

the OSTEOPATH H

The magazine for Osteopaths

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In this month:

In Council December 04

Shipman Report

Code of Practice postponed

CPD deadline approaches

UK BEAM trial review



2005 Register

Shadow of Shipman

The General Osteopathic Council

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Registrar's report

The theme of this month's *The Osteopath*, 'Shadow of Shipman', has, I am sure, been chosen more for its useful alliteration than to cause 'sadness and gloom' (one definition of shadow). The compact Oxford Dictionary offers other, more appropriate definitions for a positive start to this year – "to accompany (a worker) in their daily activities for experience of a job" and "an inescapable attendant".



It is in the latter ways I see the 'shadow' for the GOsC, which was, after all, only envisaged in the Osteopaths' Act when Harold Shipman was first arrested in 1993. The organisation itself did not come into being until 1997.

The healthcare regulatory bodies will not literally accompany one another on a daily basis, but there will continue to be a greater sharing of experience. This is already underway through the existence of networks for almost all of our activities. This pooling of skills and experiences is of great benefit and has helped in our establishment. We all strive to improve our service to the public, patients and our practitioners, and the networks assist this. I know, through the rapid growth of new osteopathic societies since the introduction of mandatory CPD, that you too are appreciating the benefit of networking.

Our "inescapable attendant" could be seen as the Council for Healthcare Regulatory Excellence (CHRE), to which the Chairman referred in his report in the last issue. As it did last year, CHRE is to review our performance in the near future and the process is becoming more demanding. Through its review of all the healthcare regulators, CHRE intends to identify best practice and facilitate its introduction, where possible and appropriate, across the Councils. This year, the CHRE's focus is on fitness to practise and our Head of Legal Affairs, David Simpson, spells out the impact of the fifth Shipman Report on the new Code of Practice – *Pursuing Excellence*. The Treasurer, John Chuter, and I will be presenting the Code at the CHRE review on 15 March 2005. Please read David's report on page 7 to help you keep up to speed with these developments.

Another key activity, fundamental to fitness to practise, is the maintenance and enhancement of your skills as osteopaths and professionals. Amazingly, by the time you read this, there will be only three months left of the first CPD year, for most of you. The feedback we have, to date, suggests that it has been more enjoyable and less onerous than

was initially envisaged and I hope this continues to be the case. Marcus Dye, Assistant Registrar (Development), asks for your help and offers some wise words in encouraging early completion of your returns on page 8.

We are now spending more time and money on international affairs and in support of research. Sarah Eldred, our Assistant Registrar (Public Affairs), reports back on page 10 and Tim McClune outlines the results of the UK BEAM trial on page 20, followed by a second tutorial from NCOR.

The above gives a flavour of some of the GOsC activities and a look through the balance of the magazine – Conference reports, Regional round-ups with lots of other news – will help you understand why here, at Osteopathy House, we have hot towels over our heads, as we try to produce a balanced budget for the next meeting of the Finance Committee. We hope to have the Business Plan on the website soon, once it has been approved by Council (at its March meeting).

If you have not had the opportunity to try out the new website, I recommend a look. Perhaps try searching for fellow osteopaths or explore their own websites through our links. We can now make more immediate amendments and give you up to date news. Your own password-protected site (for registrants only) should be operational later this year and as always, we welcome your feedback.

Finally, the 2005 Register has been distributed and is becoming a weighty tome. I hope your copy has arrived safely.

Madeleine Craggs
Chief Executive & Registrar



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In Council

Jane Quinnell, Clerk to Council

Council's 44th meeting took place on Thursday 16 December 2004 at Osteopathy House, with Nigel Clarke, the Chairman, in the Chair. Matters considered included:

Freedom of Information Act 2000

Mr Peter Edwards of Capsticks gave a presentation on the Freedom of Information Act and its implications for Council.

National Council for Osteopathic Research (NCOR)

Professor Ann Moore, Chairman of NCOR, presented highlights of NCOR's first Annual Report.

Council for Healthcare Regulatory Excellence (CHRE)

Mr Clarke reported on CHRE's work and in particular on the CHRE Performance Review of the GOsC and the logistics involved in answering the Review Questionnaire in the given timescale. He also confirmed that CHRE had asked for the transcripts of a recent GOsC Professional Conduct Committee case under CHRE's Section 29 powers and that the case was not to be referred to the High Court. The GOsC has requested a formal meeting with CHRE to discuss some of the issues it raised.

The Shipman Inquiry

Council received a summary, prepared by the Head of Legal Affairs, of the Shipman Report and the recommendations the Inquiry had made to protect the public. Mr Clarke confirmed that he understood the Government would not be making a response until September 2005. Two main points that were likely to affect the GOsC directly were the Inquiry Chairman's views that the General Medical Council needed more appointed ('lay') members and the implications this might have for other regulatory bodies. The GOsC currently has 12 elected members (osteopaths) and 12 appointed members so had a good proportion of 'lay' members. The other point covered revalidation. Some years ago the Council had planned to introduce this in 2008 but was currently monitoring its implementation and effectiveness in other bodies.

Utilising the accumulated funds

Council received an update on the further work that had taken place in connection with utilising the 'one-off' accumulation of funds on initiatives that would benefit both the profession and the public. It had been concluded that the Student Loan Initiative, with the advent of public funding for one osteopathic educational institute (OEI) combined with the potential for other OEIs to make funding applications, was no longer appropriate. Furthermore, the earmarked funding would not have been large enough to make a significant difference. The Fitness to Practise Training and the Data Collection and Surveys initiatives were being promisingly developed. Council agreed that in the light of the NCOR

presentation received earlier, it would be appropriate to consider a fresh proposal, in place of the Student Loan initiative, for the Council to create a modest research fund.

Election of Acting Chairman of Council

Fionnuala Cook was re-appointed as Acting Chairman under Council Rules.

Financial matters

The Management Accounts for the seven months to 31 October 2004 were received and noted.

Continuing Professional Development (CPD) Rules

Council considered and agreed the draft CPD Rules for submission to the Department of Health for Privy Council approval.

Legislative Review

Council considered and agreed policy for recommended changes to Fitness to Practise issues having previously considered and agreed policy for recommended changes to Registration issues at its October 2004 meeting. Consultation with the profession would start in the spring.

Chief Executive & Registrar's and the Senior Management Team's Report

Council received brief reports from the Chief Executive & Registrar and the Senior Management Team on work in progress for each Department.

Committees

Council received update reports on the work of the following Committees:

Audit	International Affairs
Communications	Investigating
Education	Practice & Ethics
Finance & General Purposes	Professional Conduct
Health Committee	

Next meeting

Tuesday 1 March 2005 at 10.00am at Osteopathy House. The agenda for the public session will be available on the GOsC website or from Jane Quinnell approximately two weeks before the meeting. Public sessions of Council meetings are open to members of the public, which, of course, includes osteopaths.

Contact Jane Quinnell on tel: 01580 720213

(email: janeq@osteopathy.org.uk) for further information or if you would like to attend the next Council meeting.

Shipman Report – implications for osteopaths

David Simpson, Head of Legal Affairs

In the last edition of *The Osteopath*, I said that the new 2005 Code of Practice and supplementary guidance (due to come into force on 1 May 2005) would be accessible online by the end of 2004 and distributed in February 2005.



Following publication of the latest Report of the Shipman Inquiry in December and the conclusion of recent professional conduct cases, we are obliged to change the timetable for the release of the new Code. The enforcement date will remain the same.

The Fifth Shipman Report was originally expected in October 2004, fitting well with the original timetable for our review of the Code of Practice – *Pursuing Excellence*. In the event, publication of the Report was delayed and it became apparent that its scope would be much broader than originally suggested, with implications for all healthcare regulators, not just the General Medical Council. The GOSc decided, therefore, to await its release to see if the recommendations would have any impact on the new Osteopaths' Code.

Although we had successfully predicted the main thrust of the Report, it is likely, having now reviewed the Report, that additional amendments will need to be made to the Code.

In addition, recent GOSc professional conduct cases have revealed a need to increase the prominence of certain areas of the Code, particularly in relation to chaperones and patient modesty. The new Code will require you to offer a chaperone before each and every intimate examination or treatment; and to protect your patients' modesty to a high standard in

relation to an especially modest patient, but never below a minimum professional standard. Before the publication of the Report, it was rumoured that its author, Dame Janet Smith, would recommend that single-handed practice should be severely curtailed. Instead she conceded that single-handed practitioners are here to stay. She recommended, however, that these practitioners should be given more

support and, in return, they should be expected to participate in group activity and mutual supervision. As you know, osteopaths have already partly tackled this issue – at least half of your CPD requirement includes participation in *Learning with Others*. Mutual supervision is probably

impractical for the osteopathic profession and it is unlikely that this recommendation will have any impact upon the new Code. I mention it merely to scotch a particularly prominent rumour.

The thrust of Dame Janet's recommendations is 'patient protection' and it is difficult to argue against this approach. Several of these recommendations are likely to result in amendments to the new Code. They include recommendations:

- for practitioners to report unprofessional conduct, incompetence, or seriously impaired health of fellow osteopaths and other healthcare professionals and for regulators to protect 'whistleblowers'
- for practitioners to adopt a constructive attitude to complaints against them
- for regulators to accept information about deficiencies in a practitioner's performance from sources other than just individuals who lodge formal complaints
- for regulators to be more proactive in investigating allegations against practitioners

We all know that whistleblowers are often treated like pariahs, as if they have broken some unwritten moral code. But our experience is that whistleblowers can disclose very serious concerns. For example, some time ago, an osteopath contacted the GOSc to report that three or four of his new female patients had grave concerns about the nature of the treatment they had received from their former osteopath but none was willing or able to lodge a formal complaint. The osteopath voiced serious concerns and he should be applauded, not condemned, for this. The new Code may be amended to reflect the principle that those who express their genuine concerns in a professional way should not suffer any discrimination or retribution as a result.

The existing Code already goes some way to encouraging a constructive attitude towards complaints by advising practices to develop their own internal complaints procedure, which may diffuse a complaint at an early stage. However, the Report recommends that practitioners should inform their Regulator of the details of any complaint they receive. The new (and old) Code has advice on how to deal with complaints and advises you to ensure patients have clear information on how to make a



complaint, be it about you or about another osteopath. In handling complaints, it requires you to act promptly and constructively, putting the interests of patients first and co-operating fully with any external investigation

The Shipman Report also drew attention to circumstances in which complaints are, or are not investigated. Obviously, regulators investigate complaints made directly to them. However, they are usually unable to investigate conduct and/or incompetence that forms the basis of court proceedings in negligence cases. These cases may often be the most serious and, therefore, most in need of investigation if the public is to be protected. The Report recommends that civil court proceedings for negligence should be reported to the practitioner's Regulator. The new Osteopaths' Code already requires criminal prosecution to be reported to the Council but, at this time, not civil proceedings. The appropriate amendment to the new Code would be a move in the direction of greater public protection.

It is recommended that Regulators become more proactive in discovering "dysfunctional" practitioners by developing clinical governance procedures that will detect unprofessional conduct or incompetence, without the need to rely solely upon the receipt of formal complaints. The new Code would have to advise co-operation with any procedures that may be developed for this purpose, although none have been, as yet.

It has to be pointed out that the Report merely makes 'recommendations' and is not binding. Indeed, the Government is not expected to issue its response for several months. However, one very important recommendation which we suspect will be strongly supported by Government is that the Council for Healthcare Regulatory Excellence (CHRE), the overarching regulatory body, should increase its powers and in doing so, should use the Report as a guide. This means that CHRE will eventually monitor our fitness to practise processes at every stage of decision-making, as well as working to establish profession-wide standards in healthcare. If we do not move gently in the direction of the Report's recommendations, we will be shoved unceremoniously.

It must also be noted that, however confident we are about the regulation of our profession, media coverage of cases such as Shipman will undoubtedly continue to sway public opinion and we must be prepared for increased demands of transparency for all self-regulating healthcare professions.

The new Code of Practice becomes effective on 1 May 2005, our revised timetable will ensure that you have received a hard copy in good time. It will be available on the GOsC website – www.osteopathy.org.uk – in March 2005.

For further information, contact Kellie Green on ext. 236 or email: kellieg@osteopathy.org.uk.

CPD countdown

Marcus Dye, Assistant Registrar (Development)



Time seems to have flown since the end of the 2004 summer conferences and the beginning of the first CPD year for osteopaths on 1 May 2004. With just three months to go before the end of the first CPD year on 30 April 2005, you should by now have completed the majority of your CPD requirements.

After the end of the CPD year, you will have an additional month in which to complete your CPD Annual Summary Form, which must arrive at the GOsC offices no later than 31 May 2005. At this stage, the GOsC will not require you to present your CPD portfolio or evidence of the CPD activities you have completed. These may be called upon in the future. We have already received a large number of CPD returns from the profession and would encourage osteopaths to submit their returns as soon as possible to help avoid any delays.

Feedback on the guidelines and the process is very welcome. So far we have received feedback forms from over 200 osteopaths. These will be used to refine the process and



the format of the guidelines. A final version of the *Forming Knowledge* guidelines document will be issued to all osteopaths in the autumn of 2005.

Anyone who is struggling to meet the requirements of the scheme and fears that they may not meet the deadline for completion should contact the Registration Department on ext. 240 as soon as possible. Please remember that CPD

is a mandatory requirement of your renewal of registration, so an early resolution of any problems will avoid later difficulties.

One of the recommendations of the Shipman Report – an update of which is provided in David Simpson's article on pages 7-8, is that more support should be provided for sole practitioners. It is vital for the profession to continue to demonstrate that we are already addressing this with the CPD scheme, which aims to encourage high standards within the profession and increase interaction/discussion with professional colleagues through *Learning with Others*.

2005 Register



All osteopaths should have received or will shortly receive a copy of the 2005 edition of the published Register. This year, the number of osteopaths in the Register has increased by 158.

The new format of last year's Register proved popular and feedback indicated that the introduction of colour onto the listing page and use of larger font made it easier to read.

Gillian O'Callaghan, Head of MIS

Additionally, the new layout in both the A-Z and geographical listings, made the Register simpler to navigate and therefore has been adopted again for this edition.

If you wish to have an additional copy, either for another practice or to send to your local health centre, please contact the Communications Department on ext. 242. If you have any unwanted copies in your practice, we ask that you donate them to your local library.

GOsC Regional Conferences 2005

As noted in the past two issues of *The Osteopath*, plans are under way for this year's series of Regional Conferences. In response to feedback from the profession and in an effort to improve access, note that some changes have been made to the provisional dates (opposite). The GOsC still intends to divide this year's meetings into two series, with four full-day meetings scheduled for the spring and five meetings proposed for the autumn. Ideally this will allow many osteopaths the option of two widely-spaced meetings in their region or adjacent region. Further details of the format and themes will be published in the March edition of *The Osteopath*.

Proposed 2005 dates and venues

Series 1: April – June

Eastern Counties	Cambridge	Saturday	14 May
London & the South East	Gatwick	Saturday	21 May
Wales & Midlands	Hereford	Saturday	11 June
North West	Warrington	Saturday	25 June

Series 2: September – November

Gtr. London & Middx.	Heathrow	Saturday	24 Sept
North East	Harrogate	Saturday	8 Oct
Scotland	Dunkeld	Sunday	30 Oct
Ireland	Dublin	Sunday	13 Nov
South West	Taunton	Saturday	19 Nov



Thomson Closing dates

March

Carlisle	04-03-05
Dunfermline	04-03-05
Middlesbrough	04-03-05
Stafford	04-03-05
Blackburn	11-03-05
Harrow	11-03-05
Bury St. Edmonds	11-03-05
Rotherham	11-03-05
Wirral	11-03-05
Bexley	18-03-05
Portsmouth	18-03-05
Sutton	25-03-05
Farnborough	25-03-05
Shrewsbury	25-03-05

April

Aberdeen	01-04-05
Brent	01-04-05
Brentwood	01-04-05
Stevenage	01-04-05
Welwyn	01-04-05
Coventry	08-04-05
Sutton Coldfield	08-04-05
Burnley	08-04-05
Cardiff	15-04-05
Hendon	15-04-05
Huddersfield	15-04-05
Watford	15-04-05
Birmingham Central	22-04-05
Tameside	22-04-05
Telford	22-04-05
Torbay	22-04-05
Isle Of Wight	29-04-05
Oxford	29-04-05
West Dorset	29-04-05

May

Basingstoke	06-05-05
Colchester	06-05-05
Macclesfield	06-05-05
Milton Keynes	06-05-05
Wisbech	06-05-05
Altrincham	13-05-05
Crawley	13-05-05
Reigate	13-05-05
Ashford	20-05-05
East Cornwall	20-05-05
Newcastle	20-05-05
Swansea	20-05-05
Canterbury	27-05-05
Sheffield	27-05-05
Tunbridge Wells	27-05-05

June

Ipswich	03-06-05
Weston-Super-Mare	10-06-05
York	10-06-05
Crewe	10-06-05
Eastbourne	17-06-05
Glasgow East	17-06-05
Glasgow North	17-06-05
Glasgow South	17-06-05
Glasgow West	17-06-05
Enfield	24-06-05
Hertford	24-06-05
New Forest	24-06-05
Peterborough	24-06-05
Southport	24-06-05

Cut-off dates for advertising in the GOsC Corporate Box in your local areas. Contact Thomson directories on tel: 01252 390447 prior to the final booking date if you have not been contacted by sales staff.

International update

Sarah Eldred, Assistant Registrar (Public Affairs)

The International Affairs Committee (IAC) held its third meeting on 30 November 2004, where some of the issues discussed included:

- The continuing impact of EU legislation on GOsC functions.
- The GOsC's potential contribution to the UK Presidency of the EU (July-December 2005).
- The development of EU health strategy.
- The GOsC's involvement in the drafting of World Health Organisation basic training guidelines in osteopathy.
- Regulatory developments concerning osteopathy in Belgium, Malta, New Zealand and Norway.

As reported in *The Osteopath* (October/November 2004, p.16), the Committee has agreed that the GOsC should develop an alliance of osteopathic regulators in order to protect GOsC interests and give osteopathy a louder voice in the European political arena.

While a feasibility study had been recommended for consideration at Council, IAC members agreed that the GOsC needed to gauge the level of interest in this proposal from other osteopathic organisations. The following organisations have been contacted:

- Österreichische Gesellschaft für Osteopathie
- Registre des Ostéopathes de Belgique
- Société Belge d'Ostéopathie
- Dansk Osteopatisk Forening
- Union Fédérale des Ostéopathes de France
- Syndicat Français des Ostéopathes
- Régistre des Ostéopathes de France
- Deutsches Register Osteopathischer Medizin



- Verband der Osteopathen in Deutschland
- Greek Register of Osteopaths
- Icelandic Osteopathic Association
- Irish Osteopathic Association
- Associazione Diffusione Osteopatia
- Registro degli Osteopati d'Italia
- Federazione Sindacale Italiana Osteopati
- Association Luxembourgeoise des Osteopathes
- Nederlandse Osteopaten Associatie
- Nederlandse Vereniging voor Osteopathie
- Norsk Osteopat Forbund
- Norsk Forbund vor Osteopatisk Medisin
- Associação de Profissionais de Osteopatia
- Associação e Registo dos Osteopatas de Portugal
- Federação Portuguesa de Osteopatas
- Sociedad Europea de Medicina Osteopática
- Registro de los osteopatas de España
- Svenska Osteopatorbundet
- Schweizer Verband für Osteopathie
- Association Suisse des Ostéopathes
- Régistre des Ostéopathes de Suisse

Once we have heard from all organisations, a more definitive proposal will be considered at the next meeting of the International Affairs Committee. To date, the Executive has received responses from organisations in Belgium, France, Germany, Iceland, Ireland, Norway, Portugal and Spain.

If you know of any other organisations that you feel should be included and/or have any questions about the work of the International Affairs Committee, contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.

GOsC Promotional Material

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You may order leaflets and posters by submitting a publication order form with your credit/debit card details or we can invoice you. Orders can be made by post, email or fax.

Leaflets cost £14.50 per 100 (plus p&p).



For further information on the leaflets and posters, telephone 020 7357 6655 ext 242.

Contacting your local primary care organisation

Sarah Eldred, Assistant Registrar (Public Affairs)

For those osteopaths keen to build links with their local primary care organisations, the GOsC has teamed up with health information specialists, Binleys, to establish which osteopath comes under which Primary Care Trust (England), Health Board (Scotland), Local Health Board (Wales) and Health and Social Service Board (Northern Ireland).

These organisations effectively hold the purse strings in the respective regions of the UK, deciding whether or not to commission osteopathic services. In the current lingo they are known as "local health economies".

Such organisations can also provide CPD training (for example, access to postgraduate events for other health professionals) as well as promotional opportunities, including invitations to provide talks to health professionals and/or exhibit at conferences/public open days.

For details of your local primary care organisation, contact Sarah Eldred on ext 245 or email:
sarahe@osteopathy.org.uk

Raising the profile

Sarah Eldred, Assistant Registrar (Public Affairs)



To promote awareness of osteopathic care, the GOsC exhibits at four major healthcare conferences every year. Last October's NHS Alliance and December's National Institute of Clinical Excellence (NICE) annual conferences provided such an opportunity.

NHS Alliance annual conference

The NHS Alliance is the main representative organisation of Primary Care Trusts (PCTs) in England. As a member of the Alliance, the GOsC exhibited at its seventh annual conference and exhibition – "Choice and Consequence".

Probably the last large-scale gathering of NHS professionals before this year's General Election, the focus of discussion was patient choice. The conference and exhibition gave the GOsC valuable access to nearly 1000 primary care professionals, including GPs, nurses and other clinical staff; chief executives and managers; board chairs and members.

Our thanks go to osteopaths Graeme Saxby, Chris Galloway and Dustie Houchin, who kindly helped the Communications team to staff the GOsC stand and deal with queries from delegates. As awareness of osteopathy in the healthcare sector continues to grow, it was notable that fewer delegates were asking: "What is osteopathy?", instead wanting to know: "What conditions are appropriate for referral?" and "Where is osteopathy available on the NHS?" – as well as the usual cries for help about their own ailments.

Such opportunities provide a platform to update NHS managers and clinicians on developments within the osteopathic profession and dispel any myths.

NICE annual conference

NICE is the independent organisation for providing national guidance on treatments and care for those using the NHS in England and Wales. The conference – "Clinical Excellence" – is a major forum for senior health managers, clinicians and policy makers.

In line with the Department of Health's proposed new standards for clinical governance, areas covered in the event programme included research and development, clinical and cost-effectiveness, patient safety and improving access.

It was fortunate that the conference coincided with the publication of the results of the UK BEAM trial. We were therefore able to inform delegates that spinal manipulation, as practised by osteopaths, followed by a programme of exercise, had been found to provide significant relief of symptoms of low back pain and improvements in general health.

Supported by members of the GOsC Communications team, osteopath Jay Patel and NCOR representatives Jorge Esteves and Carol Fawkes were on hand to answer any searching questions from the 1200 delegates.



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Osteopathy – now a regulated profession in New Zealand

Jean Drage, Chairperson, Osteopathic Council of New Zealand

For osteopaths in New Zealand, 2004 was certainly a year of significant change. Unlike our British colleagues who have been regulated since 1993, osteopaths practising in New Zealand have had to register for the first time with a statutory authority in order to practise osteopathy. The Health Practitioners Competence Assurance Act 2003 (HPCA Act) came into force on 18 September 2004 and is designed to protect the health and safety of members of the public by providing ways to ensure that all health practitioners are competent and fit to practise.

This Act provides for:

- a consistent accountability regime for all health professions
- the determination for each health practitioner of a scope of practice within which he or she is competent to practise
- systems to ensure that no health practitioner practises outside his or her scope of practice
- power to restrict specified activities to particular classes of health practitioners to protect members of the public from the risk of serious or permanent harm, and
- additional health professions to become subject to this Act.

This is all done through a registration process for health practitioners who are required to hold a current annual practising certificate, and through public registers which list practitioners and the areas in which they are registered to practise. This process also includes clear complaints procedures.

Statutory registration puts the osteopathic profession on a level playing field with all other health practitioners. This is something for which the osteopathic associations in New Zealand have worked long and hard. Osteopaths working in New Zealand now register with a regulatory authority, as do physiotherapists, doctors, dentists, chiropractors, nurses, midwives and occupational therapists. Each profession has its own regulatory authority to administer the HPCA Act – for osteopaths, this authority is the Osteopathic Council of New Zealand.



The Minister of Health appointed six osteopaths and two lay people to the Osteopathic Council, our role being to ensure this change occurs and the HPCA Act is complied with – in other words to establish the regulatory framework for registration which includes the scope of practice, qualifications, and the competencies that osteopaths will be assessed against. One

early decision made by Council was to appoint one of the lay members as chair to reflect our focus on protecting the public – that's me.

Prior to 18 September 2004, osteopaths applying for registration needed to have a qualification accredited by the Council or sit an examination. Now that this date is past, all applicants for osteopathic registration in New Zealand must pass an examination set by the Council. The only exceptions are for those osteopaths who are New Zealand-trained new entrants with a Masters in Osteopathy who have completed a five-year, full-time course, or for osteopaths registered with an Australian state recognised under the Trans Tasman Mutual Recognition principle.

Annual practising certificates are linked to a scope of practice that describes what an osteopath can do. We are currently developing a competency programme that will underpin annual practising certificates from 1 April 2005. We have developed a draft set of core competencies and a process for assessment that will be based on a minimum number of hours of continuing professional development per year. These draft competencies are currently out for discussion with the osteopathic profession in New Zealand and other interested stakeholders, including the GOsC, and will be finalised in the near future. To date we have had about 385 osteopaths register with the Council.

If you are interested in keeping abreast of these developments or for further information, contact the Osteopathic Council of New Zealand at: PO Box 10-140, Wellington, New Zealand, tel: + 64 4 499 7979 fax: +64 4 474 0748. Alternatively, see our website: www.osteopathiccouncil.org.nz.

Disability discrimination in employment

Joy Winyard, Development Officer

As you will by now be well aware, on 1 October 2004, amendments to the Disability Discrimination Act 1995 (DDA) were set in force to widen the scope of the Act, thereby ensuring that an additional 600,000 disabled workers were afforded protection (*The Osteopath*, August & September 2004). One of the most immediate effects these amendments has for osteopaths is the removal of the small employers' exemption. All employers, regardless of the size of their business, will now be subject to the provisions of the DDA and will be expected to consider what "reasonable adjustments" can be made in order to accommodate a potential or existing disabled employee. However, the size of the company will be taken into account when deciding what is and is not a reasonable adjustment. For example, installing a lift may be inappropriate for a small osteopathic practice but would be an absolute necessity for a hospital.

The definition of a disability remains unchanged - a physical or mental impairment which has a substantial and long term, adverse effect on a person's ability to carry out day-to-day activities. However, the various types of discrimination have now been amended as follows:

1. Less favourable treatment

This definition has been widened and can now be split into two types:

a) Where "for a reason which relates to a disabled person's disability [an employer] treats her/him less favourably than s/he treats or would treat others to whom that reason does not or would not apply".

This is known as "disability-related discrimination". For example, due to a substantial increase in business, an osteopath takes on a junior partner, who happens to be disabled. If the junior partner had to take an extensive amount of time off due to his/her illness and the senior partner were to dismiss him/her, this would amount to "disability-related discrimination". Disability-related discrimination can be justified only if the reason for the treatment is both material to the circumstances of the particular case and substantial. In this case, the senior partner would have to show that to continue to employ the junior partner would have an adverse effect on his/her practice.

b) Where "on the grounds of the disabled person's disability [an employer] treats the disabled person less



favourably than s/he treats or would treat a person not having that particular disability whose relevant circumstances, including his/her abilities, are the same as, or not materially different from, those of the disabled person".

This new concept is described as "direct discrimination". For example, an employer rejects an application from a blind person for a job involving computers, because s/he wrongly assumes that blind people cannot use computers. This is "direct discrimination" because s/he has not taken into account the applicant's particular circumstances or what reasonable adjustments could be made. This type of discrimination can never be justified.

2. Reasonable adjustments

Failure to comply with the duty to make reasonable adjustments will continue to amount to discrimination. However, there will no longer be any provision to justify this. Consideration will focus on whether the adjustments were reasonable in all the circumstances; the disability and how it affects the particular individual concerned, together with the circumstances and resources of the employer, would be borne in mind. It is important to remember that "reasonable adjustments" are now not confined only to the physical features of the employer's premises. It also extends to any provision, criterion or practice applied by an employer which puts the disabled person at a substantial disadvantage compared with non-disabled employees. For example, if an osteopathic practice employed a dyslexic osteopath, but insisted that all notes were recorded directly into the practice computer and dismissed the option of him/her using a tape recorder, this could amount to a failure to comply.

3. Harassment

Harassment is unwanted conduct which has the purpose or effect of violating a disabled person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. It can take the form of offensive actions or comments (written or verbal). Even if comments are made when the employee is not present, if they result in making the employee's working environment hostile and intimidating, this would be deemed as harassment. It is important to note that employers are answerable for the conduct of their employees, and can be held liable vicariously.

4. Victimisation

The law in relation to victimisation remains unchanged. In other words, it remains unlawful for an employer to treat anyone less favourably because they have made a complaint of disability discrimination against him or her.

The DDA applies to all stages of employment. This includes arrangements made for determining who should be selected for employment, the terms on which

someone is employed, opportunities for promotion and training, dismissing a disabled employee, failing to renew a fixed-term contract and constructive dismissal. It is now clear that the DDA continues to apply after the employment contract has come to an end. This is particularly relevant in relation to an internal appeal hearing following dismissal and the provision of references.

Stress-free CPD for osteopaths

Matthew Wallden, BSc (Hons) Ost, MSc Ost Med, Surrey

With growing concerns about the approaching CPD deadlines, a thought suddenly struck, compelling me to do something. For most, it's not the thought of CPD, nor finding the time to read around what we do professionally that poses a problem, instead it's the expense of "learning with others" – partly in terms of money, but mostly in terms of time. Of all modern-day commodities, it is surely "time" that is most precious to us.

Consequently, my colleagues and I decided to establish Forost – an email forum run by osteopaths, for osteopaths, allowing CPD with others to be completed from the comfort of your own clinic or home. In addition, it will provide open access to the collective knowledge of the osteopathic profession and help minimise the problems associated with isolation, common to many osteopaths in private practice.

What is Forost?

Forost is an internet forum, set up to allow convenient and efficient communication between osteopaths anywhere in the world. It allows topical discussion, sharing of clinical experiences and instant updating of relevant information.

It is also an invitation-only forum – meaning that, currently, only those in the osteopathic profession are invited to join, including international names, such as Leon Chaitow, Laurie Hartman and Eyal Lederman. The only exceptions to this are the guest contributors who have been invited based on their proven exceptional understanding of the osteopathic field. Included in the guest contributors' panel are Paul Chek, Lynne McTaggart, Diane Lee and Serge Gracovetsky.

Why Forost?

Because the database, and therefore, the knowledge base, of members is growing the whole time, Forost can increasingly be used as a way of gaining CPD through "learning with others".

Whilst courses and talks provide unrivalled interpersonal learning opportunities, the internet can

make even some of the world's most respected experts and a rich tapestry of osteopathic experience just an email away.

Members also have the option to use the archive feature to look for topics of interest from an earlier discussion on the forum.

How does it all work?

When a member has something to communicate to the group, they send an email to the forum with their question or comment. This can be anything from a clinical question, to a notice of an upcoming event; essentially, anything that may be of interest to the group. Once posted on the forum, it is sent directly to each member's email account. All contributions to the group will be moderated and may be edited to facilitate and maintain the primary objectives of the forum.

Do I need to contribute if I become a member?

Of course, the whole premise of a forum is that it is there for discussion, so it would be good to hear from one and all, but members should feel free to be either active contributing members, or "silent", read-only members.

How do I join?

If joining Forost is something you think will benefit you, you can do so by sending an email to forost@chekclinic.com. On approval, you will receive an invitation explaining the process. It is very simple and membership is free for the first 3 months. After your first quarter using the forum you will be asked to contribute a nominal £5 annual subscription to cover administration costs.

So, to enhance your CPD, feel less isolated, discuss problems or challenges, gain information, and tap into the experience of others, Forost may provide the answer you're looking for. We look forward to welcoming you to our group.

Please feel free to contact us with any questions or concerns on email: forost@chekclinic.com or tel: 01372 374530).

A golden opportunity

Mark Thompson BSc (Hons) Ost, London

The Government's White Paper on health reform, launched in November 2004, sets out the need for the NHS to move towards giving people advice and support in preventing disease, rather than simply reacting to it. Entitled *Choosing Health*, the document encourages a shift in public health approaches from "advice from on high, to support from next door" (for more on the White Paper, see the box on this page)

To achieve this goal, the NHS, through its Primary Care Trusts, intends to develop a network of accredited "health trainers" who will help guide people who want help towards "informed lifestyle choices".

As osteopaths it has always been our goal not only to treat the problem that a client presents with, but also to address the wider aspects of their general health and give advice, where appropriate, on making healthier lifestyle choices. Thus the Government's new initiatives represent a golden opportunity for osteopaths to add "health training" to their list of skills and provide lifestyle guidance to their existing clients and the wider community.

The health creation programme

Over the past five years, I have been developing a 12-week health-creation programme for my clients, which helps to assess their current level of health,

allows them to identify the lifestyle changes that they want to make and provides close support as they go about making these changes. Exactly what the Government is hoping to do.

Initially these programmes were delivered on a one-to-one basis in my clinic, but based on the better success rates of group work (such as slimming clubs) I've now opened my first dedicated LiGHT (Lifestyle Guidance and Holistic Therapy) Centre in Belgravia, offering evening classes to groups of twelve people at a time.

On these programmes, people address many aspects of their health, including nutrition, weight management, flexibility, fitness, detoxification and life-reflection. In particular they assess and deal with the parts of their character or lifestyle that tend to lead them to poor lifestyle choices.

After an initial health assessment, participants come to a two-hour session once a week during which they discuss their progress with the group, talk about key factors to do with good health and take part in a stretching, toning and relaxation session. At the Centre there are also drop-in yoga classes, Oriental bodywork, workshops and social events to attend, as well as corporate training programmes and a library.

The Centre also has the capacity for more osteopaths to run their own health-improvement classes. It would not affect their existing practice, just allow them to teach their own group one evening per week.

Training for osteopaths

The Centre is running an evening class for health trainers, starting on Wednesday 2nd March and also a course in Oriental Bodywork on Saturday 5th and Sunday 6th March. The latter, presented by Mark Thompson and the English National Ballet's physical therapist,

Dominic Hickey, includes instruction in a number of new manipulative techniques not taught in Western schools, as well as some floor-based, assisted-stretch work.

For further information, call Mark Thompson on tel: 01727 821450 or 07976 627357.

Westminster PCT is monitoring the Centre as a possible model for its future health training programmes.

Choosing Health: the Government White Paper on health reform

The Government's White Paper on health reform acknowledges that people are ambitious for their health and the health of their families, but often find it difficult to turn good intentions into sustained action. People who make unsuccessful attempts to change their habits can experience feelings of failure, even guilt, and feel a frustrating lack of control over their lives. They then often put their good intentions into a "too difficult" box.

To increase their chances of success people need:

- Information to help them make the right decisions
- Advice to help them carry out their plans
- Support to help them stick to their plans



Mark Thompson and friend



The Government realises that it needs to stop preaching and provide practical help for people by "creating an environment more conducive to healthy choices". It wants to put people in touch with local trainers who can help them to:

- Assess their current level of health (a stock-take)
- Form a personal health plan
- Improve their health literacy
- Support them through the changes so they are not left alone.

At the moment it is perceived that such help exists only from a few committed individuals and organisations such as slimming clubs, walking/rambling groups, food co-operatives or other physical activity services. The Government acknowledges that this type of close support can have a real impact on people's lives and is seeking to base its health-training programmes on these existing initiatives.

The document suggests, however, that too many of these existing groups focus on only one aspect of improving health, such as losing weight or stopping smoking. The Government would instead like to encourage methods that look more holistically at "life

in the round". It also wishes to encourage approaches that use psychological sciences to help identify behaviour patterns, help set goals and build confidence.

It is anticipated that many individuals will contact health trainers through local health centres, walk-in centres or NHS Direct. But it is also anticipated that they will be channelled into these trainers from all NHS sources.

The Government intends to establish a national core curriculum and training modules to ensure that skills are quality assured and standardised, and based on best practice principles of how to support lifestyle change. It intends to augment the training of people in existing health improvement professions and people who are currently providing health improvement support in their community.

The service will begin in more deprived areas (those 20% of PCTs with the worst health and deprivation indicators) in 2006 and spread throughout the country from 2007. Eventually, it intends that everyone will have access to an NHS accredited health trainer.

The screenshot displays the Private Practice Software v4.0 interface. The main window shows a calendar for January 2005 with a list of appointments. The appointments are organized by time slots and include details such as the patient's name, the time of the appointment, and the type of appointment (e.g., Morning Session, Afternoon Session, Evening Session). A sidebar on the left contains navigation links for various functions like 'New', 'Modify', 'Delete', 'Block', 'Event', 'Holding', 'Search', 'Print', and 'Refresh'. At the bottom of the screen, there is a promotional banner for Private Practice Software, featuring the company logo and contact information.

Private Practice Software v4.0

File Edit View Client Appointments Activities Tools Help Window Goto

PPS Appointment Diary

14/01/2005 Friday

09:30 Mr J. Gorman

09:30 Mrs R. Woffley

10:30 Mr J. Gorman

10:30 Mrs A. Heath

11:30 Mr M. Underwood

11:30 Mr B. Viana

12:30 Mr G. Vassanides

12:30 Mr F. Husbawon

13:30

14:30 Mr S. Leggett

14:30

15:30

15:30

16:30 Mr A. Thompson (FULL ASSESSMENT)

17:30

18:30 Mrs B. Audri

18:30 Mrs E. Watson

19:30 Mr G. O'Brien

19:30 Mr G. Keeble

14/01/2005 Friday

09:30

10:30 Mr G. Bradshaw

10:30 Mr G. Farley

11:30 Mr S. Connelton

11:30

12:30 Mr T. Truings

12:30 Mr B. Elbitt

13:30 Mr W. Argent

13:30 Mr M. Shilton

14:30

14:30 Mr S. Weston

15:30 Mr J. Taylor

16:30 Mr J. Datta (Wheelchair Access)

16:30

17:30 Mrs H. Frankland

17:30 Mr S. Slom

18:15 Mr M. Andrews

19:30 Mr T. Lewis

19:30 Mrs H. Pombak

14/01/2005 Friday

Morning Session

09:30 TEACHING Mr

10:30 Mrs A. Burton

10:30 Mrs E. Watson

11:30 Mrs J. Evans

11:45 Mrs J. Barclay

12:30 Mr R. Barker

12:30 Mr R. Neophytis

13:30 Mrs V. Newton

14:30 Mrs J. Bennett

Afternoon Session

15:30 Mrs S. Farnham

16:30 Mr S. Campbell

17:30

18:30 Mr J. Slater

19:30 Mr J. Wright

19:30

19:30 Mrs R. Holmes

19:30

14/01/2005 Friday

Morning Session

09:30 Mr J. Smith

09:30 Mrs E. Harris

10:30 TEACHING 45min

11:45 Mr W. Woolen (FULL ASSESSMENT)

12:15 Mr J. Green

13:30 Mrs R. Rogers

13:30

14:30 Mr A. Chaves

Afternoon Session

15:30 Mrs M. Dooly

16:30 Mr T. Tavis

16:30 Mr T. Beaumont

17:30 Mrs M. Smith

17:30

PPS Task List for Alan Davies

Task List

Task Name Date

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A royal opening at Oxford Brookes

HRH The Princess Royal officially opened Oxford Brookes University's new School of Health and Social Care building on Monday, 8 November 2004. The building in Jack Straws Lane, Marston, Oxford, has brought together staff and students previously dispersed over ten sites across Oxford, and provides a dedicated centre for



HRH The Princess Royal unveiled the plaque to mark the official opening of the School and viewed an exhibition of its work, including a demonstration of osteopathic techniques by representatives of the programme team.

health and social care professional education. Oxford Brookes University has invested significantly in providing state-of-the-art facilities, including dedicated clinical skills' suites and simulation aids to promote excellence in healthcare education within an environment of inter-professional collaboration. Oxford Brookes is the first and currently only university to offer a GOsC-

accredited degree in osteopathy as part of its "in-house" degree portfolio.

The osteopathy programme team, with programme leader Graham Sharman, are keen to emphasise the benefits of inclusiveness within a leading UK university, including the potential for inter-professional research projects and innovation within osteopathic education.

The Dean of the School, June Girvin, said: "It is a great honour to have HRH The Princess Royal open the new building, which will allow the School to train health and social care professionals even more effectively. Our aim is to create an education environment that prepares practitioners to deliver the highest standards of care in any setting. Confident and competent practitioners are the core of health and social care services, and we want to have the most effective role we can in developing their skills and knowledge."

Laurence Kirk, Senior Lecturer in Osteopathy at Oxford Brookes University, added: "HRH Princess Anne seemed very knowledgeable about osteopathy and was keen to discuss the potential scope of treatment. I demonstrated a range of cervical spine techniques and we discussed the potential indications for use. She was particularly impressed that Oxford Brookes had an integrated approach to healthcare and thought that this model had huge advantages for inter-professional learning and collaboration for all those involved."



HRH The Princess Royal officially opening the school, with Vice Chancellor, Prof Graham Upton

GOsC meets LSO's final year students



The GOsC launched the 2005 series of presentations to final-year osteopathy students with a visit to the London School of Osteopathy (LSO) on Saturday, 8 January 2005.

Chief Executive and Registrar, Madeleine Craggs, outlined the principles of statutory self-regulation for health professionals and the role of the GOsC in implementing the Osteopaths Act 1993. Head of MIS

and Registration, Gillian O'Callaghan, advised on registration requirements and Brigid Tucker, Head of Communications, covered some of the promotional considerations for those starting up in practice.

Students were provided with an information pack concerning the registration process and clinical and promotional material provided through the Osteopathic Information Service.

Further visits to the other accredited Osteopathic Education Institutions are planned, with the next visit – to the British College of Osteopathic Medicine (BCOM) – scheduled for 9 February 2005.

Book reviews

If you wish to recommend any other titles for review, contact the GOsC on ext. 222 or email; nicolet@osteopathy.org.uk

New library opens at BSO

The patron of the British School of Osteopathy (BSO), HRH The Princess Royal, was the special guest at the opening of the School's new Ergonomics Library in London on 3 December 2004. The Stephen Pheasant Memorial Library is named after the late Professor Pheasant, previously Honourary Associate Professor of Clinical Ergonomics at the BSO and a leading member of the Ergonomics Society, who died unexpectedly in 1996.

He was described by Professor David Stubbs, Chairman of the Memorial Fund's trustees as, "A distinguished ergonomist who had a long association with the BSO and passionately believed in the benefits that arose from osteopaths having an understanding of ergonomics ... Ergonomics is the science of designing jobs for people ... The relationship between osteopathy and ergonomics is founded on the need for the therapist



treating these conditions to understand the risk factors within work, which if not also addressed may limit the long-term efficacy of treatment and active rehabilitation ... Increasingly, we see osteopaths registering for post-graduate degrees in ergonomics. This is a welcome sign and we look forward to more taking these opportunities to develop expertise

in both areas."

The books in the collection, which also cover related disciplines such as anatomy and aesthetics, were donated by Professor Pheasant's partner, Ms Sheila Lee, an osteopath and ergonomist herself.

The library, which is located off the main BSO library in Borough High Street, is open to students, health professionals and the general public, during the main library opening hours.

For more information, or to arrange a visit, please call the BSO on 020 7407 0222.

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Limited places are available for Practical Sessions on 19th & 20th February; 19th & 20th March 2005,
details can be found on the website**

UK BEAM trial results reviewed

Carol Fawkes BA (Hons) DO, NCOR Research Development Officer

In the last issue of *The Osteopath*, the GOSc reported on the main findings of the recent UK Back Pain Exercise And Manipulation (UK BEAM) trial. The National Council for Osteopathic Research (NCOR) welcomes the publication of such robust research which seeks to examine the wide ranging effects of spinal manipulation. It is heartening to see the positive effects this treatment package had on a patient group that continues to grow in size. The reasons behind the beneficial effect spinal manipulation and exercise treatment had on the general health of the trial participants merit further research in themselves. It is important to the osteopathic profession to be concerned with examining our practice, building an evidence base for osteopathic treatment and seeking

ways in which that treatment can be improved. This will be to the greater benefit of the patients who consult osteopaths in growing numbers and entrust their care to members of the profession.

NCOR applauds the development of an agreed package of care by the osteopathic, chiropractic and physiotherapy professions. It is refreshing to see such positive, collaborative research conducted for the benefit of all the professional groups, moving away from unhelpful comparisons.

Tim McClune represents private practitioners at NCOR. He is both a practising osteopath and an experienced researcher. He outlines the methodology of the BEAM trial below and gives an interpretation of the results.

A scientific clinical trial

Tim McClune DO, Spinal Research Unit, University of Huddersfield

Purpose

The Medical Research Council (MRC) sponsored and funded a randomised controlled trial (RCT) to compare four treatment options; 'best care' General Practice (GP), where practice teams were trained in active management and provided with a copy of *The Back Book*; 'best care' GP plus spinal manipulation; 'best care' GP plus exercises; and 'best care' GP plus exercises with spinal manipulation, for patients with non-specific low back pain. The cost was approximately £3.5 million. The study used a primary measurement tool called the Roland and Morris Disability Questionnaire (RDQ). This measures the extent to which low back pain affects an individual's ability to live.

A cost analysis of the treatment options was incorporated into the study, and a number of secondary measurements were used (pain, back beliefs, fear avoidance, general health, SF-36). The manipulation package was developed from a model initially proposed by McClune et al 1997, and is described in more detail by Harvey et al 2003. The package was agreed by the UK professional bodies that represent chiropractors, osteopaths and physiotherapists. This clinical trial is the largest ever to test the efficacy of spinal manipulation, it is scientifically robust and the results will help inform future decision making at all levels in the clinical area of low back pain for the near future.

Results

After an initial pilot study, over 300 patients were recruited to each trial group, with a 75% return rate for results at 1

year. The results of the primary measurement RDQ mean scores are summarised:

At 3 months	GP care produced just over 2 points improvement in RDQ score GP care plus exercise produced just over 3.5 points improvement GP care plus manipulation produced nearly 4 points improvement GP care plus manipulation plus exercises produced just over 4 points improvement
At 1 year	GP care produced just over 2.5 points improvement in RDQ score GP care plus exercise produced 3.5 points improvement GP care plus manipulation produced nearly 4 points improvement GP care plus manipulation plus exercises produced just over 4 points improvement

For specific, detailed analysis, you should read the published papers. These results show that 'best care' GP is significantly beneficial in managing low back pain, if exercises are added further improvement occurs, if spinal manipulation is added to GP care

even further improvement occurs and if spinal manipulation and exercise are both added to GP care most benefit occurs. The results are statistically significant and clinically important, but can realistically be described as small to moderate changes. The cost (economic) benefit analysis is complicated and based on cost in 1998 (six osteopathic sessions at £85 in total). To summarise, GP care and manipulation is clinically effective and the most cost effective for patients in the UK. The overall cost to the NHS would be modest.

Osteopathic importance

Robust scientific evidence (large sample size, good methodology) supports osteopathic spinal manipulation for non-specific low back pain. This study provides evidence to support dialogue/proposals with service purchasers (PCTs) for osteopathic services. The clinical use of spinal manipulation is now, without question, very useful for low back pain patients, adding more weight of evidence to clinical guidelines already in publication. The study also provides evidence that osteopaths and osteopathy can participate in high quality academic work. Future research funding proposals using osteopathic treatment will benefit from the evidence provided by BEAM. The cost effectiveness of spinal manipulation should be viewed with caution. The cost per unit in the study is based on £85 for six treatment sessions (1998 prices). This cost may not be financially viable for private practice.

Likely criticisms

The results show a small to moderate effect of spinal manipulation on low back pain. Some may suggest the effect is not large enough to justify large amounts of public expenditure on these services. However, the cost of low back pain to society is huge, so, even with small to moderate changes, there are potentially significant cost benefits. It may also be argued that, ethically, the most beneficial treatment proven within reasonable cost should be available to a patient within the NHS. Further studies may also identify sub-groups that demonstrate greater improvements with manipulation, thus improving clinical and cost effectiveness.

One methodological flaw is that the control group, 'best care' GP, is not a pragmatic comparison. Most GP care is not 'best care', the GP practices in this study had to be trained to deliver this care. So the interventions may arguably have a greater impact on what might be termed 'normal GP care' delivered at present. This should have been explored more fully. McGuirk et al 2001 have published some work in this area.

Service purchasers could also suggest that if their GP

care could become 'best care' and NHS musculoskeletal physiotherapists could all be trained to deliver spinal manipulation, then purchasing non-NHS services is not necessary. This may be true; a comparison between the three professions was not permitted in UK BEAM, so, no profession can claim the higher ground. It is now up to each profession to provide more evidence to support its unique clinical claims of success, or agree that spinal manipulation can effectively be provided by all three.

Conclusions

- **UK BEAM is good news for osteopathy, providing robust, scientific evidence to support clinical practice.**
- **UK BEAM will help to enable further, high quality academic work to be pursued.**
- **UK BEAM team expects to publish more work looking at sub-group analysis, so watch this space!**
- **We should all read the papers. They can be viewed free of charge online on the *British Medical Journal* website – www.bmj.com.**

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Evidence based practice – tutorial 2

Carol Fawkes BA (Hons) DO, Research Development Officer and
Jan Leach, Surrey Institute of Osteopathic Medicine

The internet has an ever-increasing number of sites, but only a limited number are useful for osteopathic research. A selection of sites follows; it is not exhaustive, but includes sites widely agreed to be both useful and of good quality.

Accredited osteopathic education institutions:

When looking for research activity within the profession and the research profile of the different educational institutions, the colleges' own websites are useful. Listed alphabetically they are:

- British College of Osteopathic Medicine:
www.bcom.ac.uk
This site also lists the titles of presentations made at all five International Conferences on Advances in Osteopathic Research (ICAOR).
- British School of Osteopathy: www.bso.ac.uk
- College of Osteopaths:
www.collegeofosteopaths.ac.uk
- European School of Osteopathy: www.eso.ac.uk
- London College of Osteopathic Medicine:
www.members.aol.com/londonosteomedic/lcom.html
- London School of Osteopathy:
www.londonschoolofosteopathy.com
- Oxford Brookes University: www.brookes.ac.uk
- Surrey Institute of Osteopathic Medicine:
www.nescot.ac.uk

In addition, the BSO produces the Osteopathic Research and Treatment Bulletin: www.bso.ac.uk/sm4ortb.htm. Details of undergraduate osteopathic research, including contributions from the BSO, can also be found on the website for the Vienna School of Osteopathy: www.osteopathic-research.com.

Registering and professional bodies:

Useful information can be found on these sites for the United Kingdom osteopathic profession and its counterparts overseas:

- The General Osteopathic Council:
www.osteopathy.org.uk
- The British Osteopathic Association:
www.osteopathy.org

- American Osteopathic Association:
<http://do-online.osteotech.org/index.cfm>
- Australian Osteopathic Association:
www.osteopathic.com.au
- Canadian Osteopathic College:
www.osteopathiccollege.com

General osteopathic resources:

Approximately 500,000 sites can be found relating to osteopathy if the term is typed into Google. Many of these are solely for marketing purposes and the scant information is often of limited use. Examples of some good general sites are:

- Osteopath – 222 of the best sites:
www.cbel.com/osteopathy
- Osteopathic Resources:
www.osteopathonline.com/Resources
- Spine Information: www.spine-health.com
- The Osteopathic Home Page: www.osteohome.com

Databases, journals and other authoritative sources:

Osteopathic literature spans a wide variety of sources; this can be found by visiting individual journals' sites or by accessing databases such as Medline (Pub Med), which has over 11 million biomedical peer-reviewed papers. SUMSEARCH is a very useful search engine which can access Pub Med, CINAHL (Cumulative Index to Nursing and Allied Health), Cochrane, Merck and Guidelines databases. The search is less sophisticated but can save a lot of search time. The AMED (Allied and Complementary Medicine) database has many complementary and alternative medicine (CAM) journals, but they are not all peer-reviewed, so beware of cranks!

Databases:

These will list all previously published research and other osteopathic literature.

- To improve your search techniques:
www.shef.ac.uk/~scharr/ir/adept/
- SUMSEARCH: <http://sumsearch.uthscsa.edu/>
To access Pub Med, CINAHL (Cumulative Index to

Nursing and Allied Health), Cochrane, Merck and Guidelines databases.

- Medline (Pub Med): www.ncbi.nlm.nih.gov/entrez/query.fcgi
- The Osteopathic Literature Database: <http://ostmed.hsc.unt.edu/ostmed/index.html>
- Physiotherapy Evidence Database (PEDro): www.pedro.fhs.usyd.edu.au/index.html
- Database of Abstracts of Reviews and Effectiveness (DARE): www.york.ac.uk/inst/crd/
- TRIP database: www.tripdatabase.com/
- Allied and Complementary Medicine (AMED) database: www.bl.uk/collections/health/amed.html
- NIH International Bibliographic Information on Dietary Supplements (IBIDS): <http://dietary-supplements.info.nih.gov/databases/ibids.html>
A database of published international scientific literature on dietary supplements.
- The Arthritis and Complementary Medicine Database (ARCAM) and the Complementary and Alternative Medicine and Pain Database (CAMPAIN): www.compmed.umm.edu/Databases.html

Journals:

These will give current published research. Some journals will give free access to full text articles over a certain age e.g. 12 months since publication.

- *Osteopathy Today*: www.osteopathy.org/ot/osteopathy_today.htm
- *British Medical Journal*: www.bmj.com
- *Clinical Evidence*: www.clinicalevidence.com/ceweb/conditions/msd/msd.jsp
- *Spine*: www.spinejournal.com
- *New England Journal of Medicine*: <http://content.nejm.org>
- *Manual Therapy*: www.harcourt-international.com/journals/math
- *Journal of the American Osteopathic Association*: www.jaoa.org/
- *Free Medical Journals*: www.freemedicaljournals.com
- *Pain*: www.elsevier.com/wps/find/homepage.cws_home
- *European Journal of Pain*: www.harcourt-international.com/journals/eupj
- *Science Direct*: www.sciencedirect.com/science
- *The Lancet*: www.thelancet.com
- *Clinical Biomechanics*: www.harcourt-international.com/journals/clbi
- *Clinical Chiropractic* (formerly British Journal of Chiropractic): www.harcourt-international.com/journals/clch

- *Journal of Manipulative and Physiological Therapeutics (JMPT)*: www2.us.elsevierhealth.com
- *Medscape General Medical Information*: www.medscape.com
- *American Journal of Clinical Nutrition*: www.ajcn.org
- *Annals of Internal Medicine*: www.annals.org
- *eMedicine*: www.emedicine.com/journals.html
- *Journal of Clinical Investigation*: www.jci.org
- *Journal of Neuroscience*: www.jneurosci.org
- *Journal of the American Medical Association*: <http://jama.ama-assn.org>
- *Royal College of General Practitioners Online Journals*: www.rcgp.org.uk/research/resources/journals.asp
- *The Medical Literature Guide*: www.amedeo.com

Societies for areas of special interest:

- Arthritis and Musculo-skeletal Alliance: www.arma.uk.net
- Australian Spine Society: www.cms.uwa.edu.au
- Cervical Spine Research Society: www.csrs.org
- Migraine Action Organisation: www.migraine.org.uk
- Scoliosis Research Society: www.srs.org
- Society for Back Pain Research: www.boa.ac.uk
- The Migraine Trust: www.migrainetrust.org
- The Sutherland Society: www.cranial.org.uk

Complementary medicine research sites:

- Research Council for Complementary Medicine: www.rccm.org.uk.
N.B. A fee is charged for a search.
- Institute for Musculoskeletal Research and Clinical Implementation: www.imrci.ac.uk/
- National Research Register, UK: www.dh.gov.uk/research
- Bastyr University for naturopathic education: www.bastyr.edu
- National Centre for Complementary and Alternative Medicine (NCCAM) of USA: www.nccam.nih.gov
- The Meridian Institute: <http://meridianinstitute.com>

Charitable organisations:

- BackCare (formerly known as the National Back Pain Association): www.backcare.org.uk
- Action Medical Research: www.action.org.uk
- Arthritis Research Campaign: www.arc.org.uk/research/default.htm

Sites for evidence-based medicine:

- Effective healthcare bulletins: www.york.ac.uk/inst/crd/ehcb.htm
- Effectiveness matters: www.york.ac.uk/inst/crd/em.htm

- Evidence-based management of musculoskeletal pain: www.nhmrc.gov.au/publications/synopses/cp94syn.htm
- Internet Resources in Health and Medicine: <http://omni.ac.uk>
- National Institute for Clinical Evidence: www.nice.org.uk/
- www.nettingtheevidence.org.uk

Research course and funding information:

- RD Learning: www.rdinfo.org.uk

Current health news:

Patients often bring newspaper articles to their appointments. The most popular sites are:

- *Daily Mail*: www.dailymail.co.uk
- *The Daily Telegraph*: www.telegraph.co.uk
- *The Guardian*: www.guardian.co.uk
- *The Independent*: www.independent.co.uk
- *The Times*: www.timesonline.co.uk

Other useful websites:

- University of Texas: <http://atc.utmb.edu/altmed/>
Information about a number of useful CAM sites and databases for students.
- Osteopathic Centre for Children: www.occ.uk.com
- Osteopathic Sports Care Association: www.osca.org.uk
- Children's Hospital Boston: www.childrenshospital.org/holistic/
The Centre for Holistic Paediatric Education and Research (CHPER) is devoted to improving the well-being of children through advances in holistic healthcare.
- Complementary/Integrative Medicine Education Resources of MD Anderson Cancer Centre www.mdanderson.org/cimer
A good site for cancer therapy information.
- Rosenthal Centre for CAM Research on Women's Health, funded by NIH: www.rosenthal.hs.columbia.edu/
- National Electronic Library for Health (NELH): www.nelh.nhs.uk/
This particularly useful site has links to a number of other valuable sites.
- Bandolier: This is an independent journal about evidence based healthcare written by Oxford scientists. It is a source of high quality information for healthcare professionals, patients and their carers. Information comes from systematic reviews, meta-analyses, randomised trials and from high quality observational studies. www.jr2.ox.ac.uk/bandolier/

- The Cochrane Library: The Cochrane collaboration was founded in 1993 and is an international non-profit and independent organisation. It produces and disseminates systematic reviews of healthcare interventions. www.update-software.com/cochrane/cochrane-frame.html
- Health Information for London Online (HILO): www.hilo.nhs.uk
- Health Education Resources Online (HERO): www.hero.ac.uk
- Central Office for Research Ethics: www.corec.org.uk
- Current Trials in Medicine: www.controlled-trials.com
- National Research Register of Health Related Research Projects in England, Scotland and Wales: www.update-software.com/national/default.htm
- Research Councils (UK): www.rcuk.ac.uk
- Medical Research Council: www.mrc.ac.uk
- Department of Health: www.dh.gov.uk
- Faculty of Public Health: www.fphm.org.uk
- Anglo European College of Chiropractic: www.aecc.ac.uk
- British Chiropractic Association: www.chiropractic-uk.co.uk
- British Dietetic Association: www.bda.uk.com and www.bdaweightwise.com
- Chartered Society of Physiotherapy: www.csp.org.uk
- General Chiropractic Council: www.gcc-uk.org
- Quackwatch: www.quackwatch.org

Statistics:

- National Statistics Online: www.statistics.gov.uk
- Glossary of statistical terms: www.cas.lancs.ac.uk/glossary_v1.1/main.html
- Statistic resources: <http://hedwig.mgh.harvard.edu/biostatistics/resources.html#software>
- Sample size calculations: http://hedwig.mgh.harvard.edu/sample_size/size.html

Sites useful for practice:

- Online Medical Dictionary: <http://cancerweb.ncl.ac.uk/omd>
- British National Formulary: www.bnf.org
- Radiographic Anatomy of the Skeleton: www.szote.u-szeged.hu/Radiology/Anatomy/skeleton.htm
- Laboratory test results normal values: www.labtestsonline.org.uk

Forthcoming conferences:

Thursday 28 April 2005, "Developing Research Strategies", Hotel Ibis, Southampton. **Closing date for abstracts: 28 February, 2005.** For further information, contact Jane Cousins, Complementary Medicine Research Unit, Aldermoor Health Centre, Aldermoor Close, Southampton, SO16 5ST. Email: compmed@soton.ac.uk or tel: (02380) 241073.

Thursday 24 November–Saturday 26 November 2005. Musculoskeletal Physiotherapy Australia 14th Biennial Conference. Major theme: "Positive Precise Performance"; sub-themes: pain, lower limb function, motor control, musculoskeletal physiotherapy and its relation to the fitness industry. **Closing date for receipt of submissions: 31 March, 2005.** Submissions online via: mpa2005.com.au/submissions.shtml

April 2005. Conference on teaching issues in CAM at University of Central Lancashire, Preston. Further details from Midge Whitelegg, tel: 01772 893708 or email: mewwhitelegg@uclan.ac.uk

Journal scan of research relevant to practice: November & December

Immediate effects of thoracic manipulation in patients with neck pain: a randomized controlled trial.

Cleland JA, Childs JD, McRae M, Palmer JA and Stowell T. *Manual Therapy* www.sciencedirect.com. doi:10.1016/j.math.2004.08.005.

This study hypothesised that thoracic manipulation may elicit similar therapeutic benefits to those of cervical spine manipulation when managing neck pain, but without the risk associated with cervical manipulation. This RCT aimed to assess the immediate effects of thoracic manipulation on perceived levels of neck pain. The results of the paper suggest that thoracic spine manipulation results in an immediate analgaesic effect in patients with neck pain and on long-term outcomes including function and disability.

Manipulative therapy in addition to usual medical care for patients with shoulder dysfunction and pain: a randomised controlled trial.

Bergman GJ, Winters JC, Groenier KH, Pool JJ, Meyboom-de Jong B, Postema K and van der Heijden GJ. *Annals of Internal Medicine* 2004 Sept 21; 141(6): 432-9. This study aimed to consider dysfunction of the cervicothoracic spine and the adjacent ribs and study the effectiveness of manipulative therapy for the shoulder girdle in addition to usual medical care for the relief of shoulder pain and dysfunction.

150 patients with shoulder symptoms and shoulder girdle dysfunction were recruited. Patient perceived recovery, severity of the main complaint, shoulder pain, shoulder disability and general health were measured. All patients received usual medical care from their GPs and the intervention group received 6 manipulation treatment sessions in a 12-week period. After completion of treatment (12 weeks) 43% of the intervention group and 21% of the control group reported a complete recovery. After 52 weeks, the same difference in recovery rate between the two groups was observed. From these results, the researchers concluded that manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms.

Case report. Neck pain and headache as a result of internal carotid artery dissection: implications for manual therapists.

Taylor AJ and Kerry R. *Manual Therapy* www.sciencedirect.com. doi:10.1016/j.math.2004.06.001. Published literature has traditionally focussed on vertebro-basilar insufficiency (VBI) relating to manipulation. Internal carotid artery dissection (ICAD) is less well documented in the literature. This case report describes a 51-year-old patient who sneezed while sitting at a table during a party. Conscious of the need not to spread germs, he turned his head to the left and sneezed several times. He jarred his neck at the same time and complained of pain on the left side of the mid-upper cervical spine and aching in the region of the left temporomandibular joint. On waking the next day the symptoms were accompanied by pain in the left suboccipital region, difficulty on cervical rotation to the left and a general headache affecting the left frontal region and eye. 48 hours later ptosis of the left eye had developed and constriction of the left pupil. After referral by his GP, ICAD was diagnosed following an MRI scan; he was prescribed warfarin with aspirin and advised to rest for 6 weeks. The pain and ptosis partially resolved over the next 12 months. The patient reported no previously underlying risk factors for vascular disease, no family history of vascular disease and had not been taking any medication. This case is an illustration that cervical rotation combined with a "trauma" such as sneezing can result in arterial injury which for the initial 48 hours presented as a typical musculoskeletal injury for which there were no obvious contraindications for treatment.

In brief

ACDLT: Alzheimer's Disease Cholesterol-Lowering Treatment Trial

A pilot study has been conducted and, although significant differences have not been shown, data supports a cholesterol-lowering mechanism for the effect of atorvastatin on cognitive function. The US National Institute on Aging is sponsoring further studies. <http://www.medscape.com/viewarticle/493667>

Advisory group to review NHS research ethics committees

The UK Government has set up an advisory group to look at streamlining procedures in research ethics committees (RECs). The group met for the first time in November and will report to health ministers by the end of March 2005. The group will look at developments and trends affecting the remit of RECs, administration, operation and workload. <http://bmj.bmjjournals.com/cgi/content/full/329/7477/1258-f>

Pain linked to permanent brain loss

Researchers at Northwestern University had previously shown patients with back pain had decreased activity in the thalamus, an area known to be important in decision making and social behaviour. This current study suggests that some of the changes in the prefrontal and thalamic grey matter density may be permanent. <http://www.jneurosci.org/cgi/content/abstract/24/46/10410?maxtoshow=&HITS=10&...>

The orthopaedic approach to managing osteoarthritis of the knee

This article concentrates on the interventions and surgical options used by orthopaedic surgeons for the treatment of this disease, indications for their use and likely outcomes. <http://bmj.bmjjournals.com/cgi/content/full/bmj;329/7476/1220>

Milk and lactose intakes and ovarian cancer risk in the Swedish Mammography Cohort

The association between intakes of dairy products and lactose and the risk of epithelial ovarian subtypes was examined to study the hypothesis that high intakes of dairy products and lactose increase the risk of ovarian cancer. The study concluded that high intakes of lactose and dairy products, particularly milk, are associated with an increased risk of serous ovarian cancer, but not of other subtypes of ovarian cancer. <http://www.ajcn.org/cgi/content/abstract/80/5/1353?maxtoshow=&HITS=10&hits=10...>

Launch of new medication for osteoporosis

A new drug in the battle to prevent broken bones in sufferers of osteoporosis was launched on 22 November 2004. According to the manufacturer, Protelos could

prevent 11,000 vertebral fractures and 2,000 hip fractures if taken for three years by women aged 74 and over. Protelos is reportedly more straightforward to take than existing osteoporosis medication that can cause severe oesophageal irritation. www.royalsociety.ac.uk.

Working when ill can increase heart disease

A 10-year study of 10,000 Whitehall workers, conducted by epidemiologists at University College, London has revealed that working even with a common cold can put undue strain on the heart. Among 30–40% of the population who were unwell but took no time off work were found to have double the incidence of coronary heart disease over the following years. www.royalsociety.ac.uk.

Strange research but true!

Good news for chocoholics

Eating chocolate could be a better way of stopping a persistent cough than some of the products available at the local chemist. Researchers at Imperial College, London found that Theobromine, an ingredient in cocoa, was almost 30% more effective in preventing coughing than codeine, which is considered to be the best available cough medicine. Researchers found that Theobromine caused none of the potential side-effects of cough treatments, e.g. drowsiness, headaches or insomnia. www.royalsociety.ac.uk.

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Society of Osteopaths in Animal Practice

New society launched

Anthony Pusey DO, Chairman, SOAP

The inaugural meeting of the Society of Osteopaths in Animal Practice (SOAP) took place on 4 December 2004, in the depths of a Wiltshire winter. It was attended by osteopaths working in all areas of the field, treating everything from dogs and horses to camels and cattle.

The Society aims to bring together all those interested in applying osteopathy to both humans and animals. Future plans include regular newsletters, regional mentoring, CPD events and closer interdisciplinary ties with vets and associated professions.

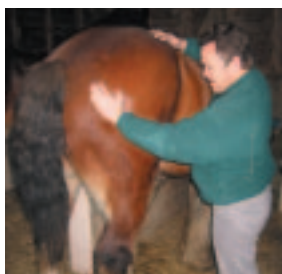
Osteopathic principles can be applied to most neuromusculo-skeletal systems and have been used by the profession to care for animals over many decades. Interdisciplinary



communication has also flourished in this environment and institutions such as zoos, the Army and the Police have appreciated the contribution osteopaths can make to animals in their care. More recently, the advantages of research in this area have become evident in demonstrating the effectiveness of osteopathy in subjects not susceptible to placebo.

Animal osteopathy has made, and can continue to make, a significant contribution to the promotion and development of the osteopathic profession. A unified, positive approach to developing this field, along with the full consultation of allied professions will ensure that we may continue to fly the banner of osteopathy with pride. Join us!

For further information, call SOAP on tel: 01444 831 211.



Osteopaths @ Worcester

Notice of meeting

Sue Brazier BSc Hons DO, Worcester

As requested by those who attended the pain management course last year, **Tim Oxbrow** returns to talk about tissue memory on **Saturday, 19 February 2005** from 9am – 1pm at the Holiday Inn Express, Droitwich (junction 5 of the M5). **Jane Field**, who works in neurodevelopment and nutrition in



children, will also be speaking on the effects of lingering, early primitive reflexes from 2pm – 4pm.

The cost is \$40.00 for the day including refreshments and places are limited.

For a registration form, contact: Sue Brazier, Osteopathic Clinic, Upton Road, Callow End, Worcester, WR2 4RT or tel: 01905 831495.

February meeting

Fiona Davison BA DO, Aberdeen

The next meeting of the Scottish Society is on Sunday, 27 February 2005 at Murrayshall House Hotel, Perth. Meeting topics will include: "The Female Athlete" by Dr Jane Dunbar, and "The Latest Advances in Knee

and Shoulder Surgery" by Mr Gordon MacKay FRCS.

All SOS members and any other interested osteopaths will be most welcome.

Please contact Fiona Davison, SOS Secretary, tel: 01224 635999.



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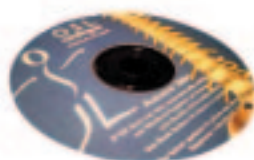
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Children with learning difficulties

Kok Weng Lim DO, London

It was, as ever, a pleasure to be in Maine in what was surely the loveliest time of the year, particularly when combined with a fascinating course at the University of New England. The theme of this year's SCTF continuing studies course, held on 8–10 October, was especially exciting: "Children with Learning Disabilities". I



came away armed with considerably more skills and greater insight in the management of children with learning disabilities. But mainly I was stimulated anew to delve more deeply into the diverse array of therapies that are currently available to help these children, and to update myself with the current biochemical models of behavioural and learning difficulties.

The faculty was comprised of Rachel Brooks (course director), Mary Anne Morelli, Maxwell Fraval, Carina Petter, Kenneth Graham, Sabine Schmitt, Miriam Mills and Frank Willard.

Dr Morelli kicked off the course with a warning that, contrary to received wisdom, the earliest signs of developmental delay should not be watched over time, but should be treated aggressively, as advantage should be taken of the brain growth that is maximal in the early years. The evaluation of a child with learning disabilities should include a history with particular emphasis on the immunisation history, and any toxic exposure and its timing. The times of increased vulnerability to toxins are:

- sperm – 80–90 days prior to conception
- ovum – 4–5 days around conception
- foetus – 1st trimester in particular, and the limbs and organs are particularly vulnerable. Excessive foetal movements and hiccoughs may be signs of possible toxic exposure. Viral infections in the 1st trimester are particularly relevant.

A physical and structural examination, and neurological exam to assess walking, creeping, crawling, heel-to-toe walking, visual examination (tracking) and drawing should be carried out.

A physical and structural examination, and neurological exam to assess walking, creeping, crawling, heel-to-toe walking, visual examination (tracking) and drawing should be carried out.

Retained primitive reflexes

Three retained primitive reflexes were mentioned as being of especial importance in the evaluation of children with learning difficulties: the Moro, palmar, and ATNR.

For example, children with a retained Moro reflex may have a tendency to motion sickness, poor balance and coordination. They also tend to have oculomotor and visual perceptual problems, are hypersensitive to light and sound, and are prone to anxiety, mood swings and insecurity. Closely associated

with the integration of these early brain stem reflexes into later more fluid cortical control is the development of laterality, which is the ability to coordinate one side of the brain with the other in these three areas: visual, auditory and kinaesthetic. The development of laterality is essential for reading, writing, communication, fluid body movement and the ability to think and move at the same time. Check which side children favour: for example, children who are left-ear dominant may have difficulty with speech and language.

Autonomic dysregulation

In the introduction to her practical, Dr Schmitt observed that children with learning disabilities tend to have greater autonomic dysregulation. This observed association intrigued me, as in my research on infant colic, I came across a study that measured the magnitude of this autonomic dysregulation in children with altered behavioural states with reference to the heart trace on ECG. Dr Schmitt further observed that there tends to be more rigidity in the axial skeleton and more extensor tone in these children. They often have poor posture secondary to hypotonic or hypertonic muscle tone, poor proprioceptive and visuospatial skills. It is these that we must address in our treatment of children with learning difficulties.

Attention Deficit Hyperactivity Disorder

Dr Mills drew our attention to the DSM-IV criteria for the diagnosis of ADD/ADHD, and stressed that the condition may present with inattention only, without hyperactivity. The child must also have pervasive impairment, that is, impairment in more than one setting. However the appropriateness of the DSM-IV classification of ADHD is currently undergoing re-evaluation. Like the symptoms of a developmental disability, the symptoms of ADHD

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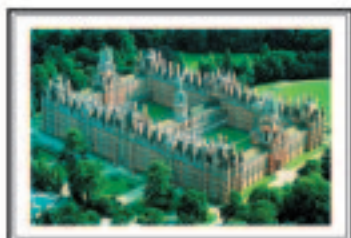
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must be evaluated in the context of age-based norms. Therefore the current criteria for ADHD, which are not age-referenced, may minimise the rate of persistence of ADHD into adulthood.

There are undoubtedly biological correlates to ADHD, such as its association with early brain injury, its highly heritable nature, documentation of neurotransmitter abnormalities in animal studies, structural and functional differences in the brain on MRI and SPECT imaging, differences in EEG, and clinical response to medication, allergy avoidance, dietary manipulation and nutritional supplementation. Nonetheless, ADHD should be viewed as multifactorial in its causes. Therefore, in addition to a biological assessment, it is important to assess the psychological and social dimensions relating to the child.

Psychological interventions could include:

- keeping to a structured schedule
- giving step-by-step instructions, having consistent expectations and close monitoring
- positive rewards for desired behaviour
- relaxation training
- professional counselling

Social interventions could include:

- changing expectations, "firm but kind" approach
- preferential seating in class, decreasing distractions
- extra time for tasks, frequent breaks, limit unnecessary repetitive tasks
- allow oral testing at school
- individual tutoring
- focus on organisational skills

Biological treatment involves a high protein/low carbohydrate diet in classic and inattentive ADHD, but low protein and higher carbohydrate diet in over-focussed ADHD. Intense aerobic exercise, herb supplements such as L-tyrosine and medication are beneficial in all types of ADHD. EEG biofeedback to enhance beta and suppress theta over the prefrontal area in classic and inattentive ADHD, and enhance alpha over the anterior cingulate gyrus in over-focussed ADHD, may be helpful if available.

Dr Mills's own observations were that ADHD is often associated with difficult/rapid delivery, "unstable" newborns, colic, feeding problems, recurrent otitis media, chronic congestion, sinusitis and headaches.

Professor Willard described how dysfunction of the fronto-striatal system may underlie behavioural problems seen in children with ADHD. The prefrontal-

caudate-septal area and nucleus accumbens loop (mesocorticolimbic) is involved in selecting behaviour and emotional patterns. This loop emphasises the fact that the control of cortico-thalamo circuits by the cerebellum and basal ganglia on motor function is only a minor part of their role. Of possibly greater importance is the influence of the cerebellum and basal ganglia on cognition and emotion. Experimental evidence suggests an involvement of the dopamine system, particularly the mesocorticolimbic in ADHD, and the picture that is emerging is the association of a hyperinnervating and hyperfunctioning mesocortico-limbic branch of the dopamine system. Therefore, dysfunction of the prefrontal cortex, particularly the right PFC and its dopaminergic afferents, results in the "hyperactive" cognition, emotional liability, and the inability to focus on behavioural tasks that are characteristic of children with ADHD. Note that the septal area (dopamine innervated) is implicated in behavioural augmentation and pleasure response and it is this prefrontal cortex-septal axis that is hyperfunctioning in ADHD. It is interesting to note that this same neural pathway also underlies neuropsychiatric disorders such as schizophrenia and drug addiction.

Practical techniques

The practicals that followed each presentation gave useful insights in approaching the treatment of these children. The venous sinus drainage sequence was taught with modifications to incorporate a frontal or parietal lift as necessary. Disengagement at the pterion, disengagement of the lambdoid suture, assessment of the degree of steepness of the tentorium cerebelli and the angulation of entry of the great vein of Galen into the straight sinus, assessment of posterior cranial fossa compression and its treatment via anteroposterior and vault holds, and observation of the carotid and vertebral arteries at their "bends" – all were potentially useful technical approaches in the assessment and management of children with learning and behavioural difficulties.

Surf and turf

One of the highlights of the trip was a lobster feast at the Lobster Pot restaurant where our orders took forever to arrive as there were well over 20 of us squeezed around a very long table. What we hoped was a quick meal turned out to be a long evening of fun, chat and games! For those who happen on a typical menu in New England, a "surf and turf" is a plate of lobster and steak – a protein-rich feast for Atkins dieters!

Hands on or hands off?

- how to manage low back pain in the 21st century

Fiona Walsh DO, London

Report on the conference organised by the Society of Orthopaedic Medicine and the British Institute of Musculoskeletal Medicine, held at London Hilton Metropole on 27 November 2004.

With at least 200 delegates coming from a variety of healthcare disciplines, including doctors, physiotherapists, osteopaths and chiropractors, I had high expectations that it would be worthwhile giving up a weekend date to attend this important conference, which promised some stimulating debate. Unfortunately I was somewhat disappointed. The speakers were quite uninspiring, with the possible exception of the two doctors/osteopaths, Ian Bernstein (London) and Nefyn Williams (North Wales). By the end of the morning, the evidence veered to the negative in that manipulation (and this was not properly defined) was no better than GPs' advice for the management of low back pain.



The afternoon reported the long-anticipated results of the UK BEAM trial – a major study to assess the clinical effectiveness and cost-effectiveness of spinal manipulation, exercise classes, or manipulation followed by exercise added to "best care" in general practice for patients consulting with low back pain. The results showed that all groups improved over time and that spinal manipulation was clinically effective and the most cost-effective option.

Adding spinal manipulation to "best care" in general practice in the context of a "stay active" management approach was recommended as being effective and cost-effective for patients in the UK. Thankfully, we left on a more positive note and decided it wasn't necessary to "give up the day job" yet.

The trade and other exhibitors added much to the day and it was great to see such a large representation of osteopaths flying the flag and clocking up the hours for CPD.

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Following on from the success of its 2004 conference, the Alternative & Complementary Health Research Network (ACHRN) is pleased to announce its second international conference. The 2nd international academic and experiential conference, – ‘Diversity and Debate in Alternative and Complementary Medicine’ – for researchers & practitioners will be held at Nottingham University from **28 June to 1 July 2005**.

It will provide a forum for those interested or involved in alternative medicine to debate diverse & innovative research approaches relevant to alternative health theory and practice. There will be opportunities to explore, develop and learn about the diversity of potential research methods and theoretical approaches and their application to alternative medicine.

We invite abstracts up to 300 words for research papers, posters, research methods workshops, demonstrations of therapies and experiential workshops (please indicate which of these in your abstract) by **14 March 2005**. Include your name/s, job title, institution, phone number, email and postal address. Email as MS Word or RTF file to Christine.barry@brunel.ac.uk.

Conference themes

- Social, political and cultural aspects of alternative medicine
- Broadening models of health, illness and healthcare
- Researching practice in context
- Patient/practitioner centred research
- Developing creative research methodologies and multi-disciplinary approaches
- Systemic/ecological perspectives
- Alternatives to medical models and innovation within medical settings

Attendance will be charged on a sliding scale, according to income and institutional support. A number of bursaries will be available for those on low incomes.

Further information on ACHRN, submission of abstracts and the conference can be found at:
www.brunel.ac.uk/depts/hs/achrn.



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24-25 Sept	IOT III: SI joints, pelvis and LEX	Laurie Hartman	£185.00	£125.00	14	-
26-27 Nov	IOT IV: Developing and advancing osteopathic technique	Laurie Hartman	£185.00	£125.00	14	-
30 Sept-2 Oct	The Pelvis & Genito-Urinary System	Jean-Pierre Barral	£385.00	£235.00 Remaining £150.00 by 1 Sep 05	21	-
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14-15 May & 25-26 June	Osteopathic neuromuscular "re-abilitation" (Part I & II)	Eyal Lederman	£365.00	£200.00	28	£145.00
8-9 Oct & 12-13 Nov	Harmonic Technique (part I & II)	Eyal Lederman	£365.00	£200.00	28	£145.00
21 May	Visceral osteopathy: the abdomen	Phil Austin	£95.00	£95.00	7	£50.00
3-4 Dec	Visceral osteopathy: The thorax and three diaphragms	Franz Buset	£175.00	£125.00	14	-
18-19 June+ 10-11 Sept	Osteopathic care of small animals (part I & II)	Anthony Pusey	£385.00	£235.00	28	-
2 July	From treatment to exercise	Matthew Walden	£95.00	£95.00	7	£50.00
24 Feb	How to treat: Chronic trapezius myalgia	Eyal Lederman	£35.00		3	£15.00
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23 June	How to treat: Acute disc	Eyal Lederman	£35.00		3	£15.00
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3 March	Structural osteopathic technique (SOT) I: Mid cervical & upper thorax	David Tatton	£35.00		3	£15.00
5 May	SOT II: Thoracic spine and ribs	David Tatton	£35.00		3	£15.00
6 Oct	SOT III: Upper extremity & upper cervical spine	David Tatton	£35.00		3	£15.00
10 Nov	SOT IV: Lower back and pelvis	David Tatton	£35.00		3	£15.00
10 March	Technique - the female perspective: upper body	Fiona Walsh	£35.00		3	£15.00
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Back chat

Your letters



Dear Editor

I am really pleased with the whole process of CPD. Here in France I was very much alone, as I am the only English osteopath in this region and the medical culture seemed to be one of rivalry. I was telephoned before I came here and told not to come and that I would not be welcome.

One of my aims was to set up a little group of osteopaths that would meet regularly and share information and practice techniques. Now, thanks solely to CPD, we have been forced to do that and myself and three UK-trained French osteopaths meet up regularly and work together, recommending each other to patients, etc. They have been teaching me some great cranial and balancing ligamentous tension techniques and I in turn have been teaching them some dry needling techniques. We have been sharing patients and techniques and at last after three years I have found an osteopathic community.

Obviously we choose the practice that is nearest to the best boulangerie for our meetings, as some things in France are a lot better than in England!

We are all pleased and have agreed that as we get so much out of CPD, even when we have completed our 15 hours of "learning with others" for the year, we will continue to meet and share.

Rachael Dickens BSc (Hons) Ost, Cote D'Azur, France



Dear Editor

I recently attended the very stimulating, GOSc-organised, GP Presentation workshop in Gatwick on 8 December 2004.

When promoting osteopathy to GPs, it is obviously necessary to have on hand recent research findings such as the UK BEAM trial and some of NCOR's work. However, we also concluded that offering one's own clinic's audit of "patient satisfaction" scores and a summary of back pain statistics, such as number of treatments to significantly improve simple low back pain or neurogenic back pain, would be very useful to the GP's evidence based decision making process.

To this end, I am asking if any readers have conducted their own clinic audits, what questions did they find the most useful to ask, how did they conduct the audit over time etc.? Audit questionnaires can be very tricky to get right, especially if the results are to be statistically robust and meaningful to GPs.

So please, can any generous colleague share their hard work with me? With grateful optimism,

Dawn Rowland BSc (Hons) Ost, Wiltshire

(dawnhardy@btopenworld.com)



Dear Editor

May I take this opportunity of thanking you for the invaluable opportunity I have had in belonging to your Register (and that of your predecessor the GCRO) for the services I have received, and for the excellent meetings you have arranged and promoted.

The GOSc, in my view, is a world leader in promoting quality in osteopathy. The challenge ahead is to continue to blend quality with breadth and at the same time keep feet firmly on the ground clinically, politically and administratively. In my view, only the GOSc members have the skills to carry forward the treatment and management of spinal pain to new levels, by improving focus and honing skills in an administrative and practical context. These include:

- core skills of general clinical competence, HVT and muscle joint / soft tissue work.
- extended skills of healing (including cranial etc.), healthy living and preventative approaches.
- link skills of musculoskeletal medicine, rheumatology, orthopaedic surgery, occupational medicine.

Please accept my best wishes for your future development.

Dr David Smith MB ChB, New Zealand

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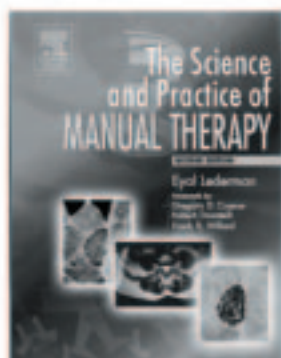
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The Science and Practice of Manual Therapy

By: Prof. Eyal Lederman DO PhD

Following the success of Fundamentals of Manual Therapy a new revised and updated edition

The Science and Practice of Manual Therapy is a comprehensive examination of how manual therapy techniques work and how to match the most suitable techniques to different conditions. Drawing on evidence based research it explores the physiological, neurological and psychophysiological basis of manual techniques and how they affect the human body.

The text aims to assist practitioners and students of osteopathy to develop a deeper understanding of their patient's processes and how they may be affected by different osteopathic techniques. It is a highly practical book, which provides useful clinical strategies for the treatment of conditions commonly seen in osteopathic practice.

The book is enhanced by 317 pages, over 1000 relevant references, and enhanced by over 120 diagrams, photographs and tables

Osteopathic foreword

"This book will be especially useful for students in the osteopathic schools. Beyond providing insight into the 'mechanisms of action' for manual techniques, Professor Lederman's text is written in such a way that it will facilitate the formulation of research problems that can be organized into reasonable experimental studies. It is my pleasure to recommend this text as a starting point for gaining an understanding of manual therapy for all students of body function and dysfunction."

Prof. Frank H. Willard

Physiotherapy foreword

"The clinician will become a better manual therapist through reading Professor Lederman's book. It is an astonishing extrapolation of information that is translated into clinically applicable terminology, allowing the clinician to become more proficient in selecting techniques that will enhance the level of care for the patient. Lederman's book is an excellent resource for the clinician/instructor."

Prof. Robert Donatelli

Chiropractic foreword

"Clear writing, excellent organization and the effective use of line drawings, flow charts, boxes, tables and graphs have allowed Professor Lederman to succeed in producing an outstanding text covering the basic science and clinical application of all forms of manual therapy. Professor Lederman's text is a masterful and fascinating presentation of the science of manual therapies."

Prof. Gregory D. Cramer

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Dear Editor

I have been listening with great interest to Radio 4's *The Other Medicine*, particularly in regard to the call for greater "research and evidence" in Complementary and Alternative Medicine (CAM) (osteopathy being named as one such therapy). As a result I would like to highlight the work of the Sunflower Trust as an example of good collaborative research in CAM.

I have recently attended a presentation given by the Trust to an invited audience, which included the Mayor and Mayoress of Guildford. During the presentation we heard from an educational psychologist, testimonials from parents and children, as well as the findings from research projects undertaken both in the UK and more recently by German Sunflower practitioners. Both sets of results gave indications of improvements in the behaviour, learning skills, energy and vitality in children with a wide range of learning difficulties.

The Sunflower Trust is a charity dedicated to helping children with learning difficulties. For those unfamiliar with the scope of the term, learning difficulties encompasses Attention Deficit/Hyperactivity Disorder (ADHD), autism, dyslexia, dyspraxia and underachievers. The Sunflower Therapy is a system of diagnosis and treatment that uses a combination of benign natural techniques to balance many aspects of physical, physiological, and mental problems in measured ways that are matched individually to each child.

In the UK there are twelve active Sunflower practitioners, including both osteopaths and chiropractors. In Germany, they are mostly medical doctors, including Dr Gerhard Otto who shared with us the story of how he learnt about the Sunflower Trust's work from osteopath and Sunflower Trust Trainer Clive Lindley-Jones at one of his Applied Kinesiology lecture series in Munich and immediately thought it would benefit his son. So, he came to England with his son for treatment and to learn how to be a practitioner. Impressed by the work of the Trust, Dr Otto invited osteopaths Mark Mathews and Clive Lindley-Jones

to go to Germany to train some of his medical colleagues. That was four years ago. Since then, 38 practitioners from Germany, Switzerland and Austria have trained as Sunflower practitioners and they now have their own active branch of the Sunflower Trust.

The Sunflower Trust, in conjunction with the Roehampton Institute, set up a study into the Sunflower Therapy, the results of which were presented by Mark Mathews DO. It involved the clinical measurement of 73 factors on a mixed group of 61 children between the ages of six and 13, all with a diagnosis of dyslexia. Each child was assigned to one of five practitioners from whom they received five 45-minute treatments. The 73 clinical measurements were then repeated on each child.

The 73 data items were grouped into 18 functional areas. Improvements were found in all of these functional areas ranging from 25% to 730%. Eight of these results had a significance of more than $P = 0.05$. The most significant factors, which helped to improve the functional neurology of the children, were of a structural nature. In addition, the improvements were associated with increased patient-reported academic success, social interaction, self-esteem/confidence, sporting and other non-academic achievements.

I believe the Trust needs a much bigger platform to communicate its good work, in particular to raise funds to assist in their research programme and to offer the therapy to those who are also financially disadvantaged. Perhaps this would be more effectively achieved with assistance from NCOR or by having a presence on conference programmes. The heightened profile may also assist in their aim to train more osteopaths, chiropractors and other medical practitioners in this work.

Comprehensive information about the work of the Sunflower Trust and its methods can be found on their website: www.sunflowertrust.com or by email: enquiries@sunflowertrust.com or tel: 01483 531 498.

Helen Mayors DO, Worthing



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OSTEOPATHIC LYMPHATIC TREATMENT (OLT)



Dr Bruno Chikly M.D., D.O (Hons)

SATURDAY 9 AND SUNDAY 10 APRIL 2005

This post-graduate course will present the latest status on the physiology, function and dysfunction of the lymphatic system, and how to manage it diagnostically and therapeutically. It will draw on the tradition of Still, Millard, Sutherland and Zink, as well as newer developments in lymphatic dysfunction mapping and osteopathic manipulative management. The lecture will start by giving a brief history of techniques applied to the lymphatic system, and then go on to describe the basic anatomy, physiology and pathology of the lymphatic system and its comparison to the blood vascular system. Further objectives are to explain the organisation of the lymphatic system and discuss the main indications and contra-indications to OLT. Mapping, palpations and directions of lymph flow will be demonstrated as well as lympho - fascial release and drainage techniques of the lobes of the liver, the spleen, the trachea, the bronchi, the lobes of the lungs, the pleura, gums, teeth, TMJ and Eustachian tubes.

Dr Chikly is a medical doctor with extensive training in osteopathic techniques and other hands-on modalities. He has researched and published in 2001 a book on the lymphatic system "Silent Waves – Theory and Practice of Manual Lymph Drainage". He is a well-known international lecturer and lives in Scottsdale, Arizona.

Reviews from other courses held by Dr Chikly have been excellent.

UNLOCKING THE CRANIAL MECHANISM



Dr Kenneth J Lossing D.O. (USA)

SATURDAY 14 AND SUNDAY 15 MAY 2005

Dr Lossing will present a post-graduate course based on the principles originating with Dr Robert Fulford, D.O. (among others). "Unlocking" the mechanism is a process where you diagnose and treat "shock" in the membranes, the cranial sutures, nerve plexuses (nervous system) and various spinal regions, using a variety of osteopathic techniques and procedures.

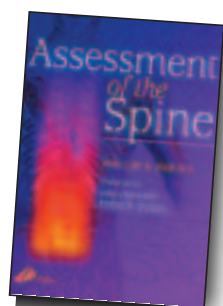
Dr Lossing gave a well attended workshop at the ESO 4th International Conference in June 2004 with excellent reviews from the attendees, and we are confident that he will present a clinically valuable and entertaining course. Dr Lossing is an experienced lecturer, a graduate of the Kirksville College of Osteopathic Medicine and part of the Educational Committee and a CPD Lecturer for the American Academy of Osteopathy.

EACH DELEGATE WILL RECEIVE A CERTIFICATE OF 12 HRS TOWARDS CPD.

For more information and a registration form, please contact Corinne Jones, International and Postgraduate Manager at:

European School of Osteopathy, Boxley House, The Street, Boxley near Maidstone, Kent ME14 3DZ

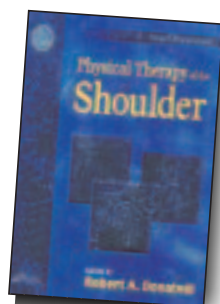
Tel: 01622 671 558 Fax: 01622 662 165 Email: corinnejones@eso.ac.uk



Assessment of the Spine
by Philip S. Ebrall

Published by Churchill Livingstone
ISBN 0 443 07228 0
£29.99 / 317 pages

Reviewed by Alison Leason DO,
Leicester



Physical Therapy of the Shoulder
Edited by Robert A. Donatelli
(4th Edition)

Published by Churchill Livingstone
ISBN 0 443 06614 0
£46.99 / 574 pages

Reviewed by Mark Leason BSc
(Hons) DO, Leicester

This is a thoroughly researched and well documented textbook written by a chiropractor, which at first glance is heavy going and equally weighty to carry, but don't let that put you off.

In three parts, the first covers the procedures and principles involved in assessing the tissues we influence in our daily osteopathic work, starting with a reminder of the importance of looking at and listening to our patients, not just seeing what we think we see. It also reminds us of our duty of care to patients, the importance of using appropriate language and touch in the therapeutic environment and the value of following an ordered sequence of assessment applicable to each patient.

The spinal motion unit and its movements, the spinal lesion with classifications of subluxation and the effects on involved tissues are comprehensively covered and the science of movement includes a visual assessment of posture and comparative anatomical landmarks. Also covered in this section is the assessment of changes within connective tissue, muscles, nerves, blood vessels and lymphatics.

Part two assesses each region of the spine in terms of detailed anatomy and palpatory findings. There are also liberal sprinklings of interesting radiological detail, reminding us that this book is aimed primarily at chiropractors. Useful diagnostic and referred pain patterns are included throughout to broaden our thinking about the tissues we affect and the potential benefits for the viscera and related conditions. The final section covers history taking and clinical record keeping.

Despite the initial, possibly daunting impression, this is a first class reference book for students and experienced practitioners alike. I can honestly say it is the first time I have ever enjoyed reading a spinal anatomy book and I am glad to have it on my shelf.

This is a thorough overview of the shoulder and its conventional treatment and comes complete with CD-ROM. It is divided into five sections:

Mechanics of Movement and Evaluation takes an in-depth look at functional anatomy and mechanics, differential soft tissue diagnosis and injuries caused by throwing. Neurological Considerations covers evaluation and treatment of neural tissue, brachial plexus lesions and the shoulder in hemiplegia. Specific Conditions includes a detailed chapter on visceral referred pain to the shoulder and Treatment Approaches has a mixture of familiar and less well known techniques. As an osteopath, perhaps the most practically useful chapter in the Surgical Procedures section is that outlining rehabilitation of a total shoulder arthroplasty.

There is a plethora of information in this book, but you do have to work pretty hard to get it. Much of the text reads like a scientific paper and is packed with references and abbreviations (for easier reading, an appendix listing the abbreviations and their meanings might have been a good idea). The thoroughness is laudable, but if you are looking for an easy-to-read introduction to the shoulder and its treatment I would recommend you look elsewhere.

To offset the demands made on the reader, the text is liberally supplemented with photographs and diagrams. The CD-ROM has additional features, such as images of a shoulder evaluation with treatment and an animated diagram of the shoulder muscles and how they act during movement (internet connection is required to access the contents in their entirety). All-in-all, if you are willing to make the effort to digest the information provided, I'm sure it will re-pay you handsomely.



Books are available from
Osteopathic Supplies Ltd
Tel: 01432 263939, online shop: www.o-s-l.com



Courses 2005

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

Correction

Please note that, unfortunately, some of the course venues detailed in the last issue were incorrect. We apologise to those concerned and have since rectified this error. Correct course venues can be found below.

How to Treat Chronic Trapezius Myalgia

24 February

Speaker Dr Eyal Lederman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net (website: www.cpdo.net)

Strain-Counter Strain

26 February

Speaker Bob Burge. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 01423 523366,

email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

Integrative Osteopathic Technique: Lumber & Thoracic Spine and Ribs

26-27 February

Speaker Professor Laurie Hartman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Craniosacral Therapy Introductory Weekend

26-27 February

Speaker Michael Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90-92 Pentonville Road, London N1.

Contact: tel: 07000 785778,

email: info@cranio.co.uk

(website: www.cranio.co.uk)

Structural Osteopathic Technique (Part 1): Mid and Cervical Upper Thorax

3 March

Speaker David Tatton. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Enhancing Motherhood through Active Body Awareness

5-6 March

Speaker Christine Van de Putte. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net (website: www.cpdo.net)

Technique – the Female Perspective: Upper Body

10 March

Speaker Fiona Walsh. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net (website: www.cpdo.net)

Medicolegal Reporting

10 March

Speaker Paul Grant. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net (website: www.cpdo.net)

Introduction to Visceral Osteopathy

19 March

Speaker Phil Austin. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 01423 523366,

email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

How to Treat Frozen Shoulder

7 April

Speaker Dr Eyal Lederman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

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

(website: www.cpdo.net)

Introduction to Paediatric Osteopathy Seminar/Open Day at Osteopathic Centre for Children

12 April

Speaker Stuart Korth, Gabriella Conlangelo and Kathryn Elliot. To be at the Osteopathic Centre for Children, Manchester. Contact: tel 0161 277 9911

Osteopathic Approaches in Pregnancy

16 April

Speaker Averille Morgan. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 01423 523366,

email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

Cranio-sacral Therapy Introductory Day**16 April**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact CCST on tel: 020 7483 0120,

email: info@ccst.co.uk

(website: www.ccst.co.uk)

Some New Thinking about Manual Techniques**30 April**

Speaker Laurie Hartman. Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: tel: 01423 523366, email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

Structural Osteopathic Technique (Part II): Thoracic Spine and Ribs**5 May**

Speaker David Tatton. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Appointed Persons' First Aid Course**7 May**

Organised by Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University.

Contact: tel: 01423 523366,

email: mail@open-ed.co.uk

(website: www.open-ed.co.uk)

Integrative Osteopathic Technique: Cervical Spine, CD and UEX**7-8 May**

Speaker Professor Laurie Hartman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

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

(website: www.cpdo.net)

Craniosacral Therapy Introductory Weekend**7-8 May**

Speaker Michael Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90-92 Pentonville Road, London N1.

Contact: tel: 07000 785778,

email: info@cranio.co.uk

(website: www.cranio.co.uk)

Chapman's Reflexes**12 May**

Speaker Phil Austin. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Clinical Nutrition: Introduction to Human Nutrition – Relevance to Manual Therapy Disciplines**12 May**

Speaker Dr Adam Cunliffe. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Osteopathic Neuromuscular "Re-abilitation" (Part I)**14-15 May**

Speaker Dr. Eyal Lederman. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Chapman's Reflexes**19 May**

Speaker Phil Austin. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Clinical Nutrition – Overweight and Obesity**19 May**

Speaker Dr Adam Cunliffe. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Visceral Osteopathy: The Abdomen**21 May**

Speaker Laurence Beckwith. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London.

Contact: tel: 020 7263 8551,

email: cpd@cpdo.net

(website: www.cpdo.net)

Breath of Life Conference**28-29 May**

Speakers Gerda Boysen, Mike Boxhall, H.H. the 12th Gyalwant Drukpa, Hugh Milne, Dr Marshal Rosenberg, Babette Rothschild and Dr Michael Shea.

Organised by the Craniosacral Therapy Educational Trust. To be held at Russell Square, London WC1.

Contact: Conference Administrator, 153 Upper

Westwood, Bradford on Avon, Wiltshire, BA15 2DN,

email: info@conference2005.co.uk

(website: www.conference2005.co.uk)

RECRUITMENT

CRANIAL OSTEOPATH required for Saturdays in Stanford-le-Hope. Must have experience working with children and babies. Great opportunity to build a children's practice within an established and busy clinic. Please send CVs to Mr. P Murphy, Lingwood Clinic, 20 Victoria Road, Stanford-le-Hope, Essex, SS17 0HS

ASSOCIATE WANTED FOR GLOUCESTERSHIRE Osteopathic Practice to work two/three days per week. Position available immediately. Experience in working with the IVM and children preferred. Clinical support given. Please telephone Sarah Stevens (01242) 676762, email: michael@bramley39.fsnet.co.uk "

URGENT – OSTEOPATH REQUIRED. Full time position in joint practice in Skerries Co. Dublin. Visceral and cranial work advantageous, treating a wide range of patients, children, babies, pregnant women, and adults. Interested in learning, sharing knowledge and skills. Please contact jal2003@eircom.net

ASSOCIATE/PURCHASER of practice goodwill in Leicestershire; negotiable over period of years to ease financial burden. Voicemail 07751 355248

ENTHUSIASTIC OSTEOPATH REQUIRED to join multi-disciplinary clinic in Wokingham. Full admin back-up, training sessions, large rooms in period building. Opportunity for employment or associate to build own practice. In first instance please email jwarr@warrclinic.co.uk with initial details and your requirements. Please telephone 0118 978 2409 if you prefer.

LOCUM OSTEOPATH REQUIRED for busy multi-disciplinary clinic in charming coastal town in Devon. Must have good structural & cranial skills, and be experienced with children. Genuine opportunity to stay on as assistant. Starting March. Please ring Gemma on 07811 37778

ASSOCIATE OSTEOPATH REQUIRED for busy multi-disciplinary clinic situated in picturesque market town close to Broads and Suffolk coast. Contact Kathryn Macdonald on 01502 712505

PETERBOROUGH AREA – OSTEOPATH / NATUROPATH needed 2 days per week (to suit) for long established multi-therapy clinic. Need to include 1 late evening. To join team of busy therapists with wide range of combined disciplines. Huge untapped potential for growth. Call Alison on 01487 830877.

ENTHUSIASTIC ASSOCIATE Required beginning of February for friendly, well established, multi-disciplined Lincolnshire practice. 4-5 days between two sites. An interest in I.V.M and children preferable, providing treatment for a full range of ages and conditions. Accommodation available, own transport essential. Interested? Contact Ann Larder, practice manager at Stella Arden Associates 01507 608166 or email CV to ann@broadbank-go-plus.net

PART TIME OSTEOPATH REQUIRED to join established multi disciplinary practice in Hertfordshire. Structural and cranial experience essential. To replace female Osteopath working 2-3 half days /week. To start asap. Please contact practice manager on 07880 701 017.

ENTHUSIASTIC ASSOCIATE REQUIRED for busy, expanding clinic. Excellent communication and management skills will be required to join this patient centred team. We have opportunities to replace departing associate 2 – 3 days per week in Colchester, Essex. 01206 548899 ask for Amanda / Michael.

EXPERIENCED FEMALE OSTEOPATH SEEKS space in established clinic (eg. osteopathic, chiropractic, physio., GP, dental etc.) from which to develop predominantly IVM/Paediatric practice 1-2 days per week. Central, NW, North or West London locations. Contact 0207 4821440

COMMERCIAL

HOLIDAY APARTMENT – NICE (France) Sleeps 2. Quiet, centrally located studio, refurbished in 2004. 2 minutes from main Promenade, easy access from airport (served by Easyjet, bmiBaby etc). £200 pw (including linen and cleaning), shorter lets available. Tel: 0115 948 4141 e-mail: nick@nottinghamosteopaths.co.uk

HARLEY STREET TO LET, Surgery with use of receptionist. Approximately 622 sq.ft., fully exclusive. £461 p/w ono. Tel: 020-7580-4210, 020-7636-5390 or 07733-265-324

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COURSES

ACUPUNCTURE/DRY NEEDLING 11–12 June 2005. Intensive practical dry needling course based on modern neurophysiology by Dr Anthony Campbell in Central London. Introductory and postbasic courses also taught by arrangement on-site at clinics nationwide. Details from Dr Anthony Campbell, 8 Oak Way, London N14 5NN, Tel 020 8368 3418, Fax .20 8368 7560. E-mail: ac@acampbell.org.uk

CONNECTING WITH WORK-RELATED INJURY – Clinical and ergonomic perspectives 12th March 2005. Speaker: Damon Peterson. Organised by Osteopaths For Industry Ltd. To be held in Central Manchester. Contact: 01372 477191 or email: chrisoconnor.ofi@btinternet.com

D F SEMINARS PRESENT: DENTAL ORTHOPAEDICS AND OSTEOPATHY SEMINAR. Working together we can achieve better results. Top practitioners for Multiple Disciplines present 'By Clinicians, For Clinicians' 31 March, 1 & 2 April – Tower Thistle Hotel – London See website for full details: www.dentalorthopaedics.com Or phone Bernadine on 077995 34157

5/6 MARCH 2005 - SMT0 CONFERENCE 2005 with Dr Ben E. Benjamin, USA in Edinburgh. Orthopedic Massage – Common Injuries Workshop. For further details contact SMT0 on 01224 822960 or info@scotmass.co.uk.

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www.intelligentbody.org.uk

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SCC Administration, PO Box 91, NP16 7ZS

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Email: admin@scc-osteopathy.co.uk

Website: www.scc-osteopathy.co.uk

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