

Sharing learning and experience

Osteopaths carry out case-based discussions

Connect for CPD

Check out events and ways to link up with others

GDPR: make sure you're complying

What a privacy notice should include

PLUS: How to get your GOsC Registration Mark



General
Osteopathic
Council

Contents



OPS

Next steps for updated standards **p4**

News

CPD Rules laid before Parliament
GOsC to speak at events **p5**

Your feedback on readers' survey **p6**
Apply for £20k Osteopathic Foundation grants



New CPD

Link up with others for CPD **p7**
Osteopaths share learning from
case-based discussions **p8**

In practice

Your FAQs on GDPR **p12**
Putting GDPR into practice:
privacy notices **p13**
Mentoring scheme: a mentor
and mentee outline benefits **p14**



How to get your GOsC
Registration Mark **p15**

Research

The Lancet on low back pain:
a call to action for osteopathy? **p16**

Nocturnal leg cramps: a summary **p18**

Perspectives

Bookshelf: new books **p21**
Read review of *Chronic Pain* by Philip Austin

GOsC contacts

Communications

Publication orders (including
public information leaflets),
Registration Marks and posters.
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x242

the osteopath magazine and
ebulletins.
editor@osteopathy.org.uk
x222

Events, regional groups and
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● zone, *International Journal*
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x228

Governance

Council and committees
(including all meetings and
business), Chief Executive and
Registrar, staff, complaints
about the organisation.
council@osteopathy.org.uk
x246

Regulation

Concerns or complaints
against an osteopath.
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x224

Freedom of information requests.
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osteopathy.org.uk

Education, standards and new CPD scheme

Osteopathic education,
the *Osteopathic Practice*
Standards, the new CPD
scheme, policy development
and research.
standards@osteopathy.org.uk
x230 or x233

Registration

The current CPD scheme and
CPD audits.
cpd@osteopathy.org.uk
x235

Applying to the Register,
annual renewal, registration
fees, updating your details,
practising status and
professional indemnity
insurance.
registration@osteopathy.
org.uk
x229, x256 or x238

Welcome to the latest edition of

the osteopath



Courses

Course listings and advertised courses **p22**

Marketplace

Classified and display advertisements **p24**

Back cover

Visit the GOsC's online shop **p36**

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The GOsC is a charity registered in England and Wales (1172749)



Are you thinking about how best to make a smooth transition into the new CPD scheme? Case-based discussions can be a good place to start. An option for an objective activity (you'll need to do at least one during your new three-year cycle), they provide an opportunity to reflect on and discuss a case with a colleague and you can also link learning points to the

Osteopathic Practice Standards (OPS), which fulfils another criterion of the new scheme. While giving and receiving constructive feedback can help you prepare for the Peer Discussion Review to complete your CPD cycle. And even if you aren't joining the new scheme for a while yet, you can try out a case-based discussion in your current annual CPD cycle. Two osteopaths share learning and tips about recent case-based discussions they carried out on page 8. You can also explore new ways to connect for CPD on p7.

Now that the GDPR (new EU data protection rules) has been introduced, we direct you to more resources and links to help you find the information you need (p12). And you can find out more about privacy notices on page 13.

Thank you to everyone who took part in our readers' survey earlier this year (page 6). We are using your feedback to develop the future direction of the magazine, including updating the design and content. We are working on a special reference issue for you to keep as a guide for the new CPD scheme and updated OPS. Please note that the launch issue will be delivered to you in September, and from then on, you will receive *the osteopath* on alternate months. Please do get in touch with any thoughts or ideas on content you'd find useful and to share tips for making the transition into the new scheme.

Clare Conley
Managing Editor
Email: editor@osteopathy.org.uk

the osteopath

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Approval of material
The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

Design and production
CPL (Cambridge Publishers Ltd)
1 Cambridge Technopark
Newmarket Road
Cambridge CB5 8PB
01223 378000
cpl.co.uk

Advertising sales
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Tel: 01223 378001
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Cover image: iStock.com /
Cecilie_Arcurs

Updated Osteopathic Practice Standards approved by Council

The GOsC Council approved the updated *Osteopathic Practice Standards* (OPS) when it met on 3 May 2018. Papers are available to read at:
bit.ly/GOsC-Council-May18



The *Osteopathic Practice Standards* (OPS) have been updated, following extensive consultation with the sector and patients over the past two years. This is a process that started with a call for evidence in 2016 and an in-depth consultation in 2017 (see the infographic on page 4 of the December 2017/January 2018 issue of *the osteopath* at: bit.ly/TheOsteopathDec17Jan18).

The review was never intended to produce a radical change to the OPS but aimed to reduce unnecessary repetition, enhancing clarity and supporting their effective application in practice. We cut the number of standards from 37 to 29 by combining standards in some instances and by moving some of the current

standards into guidance, where this seemed appropriate. We have also transferred some standards into a different theme, where this better reflected the intent of the standard.

We will bring you an in-depth explanation of the changes made to the OPS in the next issue of *the osteopath*. We are also planning a series of features to help you link your CPD to the four OPS themes, for the new CPD scheme, which the first cohort of registrants will start to join in October.

We are in the process of updating the OPS website (standards.osteopathy.org.uk) so that you will have quick and easy access to an online version.

We have had feedback that many users found the way the standards were presented in themes for the consultation site was very

user-friendly, so we are planning to replicate that for the updated versions.

If you're a registrant, you should also keep a look out for your print copy of the updated OPS, which we will be mailing to you later this year as your personal reference copy. We are keen for the OPS not to be put away in a cupboard or gather dust on a shelf, but for registrants to use it as a framework to help you provide a positive experience for your patients.

We are also planning to produce an updated version of the pocket guide, which proved very popular for the previous standards.

Do let us know if there are any other resources that would help you familiarise yourself with and integrate the updated OPS into your everyday practice.



See: standards.osteopathy.org.uk

CPD Rules laid before Parliament

The GOsC Continuing Professional Development (Amendment) Rules, which received Privy Council approval in April, have completed their final step of being laid before Parliament. This means the legislation required to fully implement the new Continuing Professional Development (CPD) scheme is now in place.

To move from the current scheme, with its annual cycle, to a more flexible three-year cycle of CPD, the GOsC has had to secure the approval of the Privy Council to The General Osteopathic Council (Continuing Professional Development) (Amendment) Rules Order of Council 2018 (legislation.gov.uk/uksi/2018/513/contents/made).

The new CPD scheme will begin to be implemented from 1 October 2018 when the amended Rules come into force. Most osteopaths are therefore now in their final annual CPD cycle. Once this is completed, osteopaths will submit their final CPD Annual Summary Forms and begin the first three-year cycles.

As a requirement of the new three-year CPD cycle, osteopaths need to:

- complete 90 hours of CPD over three years (of which 45 hours need to be learning with others)
- include an objective activity
- include CPD on communication and consent
- make sure their CPD links to the four

themes of the *Osteopathic Practice Standards* (standards.osteopathy.org.uk)

- maintain a record of their CPD
- complete a final peer discussion before the end of the cycle.

When we consulted on these rules in 2017 (bit.ly/Amended-CPD-Rules-analysis), the following points were raised:

- Support for the removal of the exemption for new graduates for the first year.
- Request for clarity about the selection of a peer (this has been included in the Peer Discussion Review guidelines, rather than the rules).
- Clarity about how osteopaths move into the new scheme (this is stated within the rules and has been explained more clearly in our communications to osteopaths).
- Clarity about how we will support osteopaths to keep up to date throughout the three-year cycle (this has been clarified in the CPD guidance and the registration renewal declaration, which now highlight the obligation to keep up to date throughout the three-year cycle).

Visit our dedicated CPD site cpd.osteopathy.org.uk for further information about the new CPD scheme.

GOsC's Policy Manager to run workshop on new CPD and updated OPS



Steven Bettles, GOsC's Policy Manager and a practising osteopath, will be presenting an interactive workshop on the new CPD scheme and the updated *Osteopathic Practice Standards* (OPS) at the Institute of Osteopathy's (iO) annual convention on 12 October 2018. The session will cover:

- Understanding the components of the new CPD scheme and how to meet its requirements in practice.
- What the changes to the OPS are and how they will affect you.
- Try out a Peer Discussion Review (the discussion that takes place towards the end of your three-year cycle of CPD) with a colleague.
- Question and answer session.

Find out more about the iO's 2018 convention at: iosteopathy.org/events/upcoming

Check out CPD Connect on page 7 to find out how to request a speaker from the GOsC for your forthcoming CPD events.

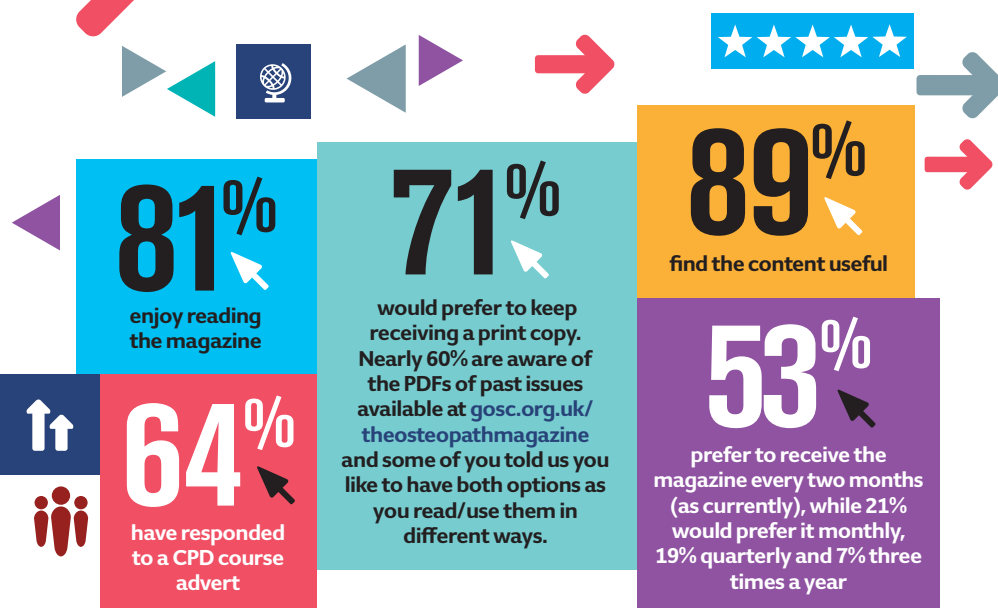
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the osteopath: what you told us

Thank you to everyone who took part in the readers' survey earlier this year – we were very pleased to receive more than 100 responses, including some very detailed comments. We are taking into account your feedback as we plan to update the design and content. Look out for a special launch issue in September (see box below).



The readers' survey: what you told us. Of the 105 responses received:



Four survey participants were randomly selected to receive a £25 John Lewis voucher as a thank you for taking the time to participate in the survey. We welcome feedback and content ideas at any time, please email editor@osteopathy.org.uk

Look out for special launch issue of *the osteopath* this September

We are changing the timings of *the osteopath* to bring you a special launch issue in time for the new CPD scheme this autumn. So this current issue is June to August 2018 and the next issue will be September to October 2018 and you'll receive issues on alternate months from then.

Apply for £20k grant for research and education

The Osteopathic Foundation, a charitable trust overseen by the Institute of Osteopathy (iO), is inviting bids for grants of up to £20,000. Bids are particularly welcome in the areas of research and education, including:

- Ways in which osteopaths could contribute to the improvement of patient care in the wider healthcare environment (NHS or private practice).
- Identifying and collecting evidence that shows the tangible impact of osteopathy on patient outcomes.
- Understanding the needs and motivations of consumers in health and wellbeing, and how osteopathy can affect these.
- Developing osteopathic communities of practice, which may be in education, research, clinical practice or other similar topics of common interest.

This list is intended to be a guide – other ideas are welcome. The deadline for outlines of bids, up to 1,000 words, is 30 June 2018. For further guidance and information, see: osteopathy.org/the-osteopathic-foundation/applying-for-a-grant/ or email: georgina@theof.org.uk



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Try these ideas and resources to link up with others for your CPD

GOsC speaks at Cambridgeshire Osteopathic Group meeting

Steven Bettles, GOsC Policy Manager and practising osteopath, recently met with the Cambridgeshire Osteopathic Group. Here, he reports back:

"I visited the Cambridgeshire Osteopathic Group on Saturday 24 April, to talk to them about the new CPD scheme. We discussed how the scheme will be implemented from 1 October this year – although many won't join until their current annual cycle ends in 2019 – and went through its different features and how its requirements can be met. I answered some specific questions around how to link CPD to the four OPS themes and about the Peer Discussion Review, which takes place towards the end of the three-year cycle. We also looked at some of the resources available on our CPD microsite (cpd.osteopathy.org.uk), which we know not everyone is familiar with yet. It was good to meet the group and, I hope, give some reassurance about the benefits of the new scheme, and offer ideas for how to meet its requirements."



How to request a speaker from the GOsC for your event

The GOsC can provide speakers (for free) to discuss topics of relevance, for example, CPD, *Osteopathic Practice Standards*, regulation, and any other areas of interest to registrants.

Requests for a GOsC speaker should be made to Stacey Towle at stowle@osteopathy.org.uk, setting out:

- time and date of planned event (including length session)
- name of organiser
- number of osteopaths attending
- learning outcomes.

We will aim to respond within 10 working days.

Thinking of setting up a new group?

- Download the *Osteopathic Communities of Practice* practical guide, for tips and advice on setting up your own professional group at: bit.ly/ODG-COP
- Why not set up a virtual group? Read about how three osteopaths from the UK started their own Skype group on page 12 of the April/May 2018 issue of *the osteopath* at: bit.ly/TheOsteopathAprilMay18
- Get in touch with us at the GOsC; we can put you in touch with osteopaths in your area if you are considering setting up your own group. Email: stowle@osteopathy.org.uk

Why not join your regional group?

Regional groups offer opportunities to meet up with other osteopaths in your region and often provide inexpensive CPD too.

Check if there is a regional group in your area: bit.ly/reg-groups

You can also find CPD courses and events on our CPD site – do let us know about any CPD events coming up at your group, so we can add them to the site. See: bit.ly/CPD-events



An interesting case?

Managing Editor

Clare Conley highlights resources for carrying out case-based discussions and speaks to two osteopaths to find out what they learned from this objective activity. The osteopaths, at different stages of their careers, were part of a group taking part in online tutorials on elements of the new CPD scheme, run by the GOsC, before they carried out their case-based discussion

What is a case-based discussion?

A case-based discussion is an example of an 'objective activity'. It's a means of getting objective feedback on your practice from a peer, enabling you to reflect on what you do and to consider how you might enhance your practice. You'll need to carry out at least one objective activity during your three-year CPD cycle. (cpd.osteopathy.org.uk/about-the-scheme).

Carrying out a case-based discussion is likely to lead to learning points that can be linked to more than one theme of the *Osteopathic Practice Standards* (OPS), see: bit.ly/2pt0mjU.



Tom Munden

'I will definitely make this part of my new CPD cycle – it's so relevant to what we do and a good way to reflect'

Tom Munden graduated from the British School (now the University College) of Osteopathy in 1988. At the start of his career, he was an associate, based in Kent, and then had his own multidisciplinary practice for 22 years. For the past five years, he has practised as a sole, private practitioner and is now based in the West Midlands. Tom provides osteopathy and cognitive hypnotherapy, and special interests include IVM and paediatrics.

Was this the first time you have carried out a case-based discussion?

Formally, yes, this was the first time. Informally, I've frequently done this when working alongside other osteopaths.

How did you prepare?

I paired up with another osteopath, Martin Rose, who is based in Yorkshire and has a similar level of experience to me, as we both qualified in 1988. Our brief was to select a case where the outcome was not as we would wish and to take a balanced approach by also looking at what did go well.

I selected specific cases with a recurring theme or issue, so that – by reviewing – the learning gained would be of real benefit in day-to-day practice. I sent summary case-history notes (patient's identity/details protected) to Martin, outlining the case and the issues concerned, a few days before we were due to have the case-based discussion.

What did you do?

We completed two rounds of the process, looking at four anonymised case histories. The issues considered included:

- managing and following-up patients who do not attend their appointments
- patients who cancel because they have unrealistic expectations of treatment
- patients who attribute the worsening of their condition to their treatment
- patients who make inappropriate comments and unfair accusations.

Why did you decide to focus on that?

While we are all fellow learners, my colleague and I have been in practice for many years, so perhaps chose issues

more related to communication and management than to technical issues of diagnosis and treatment.

How did you go about it?

We discussed our cases over the phone, which took about an hour – because of busy practice life, we opted to do this at the weekend. Skype, FaceTime, WhatsApp video call would all have been suitable too.

Any initial hopes or concerns?

We all have areas in which we can improve, and to talk about cases where the outcome wasn't as hoped could, potentially, make a practitioner feel vulnerable. Stacey Clift, the GOsC Professional Standards Officer, who facilitated the online group sessions, successfully and very importantly created that 'safe space' for us to work, where the purpose was to learn, not to judge.

What did you learn? How will your learning impact on your future practice?

That, fundamentally, most of what I did around these cases was correct. My training and experience meant that – while the outcome was not as I would wish – ultimately, there were no serious implications. However, on reflection, there are always things that could be done differently or better. Most importantly, this process better prepares you for any similar scenario.

Any tips for giving and receiving constructive feedback?

Get good rapport with your case-discussion partner to begin with (if you don't already know them). We are all members of a caring profession, where we should be looking after one another,

'I selected specific cases with a recurring theme or issue, so that by reviewing, the learning gained would be of real benefit in day-to-day practice'

not just our clients. It can seem quite alien to ask those questions that will help your partner find their own solutions to their issues. Far easier to act the sage and deliver your own advice!

How did you link your learning points to the OPS themes?

We did this reflectively, at the very end of the process, where the themes became obvious. While some themes were more relevant to each case discussed, the group noticed that there was a lot of overlap between them all.

Would you carry out case-based discussions again?

Yes, I will definitely make this part of my new CPD cycle. It's so relevant to what we do and a good way to reflect. In a group, it would be good to focus on repetitive issues that we all find cropping up in

practice. Some examples might be: the management of clients who arrive late; clients who don't follow advice; and clients who have not improved with treatment.

Any other tips or thoughts on case-based discussion?

Who you work with and how you feel about sharing with and confiding in them, is key. So choose wisely! Having found the right person or group to do this with, the process is a powerful one. Be open to being vulnerable. None of us is perfect. And, if it's new to you, practice asking questions that will encourage someone to find their own solutions. It's a great life skill to develop beyond just this process.

How do you feel about moving to the new CPD scheme now?

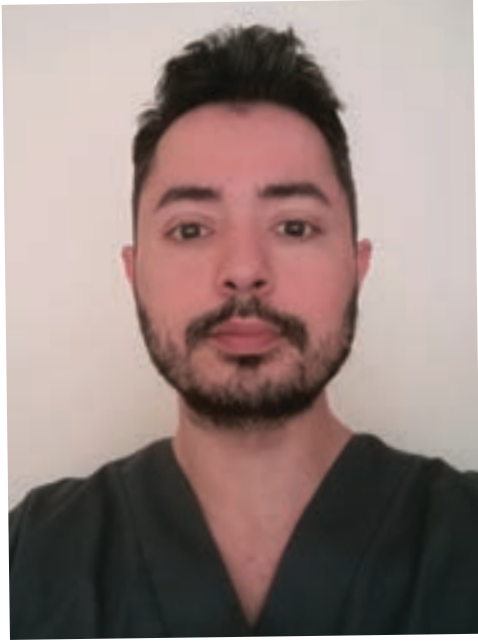
There are only two ways to respond to inevitable change, so I decided to embrace it. I discovered that the support and resources that the GOsC can provide you with will help to smooth the way and make the process less daunting.

My feeling now, is that – once you understand how the new CPD process will work and how it is structured – it should be more doable than you might initially think!

Interestingly, there were a number of sole practitioners in our group, all concerned about how they were going to meet the new requirements. Bringing us all together really helped. I was really lucky that I was partnered up with someone who I will now work with for the 'real' thing!



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Hugo Saad

'It is a great experience, just to discuss your concerns and to encourage each other and find reassurance in our own practice'

Hugo Saad graduated from Osteobio, School of Biomechanics Applied to Osteopathy, in Cachan, France, in 2014. He then decided to pursue a Master's in Sports and Clinical Biomechanics at Liverpool John Moores University, which is partnered with his school in France. After finishing his Master's in 2015, Hugo decided to register with the GOSC and stay in Liverpool, where he shares a practice with another osteopath.

Was this the first time you have carried out a case-based discussion?

I have carried out case-based discussion in school and with colleagues back in France, but never in a formal way, with mapped out learning points.

How did you prepare?

I tried to figure out a case where my main issue was not which technique to use on a patient, because I figured different osteopaths have widely different ways of treating a patient, based on their original school and what kind of course they have taken after graduating, and it would be difficult for us to agree.

What type of case did you discuss?

We discussed the case of a 32-year-old woman suffering from widespread chronic pain for around 15 years. My main issue was how to effectively communicate relevant elements about chronic pain to help that patient, as this is part of the modern management of such conditions.

Why did you decide to focus on that?

As I try, as much as possible, to keep up with the evidence that relates in any form to the practice of osteopathy, I realise modern management of chronic pain involves looking at the patient as a whole – that is, nutrition, weight, drinking habits, smoking, stress, depression, physical activity (a subject I have written about on my website at: hsaad.co.uk/blog/f/what-exercise-for-low-back-pain) – and not to just focus on physical examination findings.

This is often challenging to do because, in the past, a lot of us have been taught to focus and make a diagnosis based on physical elements. Yet, even early in my career, I felt as if patients presenting with true chronic pain – which is often widespread and moving around – were difficult to treat, and I think this is a sentiment many osteopaths will share. Such challenges are also discussed in the

article 'The Modernisation of Manipulative Therapy', by Max Zusman, (bit.ly/Modernisation-Manipulative-Therapy) and it was after reading it that I started to reevaluate my practice on that front. As knowledge evolves, however, so must the communication with patients, and this can prove immensely challenging.

It is difficult, because this information is not usually known to the general public. As healthcare professionals, we are working against the very physically based view of pain promoted by friends and family, the media, and even, sometimes, other healthcare professionals.

The classic case of this is when a patient with chronic, non-specific low-back pain goes for an X-ray and is diagnosed with degenerative disc disease, when, in fact, 37% of 20-year-old asymptomatic individuals – and 68% of 40-year-old asymptomatic individuals – have signs of disc degeneration (bit.ly/ncbi-spinal-degen2014) However, it is a challenge to work out how to communicate such elements to a patient, many of whom consider chronic pain as a physical issue.

How did you go about it?

We communicated over Skype. I was partnered with an osteopath from Singapore, so we agreed on a midday conversation, which would be late at night for him.

Any initial hopes or concerns?

My only concern was that, if we were to discuss treatment, we would never agree – but this ended up not being the case, as we all understand that different forms of manual treatment can have similar effects.

How long did it take?

We talked for about an hour – half an hour on each case.

How will your learning impact on your future practice?

What we agreed on was that discussing chronic pain with a new patient, who has had no previous information on it, was a subject too complex and too new at first. We agreed, instead, that focusing on



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'I did this with the next patient I saw with a similar condition, and I believe it was very well received and made a real difference for that patient'

building a patient-osteopath relationship based on trust was more important for a first appointment. I suggested that I could point patients who desire to understand pain better to a website designed specifically to do that (www.retrainpain.org) and that I could discuss it with them at the next appointment, allowing them some time to digest the information. This is what I did with the next patient I saw with a similar condition, and I believe it was very well received and made a real difference for that patient.

Any tips for giving and receiving constructive feedback?

The online tutorial we had with the GOsC before discussing cases addressed this. The main point was that it's always better to start and end with a positive.

How did you link your learning points to the OPS themes?

We used one of the two suggested templates, from the GOsC. I think linking to the OPS is pretty straightforward. In

this case: theme A – communication and patient partnership; A1: you must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient; A3: give patients the information they need in a way that they can understand; and A6: support patients in care for themselves; to improve and maintain their own health.

Would you carry out case-based discussions again?

I am indeed looking to continue discussion of cases. It is a great experience – to discuss your concerns, or even just to encourage each other and to find reassurance in our own practice. I did not find a downside to it. I am hoping that this will lead to more initiatives of the same nature, as I found it a very rewarding experience. I think the effective management of chronic pain is going to be my main focus in the near future, as it is challenging, and more and more patients are suffering with some form of it.

Resources to guide you through case-based discussions

The CPD website (cpd.osteopathy.org.uk) contains a range of resources to support you with case-based discussions, including:

- **Case-based discussion workbook** – this practical, short workbook guides you through how to plan, carry out, reflect and record your case-based discussion. It includes links to further resources, templates for recording your discussions, case scenarios to consider, and some case studies from osteopaths who share their feedback and tips on carrying out case studies. See: bit.ly/CBDworkbook
- Check out separate templates and examples on cpd.osteopathy.org.uk
- Read an in-depth 'how to' feature on case-based discussions, with case studies from osteopaths, on pages 12-15 of the June/July 2017 edition of *the osteopath* magazine. See: bit.ly/TheOsteopathJuneJuly17

If you have difficulty accessing the resources on our website, email the team at newcpd@osteopathy.org.uk or telephone us on: 020 7357 6655 x233.

Why not try a case-based discussion now?

Case-based discussion can be a really useful aid to practice, providing reassurance and support, as well as new insights. Most osteopaths we talk to find case-based discussion a helpful part of their practice and would do it regardless of the requirements of the new CPD scheme. Why not try it out and see if it benefits your practice?

Data protection: what you need to know

Answers to some of the most frequently asked questions we've received about data protection

What do I need to do to comply with data protection law and the GDPR?

All osteopaths are required to comply with the law on data protection. The law in this area has been updated from 25 May 2018, when the new EU General Data Protection Regulation (GDPR) came into effect. The changes have implications for any personal data you hold or process, including patient records.

As a minimum, you must do the following:

- Check whether you are required to register with the Information Commissioner's Office (ICO): www.ico.org.uk
- Familiarise yourself with the ICO's guidance on data protection
- Ensure you have a 'privacy notice'. This is, in effect, a written policy statement setting out what data you collect, how it is used, and how long you will retain it (see p13)

The GOsC can't provide individual advice on how to comply with the detailed requirements. Every single osteopathic practice will work in a different way, so it's important that you check that what you are doing meets the ICO's requirements.

'The GOsC can't provide individual advice on how to comply with the detailed requirements'



How can the Information Commissioner's Office help?

The ICO is the key place to go for information about data protection and GDPR.

There is a free ICO telephone advice line for small businesses, call 0303 123 1113 and select option 4.

The ICO also has a range of guidance on its website, including:

- Preparing for GDPR: 12 steps you can take now – a short guide at: bit.ly/ICO-12steps-GDPR
- Data protection self assessment – a toolkit for small organisations at: bit.ly/ICO-GDPR-self-assess
- Detailed guidance on consent at: bit.ly/ICO-consent
- Guidance for small businesses, which includes a guide, checklist, information about privacy notices and a video of the Information Commissioner talking about the changes at: bit.ly/ico-GDPR

- Health sector resources at: bit.ly/ICO-health-resources
- A collection of GDPR FAQs for small health organisations at: bit.ly/ICO-health-FAQs

You can also sign up for regular ICO newsletters containing updates at: bit.ly/ICO-enewsletter and there is an archive for past newsletters at: bit.ly/ICO-enews-archive

Where can I get personalised advice about data protection?

If you need personalised or individual advice, then you will need to contact the ICO or, if you are a member of the Institute of Osteopathy (iO), you can also get in touch with the iO.



This information is also available in the FAQ section of the **o** zone at: members.osteopathy.org.uk/faqs

Putting GDPR into practice: privacy notices

Georgina Leelodharry, Head of Operations at the Institute of Osteopathy, explains the purpose of privacy notices and the need to be transparent with patients about how you will use their data

Following on from the first article in the April/May 2018 issue of *the osteopath* ([bit.ly TheOsteopathAprilMay18](http://bit.ly/TheOsteopathAprilMay18)), which sets out the main changes for osteopaths that came into effect with the new EU General Data Protection Regulation (GDPR) from 25 May 2018, this article explores the privacy notice.

For osteopathic practices, one of the most crucial items to put in place to ensure compliance with the new GDPR regulations is the privacy notice.

'Fairness, lawfulness and transparency': this is the first principle of data protection as quoted by Article 5 of the legislation. It is difficult to have fair processing if there is a lack of transparency about what data is being collected, by whom, and for what purpose.

What is a privacy notice?

A privacy notice is a statement made to the data subject – for osteopathic practice, the data subject is likely to be a patient – that describes how you will collect, use, retain and disclose their personal information.

When should the privacy notice be provided?

Where personal data is collected from a patient, the patient should be given the relevant transparency information at the time of collection. This can be achieved by supplying the patient with a privacy notice.

What information should the privacy notice contain?

Privacy notices must specify the purpose for which the personal data is being collected, and for which it will be processed.

In addition, you must give the patient the following information:

1. Confirmation you are the controller, together with your contact details. ('Controller' means the business, or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data).
2. The contact details of the data protection officer, where applicable.
3. The purposes of the processing for which the personal data is intended, and the legal basis for the processing.
4. Where the processing is based on section f of Article 6 'legitimate interest' pursued by the controller or by a third party. (Article 6 of GDPR provides the conditions by which the processing of data is considered lawful).
5. Details of who the information will be shared with (with certain exceptions).
6. If you intend to transfer the data outside of the EU, there are additional matters which must be addressed in the privacy notice.
7. The retention period or, if that is not possible, the criteria used to determine that period.
8. The data subjects' rights under the GDPR, including access, rectification, erasure, restriction, objection and



Georgina Leelodharry

portability, and the option to make complaints to the Information Commissioner's Office (ICO).

9. Where consent is relied upon, the right to withdraw consent at any time.
10. Whether the provision of personal data is a statutory requirement and/or, to fulfil contractual obligations and the possible consequences of a failure by the data subject to provide this information.

How to supply the privacy notice

The relevant information must be provided in a manner that is clear and accessible. The controller is required to give the information to the data subject. Privacy notices could be sent by email or post, or could be supplied to the patient in hard copy with the registration form. It would be sensible to have a copy of the privacy notice freely available on the practice website and to display it in a prominent position in the waiting area.

Supporting new graduates in practice

The Osteopathic Development Group (ODG) piloted a mentoring scheme for new and recent graduates, last year. Here, two of the participants reflect on their experience of being a mentor and being a mentee, and you can find out more about how to get involved in mentoring

Mentoring can provide important support for people at any point in their careers, but often it is those who are just starting out in practice who need the most support. Last year's pilot focused on mentoring in practices between principals and new associates, but some of those involved, mentored in very different ways.

Kathryn Macdonald is an osteopath based in Beccles in Suffolk, who has been in practice for more than 20 years and last year was looking for a new associate to join her practice. She decided that developing her skills in mentoring would help, once a new person was on board. Unfortunately for Kathryn she didn't manage to recruit, but instead became a mentor to one of the people she had interviewed for the role.

Kathryn picks up the story. "I attended the mentoring workshop in London run by the ODG, which made me totally question my beliefs about what mentoring is. In the past, I have tended to focus on coaching my associates, in other words being quite directional with them."

"Using the guided mentoring tools given to us at the workshop, Annmarie (my mentee) and I, worked through any issues she brought up. The mentoring process freed me up to help 'empower' my mentee into helping themselves. Being a mentor also led me to attend some CPD workshops of my own as it made me question any gaps and how to keep up to date with current teaching on certain areas we talked about."

Annmarie O'Sullivan, a 2017 graduate from the European School of Osteopathy,



Annmarie O'Sullivan

who now practises in Leighton Buzzard, Buckinghamshire, also found benefit from mentoring. "My mentor, Kathryn, was kind and supportive, and it was very useful to have a sounding board to talk through any issues or concerns. Rather than giving ready made answers, the process allowed me to reflect on my knowledge and decision making process and come up with solutions under Kathryn's guidance. I felt more confident in my ability to form treatment plans going forward."

Although mentoring often takes place face-to-face, Kathryn and Annmarie worked miles apart and never met up during the process. Mentoring sessions took place over Skype or the phone.

Now that the mentoring pilot has concluded, Kathryn says she would love to continue to mentor, as she found it hugely rewarding and made more contacts within the profession as a result. Annmarie also said: "I'm really glad I took part in the mentoring programme, it made the



Kathryn Macdonald

transition from student clinic to private practice much smoother. Overall, I found the programme very reassuring and would recommend it to any new graduate starting out in practice."

This year, the ODG will be sending its mentoring toolkit to all new graduates and will encourage them to seek a mentor as they transition into practice. The ODG is also encouraging established osteopaths – particularly practice principals employing new graduates – to consider how they can provide this support.



The ODG Mentoring Toolkit is available to download from the ODG website at: osteodevelopment.org.uk/theme/mentoring

If you are interested in receiving training in becoming a mentor (either at a face-to-face workshop or online) please email: twalker@osteopathy.org.uk or matthew@iosteopathy.org

Do you have your Registration Mark yet?

Patients have greater confidence in health professionals who are monitored by a regulatory body. So it's important for you to raise awareness of your status as a regulated health professional



An effective way of promoting your GOsC registration is to display one of our Registration Marks on your practice website, and in your other communications and on your premises.

There are two types of Registration Mark and both are available in English or Welsh as JPEG files:

- The **'I'm registered'** Mark is for individual osteopaths. It includes your unique GOsC registration number, so your patients and prospective patients know they can easily check your registration status on the register.
- If you're the principal osteopath in a group practice with other osteopaths and you have a shared website and practice stationery, you can also use the **'We're registered'**

Mark. It does not include your individual registration numbers but you can each also apply for your own 'I'm registered' Marks.

To date, we have sent out more than 1,500 'I'm registered' Marks requested by osteopaths, and almost 500 'We're registered' Marks.

You can request either or both

Registration Marks by completing a simple online application form, available on the **o** zone at:

bit.ly/ozone-reg-mark

As mentioned, the Mark will be sent to you as a JPEG file and there are guidelines to follow, which include reproducing them at a minimum size with some clear space around them.

Check your website and promotional materials

If you want to promote your GOsC registration online and elsewhere, please remember:

- Display the Registration Marks, but make sure you comply with the terms of use (see bit.ly/ozone-im-reg-terms and bit.ly/ozone-were-reg-terms)
- Make it easy for your patients and the public to look you up on our online register – just create a hyperlink from the Mark to: www.osteopathy.org.uk/register-search
- **Don't** use the old 'Safe in our hands' Certification Mark – following the launch of the Registration Marks, this was withdrawn in December 2014.
- **Don't** use the GOsC logo – this is for use solely by the GOsC.
- You can state that you are **registered with the GOsC**, but don't say you are 'a member of the GOsC'.

Posters for your practice

In addition to the Registration Marks, patient information posters promoting your registered status are also available.

They highlight the benefits of registration for patients, including the fact that, as a registrant, you hold professional indemnity insurance (another factor that increases public confidence in health professionals).

The posters are A3-size and come in packs of five – so you can put them up in your practice, for example, in the window, reception area, waiting room or in your treatment room.

Like the Registration Marks, the posters are available as 'I'm registered' and 'We're registered' and can be ordered via the **o** zone at: **bit.ly/ozone-shop**



The Lancet low back pain series: a call to action for osteopathy?

A group of healthcare researchers is highlighting the opportunities for osteopaths to take action for the prevention and management of low back pain, in response to recent papers in *The Lancet*. NCOR Research Officer **Austin Plunkett** explores the key points raised

The *International Journal of Osteopathic Medicine* recently published a letter by Fitzgerald *et al* (2018)

which invites the osteopathic profession to consider papers published in *The Lancet* in March, as a 'call to action' to the osteopathic profession (bit.ly/lbp-call-to-action). The three papers in *The Lancet*'s series on low back pain (LBP), are available at: www.thelancet.com/series/low-back-pain, recommends a global call to action for the urgent problem of LBP.

This series follows on from the 2017 overview by Maher, Underwood and Buchbinder, which summarises the epidemiology, signs and symptoms, differential diagnosis and management of LBP. Maher *et al* also touch on some 'controversies', including the overuse of opioids and surgery, and the biological plausibility of suggested mechanisms of action of some treatments. One key message is that LBP is a presenting symptom and not a disease in itself. The authors point out that a reliable patho-anatomical cause for LBP is not identifiable in the majority of cases, and that current clinical tests for incriminating specific lumbar structures as nociceptive causes suffer from 'insufficient accuracy'. They also highlight the importance of considering the patient's entire clinical picture in detail, and point to the problems that occur when considering a single clinical feature in isolation. While 'red flags' must be

Challenges of balancing patient preference with evidence-informed guidelines can offer the opportunity to reflect on and develop practice

The papers in *The Lancet*'s series suggest that exercise and education are the most effective means for preventing LBP. According to data collected from UK osteopaths in 2009 by Fawkes *et al*: 78% of patients can expect to receive soft-tissue techniques in their first appointment; 72.7% may receive joint articulation; and 37.7% high-velocity thrust techniques. When it comes to exercise prescription, only 22.6% of patients receive exercises as a treatment strategy in their first appointment, although 47.4% are given specific exercises as a self-management tool. Patient preference must always be central to a treatment and management plan, and osteopathic patients may tend to prefer hands-on treatment. The challenges of balancing patient preference with evidence-informed guidelines provides osteopaths with the opportunity to reflect on and develop their practices.

Fawkes C, Leach C, Mathias S, Moore A. **A profile of osteopathic care in private practices in the United Kingdom: a national pilot using standardised data collection.** *Man Ther.* 2014; 19(2):125-30. Available online at: bit.ly/uk-osteopathy

considered, their poor specificity can lead to false positives and unnecessary investigations.

Prevention of LBP is touched upon by Maher *et al*, who assert that exercise, alone or in combination with education, appears to be the most effective approach. Foster *et al* focus on prevention, and highlight the lack of evidence for devices such as back supports and insoles. They point to research supporting spinal manipulation, soft-tissue techniques, and appropriate advice, including



remaining active and engaging in appropriate exercise. They also suggest that some clinicians may feel the need to enhance their skills and knowledge relating to exercise therapies, pain education, and psychological approaches.

Clark and Horton point out that LBP is 'a major problem' that is 'getting worse' largely due to an 'ageing and increasing world population' (Clark and Horton, 2018). They also point out that evidence is lacking in many areas, and, where guidelines are available, they are based on data that is typically gathered from high-income countries. Consequently, the applicability of this evidence in low- and middle-income settings is unknown. Buchbinder *et al* assert that LBP is over-represented in 'socioeconomically disadvantaged people' and they urge the World Health Organization and policy-makers to take action in reducing the burden of LBP and reducing harmful, wasteful and ineffective treatment practices (Buchbinder *et al*, 2017).



'Osteopaths represent an often untapped resource in the prevention of ill health, and now have the opportunity to demonstrate excellence in this field'

One of the key recommendations by Buchbinder *et al* is that approaches for the care of back pain should be integrated with public health initiatives. As mentioned earlier, Fitzgerald *et al* describe *The Lancet's* papers as a 'call to action' for our profession. Osteopaths are now part of the Allied Health Professions (AHPs) in the UK, and the framework 'AHPs into Action' calls for the integration of AHPs into the country's public health framework (Hindle, 2017; Rastrick, 2017). Osteopaths represent an often untapped resource in the prevention of ill health, and now have the opportunity to demonstrate excellence in this field.

Buchbinder *et al* go on to discuss cultural and behavioural changes to address misconceptions about LBP, moving away from the 'biomedical and fragmented' models of illness and care, and towards 'self-management and healthy lifestyles as a means of restoring and maintaining function'. They point to the prognostic importance of psychosocial factors, and the importance of 'living well with low back pain'.

Fitzgerald *et al* describe *The Lancet's* series as not only a challenge, but a framework for the profession, as LBP management increasingly emphasises prevention and self-management. They highlight several strategies that osteopaths can use to identify and manage comorbidities and biopsychosocial factors in patients presenting with LBP, pointing to the value of patient reported outcome measures (PROMs) as a key element of a well-structured management plan. All UK osteopaths have access to NCOR's PROMs programme for free, available at: bit.ly/ncor-proms-app

While low back pain may be the most commonly reported symptom to osteopaths, our understanding

of pain, pathophysiology, psychology, management and treatment is constantly evolving. *The Lancet* series describes LBP in the context of national and international policy, as well as describing the impact on the patient. The AHPs into Action framework offers osteopaths help to meet the challenge of a growing problem in global healthcare (Murray *et al*, 2013) and the opportunity to demonstrate excellence on a national stage.

How to access the papers

Most of the papers listed here are available by simply typing the links from the references into your web browser. If you cannot see the complete article, you may need to first log into the **o zone**, then try the link again.

References

- Buchbinder R, van Tulder M, Oberg B, *et al*. **Low back pain: a call for action.** *The Lancet*, 2018; March, at: bit.ly/lbp-action
- Clark S, Horton R. **Low back pain: a major global challenge.** *The Lancet*, 2018; March, at: bit.ly/lbp-challenge
- Fitzgerald K, Vaughan B, Austin P, *et al*. **The Lancet Low Back Pain series: A call to action for Osteopathy?** *International Journal of Osteopathic Medicine*, 2018 (article in press), at: bit.ly/lbp-call-to-action
- Foster N, Anema JR, Cherkin D, *et al*. **Prevention and treatment of low back pain: evidence, challenges, and promising directions.** *The Lancet*, 2018; March, at: bit.ly/lbp-directions
- Hartvigsen J, Hancock MJ, Kongsted A, *et al*. **What low back pain is and why we need to pay attention.** *The Lancet*, 2018; March, at: bit.ly/lbp-attention
- Hindle L. **Allied Health Professionals into Action - what this means for public health.** *Public health matters blog*, at: bit.ly/hindle-ahps-into-action
- Maher C, Underwood M, Buchbinder R. **Non-specific low back pain.** *The Lancet*, 2017; 389(10070), pp. 736-747, at: bit.ly/nsibp-maher
- Murray CJL, Richard MS, Newton JN, *et al*. **UK health performance: findings of the Global Burden of Disease Study 2010.** *The Lancet* 2013; 381(9871):997-1020.
- Rastrick, S. **Allied Health Professionals Into Action.** *NHS England*, 2017 January, at: bit.ly/rastrick-ahps-into-action-pdf

Nocturnal leg cramps: a summary

Research reviewed by **Carol Fawkes**, Senior Researcher at the National Council for Osteopathic Research (NCOR) and **Julia Brooks, Harriett Lennon, Sue Baillie, Rupert Pusey** and **Cathy Guernsey**, from the Haywards Heath research hub.

In our most recent Haywards Heath research hub meeting, we chose to look at cramp and its management. This article is a very brief summary of some of the topics covered.

Background

Cramp can occur in any muscle, but there are a number of places in the body where it presents more commonly, including the lower leg, thigh and foot. The focus of this article is on nocturnal leg cramps. There is a lack of consensus about the definition of nocturnal leg cramps. The criteria below are based on those from the International Classification of Sleep Disorders (American Academy of Sleep Medicine, 2014) and include:

- The patient has a complaint of a painful sensation in the leg that is associated with muscle hardness or tightness.
- Recurrent awakenings from sleep are associated with painful leg sensations.
- The discomfort is relieved by local massage, movement, or application of heat.
- Polysomnographic monitoring demonstrates increased electromyographic activity in the affected leg and an associated awakening. No underlying medical disorder accounts for the sensation.
- Other sleep disorders may be present but do not account for the symptom.

While more commonly occurring at night, cramps can also occur during the day. A seasonal variation has been noted by some authors with a marked increase in symptom presentations found in summer, compared with winter months, in both Australia and Canada (Garrison *et al*, 2015).

Population

No difference in incidence has been found between men and women (Oboler *et al*, 1991; Naylor and Young, 1994; Monderer *et al*, 2010). Symptoms are reported more commonly in adults than children, and the presentation of symptoms in children is slightly different. Cramps in children typically last for about two minutes; they may occur once or several times per year starting from age eight and peaking around age 17. An incidence of 7.3% has been reported (Rabbitt *et al*, 2016). In adults, cramp is more commonly reported in older age groups and increasing with age (Oboler *et al*, 1991; Naylor and Young, 1994; Monderer *et al*, 2010). Pregnancy is also a time when an increase in cramps is reported with 33-50% of women reporting symptoms which can increase in severity as pregnancy progresses (Young and Jewell, 2002; Hensley, 2009; Zhou *et al*, 2015).

Pathophysiology

Spontaneous discharge of motor unit action potentials at a rapid and much higher rate than involuntary

System involved	Physiological conditions or named disorder
Neurological	Spinal stenosis Parkinson's disease Motor neurone disease Dystonia Multiple sclerosis Neuropathy Radiculopathy Small-fibre sensory neuropathy
Endocrine	Diabetes mellitus Hypothyroidism Hypoadrenalism
Vascular	Peripheral vascular disease Venous insufficiency Chronic venous disease
Metabolic	Hepatic failure Chronic kidney disease
Fluid/electrolyte disorders	Hypokalaemia Hyperkalaemia Hypocalcaemia Hyponatraemia Hypomagnesaemia Haemodialysis Acute volume depletion (Rabbitt <i>et al</i> , 2016)
Other causes	Vitamin deficiencies Exercise Coffee Obstructive sleep apnoea
Pharmacological	Diuretics, inhaled long-acting beta 2 agonists, statins, nifedepine, acetylcholinesterase inhibitors, steroids, morphine, cimetidine, penicillamine, antiretrovirals, neuroleptics (Rabbitt <i>et al</i> , 2016)

Table 1: Systems and conditions associated with the presentation of nocturnal leg cramps



Medicinal product	Effectiveness
Quinine	Various evidence of differing quality describes some positive outcomes from quinine use. El-Tawil <i>et al</i> undertook a Cochrane review involving 23 randomised controlled trials (RCT) using quinine. A total of 1,500 participants were included in the trial. When compared to placebo, use of quinine reduced the number of episodes of cramp by 28% during a period of two weeks (El-Tawil <i>et al</i> , 2015). Although quinine has been used by many cramp sufferers, there are some serious side effects associated with its use. Reduction in the excitability of the motor end plate to nerve stimulation.
Diltiazem	Data from RCT
Vitamin B complex	Data from RCT
Naftidrofuryl	Data from RCT
Orphenidrine citrate	Data from RCT
Magnesium	Data from RCT. May have a small positive effect in women during pregnancy.
Verapamil	Data from open-label studies
Gabapentin	Data from open-label studies
Vitamin K2	Data from open-label studies
Menaquinone-7	Data from open-label studies
Baclofen	No supporting studies
Carbamazepine	No supporting studies
Phenytoin	No supporting studies

Table 2: Pharma management of cramp symptoms

contractions is thought to result in symptoms of cramp (Rabbitt *et al*, 2016). In older patients, loss of motor neurons is more pronounced and may contribute to the increased occurrence of leg cramps.

Comorbidities/differential diagnosis

A range of different comorbidities and underlying causes can be associated with symptoms of cramp: a selection of these are included in Table 1.

Management of cramp symptoms

A range of approaches has been documented in the literature. These loosely fall into pharmacological and non-pharmacological management approaches. A selection of drugs used in the pharma approach are listed in Table 2.

Adverse reactions reported by patients using quinine

Although quinine is probably the most widely recognised drug used in the management of cramp, it is not without concerns. A range of systems can be adversely affected by quinine and reported symptoms have included thrombocytopaenia, haemolytic anaemia, photosensitive eczema, lichen planus, interstitial nephritis, acute kidney failure, pulmonary oedema, and hypotension (Rabbitt *et al*, 2016). Other complications of quinine can be dose-related.

Non-pharma management

Many patients report they can manage the onset of an attack of cramp by stretching the muscles affected. In some cases, forcibly moving the foot into dorsi-flexion can relieve cramp in the calf muscles. The use of prophylactic stretching has been examined in some trials. These studies with small sample sizes have suffered from some methodological issues, such as providing adequate training for affected patients in how to carry out the stretching process, and the findings have been equivocal at best. Further studies, with greater patient numbers and more attention to the delivery of the intervention, would be beneficial.

In a Cochrane review in 2012, Blyton *et al* examined other non-pharma interventions to help cramp symptoms. These included: changes to footwear; taking horse chestnut seed extract; using night splints; avoiding heavy covers on the bed, and making changes to sleeping position. As in previous studies, the review by Blyton *et al* focused mainly on studies involving calf stretching but found the evidence to be inconclusive because of the small number of trials suitable for inclusion in their review (Blyton *et al*, 2012). Since the Blyton review, a small number of other trials have been undertaken and these show promising results, although larger sample sizes are needed to confirm their initial findings.

Hallegraef *et al* identified that nightly stretching before going to sleep reduces the frequency and severity of nocturnal leg cramps in older adults (Hallegraef *et al*, 2012; Behringer *et al*, 2014)

Further reading and information

Despite cramp being such a common symptom, there is surprisingly little available information concerning the non-pharma management of symptoms for patients who may be unable to use pharmacological management. Clear messages for practice include:

- Awareness of the comorbidities associated with cramp.
- Awareness of medications that can cause cramp and referral back to the patient's GP for review if appropriate.

- If describing calf stretching exercises to patients, ensuring they are thoroughly explained to support compliance.

More extensive information can be found in the Clinical Knowledge Summary for cramp, which explores its symptoms, examination and management in greater detail.

Read papers and join a research hub

Read the papers discussed in this article at: www.ncor.org.uk/hubs/haywards-heath-hub-december-2017/

There are four NCOR research hubs in Bristol, Exeter, Haywards Heath and Leeds, and the Oxford Osteopathic Network also has a research hub. Find out dates of forthcoming meetings at:

www.ncor.org.uk/events/

'Many patients report they can manage the onset of an attack of cramp by stretching the muscles affected'



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References

American Academy of Sleep Medicine. International Classification of Sleep Disorders. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014. vct.iums.ac.ir/uploads/icsd.pdf.

Behringer M, Moser M, McCourt M, Montag J, Mester J. A promising approach to effectively reduce cramp susceptibility in human muscles: a randomized, controlled clinical trial. *PLoS One*. 2014;9(4):e94910. www.ncbi.nlm.nih.gov/pubmed/24727897

Blyton F, Chuter V, Burns J. Unknotted night-time muscle cramp: a survey of patient experience, help-seeking behaviour and perceived treatment effectiveness. *J Foot Ankle Res*. 2012;5:7: www.ncbi.nlm.nih.gov/pubmed/22420923

Blyton F, Chuter V, Walter KE, Burns J. Non-drug therapies for lower limb muscle cramps. *Cochrane Database Syst Rev*. 2012 Jan 18;1:CD008496. doi: 10.1002/14651858.CD008496.pub2: www.ncbi.nlm.nih.gov/pubmed/22258986

Clinical knowledge summary about leg cramps (2018): <https://cks.nice.org.uk/leg-cramps#!topicsummary>

El-Tawil S, Al Musa T, Valli H, Lunn MP, Brassington R, El-Tawil T, Weber M. Quinine for muscle cramps. *Cochrane Database Syst Rev*. 2015 Apr 5;(4):CD005044 www.ncbi.nlm.nih.gov/pubmed/25842375

Garrison SR, Dormuth CR, Morrow RL, Carney GA, Khan KM. Seasonal effects on the occurrence of nocturnal leg cramps: a prospective cohort study. *Canadian Medical Association Journal* 2015; 187:237-8.

Hallegraef JM, van der Schans CP, de Ruiter R, de Greef MH. Stretching before sleep reduces the frequency and severity of nocturnal leg cramps in older adults: a randomised trial. *J Physiother*. 2012;58(1):17-22: www.ncbi.nlm.nih.gov/pubmed/22341378

Hensley JG Leg cramps and restless legs syndrome during pregnancy. *J Midwifery Womens Health* 2009, 54(3):211-218. This article provides the most recent data on nocturnal leg cramps in pregnant women: www.ncbi.nlm.nih.gov/pubmed/19410213

Monderer, RS, Wu, WP and Thorpy, MJ (2010) Nocturnal leg cramps. *Current neurology and neuroscience reports*. 10(1), 53-59: www.ncbi.nlm.nih.gov/pubmed/20425227

Naylor JR, Young JB. A general population survey of rest cramps. *Age and Ageing* 1994, 23(5):418-420: www.ncbi.nlm.nih.gov/pubmed/7825490

Oboler SK, Prochazka AV, Meyer TJ. Leg symptoms in outpatient veterans. *West Journal of Medicine*. 1991, 155:256-259: www.ncbi.nlm.nih.gov/pubmed/1659038

Rabbitt, L, Mulkerrin, EC and O'Keeffe, ST (2016) A review of nocturnal leg cramps in older people. *Age and ageing*. 45(6), 776-782: www.ncbi.nlm.nih.gov/pubmed/27515677

Young GL, Jewell D. Interventions for leg cramps in pregnancy. *Cochrane Database Syst Rev* 2002, 1:CD000121:

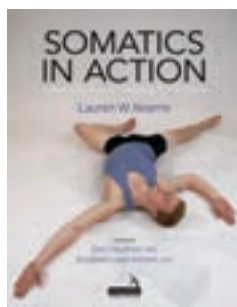
Zhou K, West HM, Zhang J, Xu L, Li W. Interventions for leg cramps in pregnancy. *Cochrane Database Syst Rev*. 2015 Aug 11;(8):CD010655: www.ncbi.nlm.nih.gov/pubmed/26262909

Bookshelf

A selection of illustrated reference books for osteopaths

Somatics in Action: a mindful and physical conditioning tool for movers

Author: Lauren Kearns



Handspring Publishing (2017)
ISBN: 978-1-909141-64-3 256 pages
This book describes Pilates, yoga and dance-inspired movements that help to achieve optimum strength, skeletal alignment and body-mind engagement. It integrates the Pilates principle of strengthening abdominal and spinal musculature to support postural stability and

balance with alignment-based yoga's principle of proper physical placement and an understanding of anatomical structure. Aimed at educators and dancers.

Fascia in Motion: fascia-focused movement for Pilates

Author: Elizabeth Larkam



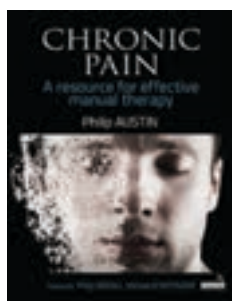
Handspring Publishing (2017)
ISBN: 978-1-909141-28-5 352 pages
A guide to fascia-orientated training in original and contemporary Pilates mat, reformer and studio applications. Each of the book's 14 chapters illustrates how the principles of fascia-orientated training are expressed in Pilates exercise. In addition to an exercise compendium, it includes

chapters on specialised applications of fascia-orientated training in Pilates for: ageing well; computer posture; osteoporosis, and for hip and knee replacement.



If you would like to review either book (in exchange for a free copy), email: editor@osteopathy.org.uk

Book review



Chronic Pain: a resource for effective manual therapy

Philip Austin

Handspring Publishing (2017)

ISBN: 978-1-909141-51-3

Reviewed by Deborah Smith
MSc BSc(Hons)

This book draws together the current understanding of pain, including basic pain mechanisms; epidemiology, psychology, evaluation and treatment; and clinical presentations of pain. Its detailed approach will refresh and update your knowledge of the chemistry of neuroscience and make you better equipped to explain and apply diagnostic and treatment approaches to pain as far as current knowledge allows.

Philip Austin is an experienced researcher and osteopath who trained in the UK but has had an international career. His PhD in pain medicine and post-doctoral work provides the substantive insight of this book. He clearly holds firmly to his clinical origin and offers an osteopathic perspective on manual therapy for chronic pain.

If you have read research papers on pain science and wondered how new understanding applies to manual therapy approaches, then this is the book to help you. The text is well-written, without simplifying the complexity of pain mechanisms and approaches. It informs the foundational pillars of understanding pain – the changes in nociceptive function and many factors increasing susceptibility to pain episodes. Extending from this basis of knowledge, there is discussion of the clinical applications of pain science and appropriate treatment methods including pharmacology, psychological approaches and manual therapy. The last five chapters discuss clinical presentations of pain, including: chronic musculoskeletal pain; neuropathic pain; visceral pain; headache and orofacial pain, and pain affecting older people. Each chapter considers the mechanisms of these pain presentations, symptoms, diagnostic reasoning and

options for treatment. Pain affecting older people was particularly insightful in considering the particular factors applicable to this group, which so often presents in clinic with chronic pain.

There is much intricate detail of pain mechanisms and an overview of evidence-based research. Further quantification of the research evidence for pain interventions would have added value to the application of findings.

This book is a resource you will be able to turn to again and again. You will be disappointed if you choose it expecting a 'how to guide' for treatment of chronic pain. The complexity of pain means a simple prescriptive approach is not effective. This book will help you to appreciate the reasoning behind pharmacological approaches to pain and the effect of exercise, manual therapy and other treatment approaches on pain mechanisms. You can expect to deepen your understanding of pain and your clinical reasoning in pain treatments. But you must expect to still have many unanswered questions at the end, as research in this area is ongoing.

This book reiterates what we hear so often about the paucity of quality research to demonstrate the effectiveness of manual therapy.

Courses 2018

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

July

1
Visceral pain and adhesions (check caroline-stone.com for other courses in July)
Speaker: Caroline Stone
Venue: Stalybridge, East Manchester, SK15 2AA

30 June–1 July
Sutherland Cranial College conference
Speaker: Karen Carrol
Venue: Wokefield, Reading
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

1
First aid appointed person
Speaker: Steven Bruce
Venue: Skylight Centre, 49 Corsica Street, London, N5 1JT
Tel: 07000 785 778
info@cranio.co.uk
www.cranio.co.uk

6–8
Module 2: healthy visceral – the abdomen
Speaker: Franz Buset or Francois Allart
Venue: Faculty of Medicine, Nice (France)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

7
SCCO: tongue tie
Speaker: Fliss Bertin and Julie-Ann Gillett
Venue: British College of Osteopathic Medicine (BCOM), London NW3
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

7–8
The pelvis: an integrative approach
Speaker: Valeria A Ferreira
Venue: University College of Osteopathy (UCO), 275 Borough High Street, London SE1 1JE
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

7–8
A yoga-based approach to therapeutic movement and exercise
Speaker: Yinka Fabusuyi
Venue: UCO
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

14
Comprehensive taping course
Speaker: Ben Calvert-Painter and Danny Church
Venue: London School of Osteopathy (LSO), London, SE1
info@cpd-today.co.uk
www.cpd-today.co.uk

15
Masterclass in active taping
Speaker: Ben Calvert-Painter and Danny Church
Venue: LSO
info@cpd-today.co.uk
www.cpd-today.co.uk

17
Kinesiology taping for the athlete masterclass
Speaker: John Gibbons
Venue: Oxford University Sports Complex, Jackdaw Lane, Oxford, OX4 1EQ
Tel: 07850 176 600
www.johngibbonsbodymaster.co.uk

August

18–19
SCCO: Foundation course – module 1
Speaker: Penny Price
Venue: Lyme Regis
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

September

6–7
Advanced soft tissue techniques masterclass
Speaker: John Gibbons
Venue: Oxford University Sports Complex, Oxford
Tel: 07850 176 600
www.johngibbonsbodymaster.co.uk

7
Animal osteopathy – part-time, one year postgraduate certificate
Course Leader: Stuart McGregor
Venue: OCA Oxon, OX12 9BU
Tel: 01235 768 055
wantageclinica@msn.com

7
Respiratory system – adult (check caroline-stone.com for other courses in September)
Speaker: Caroline Stone
Venue: Stalybridge, East Manchester, SK15 2AA

8–9
Osteopathy and focusing – an outstanding practically and clinically based seminar
Speaker: Dino Muzzi
Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

8–9
Know pain: a practical guide for persistent pain therapy
Speaker: Mike Stewart
Venue: UCO
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

8–9
Clinical mat-based Pilates: foundation course
Speaker: Sandie Ennis
Venue: UCO
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

10
SCCO: Module 2
Speaker: Pamela Vaill Carter
Venue: Columbia Hotel, London
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

15
Emergency first aid
Venue: UCO
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

15–16
SCCO: Paediatric pathway 4: endocrine and chromosome
Speakers: Mark Wilson and Hilary Percival
Venue: Hawkwood College, Stroud, Gloucestershire
Tel: 01453 767 607
admin@scco.ac
www.scco.ac

16
Clinical methods
Speaker: Trevor Jefferies
Venue: UCO
Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

16–21
From direct to indirect approach – techniques made easy
Speaker: Susan Turner, Jonathan Daniells and Prof Renzo Molinari
Venue: Ios (Greece)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

21–23**The fascia – part 1**

Speaker: Serge Paoletti
 Venue: European School of Osteopathy, Maidstone, Kent
 Tel: 01622 671 558
cpd@eso.ac.uk
www.eso.ac.uk

28–30**Module 2: healthy visceral – the pelvis**

Speaker: Prof Renzo Molinari
 Venue: Faculty of Medicine, Nice (France)
corinnejones.mih@gmail.com
www.molinari-institute-health.org

29**Cervical spine risk assessment and consent for manual therapists**

Speakers: Roger Kerry and Steven Vogel
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

October

3**The diaphragm part 1: central tendon, crurae and arcuates (check caroline-stone.com for other courses in October)**

Speaker: Caroline Stone
 Venue: Stalybridge, East Manchester, SK15 2AA

4–5**SCCO: power of presence**

Speaker: Rachel Brooks
 Venue: Hawkwood College, Stroud, Gloucestershire
 Tel: 01453 767 607
admin@scco.ac
www.scco.ac

6–7**Positional release techniques in management of cervical, thoracic and pelvic pain and dysfunction**

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

6–7**Functional stretching**

Speaker: Dr Eyal Lederman
 Venue: Whittington Education Centre, London, N19
 Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

12–14**Module 2: healthy visceral – visceral – somato-visceral**

Speaker: Baudoin Chatelle
 Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

13**Clinical mat-based Pilates: small group fundamentals**

Speaker: Sandie Ennis
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

19–21**Molinari Institute of Health (MIH conference : osteopathy, men's, women's and children's health**

Venue: Mary Ward House
corinnejones.mih@gmail.com
www.molinari-institute-health.org

20–21**Minimal leverage masterclass**

Speaker: Laurie Hartman
 Venue: Daresbury Park Hotel, Red Brow Lane, Warrington, Lancashire, WA4 4BB
 Tel: 01933 328 154
ana@academyofphysicalmedicine.co.uk
academyofphysicalmedicine.co.uk

24–28**Biodynamic craniosacral therapy – two-year practitioner training**

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

27–28**Chronic fatigue syndrome/ ME and fibromyalgia**

Speaker: Dr Raymond Perrin
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

27–28**Applied biomechanics of the lower limb**

Speaker: Francesco Contiero
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

November

3**Nutritional management of local and systemic inflammation and nutritional management in supporting recovery from MSK injury and post-surgery**

Speaker: Prof Adam Cunliffe
 Venue: Whittington Education Centre, London, N19
 Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

3–4**Hartman's masterclass in manipulative techniques: upper body**

Speaker: Prof Laurie Hartman
 Venue: Whittington Education Centre, London, N19
 Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

3–4**Module 1: advanced technical development – balanced ligamentous tension (BLT)**

Speaker: Susan Turner
 Venue: Imperial Wharf, London
corinnejones.mih@gmail.com
www.molinari-institute-health.org

7**Tongue tie: part 1 (check caroline-stone.com for other courses in November)**

Speaker: Caroline Stone
 Venue: Stalybridge, East Manchester, SK15 2AA

10**Functional active release: lower back pain and sciatica**

Speaker: Robin Lansman
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

10**Clinical Pilates for women's health: demystifying the pelvic floor**

Speaker: Sandie Ennis
 Venue: UCO
 Tel: 020 7089 5333
cpd@uco.ac.uk
www.uco.ac.uk/cpd

12–13**Advanced soft tissue techniques masterclass**

Speaker: John Gibbons
 Venue: Oxford University Sports Complex, Oxford
 Tel: 07850 176 600
www.johngibbonsbodymaster.co.uk

17**SCCO: foundation course – module 1**

Speaker: Penny Price
 Venue: Crista Galli, London
 Tel: 01453 767 607
admin@scco.ac
www.scco.ac

23–25**Harmonic technique**

Speaker: Dr Eyal Lederman
 Venue: Whittington Education Centre, London, N19
 Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

December

1**Human biome in health disease**

Speaker: Prof Adam Cunliffe
 Venue: Whittington Education Centre, London N19
 Tel: 020 7263 8551
cpd@cpdo.net
www.cpdo.net

1–2**Hartman's masterclass in manipulative techniques: lower body**

Speaker: Prof Laurie Hartman
 Venue: Whittington Education Centre, details as above.

Classifieds

Osteopath required: Cornwall

Osteopath required to work in well-established, friendly clinic in beautiful seaside town in Cornwall. Starting from the summer of 2018 full time. A mainly structural approach would be needed and acupuncture/dry needling would be an advantage. New graduates welcome to apply. For further information contact:

osteo241@gmail.com

Osteopath required: New Forest

Osteopath required to lead on women's health and paediatrics for a busy New Forest clinic. At present we have two osteopaths with an increasing list and we want to expand into this market which is at present underutilised. Real potential for the right candidate – Saturday working is required. We are growing and want someone who is keen to be an integral part of our expansion. Contact: steven@thenewsurgery.com with CV and covering letter.

Osteopath required: Royal Wootton Bassett

Royal Wootton Bassett Osteopaths requires two people to work two seven hour afternoon/evening sessions a week, and two Saturdays in five each. We are a busy, well-established, friendly practice. Please email:

dbrunskill@btinternet.com

Osteopath required, Ottawa, Canada

Join our two very successful businesses in Ottawa, Ontario; capitalosteopathy.ca and ottawaholisticwellness.ca Work with and learn from a diverse, holistic team. Employed/self-employed, full/part-time available.

Requirements: qualified, interested in working in Canada long term.

Contact: sue@ottawaholisticwellness.ca

Associate osteopath required: Melton, Suffolk

We practise on Suffolk's 'Heritage Coast', close to the beautiful market town of Woodbridge, 90 minutes from London by train. Our practice numbers mean that our team is overstretched and we need more osteopathic help. The extent of this is negotiable according to the availability and experience of the applicant. Our practice favours a 'structural team approach' and is based on the principal's 40 years' experience. There is a career opportunity for the right candidate. Please contact Andrew Gilmour with your CV: andrewgwillowfarm@gmail.com www.gilmourosteo.co.uk

Associate position: Lichfield, Staffordshire

I am looking for an associate to cover a list that caters for babies and children. This currently delivers a full working day a week, and has the potential to be grown. The applicant must have an ability to treat via the IVM. The position will be available around mid-July. The practice, established in 1983, is a busy, friendly, place with a wide patient base, full reception cover, and currently four experienced osteopaths, in the beautiful Cathedral city of Lichfield, Staffordshire. Plenty of work available with other colleagues in the area to make up a full working week. Be brave, leave London behind – it's nice here – best of all worlds! Only one hour 10 mins to London, 15 miles to the middle of Birmingham,

halfway to everywhere, and beautiful rural Staffordshire on your doorstep – what's not to like? Please contact Jayne H Scratchley with CV and covering letter: lichfieldosteopaths@outlook.com/ Practice telephone: **01543 252673**

Associate osteopath required: Warboys, Cambridgeshire

Covering busy list during maternity leave with a view to stay on as associate in busy village practice, three days/week (flexible) working with two other osteopaths. Preferable to have dry needling skills but not crucial. Starting in August. Graduates welcome. Bernitta@thewatersidepractice.co.uk **01487 209084**

Practice for sale: Pembrokeshire

National Park, stunning location, established multidisciplinary clinic with GP, podiatrist, sports therapy, holistic therapy etc. Four treatment rooms, large reception, beach location. Contact: **(07951) 381265** for more info or visit website www.rotheryhealth.com

Practice for sale: Southport, Merseyside

This busy, well-established clinic is situated in a busy and popular area of a lovely coastal town, enjoying an excellent local reputation and loyal patient base. The practice has two osteopaths and the support of excellent reception/administrative staff. Annual turnover of 80K. The sale is due to retirement, though I would be happy to remain for a handover period to maintain continuity and help the new practitioner to settle at the clinic if

desired. OIRO £18,000. The premises are available to buy or rent. A great opportunity, particularly for new or recent graduate. Please contact Judith at: nwesteo17@btinternet.com

Treatment room for hire: London

Central London, Regent Street (W1) clinic RENTAL for an osteopath, preferably with own list. Available Wednesdays and Fridays (8am-9pm). 24/7 meet-and-greet reception but you would be responsible for taking your own payments and making bookings. Please email: robin.kiashek@btinternet.com with CV.

Courses

MSc/PGDip in sports and exercise medicine, Queen Mary University of London Full-time (one year) or part-time (up to four years). Open to doctors, physiotherapists, podiatrists, and osteopaths. Specific learning routes for each discipline to develop collaborative and professional expertise. The course is based on the philosophy of total care for the athlete and the promotion of physical activity in the general population. The programme's emphasis lies firmly on regular clinical experience. For more information visit: www.qmul.ac.uk/sportsmed/

Courses

Tired of prescribing the same old exercise plans? Try something new. All the big clinics are using 'Rehab My Patient'. Easy-to-follow exercise programmes accessible in less than one minute. £11.42 per month. Improve patient relationships with 400+ advice sheets, HD videos and images. Try it now: www.rehabmypatient.com

PAEDIATRIC OSTEOPATHY DIPLOMA

LEADERS: HILARY PERCIVAL & MARK WILSON

VENUE: Hawkwood College, STROUD
Single room guaranteed

ENTRY: Introduction to Paediatrics [M9]

Alternative routes may be considered. Please contact us to discuss your previous qualifications and experience.



A flexible portfolio of specialist workshops and self-directed study aimed at deepening Paediatric knowledge and skills.



The **PAEDIATRIC OSTEOPATHY DIPLOMA** gives you the opportunity to study **six comprehensive weekend workshops** which, together with self-study, cover all the main systems of the growing child. Complementing these workshops are a fascinating selection of self-directed case studies, clinic visits, reflective studies, reports and action plans; all geared towards providing you with an in depth understanding of Paediatric Osteopathy.

As the **Diploma is extremely flexible**, you can fit studies around your existing practice and take workshops whenever you choose.

As the twig is bent, so is the tree inclined.

DIPLOMA ACCESS DAY [P0]

Obstetrics [P1]
Neurology I [P2]
Orthopaedics [P3]
Neurology II: Endocrine & Chromosome [P4]
Respiratory & Cardiology [P5]
Gastrointestinal Tract & Kidneys [P6]

14 SEP 2018

2-3 NOV 2019

1-2 FEB 2020

25-26 APR 2020

15-16 SEP 2018

2-3 FEB 2019

29-30 JUN 2019



What our previous Paediatric students have said...

We have returned to our practices after every weekend with new information, new approaches and renewed enthusiasm for osteopathy and how it can help our young patients.

Excellent, inspiring and clear teaching and felt that I came away with some concrete techniques that I could use straight away.

Over the whole weekend the level of knowledge passed on to us, the pace, the professionalism and the care given to us was superb and invaluable. You cannot read the stuff I learnt in any textbook.

shared learning, knowledge & practice



CPDO 2018

Professional Development for Manual and Physical Therapists

☎ 0207 263 8551
cpd@cpdo.net

Date	Topic	Lecturer	Cost	Deposit	CPD points
6-7 Oct	Functional stretching	Dr. Eyal Lederman	£275	£150	14
3 Nov	Nutritional management of the local and systemic inflammation + Nutritional management in supporting recovery from MSK injury and post-surgery	Prof. Adam Cunliffe	£125	£125	7
3-4 Nov	Hartman's master class in manipulative techniques: upper body	Prof Laurie Hartman	£375	£250	14
16-18 Nov (Start Friday 17:00)	Harmonic technique	Dr. Eyal Lederman	£385	£200	18
1 Dec	Human biome in health disease	Prof. Adam Cunliffe	£125	£125	7
1-2 Dec	Hartman's master class in manipulative techniques: lower body	Prof. Laurie Hartman	£375	£250	14
5-6-7 Dec	Barral's hormonal-visceral manipulation	Jean-Pierre Barral	FULLY BOOKED		20



Functional stretching Dr. Eyal Lederman

Dates: 6-7 Oct 2018 / Cost: £275.00

- Most clinical stretching methods have little or no effect on range of movement (ROM) rehabilitation - find out why and how to resolve it
- Most spinal stiffness is due to stretch sensitivity not biomechanical restriction: learn to identify the differences and how to manage it
- There are many causes for ROM losses - biomechanical, neurological, sensitivity related and psychological - find out how to manage ROM loss in different clinical scenarios
- Learn how to design a patient and condition specific ROM-rehabilitation programme
- And much more...

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

Functional stretching can be used to recover ROM losses in various musculoskeletal conditions including stiffness in chronic low back and neck complaints, post-injury rehabilitation, immobilisation, surgery, frozen shoulder and central nervous system damage.

Part of the course will also examine the potential use of functional stretching in pain and stiffness alleviation and ROM-desensitisation.



Barral's NEW COURSE 2019

Dates: 4-5-6 Dec 2019

Viscero-osteo articular connections: cervical spine in focus Jean-Pierre Barral

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

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

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

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



University College
of Osteopathy

Upcoming highlights:

Foundation in Acupuncture

Expand your practice with this certified course led by Dr Hubert van Griensven. Delegates will learn about Western and Chinese concepts of musculoskeletal acupuncture as well as safe and effective practical techniques. Delegates will receive a certificate for practice on successful completion.

9–10 June & 7–8 July, £495, UCO

The Pelvis: An Integrative Approach

Improve your knowledge of the pelvic cavity, including the assessment of its fascial and visceral contents, on this two-day course led by Valeria A Ferreira.

7 & 8 July, £270, UCO

A Yoga-based Approach to Therapeutic Movement and Exercise

An introduction to an exercise-based approach to patient care informed by hatha yoga principles for delegates who would like to extend their patient care to group exercise.

7 & 8 July, £270, UCO

Know Pain

This practical guide for persistent pain therapy explores a cutting edge approach to helping patients make sense of and overcome their pain. This popular course has been delivered around the world by Mike Stewart and is not to be missed.

8–9 September, £270, UCO

Enhance your skills

Meet your CPD requirements
with a diverse programme of
courses at the UCO

The University College of Osteopathy is a
leading provider of osteopathic education.

Our CPD provision offers high-quality,
evidence-based content, delivered by experts,
designed for use in your daily practice.

Discover a course to suit you today.

www.uco.ac.uk/cpdto
020 7089 5333

Continue your postgraduate studies with us...

We are now accepting applications for 2018 entry for the following one-year Postgraduate Certificates:

- PGCert in Academic and Clinical Education
- PGCert in Specialist Paediatric Osteopathic Practice
- PGCert in the Integrated Care of Older Adults
- PGCert in Animal Osteopathy (delivered by the OCA)

For more information and to apply:

visit www.uco.ac.uk/pg
call 020 7089 5316
email admissions@uco.ac.uk

The Fascia

Led by: Serge Paoletti

Date: Friday 21 to Sunday 23 September 2018 (Part 1)

Cost: £400 (includes lunch and refreshments)



There are no osteopathic techniques that do not involve the fascia; whatever technique you choose you must involve it. The fascia is the first point of defence against disease and stores trauma patterns. It links all osteopathic techniques. The purpose of this course is to demonstrate the subtleties of fascia, their mode of operation and action. Through embryological, anatomical, physiological and biological study, practitioners will discover various treatment options and will discuss the latest research on the fascia to allow them to advance therapeutic possibilities. Although essential to devote a portion of this course to theory, to capture all the subtleties of the fascia, most time will be devoted to practical applications. Over the 3-days, delegates will consider techniques that correspond to the different operational aspects of fascias. The following will be considered and discussed, including clinical relevance and technical application to all parts of the body:

- Structural Techniques
- Listening and induction therapy
- General fascial equilibration and dura mater techniques
- The 'transfixing' techniques
- The techniques of 'desideration' + self correction
- Ageing of lesions
- Notions of epigenetics
- The cellular memory
- Applications for elderly patients, pregnant women and treating fertility problems
- An introduction to a new notion of Intentional Medicine and Quantic Medicine

This is the first of a 2-part course - the second part will be held 25-27 January 2019.



ANIMAL OSTEOPATHY (Canine and/or Equine) Diploma course starts September 2018

Choose one 8-day pathway (Canine or Equine) or attend both to achieve the full Diploma. Accomplished over 6 months, with class-based elements delivered in three parts starting September 2018

This exciting programme is designed for those who have already undertaken training in animal manual therapy and have a thorough foundation in active/passive assessments (including gait analysis) and experience with articulation, soft tissue techniques and stretching for animals. You'll learn osteopathic skills that will build your professional competencies and discover how to relate osteopathic knowledge to your canine/equine patients, including: functional anatomy; neurology, neurological testing and pathology; orthopaedic conditions with associated osteopathic testing and treatment.

Choose one 8-day pathway for £1,499/attend both pathways for £2,699. Flexible payment option available. For further details visit www.eso.ac.uk/eso-animal-courses.

* Includes ESO foundation courses. For those without formal qualifications, an RPEL (Recognition of Prior Experiential Learning) process is available. Please note, if you are not an osteopath you may not use the term 'osteopath' or any such variation when advertising your services in the UK. Due to higher running costs, all animal courses are subject to sufficient delegate bookings. as such we advise that no flights or hotels are booked before final confirmation has been received.

CONTACT US:

European School of Osteopathy, Boxley, Maidstone, Kent, ME14 3DZ
Tel: +44 (0)1622 760816 or Email: cpd@eso.ac.uk

www.eso.ac.uk

EuropeanSchoolofOsteopathy ESOMaidstone



Clinic Opportunity for...

Associate Osteopaths for flexible positions in Derby

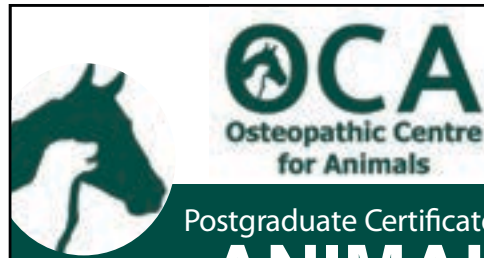
We are looking for new Associate Osteopaths to work within our busy Osteopathy Team led by Charles Dunning

Great opportunity for newly qualified practitioners, with support available from an extremely experienced team.

**Days & Hours are negotiable.
Positions based at our Mickleover Centre
in Derby.**

Please send your CV and covering letter to
Liz Say via email at
office@bridgenaturalhealth.co.uk

www.bridgenaturalhealth.co.uk



Postgraduate Certificate in **ANIMAL OSTEOPATHY** (PGCert AO)

Duration: 1 Year part-time
Location: Osteopathic Centre for Animals
(Oxfordshire)
Course Leader: Stuart McGregor DO
Validating Body: University College of Osteopathy

**We are currently accepting applications
for September 2018 entry.**

If you would like to apply or have any questions please
email admissions: wantageclinic@msn.com
or call OCA admissions on: 01235 768055



MOLINARI INSTITUTE OF HEALTH

www.molinari-institute-health.org



Post-Graduate Diploma in Women's Health – Osteopathy – Starting April 19

The recruitment process has now started for this two-year part-time course which provides a fantastic opportunity for qualified osteopaths to gain an in-depth understanding of Women's Health and to become part of a body of practitioners with a specific expertise in this field.

The syllabus will cover all the various stages in a woman's life, from puberty to pregnancy through to menopause, as well as specific gynaecological problems.

The course will be led by Prof Renzo Molinari who has over 40 years' experience in this area of osteopathy and will bring together an international team of experts that will include medical and complementary practitioners. The course is complemented by a teaching clinic where the students can develop their expertise.



MIH Conference – 19 – 21 October 2018 'Osteopathy, Men's, Women's and Children's Health'

Friday 19 October 2018: Conference Day in four sessions:

Session 1: Osteopathy with Susan Turner, Jo Buekens and Christian Fossum

Session 2: Women's Health with Prof Renzo Molinari, Geneviève Kermorgant and Anja Engel

Session 3: Men's Health with François Allart and Daniel Brogan

Session 4: Children's Health with Stuart Korth, Dr Larisa Lassovietskaya and Prof F Willard

Saturday 20 and Sunday 21 October 2018: Eight excellent practical workshops to choose from.

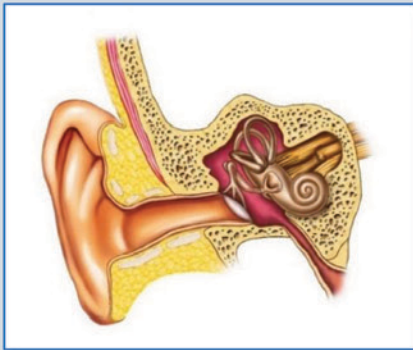
Post-graduate osteopathic seminar in Ios - Greece

Sunday 16 to Friday 21 September 2018

Guest speakers: Jonathan Daniells, Sue Turner and Prof Renzo Molinari
Topic: From Direct to Indirect Approach – Techniques made easy

Contact: Corinne Jones
corinnejones.mih@gmail.com
Website:
www.molinari-institute-health.org

Vestibular & Balance Rehabilitation CPD Seminar: Level 1



BPPV Diagnosis & Treatment

Benign paroxysmal positioning vertigo is a common complaint, with 6 possible variations on each side. If you would like to acquire the skills to diagnose and treat all variants of BPPV, and differentiate between benign peripheral and serious central vestibular conditions, then this is the seminar for you.

Learning outcome: After completion of this seminar, you will have acquired the theoretical knowledge and practical skills to:

- Confidently recognise and diagnose all 6 variants of BPPV.
- Differentiate central from peripheral vertigo, and recognise 'red flags'.
- Competently apply diagnostic maneuvers and physical treatment in the form of repositioning manoeuvres for each variant of BPPV

Dates & Times: 20th & 21th of October 2018 from 9:00 – 17:00

Location: '*Brighton Harbour Hotel*' 64 Kings Rd, **Brighton**, East Sussex, **UK**



The Presenter: Dr Rudi Gerhardt

Rudi's background as a health practitioner is extensive. He has studied in both Europe and Australia. His qualifications include Sports-Physiotherapy (Germany, 1984); Osteopathy (Belgium, 1998); BSc Anatomy (UNSW, 2001). In Australia, he is registered as an Osteopath.

Rudi has been teaching in several universities in Australia, as well as presenting at seminars and conferences for over 20 years. Although he has taught a wide range of subjects, his special interest is in the field of Neuroscience, especially the vestibular and balance system, where he has acquired knowledge and skills through extensive studies and training. He has also completed a '**Certificate in Vestibular Rehabilitation**' with a world-renowned neurotologist. Within that specialty he has gained considerable practical experience in his clinic.

Further info & bookings: <https://www.doctorrudlrehabresources.com.au>

"Great toolkit,
very straight
forward and easy
to use" Georgina,
iO member.

"Thank you so much
for all of the background
hard work which has made
my part of the process much
easier. I am not usually comfortable
with anything involved with IT but
I have found the templates easy to
work with" Alison, iO member

"Thank you so much
for all your hard work.
This GDPR tool kit is really
helpful." Iona, iO member

"Just wanted to say a massive thank you
to the team at iO. The tool kit is fantastic -
thanks for all your hard work. You have made
my life a lot easier!" Robbie, iO member

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Visit www.iOsteopathy.org/gdpr-for-osteopaths



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