

the osteopath

International Journal of Osteopathic Medicine enclosed

Revalidation: testing the scheme



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General
Osteopathic
Council



General
Osteopathic
Council

The General Osteopathic Council
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Information Service** ext 242 / 222 / 228

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Professional Standards ext 238 / 235 / 240

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

Finance & 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 & consent forms, fitness to practise, Protection of Title.

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Enquiries about Council Members and meetings, GOsC Committee business, Governance.

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Revalidation in practice

– assessing the draft scheme

Fiona Browne, Head of Professional Standards

As part of our work on developing a scheme of revalidation, we are keen to understand the ways in which revalidation could assist osteopathic practice – how might revalidation contribute meaningfully to the continuous improvement of osteopathic practice that we all strive for.

This work will be funded by a grant awarded to the GOSC by the Department of Health (DH) to help with the development costs of revalidation.

Part of the DH funding grant is being used to pay for an independent analysis of revalidation, which will look at the costs, benefits, financial and regulatory risks, and equality impact of the draft scheme. This will also help with the preparation of a comprehensive pilot to test and evaluate the scheme, currently scheduled to take place in 2011.

To conduct this complex analysis, the GOSC has commissioned the expert services of KPMG. The KPMG team will begin work this month with a presentation to Council at its April meeting, and are keen then to talk to osteopaths to find out more about your practice.

The KPMG team who will be working with the osteopathic profession on the revalidation project include:



Ashley Steel

The project will be led by Senior Partner Ashley Steel. She has over 20 years' experience of directing strategy, organisation design and efficiency projects.



Louise Scott-Worrall

Louise has an MSc in Sports Injury and Therapy from Manchester Metropolitan University and a BSc in Podiatry from Westminster University. She is a podiatrist by training and a member of the Society of Chiropractors and Podiatrists, and has also gained a Postgraduate Certificate in Health Education Leadership. Louise is based in Birmingham and is a highly experienced professional with significant management experience and a successful track record at operational and strategic level.



Katherine Beadle

Katherine has an MSc in Political Theory and a first class BA (Hons) degree in Politics from the University of Nottingham. She has worked with a range of organisations including the Department of Health, the Chief Medical Officer's Working Group on Revalidation, and the NHS. Katherine has experience of conducting equality impact assessments on complex work.





Vicki Doe

Vicki has a BA (Hons) degree in Education Studies and Mathematics from the University of Cambridge. She has worked with a variety of organisations including the Olympic Security

Directorate and the Ministry of Defence, and has extensive experience of quality assurance of clinical education in the workplace.

Ashley, Louise, Katherine and Vicki, along with other members of the KPMG team, will work with us over the next two years to identify the benefits and costs of revalidation. This will involve:

- > Communication with osteopaths to find out more about how you practice. The KPMG team are seeking a real understanding of osteopathic practice in order to provide a solid grounding for their report.
- > An assessment of the work to date on revalidation undertaken by other health regulators, to help the GOsC develop a scheme that is proportionate. This aims also to ensure that osteopaths are revalidated in ways similar to other health professionals, whilst ensuring that the scheme is appropriate to the practice of osteopathy.
- > A proposal setting out the methods to be used to establish the costs and benefits of revalidation prior to the GOsC piloting the proposed revalidation scheme, to enable a fine-tuning of the proposed scheme.
- > A report, in due course, evaluating the revalidation pilot – were the expected outcomes met? This report will include detailed interviews with those osteopaths who have volunteered to take part in the pilots to produce a fully-rounded assessment.
- > A final report comprising a full evaluation and impact assessment for the osteopathic revalidation scheme.



To conduct this important work, KPMG need the support and involvement of osteopaths. If you are contacted to contribute your views and experience, we urge you to get involved. We need your help to make sure that revalidation is appropriate to osteopathy and only you can tell us this.

For further information on the draft revalidation scheme or the upcoming pilots, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: standards@osteopathy.org.uk.

Revalidation: moving forward

In the last issue of *The Osteopath* (Feb/March, page 12), we updated you on the governance arrangements for the process of developing a revalidation scheme. As part of these arrangements, the GOSc has appointed three working groups to oversee the development of the scheme: the Revalidation Standards and Assessment Working Group; the Revalidation Public and Patient Involvement Group; and the Research Strategy Working Group.

Each working group has a specific role and purpose in contributing to the development of revalidation, with Council retaining overall responsibility and decision-making for the delivery of the scheme. The groups will meet around four times a year.

The first meeting of the **Revalidation Standards and Assessment Working Group** took place in February. The purpose of this Group is to review, develop and provide expert advice to Council on the standards, guidance, assessment and evidence required for revalidation, in preparation of the pilot to test the scheme in 2011. The Group's papers are available on request from the GOSc Professional Standards Department.

The Group agreed to advertise nationally for a team of experts to draft the assessment criteria for the revalidation scheme. Interviews and appointments took place in March and the successful candidates will begin work on the assessment criteria shortly. We will keep you updated on this work via the **o** zone.

The purpose of the **Revalidation Public and Patient Involvement Group**, due to meet for the first time in the summer, is to advise Council on measures to promote public confidence in revalidation, ensuring that the scheme is appropriate, relevant and fit for purpose. The Group will be responsible for involving patients and the public in the design and delivery of the revalidation processes.

The **Research Strategy Working Group** met for the first time last December and will continue to advise Council on the research needs of the osteopathic revalidation work programme. At December's meeting, this Group agreed that specialist assistance was needed in order to prepare an effective impact assessment on the draft revalidation scheme (see pages 4 and 5 for further details). Outside of revalidation, the Group is also charged with ensuring the GOSc puts in place an effective, high-quality research programme to support the development of future strategy for patient protection and the regulation and development of the osteopathic profession.

An organisational chart outlining the remit of each group and its membership is available on our website (www.osteopathy.org.uk/about/our-work/consultations-events).

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



New GOSc e-bulletins

Over recent years it has become clear that many more of you regularly have access to the internet, and would be interested in receiving email communications from the GOSc. We have taken this feedback on board and are developing two new email communications to update you on fitness to practise issues and inform you of the latest GOSc news.

The 'GOSc e-bulletin' is a monthly e-newsletter designed to present news stories quickly and succinctly.

The purpose of this newsletter is not to replace *The Osteopath*, but to complement it by offering bite-size news in-between issues of the magazine. Further information on each news item will be available on the public website or the **o** zone via a link to the relevant online pages. You will also be able to forward the newsletter on to anyone you think might be interested in reading it and each bulletin will feature a contact email address for you to let us know what you think.

The fitness to practise e-bulletin will be sent to osteopaths around four times per year. Each bulletin will feature at least one case study, along with an analysis of the case, and learning points for osteopaths in order to avoid making the same mistakes. The bulletin will also be available on the **o** zone for future reference and we hope you will use them as learning tools to complement your practice.

Both of these electronic communications will be



emailed directly to osteopaths who have provided us with an email address. If you haven't already done so, please contact our Registration Department on 020 7357 6655 ext 229 or email: registration@osteopathy.org.uk to update your details.

GOSc maintains public confidence in the regulation of osteopathy

The GOSc has been commended for its effective handling of initial fitness to practise decisions by the independent statutory body overseeing the work of all healthcare regulators, the Council for Healthcare Regulatory Excellence (CHRE).

In an audit of the GOSc's initial stages of fitness to practise procedures, the CHRE found that the Council makes "consistent decisions that are sound, that protect the public, and that should maintain public confidence in the regulation of the osteopathic profession."

The CHRE identified several areas of good practice during the course of the audit, which included:

- > An active approach in assisting complainants who wish to make a complaint
- > Sending evidence to the complainant and registrant for comment before the matter is considered by the Investigating Committee
- > The practice of the Investigating Committee in giving advice to the registrant on improving areas of their practice when closing a case, where appropriate.

The audit highlighted two areas where some enhancement was needed – in providing more detailed explanations of some of the Investigating Committee's decisions and more complete recording of interactions with the parties involved in the complaints process.

Head of Regulation, Velia Soames, commented: "The GOSc welcomes the positive results of the CHRE audit, and in particular that we make consistent and sound fitness to practise decisions. We are constantly reviewing our processes and procedures to ensure we deal with all fitness to practise complaints as efficiently and transparently as possible. Feedback from the audit will help us to scrutinise particular areas of our fitness to practise procedures to make sure we maintain public confidence in the regulation of the osteopathic profession."

The full audit report is available on the CHRE website at: www.chre.org.uk.

Regional Communications Network meeting

Representatives of the UK's Regional Osteopathic Societies have been invited to meet with the GOSc at Osteopathy House on Friday 21 May, the first Regional Communications Network meeting of the year.

The meeting will update representatives on the latest revalidation developments and our plans for testing the scheme in 2011, and will look at the requirements placed on osteopaths as part of the Government's planned Vetting and Barring Scheme.

These meetings provide an invaluable forum for the exchange of views, ideas and information between representatives of the 34 regional osteopathic groups, Council members and GOSc staff.

If you are not currently a member of a Regional Society, you can find out more information on how to join by visiting the **o** zone (www.osteopathy.org.uk). Should you have any issues that you would like to raise at the meeting, contact your local Regional Representative as soon as possible.



European forum meets to consider future challenges

Members of the Forum for Osteopathic Regulation in Europe (FORE) met for the ninth time in February, bringing together 25 representatives of osteopathic organisations from across Europe.

Established nearly five years ago to promote the wider recognition and regulation of osteopathy across Europe, FORE is now looking to formalise its structure and consider even closer working relations with the European Federation of Osteopaths (EFO) so it is best placed to respond to the future challenges that will face the osteopathic profession. Historically, the EFO has represented osteopaths at the European political level and FORE has focused on regulatory matters. A potential merger with FORE could create a more unified voice for osteopaths on the European political stage, particularly when both bodies are working to promote the wider recognition and regulation of osteopaths and high standards of osteopathic treatment.

The idea of a merger was considered in detail by FORE members in February, and similar discussions are being held within the EFO. To take this forward, the strengths and weaknesses of this proposal, together with different options for a merger, are being drawn up for further consideration. Other topics on the agenda for FORE included the:

> Development of a European Scope of Osteopathic Practice

This potentially valuable piece of work, being developed by EFO and FORE member organisations, is reaching its final stages before wider dissemination/consultation amongst the osteopathic profession and the public in 2010. A purpose of this document, once finalised, will be to assist Member States in their consideration of osteopathic regulation. More details will follow.

> Formalisation of European osteopathic standards

Further consideration was given to the formalisation of European osteopathic standards through adoption by national standardisation



agencies. The mechanism for this would be through working with the European Committee of Standardisation (CEN: www.cen.eu) with which a meeting is scheduled in April to explore potential next steps.

> Update on regulatory developments in Spain

Currently the Spanish Government is proposing a law project on natural therapies, including osteopathy. Concerns have been raised about the definition and classification of osteopathy the Government is proposing and the accuracy of the research it has compiled on the status of osteopathy in different countries. Representations from FORE and EFO members to the Spanish Government are being drafted, and will be submitted as soon as possible.

> Update on regulatory developments in Norway

The Norwegian Government is in the process of considering the future authorisation of osteopathy in Norway. It was agreed that FORE would make a collective submission in support of authorisation. Authorisation is required in Norway to practise as a regulated profession and benefit from VAT exemption, for example.

For further information on the work of FORE and details of osteopathic regulation outside of the UK, contact Sarah Eldred on 020 7357 6655 ext 245 or email: sarahe@osteopathy.org.uk.

Belgian Government taken to court for stalling on regulation

In February, the International Academy of Osteopathy and the Belgian Register of Osteopaths took the Belgian Government to court for not having implemented legislation on complementary medicine.

The Colla Act set out in 1999 plans by the Belgian Government to establish four commissions to consider the regulation of osteopathy, homeopathy, chiropractic and acupuncture. Some 11 years later, the plaintiffs won this case and the Belgian Government has now been ordered to set up commissions within the next three months.

We will keep you updated on the latest developments in a future issue of *The Osteopath*.



OHPA to hear GMC cases by April 2011

The Office of the Health Professions Adjudicator (OHPA) is a new, independent body created to ensure clear separation between the investigation of fitness to practise cases by the General Medical Council (GMC) and General Optical Council (GOC) and the process of determining whether a professional's fitness to practise is impaired.

The OHPA will begin making decisions on fitness to practise cases brought before it by the GMC from April 2011 and at a later date, yet to be confirmed, by the GOC. Although still in the early stages of development, the OHPA's main responsibilities will be to:

- > Decide whether a doctor's or optician's fitness to practise is impaired
- > Ensure the safety of patients and the public by restricting a healthcare professional's practice or removing them from the register for their profession where appropriate
- > Consider the need for temporary sanctions (interim orders) that will restrict a healthcare professional's

practice or suspend them from practice prior to a full hearing

- > Decide whether a healthcare professional should be allowed to practise again after being removed from the register for fitness to practise reasons.

The GMC and GOC will remain the regulators for doctors and opticians respectively and will continue to:

- > Set the standards for professional practice for doctors or opticians
- > Receive and investigate allegations about the fitness to practise of doctors or opticians

- > Decide whether to refer a doctor or optician to a fitness to practise hearing
- > Set indicative sanctions guidance, i.e. the guidance that OHPA panels will use to decide which sanctions are appropriate for particular health, conduct or performance issues.

The GOsC Council has not yet considered the option of transferring its adjudication function to the OHPA in the future.

For further information on the OHPA, visit: www.ohpa.org.uk.

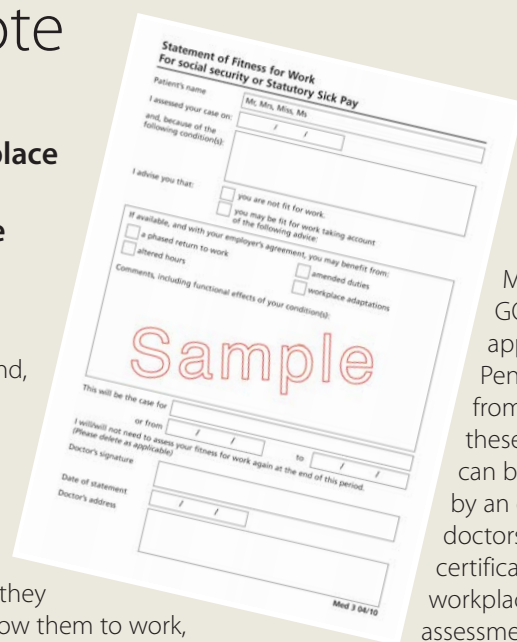
Sick note to fit note

From 6 April 2010, fit notes will replace the traditional sick note issued by doctors to cut the cost of sick leave for employers.

Called the 'Statement of Fitness to Work', the new note (Med 3 form) will be used in England, Scotland and Wales. It provides more information than the current sick note, with more focus on what the employee can do, as opposed to what they cannot.

A doctor will give a fit note to confirm whether or not an employee is fit to work. If they think an employee's health condition may allow them to work, they will give advice about the effects of the patient's condition and, where appropriate, suggestions about adjustments and adaptations to assist the employee's return to work. This can include working different hours temporarily and/or avoiding heavy lifting.

Extensive research has shown that work is of therapeutic value and is generally good for physical and mental health and wellbeing, whilst long-term worklessness has negative health effects*.



This new policy is expected to save the British economy an estimated £240 million over the next 10 years.

Many osteopaths already issue GOsC-branded off-work certificates approved by the Department for Work and Pensions (DWP). Having sought clarification from the DWP, the GOsC has confirmed that these off-work certificates are still valid and can be considered as evidence of incapacity by an employer. In fact, the new fit notes for doctors are similar to the osteopathic off-work certificates in suggesting adaptations in the workplace. Doctors can also base their assessment on reports by another healthcare professional, such as an osteopath.

It is envisaged that the osteopathic off-work certificates will in time be renamed 'osteopathic fit notes' for consistency.

Books of off-work certificates are available to order for £5.50 via the o zone or by contacting the Communications Department on 020 7357 6655 ext 242.

* Waddell G and Burton A K 2006, Is work good for your health and wellbeing?

A quick review of what's in the latest IJOM

Robert Moran MHS (Osteo), co-editor of IJOM

Unless you've been hiding in a cave, you can't have helped but notice the revolution that's been occurring online. Users of the internet are no longer passive audience members, we've become active participants in a dynamic torrent of online activity. Facebook, YouTube, Twitter and many other forms of online social media now dominate the internet. These interactive forms of online media have been loosely labelled as 'Web 2.0'. In a thought-provoking editorial, Nic Lucas introduces us to Web 2.0 and highlights a few of the implications of this online revolution for healthcare and osteopathy.



The 'Masterclass' in this issue, 'Osteopathic neuromuscular re-abilitation', is by Eyal Lederman (page 3). The paper explores a model of rehabilitation that is characterised by active engagement of the patient through use of functional movements to help address undesirable changes in motor control. Lederman notes that passive manual approaches (such as osteopathic manual techniques) have little lasting effect on changing movement control and neuromuscular recovery. Lederman outlines the use of active functional movement in a graded, structured approach to restoration of normal function. The paper also includes an illustrated case to demonstrate the approach in a patient who had lost motor control of a lower limb after an ankle fracture. The paper provides information that will be of immediate clinical value.

Also in this issue, we're pleased to publish two articles reporting original investigations into conditions that have received little attention in the manual-medicine literature. Sonberg and co-workers investigated whether osteopathic treatment of the upper thorax might alter musculoskeletal pain in post-menopausal women with a history of hypothyroidism who were receiving thyroid replacement therapy (page 11).

Although the study was small and uncontrolled, it does provide some preliminary evidence to suggest that osteopathic treatment may be associated with reductions in pain intensity and also in reducing pain interference in post-menopausal women on medication for hypothyroidism. Of course, larger studies and stronger research designs are required to draw more confident conclusions about the effects of osteopathy treatment in treating these symptoms; however, without smaller studies of this type, conducting larger, more powerful studies isn't possible. This article serves as a reminder that osteopaths are involved in treating a wide range of symptoms and disorders, and it's refreshing to read osteopathy research into conditions other than back and neck pain.

Chronic constipation is another example of a common disorder that has received little attention in the osteopathy literature. On page 17 of this issue, Brugman and co-workers report the outcome of a pilot study into the effects of osteopathic treatment on chronic constipation. Although common (prevalence in Western societies ranges between 12 and 19%), current treatment protocols for chronic constipation can be expensive, sometimes invasive and are not always effective. Again, this is a small pilot study, but the results are

encouraging and there appears to be a solid basis on which to conduct a large, well-controlled clinical trial.

The sacroiliac joint has long been of interest to osteopaths, and a large number of therapeutic techniques have been developed to address dysfunction at this joint. In a commentary published on page 24 of this issue, practising osteopath and anatomist Chris McGrath provides a commentary in which he reviews the use of composite sacroiliac joint pain provocation tests in the context of recent anatomical research into this challenging joint. McGrath argues that although statistical data exists in support of composite provocation tests, the tests may lack clinical significance since recent anatomical studies indicate that an alternative patho-anatomical basis for localisable sacroiliac pain may be more plausible and may offer a more rational basis for diagnosis and treatment.

We hope you enjoy this latest issue.

NCOR research hub news



www.ncor.org.uk

Hub meetings

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



> BRISTOL

Thursday 20 May
7–9pm

Looking at the literature on the mechanics of scoliosis.

> EXETER

Saturday 24 April
10am–12pm

Looking at the literature on career development in healthcare professionals.

> HAYWARDS HEATH

Sunday 9 May
10am–12pm

Looking at the literature on osteopathy in the cranial field.

> LEEDS

Tuesday 4 May
7–9pm

Looking at the literature concerning the communication of risk in clinical practice.

Conference calendar

> 17 April

6th International Evidence-Based Physical Therapy Conference and Exhibition, Coventry

Further information can be found at:
<http://www.heseminars.com/Courses/Browse-Courses/Therapy/6th-International-Evidence-Based-PHYSICAL-THERAPY-Conference-Exhibition/>.

> 23–25 April

8th International Conference on Advances in Osteopathic Research, Milan

Further details can be found at:
<http://www.bcom.ac.uk/research/icaor/icaor8>.

> 7–10 May

2nd International Conference: Osteopathy and White Nights, Russia

Further details can be found at:
<http://osteopathic-conference.org>.

> 18–20 June

2nd Italian Congress on Osteopathic Medicine, Italy

Further information is available on page 15 or by emailing:
info@marrapese-editore.com.

What's new in the journals?

Liz Lance, NCOR Research Officer

Physician, heal thyself

Shanafelt et al (2003) state that wellness “goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life.” Wallace et al reviewed the evidence concerning physician wellness and identified that it indicates many physicians are unwell, and that work-related stress can lead to substance abuse, relationship troubles, depression or even death.

The authors present evidence to underline the extent to which doctors face stressful working conditions and how this in turn can affect patient care and healthcare systems as a whole. While there are some clear differences between the working conditions of medical practitioners and osteopaths, there are also some similarities between the two professions.

Negative factors implicated in doctors' wellbeing include long hours and shift patterns resulting in sleep deprivation, which can be more incapacitating than a high blood-alcohol concentration (Williamson & Feyer, 2000). This can have adverse effects not only on patients but the physicians themselves, with increased risk of burnout, motor vehicle incidents and so on. Physicians work in emotionally charged environments, often associated with fear, suffering, failures and death, which can culminate in difficult interactions with patients, family members and other medical personnel. In the case of osteopaths, self-employment and its potential for financial insecurity may be a contributory factor in terms of work-related stress.

Research suggests that, universally, physicians are not very good at looking after themselves or seeking help from others; they neglect to have physical examinations and procrastinate when seeking medical treatment (Arnetz, 2001). There is a perceived stigma associated with seeking help for physical, mental or substance-abuse problems, and fear that it would be interpreted as a sign of weakness by others, or a source of future discrimination from professional bodies.

Physician wellness is measurable through standardised questionnaires such as the quality of work competence survey, but a shift is needed in the culture of care and self-care amongst physicians. This review found that although effective interventions could be implemented to improve individual physician wellness, research is lacking in directly assessing their effect on patient care.

Wallace J, Lemaire J, Ghali W. Physician wellness: a missing quality indicator. *The Lancet*. 2009;374:1714-1721.

Manual therapy in the management of musculoskeletal disorders of the shoulder

Few reviews evaluating effectiveness of conservative treatment in shoulder disorders have included manual therapy (MT), focusing instead on modalities such as acupuncture or exercise therapy. This systematic review identified 14 randomised controlled trials which included at least one of the defined MT approaches (massage, passive joint or soft tissue mobilisation and manipulation). Multi-modal interventions were included if the effects of MT could be differentiated from other interventions. The outcomes considered in the trials included pain, range of movement (ROM), functional outcomes, patient satisfaction and recovery rates.

For the purposes of analysis, results focused on the diagnostic subgroups of adhesive capsulitis, shoulder impingement syndrome and non-specific shoulder pain/dysfunction. In addition, effectiveness of treatment was determined via qualitative feedback from the patients. For each of the diagnostic sub-groups, there was found to be no clear evidence to suggest additional benefits of MT over other interventions. However, based on comparison with the control groups which received no treatment, the authors recommend that clinicians should consider incorporating soft tissue and joint mobilisation techniques in addition to therapeutic exercises.

The evidence suggests that the benefits of MT are for short-term outcomes with no significant long-term effects, and apply mainly to improvement of ROM and function rather than pain management. Conflicting evidence for effects on pain and function may be due to variable definitions of MT in the different trials.

The review highlights various difficulties in researching the field of MT, including the problem of blinding both practitioners and patients to different treatment approaches, or where no treatment is used as a control, thus leading to potential bias. There is a need in future for high-quality RCTs with standardised definitions of shoulder diagnosis, clear descriptions of treatment and adequate follow-up periods and sample sizes.



Ho C-Y C, Sole G, Munn J. The effectiveness of manual therapy in the management of musculoskeletal disorders of the shoulder: a systematic review. *Manual Therapy*. 2009;14:463-474.

Pain thresholds, catastrophising and gender in acute whiplash injury

Most studies on whiplash-associated disorders (WAD) have focused on physical and psychological symptoms in chronic WAD, but in this study the authors investigated the relationships between catastrophising and sensory pain thresholds in acute whiplash, and whether these factors were modulated by gender.

Thirty-seven subjects reporting neck pain following a motor

vehicle accident were examined within five weeks post-injury, as well as completing questionnaires on the Pain Catastrophising Scale (PCS) and the Neck Disability Index (NDI). Sensory hypersensitivity (SH), which is already known to be present in the early stages of WAD, was measured using cold pain thresholds (CPT) in the cervical spine, and pressure pain thresholds (PPT) both in the cervical spine and distally at the proximal third of the tibialis anterior muscle.

The cohort in this study demonstrated increased sensitivity to both pressure and cold. Overall, women

demonstrated significantly lower pain thresholds compared to men, while CPT was unaffected by gender. There was no significant difference in the level of catastrophising between genders, but there was found to be moderate correlation between catastrophising and CPT. The authors concluded that catastrophising may play a role in the sensory presentation of whiplash patients, but its contribution is relatively modest and by itself cannot explain sensory hypersensitivity in WAD.

However, the authors did find that where correlations between sensory measures,

catastrophising and pain and disability levels existed, these findings were gender dependent. They concluded that gender differences had important but as yet unclear clinical implications in WAD presentations, and that further research was warranted in this field using larger sample sizes and a more focused research question. Better understanding of mechanisms underlying SH could lead to more effective evaluation and management of patients with WAD.

Rivest K, Côté J N, Dumas J-P, Sterling M, De Serres S J. Relationships between pain thresholds, catastrophising and gender in acute whiplash injury. *Manual Therapy*. 2010;15:154-159.

'Empty can' and 'full can' put to the test

Rotator cuff tendinopathy is a common cause of shoulder dysfunction, with the supraspinatus tendon being most affected. As a result, the 'empty can' (EC) and 'full can' (FC) tests have been devised in an attempt to isolate supraspinatus activity, as both diagnostic and strengthening tools. Jobe and Moynes (1982) first described the EC test indicating a position of 90° arm abduction, 30° horizontal flexion, and full internal rotation of the shoulder, with resistance being applied to elevation. The test is also known as Jobe's test or the supraspinatus test. In contrast, Kelly (1996) described a modification to this test involving 45° external rotation instead of full internal rotation, and termed this the FC test.

Previous electromyographic (EMG) studies have been promoted as being able to

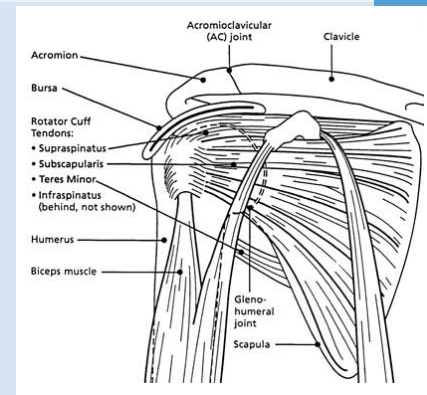
isolate supraspinatus activity. The authors of this study tested this hypothesis by recording EMG activity during the EC and FC tests in 15 normal subjects. A combination of intramuscular and surface electrodes were used to record activity from supraspinatus, infraspinatus, subscapularis, middle trapezius, serratus anterior and latissimus dorsi. Surface electrodes alone were used for upper trapezius, anterior, middle and posterior deltoid, and pectoralis major.

The test positions included both FC and EC positions with active resistance applied at the wrist. Each contraction was held for five seconds with a gradual increase of resistance over one second, a sustained maximal contraction with resistance for three seconds, and a gradual release over the final second. The EC and FC

tests were performed in a random order along with 13 other shoulder test positions as part of a larger study. Muscle activity was recorded during maximal isometric contractions.

The results showed that while both EC and FC tests activated supraspinatus to around 90% maximum voluntary contraction, eight other muscles were similarly activated, including infraspinatus and upper subscapularis. This suggests that reproduction of pain during EC or FC tests may implicate any or all of the rotator cuff muscles and is not specific to supraspinatus, and therefore EC and FC are not reliable as diagnostic tests for that muscle.

The finding that many of the muscles of the shoulder joint were found to be activated



during these tests led the authors to suggest that EC and FC test positions could be useful in shoulder strengthening programmes for the rotator cuff muscles, abduction torque producing muscles, and scapular positioning muscles, and may promote coordinated muscle activity amongst these groups.

Boettcher C E, Ginna K A, Cathers I. The 'empty can' and 'full can' tests do not selectively activate supraspinatus. *Journal of Science and Medicine in Sport*. 2009;12(4):435-439.

(Image provided by the National Institute of Arthritis and Musculoskeletal and Skin Diseases: <http://www.niams.nih.gov>)

The Hip and Knee Book

Hip and knee osteoarthritis (OA) are common causes of pain and disability, which can be improved by self-help approaches such as exercise, weight loss and analgesia. Systematic reviews have highlighted the effectiveness of exercise in reducing pain and disability, but there is uncertainty about the optimal type and duration. Physical activity tends to be low in people affected by hip and knee OA, and pain-related fear is common. In addition, long-term adherence to exercise regimes is poor, with beneficial effects disappearing over time.

The authors conducted a systematic review of six evidence-based guidelines and 54 systematic reviews. The findings were synthesised, with the aid of focus groups, into an evidence-based booklet with the aim of encouraging and maintaining physical activity, weight loss and appropriate use of pain relief.

Evidence-based messages were developed from systematic reviews, synthesised into patient-centred messages, and then incorporated into a narrative. Once in draft, the booklet was assessed by three focus groups consisting of people with OA of the hip and knee, recruited from four general practices in North East Wales. Their feedback led to revisions before the final draft was examined by a fourth focus group.

Feedback from the initial focus groups revealed a lack of clarity in the booklet about the cause of OA, and while it was widely believed to be caused by 'wear and tear', participants felt use of this term discouraged exercise. The amended version of the booklet includes a pathological description and illustrations, and a statement to the effect that while risk factors can be identified, often the cause of OA is not known.

Key evidence-based messages in the booklet include strong evidence to support the efficacy of strengthening and

cardiovascular exercises for reducing pain and increasing function in the short-term for OA of the knee, as well as integrating self-management strategies with exercise in the longer term. There was limited evidence to support these same strategies in OA of the hip. There is strong evidence that a 5% weight reduction results in moderate improvement in disability in overweight patients with knee OA.

Focus group participants were surprised at the concept that joints have the potential for some repair. In response to confusion about the types of exercise that could prove either harmful or beneficial, a statement was added to the effect that while intense physical demands helped cause OA, regular moderate exercise was beneficial. This was found to be true for both aerobic walking and muscle-strengthening exercises.

The focus groups found this booklet to be a useful source of advice and felt it would be particularly helpful to newly diagnosed patients. The patient-centred messages are written in clear, easily understood terms and backed up by evidence-based messages.

A pragmatic randomised controlled trial is planned to compare the booklet with another commonly used booklet that has less emphasis



on physical activity, to test whether the new booklet can change illness and treatment beliefs in patients with osteoarthritis.

Williams N H, Amoakwa E, Burton K, et al. *The Hip and Knee Book: developing an active management booklet for hip and knee osteoarthritis. British Journal of General Practice.* 2010;60:113-120.

5th International Congress on Complementary Medicine Research (CAM)

19–21 May 2010, Norway

The theme of this year's congress, held in Tromsø, is 'Relevant research for the chronically ill'. Researchers from around the world will present and discuss the latest research developments in the field of CAM, and delegates will have the opportunity to network with others working in the same field.



ICCMR 2010

Center for Complementary and Alternative Medicine, USA.

There will be approximately six plenary sessions and one public lecture, and delegates can choose from a variety of parallel sessions on topics including back and neck pain, qualitative research and patients' perspectives.

For further information, visit www.iccmr2010.com. Registration forms must be received by 12 May 2010.

Keynote speakers include David Reilly FRCP MRCGP FFHom, from the Glasgow Homeopathic Hospital; Ole Danbolt Mjøs MD PhD, Professor of medical physiology at the University of Tromsø; and Josephine Briggs MD, Director of the National

Society for Back Pain Research AGM

9–11 June 2010, Denmark

This year's annual general meeting of the Society for Back Pain Research takes place at the University of Southern Denmark and asks whether we are making a difference in the life course of back pain.

A pre-conference workshop on databases and registries in back pain research will take place on 9 June, hosted by senior researcher Peter Kent. Topics covered on 10 and 11 June include the epidemiological and clinical perspectives of the life course of back pain, the role of MRI in back pain diagnosis, and central nervous system imaging in back pain.

The conference will also feature a panel discussion between Professor Richard Deyo (USA), Associate Professor Lise Hestbaek (Denmark), Professor Charlotte LeBoeuf-Yde (Denmark) and Professor Jan Hartvigsen (Denmark).

Further information is available from www.sdu.dk/backpain2010 or by contacting Lone Kjærgård Larsen, Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, at lkarsen@health.sdu.dk.



2nd Italian Congress on Osteopathic Medicine

18–20 June 2010, Rome

This three-day congress, 'Osteopathy in the ages of life', explores the evidence and different modalities of application of osteopathic treatment in relation to the different ages of life (from gestation to the elderly).

Delegates will have the opportunity to attend workshop sessions and poster presentations on topics

including movement, stability and low back pain, the osteopathic approach to patients with neurological disorders in the paediatric field, and the osteopathic mechanical link applied to the spine and pelvis.

For further information, email info@marrapese-editore.com or call +39 06 50 14 072.

The Vetting and Barring Scheme – key facts

Osteopaths should now be aware that the Government is in the process of introducing a Vetting and Barring Scheme (VBS) to ensure that everyone working with children and vulnerable adults is checked and registered.

The Scheme will be administered in partnership by the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA), and overseen by the Home Office. The CRB will be responsible for monitoring information about people registered with the ISA, and will process the applications for registration with the ISA. The ISA will then decide on a case-by-case basis whether an applicant is able to work with children and vulnerable adults, and will be responsible for maintaining lists of those barred from work of this nature.

Does the VBS cover all of the United Kingdom?

No. It covers England, Wales and Northern Ireland. Scotland has its own equivalent – the Scottish Vetting and Barring Scheme. However, the two schemes will be aligned, share information and recognise bars imposed by each. An individual barred anywhere within the UK will also be barred across the whole of the UK.

For information about the Scottish Scheme, visit www.disclosurescotland.co.uk.

Do osteopaths need to register?

Individual osteopaths: you will need to register with the ISA if you are employed by an individual or an organisation that provides services for children or vulnerable adults – for example, if you are employed to provide osteopathic services in a private clinic, or if you are employed by the NHS or an Osteopathic Educational Institution. ISA registration will be a legal requirement for individuals moving to new employment from November 2010. Registration for those in existing employment will get under way from April 2011.

Osteopath employers: you must ensure that by 2015 all your employees are registered. You may not employ any new member of staff who does not have an ISA

registration number after November 2010. All of your existing employees, including support staff such as your receptionist, will need to be registered by 2015. If you fail to register your employees, both you and the employee are breaking the law and could result in you both being prosecuted and even going to prison.

Self-employed osteopaths: if you are carrying out what is termed as a 'regulated activity' – any form of health or social care treatment or therapy provided to a child or vulnerable adult – you may apply for ISA registration but there is no current requirement to do so. However, you may find your patients ask you to register or that registering helps you provide reassurance to patients and those you work with.

Who is classed as a vulnerable adult?

A common misconception is that the term 'vulnerable adult' only refers to a disabled or older person – this is not the case. S/he is any individual who needs to be able to trust the people caring for them, supporting them or providing them with an essential service, which could leave them vulnerable to abuse. An example would be anyone receiving healthcare, such as osteopathy.

A child is defined as anyone under the age of 18.



Do I still need to get a CRB check?

Yes. The two checks serve separate purposes. An ISA check will reveal if the person is registered and able to work with children and vulnerable adults.

A CRB check will reveal if the person has a criminal record or if any relevant non-conviction information exists. Where CRB checks are mandatory, they will continue to be so, regardless of the new requirements of the Vetting and Barring Scheme.

From July 2010, the CRB will introduce a new CRB application form to allow you to apply for a CRB check and/or ISA registration on the same form.



What are the key dates I need to know?

There are some important legal requirements for osteopaths. The requirements began in October 2009 and will continue to be phased in over the next five years.

October 2009	<p>It is a criminal offence for individuals barred by the ISA to work or apply to work or volunteer with children or vulnerable adults. Employers also face criminal sanctions for knowingly employing a barred individual.</p> <p>From this date, the GOsC has a duty to share information with the ISA that may cause them to bar an individual.</p>
July 2010	<p>All new employees and volunteers assuming roles working regularly with children or vulnerable adults will be able to register with the ISA.</p>
November 2010	<p>From 1 November 2010, it will become a legal requirement for all new employees and volunteers to be registered with the ISA before they can start work covered by the Vetting and Barring Scheme.</p> <p>Employers are required to check potential employees are ISA registered before they are appointed. If they are not registered, they cannot be employed.</p>
April 2011	<p>From 1 April 2011, existing employees and volunteers working in a regulated activity will be able to apply for ISA registration.</p>
January 2014	<p>From 1 January 2014, employees and volunteers working in a controlled activity – the work of ancillary support workers, such as receptionists and cleaners, which is done frequently (once a month or more) and gives the opportunity for contact with children or vulnerable adults or for access to sensitive records about children or vulnerable adults – will be able to apply for ISA registration.</p>
July 2015	<p>By 31 July 2015, everyone working in regulated and controlled activity must be ISA-registered.</p>



How do I register with the ISA?

An individual can apply for ISA registration through one of the organisations registered with the CRB – these are called Registered or Umbrella Bodies. The CRB website (www.crb.gov.uk/ubsearch) contains a list of organisations that can help complete the application.

Registration costs £64 (£58 in Northern Ireland) and lasts for life. For unpaid volunteers there is no charge.

For further information, visit the ISA website at www.isa.gov.org.uk or call the Vetting and Barring Scheme call centre on 0300 123 1111, Monday to Friday between 8am and 5.30pm. New guidance is available to download from www.isa.homeoffice.gov.uk/pdf/VBS_guidance_ed1_2010.pdf.

Submitting your CPD online

Joy Winyard, Professional Standards Officer

Since its launch almost two years ago, the **o zone** has been an important and useful tool for the exchange of information between osteopaths and the GOsC. One area that has proved to be very successful is the Continuing Professional Development (CPD) section. You can use this section to maintain a record of your CPD activities throughout the year and to submit your Annual Summary form at the end of each CPD year. A total of 1,679 osteopaths chose to submit their 07–08 CPD forms online, and 2,449 CPD forms for 08–09 have been received so far this year via the **o zone**.

Although we have tried to make this facility as easy as possible to use, we do still receive calls and emails requesting help when accessing the CPD section of the website. To provide assistance in this area and to address some of the most common problems you experience, below is a step-by-step guide to submitting your CPD online.

Accessing your CPD record

Once you have logged on to the **o zone**, the CPD section of the website can be accessed by clicking the CPD button on the right-hand side of the screen.

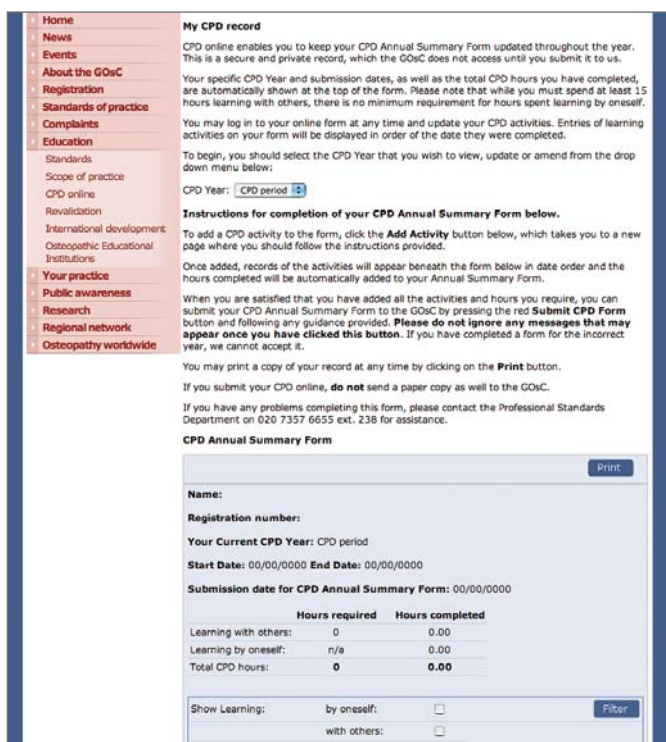
Alternatively, you can select the 'Education' tab from the menu on the left, and click on 'CPD online'. To submit your CPD online, you will need to click on the 'My CPD Record' link on the right-hand side of the screen.

The **o zone** is designed to enable osteopaths to record their CPD activities throughout the year, as and when they are completed. The website will automatically display your current CPD year on the 'My CPD Record' page.

To access a previous year's CPD record, you will need to select the year from the drop down menu marked 'CPD Year' in the middle of the page. You will notice that the details on the page will change to reflect the start and end dates for your chosen CPD year, as well as your CPD requirements and details of any activities you have already completed.

It is important to ensure that you are completing the correct CPD record as this is your formal declaration of compliance with the CPD regulations. If a message appears on the screen advising you that the activity appears to have taken place outside of the CPD year under review, you will need to check whether you have entered an incorrect date for the activity. If the date is correct, it is most likely that you are completing the CPD record for the wrong year. Please do not ignore these messages – they are there to warn you that there is a problem with your submission. If you cannot establish what that problem is, please call the Professional Standards Department on 020 7357 6655 ext. 238 for further guidance.

Submissions completed incorrectly cannot be altered by the GOsC. They will be sent back to you for correction and re-submission, which may prove time consuming and could delay your re-registration.



Minimum hours required

Unless otherwise advised, all osteopaths must complete a minimum of 30 hours of Continuing Professional Development, with no less than 15 hours spent 'learning with others'. There has been some confusion surrounding the 'n/a' statement under the hours required for 'learning by oneself' at the top of the 'My CPD Record' page, but this does not mean that hours spent learning by oneself are no longer acceptable – it simply reflects the fact that there is no minimum requirement to complete hours under this category. For example, an osteopath may choose to complete up to 15 hours 'learning by oneself', or they may choose to complete the full 30 hours 'learning with others'.

Units of time

The website only recognises time claimed in decimal units, starting with 15 minutes. Your hours must therefore be rounded up or down and entered as follows:

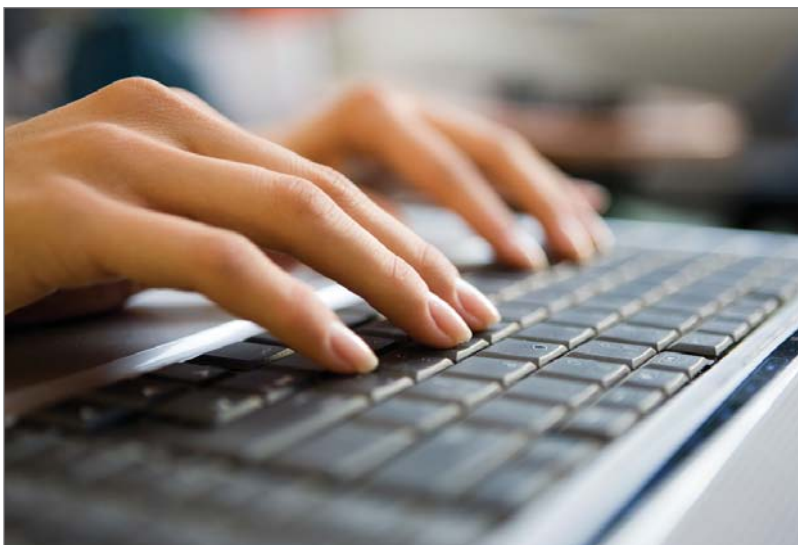
15 minutes = 0.25
30 minutes = 0.5
45 minutes = 0.75
1 hour = 1

If units of any other kind are entered, the website will fail to generate the correct total. Please note that it is not necessary to add the word 'hours' when inputting the time claimed, just the figure.

Submitting your CPD

The website is designed to allow you to add your CPD activities throughout the year, as and when you complete them. Once you have accumulated the required number of hours and are happy with the range of activities, you can submit the CPD Annual Summary form online. This is done by clicking on the red 'Submit' button and is the electronic equivalent of manually signing a form – you are formally declaring that the activities listed are true and correct.

Once a form has been submitted, you will no longer be able to edit it. The form will still be available to be viewed; however, it cannot be amended. If you need to



make any amendments following submission, you will need to contact the Professional Standards Department on 020 7357 6655 ext 238 or email: cpd@osteopathy.org.uk.

Evidence required

It is important to remember that for every activity you are claiming hours for, you must be able to provide some evidence of its completion. This applies equally to learning by oneself as to learning with others.

Where no formal certificate can be obtained, you must provide some other form of written evidence. For example, if claiming hours for reading or internet research, you can provide evidence of that activity by making notes from the book or article read, or listing the websites you visited. Further information is provided on page 15 of the CPD Guidelines, which is available to download via the **o** zone.

If you have any questions about submitting your CPD online, please contact the Professional Standards Department on 020 7357 6655 ext 238 or email: cpd@osteopathy.org.uk. If you are experiencing problems accessing the **o** zone, please contact the Web Manager on 020 7357 6655 ext 228 or email: webmanager@osteopathy.org.uk.



Book reviews

Skills Training in Communication and Related Topics Part 2: Communicating with Patients, Colleagues, and Communities

Ellen J Belzer
 Published by: Radcliffe Publishing Ltd
 ISBN: 978-1-84619-278-4

Reviewed by
 Susan Feetham BSc Ost

This is a book aimed at lecturers in the field of medicine, and especially practitioners in the American healthcare system. As such there is much emphasis on situations that may lead to practitioners being sued. The book is a working manuscript for the classroom, with scenario situations for group-based work, ranging from simple questions to more complex role-playing scenarios.

It is a well-researched and well-put-together teaching tool in terms of content. The case studies are interesting and selected so as to meet their objective and would work for both small and large groups. There are pages that can be photocopied and used in the classroom, with notes for the teacher to guide the students through each case study or situation.

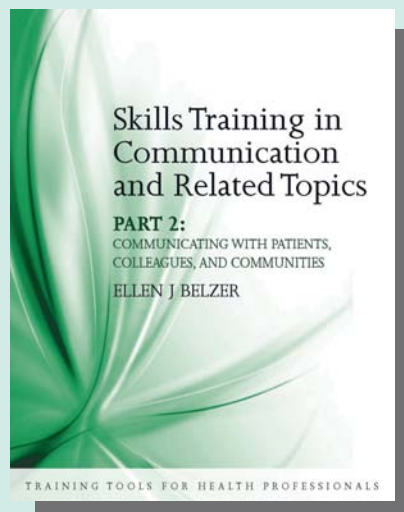
One section that I particularly liked was the 'silly questions' raised by patients and how to respond to them. My favourite was: "After my rhinoplasty, will my baby

inherit my old nose or my new one?" Obviously no question raised by a patient is a stupid one, but the practitioner response is very important.

Unfortunately, you will not easily be able to find the section I am referring to as there is no index for this book. This is a shortcoming. For example, suppose that I wanted to find all entries on 'reflective listening'. I would have to look through every page of the book as it is not even listed in the contents. Even if it was listed there, I would still have to search the entire contents in order to achieve full coverage.

The pages are not cluttered and there is plenty of room to write notes in the margins. The book is fairly large but not too bulky as to make it difficult to carry.

In conclusion, it would be useful if this sort of teaching were to take place in today's osteopathic courses. As is always noted, a good proportion of complaints against osteopaths often stem from patient/practitioner miscommunication.



Pediatric Manual Medicine: An Osteopathic Approach

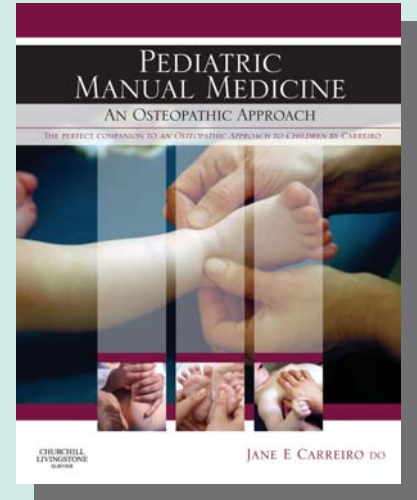
Jane E Carreiro
 Published by: Churchill Livingstone Elsevier
 ISBN: 978-0-443-10308-7

Reviewed by Ian Whyte DO

Let's not mess about. This is a brilliant book, go out and buy it!

Then again, perhaps I should really be a bit more objective if I am to truly justify my free copy!

Let's start at the beginning: the first chapter goes through some basic principles and then summarises the treatment approaches which are used throughout the book. These include articulation, balanced ligamentous tension, cranial, positional release and muscle energy.



Each of the six chapters thereafter covers a different body area, starting with a contents page followed by an overview of the forthcoming chapter. There are lots of excellent diagrams, photographs and dissections, together with a wealth of detail on every page. There is sufficient white space to make the whole package digestible, and I'm pleased to say that the presentation throughout is very professional. If you want to really push the boundaries of your knowledge in paediatric care, then this book should prove to be very rewarding indeed.

I was, however, relieved to find a mistake. On page 95, one of the photos has been labelled incorrectly, which just goes to show that Jane and her editorial crew are human after all!

So, let's not mess about. This is a brilliant book, go out and buy it! Sorry, did I say that already?

The Hidden Cure: The 5 Laws of Perfect Health

Laurens Maas

Published by: Wheatmark

ISBN: 978-1-60494-202-6

Reviewed by
Ian Whyte DO

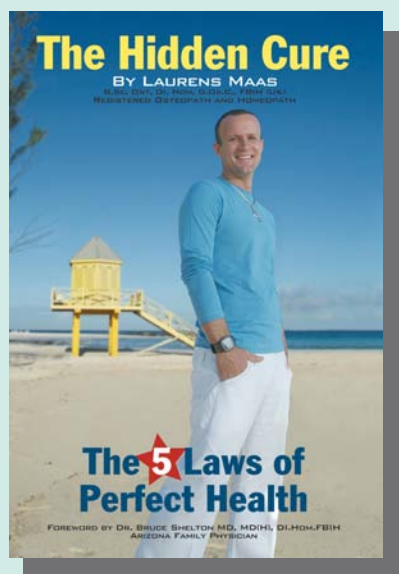
I'm not sure what to make of this book. In many respects it suffers from an identity crisis: it's not quite a self-help guide but neither is it really a textbook. The necessity for lots of specialised tests excludes it from the former and the lack of a full index (a serious omission) and some extravagant claims which are not fully referenced exclude it from the latter. There are rather too many typographical errors as well.

The whole idea is based on a system of five concepts, from following a yeast-free, anti-fungal diet, to having protein which is appropriate for your blood type, and adjusting your bioenergetic frequency. Interwoven within the whole idea is a mixture of Buddhism, Christianity,

Transcendental Meditation, neurolinguistic programming and yoga.

Laurens writes with great conviction and enthusiasm, and much of the aforementioned criticism could and should have been addressed before publication. As a consequence I find myself in a bit of a dilemma: the testimonials at the back of the book demonstrate that Laurens could definitely be onto something, but none of the references quote research which has been done by Laurens himself. Although I do realise that reducing everything to research papers could result in an accusation of 'missing the point', I see no other way of making these ideas valid to a discerning audience.

I'll stick my neck out and say that Laurens' ideas deserve some serious consideration, but the research possibilities that leap out from almost every page need to be fully carried out to take the evidence from a merely anecdotal level to quantifiable proof.



Rethinking Sitting

Peter Opsvik

Published by: W.W. Norton
& Company

ISBN: 978-0-393-73288-7

Reviewed by
Clare Doherty DO

This book challenges us to think about the act of sitting as a social construct. Opsvik notes that, over the past 50 years, our active, mobile life-work style has been replaced by fixed postures with little or no movement in the large muscle groups of the shoulders and pelvis, and small repetitive movements using muscles of the hands, wrists, eyes and upper cervical spine.

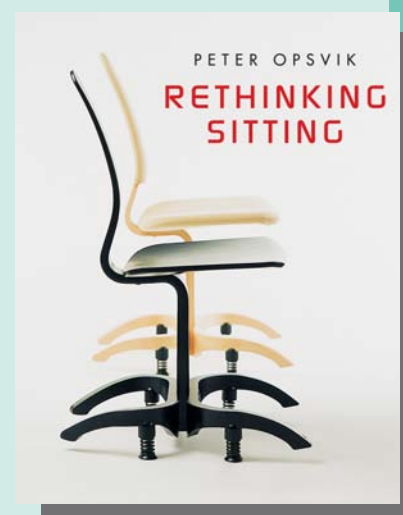
Opsvik goes on to suggest that the body needs to move and shift position; muscle needs to change in length and activity level. It is around this premise that he hinges his design of functional chairs. He describes his attempts to build chairs which allow the greatest flexibility of postures and weight distribution, enabling the sitter to lie back, lean forward, and change foot position, so that the body is free to pay attention to its own internal promptings about comfort and discomfort.

Interestingly, he identifies the feet as the motor and decision maker. Using a series of sketches of ever-changing body postures, he imaginatively illustrates the various forms of 'good posture' and how foot height and position enables these postures to be achieved.

An important message I took from the book was that efforts to find the ultimate chair and the perfect posture are likely to fail as we are treating the symptoms of a flawed lifestyle, not the cause.

Thought-provoking as I found the writer's views, unfortunately a large chunk of the book does read rather close to an advertising brochure for his products.

So, interesting as the book is, I could really only recommend it to someone with a particular interest in ergonomics and workplace posture.



Courses 2010

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.

June

> 12

First aid appointed person course

Speaker: Steve Bruce
Venue: Movingartsbase, Liverpool Road, London N1
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 12

Still technique

Speakers: Jonathan Edis and Glynn Booker
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE
tel: 020 7089 5315
email: g.arnold@bso.ac.uk

> 12–15

Biodynamics 4: An exploration of midline functions

Speaker: Christian Sullivan
Venue: Lendrick Lodge, Brig O' Turk, near Callander, Perthshire FK17 8HR
tel: 07714 239 636
email: cranialgroupscotland@hotmail.co.uk

> 13

The womb of spirit

Speaker: Sarah Nesling
Venue: Movingartsbase, Liverpool Road, London N1
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 26–27

Craniosacral therapy introductory weekend

Venue: Movingartsbase, Liverpool Road, London N1
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

July

> 3

Craniosacral therapy – introductory course

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

> 17–22

Craniosacral therapy introductory course – first stage of full professional training

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

September

> 4–5

Clinical applications of the polyvagal theory

Speakers: Professor Stephen Porges and Katherine Ukleja
Venue: The Columbia Hotel, London W2
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 11–12

Visceral osteopathy:

The abdomen part 2

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

> 13–17

Module 2/3: Osteopathy in the cranial field

Speaker: Michael Harris
Venue: The Columbia Hotel, London W2
tel: 01291 622 555
website: www.sutherlandcranialcollege.co.uk

> 18–19

Craniosacral therapy introductory weekend

Venue: Skylight Centre 2, London N5
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 24

First aid appointed person course

Speaker: Steve Bruce
Venue: Movingartsbase, Liverpool Road, London N1
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 30

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

>30

The therapeutic relationship in manual therapy

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

October

>1-3

Module 1: Foundation

Speaker: Alison Brown
 Venue: Hawkwood College, Stroud
 tel: 01291 622 555
 website: www.sutherlandcranialcollege.co.uk

>1-2 October &
 1-2 November

Osteopathic approach to internal medicine – a four-day residential course

Speaker: to be confirmed
 Venue: Hawkwood College, Stroud
 tel: 01291 622 555
 website: www.sutherlandcranialcollege.co.uk

>2-3

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

>7-9

The osteo-articular approach – part 2

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

>10-12 & 18-19

Preliminary course in osteopathy in the cranial field

Speaker: Nick Woodhead
 Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE
 tel: 020 7089 5315
 email: g.arnold@bso.ac.uk

>23-24

Touch as a therapeutic intervention

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

>23-24

Management and rehabilitation of breathing pattern disorders

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

>28

Drop-in supervision using case scenarios

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

>28

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

>28-31

How bones breathe

Speaker: Dr Michael Shea BA MA PhD BCST
 Venue: Skylight Centre 2, London N5
 tel: 07000 785 778
 email: info@cranio.co.uk
 website: www.cranio.co.uk

November

>5-7

Pregnancy care

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

>10-12

Module 7: Spark in the motor

Speaker: Kok Weng Lim
 Venue: The Columbia Hotel, London W2
 tel: 01291 622 555
 website: www.sutherlandcranialcollege.co.uk

>19-21

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

>20

The therapeutic relationship in manual therapy

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

>20-21

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

>23

Fascia research: What's new and relevant for manual therapists?

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

>25

How to treat: Impingement syndrome of the shoulder

Speaker: Professor Eyal Lederman
 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

Head of clinic required by the ESO to provide leadership and management of its teaching clinic (three days per week). Duties include responsibility for clinical education, patient, faculty, staff and student management, clinic business development and the clinic budget. The successful candidate will have a degree/equivalent in osteopathy and be GOSc registered. Experience of working within education and of managing people is required, along with excellent standards of written and spoken English and good IT skills. Further information: www.eso.ac.uk/jobs.html. Contact Jacquie Harris on 01622 671 558 or email: jacquieharris@eso.ac.uk. Closing date for applications: 23/04/10.

Associate required in multidisciplinary clinic in Norwich. Maternity cover four days/week initially, and continuing as associate thereafter. Structural approach essential. Would suit one osteopath, or two part-time, starting May 2010. Please send CV and covering letter to: becky@thor.by.

Locum/assistant urgently needed for maternity cover for sole practitioner, in Sidcup, starting mid-April. Good structural and cranial skills essential. Hours are fully flexible, but must include two evenings or Saturdays. Contact Kerry on 07958 705 797 or email: kerryman@orange.net.

Osteo/cranial osteopath. Opportunity to build and develop own osteopathy clinic within Natural Health Centre in Hursley, Hampshire. Experience of working with children an advantage. Please email CV to: sarah.sowton@naturopathiccentre.co.uk. www.naturopathiccentre.co.uk. 01962 775 111.

Cork City, Ireland. Associate required for busy established practice, starting in April. Full-time position with flexible hours, treating a varied patient base, from babies to elite athletes. Contact Alan: osteopaths@eircom.net or 00353 867 812 373.

Practice/goodwill for sale - Ireland, south Dublin.

The practice comprises two fully-furnished rooms. Established osteopathic practice in lovely location. Sale is due to overseas relocation. For further information please reply to: ranelagh.osteopaths@gmail.com.

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COURSES

Therapy Learning runs training courses specifically for independent practitioners, focusing on business and statutory requirements, i.e. improving private practice; tax; working independently within the law; moving & handling updates; and child protection. Please visit: www.therapylearning.co.uk for full details.

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2010

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8-9 May	Osteopathic technique: Lumbar & thoracic spine and ribs	David Tatton	£235	£125
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5-6 June	Stillpoints revisited	Michael Kern	£235	£125
11-12 Sept	Visceral Osteopathy: the abdomen part 2 (new course)	Joanna Crill-Dawson	£235	£125
2-3 Oct	Osteopathic technique: Cervical spine, CD and UEX	Prof Laurie Hartman	£255	£150
7-9 Oct	The osteo-articular approach - part 2	Jean-Pierre Barral	Fully booked	
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20-21 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£125
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23 Nov	Fascia research: what's new and relevant for manual therapists?	Dr. Robert Schliep	£40	£40
28 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40	£40
25 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40	£40
Evening lectures 19.00-21.00		<i>For further information and bookings: www.cpdo.net</i>		
15 April	Is back pain diagnosable?	Barry Jacobs	£20	£20

Venue for courses: Middlesex University, Archway Campus, Highgate Hill, London N19

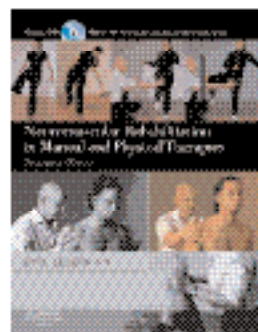
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Advanced Spinal Manipulation

This collaborative course run by osteopaths, Dr David Evans and Neil Wayman, brings together the theoretical and practical aspects of spinal manipulation in a course that will be of interest to all osteopaths. David has authored several publications about spinal manipulation and back pain and Neil is an experienced Technique Tutor at the BSO.

The course looks at the effects and processes of manipulation in detail, providing better information for practitioners to inform decisions about when manipulation is indicated or not. It is aimed at proficient manipulators who want to better understand techniques that they already use, and to add more advanced techniques to their current repertoire.

Date: Saturday 15th May 2010

Course fee: £125

CPD: 6 hours

Ergonomics and Osteopathy

The Ergonomics course is a one day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling back in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

The course leader David Annett is a freelance Ergonomics Consultant with over 15 years' experience and an honours degree in Ergonomics, as well as a practising Osteopath.

Date: Sunday 16th May 2010

Course fee: £95

CPD: 6 hours



Osteopathic Care of Children

This is a 5 day course in 2 parts. It is designed to give the participant a basic grounding in care of children with an understanding of multidisciplinary approaches.

It will cover case history, examination, and developmental 'red flags'. Also the clinical approach to a wide range of common paediatric presentations will also be taught in some detail - ENT problems, GU, respiratory and pelvic dysfunctions. The osteopathic relevance of persistent primitive reflex patterns and orthodontic problems will also be examined. 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.

This course is open to practitioners who are registered with the GOsC and have satisfactorily completed two BSO Preliminary courses (or SCC equivalent) and had a minimum of two years' clinical practice in this field.

Course Leader: Carina Pottor

Course Fee: £975

CPD: 40 hours

Dates: May 29th, 30th, 31st and November 13th, 14th

Deadline for applications: Monday 3rd May

Still Technique

Still Technique is described as the "application of the rediscovered techniques of Andrew Taylor Still". Based on the written fragments of Still's techniques, *Still Technique* is a system of osteopathic diagnosis and treatment which aspires to recreate the manipulations of the 'Old Doctor'.

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This course will introduce the theory and practice of Still Technique, and is suitable for graduates and fourth year undergraduates.

Date: Saturday 12th June 2010

Course fee: £125

CPD: 6 hours



All courses are held at the British School of Osteopathy in central London.

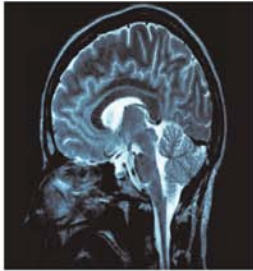
To apply or find out more, please contact Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk



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Preliminary Course in Osteopathy in the Cranial Field

The preliminary 5-day course is approved by the SCTF 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.

Dates: Friday 10th, Saturday 11th, Sunday 12th and
Saturday 18th, Sunday 19th September 2010

CPD: 40 hours

Course fee: £975.00, with discounts for new graduates (£100 deposit required with application)

Deadline for applications and payment of full course fees: Friday 13th August 2010 (subject to availability).

All courses are held at the British School of Osteopathy in central London.

To apply or find out more, please contact Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk



Foundation for
Paediatric Osteopathy

Diploma in Paediatric Osteopathy - 2010 intake

Applications are being accepted for The Foundation for Paediatric Osteopathy's Diploma programme. The course provides a unique opportunity to work with, and learn from, leading practitioners in the field of paediatric osteopathy. It is of relevance to osteopaths treating children in general practice and osteopaths intending to specialise in the osteopathic care of children.

This two-year course encourages reflective, self-directed learning and is designed to provide the necessary experiences, knowledge and skills to manage a wide variety of clinical presentations. Over a two year period, each student will spend over 650 hours learning whilst managing and treating their own patients under the supervision of paediatric specialists. Working within the Osteopathic Centre for Children will expose students to a diverse group of patients with conditions from commonly presenting colicky babies to obscure genetic syndromes as parents seek help from a clinic which is recognised internationally by families for its expertise in this field. The clinical work also includes the opportunity to treat very sick and premature infants in a hospital neonatal intensive care unit. Tutorials, weekend seminars and written coursework support the clinical teaching.

At the end of this course, the Foundation expects that every graduate will be both confident and competent to treat and/or manage the full range of paediatric presentations.

Applicants must be registered with the General Osteopathic Council and have completed a postgraduate Sutherland Cranial Teaching Foundation (SCTF) approved course before October 2010. All applicants must provide an enhanced criminal records disclosure.

A prospectus and details of the application process are available on line at www.fpo.org.uk.

Closing date for receipt of applications is 30th June, 2010.

Registered office number 1006934



Sutherland Cranial College

An introduction to Cranial Osteopathy

Module 1

We have redesigned our Foundation Course to make it more flexible, more convenient and more affordable – now only £275 for two days, at a location that suits you.

This foundation course teaches the skills of centering and monitoring the Primary Respiratory Mechanism, and reviews relevant embryology and 3-D anatomy. The course is tailored to the needs of participants, to ensure that they feel ready and confident to join the 5-day SCC Module.

Osteopathy in the cranial field

Module 2/3

An exciting approach to cranial osteopathy, with a balance of theory and practical sessions. The course helps students to centre, palpate and diagnose using the involuntary mechanism and begin to learn treatment principles which can be used in practice to treat a wider range of patients.

Students taking the course as Module 3 are assumed to have experience using this approach in practice. Module 3 aims to refine palpation, diagnosis and treatment skills, addressing areas of specific difficulty, whilst deepening understanding of anatomy and cranial osteopathic principles.

"Brilliant – really worth the money and effort to get here. Very high standard"

1:4 tutor-student ratio

Course Director: Michael Harris DO MSCC

13-17 September 2010 | Columbia Hotel Bayswater London

Fee: £1149 | New graduates: £999 | CPD: 40hrs | Eligibility: Module 1 or equivalent

The osteopathic approach to internal medicine

A new course developing osteopathic understanding and treatment approaches of the visceral systems.

1:4 tutor-student ratio

Course Directors: Liz Hayden DO MSCC and Clive Hayden MSc paediatrics DO DSCC

1-2 October and 1-2 November 2010 | Hawkwood College Stroud Gloucestershire

Fee: £895 | CPD: 32hrs | Eligibility: Module 2 or equivalent and Module 4 is recommended

New course

Spark in the motor

Module 7

An exploration of fluid management approaches and current concepts relating to the nervous system.

Course Director: Kok Weng Lim DO MSc (Ost) MSCC

10-12 November 2010 | Columbia Hotel Bayswater London

Fee: £799 | CPD: 32hrs | Eligibility: Module 2 and Module 3 or equivalent

See SCC website for more details or contact the course office

www.sutherlandcranialcollege.co.uk

telephone 01291 622555

email info@sutherlandcranialcollege.co.uk

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



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Date: 04/07/2010 Venue: L5.0 Cost: £13500

An interactive workshop designed to reinforce and expand your knowledge of the detailed anatomy and function of the cranial base. We provide individual guidance on how to improve your palpatory awareness and focus your anatomical tender finding, enabling you to improve your diagnostic skills and treatment.

Osteopathic guide to Ophthalmology

Date: 30/10/2010 Venue: L5.0 Cost: £13500

Revise the detailed anatomy of the eye and its associated orbital contents. Then consider the common ophthalmic conditions that occur in everyday practice, and the signs and symptoms for red flag referrals. Practice your clinical methods, including the use of ophthalmoscopes. Concludes with practical sessions on the mechanics of the orbit and its function from a clinical and treatment perspective.

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[Details TBC] December 2010

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The College Of Osteopaths

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- All patient information is available on screen or your fingertips - even when you are away from the practice
- Data is automatically backed up and stored securely
- No set up or training in the beginning or end!

DigiClinic was launched at The Back Show, Earl's Court 2009, and received enthusiastic praise from osteopathy professionals for its innovative medical interface.

Now YOU can transform the way you run your practice using DigiClinic.

For a **FREE 28 day trial** visit www.digiclinic.co.uk or call...

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As seen at The Back Show
Earl's Court 2009



BALENS

Specialist Insurance Brokers

Osteopaths Block Insurance Scheme

Premiums from £220 (or less) for registered practitioners & discounted rates for newly qualified Osteopaths and Students

Balens have for around 20 years been insuring a significant number of Osteopaths in the UK & Ireland and have been working behind the scenes for Osteopathy whenever opportunities have arisen; we are grateful for the support of Osteopaths across the UK & Ireland, who have helped make our new scheme so successful. We have always striven to provide the best cover, service and support to all our clients, have an ethical commitment to the Natural Medicine Movement and will continue to evolve these in the future.

Significant Features & Benefits Include...

- £5million Malpractice any one claim
- Professional Indemnity, Public & Products Liability as standard
- A Hybrid Policy that uniquely provides unrivalled protection
- Unlimited Cover for previous work performed
- Generous cover, easy to understand with the minimum of exclusions
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- Loss of Reputation cover
- Widest definition of Health Professionals and their activities
- Unique No Claims Bonus Feature, Premium Guarantee feature
- Acting as agent, multi-osteopath environments catered for
- No uncertainty about what happens when you stop the policy - cover continues and is upgradeable - no ifs, no buts, no maybes!
- Multi-Therapy Cover - Flexible underwriting
- Quick Turnover of documents and Queries
- Online renewal system for your convenience
- Direct Debit payment system if required

Additional policies and covers available...

- Home Insurance - includes seeing your clients from home
- Multi-Therapy Clinics
- Training schools
- Therapy Room Contents / Surgeries Package
- Practice Expenses and Locum Cover
- Charities, Not-for-Profit Organisations, Trustees Liability & Associations Cover
- Commercial Legal Expenses & Tax Package
- Health Maintenance Schemes customised for your own practice
- Private Medical Insurance
- Accident or accident & Illness Schemes for UK & Ireland
- Cover for Europe-based Health Professionals
- And many more...
- All Policies can be tailor-made to suit your needs....

- Independent Financial Advice, mortgages and business loans through our sister firm, H & I Balen

For more information on Balens, please visit our website

www.balens.co.uk

Telephone: 01684 893006 Fax: 01684 893416 Email: info@balen.co.uk

2 Ninnrod House, Sandy's Road, Malvern, WR14 1JJ

Balens... often copied, never bettered...



General
Osteopathic
Council

New GOsC e-bulletins

The GOsC has developed two new e-bulletins for osteopaths to update you on fitness to practise issues and inform you of the latest GOsC news.



Each bulletin will be emailed directly to osteopaths who have provided us with an email address.

If you have not yet updated your details and would like to receive the e-bulletins, contact our Registration Department now on 020 7357 6655 ext 229 or email: **registration@osteopathy.org.uk**.