

the osteopath

Safety and quality in practice

- > GOsC fee reduction
- > Regional Conferences 2012
- > Revalidation round-up
- > In Council January 2012



General
Osteopathic
Council



General
Osteopathic
Council

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**Communications and Osteopathic
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.

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**

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the osteopath

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Osteopathic practice standards

Safety and quality in practice

'Safety and quality in practice' is the third of four underpinning themes that comprise the new *Osteopathic Practice Standards*, guiding osteopaths to deliver safe, ethical and effective healthcare through evaluation and considered treatment approaches that respect the patient's views, needs and dignity. But what does this mean in practice? Below are nine standards necessary for safe, high-quality patient care:

- C1. You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.**
- C2. You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.**
- C3. Care for your patients and do your best to understand their condition and improve their health.**
- C4. Be polite and considerate with patients.**
- C5. Acknowledge your patients' individuality in how you treat them.**
- C6. Respect your patients' dignity and modesty.**
- C7. Provide appropriate care and treatment.**
- C8. Ensure that your patient records are full, accurate and completed promptly.**
- C9. Act quickly to help patients and keep them from harm.**



Patient records – key to safety and quality in practice

Safety and quality are two sides of the same coin – and nowhere is this more evident than in your patient records. Were you to randomly select and review half a dozen sets of your patient notes, what would be your sense of the quality of your practice? Were a colleague to review these self same notes, would their quality rating match yours? Why not try this sometime – it could be illuminating. Be sure to have your patients' consent, though, before sharing their notes with a colleague.

In this issue we consider the basic elements of good record keeping – why accurate, comprehensive and easily understood patient records are a crucial tool in the provision of high-quality care.

As a clinician you recognise that a complete and accurate record of your patient's case history, your examination findings, and the treatment given, represents a vital aide-memoire at later consultations. The record affords you an objective measure of the patient's progress, enabling

you to effectively monitor treatment interventions. The patient record helps you structure your thoughts and take appropriate clinical decisions. Conversely, if records are incomplete or inaccurate, future decisions about the patient's care may be wrong or even harmful.

Your patient records also allow you to provide accurate reports and information for third parties, which can be important for your patient. For example, the information you hold on your patient might support their claim for benefits or other social support. They might also provide important medico-legal evidence if your patient makes a claim against a third party or a claim against you. Your records should, therefore, provide a contemporaneous account of the consultation that takes place on a given date. Ensure that they also provide a clear indication of why a diagnosis was arrived at, the clinical reasoning supporting that diagnosis and the justification for the treatment that was given.

Patient records allow you to maintain, respect and protect vital patient information. Their security is paramount and access should only be given to authorised persons. Your patient has specific rights to access the information you hold about them (see page 7 for further information). As outlined in the Dec 2011/Jan 2012 issue of *The Osteopath* magazine, your patient records can support your own professional appraisal, revalidation or clinical audit.

When and how should my records be made?

It is important that you write your patient records contemporaneously – at the time of the event or as soon after the event as practicable. Your writing should be legible and in ink. If you use abbreviations, attach a glossary to help other readers understand your records.

If you make corrections or additions to your notes at a later date, these should be identified and carry the date of entry. Your original note should still be clear to read.

Should I use a template?

Some osteopaths use a template record card to assist them with the gathering and recording of a detailed case history and

examination findings. Others rely on their own particular style of gathering and recording relevant information appropriate to their practice and patient type. It does not matter which approach you take as it is the content of your records that is important, not whether you have used a template.

The British Osteopathic Association (BOA) provides Patient Record Cards for its members. These have been designed to encourage the recording of consent, clinical findings and tests, treatment plan and treatment/advice given. The BOA Record Cards also facilitate the collection of patient data that supports NCOR's Standardised Data Collection that is helping to nationally profile osteopathic practice. There is an accompanying video demonstrating how best to complete various sections of the record cards.

For further information, visit the BOA website (www.osteopathy.org), email: boa@osteopathy.org or call 01582 488 455.

How much information should I record?

Knowing how much information to record can be tricky. Too much information will take an unnecessary amount of time out of your day and too little will result in records that are not fit for purpose. The guidance given in the *Osteopathic Practice Standards* (OPS) is the minimum information that should be recorded and you may want to record more.

When deciding how much to record, remind yourself of the purpose of your notes (see page 6). Think about whether the amount of information you have recorded will actually allow your notes to fulfil the various purposes and be understood by you or by another osteopath or health professional possibly even years after you last saw your patient.

What should you record in your patient records?

The guidance in the OPS explains that you should at least include the following information in your patient records.

- > The date of the consultation.
- > Your patient's personal details.
- > Any problems and symptoms reported by your patient.
- > Relevant medical, family and social history.
- > Your clinical findings, including negative findings.
- > The information and advice you provide, whether this is provided in person or via the telephone.
- > A working diagnosis and treatment plan.
- > Records of consent, including consent forms.
- > The investigation or treatment you undertake and the results.
- > Any communication with, about or from your patient.
- > Copies of any correspondence, reports, test results, etc. about your patient.
- > Clinical response to treatment and treatment outcomes.
- > The location of your visit if outside your usual consulting rooms.
- > Whether a chaperone was present or not required.
- > Whether a student or observer was present.

Ask a colleague to check a sample of your current patient records against this list to see if you are recording the essential information.

We have provided a more detailed checklist on the **o** zone that you could use to assess the contents of your own notes.





to make a note that your patient agreed to specific treatment procedures, such as an HVT. Consent for treatment is likely to be given verbally by your patient, and at some point during the consultation you should make a note in your records that the patient consented to the treatment.

When you have explained the benefits and risks associated with a proposed treatment, you should record the risks that you have discussed with the patient. Then make a note of the patient's consent if this

is provided, or, if not, a note that the patient did not consent. You will want to record enough information to demonstrate (possibly years later) that the patient was advised of the risks and did or did not consent to the treatment.

What is the purpose of patient records?

Your patient records:

- > Facilitate the clinical care of your patient.
- > Assist you to structure your thoughts and make appropriate clinical decisions.
- > Provide an aide-memoire to you at subsequent consultations.
- > Enable you to effectively monitor treatment interventions.
- > Allow you to maintain, respect and protect vital patient information.
- > Provide sufficient information for colleagues to understand the care you have given to your patient.
- > Provide medico-legal evidence (for your patient's claim against a third party or to defend yourself against any claim).
- > Support your patient's claims for benefits or other social support.
- > Enable you to provide reports and information to third parties (e.g. insurance companies).
- > Enable you to meet the requirements of specific legislation on subject access to personal data and health records.
- > Support your clinical governance activities.
- > Support your professional appraisal and revalidation.

Recording consent

It is important that within your patient records you make a note of the consent you receive from your patient for their examination and/or treatment. It is also important that you record a patient's withdrawal or refusal of consent for any particular procedure.

It may well not be possible for you to record all of the consent received, as this will be given by your patient in various ways throughout the course of their consultation. You will therefore need to make a decision about what elements of your patient's consent you need to record in your notes. As a guide, we would say that it not necessary, for example, to record implied or verbal consent for removing clothing or changing position to allow you access to examine a particular area of the patient's body. You will, however, want

Standard D6: Respect your patients' rights to privacy and confidentiality

Your patients will entrust you with sensitive information about their health and personal circumstances. They do so in confidence and they have a legitimate expectation that you and any staff will respect their privacy. As mentioned previously, patient records allow you to maintain, respect and protect this vital information.

Do you think your patients would be surprised to learn how you use the information in their records?

- > Do you have a receptionist and does s/he have access to and use information in your patients' records?
- > Do you share the care of your patients with other colleagues and do your patients understand that their notes might be seen by these colleagues?
- > Do you use your patients' records for research, audit or revalidation purposes?
- > Are you an associate and do your patients understand that your principal has access to their records?
- > What if you stop practising or move to a new area – do your patients know what will happen to their records?

This is an aspect of practice that is a very high priority for your patients. The GOSC's Osteopathic Patient Expectations (OPEn) study highlighted that patients want reassurance from you that the information they provide to you will be kept confidential. The study found that the handling of personal information raised significant concerns among respondents, particularly lapses associated with support staff (receptionists discussing other patients or leaving notes unattended). As a comparison, in terms of confidentiality, patients rated GP practice more highly.

This highlights how important it is for your patients to know who uses and has access to the information held on their records. Your patient should also be given an opportunity to withhold permission for you to share information about them.

The full report of the OPEn study is available on the 'Research' page in the 'Resources' section on the **o** zone.

Disclosing patient records

When you want or need to disclose information about your patient to a third party, you will need to ask your patient for their consent. In that case, you should:

- > Explain to the patient the circumstances in which you wish to disclose the information and make sure they understand what you will be disclosing, the person you will be disclosing the information to, the reasons for its disclosure and the likely consequences.
- > Allow them to withhold permission if they wish.
- > If they agree, ask them to provide their consent in writing or to sign a consent form.
- > Advise anyone to whom you disclose information that they must respect the patient's confidentiality.
- > Consider whether it is necessary to disclose all the information you hold on the patient. For example, does the recipient need to see the patient's entire medical history, or their address, or other information which identifies them?



Patients' access to their records

It is important that you respect your patients' rights to access the information you hold about them. You are the safekeeper of their information. Patients' rights to access the information you hold about them are contained in the:

- > Data Protection Act 1998, which gives living patients (or an authorised representative) the right to access their records.
- > Access to Health Records Act 1990, which gives rights of access to deceased patients' records by specified persons.
- > Access to Medical Reports Act 1988, which provide specific rights for patients to access reports relating to them that have been written by medical practitioners.

Where and for how long should I keep my patient records?

Patient records should be kept in a secure place and access should be limited to only necessary personnel. If kept electronically, access should be protected by a secure password.

As a minimum, you should keep your patient records for:

- > Adult patients – eight years from the date of your patient's last appointment or entry in the record.
- > Child patients – until the child's 25th birthday.

Further information is available on the Information Commissioner website (www.ico.gov.uk). The following information is available from the Department of Health website (www.dh.gov.uk):

Guidance for Access to Health Records Requests, February 2010.

Confidentiality: NHS Code of Practice, November 2003.

Confidentiality: NHS Code of Practice – supplementary guidance: public interest disclosures, November 2010.

Communication, confidentiality and record keeping – don't put yourself at risk

Tim Walker, GOSC Chief Executive and Registrar

Poor communication between osteopaths and patients, and inadequate record keeping are common themes in fitness to practise cases heard by the Professional Conduct Committee. This is one of the reasons why high standards in these areas of practice have been emphasised in the new *Osteopathic PracticStandards*.

Osteopaths sometimes complain that they feel picked on by the GOSCs; that they are expected to meet higher standards in these areas than other healthcare professionals. But many osteopaths work alone, so the risk of patient misunderstanding may be higher than when a patient is treated by a team. Also, with patients' rights to access their notes and take them to another health professional enshrined in law, it is essential for osteopaths to protect their own interests by maintaining high-quality records.

These problems are not unique to osteopathy. The Medical Protection Society (an insurance provider for doctors) undertook a risk analysis of 150 GP practices last year. Among the top five risks they identified were: communication (mainly between patients and doctors, but also

between colleagues); confidentiality (particularly around reception areas); and record keeping (particularly where they were working away from their usual practice location). If doctors, who normally have much more administrative support within their practices, still identify these as risks, then it is doubly important that osteopaths are vigilant in their own practices.

The practice standards we set are not just for the protection of patients, they help protect osteopaths too. If a patient finds they are surprised or even alarmed by the way they are examined or treated, then it is likely to be because it hasn't been explained to them properly. If the osteopath can't explain from their own notes either what they diagnosed or the treatment they provided, then what would happen in circumstances where the patient took their notes to another osteopath or their GP?



So perhaps in preparation for the introduction of the new standards, it would be worth carrying out a quick risk assessment of your own practice. Ask yourself a series of questions, including: do I ensure that my patients are adequately informed about treatment; do I ensure that I keep adequate records; and do I ensure that confidentiality is always observed? One way of doing this might be to involve colleagues in a mutual audit of your practices, as part of this year's continuing professional development cycle, to ensure that all your practices are up to date and, where possible, risk free.

Colic, ADHD and other claims risk censure from ASA

Osteopaths continue to put themselves at risk of censure by the Advertising Standards Authority (ASA) for making claims on their websites about ADHD, bedwetting, asthma, colic and other conditions. None of these appear on the list of conditions allowable under current advertising rules.

Over the last year a number of osteopaths and osteopathic education providers have been reported to the ASA by members of

the public and have subsequently been required to revise their websites and other publicity materials.

Critics of osteopathic treatment often seize upon such unsubstantiated claims and thereby undermine the credibility of the profession with patients, doctors and other healthcare practitioners.

With NCOR's Standardised Data Collection project showing that less than 5% of new patients are generated by online advertising, compared to 70% arising from word of mouth, it is not clear what there is to be gained from making such claims.

The main result appears to be that a minority of osteopaths are undermining the reputation of their own practices and the profession as a whole, rather than developing their practices.

Complying with the ASA's requirements is easy. Information on what can be included on websites and in leaflets is available on the **o zone** (<http://www.osteopathy.org.uk/ozone/resources/news/infocus/>) and on the ASA website at www.copyadvice.org.uk. The ASA offers a free service to get your website and other materials checked out.

Regional conferences 2012

From April to July, we will be hosting a series of six regional conferences for osteopaths across the UK. These meetings are an important opportunity for us to hear your thoughts on regulatory developments and the wider issues facing the profession. We're keen to see as many of you there as possible, so please do have a look at the dates and locations below and let us know if you can join us.

This year's programme will be split into two parts: the morning session will aim to assist you with some of the practical aspects of applying the new *Osteopathic Practice Standards (OPS)* in your everyday clinical practice. We hope this gives you the opportunity to get to grips with some of the more challenging aspects of the new standards before they take effect in September 2012.

During this session we will also invite you to consider what would enhance your current continuing professional development and we will share some of the revalidation pilot experience to date.

In the afternoon, we will 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.

These meetings could be the most important osteopathic events of the decade.

Dates and locations

See table below for dates and locations. To reserve your place at one of these conferences, please return a booking form to us as soon as possible. A form has been included in this issue of *The Osteopath*, or you can book via the **o** zone.

Reservations are on a first come, first served basis. Because conference venues will require confirmed delegate numbers one week in

advance of each event, this will be the cut-off date for reservations. Please note the booking deadline for each event.

Reservations can be cancelled up to 14 days prior to the meeting, but in the event of failure to cancel at least 14 days before, or non-attendance, delegates will incur a £35 charge.

For further information on the venues and agenda, keep an eye on the 'Events' page in the 'Get involved' section of the **o zone.**



Regional conferences 2012 – dates and venues

Region	Location	Date	Booking deadline
Scotland	Edinburgh	Sunday 29 April	Friday 13 April
South West England and South Wales	Bristol	Saturday 12 May	Friday 27 April
Central England and Mid Wales	Birmingham	Saturday 26 May	Friday 11 May
London and the South East	Gatwick area	Saturday 16 June	Friday 1 June
Northern England and North Wales	Manchester	Saturday 30 June	Friday 15 June
London and Eastern Counties	Stansted area	Saturday 14 July	Friday 29 June

In Council

12 January 2012 – 74th meeting of the General Osteopathic Council

The agenda and all related papers can be found on the GOSC public website.

BUDGET STRATEGY AND FEES

The proposed budget for the financial year 2012-13, prepared by the Executive against the backdrop of the Government cost reduction agenda as set out in *Enabling Excellence*, was presented to Council. This set out the forecast 2012-13 budget position including expenditure forecasts and identified savings and the potential impact on the registration fee. Council agreed that any savings identified in the 2012-13 budget should be passed back to the profession through a fee reduction (see article on right for further details).

GOVERNANCE REVIEW

Council agreed that it was an appropriate time to carry out a review of the governance structure that monitors the performance of the GOSC. A working group will be established to report and make recommendations to Council in July 2012 with a view to complete implementation (subject to any legislative or consultation requirements) by 1 April 2013.

GENERAL MEDICAL COUNCIL'S CONSULTATION ON GOOD MEDICAL PRACTICE 2012

Council agreed a draft response from the GOSC to the GMC on its consultation on the core ethical standards for doctors contained in its revised publication *Good Medical Practice 2012*. The areas of particular interest to the profession are those where doctors' patients are also consulting other health professionals, such as osteopaths.

The GOSC response highlights the importance of doctors working in partnership with the wider healthcare team and the patient to emphasise the importance of an integrated patient journey or patient pathway throughout their experience of healthcare, whether in the public or private arena. We know that osteopaths have mixed experiences in engaging with general practitioners about the care of their patients and we hope that highlighting some of these issues with the GMC may help to improve the situation.

REVALIDATION PILOT

Council received an update on the progress of the revalidation pilot, including the launch of an e-bulletin for pilot participants and progress in recruiting osteopaths to become revalidation pilot assessors. Osteopaths applying to become assessors will be interviewed by a panel that includes osteopaths nominated by the British Osteopathic Association and Osteopathic Educational Institutions.

CHAIR DESIGNATE

Alison White, the Chair designate, attended the meeting as part of the handover of duties from Professor Adrian Eddleston, who she succeeds on 1 April 2012.



Future Council meetings

- > Thursday 29 March 2012
- > Tuesday 17 July 2012
- > Wednesday 10 October 2012
- > Thursday 13 December 2012

Meetings begin at 10am at Osteopathy House. Agendas and papers for the public session are available at www.osteopathy.org.uk, 7 to 10 days before the meeting.

For further information, contact Jane Quinnell, Governance Manager, on 01580 720 213 or email: jquinnell@osteopathy.org.uk.

Fee reductions in 2012-13

The GOSC Council agreed at its January meeting that it would seek to implement a registration fee reduction in the 2012-13 financial year.

The reduction has come about as a result of the first stage of an ongoing review of costs which we plan to continue in subsequent years. The precise level of the new fee will be confirmed at the Council meeting on 29 March. It is anticipated that the saving to osteopaths in the coming financial year could be between 8-10% (over and above the inflationary increases, which have already been absorbed by the GOSC).

Changes to the fee will require the approval of the Privy Council, as the fees are set out in statutory rules. There will be a consultation with the profession during February. We are in discussion with both the Department of Health and the Privy Council as to how soon after the March meeting the fee reductions can be brought into effect.

We will be seeking to minimise any inconvenience to osteopaths whose fees are due in the early part of the financial year and we will ensure that notice of fee changes will be given in writing as soon as possible. In the meantime, please keep an eye on the **o** zone and public website for details of the consultation and fee changes as soon as they are agreed.

Introducing the new Chair of Council

Alison White will formally take up the post of Chair of Council on 1 April 2012. She succeeds the current Chair, Professor Adrian Eddleston, whose term of office comes to an end in March.

Here, we ask Alison her thoughts on the challenges facing the GOsC and her priorities as Chair of Council.

Q What first interested you in the role?

A My previous experience of healthcare regulation as interim Chief Executive of the General Dental Council stimulated my interest. Also, as a Non-Executive Director for a Community Healthcare NHS Trust, I have a particular interest in the patient experience and I felt that I could make a difference for patients through positive, proportionate regulation.

Q What do you see as the main challenges for the GOsC?

A I feel that profession-specific regulation is very important for a developing profession such as osteopathy, but maintaining our Council as a stand-alone body in the context of the current environment will be a challenge. Government is calling for simpler and more cost-effective regulation, which promotes a drive towards bigger organisations – this is not necessarily the optimal solution for osteopathy.

Also, there is a degree of tension between the need for the profession to grow and develop and the statutory role of a regulator, where promotion of the profession is not part of that role but is undoubtedly needed.

“ profession-specific regulation is very important for a developing profession ”

Q Why do you think regulation is important for a profession like osteopathy?

A For the same reasons as any other healthcare profession – the confidence of the public. We have more work to do though, to develop relationships with patients so that they are aware of the benefits that regulation brings.

Q What are your priorities as Chair?

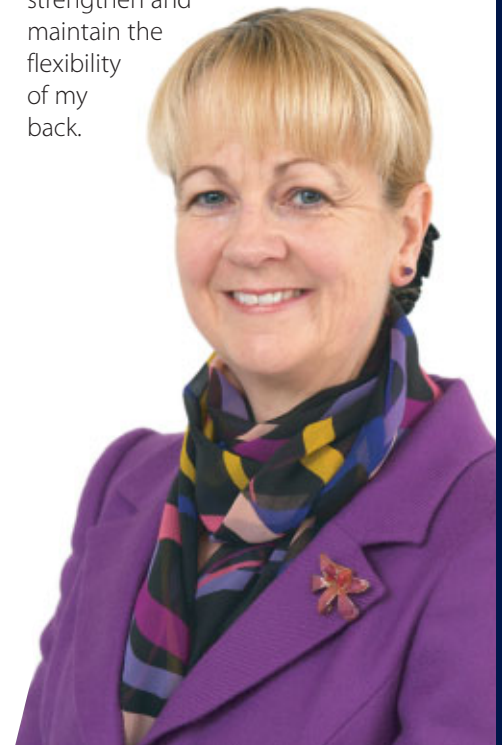
A Building early positive and productive relationships with stakeholders, especially osteopaths themselves, Council members and the GOsC staff. I am looking forward to meeting as many osteopaths as possible at this year's regional conferences (see page 9 for further details). One of my first tasks will be to work with Adrian, the outgoing Chair, to appoint three new osteopathic members to Council. We also have a busy year planned in the final year of the GOsC Corporate Plan, where particular highlights include the launch of the new *Osteopathic Practice Standards* and the conclusion of the revalidation pilot. I also want us to contribute to the development of the wider regulatory landscape.

Q How do you see the relationship between the GOsC and the profession developing over time?

A Clearly we have a statutory role which we must ensure that we fulfil thoroughly and properly. However, I would like osteopaths to see the Council as a respected friend – I have already seen how the openness and supportive nature of the way that the organisation works is appreciated by osteopaths, and I very much want that to continue.

Q Have you experienced osteopathy as a patient?

A Indeed I have and my experience has been a very positive one. I still do the exercises that my osteopath taught me to strengthen and maintain the flexibility of my back.



Revalidation round-up

We're now a third of the way through the year-long revalidation pilot, which will help us properly understand the benefits, costs and proportionality of the proposed scheme. As part of this process, those taking part in the pilot have been asked to provide feedback at regular intervals to KPMG about their experiences of collecting evidence – what they did, how long it took, whether it was useful and whether they learned anything.

Participants completed their first feedback survey in January and the results are currently being analysed by KPMG. Thank you for taking the time to reflect on your experiences.

Many participants have also told us that they are linking up locally to support each other through the pilot, either by joining a regional osteopathic society or by emailing participants they met at the training workshops held in September and October last year.

Clinical audit

Carol Fawkes, NCOR Research Development Officer and pilot participant, has heard from a number of participants with regard to clinical audit. She told us that "several osteopaths have commented that being able to conduct a clinical audit will be a very useful skill, irrespective of the demands of the revalidation pilot.

"However, some have queried where the topics for clinical audit will arise. One of the strengths of clinical audit is that it is entirely the choice of the individual practitioner. It is simply about identifying a topic that interests you, is likely to have an impact on your practice, and/or will identify relevant CPD opportunities for you in the future.

"With regard to auditing aspects of practice that relate to patient management, others have asked about sample size – what is the ideal number of patients needed for a clinical audit? A general guide is to use a minimum of 50 patients, but this

will also depend on the size of your practice."

Further information on how to start and conduct a clinical audit is available in NCOR's *Introduction to Clinical Audit for Practising Osteopaths*, which can be downloaded from the **o zone.**

Revalidation pilot assessors

At the end of the year-long pilot in October, participants will be asked to submit a portfolio of evidence to show how they met the revalidation criteria and continue to meet standards of practice. The portfolios will then be analysed by a team of assessors who will be trained to evaluate the evidence provided.

We advertised for assessors late last year and the closing date for applications was 15 December 2011. We are now in the process of interviewing the shortlisted candidates. Training for the successful candidates will be held on 11 and 12 May 2012, ready for the assessment and moderation of the portfolios of evidence in October.

For further information on the proposed revalidation scheme or the pilot, contact the Professional Standards Department on 020 7357 6655 ext 235 or email: revalidation@osteopathy.org.uk. Alternatively, visit the 'Revalidation' section of the **o zone: www.osteopathy.org.uk/ozone/me-registration/revalidation.**



GOsC to poll profession

Look out for the post this March. We will be launching a major survey of registrants to assess osteopaths' perception of the role of the GOsC and the effectiveness of our communications. This is an anonymous survey to help us understand the needs of the profession and to ensure that osteopaths are fully engaged in all activities that provide for the effective regulation and development of osteopathic practice in the UK.

We will be seeking your views on how you communicate with us, how we communicate with you and what we can do to improve the services we provide to registrants.

The Registrants' Opinion Survey 2012 will be posted to all osteopaths in March, inviting responses in writing or via an online survey before the end of April. Survey responses will then be analysed, together with recommendations for implementation, in order to improve services. We will aim to provide an indication of feedback at this year's regional conferences.

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

First MOst programme in Wales set for formal recognition

The GOsC has agreed to recognise the qualification Master of Osteopathy (MOst) awarded by Swansea University, subject to approval by the Privy Council.

The Swansea University programme – the first osteopathy course in Wales – has undergone an extensive and detailed quality assurance assessment conducted on behalf of the GOsC by the Quality Assurance Agency for Higher Education (QAA).

In collaboration with the QAA, the GOsC scrutinises the quality of all UK osteopathy courses leading to registration, to ensure that education providers are equipping students to practise safely and competently as osteopaths. The GOsC has no control over the development by Educational Institutions of new osteopathic courses, but has a duty to consider for recognition any application that meets the required standard of training.

Tim Walker, GOsC Chief Executive and Registrar said: "We look forward to working with Swansea University and welcome this opportunity for students in Wales who aspire to a career as practising osteopaths."

Programme lead at Swansea, Ross Johnston said: "Swansea University are delighted to have met the stringent requirements for recognition by the General Osteopathic Council.

Photo courtesy of Swansea University



"Our students benefit from high-quality teaching as well as clinical training in state-of-the-art facilities. The purpose-built clinic allows students to develop their knowledge and practical skills and provides them with valuable exposure to the fundamental aspects of a modern and comprehensive osteopathic approach to patient care. We look forward to the continued development of our programme and the establishment of a centre of excellence for osteopathy in Wales."

For details on Swansea's Master of Osteopathy degree programme, visit the University of Swansea website at: www.swan.ac.uk/humanandhealthsciences/undergraduate/osteopathy.

New members appointed to the GOsC Council

The GOsC recently appointed three new osteopath members to the Council – Mr John Chaffey, Dr Jorge Esteves and Mr Haidar Ramadan. All three Council members were appointed by the Appointments Commission for a four-year term from 1 April 2012.



John Chaffey leads a large osteopathic practice in Essex and is Session Head Clinical Tutor at the European School of Osteopathy.



Haidar Ramadan is Course Leader/Senior Lecturer at Oxford Brookes University and practises as an Advanced MSK Osteopath for the Central London Community Health NHS Trust.

Jorge Esteves is Head of Postgraduate Studies and Student Research at the British School of Osteopathy.



Council members play a key role in setting strategy and policy to ensure the GOsC fulfils its statutory duties to regulate standards of osteopathic care in the UK.

Alison White, who succeeds Professor Adrian Eddleston as GOsC Chair from 1 April this year, commented:

"These new appointments bring considerable strength and depth of osteopathic practice, education and research, and stakeholder engagement to Council. I am sure they will all make an excellent contribution to the Council's work and I am very much looking forward to working with them."

For further information, visit the GOsC public website.

Disability and the practice of osteopathy

Recent guidance for Osteopathic Educational Institutions (OEl)s on disability or health impairment has wider application across the osteopathic profession. Here, Fiona Browne, the GOSC's Head of Professional Standards, explains how.



The Equality Act 2010 bans unfair treatment and aims to help achieve equal opportunities in the workplace and in wider society. The Act harmonises existing discrimination law (both domestic and European) and strengthens the law to support progress on equality in relation to a wide range of "protected characteristics", including disability.

All osteopaths will be affected by the requirements of the Act, to a greater or lesser extent, but there may be particular issues for the following:

- > Newly registered or established osteopaths with a disability who are considering how best to practise independently or within a group.
- > Osteopaths who are considering how best to ensure that members of staff can carry out their duties with a disability.
- > Osteopaths who are providing continuing professional development

(CPD) courses and who wish to ensure that they are accessible to those with disabilities to ensure that a wide range of people can participate.

- > Osteopaths who are considering more widely the ways in which their practice may be made more accessible to those with a disability (including patients).

At the GOSC we are committed to equality and want to encourage people with a disability who have the potential to become independent osteopathic practitioners to consider education and training, and a career in osteopathy. It is hoped that the osteopathic profession, as far as possible, will reflect the diverse society served.

Many people with a disability or a long-term health condition are able to undertake osteopathic education and training to achieve a Recognised Qualification, and practise osteopathy with or without adjustments to support their practice.

While our guidance is primarily aimed at students, it can be useful to revise policies and practices to continue to enable all to eliminate discrimination and to encourage the widest possible participation in osteopathic education and practice.

The guidance was developed alongside the OEl)s, which are building up expertise about how to make reasonable adjustments for students and are exploring with students how they may continue to practise as independent practitioners.

The guidance explains that OEl)s have been making general adjustments to anticipate the needs of students with disabilities, such as:

- > Providing information about the course in alternative formats.
- > Making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility.



- > To the physical environment, both internally and externally, to improve access to and the use of facilities, and to features such as lighting and sound insulation.
- > To teaching and learning, including the provision of information in a variety of visual, audio and electronic formats, together with the associated assistive technologies.
- > Human assistance, in the form of coaching and mentoring, additional tutorial support, and specific assistance with particular tasks such as proofreading assignments.
- > Making allowances by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations (e.g. to allow a student to carry, store on site and administer necessary medication).
- > By providing equipment to support computer-assisted learning, such as voice recognition software and screen readers, and in the form of laptops and hand-held devices for note taking.
- > By facilitating access to resources, for example, the purchasing of textbooks to use at home, to help combat the fatigue associated with frequent trips to the library, and the use of taxis after specific treatments.

- > Ensuring that core facilities are well lit, properly signposted and easily accessed by disabled students.
- > Reviewing and adjusting learning and assessment policies and practices to ensure that they do not inherently discriminate against students with a disability.
- > Ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with specific learning difficulties who use assistive software.
- > Installing loop systems to assist students with hearing impairments.
- > Ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination and to provide suitable adjustments and support.

Examples of specific reasonable adjustments made by OEs in response to students with particular disabilities are:

- > To examinations, for example, the design and presentation of exam papers; providing extra time and allowing rest breaks; removing penalties for poor spelling, grammar and punctuation or allowing computers with spellcheckers;

arranging for separate rooms and invigilation; and permitting the use of a reader or a scribe.

- > To practical assessments, by allowing extra practice sessions; allowing more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a dictaphone for subsequent transcription; permitting adjustments to the physical arrangement and features of the examination and treatment area, such as additional space or special lighting; and allowing the use of aids to facilitate manipulations.
- > Providing additional support in the form of one-to-one tutorials or extra clinic instruction, or by teaching special study skills and learning techniques; identifying a student 'buddy'; or offering ongoing mentorship or course-long support from a personal tutor, student, counsellor or disability officer.

If you have specific examples of reasonable adjustments which have helped you, another colleague or an employee successfully continue in practice, and you are willing to share your experience, please do let us know. We will be pleased to share this information more widely to help ensure that the osteopathic profession shares knowledge and expertise on this important issue.

For further information, contact Fiona Browne, Head of Professional Standards, on 020 7357 6655 ext 239 or email: fbrowne@osteopathy.org.uk.



Olwen Starr

Many British School of Osteopathy students will have recognised Olwen Starr on the front cover of the Oct/Nov 11 issue of *The Osteopath*. It was with deep regret that we learned of Olwen's death shortly after publication in November 2011. The GOSC is extremely grateful to Olwen for her generous support that produced a range of photos for use in publicity materials relating to osteopathic practice, and to her family for allowing the continued use of these photos.

Getting social

The GOsC has launched a Facebook page to extend the reach of our communication with patients and the public, as well as the profession.

Around 18 million Facebook users in the UK are aged between 20 and 49. According to the results of the Standardised Data Collection analysis (available in the 'Resources' section of the public website), around 40% of osteopathic patients are aged between 20 and 49, so Facebook should be a valuable channel for reaching a significant section of those with an interest in osteopathy.

Through our Facebook page we will promote the Register and the status of osteopaths and make it easier for people to find an osteopath. We will also explain the role of the GOsC and highlight sources of information about osteopathy, such as our public information leaflets.

We hope that the viral nature of the interaction between Facebook users will enable such information to reach a much broader audience and draw more visitors to our public website.

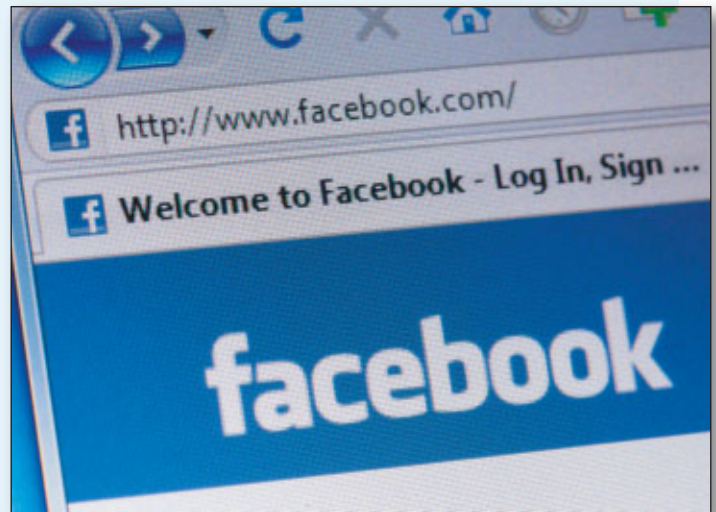
Consultations will also be featured on our Facebook page to encourage a wider awareness and response rate. And, of course, we can provide swift responses to questions asked by members of the public and patients.

We launched the page earlier this month with an invitation to patients and members of the public to join our Patient

and Public Partnership Group (see below for further details).

Do visit our page and let us know what you think. Users of Facebook are also able to 'like' our page, which will help increase the number of visitors and enhance our visibility, and that of the profession.

For further information, contact Margot Pinder, Web Manager, on 0207 357 6655 ext 228 or email: mpinder@osteopathy.org.uk.



Help patients help you

Understanding patients' needs and experiences is essential to ensuring patient satisfaction and high standards of care.

Just as patient feedback can give you invaluable insight to help shape the service you offer, it is also important for the GOsC to hear about and understand the requirements of those who seek the services of osteopaths. While lay members of Council provide a public perspective to the GOsC's work, we are setting up a Patient and Public Partnership Group to work with us to identify ways and means of promoting the quality of patient care.

We are now recruiting members of the public and patients to take part in the group and have produced a promotional flyer to display in your clinic to advertise this opportunity – this was sent out with the Dec 11/Jan 12 issue of *The Osteopath*. A number of you

have already been in touch to let us know that your patients are interested in this opportunity and to request additional flyers.

The group will operate primarily online via the internet, but if individuals do not have access to the internet we can send the information by post or discuss their views over the phone. From time to time, it may be helpful to invite members of the group to meet with us face to face in small discussion groups.

Please help patients to help you by bringing to their attention our new interactive forum and encouraging their participation.

For further information or to request extra copies of the flyer, contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: seldred@osteopathy.org.uk.



Map of Any Qualified Provider areas published

The Department of Health (England) has published a map of those areas of the country that will be the first to introduce the new system of commissioning from Any Qualified Provider (AQP) for musculoskeletal (MSK) services for back and neck pain. Under this new scheme, there will be opportunities for those osteopaths interested in obtaining NHS work to do so.

In July 2011, the Department of Health published operational guidance to the NHS in England on extending patient choice of Any Qualified Provider; this asked Primary Care Trust (PCT) clusters to engage patients and professionals and advise Strategic Health Authorities (SHAs) on local priorities for extending patient choice of provider by 31 October 2011.

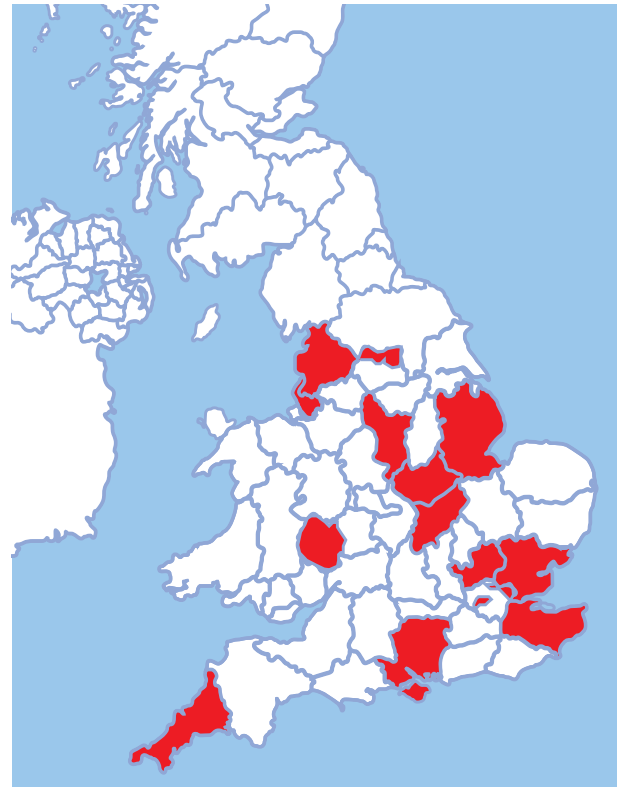
Based on local engagement, and the priorities of shadow clinical commissioning groups (CCGs), each PCT cluster has selected three or more community and mental health services for implementation of AQP. SHAs coordinated this work, assessing the choices made by PCT clusters locally. Beginning in April 2012, commissioners should start to implement AQP, with patients being offered the choice of provider in all locally selected service areas by September 2012.

The map on this page shows the areas of the country where AQP for MSK services will be introduced first. However, it is expected that this will be extended considerably when future waves of AQP commissioning take place.

Services will be commissioned independently in local areas and opportunities to participate will be advertised via the Supply2Health website (www.supply2health.nhs.uk). The first opportunities are expected to be advertised from February onwards and it is possible to register for free updates from the website. Commissioners will be expected to base their commissioning process on a standard Implementation Pack, which can be found at the 'AQP Resource Centre' on the Supply2Health website. There will also be a standard Qualification Form for all providers. The GOsC and the British Osteopathic Association (BOA) have been directly involved in developing the Implementation Pack and Qualification Form.

While the qualification process may appear daunting, it has been designed so that even individual osteopaths working alone will be able to qualify. However, if you are thinking of applying, you may wish to consider forming a consortium with other practitioners, particularly those who have prior experience of NHS processes or requirements with which you may be unfamiliar.

We will continue to work with the BOA and Department of Health on developments in this area. We also understand that the BOA plans to provide assistance to its members on completing the qualification process, and BOA members should contact them directly.



Parliamentary inquiry hears from osteopathic stakeholders

Along with the Council of Osteopathic Educational Institutions and the British Osteopathic Association, the GOsC submitted evidence in December 2011 to the House of Commons Health Select Committee inquiry into healthcare education, training and workforce planning.

As part of this evidence, we reiterated the importance of smaller professions – particularly those operating largely outside NHS and employer structures – being able to play a full part in the dialogue on the future workforce needs of the healthcare system and relevant aspects of education and training. With an increased focus on self-care and personal responsibility, independent

healthcare provision and capacity should be viewed alongside the NHS to ensure that services are available to reduce the pressure within the NHS.

The full response is available on our public website (www.osteopathy.org.uk/uploads/liberating_the_nhs_consultation_response_gosc_boa_oei.pdf).

New European proposals on mobility of professionals

The introduction of a professional card is just one of the measures the European Commission is proposing to simplify the way professionals can work within the EU.

Proposals published on 19 December 2011¹ followed a comprehensive review of current EU legislation governing the way professional qualifications are recognised in different Member States². This directive also dictates how the GOsC processes applications to join the UK statutory Register from osteopaths trained elsewhere in Europe.

The GOsC's position has always been that mobility is very welcome, but only if this does not impact on the protection of patients and does not put UK-trained osteopaths at a disadvantage in terms of their registration requirements. A high profile concern in the media has been the inability to test the language skills of an overseas applicant as part of the registration process. Such concerns are shared by numerous organisations, and the GOsC has conducted a concerted lobbying campaign on this directive for some time, both with others and individually.

These new proposals cover a number of important issues that affect the safety of patients. Along with the introduction of a professional card, the Commission is also proposing the welcome introduction of an obligation on regulators to alert other relevant authorities about a health



professional who has been prohibited from exercising his/her professional activity by a public authority or a court.

We will be studying the detail carefully, but it remains our view that the final Directive, once formally amended, should provide greater safeguards for patients.

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

¹ Proposal for a Directive of the European Parliament and of the Council amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation on administrative cooperation through the Internal Market Information System, 19 December 2011.

² Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, 30 September 2005.



Chair of FORE announced

Gert Jan Goede, President of the Dutch Register of Osteopaths, has been elected as the first Chair of the Forum for Osteopathic Regulation in Europe (FORE). FORE brings together European osteopathic organisations, including the GOsC, to promote the recognition and regulation of osteopathy as an autonomous profession across Europe, and the high standards of patient care.

The position of Chair is a new one, following the implementation of a more formal governance structure for FORE than existed at its establishment in 2005. The Chair of FORE is elected from among its members to serve a term of two years to preside over FORE meetings and to work with the secretariat to ensure the smooth running of FORE.

Richard Weynen, Vice-President of the German Osteopathic Association, was elected as Vice-Chair. The secretariat of FORE is funded by FORE members and is currently provided by the GOsC.

FORE is currently working with the European Federation of Osteopaths to develop a European Standard on services of osteopaths with the European Committee for Standardisation.

For further information about FORE, visit: www.forewards.eu or contact the Secretariat at: foresecretariat@osteopathy.org.uk.

IJOM Plus – what's new?

As part of the IJOM Plus package, you also have free online access to six other research journals, including *Clinical Biomechanics*. Here, we highlight an article that we think may be of interest to you in the latest issue of the journal*.

Lateral wedge insoles for medial knee osteoarthritis: Effects on lower limb frontal plane biomechanics

Hinman RS, Bowles KA, Metcalf BB, et al. *Clinical Biomechanics*. 2012;27:27-33

Current management of osteoarthritis of the knee encompasses symptom relief and minimisation of disease progression. Insertion of lateral wedge shoe insoles is one option recommended in clinical guidelines. However, data suggest that 13-18% of arthritic patients experience an adverse biomechanical response.

This study aimed to evaluate the immediate effects of lateral wedge insoles on lower limb frontal plane biomechanics. Seventy-three adults over 50 years of age with medial compartment knee pain participated. They reported pain on most days of the previous month, and scored > 3 on a Likert scale when walking.

Participants underwent 3D gait analysis using a Vicon motion analysis system with and without standardised insoles wedged at 5°. Ground reaction forces (GRFs) were measured using a force plate. The following effects were identified.

- > At the foot: significant lateral shift in the centre of pressure, increased toe-out angle, and slightly wider base of support.
- > At the knee: less varus knee angle, shorter knee GRF, and a more vertical femur in the frontal plane.
- > At the hip: a significant increase in peak adduction.

The authors suggest that the central mechanism of action of the insoles is a reduced knee-ground reaction force lever arm. Further work is now required to identify those patients who require mediation of the wedge effects of the lever arm to improve their symptoms and potential disease progression.

To read the article in full, log on to the o zone and visit the 'Research journals' page under the 'Research' section in 'Resources'. From here, you can also access the *International Journal of Osteopathic Medicine*.

* This summary was supplied by Carol Fawkes, Research Development Officer, National Council for Osteopathic Medicine.

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).

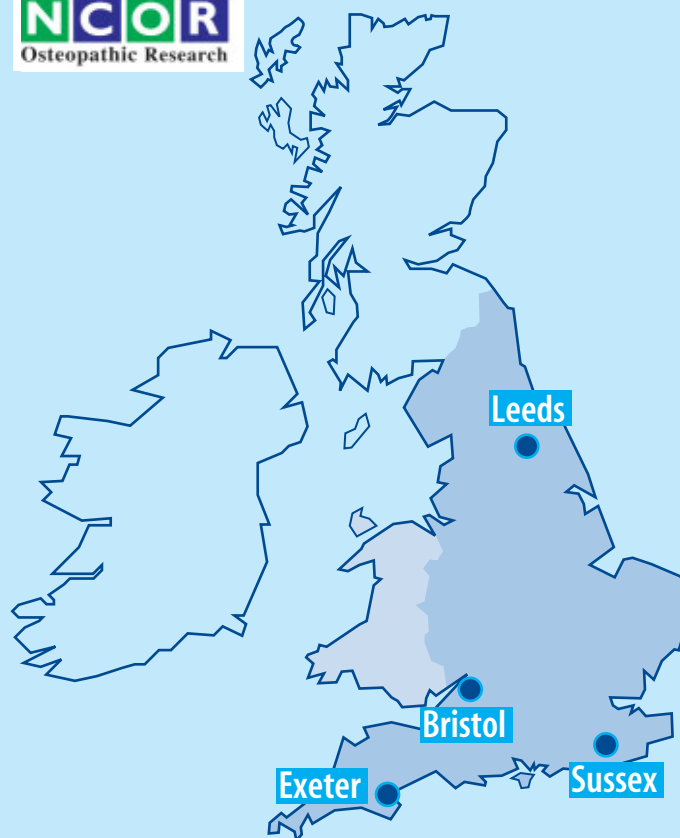
For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on 01273 643 457 (Monday-Thursday) or email: c.a.fawkes@brighton.ac.uk.

> BRISTOL
Thursday 22 March
7-9pm
[Examining the evidence for orthotics.](#)

> EXETER
See www.ncor.org.uk for the next meeting date.

> HAYWARDS HEATH
See www.ncor.org.uk for the next meeting date.

> LEEDS
Thursday 15 March
5-7pm
[Evidence for the management of cervicogenic headaches.](#)



Examination of the hip joint and thigh musculature – a brief summary of selected literature

Carol Fawkes, Research Development Officer, National Council for Osteopathic Research

The most recent meetings of the Leeds and Bristol research hubs have examined a selection of literature on the evidence for clinical testing of the hip. This brief article summarises the findings of the papers discussed, which bring together a combination of recent research and the long-established expertise of a clinician. The summary looks solely at the papers examined and should not be regarded as a comprehensive review of all literature.

History

This is the starting point for all clinicians and excludes the presence of abdominal pathology or other systemic conditions that can or could contribute to symptoms in the hip and thigh region. Hip joint disease can co-exist with other pathologies, referred symptoms, secondary dysfunction, or other coincidental findings.

A variety of disorders can suggest a painful hip. Byrd and Jones assert that although examination of the hip can be reliable at detecting the presence of a problem, it may be poor at defining specifically the true nature of the underlying disorder¹.

Byrd asserts that a history of a significant traumatic event is a good prognostic indicator of a potentially correctable problem, while an insidious onset is a poor prognostic indicator suggestive of degenerative disease or some other predisposition to injury².

Leibold et al (2008) state that characteristic features to be considered

for differential diagnosis vary, depending on the age of the patient³. In childhood, for example, disorders for differential diagnosis include congenital dysplasia, Legg-Calve-Perthes disease, and slipped capital femoral epiphysis. Leibold et al explore further different differential diagnoses. These include the consideration of infectious conditions, traumatic conditions, inflammatory conditions, degenerative joint disease, neurological conditions, vascular conditions, metabolic conditions, neoplasms, and other causes including referred pain, corticosteroid use, alcoholism, psychosocial factors, and gynaecological disorders.

Physical examination

Byrd (2007) stated that the physical examination should include²:

Inspection

- > Identification of antalgic gait in a patient when entering the treatment room.
- > Observation of the patient's posture when standing and sitting.
- > Any protective postures to alleviate stresses on the hip.
- > Any flexion of the symptomatic hip.
- > Slouching to the symptomatic side when sitting.
- > Gross atrophy of any muscle groups or other asymmetries.

Measurement

- > Limb length from the anterior superior iliac spine to the medial malleolus. Byrd asserts that a discrepancy greater

than 1.5cm can indicate a variety of chronic conditions.

- > Bilateral thigh circumference to assess for muscle atrophy.
- > Range of motion recorded consistently and in a reproducible and comprehensible manner.

Symptom localisation

- > The one finger rule – asking the patient to place one finger on the spot that hurts most.
- > C-sign – patients will often cup their hand around the most symptomatic region.
- > Palpation – this can be conducted systematically working from the lumbar spine, pelvic joints, along the iliac crest to the greater trochanter, and including muscle bellies.
- > Muscle strength – Byrd states that although this is a crude measure of hip function, it can reveal useful information, and active resisted assessment can reproduce pain.

Special tests

Straight leg raising test

To assess the signs related to nerve root irritation.

Log rolling

Byrd asserts this is the single most specific pain for hip pain. The rolling back and forth of the hip moves the femoral head in relation to the acetabulum, and the absence of a positive log roll test raises the suspicion that the hip is not a source of symptoms.



Ober's test

This test, first described in 1936, is a common and widely accepted test for measuring the length of the iliotibial band (Gajdosik et al, 2003)⁴. Ober first described the test with the knee flexed but additional literature failed to demonstrate an accepted standardised position for the knee. A cross-sectional comparative repeated measures design was undertaken to assess the influence of gender and knee position on Ober's test.

A sample of 49 asymptomatic participants were assessed using Ober's test with the knee flexed to 90° and extended to 0° for the right lower limb. The limb was lowered from abduction and the end point of hip abduction, or hip adduction was measured in relation to neutral.

The researchers found that the Ober test with the knee flexed limited hip abduction more than with the knee extended for both men and women, and women had greater limitations than men. In this case, it could be argued that as the Ober test with the knee flexed and knee extended produced different results, they could be considered to be two distinct tests. Gajdosik et al suggested that normative values for the two knee positions should be defined separately for men and women.

Thomas test

The Thomas test, also known as the Kendall test, has been discussed in its various modifications by a range of authors in its application of assessing flexibility in the thigh region. Peeler and Anderson (2008)



undertook a descriptive test-retest design to evaluate the clinical reliability of the test⁵. Normative limits had not been established for rectus femoris flexibility prior to this study. A total of 54 participants completed the study. The rectus femoris was assessed for 90° flexibility using pass/fail, and goniometer scoring systems. A retest session was undertaken 10 days after the initial test phase. Statistical evaluation of the findings indicated generally poor levels of reliability for pass/fail scoring, and fair to moderate levels of reliability for goniometer data. Measurement error values demonstrated further the degree of intrarater variance when conducting the test.

Peeler and Anderson concluded that the findings raise questions concerning the reliability of the modified Thomas test and provide new information concerning its reliability when assessing the flexibility of rectus femoris in a clinical setting.

Trendelenburg test

Hardcastle and Nade (1985) examined the significance of the Trendelenburg test in clinical practice⁶. The test was originally described in 1897 at a time when clinicians had few diagnostic aids other than their senses. Hardcastle and Nade identified four different methods of performing the test in standard texts. In their own study they examined 50 asymptomatic subjects, and 103

subjects with disorders of the spine or hip who were further subdivided into subjects with neurological disorders or mechanical disorders. Their study identified a means of standardising the test, and allowing interpretation of the test to assess hip abductor function.

Hardcastle and Nade used a standardised approach for the test by asking their subjects to stand initially with the non-stance leg flexed to 30°, and this was repeated with the leg flexed to 90°. Each posture was held for 30 seconds. Postures were recorded using photography, videotape, electromyography and assessment of abductor muscle power.

The study found that three different patterns of movement occurred in the spine and pelvis. These were:

- > The pelvis rising on the non-stance side with a compensatory scoliosis convex to the stance side, classified as a negative Trendelenburg test.
- > The pelvis remained parallel to the ground with minimal spinal compensation.
- > The pelvis dropped on the non-stance side accompanied by downward movement of the buttock crease with associated abduction of the weight-bearing hip, and compensatory scoliosis convex to the stance side. This was classified as a positive Trendelenburg test.

The authors noted that the major issues arising from the test focused on misinterpretation. These included false positive responses arising from pain, lack



of patient cooperation, and impingement between the rib cage and the iliac crest. False negative responses resulted from patients using muscles from above and below the pelvis, and from leaning beyond the hip on the stance side.

Ely's test

Ely's test is one of many used to assess flexibility of the rectus femoris (RF) muscle. Its reliability as a clinical tool was assessed by Peeler and Anderson (2008)⁷. They employed experienced clinicians to use Ely's test in a test-retest design to assess RF flexibility and evaluated this using pass/fail and goniometer scoring systems.

Statistical analysis of the findings led the researchers to call into question the statistical reliability of Ely's test.

This provides practitioners with helpful information on the reliable limits of the test when used in a clinical setting.

FABER (Patrick's test)

Martin and Sekiya (2008) undertook an evaluation of four clinical tests used to assess individuals with musculoskeletal hip pain⁸. They evaluated inter-rater reliability of the FABER test, flexion-internal rotation-adduction impingement test, log roll test, and the palpation of the greater trochanter for tenderness. A total of 70 symptomatic subjects (mean age 42 years) were evaluated by an orthopaedic surgeon and physical therapist. Their diagnoses included degenerative joint disease, labral tear, femoroacetabular impingement, capsular laxity, trochanteric bursitis, iliopsoas tendonitis, and adductor strain.

Statistical evaluation was undertaken on the findings of the tests. Martin and

Sekiya concluded from their findings that the FABER test, log roll test, and assessment of greater trochanteric tenderness showed a fair level of agreement. Low reliability was found for the flexion-internal rotation-adduction impingement test.

Although the literature frequently examines clinical tests in isolation, good practice and higher-quality evidence strongly assert the need to use multiple tests in addition to other aspects of the consultation.

References

1. Byrd JWT, Jones KS. Diagnostic accuracy of clinical assessment, MRI, gadolinium MRI and intra-articular injection of hip arthroscopy patients. *American Journal of Sports*. 2004;32:1668-1674.
2. Byrd JWT. Evaluation of the hip: history and physical examination. *North American Journal of Sports Physical Therapy*. 2007;2(4):231-240.
3. Leibold MR, Huijbregts PA, Jensen R. Concurrent criterion-related validity of physical examination tests for hip labral lesions: a systematic review. *Journal of Manual and Manipulative Therapy*. 2008;16(2):E24-41.
4. Gajdosik RL, Sandler MM, Marr HL. Influence of knee positions on the Ober test for leg length of the iliotibial band. *Clinical Biomechanics*. 2003;18:77-79.
5. Peeler JD, Anderson JE. Reliability limits of the modified Thomas test for assessing rectus femoris muscle flexibility about the knee joint. *Journal of Athletic Training*. 2008;43(5):470-476.
6. Hardcastle P, Nade S. The significance of the Trendelenburg Test. *The Journal of Bone and Joint Surgery*. 1985;67(5):741-746.
7. Peeler J, Anderson JE. Reliability of the Ely's test for assessing rectus femoris muscle flexibility and joint range of motion. *Journal of Orthopaedic Research*. 2008;26:793-799.
8. Martin RL, Sekiya JK. The interrater reliability of 4 clinical tests used to assess individuals with musculoskeletal hip pain. *Journal of Orthopaedics and Sports Physical Therapy*. 2008;38(2):71-77.

NCOR Research Conference

A total of 97 osteopaths and speakers convened at the Queens Hotel, Leeds for the NCOR 'Evidence supporting clinical practice' conference.

Speakers at the event included Professor Ann Moore, Dr Dawn Carnes, Dr Nefyn Williams, Mr Steven Vogel, and Dr Janine Leach. The findings of the studies explored during the conference can be found via the **o** zone or on the following websites:

Dr Nefyn Williams – The evidence for sciatica (<http://www.hta.ac.uk/1687>).

Dr Janine Leach – Trends in insurance claims and complaints against the regulator (http://www.osteopathy.org.uk/uploads/complaints_and_claims_against_osteopaths_2004-2008_ozone.pdf).

Professor Ann Moore – Patients' expectations of osteopathic care (<http://www.osteopathy.org.uk/ozone/resources/research/gosc-research/Osteopathic-Patient-Expectations-OPEn-study/>).

Dr Dawn Carnes – Adverse events in manual therapy (<http://www.ncbi.nlm.nih.gov/pubmed/19443262>).

Mr Steven Vogel – Clinical Risk in Osteopathy and Management (the CROaM study: <http://www.bso.ac.uk/croam.htm>).

Thank you to everyone who has returned a feedback form – your views on the day and the areas for future conferences are very welcome.

Research studies – participants needed

Developing a career development structure for osteopaths

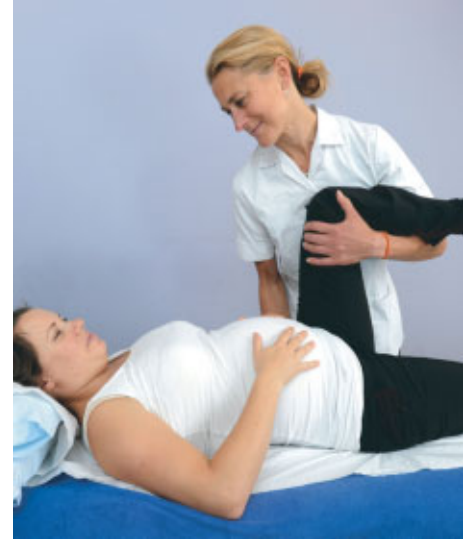
Members of the Exeter research hub are investigating osteopaths' views concerning the development of a career structure for osteopaths. The survey link has been emailed to those of you who have an email address listed with the GOSC or the British Osteopathic Association.

If you have not received the link but would like to give your views on the development of a career structure for osteopaths, please visit: <https://www.surveymonkey.com/s/QVQ9LCY>.

If you are unable to complete the survey online and would like to participate, please contact Carol Fawkes on 01273 643 457.

Opinion piece: Safety and quality key to providing services for NHS patients

Greg Sharp is an osteopath with extensive experience of clinical services provided within the NHS primary care arena. Here, he reflects on some of the key components of quality care that are embedded into the requirements for osteopaths working in the NHS.



Wherever NHS-funded care is provided, 'safety and quality' complement each other and are to be reflected in every patient journey.

From the perspective of the Department of Health (DH), where considerable fiscal prudence is now demanded, there is a growing realisation that over time, 'quality' care costs less and raises patient satisfaction significantly. High-quality provision, with ongoing further development, is now the driver for all services.

The priority for the DH now and in the coming years is to move many services from expensive secondary care to specialist small providers in primary care, who will be selected on merit. The DH is anxious to see individual and groups of osteopaths as one such provider of services for patients experiencing back and neck pain. The DH recognises the quality that can be attained by osteopaths, the legacy of our long association with quality that is a requirement for successful independent (private) practice.

Where public funding is provided for professional services, safety and quality are driven by:

- > Public expectation – a satisfactory outcome and knowledge gain to assist understanding of their problem.
- > National and local health policy – local community provision of service, the patient to have the choice of provider and tariffs to be fixed, with competition based on the quality of service.
- > Clinical education – undergraduate and postgraduate.
- > Clinical experience – audit and self-reflection.
- > Providing an appropriate professional service for each patient (prompt access for first consultation/treatment, choice of provider, continuity of treatment, time allocated as needed for each patient, appropriate practice facilities, etc.).
- > Collection, storage and transmission of all clinical and service data required by the contract service specification (governance).
- > Appropriate communication to the patient's referring GP or other referring NHS service. This must facilitate an educational benefit towards the GP's understanding of what constitutes appropriate or inappropriate referrals.

Qualified providers (groups and individuals) will be expected to deliver quality through:

- > Osteopathic clinical provision which encompasses appropriate evidence-based approaches to therapy delivered through and reflecting the biopsychosocial model.
- > Meeting each patient's expectations by applying the GOsC's *Osteopathic Practice Standards*, with particular reference to C1.1.3 – 'Recognise the relative importance of physiological, psychological and social factors in the patient's presenting complaint'.

Greg Sharp worked with North East Essex Primary Care Trust to create a back and neck pain pilot service. Following the success of this service, he worked with the DH last year to create a case study example of best practice to be implemented across England.

For further details on the NHS North East Essex Manual Therapies Back and Neck Service visit:
www.healthandcare.dh.gov.uk/back-and-neck-pain-services.

Rheumatology 2012

1-3 May 2012, Glasgow

This three-day conference is the UK's leading rheumatology event and offers an invaluable chance for healthcare professionals to come together to learn, network and hear about the latest developments in the field.

Organised by the British Society for Rheumatology and the British Health Professionals in Rheumatology, this year's programme features keynote lectures, debates, interactive sessions, poster tours, 'meet the expert' sessions and workshops. All aspects of rheumatology are explored, including support for revalidation and discussions on commissioning and NHS charges.

The conference will be held at the SECC in Glasgow. For further information on the programme or to book your place, visit www.rheumatology.org.uk/conference.

NICE Annual Conference 2012

15-16 May 2012, Birmingham

The National Institute for Health and Clinical Excellence (NICE) annual conference will focus on the strategic issues surrounding the current reforms, as well as drilling down to the details of daily challenges. Andrew Lansley CBE, Secretary of State for Health, and Professor Malcolm Grant, Chair, NHS Commissioning Board, will be the keynote speakers for the day.

Delegates will hear from key opinion leaders and join the debate on hot topics including the current health landscape, the challenges of translating national guidance into local practice and the health economy over the next five years.

Alongside the plenary sessions designed to raise debate and discussion on issues of interest to everyone, the conference will feature streamed sessions for specific groups of delegates.

For more information on the programme and speakers or to book your place at the conference, visit: www.niceconference.org.uk.

Primary Care 2012

23-24 May, 2012

'Primary Care' is the UK's leading conference and exhibition for primary and community healthcare professionals. Delegates will have the opportunity to update their skills and knowledge, explore new research, treatments and initiatives, and network with colleagues from across the primary and community care spectrum.

The conference will feature 17 'pick and mix' programmes, combining practical ideas from professionals working on the front line with presentations by those responsible for designing and delivering innovative patient care. The full programme will be available in March 2012.

The GOsC will once again be exhibiting at Primary Care to highlight the integral role that osteopaths play in the modern primary care team.

To book your free place at the conference, visit: www.primarycare2012.co.uk or call 0151 709 8979.

8th Interdisciplinary World Congress on Low Back and Pelvic Pain

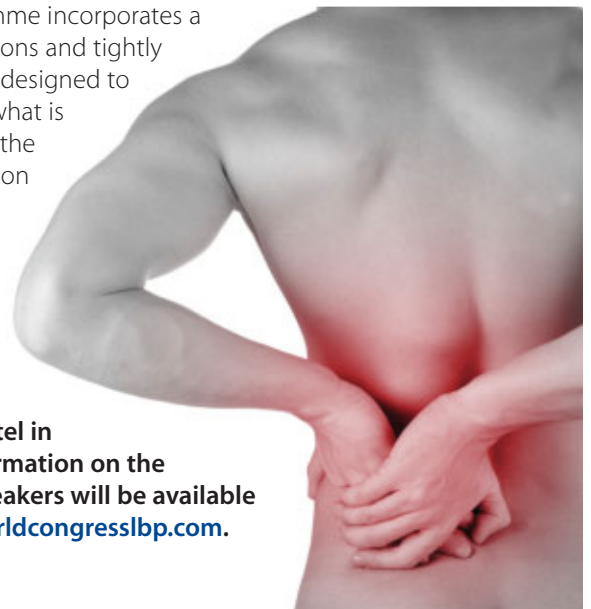
27-31 October 2013, Dubai

Held every three years, this congress brings together all disciplines involved in the treatment of and research into musculoskeletal disorders, to promote and facilitate interdisciplinary knowledge and consensus on prevention, diagnosis and treatment of acute and chronic lumbopelvic pain.

As in previous years, speakers have been chosen for their expertise in key areas and will summarise their presentations, clearly delineate opposing views and attempt to reach a consensus, helping delegates evaluate the information presented.

The four-day programme incorporates a series of plenary sessions and tightly coordinated lectures, designed to present and debate what is reasonably known in the field. A poster exhibition will also illustrate worldwide scientific progress in lumbopelvic pain.

The congress will be held at the Intercontinental Hotel in Dubai. Further information on the programme and speakers will be available shortly at: www.worldcongresslbp.com.



Bookshelf

A selection of illustrated reference books for the osteopathic bookshelf

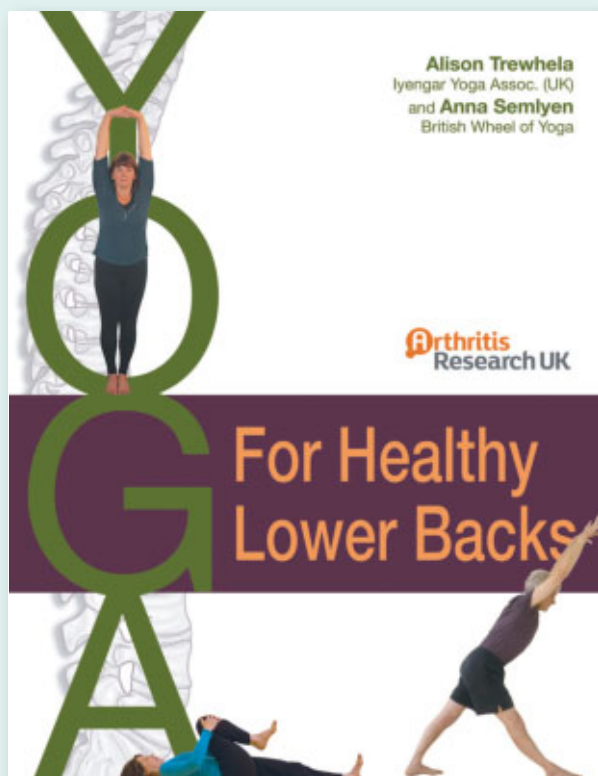
Yoga For Healthy Lower Backs

Alison Trehwela and Anna Semlyen

Published by Lotus Publishing
ISBN: 978-1-905367-26-6

This book was produced for, and used in, a trial to evaluate the effectiveness of yoga for chronic low back pain which was conducted by the York Trials Unit, Department of Health Sciences at the University of York and funded by Arthritis Research UK.

Proven by research overseen by back pain experts and written by experienced yoga teachers, this book contains chapters on pain relief poses, core posture sequences for healing and back pain prevention, and progressive sequences for extra strengthening and mobilising.



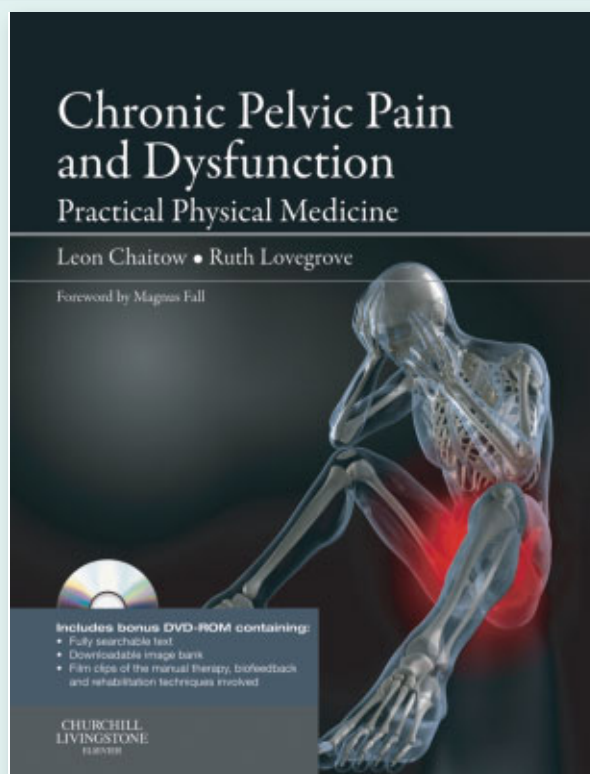
Chronic Pelvic Pain and Dysfunction

Leon Chaitow and Ruth Lovegrove

Published by Churchill Livingstone Elsevier
ISBN: 978-0-7020-353-26

Clearly written and illustrated throughout, this book offers practical, comprehensive coverage of the subject area, accompanied by a range of video clips on a bonus DVD.

The book provides clear anatomical descriptions of the structures relevant to the genesis of pelvic pain followed by the current perspectives on the neurological basis of pain, including the influence of psychophysiology. Chapters then address the physiological mechanisms for pain generation, including musculoskeletal causes and the role of sport in the evolution of chronic pelvic pain and the influence of gender on pelvic pain syndromes, including hormonal imbalance, pregnancy and labour.



If you would like to review either of the books featured above – in exchange for a free copy – contact *The Osteopath* editor on 020 7357 6655 ext 222 or email: editor@osteopathy.org.uk.

You can also now request a book to review via the [o zone](#)

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/ozone.

April

> 13-15

Dynamic neuromuscular stabilization

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

> 16-18

Functional face

Speaker: Dianna Harvey Kummer

Venue: Proitzer Muhle, Germany
email: info@sutherlandcranialcollege.co.uk

website: www.sutherlandcranialcollege.co.uk

> 19

Face workshop

Speaker: Cherry Harris
email: info@sutherlandcranialcollege.co.uk

website: www.sutherlandcranialcollege.co.uk

> 20-22

Paediatric level one – the neonate and obstetric considerations

Speaker: Giles Cleghorn
Venue: Engineers House, Clifton, Bristol BS8 3NB
tel: 0117 974 5084

email: info@integratedosteopathicstudies.com

> 21

Nature's voice

Speaker: Ashley Stafford
Venue: Circomedia, Bristol
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 21-22

JEMS movement art (part 1)

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

> 25-27

Neuro-vascular manipulation of head, neck and cranium

Speaker: Jean-Pierre Barral
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19

tel: 020 7263 8551
email: cpd@cpdo.net

> 28-3 May

Birth, babes, children, mothers – postgraduate seminar

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

May

> 2

Dynamic neuromuscular stabilization – course A

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

> 10-14

BLT: Balanced ligamentous tension techniques (module 4)

Course director: Susan Turner
Venue: Hawkwood College, Stroud

email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 12

Nutritional management of common medical conditions

Speaker: Dr Alan Stewart
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671 558

email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

> 12-13

Positional release for the spine and pelvis

Speaker: Leon Chaitow
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19

tel: 020 7263 8551
email: cpd@cpdo.net

> 17-20

Cranial osteopathy in the biodynamic field VI: Stillness as a fulcrum

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

> 18-20

Paediatric level one – The neonate and obstetric considerations

Speaker: Giles Cleghorn
Venue: Carmelite Centre, Kinsale, Cork, Ireland
tel: 0117 974 5084

email: info@integratedosteopathicstudies.com

> 24

How to treat: Frozen 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

> 25

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

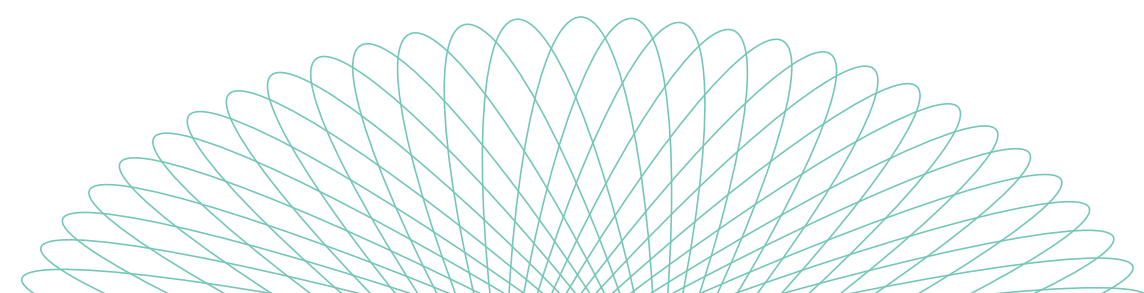
Speaker: Dr Robert Schleip
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19

tel: 020 7263 8551
email: cpd@cpdo.net

> 26-27

Meditation, emotion and the eight transverse diaphragms

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



June

> 8-10

The speech of the embryo

Speaker: Dr Jaap van der Wal
Venue: Skylight Centre, 49
Corsica Street, London N5 1JT
tel: 07000 785 778
email: info@cranio.co.uk

> 11-15

Osteopathy in the cranial field (module 2/3)

Speaker: Tim Marris
Venue: Proitzer Muhle,
Germany
email: info@sutherland
cranialcollege.co.uk
website: www.sutherland
cranialcollege.co.uk

> 16

Managing shoulder conditions using a process approach

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

> 16-17

Visceral osteopathy: The skeletal and visceral pelvis

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

> 16-17

Craniosacral therapy introductory weekend

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

> 29

Functional active release

Speaker: Robin J Lansman DO
Venue: British School of
Osteopathy, 275 Borough High
Street, London SE1 1JE
tel: 01628 624 544
email: practice@
bodybackup.co.uk
website: www.functional
activerelease.co.uk

> 30

Osteopathy in the cranial field

Speaker: Tim Marris
Venue: British School of
Osteopathy, London
email: info@sutherland
cranialcollege.co.uk
website: www.sutherland
cranialcollege.co.uk

July

> 9-11

In reciprocal tension – membranes and principles (module 5)

Course director: Peter Cockhill
Venue: Hawkwood College,
Stroud
email: info@sutherland
cranialcollege.co.uk
website: www.sutherland
cranialcollege.co.uk

> 14-19

Craniosacral therapy – start of full professional training

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

September

> 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

> 10-14

Osteopathy in the cranial field (module 2/3)

Speaker: Ana Bennett
Venue: Columbia Hotel,
London W2
email: info@sutherland
cranialcollege.co.uk
website: www.sutherland
cranialcollege.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

October

> 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

> 6-7

Internal medicine

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

> 20-21

JEMS movement art part 2

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

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

COMMERCIAL

Large room to let in Harley St, W1. Quiet, light room with desk and electric couch, available 8am - 7pm on Wednesdays and Fridays. Free Wi-Fi access, in holistic medical practice. Suit established osteopath with own list. Phone Dr Alice Greene on 07815 763 570.

Camden NW1. Self-contained ground-floor surgery lease for sale, D1 use (osteopathy and acupuncture), two treatment rooms, reception and patio. Available now due to relocation. Twelve min. walk to tube, pay and display within 100m. Email: stella.maris@me.com or call 07773 770 359.

A spacious physiotherapy practice for sale in suburban Gosforth, Newcastle upon Tyne. Inclusive of two fully equipped treatment rooms, gym room, reception with Apple Mac, TM2 software, fitted kitchen and bathroom. Excellent location, free parking facilities. Ten years' client database. Contact: northeastphysio@hotmail.co.uk for more info.

GENERAL

Clinical reasoning research – participants needed. As part of a PhD research study, under the supervision of the University of Brighton, I am exploring the nature of clinical

reasoning in osteopathy. Our previous research has identified key aspects of osteopathic clinical reasoning and we would like to explore these issues further. Participation in the study involves the observation and video recording of a patient consultation and treatment session and subsequent interview with the practitioner at a mutually convenient date and time. Video recording and interviews will occur between January and July 2012. This could contribute to your CPD hours. If you are interested in taking part and would like more information on the study, please contact Oliver Thomson: o.thomson@brighton.ac.uk or 07545 392 550.

Chiropractic and Osteopathic Upper and Lower Extremity Adjusting Course (90% hands on). Learn how to assess and use extremity manipulation for limb pain and quick sports injury recovery. Dates: Upper Extremity weekend, 20-21 April. Lower Extremity weekend, 27-28 April. Fees: early bird £250 before 30 March, £300 after. Location: Harley St, London. Contact Robbie Goodrum on 07541 838 651 or email: robphysio-osteopath@hotmail.co.uk. Visit: www.robbiegoodrum.com. Goodrum seminars 2012.

Animal osteopathy at the Osteopathic Centre for Animals, with Stuart McGregor. Advanced craniosacral techniques for horses, 28-29 July, Finland. Advanced equine osteopathy, 29-30 May, Finland, starting March 2012. Canine osteopathy, three weekend modules, Finland, starting July. Equine osteopathy, eight weekend modules, UK, starting summer 2012. One-year course, osteopathy for horses and dogs. Final-year students are welcome. Contact us at the OCA on 01235 768 055 or email: wantageclinic@msn.com.

Carl Todd Seminars. Corsham, near Bath. Instrument-assisted myofascial release: 14-15 April, 17-18 November 2012. Integrated functional release using muscle energy techniques: 12-13 May 2012. Advanced muscle energy techniques for lumbar spine and pelvis: 22-23 September 2012. Advanced muscle energy techniques for cervical, thoracic spine, ribs and uex: 27-28 October 2012. Course leader: Carl Todd MSc (Sport Med), BSc (Hons) Ost, DO, Cert Ed. Tel: 0845 899 0909 or email: reception@thecarloddclinic.com. Visit: www.thecarloddclinic.com for further course information.

COURSES

Chiropractic Techniques for Osteopaths (90% hands on). Graduate diploma in chiropractic studies. Three days to study chiropractic for the full spine SI J and coccyx, including chiropractic history, philosophy and specific adjusting for difficult spinal SI cases seen in everyday osteopathic practice. Fee: early bird £500 or £600 after 30 March. Contact Robbie Goodrum on 07541 838 651. Dates: 2-4 April. Venue: Wigan, near Manchester. Email: robphysio-osteopath@hotmail.co.uk. Visit: www.robbiegoodrum.com. Goodrum seminars 2012.

Acupressure/meridian massage. One-day workshop with certificate (7 hrs. CPD) @ BSO 24 March. Course tutor: Massih Yaghmaie, acupuncturist (BACC), osteopath/craniosacral osteopath, naturopath, Daoist physician, t'ai Chi instructor of 30 years. £60 students, £120 post grads. Ground breaking new course. Contact: 07961 887 130 or massih@stairway2dao.com. Visit: www.stairway2dao.wordpress.com.

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A sample or draft artwork of all inserts must be provided for approval by the GOsC, prior to booking. The GOsC can accept no liability whatsoever for inserts which have been produced without prior approval.



CPDO

2012

Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
24-25-26 Feb Start Friday 18.00	Neuromuscular re-abilitation	<i>Prof. Eyal Lederman</i>	£385	£200	20
3-4 March	Integrative osteopathic technique: SI joints pelvis and LEX	<i>Prof. Laurie Hartman</i>	£265	£150	14
9-10-11 March	Care of mother and baby: A family approach	<i>Averille Morgan</i>	£385	£200	20
25-26-27 April	Neuro-vascular manipulation of head, neck and cranium	<i>Jean-Pierre Barral</i>	Fully booked		
12-13 May	Positional release	<i>Leon Chaitow</i>	£265	£50	14
16 June	Managing shoulder conditions using a process approach	<i>Prof. Eyal Lederman</i>	£125	£125	7
16-17 June	Visceral osteopathy: the skeletal and visceral pelvis	<i>Joanna Crill Dawson</i>	£235	£150	14
8-9 Sep, 6-7 Oct, 17-18 Nov	Foundation acupuncture training course (3 weekends certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
22 Sep	Pilates: the neck and shoulders in focus	<i>Susie Lecomber</i>	£125	£125	7
28-29-30 Sept Start Friday 18.00	Harmonic technique	<i>Prof. Eyal Lederman</i>	£385	£200	20
6-7 Oct	Osteopathic technique: Cervical spine, CD and UEX	<i>Prof. Laurie Hartman</i>	£265	£150	14
20-21 Oct	Functional stretching	<i>Prof. Eyal Lederman</i>	£235	£150	14
27-28 Oct	MET in management of spinal, respiratory & pelvic dysfunction	<i>Leon Chaitow</i>	£265	£150	14
3-4 Nov	Basic visceral: The thorax	<i>Joanna Crill Dawson</i>	£235	£150	14
7-8-9 Nov	Advanced abdomen and pelvis	<i>Jean-Pierre Barral</i>	Fully booked		
17 Nov	Managing acute and chronic neck conditions – a process approach	<i>Prof. Eyal Lederman & Tsafi Lederman</i>	125	125	7
Evening courses & lectures 19.00-22.00 / 19.00-21.00					
23 Feb	Understanding infant communication	<i>Cherry Bond</i>	£45		3
15 March	How to treat: Trapezius myalgia	<i>Prof. Eyal Lederman</i>	£45		3
24 May	How to treat: Frozen shoulder	<i>Prof. Eyal Lederman</i>	£45		3
25 May	Fascia research: what's new and relevant for manual therapists	<i>Dr. Robert Schleip</i>	£55		3
4 Oct	How to treat: Tennis elbow	<i>Prof. Eyal Lederman</i>	£45		3
25 Oct	How to treat: Whiplash injuries	<i>Prof. Eyal Lederman</i>	£45		3
9 Nov	Fascial fitness: training principles for the collagenous tissue network	<i>Dr. Robert Schleip</i>	£55		3
15 Nov	How to treat: Impingement syndrome of the shoulder	<i>Prof. Eyal Lederman</i>	£45		3

Venue for courses:
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 (except for Barral's courses)

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Obstetrics and Osteopathy



Dr Stephen Sandler is the leading osteopath working in the obstetric field. In this course he brings together years of practical experience with his doctoral research into physiological changes in pregnancy, and ways that these can be supported.

The course introduces participants to the changes in maternal physiology during pregnancy, and the potential to use these changes to better effect in osteopathic practice.

Please note: this course is designed for qualified osteopaths, who must be registered with the GOC.

Saturday/Sunday 26/27 May
Course fee: £250 CPD: 14 hours

Thoraco Lumbar Junction Revisited

This course gives participants a chance to revise structural, visceral and fascial approaches to the thoraco lumbar junction spinal area.

Participants will learn techniques to address lower rib, thoracic and lumbar restrictions, diaphragmatic imbalances and helps participants to determine whether to proceed structurally or viscerally/fascially, considering the clinical presentation.

Course leaders, Fiona Walsh & Valeria Ferreira, demonstrate how these different approaches can be applied in an integrative manner.

Saturday 10 March
Course Fee: £125 CPD: 7 hours



Advanced Ergonomics

David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice ensuring that participants can support their patients effectively in their work environment.



Please note: you must have attended a BSO Ergonomics course to be eligible for this course.

Saturday 12 May
Course fee: £125 CPD: 7 hours

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

Paediatric Osteopathy



This course will give a firm grounding in eliciting a thorough case history, relevant examination and evaluation. This will give delegates confidence in their diagnosis and management plans for infants up to a year old. The course will include red flags and examination procedures.

The emphasis will be on a thorough understanding of factors leading to common infant presentations. There will be case-based discussion about treatment approaches rather than practical training in specific techniques. Delegates will ideally have been in osteopathic practice for at least a year and have some experience of working with infants.

Saturday 10 March [FULLY BOOKED]
Saturday 7 July
Course fee: £125 CPD: 7 hours

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.



THE BRITISH SCHOOL OF OSTEOPATHY

Continuing Professional Development

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Risky Practice Conference



The Risky Practice Conference includes key note speeches on:

- ✦ *Red wine? Explorations of Different Concepts of Risk*
- ✦ *How safe are we? – What sort of serious adverse events happen in UK osteopathy, and what should we be telling our patients?*
- ✦ *Patient safety incident reporting and learning*
- ✦ *Positive complaints – how to establish an effective patient complaint system -*

patient complaint system -

- ✦ *How to manage patient expectations and treatment reactions*
- ✦ *Keeping out of trouble – the legal guide*

With workshops on:

Preparing for revalidation; communicating risks and benefits effectively with patients; promoting your practice and the ASA and risk and treating the cervical spine.

Saturday 3 March

Conference fee: £110 CPD: 7 hours

Courses coming up:

Sat 3 March

Risky Practice Conference

Sat 10 March

Paediatric Osteopathy
Thoraco Lumbar Junction

Sun 11 March

Still Technique 2

Sat 12 May

Advanced Ergonomics
Emergency First Aid

Sat 26 May

Cervico Thoracic Junction

Sat-Sun 26-27 May

Obstetrics and Osteopathy

Sat 16 June

Pilates

NLP and Osteopathy

Fri 29 June

Functional Active Release

Thu-Fri 5-6 July

Nutrition in Practice



Postgraduate Courses



Professional Doctorate in Osteopathy

This doctoral degree offers the most advanced level of formal learning in osteopathy outside the USA. The course is designed for those who are keen and able to engage with the challenges thrown up by doctoral-level scholarship and in-depth enquiry into a topic relevant to your professional life.

Start date: September 2012

Course Leader: Professor Stephen Tyreman

Postgraduate Certificate in Academic and Clinical Education

This programme is designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic-based settings. It offers two modules: Education for Academic Teaching and Education for Clinical Supervision, and Teaching Technical Skills. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: September 2012

Course Leader: Jorge Esteves

Postgraduate Certificate Research Methods

This programme is designed to equip osteopaths and other manual therapists with the knowledge and skills required to evaluate practice; and to consider, design, propose and deliver research. It offers two modules: Advanced Research Methods and Design; and Statistics for Healthcare Research. Each module will involve a four-day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

Start date: October 2012

Course Leader: Jorge Esteves

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

Clinical implications of thorax and shoulder anatomy

Saturday 10 - Sunday 11 March 2012

Presented by Professor Frank Willard

Cost: £300 (inclusive of lunch and refreshments) - 14hrs CPD

This course will explore the clinical significance of functional anatomy of the thorax and shoulder and consider mechanisms of neurological referred pain between the thorax and upper limb. Small group sessions led by teaching fellows from the University of New England will be used to explore modalities of diagnostic imaging.



Mobilisation of the Nervous System

Saturday 31 March - Sunday 1 April 2012

Presented by Tim Beames MSc BSc MCSP

Cost: £300 (inclusive of lunch and refreshments) - 14hrs CPD

Cutting edge pain sciences, clinical reasoning and more than 50% practical. This popular lecture and practical course, developed by David Butler and the Neuro Orthopaedic Institute, provides a comprehensive introduction to the diagnosis and management of the physical dysfunction of the nervous system.



Dynamic Neuromuscular Stabilization - Course A

Friday 13 - Sunday 15 April 2012

Presented by Professor Pavel Kolar and Alena Kobesova

Cost: £450 (inclusive of lunch and refreshments) - 21hrs CPD

Following the success of previous DNS courses, and due to delegate demand, we are delighted to confirm that Professor Kolar will be returning to the UK to start a new series of DNS courses during 2012. Dynamic Neuromuscular Stabilization is an innovative and increasingly popular approach to restoring functional stability and feedback from previous courses has been extremely positive.



Nutritional Management of Common Medical Conditions

Saturday 12 May 2012

Presented by Dr Alan Stewart

Cost: £75 - 7hrs CPD

This one-day course will build on the basic principles covered in the Introductory Course held in October 2011. Delegates should ideally have attended Part 1 or have a reasonable working knowledge of nutrition, biochemistry or medicine. Feedback from Dr Stewart's introductory course was extremely positive and he returns to the ESO in response to delegate demand.



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2nd Announcement - Call for papers

The University Foundation L.U.Me.N.Oli.S and the School of Osteopathy C.R.O.M.O.N. are pleased to announce

The First International Congress of Osteopathy in Animal Practice

Veterinary medicine meets osteopaths: moving toward an "integrated medicine"

Osteopathy applied to the Animal Kingdom

Rome, 28th-29th of September 2012 - Hotel Parco Tirreno - Via Aurelia 480

Having promoted and successfully organised the first series of Osteopathic Congress in Italy, the University Foundation L.U.Me.N.Oli.S and the School of Osteopathy C.R.O.M.O.N. of Rome are delighted to announce for the first time ever in the history of osteopathic development

The First International Congress of Osteopathy in Animal Practice

Through the gathering of the most representative associations and the most experienced osteopaths in this peculiar but fascinating field, this congress aims to propose the osteopathic practice as a Science, Art and Integrated Manual Medicine; applicable successfully to the majority of the animal kingdom; available to share a common language based on evidence and research, in open interaction and integration with veterinary surgeons. The objective of the event will be to propose the evidence and the efficacy of osteopathy applied to most species of the animal kingdom, with all of its limits and results: from birds to equines, from reptiles to elephants, from the exotic animals to the domesticated ones. Through a clinical and research-based language, Osteopathy will be offering its contribution to the assistance and health of many animal patients. Each session will explore multiple aspects of Osteopathic manipulation on different animals presenting various clinical conditions. They will then be discussed in depth during the round table sessions that will gather numerous experts in the medical and osteopathic field. In addition, the objective of this congress will be addressed to the Osteopaths present, by inviting them to expand their knowledge and clinical experience to a world often underestimated, but yet so open and responsive to Osteopathic treatment, such as that one populated by animals...

Due to the high number of abstracts submitted from all over the globe, the submission date for sending scientific abstracts has been extended to the 15th April 2012. If you are interested in participating as a speaker, please send the abstract of your work to the Scientific Board by the deadline date.

During Friday 28th and the morning of Saturday 29th of September, the congress will be arranged into six sessions addressing different species of the animal kingdom (exotics, cats, dogs, birds, equines, wild), with national and international speakers, who will be presenting research based studies made in the light of an integration between veterinary and osteopathic medicine. Finally, on Saturday afternoon there will be the possibility to attend six Workshops lead by some international guests and speakers of the congress.

Special Guests: David Bettio, Julia Brooks, Emanuela Canestrelli, Stéphane Cayre, Patrick Chêne, Leonidas Christodoularis, Chris Colles, Eddy Deforest, Klaus Friedrich, Nadine Hobson, Alain Jourcin, Sybille Molle, Tony Nevin, Roberta Pozzi, Vittorio Rocchelli, Paolo Selleri, Luca Tosti Croce, Paolo Tozzi.

A simultaneous Italian-English translation will be provided.

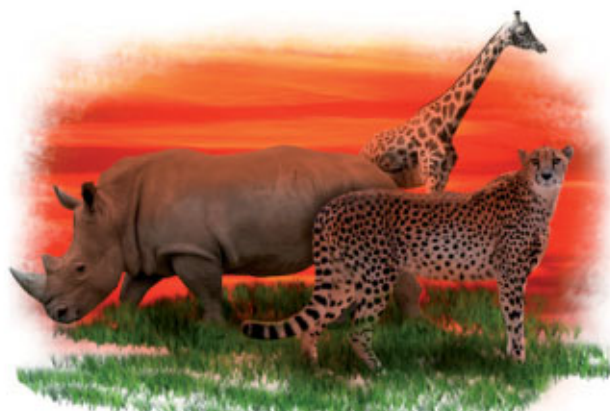
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Scientific Director: Klaus Friedrich, Vet MD

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Diploma in Paediatric Osteopathy (DPO) – 2012 Intake

Applications are being accepted for The Foundation for Paediatric Osteopathy's Diploma programme. The course provides an opportunity to work with leading practitioners in the field of paediatric osteopathy in a unique clinical environment.

This two-year course is designed to provide the necessary experiences, knowledge and skills to manage a wide variety of paediatric clinical presentations. 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 and seminars support clinical teaching.

At the end of this course, the Foundation expects that every DPO graduate will be both confident and competent to treat and 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 2012.

A prospectus and details of the application process are available online at www.occ.uk.com.

Closing date for receipt of applications is 25th June, 2012.

Registered charity number 1003934

FOUNDATION FOR PAEDIATRIC OSTEOPATHY CONFERENCE 2012

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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 MSCC

Title to be announced

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

Clive Hayden MSc (Ost) DO MSCC

The neurologically impaired child - a clinical view

Liz Hayden DO (Hons) MSCC

A clinical approach to children with developmental delay

Keith Holland BSc FCOptom FBABO FCOVD FFAO DipCLP

Development and behaviour – the role of vision

Stuart Korth DO DPO FICO

Opening address

Kok Weng Lim DO MSc (Ost) MSCC

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

Mervyn Waldman DO

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

Frank Willard PhD

Title to be announced

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

Discounts available for alumni members and early booking.

Venue: Thistle Hotel, Marble Arch, London.



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Continuing Professional Development 2012

March 2012

The Pregnant Patient - Joyce Miller & Maria Browning
17-18 March 2012

Neuro Orthopaedic Institute in association with AECC presents - Mobilisation of the Nervous System - Tim Beames
17-18 March 2012

The Shoulder: Theory & Practice - Jeremy Lewis
24-25 March 2012

Gait Analysis - Brett Winchester
31 March - 1 April 2012

April 2012

Musculoskeletal Health in the Pre-School Child - Joyce Miller & Maria Browning:
28-29 April 2012

Neuromuscular Reeducation Level 1 - Peter J Levy
28-29 April 2012

May 2012

Gonstead Weekend Masterclass - Thoracics - Jeanne Taylor
12-13 May 2012

Advanced Dry Needling & Clinical Acupuncture - John Reynolds
12-13 May 2012

Sports and Exercise Psychology - Patrick Partington
19-20 May 2012

For further information on any of our seminars or courses please visit: www.aecc.ac.uk/cpd-postgraduate
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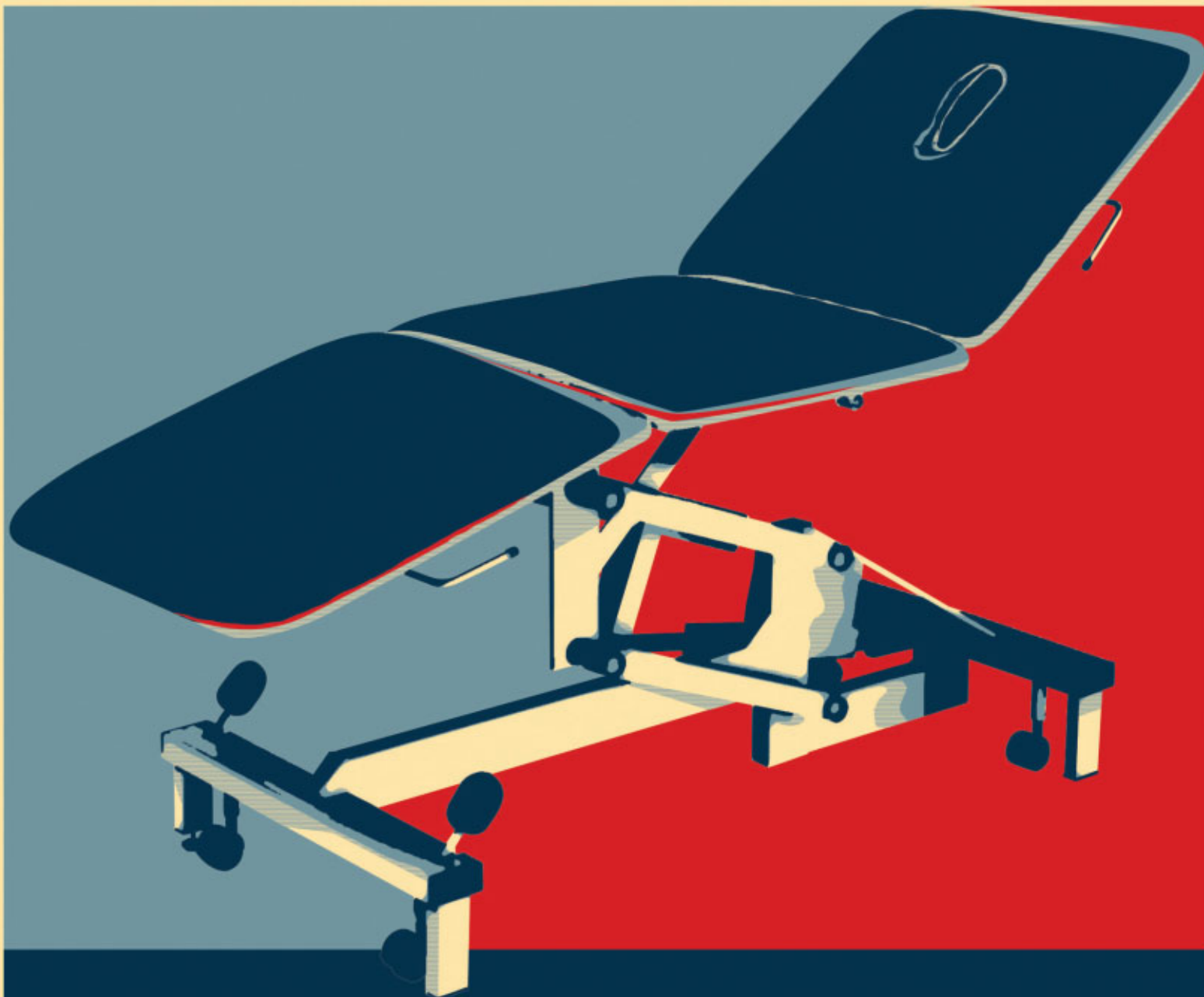
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The Rollin E. Becker Institute is a **Sutherland Cranial Teaching Foundation-approved** organisation providing education, practical skills and development with osteopathy in the cranial field (OCF). Established by an existing team of highly educated, 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.



Train with the Rollin E. Becker Institute in 2012

Body Course

Dates: 24th and 25th March
Course leaders: Robert Wheeler and David Hamm
Cost: £270

This two-day, largely practical course is aimed at developing the practitioner's clinical skills beyond the craniosacral axis and extending treatment to the whole of the musculoskeletal system, including the thorax and pelvis, using the primary respiratory mechanism approach.

The course will re-visit OCF principles of diagnosis and treatment, appraise compression and patterns of dysfunction within the body tissues, and will reconsider the principles of balanced membranous, ligamentous and fascial tension in a more contemporary way whilst staying true to the philosophy of Drs. Still, Sutherland and Becker.

This course is available to all participants that have completed at least one 40-hour SCTF-approved foundation-level course, and provides a participant to tutor ratio of 4:1 to maximise development of practical skills.

Regional Tutorials in Your Area - April 2012

see website for further details
Cost: £50

A number of four-hour tutorials are planned for early April 2012 in Wiltshire, Hampshire, Berkshire, Hertfordshire, Lancashire, London and the East Midlands.

The tutorial sessions are in a clinic setting which provides an ideal opportunity to consolidate and develop the practical skills learnt on a 40-hour/five-day SCTF-approved (equivalent to Level 1/2) 'Osteopathy in the Cranial Field' course.

Introduction to Paediatrics

Date: 12th and 13th May Venue: BSO London
Course Leader: Carina Petter

A two-day introduction to Paediatric Osteopathy, focusing on case history, assessment, 'red flags', common presentations and treatment approaches.

This will provide an excellent opportunity to develop the concepts introduced in the 40-hour course and also includes practical instruction.

Osteopathic and main stream concepts that are used to treat and manage birth and pre-birth strains/conditions, as well as common infant and childhood conditions will be reviewed.

Also coming in 2012:

APRIL Eye course follow-up day
JUNE Cranial anatomy and palpation
OCTOBER ENT course
NOVEMBER OCF update day

Call 0845 5193 493 or visit
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