

the osteopath

International Journal of Osteopathic Medicine enclosed

Shaping osteopathic practice standards

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General
Osteopathic
Council



General
Osteopathic
Council

The General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
tel | 020 7357 6655
fax | 020 7357 0011
email | info@osteopathy.org.uk
www.osteopathy.org.uk

Chair of Council: Professor Adrian Eddleston
Chief Executive
& Registrar: Evlynn Gilvarry
Tim Walker (as of 1 November 2010)

Key GOsC services

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

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

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

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

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

Finance & Administration **ext 231**

Enquiries about registration fees, VAT, payments.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 229 / 256**

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

Regulation **ext 224 / 249 / 236**

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

Clerk to Council **01580 720 213**

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

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

GOsC staff contacts

Monika Bojczuk (ext 235)
Professional Standards Assistant
monikab@osteopathy.org.uk

Fiona Browne (ext 239)
Head of Professional Standards
fbrowne@osteopathy.org.uk

Brenda Buckingham (ext 256)
Senior Registration Officer
brendab@osteopathy.org.uk

Alan Currie (ext 233)
Head of MIS & Registration
alanc@osteopathy.org.uk

Marcus Dye (ext 240)
Professional Standards Manager
marcusd@osteopathy.org.uk

Sarah Eldred (ext 245)
Communications Manager
sarahe@osteopathy.org.uk

Kellie Green (ext 236)
Regulation Manager
kellieg@osteopathy.org.uk

Sonia van Heerden (ext 242)
Information Officer
soniavh@osteopathy.org.uk

Margot Pinder (ext 228)
Web Manager
margotp@osteopathy.org.uk

Priya Popat (ext 249)
Regulation Officer
ppopat@osteopathy.org.uk

Jane Quinnell (01580 720 213)
Governance Manager
janeq@osteopathy.org.uk

Matthew Redford (ext 231)
Head of Finance &
Administration
matthewr@osteopathy.org.uk

Anna Ripley (ext 224)
Regulation Assistant
annar@osteopathy.org.uk

Abdul Saadeddin (ext 251)
Facilities Manager
abduls@osteopathy.org.uk

Marcia Scott (ext 246)
Assistant to Chief Executive
& Registrar
marcias@osteopathy.org.uk

Kelly Smith (ext 229)
Registration Administrator
ksmith@osteopathy.org.uk

Velia Soames (ext 248)
Head of Regulation
velias@osteopathy.org.uk

Brigid Tucker (ext 247)
Head of Policy &
Communications
brigidt@osteopathy.org.uk

Jodie Ward (ext 222)
Senior Communications Officer
jward@osteopathy.org.uk

Joy Winyard (ext 238)
Professional Standards Officer
joyw@osteopathy.org.uk

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the osteopath

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Email: editor@osteopathy.org.uk

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Send editorial to:

General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU

Email: editor@osteopathy.org.uk
Tel: 020 7357 6655
Fax: 020 7357 0011

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Advertising sales only:

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Wealden Printing
Cowden Close
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Hawkhurst
Kent TN18 4QT

Tel: 01580 753 322
Fax: 01580 754 104
Email: osteopath@wealdenad.co.uk

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Shaping osteopathic practice standards

We recently launched a consultation on the newly combined Osteopathic Practice Standards, which runs from 1 September to 30 November 2010.

The Osteopathic Practice Standards comprises both the *Standard of Proficiency* and *Code of Practice* for osteopaths. It presents all the standards of conduct and competence required of osteopaths to promote patients' health and wellbeing and to protect them from harm. It aims to ensure that osteopaths work both within the law and within their own personal limits of competence. Feedback received during the consultation process is essential to ensure that the final document, which will be published in 2011, is clear and practical for all osteopaths.

We recognise that osteopaths work in many different ways and represent a diverse profession. We therefore need to hear your views on the Osteopathic Practice Standards to ensure that they are taken into account when producing the final document.

In-depth feedback

To help gather as many different viewpoints as possible, we have appointed independent consultants Hewell Taylor Freed & Associates (HTF) who are actively seeking consultation responses. HTF hope to conduct 100 telephone and 20 face-to-face interviews with a representative sample of osteopaths, including:

- > males and females of all ages;
- > those in sole and group practice;
- > those in part-time and full-time practice;
- > osteopaths practising in urban and rural environments;
- > osteopaths practising in a devolved state; and
- > non-practising osteopaths.

Feedback from these interviews will guide HTF on the subjects that will be discussed at 12 focus groups being held across the UK in October. Each focus group has been carefully planned to include a set number of osteopaths to ensure the group is effective and that each attendee has the opportunity to contribute.

If you have agreed to take part in either the interviews or focus groups, it is vitally important that you attend at the date and time previously agreed with HTF. The duration of the consultation has been carefully planned, with each activity taking place in a particular time slot – the interviews need to be completed before the focus groups can begin. It will increase costs

and delay the progress of the consultation if you do not participate at your agreed time.

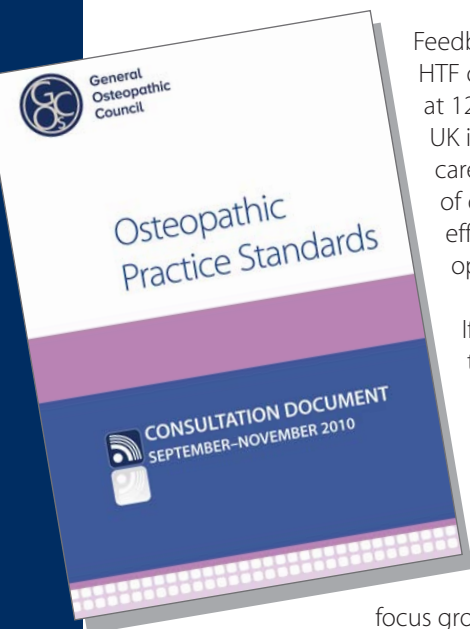
HTF will also be seeking feedback from members of the public, patient groups and those informed about equality and diversity requirements. The responses from osteopaths will ensure that we strike the right balance of views from the profession with those received from patients and the public.

The consultation document

The Osteopathic Practice Standards play a central role in the requirements for osteopathic training and the achievement and retention of registration with the GOSC. Osteopaths must keep to all of the standards, and suggestions on how to do this have been laid out in the corresponding guidance that is also provided in the document.

The standards have been arranged into four main themes:

- > **Communication and patient partnership** includes the standards and guidance for effective communication with patients and the need to receive patients' valid consent before treating them.
- > **Knowledge, skills and performance** requires osteopaths to have a certain level of competence to be able to practice as primary healthcare professionals. It also requires osteopaths to maintain their level of competence through continuing professional development (CPD).



- > **Safety and quality in practice** includes standards and guidance for the effective evaluation of patients and the formulation of justifiable treatment plans. It sets the standards for osteopathic patient records and identifies steps that should be taken to protect patients' modesty.
- > **Professionalism** requires osteopaths to work effectively with colleagues and other healthcare professionals to enhance patient care and to respond quickly to complaints. It also requires osteopaths to be honest and trustworthy and to uphold the reputation of the osteopathic profession through their conduct.

Each standard is displayed in the left-hand column and is supported by corresponding guidance, which appears in the right-hand column. Osteopaths must keep to all of the standards, and suggestions on how to do this have been laid out in the guidance.

It's really important that you share your views on the Osteopathic Practice Standards with us to make sure they are achievable in everyday practice. If you are not contacted directly by Hewell Taylor Freed & Associates to take part in an interview or focus group, you can provide your feedback by using the online consultation document, which is available on the [o zone](#) and on the GOsC public website (www.osteopathy.org.uk).

The consultation closes on **30 November 2010**. The GOsC will receive a report from HTF on the responses received from the consultation in early 2011.



CODE OF PRACTICE

STANDARDS

A3 Give patients the information they need in a way that they can understand.

GUIDANCE

8. Before examining or treating a patient, you should ensure that they understand:
 - 8.1. their rights as a patient, including the right to have a chaperone present and to stop the examination or treatment at any time.
 - 8.2. what they can realistically expect from you as an osteopath (and why their expectations may be unrealistic).
 - 8.3. the risks involved in the treatment you propose to administer.
9. Using diagrams, models and non-technical language may help to explain particular treatments and risk.
10. If you propose to examine or treat a patient who has difficulty communicating, you must take every reasonable step to assist him or her. For example, make use of an appropriate interpreter if the patient cannot speak your language or relies on signing for communication.

Review of the year

GOsC financial report for 2009–10

The GOsC's Annual Report and Accounts for 2009–10 was tabled in Parliament at the end of September. A report to Parliament is not only a requirement of statutory bodies with specific public duties, but is also an opportunity for us to show you how your registration fee has been spent. In all our work our desire is to demonstrate value for money, performing our statutory duties effectively and efficiently.

Below is a summary of our key activities during this financial period. The full Annual Report and Accounts is available to download from the **o** zone or the GOsC public website at www.osteopathy.org.uk. We urge osteopaths, and all our stakeholders, to study the report with care and raise with us any questions or queries. If you would prefer to receive a hard copy of the Annual Report, please contact us on 020 7357 6655 ext 242 or email: info@osteopathy.org.uk.

Engaging with patients, the public and professionals

Developing and promoting high standards of osteopathic care relies on working in close partnership with osteopaths, patients and the public, along with other healthcare professionals, policy makers and all those affected by our activities. We welcome the widest possible input to inform and shape our decision making.

Between March and June 2009, we hosted six regional consultation meetings with osteopaths across the UK to engage as many practitioners as possible in the development of four essential elements of osteopathic regulation:

- > Revisions to the *Code of Practice* (issued 2005)
- > Revisions to the *Standard of Proficiency*
- > Revalidation for osteopaths
- > Development of an Osteopathic Practice Framework (scope of practice).

We invest heavily in encouraging osteopaths to be fully engaged in the development of practice standards. The regional consultation meetings were attended by approximately 1,000 osteopaths, which equates to 25% of the profession. All osteopaths were able to submit feedback online, via the **o** zone.



Patients and the public were also encouraged to participate in these consultations via the dedicated consultation page on the GOsC public website, with key stakeholder representative groups targeted with a direct invitation to participate.

Patients and the public

- > We commissioned a national survey of patient expectations of osteopathic care, targeting up to 8,000 patients through 800 osteopathic practices, exploring the patient experience in distinct clinical settings – private practice, clinics operated by the Osteopathic Educational

Institutions and NHS-funded osteopathic care. Our aim was to acquire reliable and up-to-date feedback directly from osteopathic patients that will inform our policies and guidance to osteopaths, and ensure we are providing the information patients and the public need.

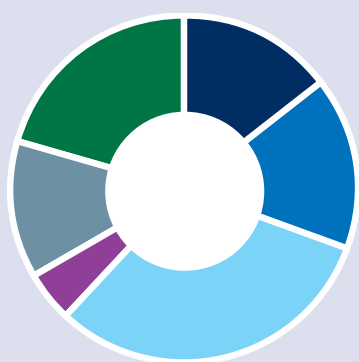
- > We are also determined to involve patients and the public more directly in our work, and we are exploring ways to improve our methods and mechanisms for engaging more effectively with the widest range of individuals and groups for whom we have a duty of care.

WHAT DOES THE REGISTRATION FEE FUND?

Income and Expenditure

	Financial year	
	2009-10 £	2008-09 £
Total income	2,863,327	2,864,747
Total expenditure, including corporation tax charge	2,853,204	2,806,741
Total designated spending	327,536	357,229
(Deficit)/surplus after designated spending	(317,413)	(299,223)
% of income spent before designated spending	99.65%	97.98%

Breakdown of expenditure



2009-10

£244,751 (14.66%)	Professional Standards	£255,983 (15.81%)
£268,550 (16.08%)	Communications	£266,978 (16.49%)
£522,437 (31.29%)	Regulation	£533,127 (32.92%)
£79,364 (4.75%)	Registration & MIS	£108,416 (6.70%)
£213,241 (12.77%)	Research*	£101,931 (6.29%)
£341,333 (20.45%)	Secretariat**	£352,818 (21.79%)

2008-09

Proportion of £750 registration fee spent on key activities 2009-10



£117.74	Professional Standards	15.70%
£118.39	Communications	15.78%
£168.67	Regulation	22.49%
£50.12	Registration & MIS	6.68%
£50.98	Research	6.80%
£244.10	Secretariat	32.55%

Notes:

- > The segments represent the net costs, including employment costs (salary and pension).
- > Secretariat includes the cost of Council and its non-statutory committees, overhead costs of running Osteopathy House (postage, rates, service contracts), and the independent audit programme.

* Research expenditure previously incorporated within Professional Standards and Secretariat.

** Includes financing and corporation tax.

Balance sheet and reserves

The balance sheet shows total funds as at 31 March 2010 of £2,184,660. This is a reduction on the previous year as the Council has spent funds previously 'ring-fenced' as designated for specific purposes.

General reserves (free reserves not designated for specific purposes elsewhere) total £1,664,042 – equivalent to seven months' average annual expenditure.

Funds totalling £520,618 have been designated specifically for:

- > Research into adverse events in osteopathic practice (£124,807) and the development of a standardised data collection tool (£45,811). Both projects are under the direction of the National Council for Osteopathic Research (NCOR) and relate directly to the need for increased evidence-based practice.

- > Development of a scheme of revalidation for osteopaths (£200,000) – the process by which all health professionals will be required to demonstrate they meet the standard for continued registration, with the aim of enhanced public protection.
- > Reforms to the GOSc governance structure (£150,000). Money has been ring-fenced to cover the process by which Council members are reappointed. This fund also allows for training and appraisal programmes.

Engaging with osteopaths

- > Sound regulation relies on clear understanding between the regulator and the osteopath. We communicate regularly with osteopaths through *The Osteopath* magazine and the **o zone**. This is supported by regular meetings with representatives of the Osteopathic Educational Institutions, the Regional Osteopathic Societies, the British Osteopathic Association, the National Council for Osteopathic Research, and with the profession at large.
- > Work began on redeveloping the **o zone** in order to improve the guidance available for osteopaths and enhance accessibility and functionality. The new site will offer a range of online services for osteopaths, including renewal of registration and an area designed to assist the transition into practice for final-year osteopathy students.

Engaging with students

The 2009 cohort of graduating students of osteopathy all had the opportunity to attend an on-campus presentation by the GOSc, which outlined the purpose of statutory regulation, the role of the GOSc, and the requirements for entry on the UK Register of Osteopaths. The content of these pre-registration presentations was revised during the year to reflect a number of important findings from an independent student survey, conducted in 2008–09.

We encourage feedback from the students on an ongoing basis to help us ensure we are meeting the needs of those who will shortly be making the transition into practice.



Photo courtesy of the British School of Osteopathy

Enhancing our services

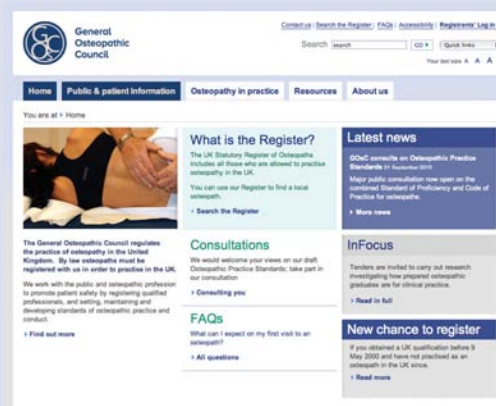


New Council and committees

In compliance with recent government reforms to healthcare regulation, a new, smaller Council, comprising seven osteopaths and seven lay people, took office in April 2009. Other governance reforms included the appointment of new statutory Fitness to Practise committees – Investigating, Professional Conduct and Health – and a reconstituted Education Committee, from April 2009. The Council's non-statutory committees – Audit, Finance & General Purposes and Remuneration – were also reconstituted from April 2009.

Induction, training and appraisal

The newly appointed Council and committees were provided with an exhaustive programme of induction and training to ensure our non-executive members are properly equipped to discharge effectively their governance duties. We have introduced a system of annual appraisal for all non-executives to continually assess performance against core skills and the application of special expertise.



New public website

A new public website was launched in April 2009, designed to increase accessibility and encourage feedback from patients and the public. Enhancements include the identification of osteopaths who are suspended from practice as a result of disciplinary proceedings, or who are subject to conditions of practice. In addition, there is easy access to full details of relevant fitness to practise decisions related to those suspended or subject to conditions of practice.

Research

During the year, we conducted a range of research amongst users of our services to identify strengths and weaknesses. We introduced what will be an ongoing satisfaction survey of complainants and osteopaths who have experience of our fitness to practise processes. In January 2010, we participated in a 'mystery shopping exercise' led by the Council for Healthcare Regulatory Excellence (CHRE) to assess the quality of our response to public complaints or concerns about osteopaths.

Database management system

We introduced new stakeholder relations management software during this year to help us to conduct more of our business online, streamlining our services to osteopaths and the public, with the aim of achieving greater efficiencies.

Setting standards, promoting good practice

Revisions to osteopathic practice standards

Osteopathic practice standards are currently set out in the *Code of Practice* (May 2005) and in the *Standard 2000 – Standard of Proficiency* (1999).

In December 2008, we began a review of the current *Code of Practice* and also held consultation meetings across the UK in early 2009 to encourage osteopaths to identify the parts of the Code which, in their view, required amendment.

In 2008, we developed a revised *Standard of Proficiency*, setting out the requirements for safe and competent osteopathic practice. From November 2008 to June 2009, we consulted on proposed revisions to these standards. Feedback from the consultation, which included regional meetings across the UK between March and June 2009, was analysed by an independent consultant.

The consultation highlighted a need to consider the relationship between the *Standard of Proficiency* and the *Code of Practice*. Based on feedback, we developed a revised set of standards which for the first time will bring together the *Code of Practice* and *Standard of Proficiency* into one document – the Osteopathic Practice Standards. We are currently consulting on this draft document (see pages 4 and 5 for further details).

Enhancing quality and safety

We work in partnership with the National Council for Osteopathic Research (NCOR), the body responsible for promoting a research culture and strengthening the evidence base for osteopathy. This year we have been conducting a number of research projects, some through NCOR, the findings of which will assist our work to enhance the quality and safety of osteopathic practice:

- > **Patient research** – a comprehensive UK-wide survey of public and patient expectations and experience of osteopathic care was conducted for the GOSC in early 2010 (see page 6). The findings of this study are due to be published before the end of 2010.
- > **Adverse Events project** – four discrete studies, coordinated by NCOR, that together aim to address the paucity of data concerning risks associated with osteopathic treatment. Project one, on adverse events associated with physical interventions in osteopathy and relevant manual therapies, was completed in 2009. The remaining three projects are due for completion in 2010–11. The findings are expected to better equip osteopaths to provide patients with adequate and reliable information regarding risks associated with treatment.
- > **Standardised Data Collection** – with GOSC funding, NCOR has developed and piloted a 'standardised data collection' tool for gathering patient data in osteopathic private practice. Data collected on a national scale will help to profile practice, establish clinical audit standards and enable the profession more precisely to describe osteopathic practice for the benefit of the public and patients.



Revalidation update

Fiona Browne, Head of Professional Standards

As you know, we are working towards implementing a scheme of revalidation for the profession in line with a government drive to improve regulation across all healthcare professions. In the last issue of *The Osteopath* (August/September) we outlined the work that KPMG will undertake as part of its evaluation of the proposed revalidation scheme. The team has been busy on two fronts:

- > Building an understanding of how osteopaths practise.
- > Undertaking an analysis of other healthcare regulators' plans around revalidation.

Both activities will help to inform the design of a pilot scheme for revalidation, which we hope to run next year.

Building an understanding of how osteopaths practise

In order to develop an understanding of osteopaths' working practices, KPMG will be contacting a representative sample of the profession to complete a survey, which will be sent out during the autumn. This is a stratified sample, meaning that it is designed to ensure that we achieve a representative response with minimum inconvenience to the profession. If you receive a copy of the survey, we strongly encourage you to complete it, either in hard copy or online via the **o** zone.

A qualitative analysis will be conducted alongside the survey to collect more reflective thoughts about how you practise. This questionnaire is open to the whole profession and will be available to complete via the **o** zone.

KPMG has also planned two focus groups to explore the issues around osteopathic practice in more detail. Working with the Regional Osteopathic Societies, the focus groups will be held in October in Birmingham and north Wales to allow for a geographical and socio-economic mix.

It is hoped that these consultation activities will help us to identify the risk factors for revalidation and will continue to contribute to our thinking on the scheme to ensure it is proportionate. It will also ensure that, as far as possible, particular groups of osteopaths are not adversely affected by revalidation.

All information gathered in these activities will be confidential and analysed only by KPMG. Individual osteopaths will not be identifiable and the raw data will not be shared with the GOsC.

Other healthcare regulators' plans around revalidation

KPMG has been gathering information from other healthcare regulators about their plans for revalidation, and has already spoken to the Health Professions Council, the General Optical Council, the General Medical Council, the Royal Pharmaceutical Council for Great Britain, and the General Chiropractic Council. This will help us to build a picture of the alternative methodologies for revalidation in the context of different professions, and associated timescales and progress to date. The British Osteopathic Association has also been consulted to canvass wider views from the profession.

Whilst this work is still ongoing, it is worth noting that there is a significant amount of work taking place by other healthcare regulators around the planning of revalidation schemes, and that many of them are working to a similar timescale and level of rigor to the GOsC. There are also lots of good lessons to take from the other regulators in terms of ensuring the scheme is proportionate and not overly burdensome on the profession.



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

Developing the revalidation assessment criteria

In February 2010, the Revalidation Standards and Assessment Working Group (RSAG) agreed to recruit a team of assessment experts to develop the assessment criteria for the proposed revalidation scheme for osteopaths. It was expected that the work of the Assessment Expert Team would include the following:

- > A valid, fair and fit for purpose set of assessment criteria to support the developing revalidation standards, assessment and evidence framework with reference to different types of osteopathic practice.
- > Advice on appropriate evidence that might be submitted to fulfil the criteria.
- > Advice on any changes to standards required to ensure that they can be assessed appropriately.
- > Advice on appropriate moderating mechanisms and processes to ensure assessment is carried out in an open, transparent and fair way.
- > Advice on appropriate skills and expertise for assessors to undertake the assessment for the purposes of the pilots.
- > Advice on appropriate preparation and training for assessors for the pilots.

All five members of the team – Caitrian Guthrie, Simeon London, Judith Neaves, John Patterson and Caroline Penn – have begun work on developing the assessment criteria for the four different domains agreed by the RSAG at an earlier meeting.

These domains, or categories that the revalidation standards are placed in, comprise:

- > Knowledge, skills and performance
- > Communication and patient partnership
- > Safety and quality in practice
- > Professionalism.

In September, these draft assessment criteria were presented to the RSAG, which agreed to its further development. This work in progress will be available on the revalidation page of the public website (www.osteopathy.org.uk/practice/standards-of-practice/revalidation/) and on the **o** zone shortly.

Next steps

We are expecting further announcements from the UK government about the development of the revalidation schemes by the various health regulators, and will be clearer about our own timetable for development after that. We are also waiting to hear from the Department of Health about the second tranche of funding that we applied for to go towards the cost of developing the scheme. Subject to these announcements, we are hoping to begin the piloting of revalidation between July 2011 and July 2012.

These pilots will put participating osteopaths at the heart of the development of the scheme; they will influence the impact analysis being undertaken by KPMG and will shape the final scheme itself. If you are interested in taking part, please contact Monika Bojczuk at mbojczuk@osteopathy.org.uk. The pilots will take place over a period of six months to a year. Further support will be provided to participating osteopaths in order to meet the requirements of the scheme.

Regional Communications Network meeting

19 November 2010

Representatives of the UK's Regional Osteopathic Societies have been invited to meet with the GOsC at Osteopathy House on Friday 19 November.

The meeting will update representatives on the latest revalidation developments and the upcoming pilots, and will explore the Osteopathic Practice Standards consultation in more detail with a view to gaining further feedback. It will also give representatives the opportunity to meet the new GOsC Chief Executive and Registrar, Tim Walker.

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

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



Looking to the future

Tim Walker, Chief Executive and Registrar Designate

It is a great privilege for me to be joining the General Osteopathic Council as its third Chief Executive and Registrar since its establishment in 1997. And as I take up the reins I would like to pay tribute to Evlynn Gilvarry for her work over the past three years and, on behalf of the GOsC, wish her well in her new role as Chief Executive of the General Dental Council.

One of my first priorities will be to develop my understanding of osteopathy and osteopaths. I don't think it is possible to be a credible and effective regulator unless you are in touch with the day-to-day concerns of individual registrants. So in my first few months in post I hope to get out of Osteopathy House to start to meet you in your working environment and at events, and also to meet the registrants of the future as they undertake their training.

Regulation has been a fairly constant theme of my working life: in engineering, agriculture and food, broadcasting and, most recently, medicine in my work at the General Medical Council. The common theme of nearly all of this work has been public protection and it is only right that this should be the key role of the GOsC. But I also believe strongly that effective regulation serves to enhance the professional standing of osteopaths not just in the eyes of patients but among other healthcare professionals too.

When I look at the work that the GOsC is undertaking, whether in setting the standards in the *Code of Practice*, quality assuring Osteopathic Educational Institutions, prosecuting those who abuse the title of osteopath, supporting research or preparing for the introduction of revalidation, I have been impressed by two things. First, that as a regulator it has been both innovative and forward looking, and second, that it has been ably served by its staff team, and the professional and lay members of the Council and committees.

I also think that the GOsC has been successful at engaging with the profession, but equally I



am sure that there is more we can do. So I am pleased that work is progressing well to enhance our online services for osteopaths which will allow us to improve our communication with you and to provide a more streamlined service. But it is important too that we hear from you, for example by responding to our current consultation on the Osteopathic Practice Standards (see pages 4 and 5 for further details).

Last year we set out an ambitious programme of work in our Corporate Plan which aims to ensure that we continue to develop our role and continue to be an effective regulator. I know that all this work comes at a price and that the cost is borne by registrants through their fees. That is why I am committed to ensuring that we are vigilant in our use of resources, particularly in the current difficult economic climate.

In conclusion, as interest in studying, practising, researching (and receiving) osteopathy continues to develop, so too must its regulator. I am excited by that challenge and look forward to working with the profession to meet it.

Tim Walker joins the GOsC on 1 November 2010

Understanding osteopathic practice

In the last issue of *The Osteopath* (August/September, page 12), we outlined our plans to commission some research into two different areas: preparedness to practise and patterns of osteopathic practice. These research projects will enable us to better understand the uniqueness and individuality of osteopathic practice and how best to regulate osteopathy effectively for the benefit of patients.

We recently published an invitation to tender in the *Times Higher Education* for research proposals investigating the preparedness of recent osteopathic graduates to practise and featured the same invitation on our website throughout September.

This is an important area of work which will help us to understand the nature and effectiveness of support mechanisms for osteopaths going into practice for the first time and will help to identify areas where osteopaths may benefit from better support.

As student osteopaths undertake a significant part of their training in dedicated clinics within their Osteopathic Educational Institution, they are continuously supervised by more senior colleagues when seeing and treating patients. Although many may go into a group practice to retain support during their first year of independent practice, others will start their professional careers as sole practitioners with no direct support.

Whilst there are other forms of support available to newly qualified osteopaths, such as the Regional Osteopathic Societies and the British Osteopathic Association, the aim of the research is to provide a report determining where there are gaps in the support available and how prepared and confident newly qualified osteopaths are for practice.

Interviews will be undertaken with the shortlisted research teams at the beginning of October, and the successful team will be appointed shortly afterwards.

We are currently finalising the invitation to tender for the research on patterns of osteopathic practice, which will investigate the variety, depth



and nature of osteopathic practice undertaken by osteopaths in the UK. This will help greatly in our work to develop a credible framework for describing osteopathy.

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

GOSC news at your fingertips

The latest issue of the Fitness to Practise e-bulletin was sent out to osteopaths in September and is also available to view via the **o** zone (www.osteopathy.org.uk). This edition focuses strongly on the importance of making and retaining full patient records and includes a series of reports on rulings by the Professional Conduct Committee (PCC) where deficient record taking was the key issue. The bulletin also includes an interview with David Plank, PCC lay Chairman, who offers a valuable insight into the most common risks for practitioners.

As always, we are now keen to hear your thoughts on the content, format and language used. You can share your views with us by emailing: info@osteopathy.org.uk.

The Fitness to Practise e-bulletin is emailed directly to osteopaths who have provided us with an email address. If you haven't received the bulletin, please contact our Registration Department to update your details on 020 7357 6655 ext 229 or email: registration@osteopathy.org.uk.



Relunched o zone coming soon

Work is nearing completion on the redesigned o zone, which will go live for testing in November.

A central component in the enhancement of our online services, the website will feature online renewal of registration and fee payment, a revised continuing professional development (CPD) module to streamline the process of maintaining and submitting your CPD online, and an upgraded events diary with online booking for GOsC events.

The refreshed o zone will also include the introduction of a practice guidance section, gathering together all relevant guidance for easy reference; a section devoted to the development of our proposed revalidation scheme;

information about managing complaints and the GOsC complaints process; and an updates and consultation section where we will be highlighting opportunities for you to get involved in the development of GOsC policy and initiatives.

Improved navigation features should enable you to locate the information you need more easily.

We will soon be looking for volunteers to test some of the key functions, such as online renewal and CPD. If you are interested in helping us with this, please contact Margot Pinder, Web Manager, on 020 7357 6655 ext 228 or email: margotp@osteopathy.org.uk.

We look forward to bringing you an overview of the new site and key services in the next issue of *The Osteopath*.

Assessing clinical risk in osteopathy

Steve Vogel, Vice Principal (Research and Quality), Principal Investigator, the British School of Osteopathy

As health professionals, we osteopaths recognise our obligation to assist patients' consent to treatment by outlining clearly the inherent benefits and risks involved in receiving care. However, to date the nature and extent of benefit and risk involved in osteopathic treatment has not been adequately researched in the UK.

We successfully bid for the largest of several studies examining adverse events that have been commissioned by the GOsC. The Clinical Risk, Osteopathy and Management (CROaM) project is being carried out by a team of experienced researchers from different professions and institutions.

Earlier this year, the research team sent out surveys to all UK osteopaths and the responses have now been collected. We noticed that some osteopaths declined to take part because they had concerns regarding anonymity and also some apprehension about the GOsC's role in the research.

It is important to address these concerns. Exploring adverse events in healthcare is highly sensitive, but through ethical review and approval, and monitoring by an independent steering committee, the research team

ensures the highest standard of confidentiality and data protection. Participants' contact details will only be used for this study and will be destroyed on completion of the project. The GOsC has no access to individual responses or to the data file.

We are currently sending out questionnaire packs to osteopaths who have agreed to pass these on to their patients. We are extremely grateful to those who are willing to take part, as it can be burdensome for busy practitioners to issue surveys to patients, especially as the first questionnaire should be filled in before treatment. Many of the symptoms we are asking about are common; therefore we want to find out how prevalent they are in osteopathic patients before treatment.

We appreciate you giving your precious time to make the study a success and we

sincerely believe these "adverse events" projects will put osteopathy in a stronger, more confident position in the future.



Osteopathy in Europe

Members of the Forum for Osteopathic Regulation in Europe (FORE) gathered in Madrid on 18 and 19 September 2010 for the second of its bi-annual meetings. The tenth formal meeting since its inception in November 2005, FORE brought together 24 delegates from 17 organisations across 14 European countries to push forward a number of projects in the development of further recognition and regulation of osteopathy across Europe.



Formalising FORE's membership

Created initially with an informal loose structure, FORE is now taking steps to formalise its governance. Full membership to FORE is open to "European osteopathic organisations made up wholly or predominantly (at least 75%) of practising osteopaths and who share FORE's mission and strategic aims." Applications from at least 22 osteopathic organisations from across Europe are anticipated.

FORE votes to stay independent

Over the last two years FORE has been working more closely with the European Federation of Osteopaths (EFO) to promote greater osteopathic regulation in Europe, culminating in a Memorandum of Understanding last year. This collaboration has manifested in joint delegations to the European Commission and working groups. To take this further, FORE carried out a feasibility study of a potential merger with the EFO, considering the costs and benefits of a single European-level organisation. After careful consideration, EFO and FORE agreed that full merger was premature. Instead, the existing collaborative work should serve to show how the respective organisations can work more closely together.

FORE considers draft Scope of Osteopathic Practice in Europe

A draft Scope of Osteopathic Practice in Europe has been developed by a joint working group of EFO and FORE members – representing Belgium, France, Ireland, Italy, Netherlands and Spain. Its purpose is to give a clearer identity to osteopathy in Europe, and to assist national Governments in their consideration of osteopathic regulation. FORE congratulated the working group for its hard work in preparing the first draft of this valuable piece of work and commented on various aspects of the content and layout. Currently this draft is only open for consultation within the membership of EFO and FORE, before being launched for wider consultation next year.

Formalising European osteopathic standards

FORE has already agreed European frameworks on standards of osteopathic education, training and practice to encourage greater consistency in osteopathic healthcare across Europe. Whilst these documents provide templates for national organisations trying to develop standards in the absence of regulation, they do not have any legal standing. For this reason, FORE and the EFO have been looking to formalise FORE standards, and others, through the development of a European standard of osteopathy with the European Committee of

Standardisation – CEN (www.cen.eu). CEN is the EU-recognised body for standard setting and is made up of national standardisation bodies, such as the British Standards Institute in the UK. A CEN standard is commonly seen as the 'CE' mark on a variety of products, and is now moving into healthcare services too, for example the hearing aid professionals have already developed a CEN European standard and the chiropractors are finalising a draft document. Although a CEN standard would not override national legislation, such as the Osteopaths Act, it is enforceable and provides a benchmark where there is no regulation. Before moving forward, the EFO and FORE have been researching the costs involved in this project as the services of a national secretariat (provided by a CEN member) are required to develop a CEN standard. Currently, submissions have been received from Austria, Bulgaria, Sweden and Switzerland. A formal decision to move forward will be made before the end of 2010.

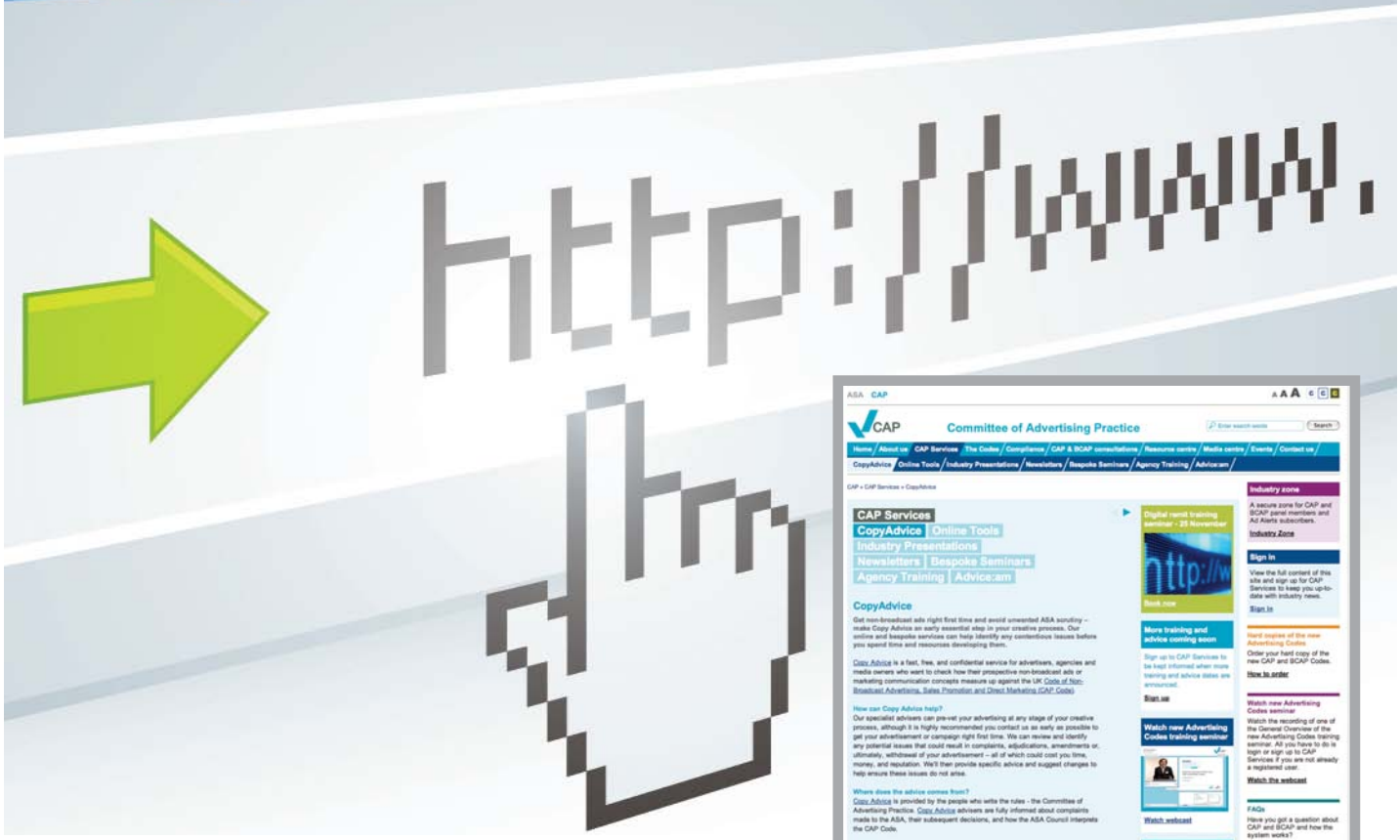
National/international updates

Members also considered updates on EU legislation, an update report on the WHO benchmark on osteopathy, as well as regulatory developments in Belgium, Norway, Portugal and Spain.

For further information about FORE and its members, contact Sarah Eldred on 020 7357 6655 ext 245 or email: sarahe@osteopathy.org.uk.

Advertising regulator to look at website copy

The Advertising Standards Authority (ASA) has announced plans to extend its remit to cover websites. From 1 March 2011, the rules in the British Code of Advertising, Sales Promotion and Direct Marketing (the CAP Code) will apply in full to marketing communications online, including the advertiser's own website and other non-paid-for space under their control, such as social networking sites like Facebook and Twitter.



All osteopaths must comply with the ASA's requirements on healthcare advertising, as set out in the CAP Code, and you should therefore ensure that the claims made in your publicity material – both in print and online – can be verified by robust clinical evidence.

The change means that complaints regarding website content will now be considered by the ASA rather than trading standards officers, as is currently the case. Any complaints against an osteopath's website could also be made directly to the GOsC, which we will be required to investigate.

Sanctions

In addition to the ASA's present sanctions, new sanctions can also be imposed on those who refuse to amend or withdraw advertising that does not comply with the CAP Code. These sanctions include:

- > Providing details of an advertiser and the non-compliant marketing communication on a special part of the ASA website.
- > Removal of paid-for search advertising – ads that link to the page hosting the non-compliant marketing communication may be removed with the agreement of the search engines.

- > ASA paid-for search advertisements – the ASA could place advertisements online highlighting an advertiser's continued non-compliance.

You can check your compliance with the ASA's rules via the **o** zone or by contacting the CAP Copy Advice Team on 020 7492 2100 or emailing: advice@cap.org.uk. You can also visit the Committee of Advertising Practice's website (www.cap.org.uk/capservices/copyadvice.aspx) for further information.

The ASA is urging website owners to sign up to CAP Services by visiting www.cap.org.uk/account/login.aspx to receive guidance and training to help ensure your site complies with the new rules before 1 March 2011.

What's in the latest IJOM

Nicholas Lucas MHS (Osteo), IJOM Editor (Australia)

Risk. Whether we are aware of it or not – risk doesn't go away. It is always there as a statistical likelihood, a probability or, as some might say, an accident waiting to happen. From a professional practice standpoint, all sorts of risks are ever-present, with one of the most concerning being that of an adverse reaction occurring in a patient under our care.



While we are supposed to inform patients of the risk of osteopathic procedures, we do not have the scientific data that informs us about those risks. When we would like to have hard data regarding the attributable risk or number needed to harm (NNH) of a procedure, instead we have had to rely on data of dubious quality.

The risks of not knowing the risks of osteopathic practice have led a small number of dedicated researchers to explore this topic systematically. In this issue of the *International Journal of Osteopathic Medicine*, Carnes et al report on a Delphi study of practitioners' views about the severity of adverse events in osteopathic practice. Like many areas of research, you dive into it with a complex question only to find that the basic foundations have yet to be established.

Carnes et al sought to gain consensus on what is meant by the various qualitative descriptors we give to risk. What is meant by a major adverse event? What do we consider to be minor adverse events? Do some practitioners see minor adverse events as being indicators of a successful treatment? That'd be interesting for regulators to consider.

One of the most talked about adverse events in osteopathic practice is vascular injury in the neck associated with manipulation. What are the risks? Is there a certain type of manipulation that poses more risk than another? Are there any tests we can do that indicate a higher risk? How should we screen our patients? Alan Taylor and Roger Kerry discuss these types of questions in the 'Masterclass' section of the journal. They present a system-based approach to the assessment of cervical arterial dysfunction in order to aid clinical reasoning with regard to the differential diagnosis of cervical pain syndromes.

The other major highlight in this edition is the publication of abstracts from the International Conference for Advances in Osteopathic Research (ICAOR). Interestingly, there is a larger proportion of clinical trials reported in this collection of abstracts in comparison to previous years.

Overall, this edition of the journal is full of useful and interesting information.



NCOR research hub news



www.ncor.org.uk

Hub meetings

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



> EXETER

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

> EXETER

See www.ncor.org.uk for next meeting date.
Further development of a study looking at career progression amongst osteopaths.

> HAYWARDS HEATH

Sunday 10 October
10am–12pm
Adverse events associated with spinal manipulation.

> LEEDS

See www.ncor.org.uk for next meeting date.
Looking at audit in clinical practice and osteopathic research related to the upper extremity.

Conference calendar

> 9–12 November 2010

7th Interdisciplinary World Congress on Low Back and Pelvic Pain, Los Angeles

Further information can be found on page 24 or by visiting: <http://www.worldcongresslbp.com>.

> 12–13 November 2010

The British Osteopathic Association Annual Convention, Warwickshire

Further information is available at www.osteopathy.org.

> 20–23 June 2011

16th International World Physical Therapy Congress, Amsterdam

Further information can be found on page 24 or by visiting: <http://www.wcpt.org/congress>.

Osteopathic management of knee joint symptoms – a summary of the literature

Carol Fawkes, NCOR Research Development Officer

Osteopathic care encompasses over 100 different techniques or procedures^{1,2,3,4,5}. It is notable in treatment of knee joint symptoms that a wide range of techniques are used. The most commonly used structural approaches are broadly grouped into seven major types:

- > High velocity low amplitude.
- > Soft tissue/massage techniques⁶.
- > Articulation involving gentle repetitive movement of the joint.
- > Muscle energy involving repeated isometric contractions with passive joint movement^{2,3}.
- > Counterstrain involving the symptomatic joint being placed in a position of least discomfort while at the same time monitoring the degree of tenderness at a nearby tender point until the tenderness reduces^{2,3,7}.
- > Myofascial release techniques to stretch muscle and reduce tension³.
- > Lymphatic pump techniques to mechanically assist lymphatic drainage⁸.

Studies focussing on the osteopathic management of the knee joint describe the use of a range of techniques. The number of published studies is much smaller than for other areas of the body. The studies undertaken include those involving animal studies, laboratory work, intervention studies, case studies and opinion pieces/commentaries.

Animal studies have focussed mainly on the knee joint in the rabbit. Laboratory studies include investigation of the effects of techniques to correct measurements of the knee angle, the physiological effects of the lack of weight on the knee, the introduction of surfactants in the early management of cell death of the articular cartilage following knee trauma, and the effect of fatigue on different muscle groups (notably the hamstrings).

Most of the published studies on knee symptoms have been undertaken in American osteopathic institutions and

have investigated the effect of osteopathic management on patients after surgery. These studies have looked at the effects of different drug management programmes, and different surgical approaches in terms of fixation media and the usefulness of unilateral or bilateral knee arthroplasty. One study looked at the use of osteopathic manipulative treatment in patients following either hip or knee arthroplasty⁹. The protocol used in the study involved myofascial release, strain/counterstrain, muscle energy, soft tissue, high velocity low amplitude (HVLA) manipulation, and craniosacral techniques. The treatments administered in the study were not found to be efficacious for the hospital-based patient population.

A small number of published clinical studies were identified and are summarised in the table on pages 20 and 21.

There are a large number of laboratory and post-surgical trials published. There is a notable absence of published work documenting the various management techniques used in everyday osteopathic practice for our patients. The National Council for Osteopathic Research will be undertaking a data collection project later in the year to try to address this paucity of data. An email invitation to participate will be circulated to osteopaths shortly.

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Title of study	Type of study	Intervention
Brantingham et al Manipulative therapy for lower extremity conditions ¹⁰	Literature review	Manual therapy using a variety of approaches.
Opila-Correia KA Kinematics of high-heeled gait ¹¹	Investigational study	Measurement of three-dimensional kinematics of the tibia, knee, hip, pelvis, trunk and upper trunk for high or low-heeled gait.
Campos et al Muscular adaptations in response to three different resistance-training regimens ¹²	Investigational study	An eight-week progressive resistance training programme to investigate the strength-endurance continuum. Interventions included low repetitions (LR), intermediate repetitions (IR), high repetitions (HR), and a non-exercising control (CTL).
Meyer et al Excessive compression of the human tibio-femoral joint causes ACL rupture ¹³	Laboratory study on previously asymptomatic knees from fresh cadavers	Excessive axial compression load was applied to the tibio-femoral joint at 60°, 90° or 120° of flexion.
McClinton et al Influence of step height on the quadriceps onset timing and activation during stair ascent in individuals with patellofemoral pain syndrome (PFPS) ¹⁴	Case control study	Data concerning knee kinematics and quadriceps activity was collected during ascending of five different step heights.
Meyer and Haut ACL injury induced by internal tibial torsion or tibiofemoral compression ¹⁵	Laboratory study involving knees from seven cadavers	Compression or torsion experiments were conducted to assess if the magnitude and type of motion before ACL rupture would significantly change from just before ACL rupture.
Jarski et al The effectiveness of OMT treatment as complementary therapy following surgery ¹⁶	Prospective match-controlled outcome study	Treatment group received OMT on postoperative days two to five.
Smith and Fryer A comparison of two muscle energy techniques for increasing flexibility of the hamstring muscle group ¹⁷	Laboratory-based investigational study	Muscle energy technique (MET) was applied with 30 s post-isometric stretch phase, or with 3 s post-isometric stretch phase. Hamstring measurement was undertaken using active knee extension (AKE).
Barron and Rubin Managing osteoarthritic knee pain ¹⁸	Commentary	
Gugel and Johnston Osteopathic manipulative treatment of a 27 year-old man after ACL reconstruction ¹⁹	Case study	Somatic dysfunction was identified in the lumbopelvic region, in addition to increased muscular tension around the injured knee, ankle joint, lower thorax and between ribs 6-9.
Rubin Management of osteoarthritic knee pain ²⁰	Commentary	
Meyer et al Osteochondral microdamage from valgus bending of the human knee ²¹	Laboratory-based investigational study	Four pairs of knees were loaded in valgus bending until gross injury occurred. Peak valgus movement and resultant movement of the joint were recorded. Pressure-sensitive film documented the location and magnitude of tibiofemoral contact. Micro-CT scans identified micro cracks in the subchondral bone.
Cheng and Shi Rehabilitation exercises after single total knee replacement ²²	Case series	Postoperative rehabilitation training was undertaken at a Chinese osteopathic hospital.
Pedowitz RN Use of osteopathic manipulative treatment for iliotibial band friction syndrome ²³	Case study	Treatment used osteopathic techniques but specifically counterstrain technique.

Population size (N)	Summary of findings	Link
N/A	A total of 39 relevant peer-reviewed papers were identified for this literature review demonstrating management of a number of lower extremity disorders.	http://www.ncbi.nlm.nih.gov/pubmed/19121464
N=14	High-heeled gait subjects had shorter stride lengths, walked more slowly, and had higher stance time. Knee flexion was increased at heel strike and during stance phase, lower knee and hip flexion occurred during swing phase, and lower range of motion of the pelvis in the sagittal plane.	http://www.ncbi.nlm.nih.gov/pubmed/2327881
N=32	Maximal aerobic power increased for HR group only, all three major muscle fibre types hypertrophied for the LR and IR groups, and the HR group adapted better for submaximal prolonged contractions.	http://www.ncbi.nlm.nih.gov/pubmed/12436270
N=16	The maximum force for ACL failure was 5.1kN for all flexion angles combined; at 90° flexion injury occurred with relative anterior displacement, lateral displacement and internal rotation of the tibia on the femur.	http://www.ncbi.nlm.nih.gov/pubmed/16154419
N=20	Quadriceps onset timing and magnitude was similar regardless of step height between subjects with or without (PFPS).	http://www.ncbi.nlm.nih.gov/pubmed/17549952
N=7	ACL injury was documented in all knees at 5.4kN of compression or 33Nm of internal tibial torque.	http://www.ncbi.nlm.nih.gov/pubmed/19007932
N=76	Participants receiving osteopathic care in the early postoperative period negotiated stairs earlier and walked greater distances than the control group participants.	http://www.ncbi.nlm.nih.gov/pubmed/10979164
N=40	Both techniques appeared to be equally effective in increasing hamstring extensibility.	http://www.ncbi.nlm.nih.gov/pubmed/19083689
N/A	Pharmacological and non-pharmacological approaches to treating patients with osteoarthritic pain are discussed.	http://www.ncbi.nlm.nih.gov/pubmed/17986674
N=1	OMT was used post-surgery. Increased mobility in the lumbopelvic region was recorded, areas of somatic dysfunction resolved and the patient was able to return to regular sporting activity six months after surgery.	http://www.ncbi.nlm.nih.gov/pubmed/16790541
N/A	Pharmacological and non-pharmacological approaches to treating patients with osteoarthritic pain are discussed.	http://www.ncbi.nlm.nih.gov/pubmed/16249363
N=8 (knees)	Peak bending with ligamentous failure occurred at 107Nm. Cartilage fissures and subchondral bone micro cracks occurred in areas of high contact pressure.	http://www.ncbi.nlm.nih.gov/pubmed/19505750
N=38	The authors recorded that the rehabilitation programme had produced satisfactory results and recommended wider implementation.	http://www.ncbi.nlm.nih.gov/pubmed/20415085
N=1	A tender point was identified 0-3cm proximal to the lateral femoral condyle and was treated accordingly.	http://www.jaoa.org/cgi/content/full/105/12/563

Get involved: volunteering for the London 2012 Olympic and Paralympic Games

The London Organising Committee of the Olympic Games

London 2012's official Games-time Volunteer Programme was launched this summer; volunteers are at the core of the Games and essential to all the functional areas that make up this global festival of sport.



The London Organising Committee of the Olympic Games and Paralympic Games (LOCOG) will recruit volunteers from across the UK – from a range of communities and backgrounds. The selection process will be transparent, open and fair.

Should you be selected as a Games delivery volunteer, you will be vitally important to the Games, representing the UK and delivering services that are essential for a successful and inspirational event. You will have the opportunity to use and develop your skills and play a key role in one of the largest and most memorable events ever to be held in the UK.

Medical volunteer roles

This is the first time that osteopathy has been included in the host medical services provision at an Olympic and Paralympic Games. As a result, those hoping to volunteer for

this exciting opportunity will be required to demonstrate a high level of skill and experience in sports care.

Working within their scope of practice, osteopathy volunteers will use their knowledge, skills and experience to assess, treat and rehabilitate. The primary aim is to return athletes to the field of play safely and quickly, but it is also essential that volunteers understand the importance of working within a multidisciplinary team and refer to other members of the medical team when necessary. The team will include osteopaths, chiropractors, physiotherapists, sports massage practitioners, sports medicine doctors, radiologists and podiatrists.

Osteopaths will provide sport-specific expertise to both individual national teams and field-of-play medical teams.

Osteopaths will have a particular responsibility to see

athletes who do not have their own national team medical staff and will also provide advice and support to national team medical staff.

Later in the year we'll be communicating our other volunteer opportunities, in areas such as spectator services, Olympic and Paralympic Village operations and uniform distribution.

Key criteria

LOCOG aims to recruit volunteers who will bring passion, enthusiasm and energy to the Games. In addition, volunteers must:

- > be 18 years old by 1 January 2012;
- > be available to volunteer for a minimum of 10 days at either, or both, of the Games;

- > be eligible to volunteer in the UK according to UK immigration laws;
- > be able to attend a minimum of three training sessions prior to the Games; and
- > agree to undergo, and pass, certain security and background checks.

Applicants for specialist sport volunteer roles must also be available for the Test Event in their chosen sport.

Osteopaths must also: Essential

- > be a member of the General Osteopathic Council;
- > have been qualified for at least three years at the time of application (2010);
- > hold a current basic first aid in sport or life support qualification;
- > have experience of working

- > in a multidisciplinary team;
- > have four years' experience of working in both a musculoskeletal and a sports-specific field by 2012;
- > understand the needs of competing athletes;
- > be an excellent team worker and good communicator; and
- > have knowledge of the World Anti-Doping Agency policy.

Preferable

- > be a member of the Osteopathic Sports Care Association (OSCA);
- > have postgraduate taping qualification or experience;
- > have three years' experience of working in a training or competitive sporting environment by 2012;
- > have experience of working with athletes at national level and above;
- > have experience of working with people in special groups or disability sport, such as amputees, the visually impaired, the neurologically impaired or those with spinal injuries;
- > have experience of working in a multi-sport environment;

- > have accumulated 50 postgraduate education credits as designated by OSCA by 2012; or
- > have postgraduate training in the use of ultrasound.

Why volunteer?

The main benefit of volunteering is the chance to play an integral role in one of the most exciting events ever seen in the UK. The Games will provide a unique and inspirational setting for volunteers to gain experience and develop their skills.

London 2012 will provide volunteers with free meals during their shifts. Each volunteer will be given an official uniform to wear and will have the opportunity to keep their uniform as a souvenir of their experience and contribution to the Games. Volunteer travel arrangements are still being planned and details will follow shortly.

Accommodation will not be provided.

How to apply

If you are interested in volunteering as an osteopath, and you meet the above criteria, please register your interest by emailing your CV



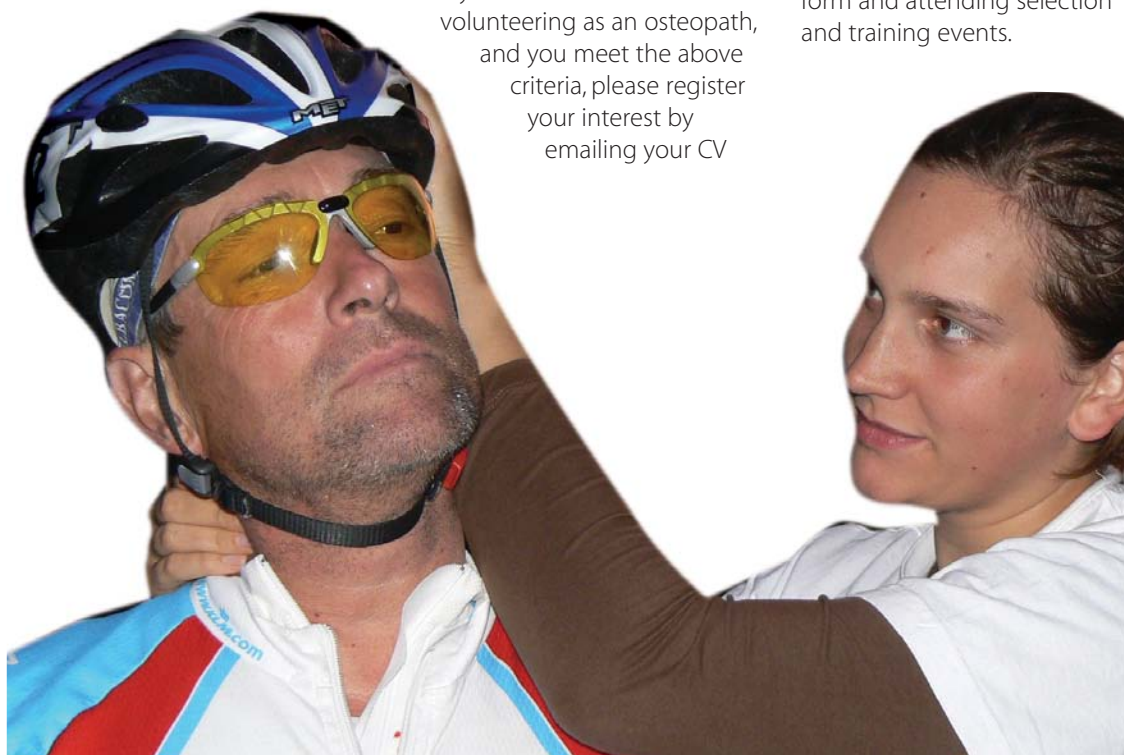
and a 100-word expression of interest to: physicaltherapies@london2012.com.

Every applicant will be expected to go through the full LOCOG recruitment process, which will include completing an application form and attending selection and training events.

For further information about relevant courses and work experience opportunities, please contact OSCA secretary Emma Hayward at: secretary@osca.org.uk.

Further information is available by emailing: physicaltherapies@london2012.com or by visiting: www.osca.org.uk

Osteopath Jonathan Betser is a member of the Physical Therapies Working Group for the London Organising Committee of the Olympic Games.



7th Interdisciplinary World Congress on Low Back & Pelvic Pain

9–12 November 2010, Los Angeles



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

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

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

The congress will be held at the Hyatt Regency hotel in Los Angeles. Further information on the programme and speakers is available at: www.worldcongresslbp.com.

16th International World Physical Therapy Conference

20–23 June 2011, Amsterdam

Held every four years, this scientific congress showcases advancements in physical therapy research, practice and education.

The congress includes a number of different session formats to provide variety and stimulate delegates. This includes focused symposia, discussion panels, poster presentations, networking sessions and clinical visits. Topics being discussed include evidence-based practice, education standards, spinal manipulation, pain management and qualitative research.

Further information is available at: www.wcpt.org/congress.

Health and Wellbeing at Work

9–10 March 2011, Birmingham

'Health and Wellbeing at Work' is the UK's largest event for



professionals responsible for the environment, health and wellbeing of work-aged people. With 40 million days lost annually due to ill-health and injury, the conference provides ideas on how to reduce sickness absence and ensure employees return to work quicker after illness or injury.

Now in its fifth year, the conference is expected to attract over 3,000 delegates. The programme includes sessions from government and industry leaders, as well as those who deliver care on the front line. These speakers will present examples of best practice from areas including musculoskeletal disorders, ergonomics, disability and vocational rehabilitation, and case management.

The event is free to attend. Further information is available at: www.healthatwork2010.co.uk.

Courses 2010-11

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

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

2010 December

>4 Introduction to Pilates and its interrelationship with osteopathy

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

>5 Nourishing the inner space

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

>7 Muscle testing and function

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

>8 Neurological testing for the physical therapist

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

>14-15 Knee and hip joint masterclass

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

2011 January

>15 Osteopathic philosophy and principles in practice

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

>22 Biomechanics in sports osteopathy

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

>28-30 Dynamic neuromuscular stabilisation

Speakers: Professor Pavel Kolar and Dr Alena Kobesova
Venue: European School of Osteopathy, Maidstone, Kent
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk

February

>3-6 Introduction to paediatric osteopathy: Clinical screening (part 1)

Course director: Susan Turner
Venue: Columbia Hotel, London
email: info@sutherlandcranialcollege.co.uk

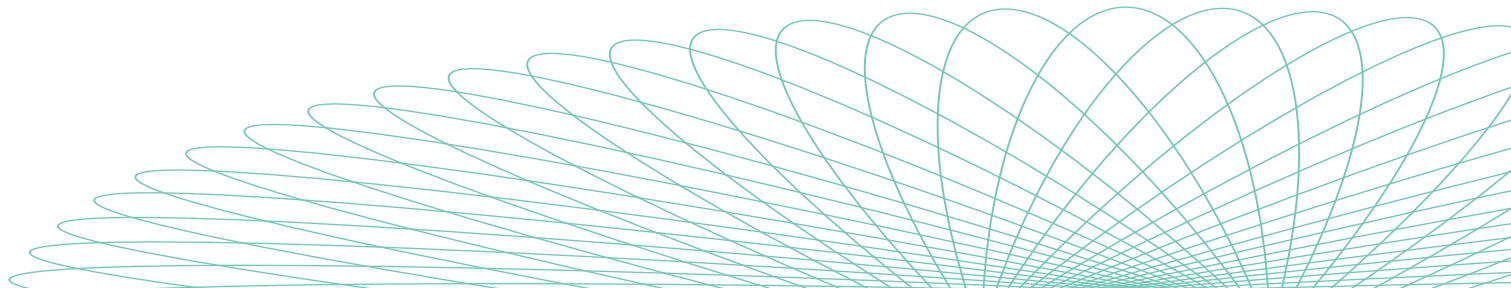
>5 Stretching exercises and application to osteopathic care

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

March

>4-6 Introduction to paediatric osteopathy (part 2)

Course director: Susan Turner
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk



> 19

The timeless teachings of AT Still

Speakers: John Lewis and Norman Baker
Venue: Bristol
email: info@cranio.co.uk
website: www.cranio.co.uk

> 19-20

A bellyful of health – advanced craniosacral workshop

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

> 28

Osteopathy in the cranial field

Course director: Carl Suridge
Venue: Hinsley Hall, Leeds
email: info@sutherlandcranialcollege.co.uk

April

> 2

Craniosacral therapy – introductory day

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

May

> 12-16

WG Sutherland's approach to the body as a whole

Course director: Susan Turner
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk

June

> 24-26

Dynamic basieranium

Course director: Liz Hayden
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk

July

> 16-21

Craniosacral therapy – introductory course

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

September

> 12-16

Osteopathy in the cranial field

Course director: Michael Harris
Venue: Columbia Hotel, London
email: info@sutherlandcranialcollege.co.uk

October

> 7-9

Paediatrics post pathway

Course director: Susan Turner
Venue: Columbia Hotel, London
email: info@sutherlandcranialcollege.co.uk

November

> 4-6

Rule of the artery

Course director: Maxwell Fraval
Venue: Hawkwood College, Stroud
email: info@sutherlandcranialcollege.co.uk



Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: editor@osteopathy.org.uk.

The resource is open to all osteopaths running courses for their colleagues.

CLASSIFIEDS

RECRUITMENT

Accomplished cranial osteopath (qualified 1989) recently returned to the UK, seeks a part-time position in London/Home Counties. Extensive experience of treating children and newborns, highly developed structural abilities with excellent interpersonal skills. Please contact Denise Cuddigan: dcuddigan@gmail.com.

Associate required for established busy practice in north Norfolk for a total of two days per week, to begin in October 2010. Applicants should enjoy working with IVM and must also be competent using a structural approach. If you would like the opportunity to work in beautiful rural surroundings, with a wide variety of patients, including babies and children, ring Peggy Corney on 01263 861 184. Own transport essential.

Lingfield, Surrey – an exciting opportunity for a motivated and experienced osteopath to join a committed and dedicated team in a 10-year established busy

osteopathic centre. Fully equipped treatment room and full reception cover. Please contact Sara Beare on 07889 045 400 or email: z.beare@btinternet.com.

Locum required for maternity leave to cover clinics in Cheshire and Wirral from November/December 2010, with potential for long-term position. Cranial and paediatric experience essential. Please call 07525 165 512 or email: sarah@warringtonosteopaths.co.uk.

Osteopath required to work in a friendly, well-established practice set in the picturesque Lincolnshire Wolds. Locum/assistant, three/four days a week, to start October/November. Please contact Gwendolen Boston. Tel: 07901 718 246. Email: gwendyboston123@btinternet.com.

Friendly, reliable osteopath with good structural and cranial skills required for associate position in busy practice in Comber in picturesque Co. Down, N. Ireland. Email: juliamurdoch@talktalk.net. Tel: 028 9187 1477.

Part-time work for osteopath with cranial training, confident in treating babies and adults. Friendly multidisciplinary clinic in London N14. Please call 020 8440 6318.

Canadian work opportunity. Looking for change? Passionate about the truly holistic nature of osteopathy? We have room for two osteopaths with skills in visceral and cranial approaches at our clinic in Calgary, Alberta. Email us with a covering letter and your CV to: info@theenglishosteopaths or visit: www.theenglishosteopaths.com/TEO/jobs.html.

COMMERCIAL

The prestigious Hogarth Health Club in Chiswick, west London, is looking for an osteopath who may wish to rent a room on a sole or multiple-use contract. Amazing facilities, large existing client base and open to the public for therapist bookings. If you are interested, please email the general manager, Giles Stumpe, at: giles@thehogarth.co.uk.

Practice for sale in expanding market town of Alton, Hampshire; either goodwill alone at £20,000 (current practitioner working two days per week), or together with opportunity to rent superb room in busy dental practice with low overheads (inclusive of heating, lighting, telephone, and reception staff). Sale due to retirement. Email: olejen@tiscali.co.uk or phone Jenny on 07974 522 587.

Rooms available to rent in a luxurious alternative clinic in the heart of Marylebone. For rates and information, please contact us on 07951 656 181 or at: info@energybodies.co.uk.

Treatment room to let in Harley Street W1. Large, quiet room with electric couch, 8am–7pm on Monday, Wednesday and/or Friday. Wireless broadband, CPD, in holistic medical practice, to suit established osteopath with own list. Phone Dr Alice Greene on 07815 763 570.

Practice and house for sale in Cromer on the beautiful north Norfolk coast. This established practice with excellent reputation operates within a stylish three-bedroom detached house. Sale due to medical retirement. Price for house including business £219,950. Property details available at: www.rightmove.co.uk/property-for-sale/property-28292336.html. Call 07989 626 650.

COURSES

Animal osteopathy. Enrolling now. The next one-year course at the Osteopathic Centre for Animals will start in October 2010. Learn how to treat horses and dogs using traditional osteopathic techniques, without the use of sedation or anaesthetic. Join the 198 osteopaths who have already graduated from the OCA in the last 11 years, and get two years' worth of CPD. For information, contact Stuart McGregor at the OCA on 01235 768 033 or e-mail: wantageclinic@msn.com.

New course – Perceptory Precision Studies with Ian Wright. In this course we will look at developing our perceptual awareness using the building blocks of really sensing anatomy and physiological processes, looking at timelines and precise fulcrums affecting the body, and learning to sense whole body patterns in comparison to sensing developmental fields (morphodynamics). We will also develop our awareness and ability to work with emotional fields and relational dynamics, to develop a true sensory holistic perspective when working with children and adults. 24–26 February 2011, Galtee mountains, Co. Tipperary. €750 including delicious food and accommodation. 00353 523 8800/ clonmelosteopaths@eircom.net.

Sports and home ergonomics workshop, six hours CPD. 'How to posture-check your patients.' 20 November: 9.30am–5.00pm. Venue: London, Euston. Robin Lansman, sports osteopath. Only £79 and students £45! Booking and details: www.bbupcd.eventbrite.com or email: practice@bodybackup.co.uk Information: 020 8969 0247.

GENERAL

Riley's Herbal Products for osteopaths. Special introductory offer – buy one get one free! Offer applies on first order: Russian ointment £5 for 50g or £35 for 500g. A herbal preparation traditionally used for joint and soft tissue injuries, as well as conditions such as osteoarthritis. Small pots suitable for patient application between osteopathic visits. Also sport pack containing: comfrey ointment 50g, arnica cream 50g and Russian ointment 50g. Pack cost £12.50. Orders to: Jane Riley, Scales Fold, Renwick, Penrith, CA10 1JE. 01768 870 308.

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- Module 6 The dynamic basicranium
- Module 7 The Spark in the Motor
- Module 8 The functional face
- Module 9 Introduction to paediatric osteopathy



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Pathway Courses (Modules 5-9) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge. These run on a 2-year cycle and can be taken in any order.



Introduction to paediatric osteopathy

Module 9

CPD: 48hrs (Parts 1 and 2 combined) | Fee: £1250

Part 1: Clinical screening 4-6 February 2011

Three-day non residential course | Columbia Hotel, Lancaster Gate, London W2

Dr. Mary Ann Morell, DO (USA) teaches the essential elements of differential diagnosis for infants and children, enabling students to discern what needs urgent medical attention and when it is safe to treat osteopathically.

Part 2: Osteopathic approach to children 4-6 March 2011

Three-day residential course | Hawkwood College, Stroud

Directed by Susan Turner MA DO MSCC this course, with strong practical content and 1:4 tutor to student ratio, explores an osteopathic approach to infants and children, and the complaints most commonly seen in osteopathic practice.

"Excellent, really enjoyable and challenging. All my tutors were absolutely fantastic"



ADVANCE NOTICE: Special one-day conference

The Timeless Teachings of A.T. Still

Saturday 19 March 2011 | Bristol | CPD: 6hrs | Fee to be announced

John Lewis BSc (Hons) Ost MSCC explores the inspirational wisdom of osteopathy's founder and suggests that a correct understanding of his pure teachings is crucial to the future of the profession. Guest speaker Norman Baker DO demonstrates Still's method of treatment and teaches seated techniques.

"The Sutherland Cranial College is committed to teaching the principles of osteopathy as conceived by Andrew Taylor Still and developed by William Garner Sutherland"

**NOT TO
BE MISSED**

See SCC website for more details or contact the course office. Telephone 01291 622555

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

Deposit £100, stage payments available. Credit cards accepted

Sutherland Cranial College, Stuart House, The Back, Chepstow, NP16 5HH



CPDO 2010

Dates	Title	Lecturer	Cost	Deposit
11-12 Sept	Visceral Osteopathy: the abdomen part 2 (new course)	Joanna Crill-Dawson	£235	£125
2-3 Oct	Osteopathic technique: Cervical spine, CD and LEX	David Tatton	£235	£150
7-9 Oct	The osteo-articular approach - part 2 (fully booked)	Jean-Pierre Barral	Fully booked	
23-24 Oct	Management and rehabilitation of breathing pattern disorders	Leon Chaitow	£255	£150
23-24 Oct	Touch as a therapeutic intervention	Tsaff Lederman	£235	£125
5-6-7 Nov	Pregnancy Care (start time 18.00 on Friday)	Averille Morgan	£375	£200
20 Nov	The therapeutic relationship in manual therapy	Tsaff Lederman	£125	£125
19-20-21 Nov	Hamonic technique (start time 18.00 on Friday)	Prof. Eyal Lederman	£375	£200
20-21 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£125
27-28 Nov	Integrative osteopathic technique: SI joints pelvis and LEX	Prof Laurie Hartman	Fully booked	
Evening workshops 18.00-22.00		50% discount for students on most courses		
30 Sept	How to treat: Tennis elbow	Prof. Eyal Lederman	£40	£40
28 Oct	Drop-in supervision	Dr. Nassud Masel	£40	£40
23 Nov	Fascia research: what's new and relevant for manual therapists?	Dr. Robert Schielp	£40	£40
28 Oct	How to treat: Whiplash Injuries	Prof. Eyal Lederman	£40	£40
25 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40	£40

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

Book on-line: www.cpdo.net

Or send payment to:

Name:
Address:
Telephone:
E-mail:

Total deposit / payment enclosed: _____

All deposits and payments are non-refundable and non-transferable to other dates

Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking. In case of cancellation of courses or lectures all deposits will be refunded. The course organisers reserve the right to change the course contents and substitute lecturers without advance notice. The organisers hold no responsibility for the contents and clinical application of the material taught on the courses.



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Harmonic Technique

Prof. Eyal Lederman DO, PhD

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- Rhythmic stretching is more effective than high velocity or static stretching in elongating tissues
- Rhythmic passive movement has a gating effect on pain

Rhythmic passive movement is the essence of Harmonic Technique

Research over the last 20 years has demonstrated the importance of movement in many of the body's processes: from **homeostasis** to the beneficial effects of **passive movement** on **tissue repair and adaptation**. These studies have opened up new and exciting approaches in the treatment of different musculoskeletal conditions as well as the development of the new osteopathic **Harmonic Techniques**.



In Harmonic Technique the practitioner induces rhythmic passive movement in different parts of the body. These movements can be used to **increase fluid flow** (Harmonic Pump Techniques), help resolve inflammation, facilitate **tissue regeneration** following injury, help in **joint repair** processes, elongate shortened tissue and help **reduce pain**.

Prof. Eyal Lederman graduated from the British School of Osteopathy and is working as an osteopath in London. He completed his PhD in physiotherapy at King's College, where he researched the neurophysiology of manual therapy. He also researched and developed Harmonic Technique. He is involved in research examining the physiological effects of manual therapy and the development of Neuromuscular Re-abilitation.

Prof. Lederman has been teaching manual therapy and the scientific basis of manual therapy in different schools in the UK and abroad. He has published articles in the area of manual therapy and is the author of the books "Harmonic Technique", "Fundamentals of Manual Therapy", "The Science and Practice of Manual Therapy" and "Neuromuscular Rehabilitation in Manual and Physical Therapy".

Dates: 19-21 November 2010 (three days)
Start time 18.00 on Friday

Venue: Middlesex University, Archway Campus,
London N19

Cost: £375.00

Deposit: £250.00

Students: half price (limited places available)

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THE BRITISH SCHOOL OF OSTEOPATHY

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Ergonomics and Osteopathy



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

Course Leader David Ansell is a freelance Ergonomics Consultant with over 15 years' experience and an honours degree in Ergonomics, as well as a practising Osteopath.

Date: Saturday 30th October 2010

Course fee: £95

CPD: 6 hours

This is an IEFIF recognised course

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Course

Emergency First Aid for Osteopaths

This course offers the minimum level of first aid certification recommended by the Health and Safety Executive, reflecting recent legislative changes. It is essential not only to meet the statutory Health and Safety obligations of your practice but also for professional registration and indemnity requirements. It is a common complaint that traditional first aid training does not address the needs of the Healthcare Professional: in this course, delegates are encouraged to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios and case studies.

On completion of the course delegates receive the nationally-recognised 'Emergency First Aid' certificate, valid for three years.

Date: Saturday 20 November 2010

Course fee: £95

CPD: 6 hours



Introduction to Pilates and its Inter-relationship with Osteopathy

This one day workshop, designed specifically for Osteopaths, provides information on the history and evolution of the Pilates method and its potential benefit for patients.

Consideration will be given to patient environment and activities in addition to postural and movement assessment, in order to help identify poor movement patterns, areas of potential weakness and compensation strategies. Participants will be introduced to a selection of exercises and methods of delivery.

Course Leader Richard Budd, a practising Osteopath, is trained in the Pilates method and injury rehabilitation. He is part of a small team of teacher trainers, presenting in the UK and internationally.

Date: Saturday 4 December 2010

Course fee: £125

CPD: 7 hours



Osteopathic Philosophy and Principles of Practice

The foundations of osteopathic philosophy have their roots in Pragmatism and Transcendentalism. North American philosophy was influenced by the works of Johann Wolfgang von Goethe and Immanuel Kant placing experience at the centre of the science rather than the theory or method. As an experience rather than experiment based science osteopathy in its modern form would be placed in the philosophy of phenomenology. History shows that a Goethean-Stilian approach is more powerful than the present day dominant medical Cartesian philosophy. This one day course covers the application of osteopathic philosophy in clinical practice.

Course Leader: Walter McKone DO, Tutor in the Clinic at the BSO

Date: Saturday 15 January 2011

Course fee: £95

CPD: 6 hours



Future Courses

22nd January 2011 - Sports Biomechanics and Muscle Chains, Robin Lansman
5 February 2011 - Stretching Exercises and Application to Osteopathic Care, Robin Lansman

All courses are held at the British School of Osteopathy, 275 Borough High Street, SE1 1JE
To apply or to find out more, please contact Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk



THE BRITISH SCHOOL OF OSTEOPATHY

Postgraduate Courses - from December 2010

www.bso.ac.uk

The BSO is currently enhancing its portfolio of postgraduate programmes designed to enable osteopaths and other health care practitioners to develop their competence in the areas of research, teaching and specialist clinical practice.

Professional Doctorate in Osteopathy

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

Start date: January 2011 and October 2011

Course Leader: Professor Stephen Tyreman PhD

Postgraduate Certificate Research Methods

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

Start date: December 2010 and October 2011

Course Leader: Jorge Esteves

The Professional Doctorate in Osteopathy and Pg Cert Research Methods are both validated by the University of Bedfordshire



University of
Bedfordshire

MSc in Osteopathy

Designed for practising osteopaths this stimulating, flexible programme includes opportunities to advance existing skills, acquire new knowledge, interact with peer group and fulfil CPD requirements by combining a choice of core and elective modules. This programme will provide osteopaths with opportunities to further develop their core capabilities, advance their professional practice and consider future specialisms in osteopathic care.

Planned start date: January 2011

Course Leader: Andrew Lay

Postgraduate Certificate in Academic and Clinical Education

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

Planned start date: January 2011

Course Leader: Fiona Hendry

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

**For information on our postgraduate provision, please contact:
Jorge Esteves, Head of Postgraduate Studies and Student Research
on 020 7089 5310 or j.esteves@bso.ac.uk**



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www.rheumatology.org.uk/conference



The Institute of Classical Osteopathy

Pelvic Technique Workshop with Mervyn Wakman



Date: Tuesday 19th October 2010
Venue: London Metropolitan University,
Room SC1-21, Science Centre,
20 Hornsey Road, London N7 7UD
Time: 10:00am - 5:00pm
Cost: Members: £60 / £70
 Non members: £70 / £80
 (Lunch and refreshments included)

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



Rollin E Becker Institute
Inspiration in practice

Train with the Rollin E. Becker Institute - 2010/2011

Osteopathic Guide to Ophthalmology

Date: Sat 30/10/2010 **Venue:** L50 **Cost:** £135.00

Course Leader: Mick Woodhead

Revise the detailed anatomy of the eye and its associated orbital contents. Then consider the common ophthalmic conditions that occur in everyday practice, and the signs and symptoms for red flag referrals.

Practice your clinical methods, including the use of ophthalmoscopes. Concludes with practical sessions led by Mick Woodhead on the mechanics of the orbit and its function from a clinical and treatment perspective.

OCF 40-hour Foundation Course

Dates: (B/C) Int: Jan/Feb 2011 **Cost:** £125

Course Leaders: Chris Petter and Mick Woodhead

This SCTF (USA) approved 40-hour course will run over 3 weekends to minimise disruption to practice life.

Early booking & new graduates discounts will be available. Please check the website for further details.

Tissue Quality - Explorations in Palpation

Date: Sun 05/12/2010 **Venue:** FP0/0CC **Cost:** £135.00

Course Leaders: Carol Pharridge and Chris Petter

An experiential day to explore and develop palpation skills where we will consider structure and function as it is expressed as tissue quality.

Looking at how we assess tissue quality and health, and then use the knowledge to inform our treatment and management using palpation exercises to improve your understanding of how osteopathic intervention can change the health of the tissues.

Call 0845 5193 493 or visit
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for registration and updated course information.



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General
Osteopathic
Council

Less than three months to register under new powers

Under new powers acquired by the GOsC, those who did not apply for registration in the initial two-year transition period (1998–2000) now have less than three months to join the Register.



UK-qualified individuals who, for various reasons, did not join the Register during this time may be considered for registration if they meet certain criteria. All applications must be received by **31 December 2010**.

To find out if you qualify, visit
www.osteopathy.org.uk
or call 020 73576655 ext 229.