

the osteopath

Communicating risk

- > Olympics round up
- > Assessing revalidation
- > Osteopathy across the globe



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

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Adverse events in osteopathy

Steve Vogel, Chief Investigator of the CROaM study



The Clinical Risk Osteopathy and Management (CROaM) study* provides insight into the types of information that osteopaths give patients and the extent to which it is used to inform the process of consent. There are opportunities to improve the way osteopaths discuss and communicate with patients in this area to enable patients to make clear and informed decisions about their treatment.

According to the recent CROaM study, serious problems following osteopathic care are rare – but they do occur. While in most cases the link between any specific treatment technique and

negative outcomes is unsupported, osteopaths need to be aware of the possibility of serious events occurring during or after treatment, and inform patients beforehand that they may experience increases in symptoms/pain associated with their main complaint.

The CROaM study suggests osteopaths may be obtaining consent from patients less often than is required by OPS, and consent was particularly low for returning patients and for techniques familiar to the patient. Overall, only a third of patients reported that they had received information about risks and only 40% reported that they had received information from their osteopaths about alternative or no treatment options.

The challenge for all of us, is how to engage with individual patients to give them the information that they need. In the following, I offer a summary of some of the things that I think are useful to incorporate into the process of working in this area.

Prior to attending:

- > Before the consultation or examination takes place, make information available to your patients so they know what to expect, especially if they are seeing an osteopath for the first time. This can take the form of leaflets that patients can be given to read in the waiting room or electronic information provided beforehand by email or on a website. The focus of this information is about the broad nature of the consultation – the types of information that is generally asked about, common elements in the examination and the nature of treatment that is often offered. While it is important for patients to be prepared and to understand what to

expect, this is not the time to discuss risks of treatment, because at this stage you do not know what treatment will be appropriate to the individual.

New patient consultation:

- > Offer more detail about the nature of questions in the case history – that they cover a wide range of health and lifestyle topics and that the examination usually involves observation and movements of the body along with examination of relevant areas of the body. Make clear that patients can ask questions at any time if they are uncertain or want more information and that they can call a stop at any time. After the case history, describe and explain your proposed examination. If it is likely that the examination will involve some pain or discomfort, mention this explicitly and ask whether the patient has understood and whether they are happy for you to continue.
- > After the examination, discuss your conclusions and proposed treatment with the patient and satisfy yourself that they have understood. Models and visual displays may be helpful to your patients to understand their diagnosis and your proposed treatment. Include some discussion of other main options that might be appropriate for your patients including the consequences of not having treatment.
- > When you are discussing adverse events, your patients will be interested in the level of risk, from common minor effects to rare major ones. Focus on outcomes that are relevant to the individual patient.
- > Only half of the new patients surveyed in the CROaM study said they had been given information about risk and alternative treatment options. It is possible that some patients do not recall discussing these topics. Check understanding as you go along by asking the patient questions or to

summarise information back to you. This is particularly important if English is not the patient's first language. This dialogue is also helpful in developing your therapeutic alliance with the patient.

- > Verbal consent should be gained before any treatment commences. Record this in your patient's notes and a brief summary of risks and alternative options mentioned.
- > Conclude the session with an invitation for further questions and information about plans for the next consultation.

Follow up visits:

- > Continue to discuss examination and treatment whilst checking understanding, repeating information if necessary. It may be helpful to ask the patient what level of information they would like in terms of detail compared with the first consultation and note the result of this. Even if patients say that they are happy for no repeat of information, it is worth checking understanding and ongoing consent at intervals particularly with long-standing patients and where/if there has been a change in diagnosis and/or new treatments are recommended.
- > Encourage your patients to continue to ask questions at any stage. This ongoing dialogue promotes rapport and understanding.

While there is a need to develop further guidance and educational materials for osteopaths regarding the process of consent, the CROaM study has been invaluable in helping to identify the needs and issues for both patients and osteopaths.

The CROaM summary report is available on the GOSC website.

Further information also available from Steve Vogel at:
s.vogel@bso.ac.uk

* **Clinical Risk, Osteopathy and Management – The CROaM Study.** (NCOR Adverse Events Project 4.) Vogel S, Mars T, Keeping S, Barton T, Marlin N, Froud R, Eldridge S, Underwood M, Pincus T. The Research Centre of The British School of Osteopathy, in collaboration with Barts and the London, Warwick Medical School, Royal Holloway. Summary Report, July 2012.

What is CROaM?

CROaM is the last of four inter-related research projects funded by the GOSC to gain a better understanding of any potential risk associated with osteopathic care and in so doing, inform practice and help osteopaths to communicate potential risks to patients.

How was CROaM conducted?

The study mixed quantitative and qualitative approaches. This included a survey to all UK practising osteopaths, followed by in-depth interviews with selected osteopaths. Patients were also surveyed before treatment, one day and two days after treatment and at six weeks. Selected patients who took part in the survey were interviewed.

- > 1,082 (28%) osteopaths completed the practitioner survey
- > Interviews took place with 24 osteopaths
- > 2,057 patients, recruited from 212 osteopaths, completed questionnaires before their treatment
- > 1,782 patients (87%) agreed to be followed up at 6 weeks; of these, 1,387 (77%) patients returned six week follow-up questionnaires
- > Interviews took place with 19 patients.

What did we find?

The patients

The majority of osteopathic patients were seen in private clinics. On average osteopaths saw 33 patients a week. They presented with mostly back, neck and shoulder problems as their main complaint, with variable duration from acute to chronic.

Osteopathic manual treatment

The most commonly used techniques were soft tissue and joint articulation. 43% of patients received High Velocity Thrust (HVT), most commonly to the thoracic spine and considerably less to the neck. Cranial Involuntary Motion (IVM) techniques were used with 31% of patients and visceral techniques were not commonly used. Adjunctive techniques such as dry needling / acupuncture or electro therapy were delivered to 19% of patients.

Temporary disability

4% of patients reported that they had experienced temporary disability such as temporary increases in pain and fatigue, that was attributed to their osteopathic treatment. 10 of these patients were interviewed and only two described serious problems, neither

of which were stroke. Serious adverse events occurring in the preceding year were reported by 4% of osteopaths. The most common event described was the occurrence of pain associated with a trapped nerve. There were also seven reports of stroke-like symptoms.

Increase symptoms/pain

10-20% of patients experienced increased symptoms/pain related to their main complaint in the days immediately following treatment, and this was highest amongst new patients.

At six weeks, 10% of the patients had seen another healthcare practitioner because of the worsening of their main complaint, which they associated with the osteopathic care that they had received. The comparison between those that received manipulation and those that did not, suggests that manipulation was not linked to increased symptoms.

Obtaining consent

Osteopaths reported obtaining consent from patients less often than is required by osteopaths' standards of practice. This was especially low in returning patients and for techniques familiar to the patient. Patients reported being asked for their consent less often than the frequency with which osteopaths reported receiving consent.

Communicating risk

About a third of patients overall reported that they had received information about risks, and about 40% reported that they had received information from their osteopaths about alternative or no treatment options.

Improvement in symptoms/pain

Over half of the patients (55%) achieved at least a 30% decrease in symptoms/pain by day two post treatment. Similar improvement was seen at six weeks. Those with widespread pain were least likely to improve. New patients and those returning with a new episode of pain improved most.

Adverse events register

The majority of osteopaths favoured the establishment of an adverse events register.

What is the GOsC Adverse Events project?

To gain a better understanding of managing and communicating risks that may be associated with osteopathic care, four interlinked research projects have been funded by the GOsC.

This systematic investigation of adverse events associated with osteopathic care aims to inform and guide osteopaths' practice and enhance patient safety. The research programme comprises four studies:

- 1 Adverse events associated with physical interventions in osteopathy and relevant manual therapies (published 2009)
- 2 Communicating risk and obtaining consent in osteopathic practice (published September 2011)
- 3 Insurance claim trends and patient complaints to the profession's regulator (published June 2010)
- 4 Investigation of osteopaths' attitudes to managing and assessing risk in clinical settings and patients' experiences and responses to osteopathic treatment.

The final reports of the projects are available to download from the o zone.

What next?

The Adverse Events project has been managed and coordinated on behalf of the GOsC by the National Council for Osteopathic Research (NCOR). The researchers, NCOR, the GOsC and the British Osteopathic Association (BOA) are now working together to assess what has been learned from these studies and how this can be used to better equip osteopaths and their patients in practice. We will report further on this in the near future.

The Adverse Events reports' findings and recommendations are already feeding into the development of supplementary guidance and online resources for osteopaths. These findings have also fed into new public information leaflets for osteopaths to use in practice.

Explaining to patients the benefits and risk

Pippa Bark, Principal Research Fellow at University College London

As Steve Vogel highlights in the previous article, ensuring that patients fully understand the benefits and risks of any treatment is not always straightforward.

In recent surveys*, patients have strongly indicated that they want:

- > The benefits and risks of osteopathic treatment explained during the first visit
- > To be able to discuss the risks that apply to their personal situation
- > Information to read, discuss and take away that is concise and easy to understand.

The challenge for osteopaths is to provide this information in a way that the patient understands, but with different patients having different requirements, this is by no means an easy task.

What risks need to be discussed?

The guidance from *Osteopathic Practice Standards* (OPS) A3 is to mention only the risks relevant to the particular treatment of the specific patient and to discuss with your patient the following:

- > Mild effects, for example short-term pain or stiffness for a few days after treatment
- > Serious effects if they apply to your patient or to a treatment, but the rarity of these can also be emphasised, for instance if they can occur in less than 10-10,000
- > If there is a lack of information on either the benefits or risks
- > Comparable risks of treatment if these are similar to, say, exercise or analgesic drugs



- > The cost and cost-effectiveness of treatment
- > The risks of not treating
- > Alternative treatments available.

How should risks be explained?

Explaining the benefits and risks of any treatment in a calm and neutral way regardless of your patient's age, background, intelligence, culture or any other factor, can help to minimise any feelings of anxiety that your patient may have, making it easier for them to hear and absorb what you are telling them:

- > Establishing a rapport with your patient before you mention any risks helps to create an atmosphere of competence, care and trust where your patient is more likely to hear and understand what you are saying.
- > You may like to offer your patients an information sheet about what they can expect before treatment. At the same time, be wary of legal looking documentation. Patients may find it off-putting to be asked to sign a consent form or similar document in the waiting room and it could mean that you struggle to build trust with them.
- > It is natural for your relationships with longer term chronic patients to become more friendly and informal. At times like this, be careful that the formal

communication of benefits and risk does not get neglected.

- > Start with the benefits before the risks, both in spoken and written information.
- > By keeping verbal and written explanations clear and unemotional, your information will not get distorted by vocabulary or presentation.

Why don't patients remember information?

- > Timing is everything. Few of us are good at absorbing information when anxious or distracted. While most patients will settle, you may like to consider allowing a few moments for them to consider new information or, on rare occasions, making a separate appointment before embarking on treatment with certain patients.
- > Memory and comprehension may also be affected by the vulnerability of being undressed and lying down. Imagine yourself lying semi-clad on your accountant's desk while listening to your tax issues! Covering your patient with a gown, having them sit upright, lowering yourself etc. are all methods that can help patients be more receptive to the discussion.
- > A fear that discussing risk will unsettle the patient and harm business may inadvertently come across in your tone of voice. There is no evidence that patients are deterred by this information and are accustomed to medication side-effect leaflets and healthcare warnings. Anecdotes indicate that presenting risks and referring patients increases professional credibility, some of whom then go on to recommend their friends as clients.

When do I use words and when numbers?

- > When available, you need to explain information using words and numbers, since people interpret risk words very differently. Some osteopaths think a frequent event equates to 20%, some 80%!
- > When using words, avoid jargon. For example, compare the following information leaflet sentence with and without the bracketed phrase: '1% of

patients experience [moderate adverse events such as] troublesome pain, numbing or tingling lasting weeks.'

- > Avoiding serious sounding terms can help to keep small risks in perspective. Terms such as 'adverse events' are used in medicine for generally serious untoward, unpredicted events while 'side-effects' or 'treatment effects' are used for predictable outcomes.
- > When numbers are available, the presentation affects how we hear the information. Using frequencies rather than percentages offers the clearest option for your patients. Percentages e.g. '10% of women get breast cancer' feel scientific but the listener distances themselves from the situation. To express this as '1 in 10 women get breast cancer' brings the message closer. Finally, using 'you' personalises the information. e.g. 'there is a 1 in 10 chance that you will get breast cancer'. It is less comfortable but more realistic.
- > You may choose to add a positive pairing. For example, after saying '1 in 100 patients experience some discomfort lasting up to a few months', you can add '99 out of 100 do not'.
- > Using expressions such as 'you are 5 times more likely to get' or humorous comparisons such as 'you are more likely to be kicked to death by a donkey' can detract from the real, albeit small, reality of something going wrong.

How do I know the patient has understood?

Both verbal and non-verbal information is useful. Have you given your patient the information they want or need? How well do they understand the details and implications of what is proposed? (OPS A4.5) When checking that your patient has understood by asking questions, keeping the onus on yourself e.g. "I'm not sure I was clear when I said that. Shall I go over any of it?" affords your patients the option of asking more questions. Questions such as "Do you understand?" elicit a nod, but may establish willingness rather than understanding.



What needs to be written down?

Consider if the written record is helpful for both you and your patient. Valid consent can be verbal or in writing (OPS A4.6), so a signed form is not a prerequisite for treatment (with the exception of intimate examinations – OPS A4.9). Your records will include what specific benefits and risks were discussed and do not need to be lengthy. An information leaflet for your patient to take away is also useful and patients have said they would like this. Checking that your information leaflets start with benefits and include frequencies in preference to percentages will aid clarity.

The *Osteopathic Practice Standards* reflects current public expectations of the level of information people expect. Fortunately in osteopathy this is neither litigation or complaints led, and is a reflection of good practice. Giving benefits and risks should not be onerous, but is a level of information that people want to help them make a clear decision about how their condition is treated.

For further information about any of the above, please contact the Communications Department at GOSc on 020 7357 6655 ext 222 or email: editor@osteopathy.org.uk

Pippa Bark was a keynote speaker at the GOSc regional conferences earlier this year.

* *Investigating osteopathic patients' expectations of osteopathic care: the OPEN project.* Leach J, Cross V, Fawkes C, Mandy A, Hankins M, Fiske A, Bottomley L, Moore A, University of Brighton, May 2011.

Communicating risks of treatment and informed consent in osteopathic practice. NCOR Adverse Events Project 2. Editor: J Leach. September 2011.

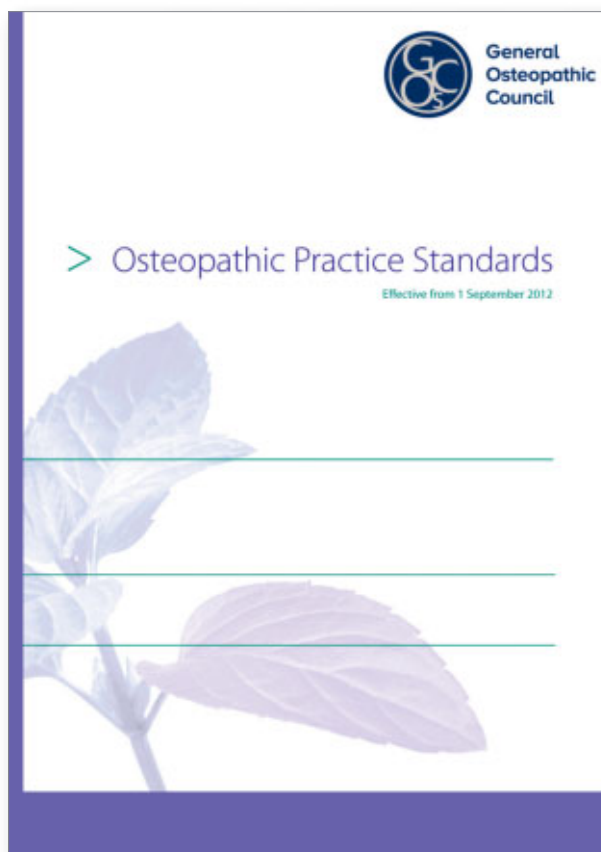
The Osteopathic Practice Standards (OPS) is now in force

A range of CPD support on the **o zone** will help you apply these standards in practice. Try our online revision test to see how well you understand the new standards. Your answers are confidential to you and no data will be stored. Other CPD resources are also available on the OPS support pages.

We are also working on more complex interactive tools based on case scenarios linked to findings from fitness to practise (complaints) proceedings and the relevant sections of the OPS. This development will help to identify profession-wide issues arising from complaints and what needs to be fed into educational activities for osteopaths.

For further information, contact us either via email at: standards@osteopathy.org.uk or call: 020 7357 6655 x235.

If you need help accessing the **o zone**, email: webmanager@osteopathy.org.uk (including your registration number), or call 020 7357 6655 x228 or x242.



GOSc to consult on consent

To support the new *Osteopathic Practice Standards (OPS)*, the GOSc is developing guidance for osteopaths on the law on consent.

Our aim is to focus on two complex areas of the law:

1. Treating adults who may not have the capacity to consent
2. Receiving consent for the examination or treatment of young people and children.

This information will build on existing guidance in the OPS and will explain the law for each of the four UK countries. It is designed to help osteopaths easily identify and understand those parts of the law that are most relevant to osteopathic practice.

We will be seeking the views of patients, the public and osteopaths to help shape this consent guidance. Keep a look

out for details on the **o zone** and the GOSc's public website **from 1 November 2012**, after which the draft guidance and consultation questions will be available for you to respond to by the end of this year.

Your feedback to this consultation is vital as we need to ensure that this consent guidance is clear and helpful to your daily practice. **Deadline for responses will be 31 December 2012.**

For more information contact the Regulation department via email at: regulation@osteopathy.org.uk or call: 020 7357 6655 x236.

Close of revalidation pilot – what now?

The pilot of our proposed revalidation scheme has now ended. A huge thank you to all the osteopaths who participated in the pilot, which started in September 2011, and who worked throughout the year to submit a portfolio to us in September 2012.

The experience and feedback from these osteopaths will help to inform the independent evaluation of the draft scheme, conducted by consultant KPMG, and ultimately shape osteopathic regulation in the future.

The purpose of the pilot has been to test the process and tools that could be used to support and guide osteopaths through revalidation, rather than the individual osteopaths themselves. The pilot has helped us explore together those aspects that have been useful and that work for osteopaths in every day practice so that we can build on these.

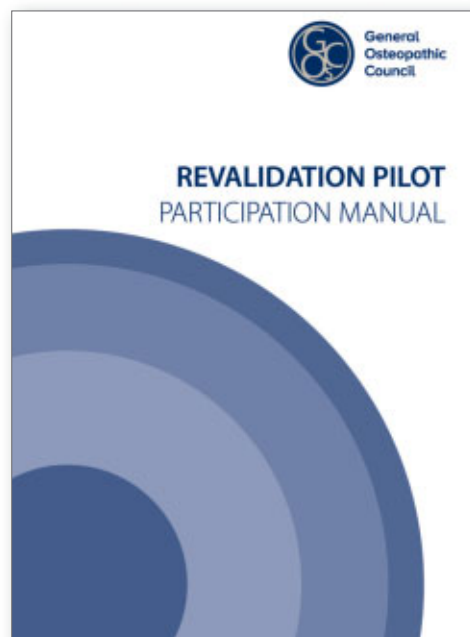
So what happens now?

1. Pilot participants have now submitted their portfolios (a collection of evidence they have gathered to support their practice) to demonstrate how they meet the *Osteopathic Practice Standards*.
2. The 31 assessors appointed from across the UK – representing a variety of osteopathic practice – are now reviewing the portfolios and providing developmental feedback to the participants. This will focus on areas of strength shown in the evidence and

will also provide an opportunity to share some knowledge about how other osteopaths have demonstrated particular standards and criteria.

3. KPMG has been independently collecting data from participants about the costs and benefits of the pilot process throughout the year, as well as undertaking interviews with osteopaths, the British Osteopathic Association, insurers and patients to gather their feedback. KPMG is currently analysing the results of the pilot, and conducting further focus groups with groups of osteopaths and assessors who took part in order to test out the findings. In December 2012, KPMG will deliver a final report consisting of a full evaluation of the draft revalidation scheme, including the benefits and costs. We plan to publish this report in Spring 2013.

Alongside the pilot, we have also been consulting on changes to the current CPD scheme in our CPD Discussion Document.



A thank you to all those who took the time to share your thoughts on how the CPD scheme could be improved. We are reading and considering every single response from a wide variety of individuals and organisations, including osteopaths, an osteopathic patient, other professional bodies and health regulators – all of which will inform our thinking in this area. The analysis of the responses to the CPD Discussion Document will be published in early 2013.

We will collate the findings from both these pieces of work which have benefitted from the views of a large number of osteopaths. We will develop proposals that will reflect the experience of the pilot year and the views on the CPD scheme, and which will aim to support osteopaths to demonstrate that they meet current standards in a way that is proportionate and effective.

More information on the revalidation pilot is available on the o zone at:
<https://www.osteopathy.org.uk/ozone/my-registration/revalidation/piloting-the-scheme>

Alternatively email the Professional Standards team at:
revalidation@osteopathy.org.uk or
call: 020 7357 6655 x235.



Review of the year

GOSC financial report for 2011-12

The GOSC's Annual Report and Accounts set out our key activities over the financial year 2011-12. This article gives a summary of these achievements, including a breakdown of how your annual registration fee is spent. For full details the Annual Report and Accounts is available to download from the **o zone** and from our public website at www.osteopathy.org.uk.

What have we done?

Assuring the quality of osteopathic education and training

The number of higher education providers delivering GOSC-accredited osteopathic training courses rose to 11 this year, bringing the total number of courses leading to a Recognised Qualification (RQ) to 20. We review periodically all courses and work closely with the independent Quality Assurance Agency for Higher Education (QAA) to maintain high standards in osteopathic education.

This year, we have:

- > Completed three major RQ reviews at Swansea University, Surrey Institute of Osteopathic Medicine and Oxford Brookes University
- > Initiated work with the Osteopathic Educational Institutions (OEl)s on guidance for osteopathic pre-registration education
- > Completed research on the preparedness to practise of recent osteopathic graduates
- > Published guidance about the management of health impairments and disability in osteopathic education, training and practice.

Ensuring osteopaths keep their knowledge and skills up to date

Revalidation: In 2011, we carried out a pilot study of over 400 registrants – nearly 10% of all osteopaths – to test a process of self-assessment and collection of evidence. In early 2012, we recruited 31 osteopaths to assess the completed revalidation portfolios and evaluate the pilot as a whole.

Continuing Professional Development (CPD): Between 2011-12 we scrutinised a random selection of 20% of the CPD submissions we received to ensure that these complied with CPD guidelines. As a result, 2% of osteopaths were asked to present further evidence to support their CPD activities.

We also launched a review of our CPD scheme to identify, during the course of the revalidation pilot, the challenges of the current scheme and ways in which the process could be improved.

The work on revalidation will be overseen by the Revalidation Standards and Assessment Group which consists of members of the GOSC Education Committee.

Setting standards and promoting good practice

New practice standards: in July 2011, following an extensive consultation process, we published new *Osteopathic Practice Standards* which came into force in September this year.

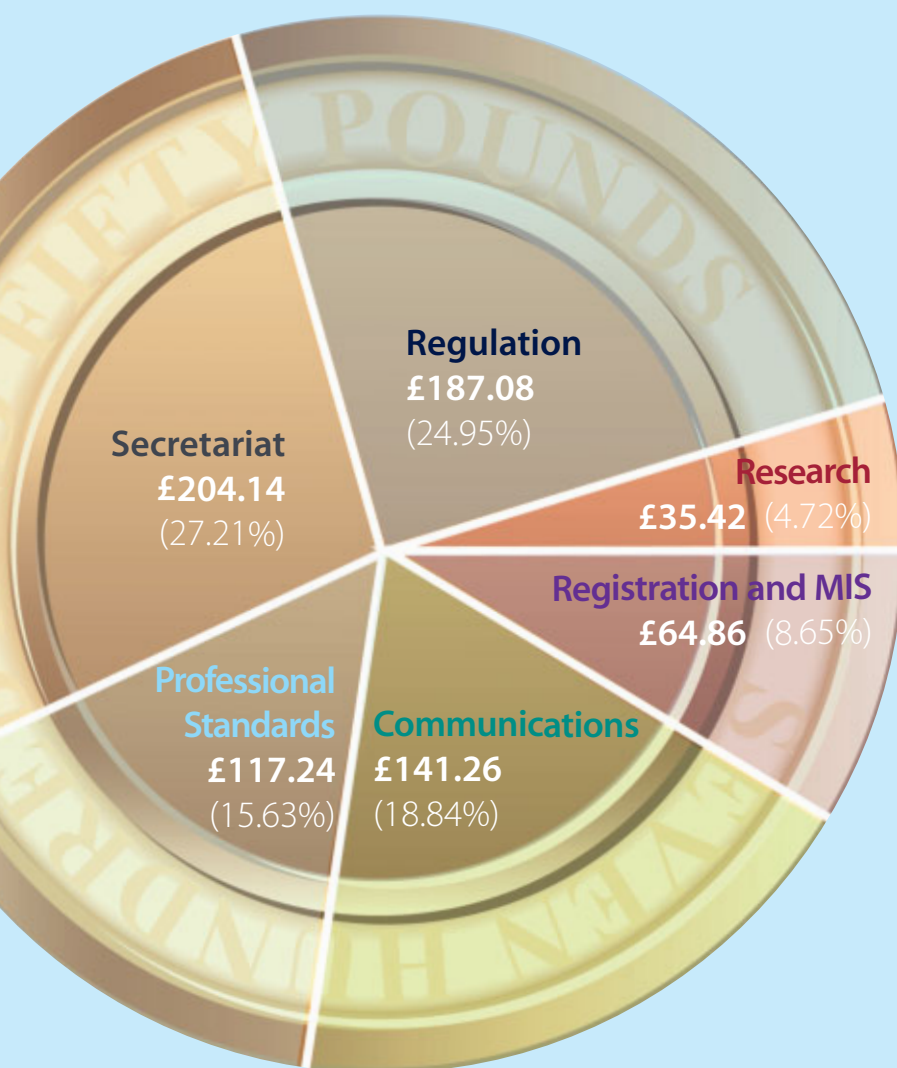
In preparation for the introduction of the new standards, we carried out a comprehensive programme of work to ensure that these are embedded in education and practice. As part of this, we provided new online materials along with training and support for faculty and students of OEl)s, and appointed the QAA to review our registration process.

Enhancing quality and safety: This year, together with the National Council for Osteopathic Research (NCOR), we undertook a review of the NCOR's funding and governance arrangements. As a result, NCOR has been reconstituted with a new Research Council and Management Board in order to separate its research development activity from the day-to-day running of the organisation. The funding of NCOR has also been diversified to reflect this, with major contributions from the British Osteopathic Association (BOA), GOSC, the Osteopathic Educational Foundation (OEF) and individual OEl)s. In addition, Dr Dawn Carnes has been appointed as the new Director of NCOR and will lead its work for the next three years.

We have also completed the last of the major research projects on adverse events. The full reports generated by these four studies are published on the dedicated 'Adverse events studies' page on the GOSC's public website (<http://www.osteopathy.org.uk/resources/research/Adverse-events-studies>).

How is your registration fee spent?

The following is a breakdown of how your registration fee for 2011-12 (£750) has been spent according to function within the GOsC, together with a brief explanation of each functions' key activity.



Secretariat: covers central administration duties and governance support.

Regulation: oversees fitness to practise processes and illegal practice prosecutions. It also sets and reviews standards and provides legal advice to the Council and the profession as a whole.

Communications: covers all ways in which the GOsC communicates with osteopaths and the public, such as our online and print publications, websites, events and other engagement activities, UK public affairs and international development work.

Professional Standards: implements and reviews standards of education, practice and continuous professional development (CPD).

Registration and Management Information Systems (MIS): manages the registration processes for osteopaths, looks after registrants' records, oversees data protection and ensures that all management systems are up to date.

Research: oversees all GOsC research activities, including commissioning and managing research projects and publishing findings.

The Government has laid down a challenge to all regulators to reduce the cost of regulation and ensure that it remains fit for purpose. In response to this, the GOsC was able to reduce the registration fee for osteopaths this year and we hope to do so again next year.

Income and expenditure

	Financial year	
	2011-12	2010-11
	£	£
Total income	3,206,642	3,063,333
Total expenditure, including corporation tax charge	3,064,733	3,034,747
Total designated spending	7,850	138,870
Surplus/(deficit) after designated spending and taxation	133,029	(110,284)
% of income spent before designated spending	95.57%	99.07%

The financial statements for the year ended 31 March 2012 report a surplus position of £133,029 after designated spending of £7,850 on specific one-off projects and corporation tax. This surplus was greater than forecast, as a planned piece of research into patterns of practice was not commissioned. The £80,000 underspend has been designated in reserves for future use.

The activity of the GOsC remained consistent with prior financial periods. In the reporting year, the Executive commenced a structured review of its costs in order to identify significant cost savings that could be passed back to the profession via the form of a fee reduction. The Council approved an expenditure reduction of £275k from April 2012.

GOSc seeks to clarify Bupa issues

The commercial relationship between osteopaths and health insurers is not in itself a matter for the GOSc as the regulator of osteopathy, and many of the issues relating to BUPA that we know are concerning osteopaths must be dealt with on behalf of the profession by the British Osteopathic Association (BOA) as the professional association.

However, osteopaths have raised concerns with us about issues that are relevant to the GOSc, particularly around Criminal Records Bureau (CRB) checks, the *Osteopathic Practice Standards* and data collection.

In order to discuss these concerns, in early August, Tim Walker Chief Executive and Registrar of the GOSc, met with Dr Katrina Herren, Medical Director of Bupa Health and Wellbeing (BHW). The meeting was productive and explored a number of concerns from both parties. BHW and the GOSc jointly committed to further discussions and recognised the need for patients to have access to high quality, affordable healthcare.

Pricing

The issue of pricing was discussed. Both organisations agreed that it is inappropriate for the GOSc and BHW to be 'negotiating' and that this is a matter for BHW and individual osteopaths. We raised a concern that there could be an impact on quality if BHW reimbursement rates fell below the market price. BHW stated that it believed there is no proven association between quality and cost, and that research suggests cost to be a poor measure of quality. Both organisations recognised that there is a lack of data about outcomes in musculoskeletal health as a whole and this needs to be improved.

BHW reiterated that it is not proposing a single national price. It is undertaking individual negotiations with osteopaths and, as such, these discussions are commercially confidential. We urged BHW to ensure that this information is communicated effectively to osteopaths.

CRB checks

We discussed BHW's requirement for Bupa Osteopathy Network members to have CRB checks. Both were aware that a CRB check is a condition of initial registration with the GOSc, but also agreed that it is good practice for anyone contracting with a health professional to conduct further checks.

Care pathways and outcome measures

The GOSc asked BHW to clarify the requirements for osteopaths to follow the BHW care pathways and how this might impact on both the autonomy of practitioners and the requirements of the *Osteopathic Practice Standards* to deliver the most appropriate treatment plan. BHW agreed to provide information to osteopaths on its approach to evidence based practice and care pathways and what is meant by this requirement. BHW also confirmed that its care pathways are designed to comply with regulatory standards including the *Osteopathic Practice Standards*.

With regard to clinical audit and/or data collection, we suggested that it would be helpful for BHW to clarify its proposed approach, including the types of data required. BHW confirmed that it was developing some simple patient reported outcome measures (PROMs), key clinical indicators and other outcome measures. BHW is seeking outcome measures that will be consistent across all healthcare professionals treating specific conditions e.g. lower back pain, including medical consultants, physiotherapists, chiropractors and osteopaths.

As there is considerable interest in outcomes within the osteopathic profession, and that work is in train with the BOA and the NCOR to develop Patient Reported Outcome Measures (PROMs), BHW and the GOSc agreed that this could be an area for potential cooperation to ensure that any work is complementary. The GOSc agreed to put BHW in touch with the NCOR about this work.

We have kept the BOA and 'Save osteopathy on Bupa' (www.save-osteopathy-on-bupa.org) informed of these discussions and will continue to work with both organisations on any matters where there is a clear role for the regulator to be involved.

AQP requirements clarified

The qualification process for 'Any Qualified Provider' status in the NHS, has created some confusion for osteopaths about whether they would need to be registered with 'Monitor' www.monitor-nhsft.gov.uk the organisation that in future will regulate private providers to the NHS.

Monitor has published and consulted on a number of aspects of its proposed 'NHS Provider Licence' but has also referred to possible exemptions which would be determined by the Department of Health (England).

Representatives of the GOSc (along with the BOA) have met with both Monitor and DH to discuss the possible impact of a requirement for Monitor licensing on the osteopathic profession.

The DH has now published a consultation on the exemptions and the good news for osteopaths is that it is proposed that all those professions currently exempted from Care Quality Commission registration (this includes osteopaths, chiropractors, physiotherapists and others) would not require a Monitor licence. In addition there is a minimum turnover/staffing requirement which we believe would exclude all existing osteopathic practices.

The GOSc will be responding to this consultation by seeking confirmation of these exemptions. Any osteopath who wishes to respond themselves can find the documents at: www.dh.gov.uk/health/2012/08/consultation-licensing.

Osteopathic regulation across the globe

Osteopathic regulators and professional associations from around the world came together at a recent forum organised by the Osteopathic International Alliance (OIA) to explore a range of aspects of osteopathic regulation and practice.

Over 40 participants from 16 countries attended the forum in Paris in September, an increase on those who attended a similar event in Germany last year.

The forum opened with a talk given by Dr Zhang Qi, Coordinator for Traditional Medicine at the World Health Organization (WHO) who has global responsibility for matters related to osteopathy (although he acknowledged that it was probably wrong to label as 'traditional' a practice that was only developed in the late 19th century). Dr Zhang Qi reported on a recent WHO survey that showed a growing number of countries – currently 16 – are regulating osteopathy, and over 80 countries where government health departments report osteopathy is used.

Presentations at the OIA regulation forum ranged from patient demographics and the development of Europe-wide standards, to scope of practice and revalidation. Highlights were:

- > Surveys of patients and reasons for seeking osteopathic treatment in France and Canada showed remarkable consistency on both sides of the Atlantic and were comparable to the GOsC's own work using the Standardised Data Collection tool.
- > An update on the work of the CEN Technical Committee which is drafting a set of European standards for osteopathy. This project is jointly funded by members of the Forum for Osteopathic Regulation in Europe and the European Federation of Osteopaths and commenced earlier this year.
- > The Co-Chair of the Osteopathic Council of New Zealand described the

process used by their Council to develop a revised general and specialist scopes of practice for osteopaths. These are a legal requirement in New Zealand.

- > The Chair of the Osteopathy Board of Australia gave an account of his experience of health practitioner regulation. In Australia, all healthcare professionals are regulated by a single regulatory body.
- > The National Board of Osteopathic Medical Examiners from the USA presented a comparison of the processes that are being used by osteopathic physicians in the United States for 'revalidation' against those being proposed for doctors and osteopaths in the UK.
- > There were also presentations about efforts to obtain regulation for osteopaths in Belgium and in Canada where many years of work to gain recognition for osteopathy look set to be coming to fruition.

The OIA brings together organisations comprised of osteopaths and osteopathic physicians from around the world. Its members include professional associations, regulatory bodies and educational institutions. In the UK, these include the British Osteopathic Association (BOA), GOsC, the British School of Osteopathy (BSO) and the European School of Osteopathy (ESO). Tim Walker, Chief Executive and Registrar of the GOsC, and Charles Hunt, Principal of the BSO, serve on the OIA board.



Five years ago, the OIA was heavily involved in efforts to draw up guidelines for training and practice in osteopathy with the WHO. While some progress was made, many of those involved were disappointed that what was eventually produced did not reflect adequately the diversity of the osteopathic profession. Now, new efforts are being made by the OIA to work with the WHO to develop a clearer understanding of the extent of osteopathic practice around the world.

Following the forum, there was a further meeting at which the OIA explored with WHO representatives the data collected by the OIA in its recent survey of osteopaths which many UK osteopaths contributed to. The meeting also explored with the WHO how osteopathy could contribute to the WHO's forthcoming strategy on Traditional and Complementary Medicine which is expected to explore the changing relationships between 'mainstream' and other healthcare disciplines particularly as the latter are used so widely across the globe.

We will keep you updated with further developments from the OIA in a future edition of *The Osteopath*. In the meantime, if you have any questions about any of the issues above, please visit the OIA website at www.oialliance.org.

Osteopathy is a winner at London 2012

The Olympics and Paralympics may be over but for osteopathy, the success has only just begun. The London 2012 games marked the very first time that osteopaths have been a part of the central medical team. This is largely thanks to the late Jonathan Betser supported by the Osteopathic Sports Care Association UK (OSCA UK).

A total of 25 osteopaths were involved, caring for athletes who did not have their own medical staff. Treatment was available for athletes of all disciplines, from runners, to swimmers, to cyclists and more. The Games were a truly landmark event for raising the profile of osteopathy in sports care in both the UK and around the world, and over 125 osteopaths applied for the chance to be part of 'Team Osteo' at the 2012 Games.

We thought we would give the team the opportunity to tell us in their own words about their experiences helping athletes with injuries and other medical conditions in the polyclinics at the Olympic Village, in Eton Dorney and at Weymouth.

Osteopathy will hopefully continue to be represented at the Games and the London team will be 'handing over the

torch' to the medical team at the 2016 Olympics in Brazil. Given the success this year, the team of osteopaths in Brazil will certainly have some high standards to live up to.

For more details, please contact the Communications Department on 020 7357 6655 or email: editor@osteopathy.org.uk



Amberin Fur treating a patient

The late Jonathan Betser >

"An amazing experience - to treat elite athletes and then be able to watch them achieve their goals. I'm tempted to watch the office workers I treat in action at their desks although I'm not sure I'd get the same thrills!"

"The excellent work by Simeon Milton and the late Jonathan Betser gave us (Team Osteo) a wonderful opportunity to 'fly the flag' for osteopathy and 'plant a seed' for the future generation of osteopaths. It has been a stimulating and rewarding experience."





"What an extraordinary week it's been! I've loved every minute!"

< Hannah Walder with an athlete

> Tom Hewetson and David Probert



"From supervising (and cleaning) the ice baths, inputting data for the physios, to introducing athletes from all over the world to osteopathic treatment for the first time, every moment has been amazing."



Simeon Milton, clinical lead osteopath

"After 12 years of working with British Gymnastics with very little hope of covering the Olympic Games, that all changed in 2012 but what the media didn't cover was the passion the Games uncovered in the osteopathic world. The team of 25-strong osteopaths have banded together, regardless of shifts or location, to present a united front. I am proud to have been on the starting line of what can only be described as a pioneering moment in osteopathic history."

Hugo Isaac and colleague



"For me, the Paralympics was the most amazing, exciting and humbling experience of my osteopathic career so far. I truly hope I get the chance to work with disabled athletes again."

"I can sum up my experience of working as an osteopath at the 2012 Olympics in one word: phenomenal."

"To volunteer at our home Olympic Games was a massive honour and it's hard to sum up my favourite moment. Perhaps watching a young swimmer from the USA with an unresolved injury go on to win Gold, or maybe marching with Team Ghana at their welcome ceremony. Perhaps being there when Team GB marched from Athlete's Village to the opening ceremony, or perhaps working with some of the best medical staff in the UK. There is no doubt that this experience was a fantastic learning opportunity, in an amazing environment, surrounded by the best athletes in the world. There is no favourite moment, it was just to be involved."



Tom Hewetson



Fiona Walsh (left of centre, behind Lord Coe) with some of the Weymouth Polyclinic multidisciplinary team

"Working as part of a truly interdisciplinary team for the 2012 Olympics and Paralympics was enlightening, humbling and quite honestly the most gratifying work I have ever done."

"Every day was different, you just never knew what to expect! Having showcased our profession to the world, I truly hope Team Osteo goes down in the history books and provides a platform from which to take us forward in international sport."



Hashim Saifuddin (centre) with athletes

Spinal loads during position changes

Rohlmann A, Petersen V, Schwachmeyer F, et al. *Clinical Biomechanics*. 2012;27:754–758.

The changing activities and postures involved in daily living place different loads upon the body. Load calculations on the spine and the viscoelastic tissues contained therein, have been calculated with growing degrees of sophistication since the work begun by Nachemson in 1966. However, such load measurements have focussed on static positions, and little is known about the loads involved when the body position changes.

A range of advice exists concerning the most effective manner to move from one body position to another, while avoiding high spinal loads and especially shear forces. Isometric contraction of the trunk muscles during the movement is often advised to stabilise the spine; alternatively, maintaining a natural curved shaped to avoid eccentric forces is advised.

This study measured loads on the vertebral body in patients who had received a vertebral body replacement (VBR); this was undertaken while body position changed from side-lying to supine to prone, and from sitting to standing. To obtain measurements, telemeterised VBRs were inserted into five patients who had experienced a severe compression fracture of a lumbar vertebral body.

The study identified that when patients changed their position from a lying posture according to physiotherapists' recommendations, the force produced was almost double as during relaxed standing. When moving from side-lying to sitting, the loads were approximately 180% of those for standing when the physiotherapists' recommendations were followed. In contrast, the loads were about 70% higher when recommendations weren't followed. Assistive actions were investigated and it was found that using a trapeze bar mounted on the bed did not increase spinal load. The action that increased the resultant force to 380% to that of standing was rising from a chair without using the arms. The use of armrests reduced this value to 180%.

The researchers concluded that since high forces act on the spine during changing body position, they can be reduced by supporting the upper body with the arms and following the advice of clinicians.

A systematic review

Goldsmith R, Wright C, Bell SF, et al. *Manual Therapy*. 2012;17:402e410.

Whiplash Associated Disorder (WAD) is a complex condition with an aetiology that remains poorly understood. Many symptoms are associated with WAD including cold hyperalgesia; this is quantifiable in the acute stage (Sterling et al, 2003) and is thought to be modifiable (Proudfoot et al, 2006). This review builds on the earlier work of Kamper et al, 2008 who were unable to offer any recommendations regarding the prognostic value of cold hyperalgesia in WAD.

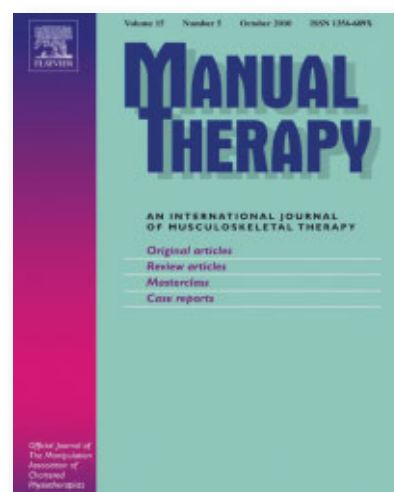
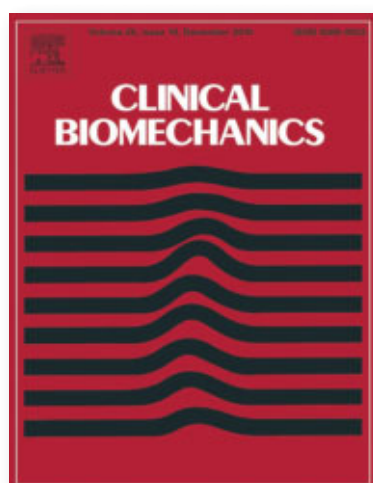
An extensive search strategy was created and applied to PubMed-Medline, and Medline, Embase and PsycInfo via Ovid. Reference lists were scanned and relevant lead authors were contacted. Strategies were developed specifically to improve the sensitivity and identify prognostic papers. Prospective studies were identified with adult cohorts having

sustained Grade I-III acute WAD following a road traffic accident. Included studies assessed specifically cold hyperalgesia in the acute stage.

Prospective clinical, longitudinal population cohort or case-control study designs were included. Studies needed to include at least one self-reported pain or disability outcome measurement, involving a minimum of two time points, at least six months apart. No language restrictions were applied. The Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach was adapted to review these prognostic studies, as it has been in other studies. A summary assessment was conducted to draw conclusions about the overall quality of evidence with specific consideration of pain and disability in combination.

A total of 445 articles were identified from the search strategy, and twenty full text articles were assessed for eligibility using standardised inclusion criteria. Ultimately, six articles were found to be eligible for review which reported prospective data from one Danish and three Australian cohorts. Findings from all four cohorts supported cold hyperalgesia as a prognostic factor in WAD.

The reviewers concluded that there is moderate evidence supporting cold hyperalgesia as a prognostic factor for long term pain and disability outcome in WAD. Further validation of the strength of this relationship and the influence of covariates is required.



IJOM Plus – improvements and enhancements

Improvements

In our *International Journal Of Medicine* (IJOM) Readership Survey earlier this year, you told us that you find it difficult to register for email alerts and search journals.

In the last issue of *The Osteopath*, we explained how to register on the Elsevier website for email alerts that tell you when new issues of journals are available, in addition to how to conduct searches for particular topics across multiple journals and save those searches for future use. This advice is now available as a download on the 'Research journals' page of the **o** zone.

In response to your feedback, we hope it is now easier to find the links to the Elsevier website from the **o** zone and to see how to contact us. We have also added a link from the CPD resources page of the **o** zone to the Research journals page to remind osteopaths looking for CPD topics that the research journals are available on the Elsevier website.

Forthcoming enhancements

Further enhancements are planned, also based on what you told us in the readership survey, including:

- > A selection of articles from *Pain* journal, which is currently only available to you on a reduced subscription
- > Free access to some of the articles cited in the references to IJOM articles, so that readers can follow up on these and related topics. The articles must be from Elsevier journals and are likely to include *Physical Therapy in Sport*, *Complementary Therapies in Clinical Practice*, *Physiotherapy* and *Best Practice & Research Clinical Rheumatology*.

More details about these forthcoming enhancements will be in the next issue of *The Osteopath*.

New articles

From the many articles in recent issues of the IJOM Plus journals, the following have been selected by Carol Fawkes, Research Officer for the National Council for Osteopathic Research, as being of particular interest:

Progressive hip rehabilitation: The effects of resistance band placement on gluteal activation during two common exercises.

By Cambridge EDJ, Sidorkewicz N, Ikeda DM, et al in *Clinical Biomechanics*, August 2012 pp 719-724.

Pudendal nerve entrapment in a bareback rodeo cowboy: A case study.

By MR Lafave, Sutter B. *International Journal of Osteopathic Medicine*, June 2012 pp 78-82.

Ottawa panel evidence-based clinical practice guidelines on therapeutic massage for neck pain.

By Brosseau L, Wells GA, Tugwell P, et al in *Journal of Bodywork & Movement Therapies*, July 2012 pp 300-325.

What puts the adverse in 'adverse events'? Patients' perceptions of post-treatment experiences in osteopathy - A qualitative study using focus groups.

By Rajendran D, Bright P, Bettles S, et al in *Manual Therapy*, August 2012 pp 305-311.



Accessing the research journals

If you haven't had an opportunity to do so already, all osteopaths can access the IJOM Plus package of journals on the Elsevier website by following these simple steps:

- 1 Log into the o zone. If you are not sure how to do this, call the GOsC Communications Department on 020 7357 6655 ext. 228 or email: webmanager@osteopathy.org.uk
- 2 Go to the 'Research journals' page via the link in the bottom left of the o zone home page.
- 3 Go to the Elsevier website by clicking on the link in 'Click here to access the online journals' at the top of the 'Research journals' page.
- 4 From this page you can access IJOM and selected content from the other journals in the IJOM Plus package. You do not need to register or set up an account on the Elsevier site in order to read the journal content. But – you do need to register and set up an account to receive email alerts and save searches.

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For further information contact the Communications Department, on 020 7357 6655 ext 228 or email: mpinder@osteopathy.org.uk

What is the relevance of coloured flags to osteopathic practice?

Carol Fawkes (NCOR Research Officer) and Dawn Carnes (NCOR Director)

Osteopaths are familiar with the concept of red and yellow flags in clinical practice, but other flags exist which also have a bearing on practice. This article describes the different types of flags that exist, their significance to clinical practice and the limitations of the flag system.

Traditionally the treatment of low back pain had focussed on the use of the biomechanical and biomedical models alone¹. Longitudinal studies emphasised the impact of psychosocial factors and their impact on outcome, or the development of chronic persistent problems. The concept of yellow flags was introduced and has been widely adopted. This has been followed by the introduction of blue flags which describe the workplace itself, and black flags which address the wider context in which an individual functions including other personnel, systems, and policies^{2,3,4,5}. More recently orange has been added to the spectrum, with pink included also although not officially recognised in mainstream healthcare.

The Accident Compensation Corporation of New Zealand highlighted in 2004 the importance of using a holistic approach

when assessing patients presenting with spinal pain³. The biopsychosocial approach views pain and disability as a complex and dynamic interaction among physiological, psychological, and social factors, which perpetuates and may worsen the clinical presentation. Historically, the two most commonly recognised flags have been physiological (red flags), and psychosocial (yellow flags) risk factors associated with the progression from acute to chronic low back pain disability^{1,2}. The use of the flag framework and its screening tools has had widespread application in clinical practice since its creation. However, it has been argued that they need to be regarded critically and considered not only in terms of their validity and reliability, but also for the effect their use might have on patient-clinician interaction and the clinical reasoning process⁶.

Red flags

Good case history taking is an implicit part of

professional practice for all osteopaths. It can help to identify signs of serious pathology including tumour, fracture, infection, cauda equina syndrome which require onward referral for investigation and treatment. Additional red flags with which all osteopaths are familiar include the presence of significant trauma, unexplained weight loss, previous history of cancer, fever, intravenous drug use, long-term steroid use, severe, unremitting night pain, and pain that gets worse when lying down^{7,8}. This list is not exhaustive but illustrative, and the presence of any red flag should be considered in conjunction with appropriate clinical examination.

Yellow flags

These are salient psychosocial risk factors

involved in impeding the ability of an individual to improve and/or recover from acute pain episodes, and increasing the risk of developing chronic pain and disability. The presence of yellow flags is not indicative of malingering, and should be regarded as one of a range of interacting factors affecting the healing and recovery process¹.

In practical terms, yellow flags include the presence of catastrophising thoughts

Key messages

- > Flags are not a diagnosis
- > They are not definitive and should be used as part of a wider clinical picture
- > They should not be used to label patients
- > They are relevant to identify potential reasons for the persistence of a problem
- > Flags are not present exclusively, and a patient may require help in more than one area concurrently
- > They are relevant to identify when certain types of treatment may not be suitable for the best long-term patient outcome.

which focus on the worst possible outcome; avoidance of activities due to expectations of pain and re-injury; having negative expectations of recovery; being preoccupied with health, having dysfunctional beliefs and expectations concerning pain, work, and healthcare; fear of movement; uncertainty concerning the onset of symptoms; concern regarding possible interventions to help symptoms and what to expect in the future. These factors can be accompanied by feelings of worry and distress; low mood (which may or may not be accompanied by a diagnosis of depression or anxiety); withdrawal from social contact; extreme symptom reporting behaviour; over reliance and positive expectations of passive coping strategies (e.g. hot packs, cold packs, and/or analgesia) and negative expectation of treatment outcome. These specific beliefs, behaviours, and mood have been associated with the risk of development of chronic pain^{1,2,3,4,9}.

Trying to identify an individual's beliefs concerning their spinal pain is key to assessing the presence or absence of yellow flags. A variety of measures have been used to accomplish this, but the use of questionnaires has been found to constrain patients' responses⁷. Identifying patients who are at risk of developing chronic pain is an essential part of effective practice. However, it is important not to take an overly-simplified approach which fails to recognise an individual patient's experience of pain and the meaning they may attach to such pain⁶.

Blue flags

Blue flags have been defined as "an individual's perceptions about work, whether accurate or inaccurate, that can affect disability"⁹. Clinical psychologist Chris Main has been very influential in increasing awareness that certain working conditions and adverse workplace characteristics may place an individual at increased risk of disability, and present obstacles to recovery with associated delay in return to work^{9,11}. Prolonged leave of absence from work can be problematic since the longer an individual is out of work, the more likely it is that they will fail

to return to work. Bigos and colleagues have suggested that this is influenced by perception about symptoms, the safety of returning to work, and the impact of returning to work on an individual's personal world¹².

Items included within blue flags are largely based upon literature relating to workplace stress and control and the perception of how occupational factors can impact on recovery. Issues considered as blue flags include:

- > A high demand/low control work environment in which workers perceive they are in a stringent, inflexible environment where they have little control over what is going on but, at the same time, are expected to be highly productive;
- > The perception that the style of management is unhelpful;
- > The belief that work is taking place under a perceived time pressure;
- > The belief that poor social support is received from their colleagues;
- > The belief that return to work will bring re-injury;
- > The belief that return to work will not be possible;
- > The belief that work is harmful;
- > The perception that work is stressful;
- > Dissatisfaction with current job;
- > Dislike for the current job^{13,14,15,16}.

Factors including a work history that includes patterns of frequent job changes and lack of vocational direction, are considered also secondary to the above features.

The development of blue flags is relatively new and currently there are no standard guidelines available to assess them (although initial attempts are being made to rectify this situation¹⁵). The strongest construct to arise from factors listed as blue flags relates to recovery expectations. Systematic reviews have concluded consistently that there is strong predictive evidence that low expectation of return to work or recovery from symptoms is particularly important for prognostic information¹⁶.

Black flags

These refer to more objective occupational factors that affect all workers equally.

However, it may be difficult to differentiate between subjective and objective occupational stress factors, since they can be present independently or in combination with other factors. Black flags include nationally established policies concerning the conditions of employment and sickness policy, as well as working conditions that are specific to individual organisations.

Nationally these can include items such as salary rates, shift patterns, the number of work hours, ergonomic considerations (e.g. the necessity to lift items, and sustained working postures), nationwide negotiated entitlements related to sickness certification, benefit systems and wage reimbursement rates. At the level of an individual organisation, these can include items such as sickness policy, workers' entitlement to sick leave, the role of occupational health personnel and "signing off" and "signing on" requirements for full fitness. In addition, black flags can include misunderstandings between key personnel, issues relating to financial and compensation problems, negative expectations, fears or beliefs from spouse/partner or other family members and social isolation and/or dysfunction.

Black flags identify the need to involve other personnel (including other healthcare professionals) in an integrated approach to care^{2,5,9}.

Orange flags

These have been added to the flag framework recently.

Orange flags represent the equivalent of red flags for mental health and psychological problems. They can help to alert clinicians to potentially serious issues that could be psychiatric in nature and require appropriate referral to a specialist.

This replaces the normal course of management that could be followed for mild mental health conditions such as anxiety. Orange flags can include excessively high levels of distress, major personality disorders, post-traumatic stress disorders, drug and alcohol abuse/addictions or clinical depression¹⁷.



Pink flags are relatively new and are not officially recognised by many healthcare professionals since there has been little research to provide an evidence base. They were described originally in 2005 by Louis Gifford, a pain specialist physiotherapist to reflect his concern at the constant focus of medicine on aggravating factors associated with a condition at the expense of looking at relieving/improving factors¹⁸. Pink flags are positive factors that clinicians can try and identify and emphasise to promote the chance of a better outcome for patients. Pink flags can be influenced by giving reassurance, and educating appropriately to avoid the development of inaccurate and unhelpful beliefs¹⁸.

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17. Main CJ, Philips CJ, Watson PJ. *Secondary prevention in healthcare and occupational settings in musculoskeletal conditions (focusing on low back pain) in Handbook of complex occupational disability claims: Early risk identification, intervention and prevention*. I Z Schultz & R J Gatchel, (eds) (2005), Springer Science & Business Media, New York.
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Thank you ...

... to everyone who participated in the first round of the research priorities exercise and contributed their ideas.

As you may be aware, we are currently carrying out a Delphi study to establish the profession's views on what the priority areas should be for osteopathic research. We have asked osteopaths like you to complete an initial questionnaire to identify the priority topic areas and the rationale for these. Based on this information, the research

team will produce a list of topics which osteopaths will be asked to rank in order of importance.

The data from the first round is currently being analysed, and the second round of the survey will be circulated later in the autumn. Further information concerning the progress of the study will continue to be published in this section of *The Osteopath*.

For more information about the project, please contact c.fawkes@qmul.ac.uk

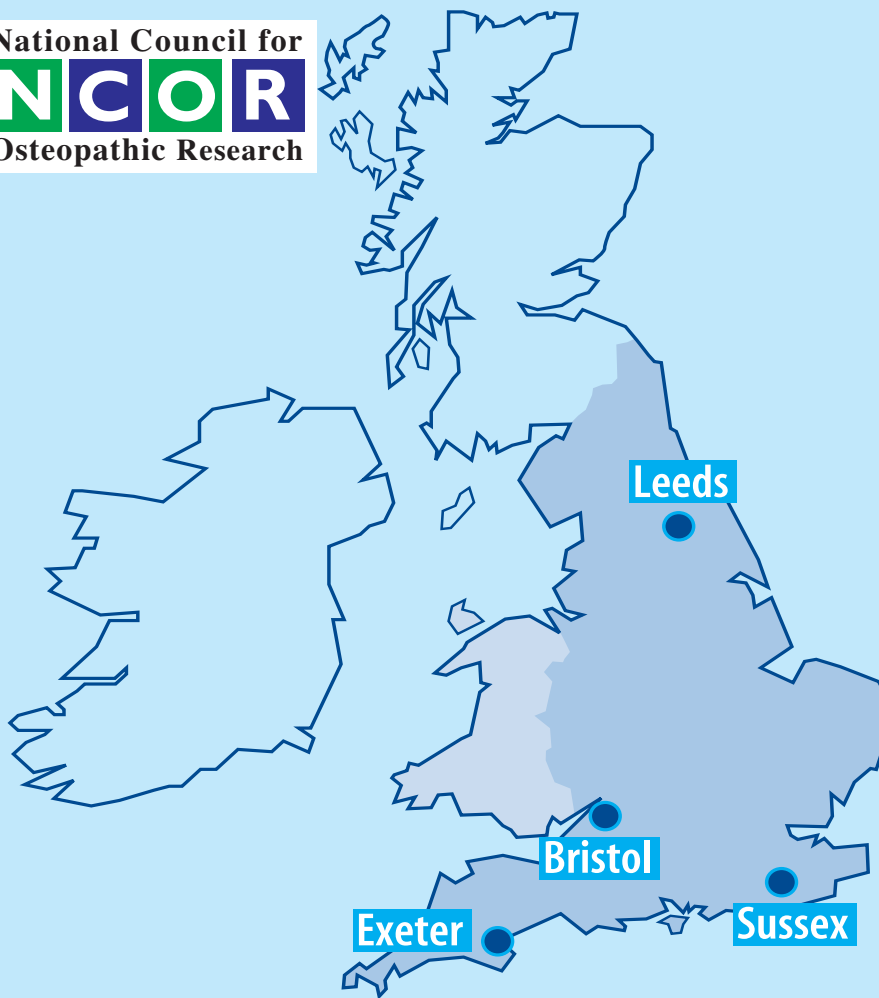


NCOR research hub news

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

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

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



> BRISTOL

Please refer to the NCOR website – www.ncor.org.uk

> EXETER

Saturday 8th December
7-9pm

Discussion of dissemination of findings of a completed research study looking at developing a career structure in osteopathy.

> HAYWARDS HEATH

Sunday 2nd December
10am – 12pm

Continuing to look at literature concerned with the management of OA of the hip.

> LEEDS

Please refer to the NCOR website – www.ncor.org.uk

Conference calendar

> 27th–31st October, 2012, Dubai.

8th International World Congress on Low Back Pain. Further information can be found at www.worldcongresslbp.com

> 16th and 17th November, 2012, Meriden, near Birmingham.

British Osteopathic Association Annual Convention. Further information can be found at www.osteopathy.org/convention-information

> 24th November, 2012, Abingdon, near Oxford.

9th Chiropractic, Osteopathy, and Physiotherapy student conference. Further information can be found at www.mctimoney-college.ac.uk

The College of Medicine – an exciting new opportunity for osteopaths to help create better health for patients

For a limited period only the College of Medicine is offering osteopaths a 50% reduction on membership fee – so you can sample all the benefits of membership at a greatly reduced price.

Membership benefits include:

- > Access to advice and support on your projects from top specialists at the core of the College of Medicine
- > A chance to advocate for change as part of an influential body
- > Access to members-only reports and video seminar library
- > Discounted rate (and preference allocation) on all College courses and seminars
- > Discounts and early notice on all College events and meetings
- > Invitation to selected College receptions, socials and networking events
- > Courses, one-day seminars and faculty seminars.

COLLEGE OF MEDICINE
SERVICE • SCIENCE • HEALING

The College of Medicine is unique in bringing patients and health professionals together on an equal footing to combine scientific knowledge, clinical expertise and the patient's perspective to create better health. The College seeks to re-define what good medicine means by renewing the traditional values of service, commitment and compassion to create a more holistic, patient-centred, preventative approach to healthcare and wellbeing. The College aims to achieve this by promoting best clinical practice demonstrator projects across the UK, thought leadership based education and online tools in order to create a group of progressive clinicians that are recognised for their commitment to high quality practice and offering more for their patients.

As statutorily recognised clinicians, the College of Medicine believes it is essential that osteopaths are well represented among these new clinical leaders.

The College has run day courses on chronic conditions such as IBS, spinal pain and chronic fatigue and conferences on specialist subjects such as homeless health and acupuncture. Earlier in the year, keynote speakers at the College's Annual Conference on Healthy Ageing included Nobel Prize winner, Dr Elizabeth Blackburn and HRH Prince of Wales.



From October there will be a series of monthly talks on cutting edge areas of science and medicine, beginning in the British Library with Professor Kieran Clarke who will explain how the latest research into insulin resistance may increase athletic performance and offer ways to treat heart failure and Alzheimer's.

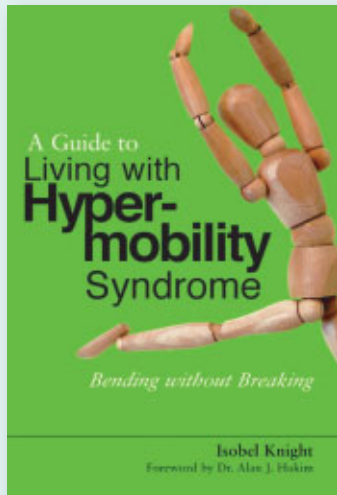
For further information and to take advantage of this offer, please visit: <http://www.collegeofmedicine.org.uk/membership>

Bookshelf

A selection of illustrated reference books for osteopaths

A Guide to Living with Hyper-mobility Syndrome: Bending without Breaking

Isobel Knight

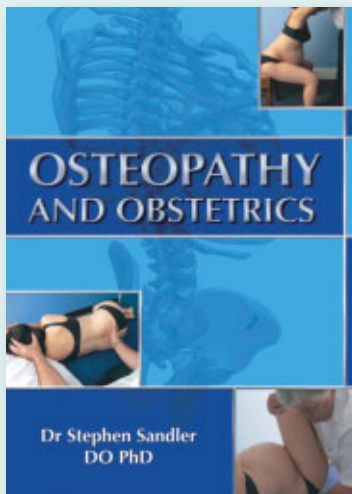


Published by Singing Dragon
ISBN 978-1-84819-068-9
240 pages

Covering everything from how to recognise symptoms and obtain initial diagnosis to managing the condition and its challenges on a daily basis. This is a guide for living with HMS, and ultimately enjoying a fulfilling life. The author looks at how the condition affects people of all ages and explores a number of different pain management strategies.

Osteopathy and Obstetrics

Dr Stephen Sandler DO PhD



Published by Anshan
ISBN 978-1848290563
249 pages

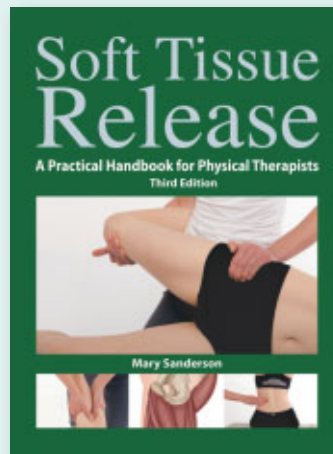
"Pregnant women have always been troubled with musculoskeletal problems, which, until recently have been poorly understood, often ignored and either not treated or treated inadequately. Dr Stephen Sandler has been instrumental in highlighting these very relevant problems and, through anatomy and physiology, understanding

their causation. He has pioneered the awareness and efficacy of osteopathic treatment for pregnant women to improve their antenatal, intrapartum and postnatal wellbeing. I would thoroughly recommend this book as invaluable educational reading, giving sound advice to pregnant women, midwives, obstetricians and, of course osteopaths."

Malcolm Gillard FRCS FRCOG
Consultant Gynaecologist and Obstetrician

Soft Tissue Release: A Practical Handbook for Physical Therapists (Third Edition)

Mary Sanderson



Published by Lotus Publishing
ISBN 978-1-905367-37-5
168 pages

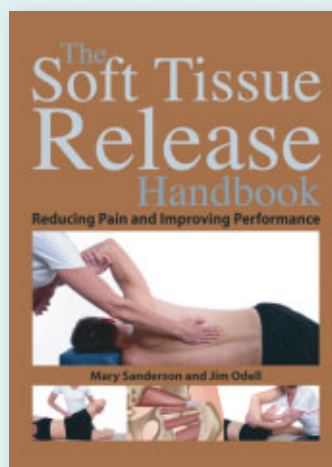
Whether for sporting competition, work or generally for the maintenance of posture, everyone needs muscles that are not only strong, but also supple and in balance. Soft tissue release is a "dynamic, participative and versatile massage technique" and in this book, the author outlines the techniques that she has found to be successful in her experience

over the past twenty-one years.

Originally written in 1998, this book has been updated and is published in colour for the first time, including new photography and drawings to illustrate the theory and techniques involved.

Soft Tissue Release Handbook: Reducing Pain and Improving Performance

Mary Sanderson and Jim Odell



Published by Lotus Publishing
ISBN 978-1-905367-22-1

Soft tissue Release (STR) is being used as a therapy alone and alongside other modalities in the treatment of a range of soft tissue problems. STR can be helpful in the treatment of chronic injury and also has implications for assessing muscle dysfunction.

This book, packed full of colour photographs and anatomical drawings, shows the reader how

STR can be used to treat common injuries and conditions.

If you would like to review any of the titles featured (in exchange for a free copy), contact the editor at: editor@osteopathy.org.uk

Courses 2012

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

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

November

>2–7

Module 2/3 Osteopathy in the Cranial Field

Venue: Kilian Draeger Day, Germany
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

>3

Business Workshop – the interactive way to help you with your business challenges

Speaker: Dustie Houchin MBA BSc Hons Ost
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

>3–4

Internal medicine

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

>3–4

Basic visceral: the thorax

Speaker: Joanna Crill Dawson
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>3–4

Functional Stretching

Speaker: Prof. Eyal Lederman
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>3–4

Fluid systems during pregnancy, labour and birth Course director:

Speaker: Averille Morgan
Venue: Thoresby College, Norfolk
tel: 07570 418 143
email: info@osteopathycpd.org
website: www.osteopathycpd.org

>7–9

Advanced abdomen and pelvic

Speaker: Jean-Pierre Barral
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>8–9

Society for Back Pain Research Annual General Meeting 2012

'Procedures, Placebos and Poppycock'
Venue: Sefton Hotel, Douglas, Isle of Man
tel: 01484 535200
email: deb@spineresearch.org.uk
web: www.sbpr.info

>9

Fascial fitness: Training principles for the collagenous tissue network

Speaker: Dr Robert Schleip
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>9–11

Paediatric Level Two – 9 months to 3 years

Course Director: Giles Cleghorn
Venue: Bristol
tel: 0117 974 5084
website: www.integratedosteopathicstudies.com

>9–12

Advanced Therapy Master-Class

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ
tel: 07850 176600
email: john@johnngibbonsbodymaster.co.uk
website: www.johnngibbonsbodymaster.co.uk

>10

Tissue Repair

Speaker: Professor Tim Watson
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

>14

Cervical Spine Masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ
tel: 07850 176600
email: john@johnngibbonsbodymaster.co.uk
website: www.johnngibbonsbodymaster.co.uk

>15

How to treat: Impingement syndrome of the shoulder

Speaker: Professor Eyal Lederman
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>17

Managing acute and chronic neck conditions – a process approach

Speaker: Professor Eyal Lederman and Tsafi Lederman
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>17–18

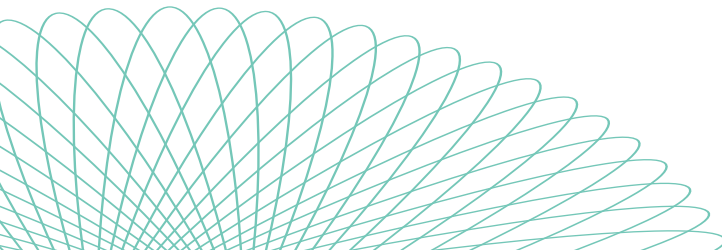
Foundation Acupuncture Training Course (3 weekends certificate course)

Speaker: Jennie Longbottom
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

>18

Impact Therapy for Manual Practitioners

Speaker Dr Chris Curtis
Venue Warwick Hilton
tel: 0208 504 1462
email taoseminars@gmail.com



> 19 Nov, 14 January 2013, 18 March 2013 Behind the Smile – Emotional Expression: the face, the throat and the heart

A series of three one-day advanced craniosacral seminars; each day stands alone and will provide additional therapeutic cranial skills.

Speaker: Katherine Ukleja DO, RCST, BCST

Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
tel: 07000-785778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 20 Kinesiology Taping for the Athlete Masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ
tel: 07850 176600
email: john@johnngibbonsbodymaster.co.uk
website: www.johnngibbonsbodymaster.co.uk

> 20 Spinal Manipulation for the Athlete Masterclass

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ
tel: 07850 176600
email: john@johnngibbonsbodymaster.co.uk
website: www.johnngibbonsbodymaster.co.uk

> 23–25 Pregnancy care

Speaker: Averille Morgan
Venue: Whittington Education Centre, Whittington Hospital, Gordon Close off Highgate Hill, London N19
tel: 020 7263 8551
email: cpd@cpdo.net

> 23–25 Paediatric Level Two – 9 months to 3 years

Course Director: Giles Cleghorn
Venue: Kinsale, Ireland
Tel: 0117 974 5084
Website: www.integratedosteopathicstudies.com

> 23–25 Trauma – a Comprehensive Cranio-Sacral Approach to Trauma

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

> 24 Difficult patients: overcoming obstacles using Neuro-Linguistic Programming (NLP)

Speaker: Paul Brown
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

> 24 BLT refresher day

Course director: Zenna Zwierzchowska
Venue: London
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

> 24 NLP in the Art of Osteopathy

Speaker: Paul Brown
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

> 24 Breathing, Breathing Therapy and Capnography in Clinical Practice (Level 1)

Lecturers Mr. Gerry Gajadharsingh DO & Dr. Robert Kissner BA(Hons) MA PhD
Venue: Mayfair, London, W1
tel: 020 7631 1414
website: www.thehealthequation.co.uk

> 25 Breathing, Breathing Therapy and Capnography in Clinical Practice (Level 2)

Lecturers Mr. Gerry Gajadharsingh DO & Dr. Robert Kissner BA(Hons) MA PhD
Venue: Mayfair, London, W1
tel: 020 7631 1414
website: www.thehealthequation.co.uk

> 25 'The Miserable Baby – Treating Feeding and Digestive Disorders in Babies'

Speaker: Miranda Clayton
Venue: London School of Osteopathy, London SE1 3BE
email: osteokids@aol.com
website: www.mumandbaby-at-home.com/CPD

December

> 8–9 A Modern Approach to Muscle Energy Techniques

Speaker: John Gibbons
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ
tel: 07850 176600
email: john@johnngibbonsbodymaster.co.uk
website: www.johnngibbonsbodymaster.co.uk

2013 January

11–13 Paediatric Clinical Screening

Course director: Hilary Percival
Venue: London
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

26 Osteopathy in the Cranial Field

Course director: Tim Marris
Venue: London
email: info@sutherlandcranialcollege.co.uk
website: www.sutherlandcranialcollege.co.uk

26–27 DNS Skills Weekend – Reflex Locomotion

Speaker: Prague Rehabilitation School DNS Team
Venue: European School of Osteopathy, Maidstone, Kent
tel: 01622 671558
email: corinnejones@eso.ac.uk
website: www.eso.ac.uk/cpd-calendar.html

February

1–3 NM3 Peripheral Nerve Manipulation; Lower Body

Lecturer: Christoph Sommer, Rolfe
Venue: Stillorgan Park Hotel, Dublin, Ireland
tel: 00353-1-2103967
website: www.barralinstitute.ie

KENT AND EAST SUSSEX OSTEOPATHS

We are currently setting up a new regional society based around Tunbridge Wells for CPD plus networking and socialising. We would aim to meet 4 times a year. If you are interested in joining this society please contact Claire Piper on: info@intouchhealth.co.uk. We are currently looking for a suitable venue so if you have any suggestions on this please let us know. We would also be happy to hear any suggestions regarding subject matter for the lectures and workshops.

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

Algarve Locum wanted to work 4 days a week between January to April each year. Possibility of becoming full-time associate. Video and further details on www.bioregmed.org/locum

Full time associate osteopath required to join a highly motivated team within a very busy, expanding and well established multi-therapy practice situated in the rural town of Nantwich, Cheshire. Full supporting administration staff is provided and there are excellent opportunities for professional development. There is also a large equine data base and therefore opportunities for anyone interested in veterinary osteopathy. For further information call, Andrew Antoniou, Practice Manager – tel 01270 629933 or visit our website: www.weaverhouse.com

Associate osteopath required to join a family friendly integrated medical practice in South Bucks. Excellent facilities, highly supportive environment. Must have 2 years post-qualification experience and an interest in sports injuries would be an advantage. Please register your interest by sending your CV to tracey@healthy-balance.co.uk

Associate osteopath required for busy practice in Strabane, Northern Ireland. Initially position is for 2 days per week with real potential to expand. We are seeking an enthusiastic person who has good structural skills, dry needling would be an advantage but not essential and who has an interest in sports injuries. The clinic is growing and we want someone who is keen to be an integral part of our expansion. Contact Charlie@joylaneclinic.co.uk with CV and a covering letter.

Locum required for busy multidisciplinary clinic in West Sussex from Nov 14th till end of December followed by a period of maternity cover. The Westbourne Osteopathic Clinic. Enquiries to Oliver Curties: info@westbourne.co.uk or 01243 372 272.

Osteopath required in South Cheshire for maternity cover from November 2012 for approx 8 months, 1-2 days flexible between Mon, Tue and Thurs. Possibility of a permanent position. Good structural skills important with cranial an advantage but not essential. Please send CV with cover note to kspencerosteopath@yahoo.co.uk or post to Sandbach Osteopathic and sports injury clinic, 1 Old Middlewich Road, Sandbach, Cheshire, CW11 1DH.

Are you are a physical therapist looking for a positive change from the 'clinical scene'? Health Response UK (Osteopaths For Industry) is a dynamic, innovative organisation specialising in the provision of training in Musculoskeletal Health and Safety for UK Industry. Our expanding business is now looking for another qualified osteopath to join our growing team of musculoskeletal injury prevention trainer/consultants. We are looking for a dynamic and energetic individual who has excellent verbal and written communication skills and enjoys direct contact with clients. The role involves delivering our training services to our UK client base which includes commercial, industrial and the public sector. Ideally you will be available for 2-4 consecutive days. Applicants must be flexible and willing to travel. Good rates of pay with full training provided. Experience working within Occupational Health and Safety an advantage. Advantageous to be based in Midlands or South East. To apply please send a full CV with covering letter in the first instance: sam@healthresponse.co.uk

COMMERCIAL

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

COURSES

The Chinese Medical Institute and Register. Professional education in Chinese medicine and acupuncture. CPD approved postgraduate courses in Chinese medicine and acupuncture. Includes patient case studies and practical sessions. Contact the Course Department for information. courses@acumed.com 0207 388 6704 www.courses.acumed.com

18 November 2012 11am-4.30pm Alexander Technique - a practical course designed for osteopaths. Applying the Alexander Technique to yourself and your work. Certificate of attendance. Hove Alexander Technique Studio, East Sussex BN3 3DE. £85. Alan Mars - alan.mars@yahoo.co.uk 07930 323057 www.osteopath-cpd.co.uk

The British Medical Acupuncture Society offer Foundation Courses in Western Medical Acupuncture for regulated health professionals. Experienced medically trained lecturers, 100 free needles, CPD approved. Nationwide venues. For further information and to book online visit: www.medical-acupuncture.co.uk Tel 01606 786782 or email: admin@medical-acupuncture.org.uk

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£7.50 + VAT per box number per issue. Please contact Donna Booker on the above details.

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

Marketplace display advertisement rates:

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



CPDO

2012

Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
27-28 Oct	MET in management of spinal, respiratory & pelvic dysfunction	<i>Leon Chaitow</i>	£265	£150	14
3-4 Nov	Therapeutic stretching: towards a functional approach	<i>Prof. Eyal Lederman</i>	£235	£150	14
3-4 Nov	Basic visceral: the thorax	<i>Joanna Crill Dawson</i>	£235	£150	14
7-8-9 Nov	Advanced abdomen and pelvis	<i>Jean-Pierre Barral</i>	Fully booked		
17 Nov	Managing acute and chronic neck conditions – a process approach	<i>Prof. Eyal Lederman & Tsafi Lederman</i>	125	125	7
Evening courses & lectures 19.00-22.00 / 19.00-21.00					
25 Oct	How to treat: Whiplash injuries	<i>Prof. Eyal Lederman</i>	£45		3
9 Nov	Fascial fitness: training principles for the collagenous tissue network	<i>Dr. Robert Schleip</i>	£55		3
15 Nov	How to treat: Impingement syndrome of the shoulder	<i>Prof. Eyal Lederman</i>	£45		3

Therapeutic stretching: towards a functional approach

An active, multidimensional approach to recovering range of movement

Prof. Eyal Lederman

Cochrane Database: Clinical stretching has limited contribution to recovery of movement range in many musculoskeletal conditions - Immediate: 3⁰, short-term: 1⁰, long-term: no effect

Find out why and how it can be resolved

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

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

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

Date: 3-4 Nov 2012

From September 2012 all of CPDO's courses will be held at:

**Whittington Education Centre, Whittington Hospital,
Gordon Close off Highgate Hill, London N19
(Except for Barral's courses)**

For more information and booking: www.cpdo.net

Or send payment to:

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

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

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

E-CPD

CPDO is now providing **online courses** for manual and physical therapists.

Our first course is run by **Professor Laurie Hartman**. It explores the examination and treatment of the cervical, thoracic and lumbar spine and SI joint.

**For further information see:
www.cpdo.net**



CPDO

2013

Presenting our courses in 2013

There is a 10% discount on all courses booked before 7 Jan 2013*

Dates	Title	Lecturer	Cost	Deposit	CPD hrs
Weekend courses 10.00-17.00					
25-26-27 Jan	Neuromuscular Re-Abilitation	<i>Prof. Eyal Lederman</i>	£385	£200	21
26-27 Jan, 9-10 Feb, 23-24 March	Foundation course in dry needling (3 weekend certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
2-3 Feb & 2-3 March	Foundation Pilates course for physical therapists (two weekend course)	<i>Susie Lecomber</i>	£475	£200	28
2 Feb	Councelling skill for physical therapists	<i>Tsafi Lederman & Jenny Stacey</i>	£125	£125	7
3 Feb	The therapeutic relationship: managing difficult situations	<i>Tsafi Lederman & Jenny Stacey</i>	£125	£125	7
9-10 Feb	Basic visceral: The abdomen	<i>Joanna Crill Dawson</i>	£235	£150	14
13-15 Feb	Barral's advanced integrative approach	<i>Jean Pierre Barral</i>	Fully booked		
2 March	The lower quadrant: integration of acupuncture within physical therapy management	<i>Jennie Longbottom</i>	£135	£135	7
16-17 March	Integrated neuromuscular management of myofascial pain (Trigger points)	<i>Leon Chaitow</i>	£265	£150	14
20 April	Yoga for management of back pain	<i>Anna Semlyen</i>	£125	£125	7
20-21 April	Contemporary Acupuncture in Women's Health	<i>Jennie Longbottom</i>	£255	£150	14
1-2 June	Foundation cranial course I	<i>Joanna Crill Dawson</i>	£235	£150	14
1-2 June	Therapeutic stretching: towards a functional approach	<i>Prof. Eyal Lederman</i>	£235	£150	14
4-6 Sept	Advanced thorax and abdomen	<i>Jean Pierre Barral</i>	Fully booked		
21 Sept	Managing shoulder conditions using a process approach	<i>Prof. Eyal Lederman</i>	£125	£125	7
21-22 Sept, 28-29 Sept, 9-10 Nov	Foundation course in dry needling (3 weekend certificate course)	<i>Jennie Longbottom</i>	£665	£350	42
5-6 Oct	Basic visceral: the thorax	<i>Joanna Crill Dawson</i>	£235	£150	14
5-6 Oct	Positional release techniques in management of cervical, thoracic & pelvic pain & dysfunction	<i>Leon Chaitow</i>	£265	£150	14
1-2-3 Nov	Harmonic technique	<i>Prof. Eyal Lederman</i>	£385	£200	21

Venue:

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

For more information, updates and booking: www.cpdo.net

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Advanced Osteopathic Evaluation and Management Symposium

The symposium will enable osteopaths to practice and critically evaluate a range of osteopathic techniques. The symposium aims to develop skills of creativity and critical thinking. Participants are encouraged to submit relevant clinical cases reflecting your critical thinking and/or any questions for the panel members to respond to. The panel is composed of leading figures in their respective fields who value the participation of their audience. This interactive and practical symposium is part of the MSc programme and is set at a Masters level with a resource pack for participants.



Saturday 20 October

Course fee: £125 CPD: 7 hours

Osteopathic Care of the Older Patient



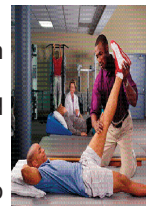
In this brand new course, delegates will learn about several areas of Geriatric Osteopathy, including the important area of falls; relating these to frequency, prevention and the consequences as well as rehabilitation and treatment with practical demonstrations of exercise prescription. In addition, functional changes, such as mental capacity and dementia (including Alzheimer's) will be discussed in relation to working with the older patient and issues relating to consent. Delegates will also learn about specific geriatric illnesses and how physical therapists can be involved in a multi-disciplinary approach to mitigate the consequences of adverse effects..

Saturday 24 November

Course fee: £125 CPD: 7 hours

Sports Biomechanics and Muscle Chains

Sports Biomechanics and Muscle Chains aims to equip the practising osteopath with the tools to spot and approach a variety of myofascial muscle chain dysfunctions. The theory behind this workshop will enable participants to modify their approach to patients by adapting to a framework for assessing and planning patient care and utilising appropriate treatment tools with new insight. The day forms the basis for the Functional Active Release in Osteopathy and Stretching Exercises and Osteopathic Care courses - it is not necessary to attend these courses sequentially but participants may work through them to individual preference.



Saturday 8 December October

Course Fee: £125 CPD: 14 hours

Nutrition in Practice



Day 1 is an Introduction to Nutrition. At the end of the day, delegates will be confident in their ability to assess the nutrition needs of their patients and give advice and guidance about macronutrients and micronutrients to help their recovery.

Day 2 is Applied Nutrition. This workshop builds from the previous day's course in learning how to apply fundamental nutrition guidelines to different situations. At the end of this day, delegates will be able to confidently assess body composition and have a good understanding of the applied role of nutrition in specific circumstances.

Saturday & Sunday 12 & 13 January

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

Contact

To register your interest or for further information on any of the CPD courses, please contact:
Katie Elford on 020 7089 5352 or cpd@bso.ac.uk.

Courses Coming Up

Sat 13 October

Ergonomics

Adv. Spinal Manipulation

Sat 13 & Sun 14 October

Visceral Osteopathy

Sun 14 October

Still Technique Part 1

Sat 20 October

Symposium

Sat 24 November

OA Joint

Osteopathic Care of the Older Patient

Sat 8 December

Paediatrics Part 1

Sports Biomechanics

Sun 9 December

Paediatrics Part 2

Still Technique Part 2

Sat 12 & Sun 13 January

Nutrition in Practice

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MSc Osteopathy *Achieving the next level*



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

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

study.

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

Start date: September 2013
Course Leader: Shireen Ismail
Duration: 3 years (2 units per year)
Course fee: £1,100 per 30 credit unit

Post Graduate Certificate in Academic and Clinical Education

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

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

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



Start date: September 2013
Course Leader: Dr Jorge Esteves
Course fee: £2,200

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



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

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

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



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

Contact

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

Shanaz Rahman on 020 7089 5357 or s.rahman@bso.ac.uk

Or visit our website:

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



Sutherland Cranial College

Plan your CPD for this year

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

Foundation Course Module 1

Is Cranial Osteopathy for you? Host a two day course in your area.

Dates by arrangement | CPD 16 hours | non-residential £275

Course Director: Alison Brown DO MSCC

Internal Medicine

A truly osteopathic approach to the visceral systems based on modern research and Still's principles of Osteopathy. Practical techniques made accessible by in-depth anatomical and physiological understanding.

6-7 October and 2-4 November 2012 | Stroud | CPD 32 hours

Residential | £995 | Course Directors: Liz and Clive Hayden DO MSCC

Spark in the Motor Module 7

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

'Inspiring and useful in practice, enabled me to palpate different tissue qualities'

25-27 October | CPD 24 hours | non-residential £825 | London

Course Director: Kok Weng Lim DO MSCC with guest speaker

Dr Andy Goldman DO from USA

Master Class with Dr Andy Goldman DO **NEW**

Bringing a more infinite sense of space, and 'Divine Intelligence' that is at the center of Osteopathic thinking. Perceiving space, beginning with the anatomical shapes of spaces...

28 October | CPD 7 hours | non-residential £195 | London | Speaker: Dr Andy Goldman DO USA

Paediatric Osteopathy - Clinical Screening Module 9 part I

The guest speakers will teach us clinical methods for children that can be used by osteopaths in their own practice
'It is a permanent learning process to be in dialogue with a child's tissues.'

11-13 January 2013 | CPD 24 hours | non-residential £495 | London

Guest speakers: Dr Gerhard GP and Roman Stangl Paediatrician from Vienna

Paediatric Osteopathy Module 9 part II

This course covers the birth process, neonatal physiological changes and an osteopathic approach to the treatment of children.

8-10 March 2013 | CPD 24 hours | residential £895 | Stroud | Course Director: Hilary Percival DO MSCC



24 November 2012 – Module 4 Refresher day

26 January 2013 – Module 2/3 Refresher day **London** | CPD 7 hours | £165

The SCC Magazine Summer 2012 Edition now available



Sutherland Cranial College

www.sutherlandcranialcollege.co.uk - 01291 622555

The path to quality training

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

The Rollin E. Becker Institute is committed to delivering a high-quality programme of courses, masterclasses and seminars relevant to the challenges facing osteopaths in the 21st century.

Visit www.rollinbeckerinstitute.co.uk for more details.



Rollin E Becker Institute

Inspiration in practice

OCF Update Day (Cirencester)

Date: 3rd November 2012 Venue: Cirencester
CPD: 6 hours
Cost: £150

This update course is aimed at people who have already completed a 40-hour/5-day OCF course with any recognised SCTF provider.

It will be an interactive day, with 3 short revision sessions and plenty of practical. We will identify together the areas of your practise which need help and improvement.

The individual needs of the participants will be addressed with an emphasis on supporting practitioners to develop their treatment skills.

As with all our courses, there will be a ratio of 1:4 tutors to students.

Later in 2012/13:

Dates, venues and costs vary - please contact our administrator Gilly Dowling, for further details on 0845 5193 493

JAN/FEB 2013 40-hour level 1/2 course
Spring 2013 ENT course

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www.rollinbeckerinstitute.co.uk
for updated course information and booking.



[facebook.com/RollinBeckerInstitute](https://www.facebook.com/RollinBeckerInstitute)

Palpation

Date: 25th November 2012 Venue: BSO, London
CPD: 6 hours
Cost: £150

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

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

Body Course

Date: 16th and 17th March 2013 Venue: London
CPD: 12 hours
Cost: £270

This 2-day, largely practical course is aimed at developing the OCF practitioner's clinical skills beyond the cranio-sacral axis and extending treatment to the whole of the musculo-skeletal system including the thorax and pelvis, using the OCF approach.

It is designed to follow on and expand upon the 5 and 6-day courses and will revisit OCF principles of diagnosis and treatment, appraise compression and patterns of dysfunction within the body tissues and expand upon the principles of balanced membranous tension, ligamentous tension and fascial tension in a more contemporary way by considering recent physiological hypotheses.

This course is available to all participants that have completed at least one 40 hour OCF, SCTF-approved course.

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Need help with your business?

Business Workshop - the interactive way to help you with your business challenges

Saturday 3rd November, £135 (7hrs CPD)

Having challenges with your business? Need help starting up? This one-day interactive workshop has been designed with you in mind. With easy to use business principles and tips, delegates will be encouraged to work through their current challenges to find sensible realistic solutions. So, whether you're looking to start a new clinic or trying to revive an existing business, this workshop will help you think clearly and professionally about how to move forward.

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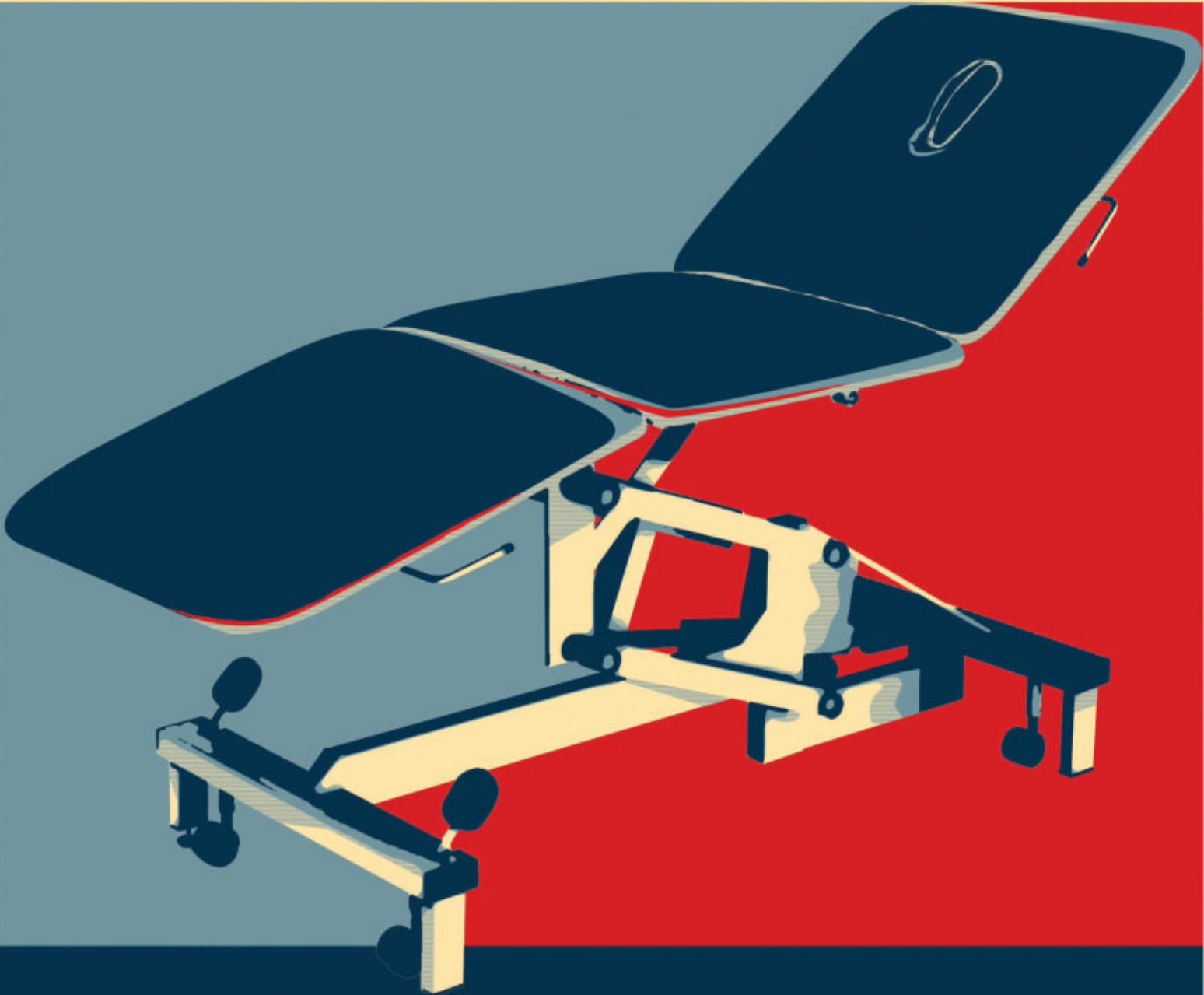
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Continuing Professional Development

A Spinal Symposium - 27 October

Recent advances in diagnosis (including MRI scans), pathophysiology and management of the degenerative spine.

Lumbo Pelvic Pain: Mechanisms and Evidence Based Diagnosis & Treatment - 2-4 November

Especially related to better diagnostics and treatment of lumbopelvic girdle patients. The course has both theoretical clinical content as well as hands on demonstrations for diagnostics and treatment.

Intermediate Dry Needling I - 10 November

Needling for abdominal conditions, Quadratus Lumborum, Chan Gunn's segmental IMS techniques and treating OA hip.

Powertaping with ROCKTAPE - 24 November

Movement screening and taping applications (including powertaping, muscle and joint taping, posture taping, oedema control taping and pregnancy taping).

Cervicogenic Dizziness/Vestibular Rehabilitation - 1-2 December

Intense, two-day course covering the essentials of clinical vestibular assessment and treatment with a strong emphasis on differential diagnosis, clinical reasoning and treatment selection.

Motion Palpation Institute: Upper Quadrant Functional Assessment & Treatment - 19-20 January

Includes lectures and workshops of common dysfunctions of the cervical, thoracic, and upper extremity. Specific lecture topics will include functional biomechanics and anatomy of the cervical and thoracic spine, the thoracic cage, and the shoulder, elbow and wrist. Workshop will cover assessment and treatment of common clinical dysfunctions and syndromes of the upper quarter.

Intermediate Dry Needling II - 26 January

The use of acupuncture in management of headache and facial pain, deep cervical needling techniques, Safety considerations in needling the face, head and neck, treating shoulder conditions, needling the thoracic spine and chest wall, and pelvic myofascial syndromes.

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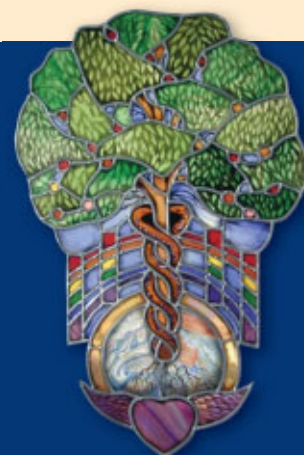
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