/). The deadline for responses is **30 September 2012**.

For further information, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: cpd@osteopathy.org.uk.

Osteopaths count down to London 2012

The London 2012 Olympics and Paralympic Games will soon be here and represents the first time that osteopaths have been officially invited to be part of the central core medical team at the Olympic games – thanks mostly to the determined efforts of the late Jonathan Betser and his colleagues at the Osteopathic Sports Care Association (OSCA).

This is an exciting opportunity for osteopathy and for the osteopaths in the team to help athletes recover from injuries and return to peak condition. The following 25 osteopaths were chosen from over 250,000 applicants to join the Olympics medical team because of their level of skill and experience in sports care:

- | | | |
|-----------------|-------------------|-----------------------|
| > Tim Allardyce | > Barry Kleinberg | > Steve Orton |
| > Alan Burke | > Clive Lathey | > David Probert |
| > Amberin Fur | > David Lewis | > Dave Richardson |
| > Tom Hewetson | > Jon McSwiney | > Hashim Saiffudin |
| > Sarah Howells | > Hazel Mansfield | > Barbara Sherringham |
| > Rosy Hyman | > Manoj Mehta | > Hannah Walder |
| > Dave Inman | > Claire Millard | > Fiona Walsh |
| > Hugo Isaac | > David Millard | |
| > Jane Jeater | > Simeon Milton | |



These osteopaths will be based in polyclinics in the Olympic Village, at Eton Dorney and at Weymouth. They will have particular responsibility to care for athletes who do not have their own medical staff and will work closely with other medical professionals, including chiropractors, physiotherapists, sports medicine doctors, radiologists and podiatrists.

This will be no mean feat when one realises that the 26 sports will be contested in 34 venues at the Olympics and at 21 venues at the Paralympics. There will be 10,500 athletes at the Olympic Games, from 205 countries and 4,200 athletes at the Paralympic Games, from 147 countries.

Simeon Milton, Clinical Lead Osteopath on the Physical Therapies Working

Group for 2012, says:

“The Olympic and Paralympic Games are truly inspirational and this really is a unique opportunity for osteopaths to be part of it and to promote the expertise available in the UK. The importance of osteopathy in treating sports injuries has been raised to a new level of recognition and I am proud that for the first time osteopaths will be part of a multi-disciplinary host nation medical team.

“ Without the passion and drive of the late Jonathan Betser, osteopathic sports care would not be where it is today. It is not only the osteopaths attending the London 2012 Games that should be grateful, but the profession as a whole.”



Osteopath Jonathan Betser lost his fight against cancer in December 2011.

Introducing the Council of Osteopathic Educational Institutions

The Council of Osteopathic Educational Institutions (COEI) is a company limited by guarantee. Its directors are representatives of the Osteopathic Educational Institutions with pre-registration courses accredited by the GOsC. Adrian Barnes (Principal, European School of Osteopathy) is the current Chair of COEI.



COEI's motto is 'promoting osteopathic excellence'; its members are committed to the development of the highest standards of osteopathic education and clinical practice.

COEI meets approximately four times per year to discuss educational and other related issues of mutual interest; and to formulate common positions and shared statements. Our meetings are usually timetabled to be just in advance of the quarterly meetings between the GOsC and the OEs.

The quarterly meetings between the GOsC and the OEs are chaired by the Chair of GOsC Education Committee. The agenda includes a wide range of issues related to the development of pre-registration education and the osteopathic profession.

The institutions represented on COEI are: the British College of Osteopathic Medicine; the British School of Osteopathy; the College of Osteopaths; Leeds Metropolitan University; the London College of Osteopathic Medicine; the London School of Osteopathy; Oxford Brookes University; Surrey Institute of Osteopathic Medicine; and Swansea University.

With the exception of LCOM (a post-graduate college for registered medical practitioners), all OEs are either situated within university departments or are private institutions with academic validation arrangements with universities. These OEs offer degree-level pre-registration qualifications. The move towards degree-level qualifications over the last 20 years has contributed enormously to the acceptance of osteopathy as an academic and clinical discipline.

Although all pre-registration courses have their particular 'flavour', all have common themes, including: theoretical knowledge; practical and clinical skills; education in research methodologies; and personal development as healthcare professionals, for example, communication skills, reflective practice, etc.

The quality of the education provided by the OEs is assured through academic validation by our respective universities and professional accreditation by the GOsC.

As well as providing students of osteopathy with pre-registration education, COEI member institutions contribute in a variety of other ways to the development of the profession. We offer career pathways and career development opportunities for the small but significant proportion of the profession involved in pre and post-registration education.

We also offer a range of postgraduate education opportunities for members of the osteopathic profession. These range from validated postgraduate degrees for the relatively small number of osteopaths looking for a long-term educational

pathway to short course CPD activities for osteopaths looking to improve their osteopathic skills and broaden their scope of practice.

Perhaps one of the most important activities of COEI is to support the development of the profession's evidence base through its support of the National Council for Osteopathic Research (NCOR). COEI is one of the main financial contributors to NCOR, along with the GOsC, the British Osteopathic Association (BOA) and the Osteopathic Educational Foundation (OEF). As the main financial stakeholders, representatives of COEI, GOsC, BOA and OEF comprise the NCOR Management Board. Representatives of all OEs, together with representatives of GOsC and BOA comprise the NCOR Research Council. Some OEs also conduct their own institutional research and disseminate the findings through academic journals.

COEI looks forward to contributing to the debate about the future of the profession in conjunction with the GOsC, BOA and the Osteopathic Alliance at the Regional Conferences taking place across the UK until July 2012.



Uniting osteopaths in Europe

Members of the Forum for Osteopathic Regulation in Europe (FORE) came together on 21 and 22 April in Copenhagen to consider a number of issues that should help to strengthen the osteopathic profession across Europe. The GOsC was represented by its Chief Executive and Registrar, Tim Walker.

First and foremost, FORE is exploring a merger with an existing European osteopathic organisation which has traditionally represented professional associations within Europe – the European Federation of Osteopaths (www.efo.eu). With tough austerity measures taking their toll in many European countries, added to the fact that osteopathy is a small profession, it doesn't make sense for two bodies to exist which ultimately share the same goal – to achieve greater recognition and regulation of osteopathy as an autonomous healthcare profession. This regulation not only helps to improve care for patients, but also goes some way to unite and protect the osteopathic profession in the face of opposition from other professionals groups. Merger talks have started, and a small working group is looking at the purpose and structure of a new single body for osteopathy in Europe.

FORE also discussed its work with the EFO to jointly fund and develop a European Standard of osteopathic healthcare provision with the European Committee for Standardisation (www.cen.eu). Once agreed, this standard, which is currently a working draft, will not override laws relating to osteopathy in existence, such as in the UK, but would provide a standard of care expected of osteopaths in those countries without any form of regulation. Again, this CEN Standard is meant to improve care but also to determine what constitutes the education, training and practice expected of an osteopath. This Standard is due for implementation by 2015.

Along with presentations from a representative of the Osteopathic European Academic Network (www.osean.eu) and an expert on wider EU higher education policy, FORE members also discussed a number of interesting developments concerning regulation in different European countries, including:



- > **Belgium:** the Government in Belgium has for some time been conducting an audit on how to regulate a number of different professions in Belgium, including osteopathy. This follows legal action taken against the Belgian Government in 2008 by two osteopathic organisations for not having implemented the Colla Act 1999, which was meant to establish four commissions to regulate osteopathy, chiropractic, homeopathy and acupuncture. The Belgian Government is now looking at different aspects of practice, including codes of ethics, education standards, the different professions' place in healthcare and insurance-related matters, before coming forward with formal proposals expected within the next 18 months.
- > **Ireland:** the Government in Ireland is due to report shortly on its plans to

regulate osteopathy, along with herbal medicine, acupuncture and chiropractic, and how they will fit into the Irish healthcare system. This follows an extensive review of the education standards of all these professions in Australia and across Europe carried out in 2011.

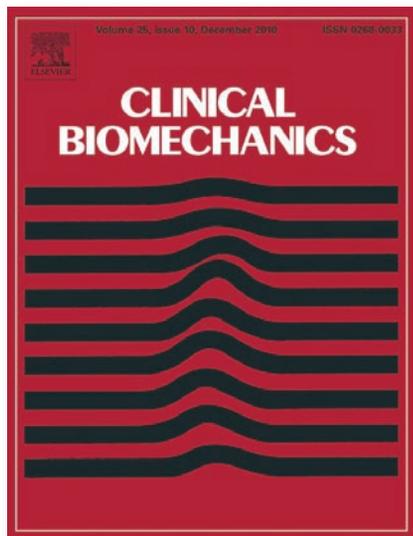
- > **Italy:** a draft Bill to regulate osteopathy has been tabled in the Italian Parliament. The Bill aims to protect the title 'osteopath', set minimum education and training standards and make registration compulsory in order to practise. This proposal will now go through the legislative decision-making process, which could take up to two years before the bill becomes law.

For further information on any of these developments, contact the FORE Secretariat at: foresecretariat@osteopathy.org.uk.

FORE was initiated by the GOsC in 2005 to bring together European osteopathic organisations in order to facilitate greater communication with our colleagues in Europe and also to develop a consensus on standards of osteopathic education, training and practice, which can differ from country to country.

IJOM Plus – what's new?

As part of the IJOM Plus package, you not only have free online access to the *International Journal of Osteopathic Medicine (IJOM)* but also six other journals, including *Clinical Biomechanics* and *Manual Therapy*. Here, we highlight one article each from these two journals, which we think may be of interest to you.*



Effective lubrication of articular cartilage by amphiphilic hyaluronic acid derivative

Schiavinato A and Whiteside.
Clinical Biomechanics.
2012; 27:515-519.

Hyaluronic acid is a large polysaccharide chain found in human synovial fluid. A range of studies have been conducted to investigate the use of hyaluronic acid-based intra-articular therapy for the management of patients with osteoarthritis. Schiavinato and Whiteside investigated the friction response of a new hyaluronic acid derivative. Three separate test solutions were investigated including a chemically modified amphiphilic hyaluronic acid, synovial fluid from a healthy joint and a phosphate buffered saline negative control.

Migrating contact area (MCA), and static contact area (SCA) friction tests were conducted on bovine articular cartilage. The MCA test represents friction during articulation of healthy articular cartilage surfaces; this was measured in the study during reciprocal sliding of the femoral

condyle along the tibial plateau under a constant load. The SCA test is designed to represent friction under conditions where interstitial fluid pressurisation and flow are no longer effective means of lubrication. Cylindrical cartilage plugs were harvested for each tibial plateau and friction coefficients were measured for each SCA test by sliding the cartilage plugs immersed in one of the three test lubricants against a glass surface under a constant load.

The study found that no difference in lubrication between the three test solutions was detected during the MCA test. However, the modified hyaluronic acid presented an equilibrium friction coefficient 2.8 times less than that for synovial fluid, and 5 times less than for the phosphate buffered saline solution. This shows the modified hyaluronic acid can provide lubrication to a joint equivalent to synovial fluid during loading to healthy articular cartilage.

Comparison of hip rotation range of motion in judo athletes with and without history of low back pain

Almeida GPL, de Souza VL, Sano SS, et al. *Manual Therapy*.
2012; 17:231-235.

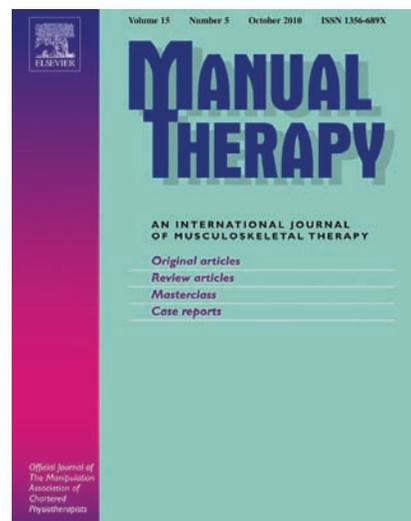
It has been theorised (Van Dillen et al, 2007, 2008) that "limited range of motion in the hip joint is compensated by hypermobility in the lumbar spine, generating overload with repetitive compensatory movements." Almeida et al aimed in this study to compare the range of hip rotation in judo athletes with or without a past history of low back pain.

This cross-sectional case-control study involved 42 participants between the

ages of 15 and 23 years who had a minimum of four years' experience and belonged to an official club or league. Measurements were taken of each hip for internal and external rotation using a digital camera (photogrammetry); examiners were blinded to the group to which participants belonged. The total range of motion for each limb (internal + external rotation range), and total range of motion for each individual (rotation of dominant limb + rotation of non-dominant limb) were calculated.

The study found that excellent inter- and intra-examiner reliability was demonstrated using computed photogrammetry.

In summary, the study found that judo athletes who have experienced a history of low back pain showed significant reduction in active internal rotation and total active rotation of the hip in the non-dominant limb compared to athletes with no history of low back pain. In the group with low back pain, significant asymmetry was found between limbs for both active and passive internal rotation. The researchers emphasise the importance of assessing the range of hip rotation in judo athletes with low back pain prior to administering interventions aimed at managing their back pain.



*Summaries of these articles supplied by Carol Fawkes, Research Development Officer, National Council for Osteopathic Research.

Adverse events from spinal manipulation in the pregnant and postpartum periods

This literature review attempts to evaluate the safety of spinal manipulation during pregnancy and post-partum periods. Post-partum is defined as six weeks after birth. Databases including PubMed, CINAHL and the Index to Chiropractic Literature were searched between their inception and 2009; articles in English and French were included. All research designs were included in the review, including other systematic reviews. The intervention of interest was spinal manipulation and the outcome considered was any adverse event associated with spinal manipulative therapy (SMT) in patients during pregnancy or six weeks after delivery.

Following evaluation using the SIGN guidelines, seven studies were included for review. These consisted of four case studies, one prospective observational cohort study, and two systematic reviews. The observational cohort study identified that 3.4% of pregnant and post-partum patients experienced transient increase in pain after a single session. Four case studies identified adverse reactions in the cervical spine after manipulation.

The study emphasises that most contraindications to spinal manipulation are apparent from the case history, but stress is placed on the need to consider prothrombotic and ligamentous laxity as risk factors in this patient population.

Stuber KJ, Wynd, S, Weis CA. Adverse events from spinal manipulation in the pregnant and postpartum periods: A critical review of the literature. *Chiropractic and Manual Therapies*. 2012;20:8.

Postural control in patients with ankylosing spondylitis

Ankylosing spondylitis (AS) has a general prevalence of between 0.1 and 1.4%. Its feature of progressive stiffness and the effect on range of motion can produce impaired axial mobility. This in turn can produce impaired postural control which is associated with increased risk of falls.

This study investigated 16 participants with AS, and 17 healthy controls. Each participant completed two trials of 120 seconds involving quiet periods of standing on a force platform; one involving eyes open, and one with eyes closed.

Measurements were taken and net centre of pressure displacement and mean power frequency in both sagittal and frontal planes were calculated.

The study identified that in the AS participants, frontal and sagittal net centre of pressure displacement were significantly greater. The eyes-closed position in AS participants produced a significant increase in frontal plane net centre of pressure displacement.

Vergara ME, O'Shea FD, Inman RD, et al. Postural control in patients with ankylosing spondylitis. *Clinical Biomechanics*. 2012;27:334-340.

The association between pelvic floor muscle function and pelvic girdle pain

Pelvic girdle pain (PGP) is defined in this study as pain experienced between the posterior iliac crest and the gluteal fold, particularly in the vicinity of the sacroiliac joints, and occurs in 20-25% of all women during pregnancy. Symptoms remain post-partum in approximately 7% of women. Alteration of the functioning of the deep stabilising muscles and its effect on lumbopelvic stability is believed to be one reason for ongoing symptoms. The pelvic floor muscles (PFM) are one of a large number of muscles playing a part in lumbopelvic stability.

This study used a one-to-one matched case control design in 49 pairs of women to examine whether there is any difference in voluntary PFM contraction function between those with or without clinically diagnosed PGP. The function of the PFM was assessed using manometry and three-dimensional ultrasound. Each woman was matched for age (± 5 years), number of vaginal deliveries, and the age of her children (± 5 years if more than one year and ± 1 month if less than one year). Participants were at least six months post-partum, and met recognised criteria for PGP following assessment by a physical therapist.

Evaluation of the data collected showed that women with PGP had a significantly

higher BMI than the controls. No significant difference was found between the groups based on the manometry evaluation of PFM function. However, a tendency to higher vaginal resting pressure was found among women with PGP. Ultrasound evaluation revealed a number of features. Women with the smallest area of levator hiatus at rest also had the smallest at maximum contraction, and there was a tendency to have greater reduction in muscle length during contraction compared to controls. The position of the rectum and back sling of the PFM at rest was located higher up in the pelvis in controls compared with the symptomatic women.

In summary, the study found that no impairment of voluntary PFM function was found in women with post-partum PGP. Higher BMI and a smaller levator hiatus were significantly associated with PGP. A tendency to pelvic organ prolapse was noted also in women with PGP. The authors concluded that the study gave no specific evidence for prescribing PFM strengthening exercises to women with PGP.

Stuge B, Saetre K, Braekken IH. The association between pelvic floor muscle function and pelvic girdle pain – a matched case control 3D ultrasound study. *Manual Therapy*. 2012;17:150-156.

Proximal and distal kinematics in female runners with patellofemoral pain

Considerable debate exists concerning the role of proximal and distal factors in the development of patellofemoral pain (PFP) in female runners: conflicting studies exist also concerning the role of proximal mechanics in PFP.

In this study, 32 female runners aged 18-45 years underwent instrumented gait analysis. This included 16 with PFP for the previous 2 months, and 16 healthy controls. Gait analysis was examined

using a motion tracking system and asking participants to walk and then run on a treadmill. Force data was collected also to identify heel strike and toe off when the vertical ground reaction force was greater or less than 30N respectively.

Examination of the data identified that greater peak hip adduction and hip internal rotation were found in the PFP group. No significant difference was found in peak contralateral pelvic drop,

but the PFP group had a significant trend towards lower values in peak contralateral trunk lean. No difference was found in peak rear foot eversion, forefoot dorsiflexion, or forefoot abduction. The study findings suggest a multi-planar loss of hip control in the group of runners studied.

Noehren B, Pohl MB, Sanchez Z et al. Proximal and distal kinematics in female runners with patellofemoral pain. *Clinical Biomechanics*. 2012;27:366-371.



Internet-based cognitive behavioural treatment for adolescents with chronic fatigue syndrome

Chronic fatigue syndrome (CFS) or myalgic encephalomyelitis/encephalopathy (ME) is characterised by disabling and persisting severe unexplained fatigue. Patients' cognition of perpetuating factors is used in cognitive behavioural therapy (CBT), and this approach has shown promising indications in adolescents.

This study used a dedicated internet-based therapeutic programme, Fatigue In Teenagers on the internet (FITNET), and compared it with usual care. The programme consisted of two sections: one involving CBT comprised of 21 interactive modules, and one psychoeducational section. Parents and adolescents both received programmes.

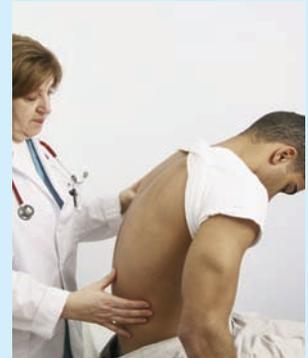
Usual care consisted of individual or group-based rehabilitation programmes, CBT face-to-face, or graded exercise treatment, or both.

Primary outcomes measured included school attendance, fatigue severity, and physical functioning. These were assessed at 6 months via computerised questionnaires. A total of 135 adolescents participated; 68 were assigned to FITNET, and 67 to usual care. The researchers found that FITNET was significantly more effective than usual care in all primary outcomes.

Nijhof SL, Bleijenberg G, Uiterwaal CSPM et al. Effectiveness of internet-based cognitive behavioural treatment for adolescents with chronic fatigue syndrome (FITNET): a randomised controlled trial. *The Lancet*. 2012;379:1412-1418.

Effectiveness of manual therapy for low back pain

One reason suggested for the limited effectiveness of manual therapy identified across a range of clinical trials is the heterogeneity among the participant populations. This review investigates the effectiveness of manual therapy being provided to participant sub-groups of participants.



The review searched a range of electronic databases, including MEDLINE, Embase, CINAHL, and the Cochrane Central Register of Clinical Controlled Trials. It focused on randomised controlled trials (RCTs) involving manual therapy where sub-groups had been identified. Eligible trials were assessed for risk of bias using the PEDro scale, and trial quality was evaluated according to the GRADE domains. Confidence intervals (95%) and treatment effect sizes were calculated for pain and activity.

The reviewers identified seven RCTs for inclusion but meta-analysis was not possible due to clinical and statistical heterogeneity. The review found that the overall GRADE quality of the evidence was low. However, the preliminary evidence supports the effectiveness of sub-group specific manual therapy.

Slater SL, Ford JJ, Richards MC et al. The effectiveness of sub-group specific manual therapy for low back pain: A systematic review. *Manual Therapy*. 2012;17:201-212

Aspirin for migraine headaches in adults

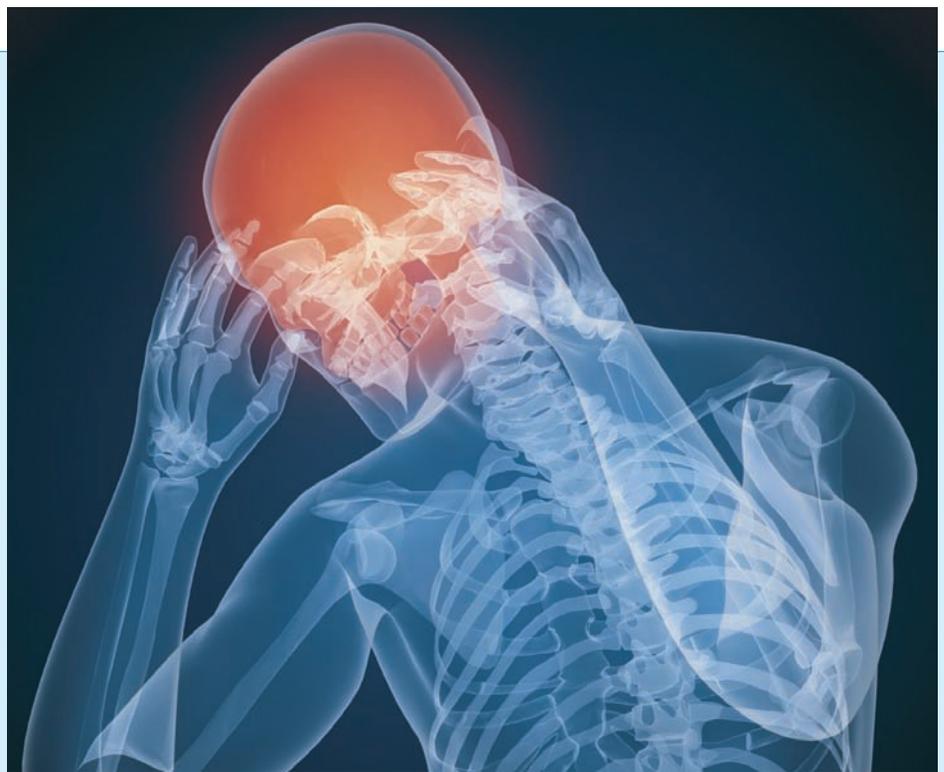
This review aimed to identify the effectiveness and side effects of aspirin alone, aspirin in combination with anti-emetics, when compared with placebo and other active interventions in the treatment of acute migraine.

A total of 13 randomised controlled double-blind clinical trials (RCTs) including 4,222 participants were included for analysis: this evaluated 5,261 migraine headaches. All participants were aged between 18 and 65 years and met the classification of migraine recommended by the International Headache Society. The interventions considered included:

- > A single dose of 900mg aspirin.
- > 900mg of aspirin plus 10mg of metoclopramide (an anti-emetic and gastroprokinetic agent).
- > A placebo.
- > 50mg or 100mg dose of sumatriptan (marketed under a variety of names including Sumatriptan, Imitrex, and Imigran).

Outcomes tested include:

- > Pain free at two hours without use of rescue medication(s).
- > Headache relief within one or two hours with pain being reduced from severe or moderate to mild or none within two hours without use of rescue medication(s).
- > Sustained headache relief for 24 hours without rescue medication(s).



- > Relief of common attendant symptoms of migraine, e.g. nausea, vomiting, photophobia and phonobia.
- > Treatment of side effects.

Statistical analyses included calculation of values for the number needed to treat (NNT = the number of patients who need to be treated for one patient to benefit, who would not have otherwise benefited when compared to a control), and the number needed to harm (NNH = the number of patients who need to be exposed to a risk factor over a specific period to cause harm in one patient who would not otherwise have been harmed).

The review identified six studies (including 2,027 participants) which compared 900mg of aspirin with placebo. A total of 24% of patients were pain free in two hours compared with a placebo value of 11%.

An NNT value of 4.9 was calculated. Sub-group analysis of nine studies included combinations of studies using aspirin alone or aspirin and metoclopramide identified that aspirin plus 10mg of metoclopramide was significantly more effective in providing relief at two hours than aspirin alone. Results of studies comparing sumatriptan against aspirin plus metoclopramide showed conflicting results.

Side effects identified in the review were usually mild and short-lived, targeting the digestive tract or nervous system; these were more common with aspirin than placebo, and more common with sumatriptan than aspirin alone or in combination with metoclopramide.

Young C, Skorga P. Aspirin with or without an anti-emetic for migraine headaches in adults. *International Journal of Evidence-Based Healthcare*. 2011;9:74-75.

Bilateral leg symptoms

This case study reports on a 52-year-old female patient who presented with a heavy, tired feeling in both legs. Symptoms had been worse since using a new office desk involving more sustained flexion and rotation postures.

The skin of the right leg was redder than on the left; her general health was good and her past medical history contained nothing of note. Physical examination identified dysfunction in the lower thoracic segments, notable at T10 with reduced range of

motion at T11 and T12. Loss of rotation to the right was noted also at L3/4 and T10/11.

The patient received thoracic mobilisation and was provided with self-management advice concerning working posture. Good symptomatic improvement was reported. The authors suggest that dysfunction of the sympathetic nervous system could induce symptoms in the lumbar spine and legs. Ischaemia of the sympathetic chain could be due to sustained periods of extreme postures. Once the sympathetic trunk is

loaded and ischaemia arises, its nerve fibres can stimulate a vasoconstrictive effect as experienced by the patient. The author suggests that while the T4 syndrome has been identified as a cause for symptoms in the upper extremities, the lower extremity symptoms described indicate a new clinical entity which could be called "The T10 syndrome". Further investigation will be required to confirm this hypothesis.

Geerse WT. Bilateral leg symptoms – The T10 syndrome? *Manual Therapy*. 2012;17:251-254.

Availability of complementary medicine in NHS for people with cancer

The Department of Health published the document *The NHS Cancer Plan* in 2000 and highlighted the need to provide supportive and palliative care for people with cancer. The authors of this paper collected data concerning the utilisation of complementary and alternative medicine therapies (CAM) throughout the UK.

A national survey was conducted of CAM units providing treatment for patients being treated within NHS cancer treatment settings; the survey aimed to assess availability of provision and accessibility of CAM treatment. It was conducted in two phases involving contact with staff at identified centres, and a large-scale search identifying cancer networks, and information provided by supportive charities, e.g. Macmillan Cancer Support and Maggie's Centres.

Basic data collected included the unit's postcode, location relative to NHS facilities, therapies provided, opening hours, and the local health authority.

The data were analysed to provide a value for the numbers of units per 1 million of the population, and the number of therapies offered per CAM unit.

Therapies offered were grouped according to the following definitions recommended by the House of Lords: "alternative therapies" which included acupuncture, chiropractic, osteopathy, herbal medicine and homeopathy; "complementary therapies" which included massage, aromatherapy, reflexology, shiatsu, yoga and hypnotherapy; and "alternative disciplines" which included Chinese medicine, kinesiology and naturopathy.

The survey identified that the number of CAM units per 1 million of the population nationally were: England 2.2; Wales 2.3; Scotland 4.8; and Northern Ireland 5.0. A total of 62 types of therapy were provided by the identified units. The authors identified that in some areas NHS staff were completely unaware of the CAM provision available for cancer patients, so an educational need has been highlighted. Recommendations were made that research should be conducted to identify the best model for providing access to, and choice of, CAM therapies for people with cancer.

Egan B, Gage H, Hood J, et al. Availability of complementary and alternative medicine for people with cancer in the British National Health Service: results of a national survey. *Complementary Therapies in Clinical Medicine*. 2012;18(75-80).

NCOR research hub news

To encourage and facilitate widespread engagement in osteopathic research, NCOR developed a national network of research hubs.

Groups have so far been established in Exeter, Bristol, Leeds and Sussex (Haywards Heath).

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 (Monday to Thursday) or email: c.a.fawkes@brighton.ac.uk.

> BRISTOL

**Thursday 19th July
7-9pm**

Looking at evidence for the management of osteoporosis.

> HAYWARDS HEATH

**Wednesday 11th July
7-9pm**

Looking at the evidence for total hip replacement and resurfacing.

> EXETER

See www.ncor.org.uk for date of next meeting.

Analysis of findings from a project to look at the profession's views on the development of a career structure for osteopathy.

> LEEDS

**Thursday 5th July
5-7pm**

Looking at evidence for the management of osteoporosis.

Conference calendar

> 14-16 September 2012

9th International Conference on Advances in Osteopathic Research (ICAOR), London

Further information can be found at www.bcom.ac.uk/research/icaor-9.

> 30 September-5 October 2012

The International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT), Canada

Further information can be found at www.ifomptconference.org/.

> 27-31 October 2012

8th International World Congress on Low Back Pain, Dubai

Further information can be found at www.worldcongresslbp.com.

> 16-17 November 2012

British Osteopathic Association Annual Convention

Further information will be available at www.osteopathy.org in due course.

Book reviews

Chronic Pelvic Pain and Dysfunction Practical Physical Medicine

Leon Chaitow and Ruth Lovegrove
Published by Churchill Livingstone Elsevier
ISBN: 987-0-7020-3532-6

Reviewed by Sue Feetham BSc (Hons) Ost

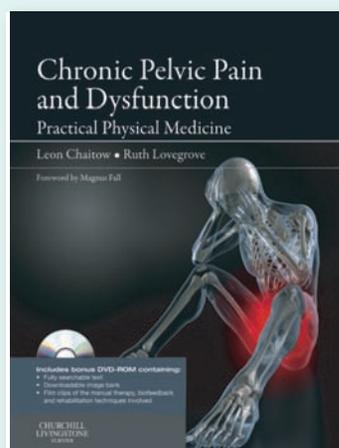
The book states it has a single primary aim: to offer a one-stop source of relevant information on non-malignant chronic pelvic pain, with emphasis on current trends in physical medicine approaches to assessment, treatment, management and care. This is a big aim to fulfil and indeed the authors have been largely successful.

Each chapter being written by a different author offers discrete, stand-alone knowledge. At the end of each chapter is a quick round-up followed by a useful reference section. The book is well illustrated with photographs, line drawings and diagrams. It covers not just the anatomy and physiology of the pelvis but has good, albeit small, sections on breathing, biofeedback, nutrition, dry needling, electrotherapy and hydrotherapy. It is nice to see that these approaches to dysfunction are being seen as an important part of patient care. There are also good sections on manipulations and examination/palpation of the pelvic area, as well as a section from an osteopathic perspective which looks at breathing, behaviour and metabolism.

The CD that comes with the book contains a full copy of the book, including the photographs and illustrations, which can be downloaded, as well as technique videos. The reference section at the end of each chapter includes papers with abstracts available on PubMed; if you are connected to the internet, it will take you straight to that abstract.

The chapters on treatments in the UK and US are interesting. The UK model talks of multi-disciplinary teams within NHS pain management clinics. These include the pain medicine consultant for drug interventions, psychologists and noted only a 'role' for physiotherapy. In the US it seems that conservative medical management starts with manual therapy.

The round-up note at the end of these chapters says that there needs to be a team approach to the management of chronic pelvic pain. It reminds the reader of the treatment paradigm: 'cure sometimes, help always'. If only this was the way of things today.



Yoga for Healthy Lower Backs

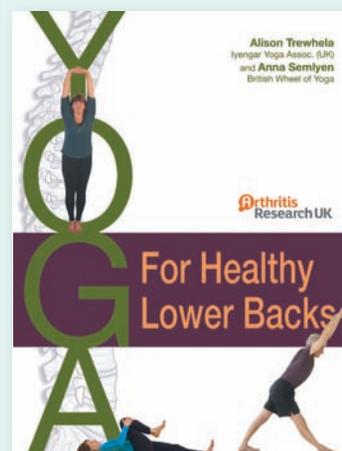
Alison Trehwela and Anna Semlyen
Published by Lotus Publishing
ISBN: 978-1-905367-26-6

Reviewed by Sophie Bendall BOst (Hons)

This book was first written for participants on a randomised controlled trial of yoga for chronic lower back pain, conducted by the University of York in 2011. The trial was one of the largest yoga trials in the world and aimed to determine the effectiveness of yoga for people who had seen their GP about chronic lower back pain. It was concluded (Tilbrook et al, 2011) "that offering a 12 week yoga programme to adults with chronic or recurrent lower back pain, leads to greater improvements in back function than usual care".

The book is divided into several sections and is very informative about what to expect from a yoga class, what to take and the many benefits of yoga. The sections can seem slightly confusing at first and the anatomy section is very small and at the back of the book. The book has a small section on 'pain-relieving postures'. It is very cautious in its approach to these and many are poses a lot of osteopaths would recommend, e.g. knee hugs.

Several yoga sequences of differing levels are then described with three core sequences and two progressive sequences. Even though the descriptions are very clear and illustrated with photographs, I think that some yoga experience is needed – or at least being in the presence of someone who has knowledge of the yoga poses – in order to gain maximum benefit with minimal harm. There is a large section with greater detail on each pose, including how to perform it, observations, variations and benefits. This should ideally be read before the sequences are attempted.



This book would not be challenging enough for those with great yoga experience but for osteopaths with a little knowledge of yoga wanting to find out more about possible exercises for patients with back problems, it would be of interest.

9th International Conference on Advances in Osteopathic Research

14-16 September, London

As part of its commitment to promoting the importance of research and the dissemination of results, the British College of Osteopathic Medicine (BCOM) will once again be hosting this three-day conference.

Keynote speakers include:

- > Dr Dawn Carnes, Director of NCOR: making research relevant to everyday practice in a rapidly changing healthcare market.
- > Professor John C Licciardone DO MS MBA: osteopathic manual treatment for chronic low back pain – new evidence from the osteopathic trial.
- > Leon Chaitow ND DO: current fascial research – an informed osteopathic perspective.

Further information on the speakers and programme can be found on the BCOM website:

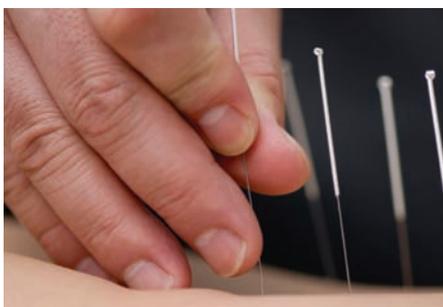
www.bcom.ac.uk/research/icaor/icaor-9.

The British Conference of Acupuncture and Oriental Medicine 2012

28-30 September, Windsor

This year's conference, 'Widening horizons from ancient China to modern practice', aims to challenge mainstream health's paradigms and encourage new energy and enthusiasm amongst practitioners.

Delegates will hear from a variety of speakers, including Dr Mike Cummings, who will be discussing the treatment of musculoskeletal pain; Dr Beverley de Valois, who will be exploring the treatment of people with lymphoedema; and Dr Hamid Montakab, who will be discussing local obstruction barrier points and management of pain.



To book your place at the conference, visit:

www.acupuncture.org.uk/conference or call 020 8735 0400. Early bird bookings are available until 30 June, with a saving of £20.

1st International Congress of Osteopathy in Animal Practice

28-29 September, Rome, Italy

The first conference of its kind, this two-day event aims to bring together representative organisations and experienced osteopaths in the field to discuss the evidence and efficacy of osteopathy applied to the animal kingdom.

The programme, split into various sessions, will explore multiple aspects of osteopathic manipulation on different animals presenting with various clinical conditions. These



aspects will then be explored in depth during round-table discussions featuring experts in the medical and osteopathic fields.

Speakers include Nadine Hobson DO, founding member of the Society of Osteopaths in Animal Practice (SOAP), Chris Colles, RCVS

Specialist in Equine Surgery (Orthopaedics), and Lisa Hodge, Associate Professor and Osteopathic Heritage Basic Science Research Chair in the Department of Molecular Biology and Immunology and the Osteopathic Research Centre at the University of North Texas Health Science Centre.

To book your place at the congress or for further information on the speakers and programme, visit:

www.congressodiosteopatia.it/congresso_osteopatia_veterinaria/eng/speakers.html.

9th International Symposium of Osteopathy

16-17 November, Nantes, France

Organised by the Institut des Hautes Etudes Ostéopathiques (IdHEO), this year's event is titled 'Osteopathy and research: practitioners and researchers interacting and advancing'. Speakers include Dr Stephen Tyreman, Dr Jorge Esteves, Steven Vogel and Florian Schwerla.

For further information on the programme or to reserve your place, visit: www.ior-nantes.com/symposium/programme-symposium.html.

Courses 2012

Courses are listed for general information. This does not imply approval or accreditation by the GOsC.

For a more comprehensive list of courses, visit the 'CPD resources' section of the o zone website – www.osteopathy.org.uk.

August

> 31 Aug to 3 Sept Advanced therapy masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

September

> 4 Spinal manipulation for the athlete masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 8-9 Sept, 6-7 Oct and 17-18 Nov Foundation acupuncture training course

Speaker: Jennie Longbottom
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 8 Craniosacral therapy introductory day

Speaker: Thomas Attlee
Venue: London
tel: 020 7483 0120
email: info@ccst.co.uk
website: www.ccst.co.uk

> 10-14 Osteopathy in the cranial field (module 2/3)

Course director: Ana Bennett
DO MSCC
Venue: Columbia Hotel,
Lancaster Gate, London W2
3NS
tel: 01291 622 555
website: www.sutherlandcranialcollege.co.uk

> 11-12 A modern approach to muscle energy techniques

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 12 Nerve root blocks and epidurals and their role in management in radiculopathy

Venue: The Faringdon Clinic,
10 Salutation Mansion,
1 Market Place, Faringdon,
Oxfordshire SN7 7HL
tel: 01367 244 699

> 15 Ear acutherapy

Course director: Massih
Yaghmaie
Venue: BSO
email: massih@stairway2dao.org
website: www.stairway2dao.org

> 15-16 Craniosacral therapy introductory weekend

Speaker: Michael Kern
Venue: Skylight Centre,
49 Corsica St, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 15-20 Craniosacral therapy introductory course

Speaker: Thomas Attlee
Venue: London
tel: 020 7483 0120
e-mail: info@ccst.co.uk
website: www.ccst.co.uk

> 16 Complete clinical competence series, case studies and diagnosis

Speaker: Dr Graham Downing
Venue: Warwick Hilton
tel: 020 8504 1462
email: taoseminars@gmail.com

> 16 First aid course for practitioners

Speaker: Robert Angel
(Accr First Aid Trainer)
Venue: Warwick Hilton
tel: 0208 504 1462
email: taoseminars@gmail.com

> 18 Kinesiology taping for the athlete masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 22 Pilates: the neck and shoulders in focus

Speaker: Susie Lecomber
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 28-30 Harmonic technique

Speaker: Professor Eyal
Lederman
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 30 Peripheral techniques (shoulder, elbow, wrist, knees and ankles)

Speaker: John Gibbons
Venue: Warwick Hilton
tel: 020 8504 1462
email: taoseminars@gmail.com

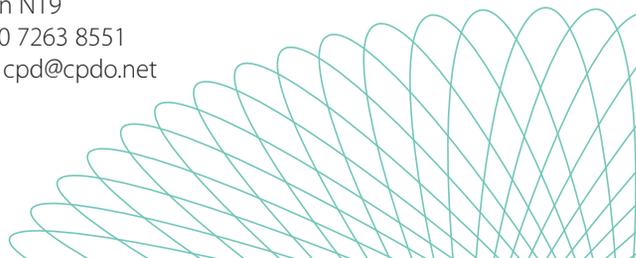
October

> 3 Hip joint masterclass

Speaker: John Gibbons
Venue: Oxford University Sport,
Jackdaw Lane, Oxford OX4 1EQ
tel: 07850 176 600
email: john@johngibbonsbodymaster.co.uk
website: www.johngibbonsbodymaster.co.uk

> 4 How to treat: tennis elbow

Speaker: Professor Eyal
Lederman
Venue: Middlesex University,
Archway Campus, Holborn
Union Building, Highgate Hill,
London N19
tel: 020 7263 8551
email: cpd@cpdo.net



>5-7

LT: listening course – an osteopathic approach to diagnosis and evaluation

Lecturer: Annabel Mackenzie
Venue: Stillorgan Park Hotel, Dublin, Ireland
tel: 00353 1 2103 967
website: www.barralireland.ie

>6-7

Foundation acupuncture training course

Speaker: Jennie Longbottom
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>6-7

Internal medicine

Course directors: Clive Hayden and Liz Hayden
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

>6-7

Osteopathic technique: cervical spine, CD and UEX

Speaker: Professor Laurie Hartman
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>6-9

The surfer on the tide

Speaker: Michael Kern
Venue: Skylight Centre, 49 Corsica St, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

>6-9

Behind the smile – emotional expression

Speaker: Katherine Ukleja
Venue: Skylight Centre, 49 Corsica St, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

>7

Complete clinical competence series: signs and symptoms

Speaker: Dr Graham Downing
Venue: Warwick Hilton
tel: 020 8504 1462
email: taoseminars@gmail.com

>7

Breathing pattern disorders and diagnosis in patients

Speaker: Leon Chaitow
Venue: Warwick Hilton
tel: 020 8504 1462
email: taoseminars@gmail.com

>18-21

Dynamic neuromuscular stabilization (course B)

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

>20-21

JEMS movement (part 2 of 4)

Speaker: Joanne Elphinston
Venue: Stirling, Scotland
email: morag.fraser@btconnect.com

>20-21

Functional stretching

Speaker: Professor Eyal Lederman
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>25

How to treat: whiplash injuries

Speaker: Professor Eyal Lederman
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>25-27

Spark in the motor – CNS and fluids (module 7)

Course director: Kok Weng Lim
Venue: Columbia Hotel, London W2
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

>27

Pathways to traditional osteopathic practice

Speaker: Howard Beardmore
Venue: Leighton Park School, Reading, Berkshire RG2 7ED
tel: 01189 885 293
email: biosteo@googlemail.com
website: www.british-institute-of-osteopathy.org

>27-28

MET in management of spinal, respiratory and pelvic dysfunction

Speaker: Leon Chaitow
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>28

Masterclass: eligibility (module 2 or equivalent)

Course director: Dr Andy Goldman
Venue: Columbia Hotel, London W2
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

>28

Common complaints in the pregnant patient

Speaker: Craig Coman DO
Venue: Warwick Hilton
tel: 020 8504 1462
email: taoseminars@gmail.com

>14

SCC masterclass

Course director: Dr Andy Goldman
Venue: Columbia Hotel, London W2
tel: 01291 622 555
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

November

>3-4

Internal medicine

Course directors: Clive Hayden and Liz Hayden
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

>3-4

Basic visceral: the thorax

Speaker: Joanna Crill Dawson
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the **o zone**, email details to the editor: editor@osteopathy.org.uk. The resource is open to all osteopaths running courses for their colleagues.

CLASSIFIEDS

RECRUITMENT

Five years' qualified osteopath required at the Blackberry Clinic in Milton Keynes, one of the largest multidisciplinary clinics in the country with own fully equipped gymnasium, including the latest Pilates equipment, seeing approx 3,000 patients per month. For more information visit our website: www.blackberryclinic.co.uk. If interested please email: hr@blackberryclinic.co.uk.

Outstanding opportunity offered for an experienced osteopath to gain a position at West Perth Osteopathic. This is a fantastic opportunity to enjoy a wonderful lifestyle in the city of Perth, Australia and to work in a well-established professional clinic with a committed group of professionals. An interest in cranial osteopathy and paediatrics would be an advantage. Please register your interest by contacting Elizabeth Cumming at westperthosteopathic@gmail.com.

Cambridge: Part-time locum required to cover maternity leave period from July 2012 to March 2013. One to two days per week, days and hours flexible. Must be confident in treating babies, toddlers, and pregnant and post-partum women. You must be independent, reliable and motivated. Please email CV to victoria@victoriadavies.com or call 07876 452 306 for further details.

E. Midlands osteopath required one to two days per week to join established osteopathy clinic. Good structural skills required along with good interpersonal skills. Must be local to area and enthusiastic. Please send CV and covering letter to e.midlands.osteopaths@hotmail.co.uk.

Qualified osteopath required to join a long-established multidisciplinary clinic in West London. Excellent facilities, competitive rates, supportive environment. Two years of professional experience and an existing client base preferable,

though not essential. Saturday and one other day available. Contact Stelyana on 020 8741 9264 or info@brackenburyclinic.com.

Locum required to cover maternity leave from August 2012 for a practice in Salisbury – approx. 1.5 days a week. Good diagnostic ability and structural skills essential. Also need to have completed a postgraduate cranial course. Please email rhianosborne@gmail.com for further information.

Consulting room available in Hampshire. Newly refurbished high-quality consulting room available to rent in well-established physiotherapy and multidisciplinary health clinic in Chandler's Ford. Excellent situation, with free on-site parking. Contact Fiona at mail@gophysiotherapy.co.uk to discuss the opportunities.

Devon/seaside practice for sale. Goodwill with database, website and equipment. Great high street location, popular seaside town, three treatment rooms, bags of potential. Established over 10 years with long lease option. Contact gemmabachle@yahoo.co.uk.

Herefordshire. Principal retiring. Busy clinic established 1975. Prestigious premises with two large treatment rooms and on-site parking. All ages seen, including babies. Accommodation available. mail@herefordosteopaths.co.uk.

COMMERCIAL

Goodwill of practice for sale. Established 24 years, based in a large, busy GP surgery in SW14 an affluent London suburb. Existing practitioner selling due to relocation out of London. Great relationship with GPs and local health practitioners. For more information, contact: info@carolinewellsosteopathy.co.uk.

£295,000. Reluctant sale due to relocation. Freehold of clinic premises including spacious two-bedroom apartment. Fantastic opportunity to purchase successful osteopathy practice incorporating complementary health clinic. Established 20 years. Excellent local reputation, busy structural patient list, professional personnel. 07795 490 998 or osteoclinic4sale@hotmail.co.uk.

We are looking for either one or a group of osteopaths to take over room/practice in our lovely, busy clinic on Portobello Road. Current osteopath moving. Excellent room rates, the clinic established 15 years. Call 07535 652 693.

COURSES

The Chinese Medical Institute and Register. Professional education in Chinese medicine and acupuncture. CPD postgraduate courses in Chinese medicine and acupuncture. Includes patient case studies and practical sessions. Contact the Course Department for information at courses@acumedic.com or 020 7388 6704. Visit: courses.acumedic.com.

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RECENT GRADUATES FORUM

A Peer-Support Group for Recent Osteopathic Graduates
A series of stand-alone events providing an informal, supportive setting for recently qualified osteopaths (graduated 2010 or after) to discuss clinical practice, patient care and practice management issues.

- Maximum 8 participants per session
 - 7.30 - 9.30pm (2 hrs CPD Certificates of Attendance)
 - 5th July, 4th Sept, 3rd Oct, 1st Nov, 4th Dec 2012
 - Venue: Oxley Village Osteopaths, Watford, HERTS
 - £35.00 per session, 15% discount for any three sessions or more
- Please visit www.oxleyvillageosteopaths.co.uk or contact Amanda Phillips 020 8954 3967 for further details





ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC



Continuing Professional Development

ABCs of Starting a Paediatric Practice - 14 July 2012 J Miller; M Browning

This seminar covers all of the distinct aspects of history taking through the seven ages of children including the most important questions to ask along with additional history required for specific conditions. Examination and treatment procedures at each age are included along with workshops for the novice.

Benign Paroxysmal Positional Vertigo - 4 August 2012 Richard O'Hara

BPPV is caused by calcium carbonate crystals (otoconia) becoming dislodged and floating freely within the ear. The course includes: Anatomy, physiology and pathology, red flags/subjective assessment, clinical oculomotor examination, BPPV assessment, treatment techniques and references. After the course, delegates should be able to: Understand the pathophysiology of BPPV, identify red flags, identify central neurological/atypical presentations, carry out diagnostic manoeuvres and interpret findings, identify and carry out the appropriate treatment manoeuvres for the posterior, anterior and horizontal canals.

Introduction to Dry Needling - 6-7 October 2012 John Reynolds

This two-day seminar is designed to introduce the techniques of dry needling using acupuncture needles in the treatment of myofascial trigger points. The course is highly practical and delegates are normally confident to needle their patients after the seminar.

National Sports First Aid - 6-7 October 2012 Tony Bennison

A specialist, two-day assessed course approved by BASEM, ACPSM, Scottish FA, Sport Scotland, Scottish Institute of Sport, Scottish Rugby Union and the Commonwealth Games Council for Sport amongst others. On completing the course and passing the assessment, a certificate from the NSFA is awarded and the osteopath is added to the NSFA database as a Certified Sports First Aider.

Lumbo Pelvic Pain Mechanisms and Evidence Based Diagnosis & Treatment

2-4 November 2012 Andry Vleeming

Over this three-day course Dr Vleeming will present his research work and distil a 20-year career into a digestible weekend workshop that promises new understanding and a set of new skills for practice.

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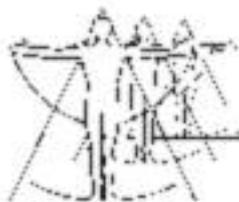
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Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
16-17 June	Visceral osteopathy: The skeletal and visceral pelvis	Joanna Cilli Dawson	£235	£150	14
16-17 June	Contemporary acupuncture in women's health	Jennie Longbottom	£255	£150	14
28 July	Olympics special: Acupuncture for management of sports injuries	Jennie Longbottom	£135	£135	7
8-9 Sep, 6-7 Oct, 17-18 Nov	Foundation acupuncture training course (3 weekends certificate course)	Jennie Longbottom	£665	£350	42
22 Sep	Pilates: The neck and shoulders in focus	Suzie Lecomber	£125	£125	7
28-29-30 Sept Start Friday 18.00	Harmonic technique	Prof. Eyal Lederman	£385	£200	20
6-7 Oct	Osteopathic technique: Cervical spine, CD and UEX	Prof. Laurie Hartman	£265	£150	14
20-21 Oct	Functional stretching	Prof. Eyal Lederman	£235	£150	14
27-28 Oct	MET in management of spinal, respiratory & pelvic dysfunction	Leon Chaitow	£265	£150	14
3-4 Nov	Basic visceral: The thorax	Joanna Cilli Dawson	£235	£150	14
7-8-9 Nov	Advanced abdomen and pelvis	Jean-Pierre Barrai	Fully booked		
17 Nov	Managing acute and chronic neck conditions – a process approach	Prof. Eyal Lederman & Tsaff Lederman	£25	£25	7
Evening courses & lectures 19.00-22.00 / 19.00-21.00					
4 Oct	Howto treat: Tennis elbow	Prof. Eyal Lederman	£45		3
25 Oct	Howto treat: Whiplash injuries	Prof. Eyal Lederman	£45		3
9 Nov	Fascial fitness: Training principles for the collagenous tissue network	Dr. Robert Schleich	£55		3
15 Nov	Howto treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£45		3

Functional stretching

An active, multidimensional approach to recovering range of movement

Prof. Eyal Lederman

Cochrane Database: Clinical stretching has limited contribution to recovery of movement range in many musculoskeletal conditions - Immediate: 3^o, short-term: 1^o, long-term: no effect

Find out why and how it can be resolved

Traditional stretching methods were shown to have a limited influence in improving range of movement (ROM) in conditions where there are pathological tissue shortening. These modest outcomes were observed for all forms of stretching approaches.

Functional stretching has been developed over 10 years by Prof Lederman to provide a solution to the limitations of traditional stretching approaches. It focuses on active restoration of ROM, using task-specific, functional movement patterns. This approach is informed by research in the areas of tissue adaptation, motor control, pain and cognitive-behavioural sciences.

Functional stretching can be used to recover ROM losses in various musculoskeletal conditions including post-injury rehabilitation, immobilisation, surgery, frozen shoulder and central nervous system damage. Part of the course will also examine the potential use of functional stretching in pain alleviation and ROM desensitisation.

Date: 20-21 Oct 2012

Venue for courses:

Middlesex University, Archway Campus, Highgate Hill, London N19
(Except for Benzi's courses)

For more information and booking: www.opdo.net

Or send payment to:

CPDO Ltd, 15 Harberton Road, London N19 3JS, UK

Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net

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



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Managing Long-Term Pain

Mindfulness and Acceptance and Commitment Therapy (ACT) provide a range of innovative approaches to working with pain, aimed at promoting flexibility, resilience and values-based living. This course will introduce the basic theoretical framework, using varied teaching methods and experiential exercises, and is suitable for qualified osteopaths interested in expanding their flexibility in dealing with chronic pain.

The course will be run by Dr Lorraine Nanke and Hilary Abbey and will feed back on the pilot chronic pain clinic run at the BSO.

Saturday 7 July

Course Fee: £125 CPD: 7 hours



Nutrition in Practice



In a course specially designed for osteopaths, chiropractors, physiotherapists and other manual therapists, Dr Lisa Ryan leads a two-day workshop in nutrition. The days can be taken individually or together. Day 1 is an introduction to nutrition which focuses on assessing nutritional needs and giving advice on nutrients to help recovery, while day 2 is applied nutrition, teaching delegates how to apply nutrition guidelines to different situations.

The course leader is Dr Lisa Ryan, Senior Lecturer in Human Nutrition at Oxford Brookes University and Deputy Director of the Functional Food Centre.

Thursday & Friday 5 & 6 July

Course fee: £125 per day or £200 for both days CPD: 7/14 hours

Functional Active Release

Functional Active Release is focal inhibition – with active patient multi-planar movement, improving sports performance & releasing deep postural stiffness providing deep & lasting changes to function.

Key applications include; hip girdle & gait disruption, post-fracture recovery or joint replacement, stiff kypho-lordotic posture, shoulder girdle dysfunction (frozen shoulder), whiplash and scalene syndrome thoracic outlet release. The course leader is Robin Lansman, DO, an experienced osteopath and Senior Tutor in the BSO Sports Clinic.

Friday 29 June

Course fee: £125 CPD: 7 hours



Osteopathy in the Cranial Field



The preliminary five-day course is approved by the Sutherland Cranial Teaching Foundation and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

7,8,9,15 & 16 September

Course fee: £975 (with discounts for new graduates)

CPD: 40 hours

Contact

To register your interest or for further information on any of the CPD courses, please contact:

Katie Elford on 020 7089 5352 or cpd@bso.ac.uk.

Courses Coming Up

Fri 29 June

Functional Active Release

Thu 5 July

Nutrition (day 1)

Fri 6 July

Nutrition (day 2)

Sat 7 July

Paediatric Osteopathy

Managing Long Term Pain

7,8,9,15,16 September

Osteopathy in the Cranial Field

Sat 8 September

Pilates

Sat 13 October

Ergonomics

Advanced Spinal

Manipulation

Discounts

Ex-BSO students receive a 10% discount on all course fees

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The BSO will be at the London & the South East and Manchester GOsC conferences. Come and find us for more information about CPD courses, our undergraduate degree programmes and our postgraduate training (and some freebies too).



THE BRITISH SCHOOL OF OSTEOPATHY

Postgraduate Courses

For more information visit: www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/

MSc Osteopathy *Achieving the next level*



This flexible programme is designed to develop your professional capability in clinical practice, education and research. It gives you the opportunity to develop and critically apply your knowledge and skills in the areas of business, practice management and professional leadership.

The course is structured to allow you to complete specific units of learning as CPD or undertake the full course.

Each module will run one Saturday a month over four months, which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: September 2012
Course Leader: Shireen Ismail
Duration: 3 years (2 units per year)
Course fee: £1,100 per 30 credit unit

Post Graduate Certificate in Academic and Clinical Education

This unique programme is designed to equip you with the knowledge and skills to effectively support students in classroom and clinic-based settings.

The two modules; Education for Academic Teaching and, Education for Clinical Supervision and Teaching Technical Skills have a strong clinical and practical skill focus.

Each module involves a four-day course of lectures, seminars and practical workshops over weekends, which are supported by assignments.

Start date: September 2012
Course Leader: Dr Jorge Esteves
Course fee: £2,200



Professional Doctorate in Osteopathy *A new level of osteopathic scholarship*



This programme, the first of its kind, blends teaching and self-motivated investigation that will allow you to make use of a range of specialists who are experts in a variety of disciplines.

You will be introduced to highly relevant, but not normally associated, subjects and will have the opportunity to work at the cutting edge of osteopathic theory and practice. The emphasis will be not just on understanding a theoretical body of knowledge, but on the nature of practice itself.

The course gives you the opportunity to investigate some of the key challenges facing the osteopathic profession today and develop the skills and knowledge to pursue the best interpretation, enhancing osteopathy's body of knowledge and skill.

Start date: January 2013
Course Leader: Professor Stephen Tyreman
Course fee: £3,900



Contact

To register your interest or for further information on any of the postgraduate courses, please contact:
Gayda Arnold on 020 7089 5315 or g_arnold@bso.ac.uk

Or visit our website:

<http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/>

Join the SCC pathway for quality learning

All module courses have a 1:4 tutor - student ratio



In Reciprocal Tension - Membranes and Principles Module 5

9-11 July

An inspiring exploration of reciprocal tension within the dural membranes and fascia throughout the body. We experience the different qualities of fascia and come to understand the functional unity of Dr Sutherland's 5 phenomena. An exciting part of the course involves daily exercises for expanding sensory awareness and exploring appropriate contact with the body's therapeutic forces.

'It was brilliant, better than I ever expected!' 'Lots of new information and research.'

CPD 24 hours | residential £885 | Stroud | Course Director: Peter Cockhill BA(Hons) DO MSCC



Osteopathy in the Cranial Field Module 2/3

10-14 September

Develop palpatory and diagnostic skills using the involuntary mechanism. Learn treatment principles which can be used in practice to treat a wide range of patients.

'Great content' 'Excellent feedback during practicals.'

CPD 40 hours | non-residential £1225 | London | Course Director: Ana Bennett DO MSCC

**New graduates discount and Scholarships available*



Internal Medicine

**6-7 October
and
3-4 November**

An approach to the visceral systems that is truly osteopathic in understanding and treatment.

'Gave me some great new ways to integrate visceral work into my daily practice. Loved it!'

CPD 32 hours | residential £995 | Stroud | Course Directors: Liz Hayden DO MSCC and Clive Hayden MSc DO MSCC



Spark in the Motor Module 7

25-27 October

This course offers an in-depth exploration of fluid approaches such as the CV4, automatic shifting, directing the potency of the Tide and EV4. We also cover principles of diagnosis and treatment of the central nervous system, treatment of the autonomic nervous system, stillness, still-points and fulcrum.

'Fantastic and inspiring!'

CPD 24 hours | non-residential £825 | London | Course Director: Kok Weng Lim DO MSCC
With Guest Speaker: Dr Andy Goldman DO from USA



Master Class with Dr Andy Goldman DO

28 October | CPD 24 hours | non-residential £195 | London | Course Director: Dr Andy Goldman DO

Modules 1-3 (Entry level courses) provide a high standard of training in palpation of the Involuntary Mechanism (IVM) and a firm grounding in osteopathic treatment approaches.

Module 4 teaches the principle of Balanced Ligamentous Tension for treating every joint of the body and provides a useful bridge between structural and cranial approaches.

Modules 5-9 (Pathway Courses) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge. These can be taken in any order.

BCOM ANNOUNCES ICAOR 9

9th International Conference on Advances in Osteopathic Research

Friday 14 to Sunday 16 September 2012

LONDON, ENGLAND

Home of the 2012 Olympic & Paralympic Games



Keynote Speakers

Dr Dawn Carnes, Director of NCOR

Senior Research Fellow at Barts and the London School of Medicine and Dentistry

Title: Making Research Relevant to Everyday Practice in a Rapidly Changing Healthcare Market

Prof John C. Licciardone DO MS MBA

Professor and Executive Director, Osteopathic Heritage Foundation Richards-Cohen

Distinguished Chair in Clinical Research, The Osteopathic Research Center

Title: Osteopathic Manual Treatment for Chronic Low Back Pain: New Evidence from the Osteopathic Trial

Mr Leon Chaitow ND DO

Honorary Fellow, University of Westminster, London

Editor-in-Chief, *Journal of Bodywork & Movement Therapies*

Title: Current Fascial Research: An Informed Osteopathic Perspective

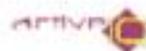
Registration forms www.bcom.ac.uk/research/icaor/icaor-9

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Looking for CPD?

Dynamic Neuromuscular Stabilization - Course B

Thursday 18th to Sunday 21st October, £800 (28hrs CPD)

Following the success of previous courses, representatives of the Prague Rehabilitation School return for the second in a series of DNS Courses being held at the European School of Osteopathy. Delegates must have completed DNS Course A to attend.

Tissue Repair

Presented by Prof Tim Watson
Saturday 10th November, £135 (7hrs CPD)

This study day takes the current issues and research evidence in tissue repair, considers them in some detail and then aims to explore how manual therapy, exercise therapy and electrotherapy can influence the processes involved. The course has been tailored to meet the needs of osteopathic practitioners.

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FOUNDATION FOR PAEDIATRIC OSTEOPATHY CONFERENCE 2012

13 & 14 OCTOBER 2012

The Developing Child – An Osteopathic Challenge

The following experts will share their unique perspectives on paediatric practice at the Foundation for Paediatric Osteopathy's International Conference in London.

Peter Armitage DO DPO MSCG

Overcoming obstacles

Sally Goddard Blythe MSc FRSA

Primitive reflexes and postural reactions – indicators of the relationship between structure and function in the developing child. What can they tell us and what can be done

Glive Hayden MSc (Ost) DO MSCG

The neurologically impaired child – A clinical view

Liz Hayden DO (Hons) MSCG

A clinical approach to children with developmental delay

Keith Holland BSc FCOptom FBABO FCOVD FAAO

DipGLP

Development and behaviour – the role of vision

Stuart Korth DO DPO FICO

Opening address

Kok Wang Lim DO MSc (Ost) MSCG

The development of sleep and sleep disorders in children

Robyn Seamer DO MSc (Ost)

Orofacial development in a child – the embryological mystery within

Gudrun Wagner MD DO DPO MSc

The language of the heart – the principles of the heart's development applied in paediatric osteopathic treatment

Margyn Waldman DO

The osteopathic treatment of postural and spinal maldevelopment in children – its ethical & technical challenges

Frank Willard PhD

The neuro-anatomy & physiology of mal-development in the first trimester & adverse perinatal events

Visit www.fpoconference.org.uk for full schedule and booking details.

Discounts available for alumni members.

Venue: Thistle Hotel, Marble Arch, London.

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The path to quality training

The **Rollin E. Becker Institute** is a **Sutherland Cranial Teaching Foundation-approved** organisation providing education, practical skills and development with osteopathy in the cranial field (OCF). Established by an existing team of highly educated, motivated and experienced teacher-practitioners in OCF, the Rollin E. Becker Institute blends philosophical traditions with developments in knowledge in the cranial concept. We aim to inspire newcomers to OCF, as well as those already practising, by delivering essential and expert knowledge, invigorating the way you work.

The **Rollin E. Becker Institute** is committed to delivering a high-quality programme of courses, masterclasses and seminars relevant to the challenges facing osteopaths in the 21st century. Visit www.rollinbeckerinstitute.co.uk for more details.

Rollin E Becker Institute
Inspiration in practice

Train with the Rollin E. Becker Institute in 2012

Cranial Anatomy and Palpation

Date: 16th June Venue: BSO, London
Course leader: Ciara Petter
CPD: 4-6 hours Cost: £140

A one-day, in-depth exploration of the anatomy of the cranial base with Ciara Petter. This is a day spent in small group study with directed anatomy sessions using bony specimens and concentrating on the sphenoid, occiput, temporal and ethmoid, covering the bony structure, their sutures and the significant relationships with the dural, vascular and neurological systems.

Interspersed with this will be practical exercises to develop palpation and the appreciation of the specific anatomy and its more global effect on the body mechanics. The course is adaptable, with tutors and participants grouped for different learning styles and abilities.

It provides an excellent opportunity to refresh or expand existing knowledge of the structure of the cranial base, or as a preparation for a foundation level 5-day/40-hour course.

Open to all osteopaths and final year undergraduates (excluding the 2-hour OCF practical workshop at the end of the day, which is open only to eligible participants).

Palpation

Date: 25th November Venue: BSO, London
CPD: 6 hours
Cost: £150

An experiential course which helps participants to gain a greater understanding of how to palpate and make sense of what we feel.

There will be discussion of the concept of tissue quality, how to quantify it and how understanding what it is helps us to treat more accurately to get the best results.

Later in 2012/13:

Dates, venues and costs vary - please contact our administrator Gilly Dowling, for further details on 0045 5193 493

3rd NOVEMBER **OCF Update Day (Grenøster)**
25th NOVEMBER **ENT course (BSO)**
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Do you have a view on the future of osteopathic practice?

Be part of the debate by attending one of the regional conferences in your area – these meetings could be the most important osteopathic event of the decade.

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