

# the OSTEOPATH

The magazine for Osteopaths

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update**

**In Council**

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*International Journal of  
Osteopathic Medicine  
enclosed*



## Fit to practise?

# The General Osteopathic Council

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# Registrar's report

The words 'Fitness to Practise' usually conjure up thoughts of regulation and CPD. For many, this may mean demands on precious time, so less time available for the lighter things of life.

Not so this summer! Why not put your best foot forward and set yourself a new goal in terms of physical fitness. To demonstrate that osteopaths practise what they preach, a fit 'Team



Osteopath' will take part in the British 10k Run, which takes place in London on 3 July 2005. Apart from championing the 'fit to practise' message, participating osteopaths will run in support of a number of children's charities and, at the same time, send a strong message that fit children make for healthier adults. See page 22 for more information on how to take part.

Returning to the more usual connotations: on the regulation side, David Simpson and Gillian O'Callaghan follow up on my feature last month, with more information on the forthcoming Legislative Review consultation and the launch next month of a new *Code of Practice* for osteopaths (see pages 6 and 9).

On CPD, I need to remind you that CPD returns are due, from most of you, by 31 May 2005 (page 12). I imagine the majority of you who have yet to return your annual summaries have completed the required hours, just not the forms. If you are having difficulty understanding how to log the required information, please ring the Development department on exts. 235, 238 or 240. It is better to ask and resolve the uncertainty now, than to lose the moment and not meet the mandatory requirements.

Amazingly, it is time again for the Regional Conferences and, as previously notified, this year the meetings will take place in two series – in the Spring/early Summer and the Autumn. Almost half of you attended last year and we hope to meet and hear from even more of you this year. These consultation events represent an important opportunity for you to shape the profession's future and ensure you have your say concerning the proposed changes to the Osteopaths Act and its subsidiary Rules. We will also be introducing your new *Code of Practice*, which now includes, amongst other things, clearer

direction on consent and confidentiality, a focus of last year's conferences. There is ever more to absorb about running a professional practice and business in today's complex and highly regulated world. The Conferences aim again to assist you in improving the patient experience – enhancing care and minimising any cause for complaint. Very worthwhile CPD perhaps.

A conference booking form has now been sent out to all registrants and is also enclosed with this magazine – please return these as soon as you can to ensure we can accommodate as many of you as possible. (For further details, see page 16).

Another very pleasing development, which I am delighted to welcome this month, is the first issue of the *International Journal of Osteopathic Medicine (IJOM)*, published by Elsevier – your copy is enclosed with this magazine. Together we have seen the *Journal* steadily flourish over the three years the GOsC has invested in a subscription for all UK-registered osteopaths and we are confident that in partnership with Elsevier, *IJOM* will become the stimulus for innovation and advancement in this young profession. On behalf of UK osteopaths we wish all responsible for *IJOM* every success in the future.

The Council for Healthcare Regulatory Excellence (CHRE) has now completed its annual review of all of the healthcare regulators, including the GOsC, as the Government, in the wake of the Shipman Inquiry, looks more broadly at the future of healthcare regulation in the UK.

And finally, it is very encouraging to note that the fitness to practise of osteopaths is now more fully recognised by AXA PPP, as we reported last month. This private medical insurer has reduced its "five years in practice" rule to a minimum of one year's full registration with the GOsC, to reflect the current statutory self-regulation processes (more on page 19).

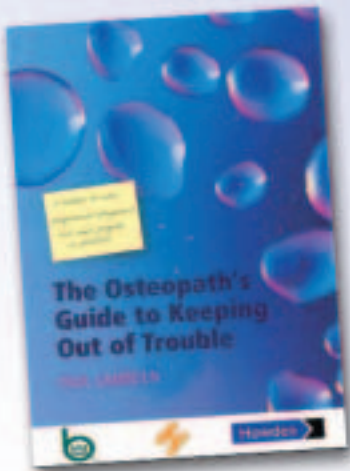
It is heartening to see that the benefits we have all worked hard together to achieve are now paying dividends.

**Madeleine Craggs**  
Chief Executive & Registrar

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# Howden

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# Legislative Review: consultation update

David Simpson, Head of Legal Affairs

## Introduction

The GOsC is a creature of statute. Everything we do at the GOsC is governed by either primary legislation, in the form of the Osteopaths Act 1993 (the Act), or secondary legislation, which makes up our administrative rules (the Rules) governing such matters as registration, professional indemnity insurance requirements, fitness to practise procedures etc. As a general statement, the Act tells us what we can do, and the Rules tell us how to go about it.

The Rules are subordinate to the Act. Rules cannot be drafted unless the Act provides for this, and the content and interpretation of the Rules must be consistent with the provisions of the Act. This means that all Rules (and therefore our procedures) are constrained by the limits of the Act.

In reviewing the legislation, we went back to basics by reconfirming our objectives as an organisation. We looked at what we actually do and identified what we could do better. We then worked backwards by identifying how the Rules need to be changed to allow us to do better, and then looked at the Act to see if it allowed us to change the Rules as desired. Of course, we also looked at the Act as a whole.

This all begs the fundamental question, why is change necessary or even desirable? The answer is that we take our responsibilities seriously and need change to facilitate our effectiveness in today's healthcare regulatory environment. Things have moved on since 1993, when the Act came into force. The concept of good practice has evolved with greater patient awareness and expectation, the Government has taken an increased interest in healthcare, and there has been an accumulation of relevant legislation from Parliament and the EU. Our promotion of the profession of osteopathy is as a 'regulated profession'. If we lag behind other healthcare regulators, osteopaths will be disadvantaged because the reputation of their profession will diminish.

We will consult the profession and stakeholders on the Review before presenting our final proposals to the Department of Health. The consultation process will commence in May and will form part of the programme for this year's Regional Conferences. It will be concerned mainly with four areas of operation; Registration, Fitness to Practise, Constitution and Protection of Title. Constrained by the allowable length of a magazine article, I have selected just some of the main proposals, to give a flavour of the Review.



## Registration

The whole purpose of the registration process is to maintain a register of safe and competent osteopaths licensed to practise osteopathy. Entry on the Register should, as far as possible, be a guarantee to the public that the registrant will provide treatment of a high standard. To facilitate this further, several amendments are necessary to bring us into line with that of other regulators and good practice.

Registration is not just about keeping names on a register. Some of the complexities are set out in the three main proposals for change to the registration process, referred to below. See also the associated feature by Gillian O'Callaghan on page 9.

## The currency of a recognised qualification

1) The Act sets out the conditions of registration, which, quite rightly, require an osteopath to have a recognised qualification (RQ). Council would not wish to undermine its status or the osteopath's achievement in obtaining it. But the intention behind the Act in requiring the RQ must be as a measure of an osteopath's competence at the time of entry to the Register. Modern standards demand that practitioners remain competent throughout their professional lives (hence, the current emphasis on CPD). Whilst an RQ is an indicator of current skill and knowledge at the point of its acquisition, its value as a current indicator will depreciate if the skill and knowledge is not reinforced by practice.

Council believes that the condition of having an RQ should be qualified, so that anyone who fails to apply for registration within a year of qualification, or who spends a year or more off the register should be required to undergo assessment by self-assessment, and then as necessary, interview and an Assessment of Clinical Competence (ACC).

## Provisional Registration

2) Certain registration processes have been overtaken by other legislation. The European Mutual Recognition of Qualifications Directives and their corresponding Statutory Instruments have had a particular impact. These require the GOsC to consider applications for registration from persons who have gained an osteopathic qualification in another EU/EEA State. If the applicant can show that his qualification equates to an RQ, the GOsC must register him. If the EU/EEA qualification falls below the standard of an RQ, the GOsC

must offer the applicant the choice of undergoing an assessment or an adaptation period. The assessment poses few problems for the GOsC but there are ramifications to the offer of an adaptation period.

The adaptation period is defined as, "a period of practice of a regulated profession ...under the supervision of a qualified member of that profession...." (S.I. 1991 No. 824).

This definition suggests that EU/EEA applicants would have to be registered, otherwise they would not be able to practise osteopathy in the UK. Rather than reward a lower level of achievement with Full Registration, Council believes that those undergoing an adaptation period should be given temporary Provisional Registration. This would also help members of the public to distinguish between the different levels of skill and knowledge.

### Right to resign

3) A major failure to protect the public arises from the legislation failing to guard against registrants resigning from the Register to avoid the fitness to practise process. Council considers it important to retain jurisdiction over allegations arising from a person's time on the Register, regardless of whether or not they remain on the Register.

### Fitness to practise

The majority of the proposed changes to the legislation relate to fitness to practise processes. This has been a focus of the Shipman Inquiry and of much attention by the Council for Healthcare Regulatory Excellence (CHRE). On 17 March, the Department of Health announced a further review of non-GMC practitioners, with a focus on fitness to practise.

### Committees merger

1) In common with other leading regulators, the Council proposes to merge the Professional Conduct and Health Committees into a single Fitness to Practise Committee.

The present procedure draws a stark distinction between conduct and health cases but in reality, cases do not always fall neatly into just one category. For example, in one case after a lengthy investigation into an allegation that an osteopath had failed to obtain consent before administering certain treatments to patients, the osteopath entered the defence that any failure on his part to communicate adequately with his patients was due to his suffering from a form of autism.

There were both health and conduct issues in this case. Firstly, whether the osteopath did, in fact, have autism and was disadvantaged in terms of his ability to communicate (health issue), and secondly, knowing that he had such condition, whether he should have taken steps to safeguard his patients (conduct issue).

Further, some osteopaths regard referral to the HC as a stigma and so may not reveal their ill health at an early stage. Others may abuse the process by falsely claiming health issues. If a health issue crops up during a Professional Conduct Committee (PCC) hearing, the hearing must be held in abeyance whilst the issue is transferred to the HC for determination. If the health issue proves false or unrelated to the complaint, the complaint may be referred back to the PCC. This procedure is unwieldy, fraught with delay and open to abuse.

The merger of the PCC and HC functions may improve the GOsC's efficiency in handling complaints, to everyone's benefit, including the genuinely unwell.

### Interim Suspensions Committee

2) Another major proposal is to establish an Interim Suspensions Committee (ISC), with a quorum of three persons. Applications for interim suspensions are currently dealt with by the Investigating Committee (IC), which has a quorum requirement of seven. The ISC should, therefore, be able to meet at shorter notice than the IC.

An interim suspension is a suspension imposed upon an osteopath at any stage in the fitness to practise process before final determination by the PCC or HC. In most instances, it is imposed soon after receipt of the complaint, before it has been fully investigated. Interim suspensions are relatively uncommon but are necessary when there is evidence that the practitioner may be a danger to the public, for example, due to drug abuse, gross incompetence, a predilection for child pornography, etc.

The ISC will be able to impose interim suspensions for a maximum of 18 months, a substantial increase on the two months currently available to the IC. This may sound draconian but, in actual fact, will make little difference to the osteopath, as the PCC may extend the IC's interim suspension for an indefinite period.

At present, the IC is forced into the unsatisfactory position of having to complete its investigation and make its decision whether to refer a case forward to the PCC within two months. The PCC must also meet within this period to extend the interim suspension.

The change is necessary because the most serious allegations are often the most complex to investigate, and can suffer delays of more than two months, pending a police investigation. There is a safeguard for the osteopath. He has the right to apply to the IC for review of the interim suspension if his circumstances change. The IC must also review the complaint within six months, in any event.

### IC powers of disposal

3) It is proposed that the IC should acquire the power to dispose of some complaints, in preference to referring

them to the PCC. Relatively trivial cases may not justify automatic referral to the full rigors and expense of the PCC procedures, but must be addressed effectively. Others are serious but so obviously established (such as a criminal conviction for indecent assault) that the testing of the evidence before the PCC is unnecessary.

The IC would prefer to dispose of first-time trivial complaints by way of letter of advice, which would merely remind the osteopath of the relevant professional obligations.

For other cases, the IC would have the option of issuing an order against the osteopath, but only with the osteopath's agreement. This is, in effect, a way for the IC to say to the osteopath, "We think there is a strong case against you. To save yourself the unnecessary inconvenience of attending a full PCC hearing, you have the alternative of accepting this particular sanction." In every case, the osteopath will have the right to require the complaint to be referred to the PCC.

Incidentally, the insurance providers applaud this approach, as it will save them the expense of providing legal representation at the PCC, and will help to keep down the cost of professional indemnity insurance.

### PCC sanctions

4) The Act, in its present form, obliges the PCC to impose a sanction upon an osteopath if it finds the case against him proved. The Act states that the PCC "shall" take one of the following steps:

- (a) admonish the osteopath
- (b) impose a Conditions of Practice Order (conditions on the osteopath's practice)
- (c) suspend the osteopath from the Register (max. three years for each term or extension)
- (d) remove the osteopath's name from the Register.

The word 'shall' denotes a mandatory requirement. However, after a finding against an osteopath, the osteopath may offer mitigation that reveals compelling reasons why a sanction would not be appropriate. Substitution of the word "shall" for "may" would provide the PCC with a discretion not to impose a sanction at all, in the appropriate circumstances.

5) The range of just four sanctions is considered too narrow for the PCC to express its level of disapproval of the osteopath's conduct while remaining proportional to it. Even conduct that poses no threat to the public may vary widely in its degree of undesirability but because of the current lack of breadth of available sanctions, an admonishment is often the only proportionate response the PCC can make.

Further, this lack of flexibility for the PCC to show degrees of disapproval hinders the public at large from

accurately gauging the seriousness of the particular unprofessional conduct. The PCC would wish to have the option to impose a Reprimand, as a higher sanction than an admonishment.

The PCC would also like to acquire the ability to impose an Immediate Suspension. Currently, any suspension becomes effective only after 28 days of the order, or after the exhaustion of the appeal process, which could be considerably longer. The PCC is forced to apply an Interim Suspension during the intervening period, if necessary for the protection of the public. An Immediate Suspension would avoid the artificial situation of the PCC imposing an interim suspension until the main suspension becomes effective.

### Constitution

Constitutional changes have been proposed that reflect good practice and take account of the Shipman Inquiry Recommendations. The main two are;

#### Committee membership

1) To remove the requirement that (with the exception of co-opted members) membership of the IC, PCC and HC must be drawn from Council members. This measure is to pave the way for Council to make the adjudicatory functions within the fitness to practise arena completely independent of Council members, if it should desire to do so in the future.

Currently, the GOsC investigates and prosecutes complaints. It could also be said to preside over them at the IC, PCC and HC level. If the fitness to practise process ended at the PCC or HC level, this lack of apparent independence would breach the osteopath's human rights. However, the fitness to practise process as a whole is human rights compliant because it allows appeals to the court, which are entirely independent of the GOsC. Nevertheless, there is growing pressure from CHRE to disallow Council members from sitting on fitness to practise panels. The General Medical Council has already divorced fitness to practice adjudication from its Council Members. In the present political climate, it seems just a matter of time before all healthcare regulators will be obliged to follow suit.

#### Staggered elections

2) To introduce a rolling program of elections of Council members. Currently, Council members are elected and re-elected en masse, which potentially means that the acquired knowledge of Council business may disappear in one fell swoop. Rolling programmes of elections would maintain continuity of knowledge during changes of Council membership. In order to achieve this, a transition period would have to be introduced whereby half of the elected members would stand for just two and a half years, instead of the usual five.



## Protection of title

The Act provides for the protection of the title 'osteopath' by creating an offence to describe oneself as an osteopath when not registered with the GOsC. The GOsC has found (predictably), whilst bringing private prosecutions, that defendants tend to claim that the offending description was not made by them but by someone else, whether it be a secretary or website administrator. The courts have not believed that

argument as yet but such arguments may present evidential difficulties in the future. Protection of title would be strengthened if persons were guilty of an offence if they knowingly caused or permitted another to describe them as an osteopath when they were not registered with the GOsC.

I sincerely hope that the content of this article does not dim your enthusiasm for the actual consultation. We look forward to a hearty response this summer.

## Complexities of registration

Gillian O'Callaghan, Registration

The review of the legislation supporting registration has highlighted how complex registration has become. Gone are the single-system days of the transitional period. Now there are many routes to registration, re-registration and removal including:

- Registering with a recognised qualification (RQ)
- Registering from a European Economic Area (EEA) state (this includes all 25 Member States of the European Union plus Iceland, Lichtenstein, Norway and Switzerland)
- Registering from a country outside the UK and EEA with a qualification from that country
- Removal at the osteopath's request (e.g. retirement, working abroad, raising children etc.)
- Removal for non-payment of fees
- Removal as the result of a Professional Conduct Committee sanction
- Re-registering having been removed for non-payment of fees
- Re-registering having resigned
- Re-registering as the result of a Professional Conduct Committee sanction.

All the above require a different approach and pose different questions to be considered. For example, the route to registration with a RQ would appear simple enough. The new graduates have left college, qualification in hand and want to register. At that point in time they are obviously safe and competent practitioners and providing their Criminal Record Bureau (CRB) check and health and character references are okay, they achieve registration.

But supposing they decide to go travelling for a year or two and then want to register – can someone who has not practised since graduation still be considered safe and competent? What length of time would you put on the value of an RQ without some further test of competence before registering this individual?

The GOsC has deemed this to be one year. What is your opinion?

The GOsC is also bound by legislation outside the Osteopaths Act. As part of the EU drive towards an internal market, citizens from other Member States can apply for registration based on a qualification gained in their own country. In other healthcare professions, with a formal structure of training and practice across the EU, there are competent authorities who ratify qualifications gained in the EEA. This is not the case for osteopathy at present. The GOsC is the only regulatory body solely for osteopathy in the EU. The applicant's qualification must be equivalent to that granted RQ status in the UK. The problems do not end there – under current EU legislation, healthcare regulators are not permitted to test for reasonable fluency in the English language. What would your approach be, bearing in mind that the first duty of the GOsC is to protect the public, whilst complying with UK and EU legislative obligations.

The GOsC's policy on applicants from countries outside the UK and EEA, with a qualification from that country, is as follows: an English language test, if successful followed by a written submission in support of their application. If this application is successful, an assessment of clinical competence is carried out in the UK. The GOsC believes that this is a fair method of assessing an overseas practitioner's safety and competence and proposes to incorporate it into the new legislation. Do you think it is sufficient?

One of the major fallouts of the transitional legislation is that there is no route onto the register for someone who gained a UK qualification in osteopathy before 9 May 2000. When the original legislation was drafted it was assumed that everyone would register during a transitional period, lasting

two years. However, the GOsC is now receiving applications from osteopaths who went abroad, never intending to return, or who were for some other reason not practising at the time (e.g. to have a family). It is a controversial topic. The GOsC is proposing that the legislation be changed so that individuals who were eligible to apply and did not, may do so if they have a good excuse for not applying at the time. Do you agree with this proposal?

The requirements for restoring an individual to the register vary according to why they were removed in the first place. The majority are removed for non-payment of fees and are required to pay all outstanding fees and a restoration fee. The amount of extra administration involved in removing and restoring an osteopath is considerable. This is costing you money. Usually, an osteopath is restored to the register on the payment of the fee with no further requirements. It is proposed that a percentage of the fee be applied for restoration, increasing for every month the individual is off the register, up to a period of six months. After that time, the full restoration process is invoked. This will involve a CRB check which can take up to two

months. How punitive do you think the GOsC should be to those individuals who waste our time and your money?

The complexities of these legislative proposals are demonstrated in the following examples:

Someone who has resigned from the Register and is re-applying will be required to complete an application form, obtain a character and health reference and have a CRB check. They will also need to demonstrate evidence of CPD.

If they have been in practice abroad, they will also be required, where possible, to obtain a letter of good standing from the registering body in that country.

If they have been out of practice for over 12 months, they will also need to do a self-assessment of their competencies and attend an interview to see if there are any skills they should improve on before re-commencing practice.

For osteopaths who have been removed as the result of a PCC hearing, the application process is the same as for someone who has resigned, except that they must currently wait ten months before applying for restoration. It is proposed that, in line with other healthcare regulators, this be extended to five years.

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Tel: +44 (0)20 7722 4300 Email: [info@vitacare.co.uk](mailto:info@vitacare.co.uk)

## In Council

Jane Quinnell, Clerk to Council

**Council's 45th meeting took place on Tuesday 1 March 2005 at Osteopathy House, with Nigel Clarke, the Chairman, in the Chair. Matters considered and/or noted included:**

### Fellowship of the Royal Academy of Medicine in Ireland

Dr Richard Rebain, ex-Council member, was congratulated on his election as a Fellow of the Royal Academy of Medicine in Ireland.

### Continuing Professional Development (CPD) Rules

The Head of Legal Affairs was currently considering suggested amendments from the Privy Council and the Department of Health following his submission of the draft CPD Rules.

### Financial matters

The Management Accounts for the ten months to 31 January 2005 were received and noted.

### 2004 – 07 Business Plan and Budget for 2005/06

The Budget was reviewed and considered to represent a proper justification of the costs of activities required to meet the strategic aims and the objectives of Council. The Budget was commended to Council by the Finance & General Purposes Committee and was subsequently ratified by Council for inclusion in the Business Plan.

### Education Committee meetings: observers

Council agreed to divide Education Committee meetings into two sessions so that Part I would consider non-confidential/sensitive matters and would be held in public. Part II would be for confidential and sensitive matters and held in private. Council also agreed that the extent of participation by observers, in a Q&A or comments session, for example, would be a matter for the Chairman of the Education Committee to decide at each meeting. Space for observers is limited and would be allocated on a 'first come, first served' basis with eight spaces being reserved initially for one member from each of the osteopathic educational institutions. Observers' Guidelines would be produced. The agenda for each meeting would be available from the Clerk to the Council (details below) seven to ten days before the meeting and on the website in due course. Education Committee meetings for 2005 are as follows:

(22 March)

23 June

15 September

10 November



### Council for Healthcare Regulatory Excellence (CHRE)

CHRE Performance Review of the GOsC: The draft for this annual exercise was received. Suggestions were made to add one or two further items to the submission and it was noted that the actual Performance Review would take place on 15 March 2005.

Section 29 Costs Orders: Council noted CHRE's interim policy to continue to seek costs orders from the Courts, where CHRE's appeal was upheld, including those cases where a compromise had been reached with the regulator. The Fitness to Practise committees would consider the matter further and Council would review its position at its May 2005 meeting.

CHRE's *What we do* leaflet, the Executive Summary of CHRE's January 2005 meeting and CHRE's work in progress: Council noted these items.

### Legislative Review

The policy decisions required to finalise the consultation document for amendments to the Osteopaths Act 1993, the GOsC (Constitution and Procedure) Rules 1998 and the GOsC (Fraud or Error and Appeals) Rules 2000 were considered. The consultation document will be sent to osteopaths in May 2005 and presented for discussion at the nine 2005 Regional Conferences.

### Chief Executive & Registrar's and the Senior Management Team's Reports

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

### Co-options to Fitness to Practise Committees

Council noted the appointment of ten co-optees to the three Fitness to Practise Committees.

### Committees

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

- Audit
- Communications
- Education
- Finance & General Purposes
- International Affairs
- Investigating
- Practice & Ethics
- Professional Conduct
- Section 32

### Next Council meeting

Tuesday 17 May 2005 at 10.00 am at Osteopathy House. The agenda for the public session will be available on the GOsC website or from Jane Quinnell approximately ten days 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 or email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk) for further information, or if you would like to attend the next Council meeting.

## CPD Annual Summary Forms 04/05

Please ensure that, at this stage, you submit your CPD *Annual Summary Form* only. This is required by **31 May 2005** at the latest. We do not require supporting documentation and any that is submitted will be returned to you directly.

If you require additional forms, please contact the Development department on tel: 020 7357 6655 ext. 238, or download one from our website at [www.osteopathy.org.uk/careers/cpd.php](http://www.osteopathy.org.uk/careers/cpd.php).

## CPD – the forthcoming year

At the end of February 2005, the Registration department sent out registration forms for the coming year to every practitioner on the Register. Within this mail-shot was a reminder about the CPD requirements, together with a new set of forms for your forthcoming CPD year, which is due to commence on 1 May 2005.

If you have not received this pack, or have any queries regarding CPD, please contact the Development department on tel: 020 7357 6655 ext. 238.



### Diploma in Paediatric Osteopathy

The Osteopathic Centre for Children has been training osteopaths in paediatrics since 1991. The next intake for the diploma course will be September 2005. The course is of relevance to osteopaths treating children in general osteopathic practice and osteopaths intending to specialise in the osteopathic care of children.

Applicants must be registered with the GOsC and must have completed a postgraduate Sutherland Teaching Foundation approved course (BSO or SCC) before October. A good UK osteopathic degree (or equivalent) is required. All applicants must provide an enhanced criminal records disclosure.

The two-year course includes pregnancy, birth, child development and common paediatric conditions with specialist units covering delivery, respiration, infection and immunity, orthopaedics, and the central nervous system. Osteopaths must attend the OCC clinic one day a week for the duration of the course and attend the eight weekend seminars. Outcomes are assessed by regular clinical assessment, 5 case reports, a research project, end of year written exams, and clinical vivas.

Closing date 30th June, 2005

### Vacancy – Clinic Assistant (full-time)

This exciting post offers excellent educational opportunities for a new graduate with a keen interest in paediatrics; it has been developed to provide intensive training and experience working with well established experienced teams, and the opportunity to treat children with all manner of complaints. The successful applicant will be enrolled on our two-year postgraduate course with free tuition and time for study. Applicants should see details above on the Diploma in Paediatric Osteopathy for entry requirements.

Closing date 30th June, 2005

For a prospectus and application form please see website [www.occ.uk.com](http://www.occ.uk.com) / Or telephone Sonia Nelson-Cole on 020-7490-5510.

Applications must be submitted by 30th June, 2005

Registered charity number 1003934



# Fitness to Practise update

Kellie Green, Assistant Registrar (Regulation)



Paul Sommerfeld,  
Chair of IC

## Investigating Committee

The 29th meeting of the Investigating Committee (IC), on 2 February 2005, began with a hearing to consider the proposed interim suspension of Mr Alexander Low from the Register, while an allegation against him is investigated.

The IC concluded that the Registrar should suspend Mr Low's registration for the

maximum period of two months, with immediate effect.

The IC went on to consider a total of nine cases at its meeting following the hearing. In one case, the osteopath had pleaded guilty to and had, therefore, been convicted of Assault Occasioning Actual Bodily Harm. The circumstances leading to the conviction in this case were taken into account and the IC concluded there was a case for the osteopath to answer, and referred the matter to the Professional Conduct Committee (PCC). Section 20(11) of the Osteopaths Act 1993 provides for the IC to conclude that there is no case to answer if it considers that the criminal offence in question has no material relevance to the fitness of the osteopath to practise osteopathy.

The IC considered a further eight cases where it was alleged that the osteopaths were guilty of unacceptable professional conduct and/or professional incompetence. In one case the alleged incident had occurred in 1986 and the Committee had sought legal opinion on its jurisdiction, bearing in mind the length of time that had now passed, when considering allegations of professional incompetence. The legal opinion confirmed that the Committee can consider cases of alleged professional incompetence relating to incidents prior to the establishment and commencement of the Osteopaths Act 1993. The Committee, therefore, considered the evidence received from all parties in this case and concluded that there was no case for the osteopath to answer.

In a separate case, the osteopath had failed to respond to the complaint made against him within the required period of 28 days and the case was referred to the PCC. Rule 18(3) of the GOsC Investigation of Complaints (Procedure) Rules 1999 states that if the osteopath fails to respond within the required time (28 days), without good reason, the IC will conclude that there is a case to answer, and refer it to the PCC.

Of the six remaining cases, five were referred to the PCC, as the Committee concluded that there was a case to answer. At its 30th meeting, held on 1 March 2005, the IC considered one case, in which it is alleged that the

osteopath had been guilty of unacceptable professional conduct. The Committee concluded that there was a case to answer and referred the case to the PCC.

Fiona Walsh who has been a member of the IC since her election to Council in May 2001, and chaired the Committee from June 2001 to April 2004, has been appointed to the Education Committee. As the demands of both the IC and Education Committee are high, it is impractical for Council Members to



Fiona Walsh

sit on both Committees and Ms Walsh has therefore stepped down from the IC. Miss Walsh has been a valuable member of the IC and has greatly assisted its development – the GOsC wishes her well in her new appointment.



Anne Jones,  
Joint Chair of PCC

## Professional Conduct Committee

The 11th meeting of the Professional Conduct Committee (PCC) was held on 26 January 2005.

The PCC discussed further the options it has available when it decides to impose a Conditions of Practice Order following a finding of unacceptable professional conduct. In particular, it was debated whether it is appropriate to, and the practicalities of, ordering an osteopath to undertake supervised/mentored practice. As this is being considered in conjunction with the Education Committee, it was agreed that a paper would be drafted setting out the outcomes of the PCC's discussions, for the Education Committee to consider at its next meeting.

The PCC also considered the first draft of a document, currently entitled Indicative Sanctions Guidance, designed primarily as a guide for the Committee to achieve consistency and proportionality when required to apply a sanction, following a finding of unacceptable professional conduct, professional incompetence or when an osteopath has been convicted of a criminal offence. The guide will also be a helpful indicator to the general public and to osteopaths (and their legal representatives) regarding the potential outcome of fitness to practise cases. The Committee will continue a review of this draft document at its next meeting on 8 June 2005.

The draft Fitness to Practise Report for the period 1 January - 31 December 2004 was also considered and the Committee approved the section of the Report relating to the PCC.

The PCC sat on 4 March 2005 to consider a case of alleged unacceptable professional conduct. The matter was brought to the Council's attention by Avon and Somerset Constabulary after the osteopath, was cautioned for the offence of Theft – Shoplifting. The osteopath pleaded guilty to the charges and to conduct that falls short of the standard required of a registered osteopath contrary to section 20(1)(a) of the Osteopaths Act 1993.

The PCC considered the mitigation put forward on (The Osteopath's) behalf and was satisfied that this was an isolated lapse of judgement during a period of emotional distress. It was also noted by the Committee that the osteopath was cautioned and not convicted for this offence. The Committee must choose a sanction proportionate to the offence and the Committee judged the appropriate sanction to be an admonishment.

At the time of writing, 19 cases are waiting for consideration by the Investigating Committee and 8 cases are waiting to be heard by the Professional Conduct Committee, with one case listed for 28 April 2005.



Nigel Clarke,  
Chair of HC

### Health Committee

The Health Committee (HC) sat on 8 December 2004 to review one case where it had previously imposed a Conditions of Practice Order. The Order was imposed for three years with the intention that the conditions be reviewed at the end of the first 12 month period of the Order. Having

taken into account the updated medical reports and the submissions made by the osteopath and his representative, the HC was satisfied that the Conditions of Practice Order remained necessary in this case. However, in light of the recommendations made, the Committee changed the Conditions slightly to reduce the frequency of the medical reports it required from quarterly to six-monthly. The HC plans to review the Order again in September 2006, in accordance with its obligation to review any order three months before its expiry date, as set out in Rule 30(1)(a) of the Health Committee (Procedure) Rules 2000, unless it becomes necessary before this time.



Fionnuala Cook,  
Chair of S32

### Protection of Title (Section 32)

The Section 32 Committee met for the fourth time on 27 January 2005 and received an update on the cases currently being investigated and prosecuted by the Police, Trading Standards and the GOsC.

As reported in last month's *The Osteopath*, the GOsC successfully secured its first private prosecution for Section 32 in February 2005 and a second case is to be heard in Bedford Magistrates Court shortly. The GOsC is investigating other individuals with a view to undertake more private prosecutions in the near future, if necessary.

The establishment and work of the Section 32 Committee has significantly raised the profile of Section 32 within the GOsC and other enforcing authorities. The early direction given by the Committee has enabled effective procedures to be established, which provided for focused investigations and preparation of cases. Real progress has been made in this area of the GOsC's work, which we intend to build upon further.



Cathy Hamilton-Plant,  
Chair of P&E

### Practice & Ethics Committee

The Practice & Ethics Committee (P&E) met on 31 January 2005.

The Council is currently reviewing its legislation (the Osteopaths Act 1993 and Statutory Instruments) and this Committee was tasked with considering aspects of the review that relate to the Council's Fitness to Practise procedures. The Committee discussed proposed changes for the Professional Conduct and Investigating Committees, as well as changes that would apply to the protection of the osteopathic title (Section 32), mediation and review visits. It agreed proposals that will form part of the consultation with the profession, which will take place at this year's Regional Conferences.

The Chairman also reported that the final amendments to the *Code of Practice* had been approved. The *Code* will be distributed to the profession prior to its enforcement on 1 May 2005 and sessions relating to the *Code* will form part of this year's Regional Conferences.

## Welcoming *IJOM*



With this issue of *The Osteopath*, we are pleased to introduce the new *International Journal of Osteopathic Medicine (IJOM)*, launched this month by leading scientific publisher Elsevier.

Plans for the development and re-launch of the *Journal of Osteopathic Medicine (JOM)* to provide a high-quality international forum for osteopathic research, were outlined in the December/January issue of *The Osteopath* (pages 18-19). The GOSc has agreed with Elsevier to extend the original three-year subscription for all UK-registered osteopaths to underpin this vital research development.

The publisher has appointed NCOR Chairman, Prof. Ann Moore, as editorial advisor and will expand the existing editorial team to include a UK editor.

As one of the largest publishing houses in the world, Elsevier is able to ensure a much wider exposure of *IJOM* and osteopathic research and practice. For subscribers, Elsevier plan in due course to increase to four the number of issues per year, and you will also have access to the wealth of wider information available through its ScienceDirect website.

Whether a reader or a researcher, we look forward to hearing your views as *IJOM* matures and, hopefully, flourishes.

## GOSc locum service

The GOSc will shortly be updating its Locum List - a list of osteopaths who are available for locum/assistant work - as it seems that a number of osteopaths remain on the Locum List when they are no longer seeking locum/assistant work.

Over the next few weeks, those listed on our scheme will receive a letter asking them to confirm their details or indicate if they wish to be removed from the List. Please return your responses promptly in order to ensure that the information we provide is up-to-date.

**For more information, contact the GOSc Communications department on ext. 242.**

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## Regional Conferences 2005

The GOsC will launch the 2005 round of Regional Conferences, **'Osteopathy – shaping best practice'**, next month, with the first of nine meetings to be held in Cambridge on 21 May. From the new *Code of Practice* to amendments to the Osteopaths Act, the profession once again finds itself faced with a number of fundamental developments that directly affect the future direction of osteopathy. These issues, and the emerging role of osteopathy in primary care, will form the basis of this year's programme.

As most of you will by now be aware, the Council is currently undertaking a Review of the Osteopaths Act 1993 (*The Osteopath March*, pp. 3, 6-7). Following on from the positive outcome of the CPD consultation exercise, we will adopt a similar format this year, allowing you the opportunity to seek clarification on the proposed amendments to the legislation – see David Simpson's article on page 6. A consultation document will be posted directly to you next month in preparation for the meetings. This document will be discussed in an open forum so that your views and recommendations can help shape the final revisions. Your involvement in this process is vital, as you will be helping to direct the future of the profession.

The new *Code of Practice* for osteopaths will come into effect as of 9 May 2005, bringing the profession in line with modern best practice.

A copy of the *Code* and supplementary guidance will be sent out later this month. The *Code* is an essential tool for your everyday practice and forms the underlying framework for providing best care for your patients. At the Conferences, interactive role plays and an open forum will help you gain a clearer understanding of the revisions to the *Code* in a practical setting.

Osteopathy is facing new opportunities and challenges within primary care and musculoskeletal care is moving up the political agenda. The Department of Health's *Musculoskeletal Services Framework* provides

best practice guidance for PCTs, Trusts and other organisations involved in the provision and commissioning of care. What role will osteopathy play in the management of musculoskeletal healthcare? There will be an open discussion tackling these issues and looking at the demands and expectations for both the profession as a whole, and individual practitioners.

Osteopaths attending this year's full day meetings (9am – 4.45pm) will again be awarded a CPD certificate, which you may wish to count towards your 2005/06 requirements.

The success of the exhibition at last year's events has encouraged us to incorporate it again this year and spaces have been booking up quickly. Last year we were inundated with requests from local societies and osteopaths wishing to hand out flyers promoting regional CPD activities. With the number of Regional



Societies continuing to grow and the Regional Conferences providing the perfect opportunity to promote upcoming events and recruit new members, we have decided to allocate an exhibition space at each meeting to 'CPD initiatives' so that you too can reach your audience and share ideas with your colleagues. Please note, however, that the GOsC will not be accrediting any of the initiatives, nor will we be able to provide production support. **If you are interested in being involved, or wish to distribute information, contact the Communications department on ext. 222.**

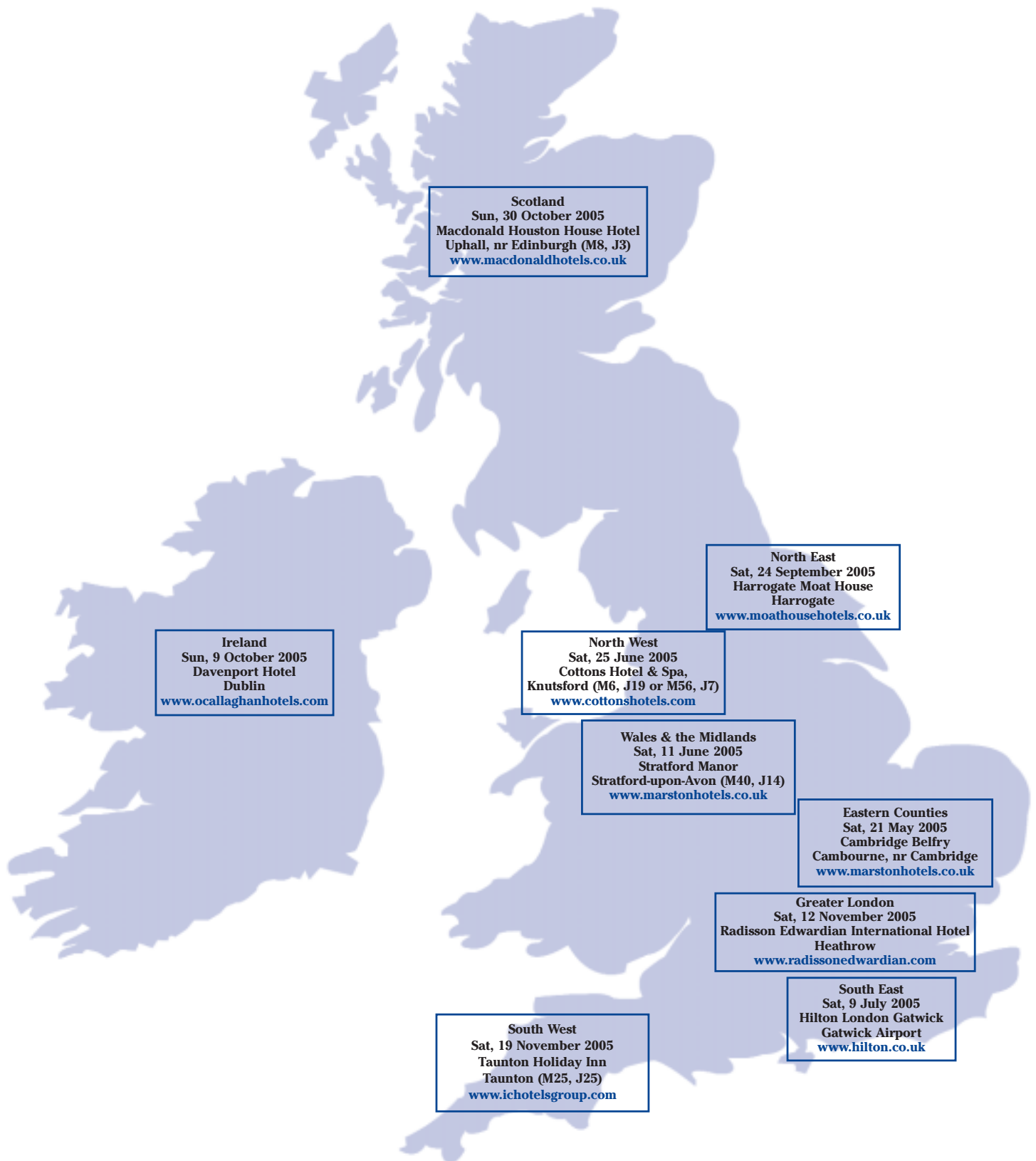
A booking form is enclosed with this month's issue and we recommend that you return your completed form as soon as possible to secure a place at your preferred Regional Conference. On receipt of your booking, a receipt and programme pack, including directions to the venue, will be sent to you.

**For more information, contact the Communications department on exts. 242, 222 or 228. We look forward to sharing another successful season of meetings with you.**





# Regional Conferences 2005



# **Spring 2005 CPD Lectures**

**At the BCOM Frazer House Campus**

## **RECENT ADVANCES IN THE ASSESSMENT & TREATMENT OF THE SACROILIAC JOINT**

**Diane Lee BSR FCAMT**

Diane is an educational and clinical consultant at Ocean Pointe Physiotherapy Consultants in White Rock, British Columbia, and is well known both nationally and internationally for her clinical work on pelvic dysfunction

**27<sup>th</sup> May 2005 6.30pm ~ 8.30pm Cost: £60**

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## **ESSENTIALS OF NUTRITION**

**Thursday evenings 5.30pm-8.30pm June 9<sup>th</sup> to July 7<sup>th</sup> 2005**

Designed for osteopaths & other health care professionals who wish to obtain a sound understanding of the basis of clinical nutrition and its application.

Lectures include:

A history of nutritional science. Energy giving nutrients (macronutrients). The concept of protein and energy balance. Vitamins and minerals (incl. antioxidants and free radicals). Nutrition related disease (inc. Diabetes, CVD and Obesity).

Dietary reference values Assessment of nutritional status.

All sessions will be presented by practising nutritionists and dieticians

Attendees on this course are automatically eligible for enrolment on the ADVANCED NUTRITION course to be run later in 2005

**Full series of 5 sessions - £120 per person**

**For those attending individual sessions, £30 per session**

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All prices include refreshments and lecture notes  
Certificates of attendance available for those engaged in CPD  
For details and to register; download the application pack from  
[www.bcom.ac.uk/courses/cpd](http://www.bcom.ac.uk/courses/cpd)

## Private Medical Insurance update

### AXA PPP healthcare

Last month we reported that health insurer AXA PPP had revised their recognition criteria for practitioners from "5 years in practice" to:

- "A minimum of 1 year full registration with the General Osteopathic Council (GOsC), **and**
- Whose practice is not subject to any special conditions, restrictions or a requirement for supervision or further training, **and**
- Who retains current professional indemnity insurance for the treatments they provide."

To complement these new criteria, AXA PPP has also introduced the following terms of business, with the aim of improving its service to practitioners and policy holders:

- BACS transactions
- Interval payments, including detailed remittance advice
- Dedicated help-lines.

The new criteria took effect from 1 April 2005.

**Osteopaths who wish to be considered for recognition for benefit purposes and are able to meet the criteria given above can contact the Specialist Recognition help-line on tel: 01892 772216, or email: [specialist.recognition@axa-ppp.co.uk](mailto:specialist.recognition@axa-ppp.co.uk) for more information.**

### BUPA healthcare

BUPA healthcare requirements for osteopaths applying for inclusion on this Insurer's practitioner provider register remain unchanged. BUPA require that osteopaths:

- Are registered with the General Osteopathic Council (formal confirmation must be provided by the GOsC).
- Have five years' post-qualification work experience
- Provide two references from either General Practitioners or BUPA recognised consultants, or a combination of these.

**For more information, contact the BUPA Provider advice line on tel: 01784 891245.**

## New Dr Foster CAM website planned

The Dr Foster organisation continues to work towards the launch of a new complementary practitioners' website and there is still an opportunity for interested osteopaths to be involved/participate in this initiative.



The website will again feature an on-line practitioner guide and osteopaths wishing to be included will need to complete the revised Dr Foster questionnaire introduced last December. Further details regarding participation can be obtained from Dr Louise Morgan on tel: 0207 256 4932 or email: [louise.morgan@drfoster.co.uk](mailto:louise.morgan@drfoster.co.uk).

By mid-March, practitioner participation was reported as:

- Osteopaths – 1031
- Acupuncturists – 407
- Chiropractors – 251
- Herbalists – 73
- Homeopaths – 240

The Dr Foster campaign team are planning a high-profile media launch for the new website towards the summer, with the aim of attracting as much publicity as possible. Dr Foster is working with professional bodies to develop the website, which, it

is planned, will include a new homepage, featuring short articles relating to complementary therapy. These will be changed periodically and the first will feature a patient's experience of osteopathic treatment.

In an effort to avoid any confusion, Dr Foster has stressed that the four-part series of articles on complementary therapies, launched on 12 March in the Body and Soul section of *The Times* newspaper has been written independently of Dr Foster and does not form part of this initiative.

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## TIME AND TIDE DEVELOPING PERSON

Friday 1st - Sunday 3<sup>rd</sup> July 2005  
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COURSE TUTOR: IAN WRIGHT

This course has been designed to help Osteopaths with some background working in the Cranial field, to further their palpatory and perceptual skills; to allow the Osteopath to feel texture, tone, fulcrums, patterns of disease and health in the whole body. Each patient has their own story for us to perceive from their tissues. If we can learn this story with precision, we can decipher the key elements to work with. The course is fully residential in groups of no more than 12, based around a series of practices, where each participant will be given the space and supervision to greatly improve their palpatory skills.

Price £500 fully residential.

This course is set in a beautiful location in the foothills of the Knockmealdown mountains in Tipperary, Ireland. (about 1 hour drive from Cork airport which has cheap flights from the U.K.)

Please contact Eileen on 00353 52 25309 for details.



## PhD Audit Centre Studentship £15,000p.a. (4 days per week - £18,750 pro rata)

The British School of Osteopathy is committed to supporting research that enriches the osteopathic profession. We have an opportunity at present to fund PhD study in a relevant area, for an individual who can take on the role of Clinical Auditor within our School. This role will involve developing a range of audits on aspects of service delivery and patient care within the BSO clinics in consultation with the Clinic faculty. It gives an exciting opportunity to ensure the School builds on its reputation for being at the cutting edge of osteopathic research.

We are looking for someone with a broad range of skills – a graduate with at least a 2:1 honours degree in a health discipline with a background in research, combined with IT literacy, communication skills and a high standard of written work for publication.

It is anticipated that the successful candidate will undertake clinical audit work for 60-75% of their contracted hours, with the remaining time studying for their PhD. Further study will be in their own time. The post will be funded for three years in the first instance.

**Closing date: Friday 6<sup>th</sup> May 2005**

Please download an application pack from [www.bso.ac.uk](http://www.bso.ac.uk) or e-mail [recruitment@bso.ac.uk](mailto:recruitment@bso.ac.uk); For further information call Joanne Daly on 020 7089 5303.

We welcome applications from all sections of the community. If you would appreciate information in an alternative format, please tell us when you call for an application pack. All posts are open to job sharing.  
BRITISH SCHOOL OF OSTEOPATHY, 275 BOROUGH HIGH STREET, LONDON SE1 1JE 020 7407 0222



## Make a difference in Sri Lanka

Touched by the devastation in his own country and the plight of children traumatised and orphaned by the recent Tsunami disaster, **Sam Kankanamge** is a London-based osteopath with a mission.

Sam was born and raised in a village in Sri Lanka and moved to London to train at the British School of Osteopathy about 8 years ago. He currently tutors at the Osteopathic Centre for Children and runs a busy West End practice.

"I have had the dual aims of wanting to give something back to the land where I was born, particularly to the children, and to promote osteopathy in Sri Lanka for quite some time. The recent traumatic events were a call to action", reflects Sam, as he talks passionately about his plans to set up a charity clinic in Colombo called the **Lanka Osteopathic Centre for Children (LOCC)**.

The LOCC will be an affiliate of the Open International University in Sri Lanka. The Colombo-based Open International University has been a driving force behind the promotion and training of doctors and complementary practitioners from all over the world and has treated over three million people free of charge.

The LOCC will be staffed initially by western-trained osteopaths looking for an opportunity to learn about another culture for six months and gain extensive experience treating children. They will also have the opportunity to gain a diploma in acupuncture from the Open International University during the course of their stay and explore integrated methods of treating, including ayurvedic medicine. In turn, the charity will provide accommodation and basic living expenses. The charity will also help fund local Sri Lankans to train as osteopaths with the aim of



paving the way to develop the osteopathic profession in Sri Lanka.

A team of experienced postgraduate osteopathic lecturers and integrated medical practitioners have rallied to support the cause. To kick start the LOCC, the team will host a **Paediatric Osteopathic International Conference** in Sri Lanka in

**April 2006.** This will be a great opportunity to make history, being the first ever osteopathic conference held in Asia.

The conference will have a unique combination of specialists from osteopathy, medicine, homeopathy, holistic dentistry, acupuncture and ayurvedic medicine

sharing their knowledge and skills on an integrated approach to paediatric care.

The timing of the conference has been chosen carefully to coincide with the Sri Lankan New Year celebrations which are regarded by the Sri Lankans as the most auspicious time of the year.

"I am hoping the New Year will

mark a point in time when the immediate concerns regarding survival, food and shelter have been met and a deeper level of healing can commence. It will symbolically mark a new beginning for Sri Lankans as they start to put the traumatic upheaval of the Tsunami behind them," explains Sam.

The LOCC will be teaming up with a local orphanage so that children affected by the Tsunami can be helped over the course of the conference. There will also be the option of volunteering an extra half-day to treat children at the Open International University hospital in Colombo.

**For more information on working at the Lanka Osteopathic Centre for Children or attending the conference in April 2006, please contact Sam Kankanamge on tel: 020 8904 8427, or email: [conference@breathoflifeuk.com](mailto:conference@breathoflifeuk.com), [www.breathoflifeuk.com](http://www.breathoflifeuk.com). Further details on the conference can also be found in the CPD resources section on page 39.**



## All talk and no action ?

We have long been aware of the benefits of regular exercise and a healthy diet, with research indicating advantages for both the body and mind. In the face of some alarming reports on the state of the nation's health and the European Commission's plan to address diet and exercise in schools, particular attention is being drawn to the health of children in the UK. Recent television programmes such as *Supersize Kids* and *Jamie's School Dinners* have also highlighted the problems of rising childhood obesity and poor diet, and the potential consequences for health in later life. Indeed, recent statistics also suggest that obesity and decreasing levels of activity amongst adults in the UK are still major contributors to ill health and morbidity. So how do you rate in the fitness stakes? Do you practise what you preach – or do you feel you ought to be doing a little more?

### A team effort

Cathy Hamilton-Plant is an osteopath in Hertfordshire and competed in the London Triathlon last year. She says, "Osteopaths should keep fit not only for their own well-being but also as encouragement for their patients."

On a personal level, one of the many benefits of exercise is an increase in stamina. Osteopaths who literally need to 'think on their feet' can increase their capacity to focus and endure so they will be as fit to treat the last patient of the day as they are for the first. On a professional level, our credibility as practitioners who regularly prescribe exercise will be enhanced if we are seen to regard our fitness as important too. It's hard to expect patients to value our advice if it is seen to be hypocritical."

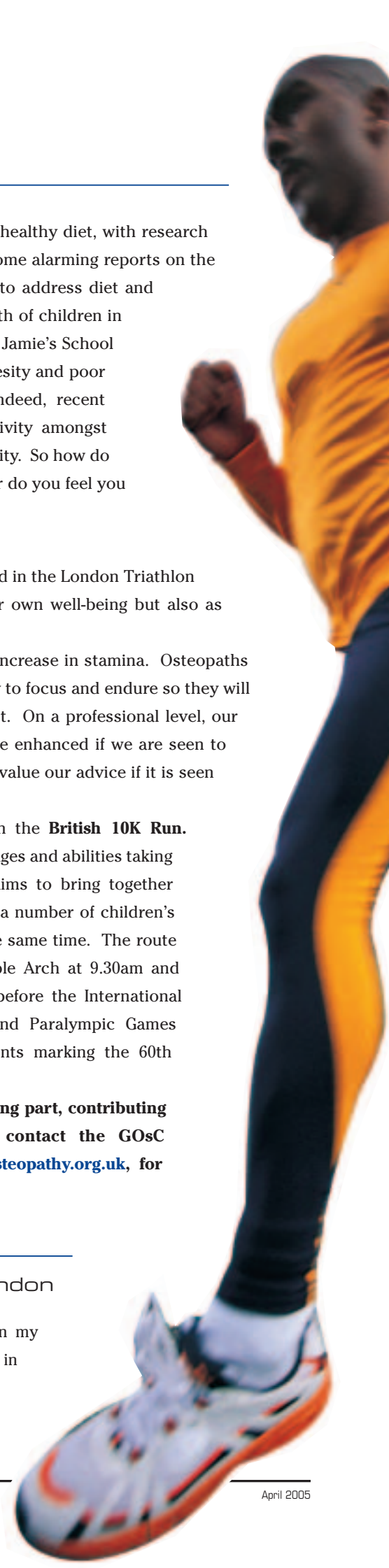
Last month, we invited volunteers to join **Team Osteopath** in the **British 10K Run**. The Run, on **Sunday 3rd July** in London, will see participants of all ages and abilities taking part to raise funds for their chosen charity. Team Osteopath aims to bring together osteopaths and students from around the UK to run in support of a number of children's charities, and demonstrate a commitment to personal fitness at the same time. The route will take runners through the centre of London, starting at Marble Arch at 9.30am and finishing at the Cenotaph in Whitehall. And this, the weekend before the International Olympic Committee decides on a host city for the Olympic and Paralympic Games in 2012. The Run also launches a week of commemorative events marking the 60th anniversary of VE Day.


**Places are limited but still available. If you are interested in taking part, contributing to a good cause and raising the profile of osteopathy, contact the GOsC Communications department on ext. 226 or email: [susanm@osteopathy.org.uk](mailto:susanm@osteopathy.org.uk), for more information.**

## Taking it in your stride

Robin Lansman DO, London

Over the last few years, runners have increasingly consulted me in my capacity as a Sports Injury Osteopath. Many are amateur runners in training for events such as the London Marathon, who have never attempted distance running before. Typically the 'runner' has a





sedentary office job, spending most of their day sitting at a computer screen. They have taken up running to increase their level of fitness and balance out their often stressful working lives.

The range of complaints include knee, ankle, shin and back pain. Often, three to four weeks prior to the race, having been suffering for a few weeks, there comes a stage when the runner starts to contemplate withdrawing from the event. The thought of letting down sponsors and charities can add to their despair.

A common reason for seeking treatment is that they have altered their training programmes in the last few weeks before the race, often after reading about training techniques in one (or several) sports magazines. A change in pace, style or even terrain has put their body under new stresses to which they have difficulty adapting.

My approach is normally to take a more detailed case history, together with treatment to loosen areas of the spine that are stiff, whilst introducing some individually tailored, remedial stretches, which I have developed over the years. Applying heat to muscle groups can also be useful when appropriate. Above all, I suggest that they also return to a programme of training that suits their body and lifestyle so that they can look forward to actually finishing the race.

Ideally runners should consult a professional who will assess their goals and planned training programme and relate them to how their body is functioning, or could function with a little remedial treatment, more effective stretching or cross training. This should allow the best results to be gained from their efforts in the months before the big day.

## Golf, health and you

Dr Kyle Phillpots, Director of Training & Education, PGA

The Professional Golfers' Association of Great Britain and Northern Ireland, the PGA, is launching a new golf health initiative called **pga golf health** in order to address the healthcare needs of the five million golfers who play out of more than two thousand golfing establishments. Those who join this new membership scheme will be able to work with the 5000 PGA Professionals in promoting the health benefits of this lifelong sport. Members will be from the major healthcare professions, with the first group being those from the field of musculoskeletal medicine.

Although thankfully golf is rarely associated with major injuries, the level of health and fitness of golfers will affect their performance and enjoyment of the sport, whether a touring professional or club golfer. The PGA will be providing education and support for the members of pga golf health, with seminars held at the PGA headquarters at The Belfry in Warwickshire, and also regionally to provide local access to the services

The PGA of Great Britain and Northern Ireland is the oldest and most respected PGA in the world and through the golf health section they can help you, the osteopath, add to your armoury of skills and enhance your reputation, as well as promoting the sport of golf.

**Full details of this initiative will be included in the June edition of *The Osteopath*.**



## Evidence based practice – tutorial 4

Carol Fawkes BA (Hons) DO, Research Development Officer

### Jargon in research

One of the most daunting aspects of reading scientific papers is the amount of jargon they contain. You have probably already acquired a substantial amount of jargon in your professional life, but having mastered this you are now faced with a large volume of other unfamiliar terms. Trying to find the true meaning of research jargon by consulting textbooks can be a very time-consuming and frustrating process; one book never has all the terms you want or need. This article is designed to save time and give a basic introduction to terms commonly used in research papers. A series of articles will be published in successive issues of *The Osteopath* to provide an A-Z of commonly used research terms. Jargon can often add mystique to a subject, but that can also result in fear and apprehension. The aim of these articles is to demystify the field of research. This month covers A–C.

#### A

**ABSOLUTE RISK (AR):** The risk of having a disease. If the incidence of a disease is 1 in 1000, the absolute risk is 1 in 1000 or 0.1%.

**ABSOLUTE RISK REDUCTION (ARR):** The arithmetic difference between the rates of bad outcomes in experimental and control participants in a clinical trial.

**ABSTRACT:** An abbreviated summary of a research report, generally found at the beginning of the report.

**ADVERSE EVENT:** An untoward occurrence in a patient or subject who is receiving any type of treatment. This may or may not have a causal relationship with the treatment.

**AMED:** The Allied and Complementary Medicine Database, accessible using an Athens password.

**ANONYMITY:** The identity of the research participant remains unknown and is not linked with the information provided by the participant. (Doordan, 1998)

**ASSOCIATION:** A relationship between objects and variables.

**ATTRITION:** The loss of sample members over time from a longitudinal study or from experimental research with follow-up tests.

**AUTONOMY:** The capacity to think, decide and act on the basis of such thought and decision freely and independently and without let or hindrance. (Gillon, 1985/1986)

**AVERAGE MEASURES:** There are three main measures of average for a set of numerical data: the mode, the median and the mean.

#### B

**BANDOLIER:** An independent journal about evidence-based healthcare written by Oxford scientists, <http://www.jr2.ox.ac.uk>

**BASELINE:** A phase in an intervention study when a participant is receiving no intervention.

**BENEFICENCE:** The duty to do good and to prevent harm. (Seedhouse, 1998)

**BIAS:** An influence that distorts the results of a research study. For example, in a questionnaire bias could be introduced by inappropriately framed or leading questions. This has an effect on the research outcome and may reflect the partiality of the researcher.

A biased sample is not representative of the true composition of a population being investigated. Bias is also the deviation in one direction of the observed value from the true value of a construct being measured. This is different to random error.

**BLINDING:** The method of concealing the allocation of a sample of people, for example, to either an experimental group or a control group during the research process. This concealment can be from the individuals involved in the research process (single blind), or from both researchers and research participants (double blind).

#### C

**CARER:** Anyone, irrespective of age, whose life is in some way restricted because of the need to take responsibility for the care of a person who has mental health problems, learning disabilities, is physically disabled or whose health is impaired by sickness or who is elderly and frail. (Carers National Association, 1998)

**CASE:** A single unit in a study. This can include a patient, or a setting, for example a teaching clinic, a hospital or a private practice.

**CASE CONTROL STUDY:** A study which involves a series of patients with an outcome of interest (for example OA of the knee joints) and control patients without the same outcome



(in this case, no OA of the knee joints) and looks back to see if they had the exposure of interest (for example playing squash).

**CASE SERIES:** A report on a series of patients with an outcome of interest. No control group is involved.

**CASE STUDY:** A research method which focuses on the circumstances, dynamics and complexity of a single case, or a small number of cases.

**CAUSAL EXPLANATION:** An attempt to explain the occurrence of a particular phenomenon or event by identifying the cause.

**CAUSAL HYPOTHESIS:** A statement predicting that one phenomenon will be the result of one or more other phenomena that precede it in time; for example: low back pain will be brought on by heavy lifting using inappropriate posture and technique.

**CAUSAL RELATIONSHIP:** Where observed changes, or the effect, in one variable are due to earlier changes in another variable.

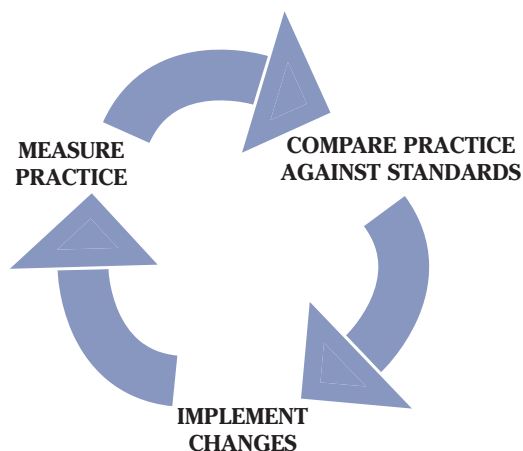
**CENTRAL TENDENCY:** The central tendency of a frequency distribution is the average, middle or most common score. Measures of central tendency include the mean, the median and the mode.  $\bar{x}$

**CHI-SQUARE (  $\chi^2$  ):** A statistical test frequently used with categorical data. It is often based on a comparison of the frequencies observed and the frequencies expected in various categories.

**CINAHL:** The Cumulative Index to Nursing and Allied Health Literature, accessible using an Athens password.

**CITATION:** Acknowledging or documenting a reference source used in preparing an assignment, report or project. Also described as 'documentation'. A full citation lists accurate information about author, title, publication date and related facts. There are a number of different citation styles.

**CLINICAL AUDIT:** This is the systematic and critical analysis of quality of clinical care, including diagnosis and treatment, use of resources, outcome and quality of life for patients. Audits are carried out to ensure that the quality of clinical care meets acceptable standards.



**CLINICAL PRACTICE GUIDELINE:** A systematically developed statement designed to assist clinician and patient decisions about appropriate healthcare for specific clinical circumstances.

**CLINICAL RESEARCH:** The study of therapies, biological agents or devices in human subjects with the intent to discover potential beneficial effects and/or determine its safety and efficacy. Also known as clinical study or clinical investigation.

**CLINICAL SIGNIFICANCE:** The clinical significance of a research finding is the extent to which that finding is clinically meaningful. This should not be confused with statistical significance. A research finding can be statistically significant but have little or no clinical meaning.

**CLINICAL TRIAL:** An experimental investigation where the participants are patients.

**CLOSED QUESTION:** A question where the respondent chooses from a set of predetermined answers; for example: How old are you? Under 15, 16-25, 26-40, over 40.

**CLUSTER:** A sample unit that consists of a group of elements.

**CLUSTER SAMPLING:** Probability sampling where groupings (clusters) are selected and samples are chosen from the clusters.

**COCHRANE:** Cochrane reviews are a regularly updated and highly regarded source of evidence about the effects of healthcare interventions. One of the key components of the Cochrane Library is the Cochrane Database of Systematic Reviews. A Cochrane Controlled Trials Register (CCTR) also exists. The Cochrane Library can be found at: [www.update-software.com/cochrane/cochrane-frame.html](http://www.update-software.com/cochrane/cochrane-frame.html)

**CODING:** Assigning codes to each category of a variable, for example to different patients in an experimental group. Codes are usually numerical.

Coding is also a qualitative method of analysis of materials such as interview responses, where categories are formed and their interrelationships are examined.

**COERCION:** The use of threats or rewards beyond the scope of the research to persuade people to participate in a research study. (Doordan, 1998)

**COHORT STUDY:** The study of a population that has a common experience or characteristic which defines the sampling; for example: people born in the same year, or with a scoliosis.

**COLLABORATION:** Research in which service users and carers are active partners and share some of the responsibilities and control. The opinions of service users and carers have equal weight with those of professionals and there is collaboration at every stage of the research process. (Royle et al, 2001)

**CONFIDENCE INTERVAL (CI):** This quantifies the uncertainty in a measurement. It is usually reported as 95% CI, which is the range of values within which we can be 95%

sure that the true value for the whole population lies. The CI gives a measure of the precision (or uncertainty) of study results for making inferences about the population of all such patients. The CI approach places a clear emphasis on quantification, in direct contrast to the P values which arise from the significance testing approach.

**CONFIDENTIALITY:** Protection of the identity of human participants and their individual responses from disclosure. (Doordan, 1998)

**CONFOUNDING FACTOR:** An extraneous factor, i.e. a factor other than the variables under study, which is not controlled for and can distort the results. An extraneous factor only confounds the results when it is related to the dependent and independent variables under investigation. It makes them appear connected when, in fact, their association is spurious. For example, smoking can be seen as a confounding factor in many studies on HRT and increase of blood clotting; it can be taken into account when examining the relationship between hormones and blood clotting (the dependent variables), but it is not directly related to them.

**CONSENT:** The process whereby a patient freely agrees without coercion or pressure to be involved in a research project. Consent can only be given when a full explanation of the process, potential risks and rewards has been given to the patient and presented to them as a formal document in a form they are able to understand (if necessary, translated into another language, Braille or auditory version). Written consent is required from all participants in a research study. If this cannot be given by the patient involved, it can be given by a legal representative, guardian or other responsible appointed adult at the participant's behest.

**CONSULTATION:** Service users and carers are asked for their opinions or views. These are then taken into account but are not necessarily used. Service users and carers are seen as consultants who may have some influence but no control over the research. Once consulted, the service users and carers are no longer involved and may not hear the research results. (Royle et al, 2001)

**CONSUMER:** An individual who reviews and uses research findings in education, research or practice. Consumers could include patients, carers, other users of services, organisations representing service users' interests, colleagues, students or others. (Doordan, 1998)

**CONSUMER INVOLVEMENT:** An active partnership between consumers and researchers in the research process: doing research with consumers rather than to, about or for consumers. (Hanley et al, 2000)

**CONTENT ANALYSIS:** The systematic analysis of observations obtained from records, documents and filed notes.

**CONTENT VALIDITY:** The extent to which a test or

assessment matches the real requirements of the situation.

**CONTINGENCY TABLE:** A method of presenting the relationship between two categorical variables in the form of a table.

**CONTINUING MEDICAL EDUCATION (CME) and CONTINUING PROFESSIONAL DEVELOPMENT (CPD):** A mandatory requirement on all healthcare professions to promote personal and professional growth relevant to the individual concerned.

**CONTINUOUS DATA:** Data with values that do not fall into discrete categories, or cannot be measured exactly, for example measures of temperature, height and mass.

**CONTRAINDICATION:** A specific situation that will cause the administration of a treatment to be harmful to a person.

**CONTROL EVENT RATE:** The proportion of patients in a control group in whom the event is observed.

**CONTROL GROUP:** The group in an experimental process that is not exposed to an intervention/treatment. This group can then be compared to the experimental group receiving treatment to study the effects of the intervention.

**CONTROL VARIABLE:** A variable used to test the possibility that an empirically observed relationship between an independent and dependent variable is spurious.

**COREC:** Central Office for Research Ethics Committees. All research projects are submitted to COREC before they are commenced, for approval and comments. They can be found at [www.corec.org.uk](http://www.corec.org.uk)

**CORRELATION:** A standardised measure of linear association between two variables.

**CORRELATION COEFFICIENT:** A statistic designed to measure the size and direction of the association between two variables. The values vary between 0 and  $\pm 1$ .

**CORRELATIONAL STUDIES:** Studies concerned with investigating the association between variables.

**COST-BENEFIT ANALYSIS:** Assesses whether the cost of an intervention is worth the benefit by measuring both in the same units. Monetary units are also used. Can also be used as an assessment of efficiency.

**COST-EFFECTIVENESS ANALYSIS:** Measures the net cost of providing a service as well as the outcomes obtained. Outcomes are reported in a single unit of measurement. Comparisons can be made with other services for an assessment of efficiency.

**COST-MINIMISATION ANALYSIS:** If health effects are known to be equal, only costs are analysed and the least costly alternative is chosen.

**COST-UTILITY ANALYSIS:** Converts the effects of a treatment into personal preferences, or utilities, and describes how much it costs for some additional quality gain.

**CRITICAL APPRAISAL:** The process of assessing and interpreting medical research results systematically, paying particular attention to their validity and relevance.

**CRITICAL THEORY:** In qualitative research, critical theory explains how personal meanings and actions are influenced by a person's social environment.

**CRITICAL VALUE OF A STATISTIC:** The value of a statistic (obtained from appropriate statistical tables) that a calculated value for a given result must exceed in order to attain statistical significance.

**CROSSOVER STUDY DESIGN:** The administration of two or more experimental therapies one after another in a specified or random order to the same group of patients.

For example:

- GROUP 1 Treatment 1 Washout period Treatment 2
- GROUP 2 Treatment 2 Washout period Treatment 1

**CROSS-SECTIONAL STUDY:** The observation of a defined population at a single point in time or time interval. Exposure and outcome are determined simultaneously.

### Forthcoming conferences:

"Diversity and Debate in Alternative and Complementary Medicine: the 2nd international academic and experiential conference for researchers and practitioners". Nottingham University, 28th June – 1st July, 2005. Organised by the Alternative and Complementary Health Research Network. (Deadline for submission of abstracts: 14 March 2005.)

"Developing Research Strategies" Thursday 28 April, 2005. Hotel Ibis, Southampton. (Closing date for abstracts: 14 March 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 telephone: (02380) 241073.

"12th Annual Symposium on Complementary Health Care", Exeter. Monday 19 to Wednesday 21 September, 2005. To register your interest, please contact Barbara Wider (b.wider@exeter.ac.uk). **Closing dates for submissions: 1 June 2005.**

2nd International Conference on Movement Dysfunction, in Edinburgh: "Pain and Performance: Evidence and Effect". 23-25 September, 2005. (Call for papers deadline: 15 January 2005.) Details at [www.kcmacp-conference2005.com](http://www.kcmacp-conference2005.com) or tel: 01865 373625.

"The 6th International Conference on Advances in Osteopathic Research (ICAOR)" at the British College of Osteopathic Medicine, London. 31st March to 2nd April 2006: **Abstract submission date: 1 September 2005.** For further advice on submissions visit [www.bcom.ac.uk/research/icaor6.asp](http://www.bcom.ac.uk/research/icaor6.asp).

### Journal scan of research relevant to practice:

Olsen O-E, Engebretsen L, Holme I and Bahr R. **Exercises to prevent lower limb injuries in youth sports: cluster randomised controlled trial.** BMJ 2005; 330: 449 (26 February).

This study examined the effect of a structured warm-up programme designed to reduce the incidence of knee and ankle injuries in young people. The study population of 1837 young people aged 15-17 years was selected from 120 team handball clubs in Norway; 958 players (808 female, 150 male) in the intervention group and 879 (778 female and 101 male) in the control group. The intervention was in the form of a structured warm-up programme to improve neuromuscular control, balance, strength, running, cutting and landing techniques. 129 knee and ankle injuries occurred in the control group and 81 in the intervention group. There were fewer injured players in the intervention group than in the control group, thus showing that a structured programme of warm-up exercises can prevent acute knee and ankle injuries in young sports players.

Stenson WF, Newberry R, Lorenz R, Baldus C and Civitelli R. **Increased incidence of celiac disease and need for routine screening among patients with osteoporosis.** Archives of Internal Medicine 2005; 165:393-399.

An evaluation was made of 840 individuals (266 with osteoporosis and 574 without) from the Washington University Bone Clinic by serological screening for celiac disease. Subjects with positive serological tests for antitissue transglutaminase or antiendomysial antibody were referred for endoscopic intestinal biopsy to confirm the diagnosis of celiac disease. Subjects with positive diagnosis for celiac disease were then treated with a gluten-free diet and followed up for improvement in BMD (bone mineral density). The researchers found that the prevalence of celiac disease was higher in osteoporotic than in non-osteoporotic (3.4% to 0.4%) subjects. The researchers concluded that this higher incidence of celiac disease in osteoporosis patients justified a recommendation for serological screening of all osteoporosis patients.

**Guidelines: Minimally invasive two-incision surgery for total hip replacement.** Details about the methods employed during this procedure and the advice given to patients can be found at [www.nice.org.uk/pdf/ip/IPG112publicinfo.pdf](http://www.nice.org.uk/pdf/ip/IPG112publicinfo.pdf)

### And finally...

A shaggy dog story: Researchers at the University of Texas have found that dogs have personalities and should be matched with their owners' personality

# OSCA MSc 2005 course review

Ian Whyte, Osteopathic Co-ordinator

Plan, do, and review are standard procedures in the educational world and so after planning and doing, it was time for reviewing. The OSCA MSc in osteopathic sports care is now in its second academic year and with the feedback from students and lecturers alike, it was time to reflect on the course so far.

Some aspects have worked very well while others have not. The main thinking in the resulting discussions was how and where osteopathy fits into the whole field of sports care. All the medical disciplines are represented in sport these days with no particular discipline being utilised in isolation. There is, therefore, a great need for us to be able to communicate to sports participants, trainers and medical personnel about what part osteopathy can play.

As a result, it was decided to re-model two of the five taught modules in the course. The 'Osteopathic

Concepts in Sport' and 'Osteopathic Evaluation and Management in Sport' modules will become 'The Role of Osteopathy' in Sport 1 and 2. The new modules will retain some aspects of the originals and new areas will also be introduced.

Thanks are due to the lecturers, who have devoted much of their valuable time to develop the course, and also to the unsung heroes, the students themselves, for their comments and feedback and who have been boldly going where no osteopath has gone before!

**Applications are welcome for the new academic year, with the first module beginning the weekend of 1-2 October 2005. (Closing date for applicants: 31 September 2005) Address to: Ray Lloyd (Course Leader), Headingley Campus, Leeds Metropolitan University, Leeds, LS6 3QS or e-mail: [r.lloyd@leedsmet.ac.uk](mailto:r.lloyd@leedsmet.ac.uk).**

Private Practice Software - v4.0

File Edit View Client Appointments Activities Accounts Tools Help Window Diary

January 2005

PPS Appointments Diary

New Modify Delete Block Event Booking Search FREE Refresh

09:00 Mr J. Gennard  
09:30 Mrs R. Watley  
10:00 Mr J. O'Connell  
10:30 Mr A. Frost  
11:00 Mr M. Underwood  
11:30 Mr B. Vane  
12:00 Mr P. Vane  
12:30 Mr G. Vassenden  
13:00 Mr P. Vassenden  
13:30  
14:00 Mr S. Leggett  
14:30  
15:00  
15:30  
16:00

10:00 Mr D. Bradshaw  
10:30 Mr G. Forley  
11:00 Mr S. Donohoe  
11:30  
12:00 Mr T. Thurgate  
12:30 Mr B. Elliott  
13:00 Mr W. Argent  
13:30 Mr M. Shilton  
14:00  
14:30 Mr B. Weston  
15:00 Mr J. Taylor  
15:30  
16:00 Mr J. Doherty (Wheelchair Access)  
16:30  
17:00 Mrs H. Frankland  
17:30 Mr B. Shaw  
18:15 Mr M. Andrews  
19:00 Mr T. Lewis  
19:30 Mrs H. Prendergast

10:00 Mr A. Burton  
10:15 Mr E. Watson  
10:30 Mr J. Evans  
10:45 Mr J. Barclay  
11:00 Mr R. Basham  
11:15 Mr R. Neophytis  
11:30 Mr V. Newton  
11:45 Mrs J. Bennett  
13:00 Mrs S. Parnes  
13:30 Mr B. Campbell  
14:00  
14:30 Mr J. Davis  
15:00 Mr J. Wright  
15:30  
16:00 Mrs R. Higgins  
16:30

10:00 Mr J. Smith  
10:15 Mrs E. Harris  
10:30 TEACHING - 45min  
10:45 Mr J. Watson (FULL ASSESSMENT)  
12:15 Mr J. Green  
12:30 Mr J. Watson  
13:00  
13:45 Mr A. Chant  
15:00 Mrs M. Dooly  
15:30  
16:00 Mr T. Tisdale  
16:30 Mr T. Resmont  
17:00 Mr M. Smith  
17:30

Client  
Consultation  
Accounts  
Appointments Diary  
Activities

PPS Task List for Alan Davies

Task	Due Date	Time
Call PPS today to order the FREE Demo CD	14/01/2005	14:00
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and free task list, plus the many other	14/01/2005	14:00
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## Western Counties Society of Osteopaths 2005 Annual Conference

Anita Hegerty BSc PhD DO, Dorset

The Western Counties Society of Osteopaths is pleased to announce that the 2005 Annual Conference will be held on **Saturday 18 and Sunday 19 June** at the **Saunton Sands Hotel**, nr Barnstable, North Devon. We have again aimed to develop a programme of clinical relevance, which will this year focus on paediatrics and other related topics. Some of the speakers will include:

**Mervyn Waldeman**, on classical bedside technique for the treatment of acute infants, adults and the elderly.

**Prof. David Nutt**, giving an insight into modern advances in the understanding of the brain.

**Averille Morgan**, explaining her unique approach to common ailments in pregnancy and optimal foetal positioning.

**Further details of the programme are available on our website – [www.wcso.co.uk](http://www.wcso.co.uk). Anyone interested in attending should contact Anita Hegerty on tel: 01935 817442, or email: [secretarywcso@tiscali.co.uk](mailto:secretarywcso@tiscali.co.uk).**

And for the avid golfer, don't miss the chance to swing it with the best of them at **The Western Counties Cup** golf tournament which will take place in **Ilfracombe** on **Friday 17 June** – 12.30pm start. Be advised that places are limited so you will need to book soon.

**To take part, contact Jon Wills on tel: 01872 222701 or e-mail: [jon@jonwills.wanadoo.co.uk](mailto:jon@jonwills.wanadoo.co.uk).**

## Osteopaths @ Worcester

### February meeting

Elizabeth Launder BSc Ost, Gloucestershire

**Tim Oxbrow** returned to Worcester to present his ideas on tissue memory to 30 diehards on 19 February. I say diehards, as we were ready and anxious for knowledge at 9am on a Saturday morning in Droitwich – no metropolis by any stretch of the imagination. The 'graveyard' afternoon slot still held our attention, with **Jane Field** giving a fascinating talk on primitive reflexes. Considering one nearly always has to trog to London for a speaker of merit, it was a treat to have two such speakers so close to home.

Tim's talk was a revision of the information on the plasticity of pain presented to us last year, and as such, followed Prof. Frank Willard's presentations of 2003. Corticalisation of pain is an important concept for us as osteopaths and Tim provided much food for thought. He had, however, threatened us with some developments

in the use of this information within osteopathy, which clearly he will have to return to present.

Primitive reflexes had clearly passed me by, so Jane Field's talk on neurodevelopment in children and the behavioural/physical manifestations of retained reflexes in both children and adults had me wanting to rush home and test my children and all those tricky patients.

#### Forthcoming meetings

**Thursday 12 May**, 7pm – 10pm – MRI of the Lumbar Spine, Education Centre, Kidderminster Hospital, **Dr UL Udeshi**, Consultant Radiologist

**Thursday 7 July**, 7pm – 10pm – MRI of the Shoulder, Linton House Clinic, Cheltenham, **Dr UL Udeshi**, Consultant Radiologist

**Each event will cost £30 including refreshments. For further details, or to book a space, contact Sue Brazier on tel: 01905 831495.**

## Helping hands required

Robert Simmons BSc Ost DO, Middlesex

Thank you to those who responded to my original appeal for members. There has been plenty of encouraging, verbal support, but unfortunately, a lack of interest in the meetings. The Societies will, in the future, be able to support and focus our needs and interests, for the benefit of the osteopathic community in Surrey and Hants. We are stronger as a group than as individuals, yet small enough to deal with individual needs more effectively.

However, I do need more active support with venues, speakers and ideas etc. There are smaller groups in the two regions and I invite them to join us.

**If you feel that you would like to join either group and can spare some of your valuable time, I would be most grateful. Please feel free to contact me on tel: 01932 770601.**

## London Osteopathic Society

### Pilates in practice

Tony Longaretti DO, London

LOS members were very fortunate in having **Alan Herdman (pictured right)** to discuss and demonstrate the Pilates exercise method with them on Tuesday 3 March at the University of Notre Dame. Alan was instrumental in bringing its philosophy and techniques from New York, where he studied, to the UK in 1970.



Pilates has been widely adopted in recent times, not only as a key part of people's exercise regimes, but also as a remedial technique for specific problems. However, as not all teachers are trained to deal with both objectives, it is necessary to choose your instructor carefully. Owing to its growing popularity, many people have decided to jump on the bandwagon, so it is advisable to ensure your instructor has completed a full training course – 20 hours per week for a year.

In 'mat-work' class, the teacher must recognise the limitations of the people they are instructing, which can be difficult in a room of 25 people. Alan restricts his classes to a maximum of ten, sometimes less, and prefers to work continuously over a period of weeks in order not to disturb their equilibrium.

It is recommended that the individual visit the studio beforehand, simply to observe, so they know what to expect and can become comfortable with the tactile way of working. In this setting it is established whether there are any injuries and any advice given by their therapist is taken into consideration. The individual's first class is being formulated as soon as they walk through the door, particularly by observing posture – sitting, standing and walking – and by conducting a standing assessment from all sides. (We were reminded of some of our own methods during the course of the evening.) Alan checks spinal motion with a forward roll, with bent knees if flexibility is reduced, and a backward arching to assess the thoracic spine.

#### Core stability

'Core stability' results from putting the pelvis where it belongs, held but not locked, with a balancing of the surrounding musculature. Footballers commonly suffer from hamstring and groin strains because they run with their knees bent which over-strengthens the quads and pulls the pelvis forward. Their gluteals have to be strengthened to redress the balance. A typical

strengthening sequence in this scenario is gluteals/ adductors/ hamstrings/ latissimus dorsi/ abdominals.

A bad case of exaggerated lumbar lordosis will be due to weak musculature, so emphasis is placed on getting the appropriate muscles working, in the order of: gluteals/ hamstrings/ adductors/ abdominals (transverse/ oblique/ rectus)/latissimus dorsi. This can vary according to the individual needs of the client.

#### Pelvic floor



To help restore the pelvis to its correct position it is necessary to tighten up the pelvic floor – a structure common to both women and men. Undesirable recruitment of incorrect muscles is avoided by refinements to the technique. In this example, use of the gluteals is prevented by having the client perch on the edge of a chair with thighs abducted. With hands

resting on thighs, they pitch forwards and then tighten the pelvic floor muscles. Those with poor posture, backache or who are pre- or post-operative are suitable for this exercise, while those with a disc bulge or hip replacement and pathologies such as osteoarthritis will not be improved by this action.



#### Supine position

The client is usually positioned on a padded bed or mat with plenty of pillows available to ensure that certain areas, such as the neck, are not placed under too much stress (not

shown). The basic supine position is similar to that used in the Alexander Technique with the knees bent, and is ideal for strengthening the abdomen. At first the client is asked to focus on the navel and to inhale, and on the out-breath they draw the abdomen towards the ground and pull up on the pelvic floor. Breathing practice conducted in this position can help to increase lung expansion. Now a single leg slide is introduced, the heel maintaining



contact with the bed, and when performed comfortably the arm can be taken back synchronously. Then the leg can be allowed to float up and a pelvic tilt added with no squeezing, taken as far up as the thoracic spine, depending on the spinal capability of the particular client. In most exercises, the effort is made on the out-breath.



### Side-lying position

The side-lying position is suitable during pregnancy or following back surgery. The stomach is allowed to fall forwards and on exhalation, the abdomen is pulled back.

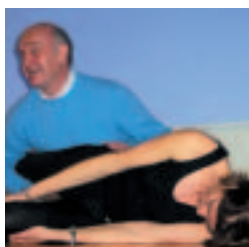
### Prone position

In this position pillows are placed under the abdomen and armpits to support the back (not shown). First the patient is told to gently squeeze their sitting bones together in order to 'put them in touch with their gluteals', and this is not a tuck under, but a full squeeze. Next they start work with their hamstrings and they soon appreciate the effect because after a few weeks they look slimmer. Soon they learn to do this while going about their daily business. One side may be stronger and more

developed, so they are encouraged to contract the weaker side only initially.

Trapezius and latissimus dorsi can be worked in this position by having the arms float up in line with the hips, by drawing down the scapula and by lifting the sternum and head. These positions are usually held for four or five seconds and performed a total of ten times. Where the muscles are weakened, the exercise is repeated after a brief period of rest.

Strengthening of the hamstrings is also performed prone, and the gluteal muscles must support the pelvis but not be held in tension. If you bend the knee and the bottom is raised, then the quadriceps are too tight and they should be stretched before proceeding with the exercise.



### Psoas stretch position

You will recognise the psoas stretch position used here as a resisted exercise which also strengthens the quads. The muscle contracts against the operator's yielding resistance.

**Efforts are being made to introduce a national standard for Pilates exercise teachers and if you are interested in training you might wish to visit [www.alanherdmanpilates.co.uk](http://www.alanherdmanpilates.co.uk) or [www.polestareducation.com](http://www.polestareducation.com). For more information on the London Osteopathic Society, visit [www.zyworld.com/los](http://www.zyworld.com/los).**

## Osteopathic Sports Care Association

Jonathan Betser DO, OSCA Chairman

If you have been an OSCA member (or have made an enquiry about joining) you should have recently received details of various developments in the way the Association is being run. There is an excellent CPD programme which is subsidised for members, who also receive priority booking status. The OSCA CPD programme has already provided some excellent seminars and evening lectures and we are delighted to announce the forthcoming **Gala Reception and Dinner on Saturday 14 May 2005**.

The main speaker, **Dr John Crane**, was the England football team's doctor for over a hundred games and is still Consultant to Arsenal Football Club. He is a

wonderfully entertaining individual and it's a great privilege for us that he's kindly agreed to attend. This is a unique opportunity to hear stories and anecdotes from one of sports medicine's real "characters". We will also be joined by **Andy Watts**, a leading sports journalism photographer who, apart from having his own selection of fascinating stories, will also provide insights and observations that will be of interest to all those who treat (or would like to treat) elite sports men and women.

**If you are interested in attending the dinner, or becoming a member of OSCA, please contact Helen White, OSCA Secretary, on tel: 07917 125923 or email: [oscasecretary@hotmail.co.uk](mailto:oscasecretary@hotmail.co.uk), or check out the website at [www.osca.org.uk](http://www.osca.org.uk).**



## SPRING POSTGRADUATE EVENTS

### 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.

### THE FACE



**Dr Viola Frymann D.O, F.A.A.O, F.C.A**

**SATURDAY 4TH AND SUNDAY 5TH JUNE 2005**

1/2 day: the orbit and the eye

1/2 day: the nasal sinuses and allergies

1/2 day: malocclusion

1/2 day: temporo-mandibular joint function

For more information and a registration form please contact:

**Corinne Jones, International and Postgraduate Manager** at the 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](mailto:corinnejones@eso.ac.uk)



## Team work

Kenneth McLean BSc (Hons) Ost, London

What's the link between malocclusion and posture? The North Hertfordshire British Dental Association Study Group invited **Caroline Penn** (pictured), Principal of the Penn Clinic of Osteopathy in Hatfield, to explore the links between osteopathy and dentistry. The presentation to a group of dentists and osteopaths took place on Thursday 17 February at the Lister Hospital Postgraduate Centre.



For the past 16 years Caroline has worked closely with dentists and she was able to share her experience of the benefits of establishing interdisciplinary communication and co-operation between the osteopathic and dental professions.

Caroline explained how, unless osteopaths are aware of the potential for hidden problems 'lurking in the mouth', they may miss vital clues to the aetiology of a large range of clinical problems. Equally, if dentists look at the mouth in isolation, they may fail to identify the impact of their treatment on the rest of the body.

For example, problems can stem from dental prostheses, namely crowns, bridges, dentures, appliances and fillings. Additionally, the experience of dental treatment itself may place the patient at risk of mechanical strain, from maintaining the mouth wide open for longer than tissue tolerance allows. The resulting symptomatology includes sinusitis, headaches, temporomandibular joint (TMJ), neck and low back pain, dizziness, otitis media and 'cotton wool ear'.

Dentists are very familiar with malocclusion and osteopaths know that dysfunctional posture is common, but do they both realise how malocclusion and 'mal-posture' can impact on each other?

Caroline emphasised the opportunity of working with children to promote the development of a functional occlusion – the way in which the upper and lower teeth come together. She emphasised the role of correct breathing and balanced oral muscular function and the potential damage of habits such as thumb-sucking, and used some interesting case

examples to show how early osteopathic intervention at a young age can have far-reaching effects. In one case, a four-year old child had a cross bite which appeared to be corrected after two months of osteopathic treatment and exercises. In other cases, the combined attention of dentist or orthodontist and osteopath was required.

One dentist commented on how they valued the input of osteopaths in dealing with children where torus palatinus (a sharp ridge in the midline of the palate) is identified, which may also be a sign of functional distress. These potentially difficult children show greater improvement when the osteopath is able to deal with the structural imbalance early on. Another dentist explained how, using an approach that Caroline suggested, he had addressed his own daughter's case of otitis media and managed to avoid the necessity for grommets.

The evening demonstrated how inter-professional collaboration and co-operation between osteopaths and dentists on a practical level can make a real difference to the outcomes for our patients. As always, it is a two-way communication process, where osteopaths, dentists and orthodontists can all work with and learn from each other.



## Yellow Pages deadlines

### May

Isle of Wight	06-05-05
Peterborough	10-05-05
Newcastle upon Tyne	13-05-05
South West Scotland	19-05-05
Croydon & Sutton	20-05-05
South London	20-05-05
Portsmouth	26-05-05
Oxford & Banbury	27-05-05

### June

High Wycombe & Aylesbury	02-06-05
Guildford	03-06-05
Basingstoke & Fleet	08-06-05
Manchester South	10-06-05
Manchester Central	15-06-05
Colchester	17-06-05
Ipswich	22-06-05
West London	23-06-05
Exeter	24-06-05
Harrow, Uxbridge & Wembley	24-06-05

### July

Chelmsford	01-07-05
South East London	13-07-05
Bromley & Bexley	14-07-05
Wakefield & Huddersfield	20-07-05
Bristol	22-07-05
Bath	29-07-05

### August

Leeds	02-08-05
Nottingham	05-08-05
Derby	12-08-05
Chester & North Wales	16-08-05
Manchester North	19-08-05
Coventry	24-08-05
Leicester	31-08-05

**Cut-off dates for advertising in the GOsC Corporate Box in your local areas. Contact Yellow Pages on 0800 37 1755 prior to the final booking date if you have not been contacted by sales staff.**



CPDO

programme 2005

By popular demand additional dates:

**26 May / How to treat: Frozen shoulder / Prof. E. Lederman / £35.00 (evening course)**

**4-5 June / Integrative osteopathic technique II: Cervical spine, CD and UEX / Prof. Laurie Hartman / £185.00 (deposit £125.00)**

	Date	Title	Tutor / lecturer	Cost	Deposit	CPD hours	Student * cost
<b>Weekend courses</b>	7-8 May	<b>IOT II: Cervical spine, CD and UEX</b>	Laurie Hartman	<b>Full</b>			
	24-25 Sept	<b>IOT III: SI joints, pelvis and LEX</b>	Laurie Hartman	£185.00	£125.00	14	-
	26-27 Nov	<b>IOT IV: Developing and advancing osteopathic technique</b>	Laurie Hartman	£185.00	£125.00	14	-
	30 Sept-2 Oct	<b>The Pelvis &amp; Genito-Urinary System</b>	Jean-Pierre Barral	£385.00	£235.00 Remaining £150.00 by 1 Sep 05	21	-
	29-30 Oct & 19-20 Nov	<b>Osteopathic care in pregnancy &amp; optimal fetal positioning (part I &amp; II)</b>	Averille Morgan	£375.00	£200.00	28	-
	9 July	<b>Understanding infant language</b>	Cherry Bond	£95.00	£95.00	7	£50.00
	14-15 May & 25-26 June	<b>Osteopathic neuromuscular "re-abilitation" (Part I &amp; II)</b>	Eyal Lederman	£365.00	£200.00	28	£145.00
	8-9 Oct & 12-13 Nov	<b>Harmonic Technique (part I &amp; II)</b>	Eyal Lederman	£365.00	£200.00	28	£145.00
	21 May	<b>Visceral osteopathy: the abdomen</b>	Phil Austin	£95.00	£95.00	7	£50.00
	3-4 Dec	<b>Visceral osteopathy: The thorax and three diaphragms</b>	Franz Buset	£175.00	£125.00	14	-
	18-19 June+ 10-11 Sept	<b>Osteopathic care of small animals (part I &amp; II)</b>	Anthony Pusey	£365.00	£235.00	28	-
	2 July	<b>From treatment to exercise</b>	Matthew Walden	£95.00	£95.00	7	£50.00
<b>Evening courses</b>	26 May	<b>How to treat: Frozen shoulder</b>	Eyal Lederman	£35.00		3	£15.00
	23 June	<b>How to treat: Acute disc</b>	Eyal Lederman	£35.00		3	£15.00
	24 Nov	<b>How to treat: Whiplash injuries</b>	Eyal Lederman	£35.00		3	£15.00
	5 May	<b>SOT II: Thoracic spine and ribs</b>	David Tatton	£35.00		3	£15.00
	6 Oct	<b>SOT III: Upper extremity &amp; upper cervical spine</b>	David Tatton	£35.00		3	£15.00
	10 Nov	<b>SOT IV: Lower back and pelvis</b>	David Tatton	£35.00		3	£15.00
	27 Oct	<b>Technique – the female perspective: lower body</b>	Fiona Walsh	£35.00		3	£15.00
	3 Nov	<b>Pathway to better health</b>	Stuart Robertson	£35.00		3	£15.00
<b>Evening lectures</b>	12 & 19 May	<b>Chapman's Reflexes</b>	Phil Austin	£70.00		6	£50.00
	12 May	<b>Clinical nutrition: Introduction to human nutrition - relevance to manual therapy disciplines</b>	Adam Cunliffe	£20.00		2	£10.00
	19 May	<b>Clinical nutrition: Overweight and Obesity</b>	Adam Cunliffe	£20.00		2	£10.00
	20 Oct	<b>Clinical nutrition: The uses and misuses of supplements</b>	Adam Cunliffe	£20.00		2	£10.00
	17 Nov	<b>Clinical nutrition: Sports Nutrition</b>	Adam Cunliffe	£20.00		2	£10.00
	16 June	<b>Medicolegal aspects of clinical practice</b>	Paul Grant	£20.00		2	£10.00
	27 Oct	<b>Medicolegal: Being an expert witness</b>	Paul Grant	£20.00		2	£10.00

All workshops are held at Middlesex University, Archway Campus, London N19

Name:

Address:

Telephone:

E-mail:

Total deposit enclosed: \_\_\_\_\_ All deposits and payments are non-refundable and non-transferable to other dates.

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

All cheques should be made to CPDO Ltd. and sent to the office address:

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

**Tel: 0207 263 8551 / e-mail: cpd@cpdo.net**

**Check availability at [www.cpdo.net](http://www.cpdo.net)**



### **Fascial Manipulation for Musculoskeletal Pain**

Luigi Stecco  
Published by Piccin  
ISBN 88-299-1697-8  
£45 / 251 pages

**Reviewed by Donald Scott DO, Strathclyde**

Part I of this text offers an in-depth analysis of the 'Myofascial Unit', which is the basic structure underpinning the musculoskeletal system of all mammals and reptiles. For homo sapiens, the erect posture is maintained by the correct rigging of fascia. This connective tissue, Stecco suggests, has probably evolved as we passed through our aquatic, amphibious, and more recently, solely land-based evolution (unless you subscribe to a non-Darwinian view). Fascia allows our body to move along a three-dimensional pathway, with various muscle groups connected to one another, helping us move from A to B synergistically. Muscles, it would seem, need fascia to maximise their physiological powers, and therefore, when chronic dysfunction arises, we need to consider the fascial planes in assisting resolution.

Part II introduces the subject of how myofascial sequences work via reflex meridian pathways. These pain pathways do not follow either a neural or vascular pathway, but rather a fascial course. The cross-diagonal gait reflexes seen operating whilst walking are an example where the lumbricals, extensor digitorum, supinator, supraspinatus and trapezius are linked in a circuit with the lower limb extensors of the opposite side.

Stucco provides an in-depth look at each of the topics covered in the text, whether they relate to the physiology, manipulation or anatomy of the myofascial unit. The references are, to a great extent, reflective of the author's Italian origin, though there is mention of Cyriax, Maigne and a few other non-Italian authorities who have tried to get to grips with this subject, including its clinical evaluation and treatments. An excellent selection of supporting photographic slides, diagrams and line drawings are also employed to further explain the subject. Cadaveric photographs illustrating the principals of fascial sheaths in rabbits, calves, pigs and fish, as well as humans, are particularly helpful.

I was interested in the supposition that it is only by studying the fascial links that we can understand the patients who come to us with seemingly unrelated

anatomical pain syndromes, loosely diagnosed as 'fibromyalgia'.

John Basmajian, who has helped produce some of the best anatomy textbooks, gives this volume a glowing praise, suggesting that it: "sheds warmth and light to the subjects covered, including biomechanics, orthopaedics and rehabilitation." I would endorse his recommendation, as the clear descriptions are impressive and the book deserves a wide readership within the osteopathic profession.



### **Your Questions Answered: Osteoporosis**

John Fordham  
Published by Churchill Livingstone  
ISBN 0-443-0366-X  
£14.99 / 223 pages

**Reviewed by Donald Scott DO, Strathclyde**

The annual cost of osteoporosis and its treatment within the UK is estimated at £1.7 billion, affecting one in three women and one in twelve men. These statistics would suggest that an average general osteopathic practice, attracting a patient base which includes the over 60s age group, is likely to come into contact with a considerable number of patients with osteoporosis every year. How many of these people will we positively diagnose, evaluate and treat or refer?

Rheumatologist John Fordham has written this small but authoritative text, largely for primary care practitioners, who are likely to be the first port of call for those at risk of this condition. He acknowledges the gloomy facts on the subject, which amongst others, indicate that 20% of all hip fracture patients will die within one year of their fracture occurring. It is not called the 'silent killer' by the tabloids for nothing.

The text provides a thorough discussion of all aspects of the condition from bone physiology and pathophysiology to primary causes, including lifestyle and genetic factors, to bone density measurement methods and treatment strategies. It also discusses the National Osteoporosis Society's concerns about the accuracy of quantitative ultrasound (QUS) when attempting to diagnose the risk of osteoporosis, claiming that it does not directly measure bone mineral content.

In summary, this book serves as a useful guide to osteopaths wishing to inform themselves of the current clinical management of this highly complex condition.



Books are available from  
Osteopathic Supplies Ltd  
Tel: 01432 263939, online shop: [www.o-s-l.com](http://www.o-s-l.com)



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

## osteoselect.com goes live

### New Internet resource for Osteopaths

Andre Stout BSc [Hons] Ost

[www.osteoselect.com](http://www.osteoselect.com) is a brand new website designed to support osteopaths throughout their training and professional working life in areas of commerce, clinical practice, education, research and CPD. Our site has been professionally built to offer osteopaths a secure, functional, productive and easy-to-use internet experience.

As an independent, worldwide non-political resource for osteopathic professionals, we are not aligned with any other organisation, osteopathic or otherwise. Our aim is simply to use the power of the Internet to offer services to all osteopaths, regardless of their geographical location or time zone, providing immediate access to regularly updated, current information and services

A comprehensive and innovative CPD section has been created to support the new CPD requirements for osteopaths in the UK and overseas. We have developed relationships with various CPD providers, with whom we intend to work closely, to ensure you are able to reach your commitments effectively. A detailed course listing service and conference diary will offer immediate access to up-to-date information at a local, national and international level. We have also successfully negotiated a number of

discounts and preferred rates for our users on books and CDs, journal database access and software sales, and our list of partners is continually growing.

The site presents a range of resources that support clinical research. As many research resources can be difficult to access once a practitioner has left college, we aim to rectify this through our innovative online solutions. Our preferred partner discounts also offer students access to additional resources.

The site also offers a range of advertising opportunities which will allow you to reach a wider, focused audience. For instance if you need to place a locum at short notice, or have late availability on a CPD course, the site can have that information available to your colleagues within 48 hours. Advertising in all areas of practice life including job vacancies and locum posts, practice sales and CPD course listings are currently offered as a free service.

osteoselect.com will continually seek to expand and diversify its services to the osteopathic community that enhance both your clinical and professional practice. Watch this space for the release of two new online resources that will be totally unique in the profession.

## The 3rd Breath of Life Conference

### 28 & 29 May 2005, London

Kathryn Willder, Conference Administrator

The 3rd Breath of Life Conference is pleased to offer an exciting programme this year, bringing together a number of eminent pioneers in the fields of bodywork, psychotherapy, spirituality and trauma work.

To be held in London on 28 & 29 May 2005, the purpose of this bi-annual conference will again be to share ideas, facilitate debate and provide the opportunity for therapists of all disciplines to widen their exposure to differing approaches in holistic healthcare.

The conference will open with a written address by **HRH Prince Charles**, himself an ardent promoter of a more spiritually-based approach to the environment and health, and will close with a panel discussion with all the guest speakers.

This year the line-up includes **Marshall Rosenberg**, developer of 'non-violent communication', an approach to conflict resolution which has been used in trouble-spots and boardrooms all over the world. Marshall is the author of several books including the acclaimed *Nonviolent Communication: A Language of Life*.

The conference is also proud to feature **Gerda Boyesen**, the founder of biodynamic psychotherapy and one of the most renowned psychologists of our time.

**The conference is open to all. Full details and an application form can be accessed at:**

**[www.conference2005.co.uk](http://www.conference2005.co.uk) or by contacting me, Kathryn Willder, on tel: 01225 869309.**



# First aid course

Ross Valentine BEng DO, Southampton

'Sport and Exercise First Aid' is a one day course led by Tony Bennison of ABC First Aid Ltd and organised by Health Education Seminars. Offering seven hours of CPD, this course is approved by the Health and Safety Executive (HSE) and leads to their 'Appointed Persons' certificate, which is valid for three years.

For the non-sportsperson reading this, don't let the title discourage you, as although sport is discussed widely throughout the day, and Tony is clearly a rugby enthusiast, it is not so much the essence of the course, as a means by which he illustrates his points. And he achieves this very well.

The course opened with a very useful, practical exercise to help us realise how unsure we were of what course of action we should or should not take when we encounter an unconscious person. He then went on to discuss the legal aspects of first aid. For instance, could we be sued? Do we have to help someone? What determines whether or not we have acted acceptably? All very salient matters in these increasingly litigious days!

Then, having lulled us into a false sense of security where you think the lecturer is going to do all the work, he got us practising how to approach that unconscious person we so obviously failed to help earlier, employing what he called the 'Primary Survey'. We practised various scenarios, with each change aimed to make us think. Firstly, the person was unconscious and breathing, then vomiting, then had a possible neck injury, and so on.

Following lunch, we turned to Cardio Pulmonary Resuscitation (CPR), using plastic dummies for practise. Again we were presented with different situations to keep us adjusting our thoughts and actions. After all, the 'real thing' will never conform to any classroom example! The last session was spent answering more questions and using slides of injuries to discuss how and why we would deal with them.

Tony is an excellent lecturer and communicator, speaking with energy and enthusiasm. He is straightforward and down-to-earth, making his points directly and clearly, and rendering this important subject as simple, straightforward and logical as possible, without avoiding awkward problems. He was also sympathetic towards the variety of knowledge and expertise the delegates – the course I attended brought together osteopaths, physios, a chiropractor and several people who ran leisure activities but who weren't professionally qualified in this area. Questions were carefully dealt with without belittling the delegate's lack of knowledge, and he frequently used our questions and observations to illustrate other issues. He has that great talent of being able to take what people bring to the day and use it help his teaching.

All in all it was an excellent course, and one of those (regrettably) rare ones where newly acquired skills and knowledge can be applied immediately, and to the considerable benefit of others.



## Thomson Closing dates

### 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

### July

Bolton	01-07-05
March	01-07-05
Stamford	01-07-05
Scarborough	01-07-05
Slough	01-07-05
Aylesbury	08-07-05
Burton	08-07-05
Doncaster	08-07-05
Sandwell	08-07-05
Barnsley	15-07-05
Bridgend	15-07-05
Brighton	15-07-05
Northampton	15-07-05
Hastings	22-07-05
Kingston	
Leamington	22-07-05

### August

Newbury	05-08-05
South Warwickshire	05-08-05
Southampton	05-08-05
Worcester	05-08-05
Worthing	05-08-05
Bournemouth	12-08-05
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Winchester	12-08-05
Richmond	19-08-05
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Ilford	19-08-05
Kilmarnock	19-08-05
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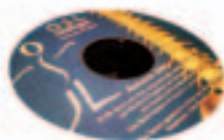
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# Paediatric Osteopathic International Conference

A unique CPD opportunity, offering you the chance to be part of the first ever osteopathic conference in Asia, while helping the children affected by the Tsunami, has arisen. **The Paediatric Osteopathic International Conference**, which is being organised by the Lanka Osteopathic Centre for Children (see page 21 for further details), will be held in **Sri Lanka** in **April 2006**. Bringing together specialists from osteopathy, medicine, homeopathy, acupuncture and holistic dentistry, the theme of conference will focus on an integrated approach to paediatric care.

## Conference Topics & Speakers

'The Treatment of Childhood Trauma'

**Taj Deoora**

*Author, post graduate lecturer*

'Evolving the Necessary Skills & Knowledge Required to Treat Common Childhood Ailments'

**Gabriella Collengela**

*OCC Consultant & conference speaker*

'Understanding the Paediatric Osteopath's Potential Role in the Care of the Pre-Term Infant'

**Susanna Booth**

*Post graduate lecturer on paediatric osteopathy*

'Acupuncture Anaesthesia in Caesarean'

**Professor Dr Anton Jaysuriya**

*Chancellor of International Open University*

'Ophthalmic Somatologic Analysis of Genetic Imbalance in Children'

**Professor Dr Ravi Ponnih**

'Medical Radiostesia in Paediatric Parasitic Infestation'

**Professor Dr Linda Lancaster**

'Facial Development of Children'

**Dr Richard Casson**

*Holistic Dentist*

'Creating Possibilities'

**David Pearl**

*Director – Corporate Inspiration Agency*

Sri Lanka is a country of stunning natural beauty, diverse wildlife, temples and ancient cities to explore. For those interested in seeing more of Sri Lanka, there will be a special eight day trip following the conference which will take in the cultural triangle of Sri Lanka. With a local touch, this tour will offer the chance to experience Sri Lankan culture first hand.

The combined conference and tour will be an experience of a lifetime. Not only will you have the chance to improve your paediatric skills, make lasting friendships and exchange ideas with colleagues from all over the world, but you could also explore the beauty of Sri Lanka. Importantly, you will be helping children affected by the Tsunami disaster, with all profits from the conference and tour going towards the funding of the Lanka Osteopathic Centre for Children in Colombo.

**For more information on the conference and tour, contact Sam Kankanamge on tel: 020 8904 8427, email: [conference@breathoflifeuk.com](mailto:conference@breathoflifeuk.com), [www.breathoflifeuk.com](http://www.breathoflifeuk.com).**

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# Courses 2005

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

## **The relationship between dentition, TMJ and spinal function. An integrated dental and osteopathic approach**

**23 April**

Speakers Dr Bill Kellner-Read BDS (Lon) and Tom Drion DO  
To be held in Folkestone, Kent, Contact: tel: 01303 241535 /  
07834 227307 email: tomdrion@hotmail.com

## **Golf Seminar**

**23–24 April**

Speakers Lynn Booth plus several of the England Golf Union's leading coaches. Organised by OSCA. To be held at Woodhall Spa, Lincs. Contact: tel: 07917 125923

## **Current Concepts in Electrotherapy**

**26 April**

Speaker Dr Tim Watson. Organised by OSCA. To be held at the Hertfordshire Moat House. Contact: tel: 07917 125923

## **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)

## **Integrated Health : Coming of age**

**17–18 May**

Organised by the Royal Society of Medicine. To be held at the Royal Society of Medicine, 1 Wimpole Street, London. Contact: website: www.rsm.ac.uk/academ/810-integ.htm

## **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)

## **Module 4 : WG Sutherland's Osteopathic Approach to the Body as a Whole – A four-day residential course**

**26–30 May**

Course director Susan Turner. To be held at Hawkwood College, Stroud, Gloucestershire. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)



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

Speakers Gerda Boysen, Mike Boxhall, H.H. the 12th Gyalwang 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](mailto:info@conference2005.co.uk) (website: [www.conference2005.co.uk](http://www.conference2005.co.uk))

**Empathy In Practice : Maximising the Benefits,  
Minimising the Risks**
**30–31 May**

Speaker Babette Rothschild. Organised by Breath of Life Conference. 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](mailto:info@conference2005.co.uk) (website: [www.conference2005.co.uk](http://www.conference2005.co.uk))

**Primary Respiration and the Midline Advanced Training for  
Craniosacral Practitioners**
**2–5 June**

Speaker Dr Michael Shea PhD. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90–92 Pentonville Road, London N1. Contact: tel: 07000 785777, email: [info@cranio.co.uk](mailto:info@cranio.co.uk) (website: [www.cranio.co.uk](http://www.cranio.co.uk))

**Evaluation, Treatment and Management of the Sport Horse****4 June**

Organised by Annabel Jenks and Anthony Pusey. To be held at The Old Stables, Church Gate Street, Old Harlow, Essex. Contact: tel: 01444 831 576

**Medicolegal Aspects of Clinical Practice****16 June**

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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**Osteopathic Care of Small Animals (Part I)****18–19 June**

Speaker Anthony Pusey. 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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**How to Treat Acute Disc****23 June**

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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**Osteopathic Neuromuscular "Re-abilitation" (Part II)****25–26 June**

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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**Diversity and Debate in Alternative and Complementary Medicine :  
an academic & experimental conference for researchers  
& practitioners**
**29 June–1 July**

Organised by Alternative & Complementary Health Research Network. To be held at Nottingham University. Contact: email: [Christine.barry@brunel.ac.uk](mailto:Christine.barry@brunel.ac.uk)

**Cranio-sacral Therapy Introductory Day****2 July**

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](mailto:info@ccst.co.uk) (website: [www.ccst.co.uk](http://www.ccst.co.uk))

**From Treatment to Exercise****2 July**

Speaker Matthew Walden and Andrew Jackson. 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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**Understanding Infant Language****9 July**

Speaker Cherry Bond. 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](mailto:cpd@cpdo.net) (website: [www.cpdo.net](http://www.cpdo.net))

**Craniosacral Therapy Introductory Weekend****9–10 July**

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](mailto:info@cranio.co.uk) (website [www.cranio.co.uk](http://www.cranio.co.uk))

**Cranio-sacral Therapy – First Stage of Professional Training****16–21 July**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: tel: 020 7483 0120, email: [info@ccst.co.uk](mailto:info@ccst.co.uk) (website: [www.ccst.co.uk](http://www.ccst.co.uk))

**Cranio-sacral Therapy Introductory Day****22 July**

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](mailto:info@ccst.co.uk) (website: [www.ccst.co.uk](http://www.ccst.co.uk))

## RECRUITMENT

**FULL TIME LOCUM REQUIRED.** Three centre practice in North Herts/ Cambs region requires long term locum initially for 3 months with associate potential. Days flexible to begin mid May 05. Accommodation and use of car available for first 3 months. Please contact Tim (01462) 742942.

**OSTEOPATH REQUIRED PART-TIME** to build up new list in new multi-disciplinary clinic in NW1. Excellent inter-personal skills, and cranial an advantage. Days and hours negotiable. Tel: 07875 626 817

**LONDON SE26 – SMALL BUT BUSY OSTEO/ACUP PRACTICE REQUIRES** Assistant Osteopath for Mon, Tue, Wed, Sat. Must be prepared to work on own. Acup/ dry needling skills helpful (or willing to learn). Email Info@BackPain.Ltd.UK

**ASSOCIATE REQUIRED IN WELL ESTABLISHED PRACTICE** in Cirencester, Gloucestershire. Needs to have interest in Cranial Osteopathy and working with children. 2 days per week. Contact Meg McDonald 01285 643958 or email meggreen@btconnect.com.

**ASSOCIATE OSTEOPATH REQUIRED FOR THREE DAYS** per week, working in the established practices of two Osteopaths of considerable experience. The practices are located in different parts of beautiful rural Norfolk, all have emphasis on IVM patients; confidence in working in this field would be advantageous. For more information contact Peggy Corney 01263 860782 (home no.) 01263 861184 (Practice no.) or Yvonne Ayliffe 07770 652839

**MATERNITY LOCUM REQUIRED** leading to associate position in Dorset for 2-3 days per week from May 2005. Must be interested in treating a wide variety of conditions including cranio-sacral work with children. Written applications with C.V. to The Trinity Osteopathic Practice, 42 Bell Street, Shaftesbury, Dorset, SP7 8AE.

### Glastonbury Health Centre

#### Experienced Osteopath Required

To work in long established NHS integrated musculoskeletal service

3 Sessions weekly

Ability to work as part of a team and interest in audit important

Please apply in writing or telephone to  
Dr R Welford

**Glastonbury Health Centre**

**1 Wells Road Glastonbury BA6 9DD**

**Tel: 01458 834100**

**ASSOCIATE REQUIRED @ HEREFORD Osteopathic Practice.** Position would suit enthusiastic new graduate or experienced osteopath wishing to re-locate. For full details contact Robert Blackburn (01432) 273234

**LOCUM WANTED MAY/JUNE, 2-3 DAYS FOR 2-3 WEEKS,** flexible days. Cranial & children experience essential. Wells, Somerset. Accommodation included. 01749 673300.

**ASSOCIATE OSTEOPATH / LOCUM – Rotorua, NZ** For a Multi-disciplinary health centre and outlying clinics. This position is now available. The applicant must be eligible for OCNZ registration. Preference will be given to an experienced practitioner who is also a team player. Cranial experience and/or an interest in sports medicine would be advantageous. Travel between centres will be necessary. Please send your application to the following address, including your e-mail, telephone and fax numbers: GERRY JELENSKI, e-mail: bodymech@xtra.co.nz FYI: www.rotoruanz.com

**OSTEOPATH REQUIRED FOR BUSY PRACTICE** in sunny Brisbane, Australia. Experience in both structural and cranial approaches would be beneficial but not essential. Friendly and supportive working environment. Great lifestyle. Help with visas provided. Please email your C.V. to Simone Keddy at osteopath@aapt.net.au

**HENLEY-ON-THAMES, OXON –** Looking for two associates to cover maternity leave and to remain longer term as part of enlarging team and practice. Consider people of all availability but would like at least one person with cranial skills. Please phone Anna Hale on 01491 641952.

**ASSOCIATE OSTEOPATH REQUIRED FULL TIME,** Mon-Fri, for well established practice in Ledbury, a thriving market town on Glos/Herefordshire border – (Cheltenham 25 miles). To start August 2005, possibly sooner, taking over existing patient list of female practitioner. Family orientated clinic seeing a broad range of patients and age groups. Combination of structural and cranial preferred. If you're strongly motivated, interested in learning and want to join a like-minded fun team, please call Pat on 07971 223495.

**OSTEOPATH REQUIRED JOINING BUSY WEST LONDON Practice,** established for 21 years. Must be able to work 2 1/2 days per week including Saturday mornings. Must be confident in structural osteopathic evaluation and treatment and have an interest in paediatric osteopathy. The successful candidate must be willing to introduce themselves within the local community and work with the other osteopaths in the team. To start September 2005. Please send c.v. to david@davidtatton.co.uk or call on 0208 749 0581.

**OSTEOPATH REQUIRED FOR ONE or two afternoons** into early evening (approx. 3–7:30) per week, days to suit. Small friendly practice in Buckingham. Good rates of pay. Phone Claire on 01280 823033 for details.

**REGION: LONDON, POSITION: OSTEOPATH (Part-time).** Sona are looking for registered osteopaths in select corporate sites in the Central London and Canary Wharf areas. We require Osteopaths: To be registered with BUPA and PPP, a minimum 5 yrs qualified, Have appropriate qualifications and training, Show a keen interest to establish a client base and work with other therapists onsite. Hours of work – Part time, negotiable. Salary – Fee Split. Response address: Please send CV to: E-mail - a.dracycott@sonahealth.com

**MATERNITY COVER REQUIRED** FOR busy practice within multi-discipline clinic in South Northamptonshire. 4-5 days a week from July for approximately 9 months. Possibility of permanent position following this. Please contact 07849 474267 for further details.

**PETERBOROUGH AREA –** Osteopath 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.

**ASSOCIATE REQUIRED NORTHALLERTON, North Yorks.** Starting July in a busy, integrated multi-disciplinary clinic with 3 Osteopaths plus 5 other therapists. Full time, 40+ patients/ week. Excellent opportunity for new/ recent graduate to work in a friendly and supportive environment. Contact Jo Waterworth 01609 783600.

**EAST LONDON: CRANIAL OSTEOPATH REQUIRED** specialising in paediatric work for exciting, new modern clinic in Hackney. One day a week with potential to expand into large untapped market. Would suit a relaxed good humoured individual. Contact Rick Harter at the Broadway Market Osteopathic Clinic. (020 7 249 2866)

## COMMERCIAL

**GOODWILL OF ESTABLISHED PRACTICE WANTED,** along M4 Corridor / Thames Valley. Please email probetts@nildram.co.uk

**THE DARTMOUTH OSTEOPATHIC PRACTICE** within a 4/5 Bedroomed Victorian Terraced House for sale. No competition in whole town. Established for 10 years, open 4 days per week, potential to expand. Please contact my Agent Lesley Singer/Singer on 01803 833681

**GOODWILL FOR SALE IN South Wales.** Excellent opportunity. Multi-disciplinary clinic. Two busy days. Greater than £25K per annum turnover. IVM skills a prerequisite. Easy commute from Bristol. If serious contact bigchris100@hotmail.com

**ESTABLISHED PRACTICE WITH HOUSE** for sale – Furnished or not. Separate extension/ clinic with two treatment rooms, waiting & W.C. WHB with plinths/ machines or not. 3 bed + study room, gardens, handy for town: in lovely leafy area. Estate agent valued – Great location – Bolton. £220,000. Tel:- 01204 409220

ASSOCIATE/ LOCUM OSTEOPATH REQUIRED, with immediate effect, to work within a multi-disciplinary practice. Possibility of working in Swindon practice also. Please send C.V. to Tina Rigby, The Oxford Practice, Oxford Street, Malmesbury, Wiltshire, SN16 9AX. Tel. No. 01666 824560

ROOM TO LET. Friendly, thriving alternative therapy practice in Bottisham, Cambridgeshire has large modern room to let on a Daily or Morning/Afternoon Session basis; secretarial services also available. Situated in blissful, quiet and convenient location just off A14, with plenty of client parking; easy to reach from any direction. For more info about the practice have a look at [www.winningminds.co.uk](http://www.winningminds.co.uk). If you're interested, please ring us on 0800 811870 or e-mail us with copy of your CV to [info@winningminds.co.uk](mailto:info@winningminds.co.uk).

GASCONY – BEAUTIFUL FARMHOUSE ONLY 40 MINS TOULOUSE Airport. Swimming pool, tennis court, table tennis, trampolines. Secluded, 5 Hectares of gardens, 5 minutes drive from historic local town, markets, restaurants. Excellent rates for July/Aug onwards. Sleeps 8-14. Mrs Whitehead 0207 226 7027.

ISLINGTON – SPACIOUS ROOM TO LET WITHIN ESTABLISHED PRACTICE, pleasant location less than a minute from underground, public parking. Suit practitioner with established list but willing to locum for some holidays. Sessional rates. Tel: 0207 226 7027. e-mail: [handson@goodspirit.demon.co.uk](mailto:handson@goodspirit.demon.co.uk).

RECENTLY REFURBISHED SURGERY suitable for Osteopath in Sanderstead, Surrey. 3 rooms plus kitchen and bathroom. Integral garage. Excellent area. Good parking. For sale or rent. 01892 654139.

ST ANDREWS OSTEOPATHIC AND MULTIDISCIPLINARY clinic/goodwill for sale. The beautiful seaside town of St Andrews, offers an idyllic lifestyle with its numerous golf courses and beaches. Established for 7 years with a broad patient base and excellent links with GP's and Consultants, this busy clinic provides a structural osteopathic approach with specialist clinics in acupuncture and sports injuries. Perfect for a family relocation or for a new graduate wanting an instant income! Contact Bruce/Sarah on 01334 473439 or email [standrews.osteopaths@virgin.net](mailto:standrews.osteopaths@virgin.net).

## COURSES

KNOW YOUR KNEES AND PREVENTION OF INFECTION. Evening lecture. Speakers: Trish Acton MSc MCSP SRP. Physiotherapist and consultant to UK athletics. Fiona Baker, Clinical nurse Specialist. Organized by: South West Osteopaths Regional Development. Held at: Oake Manor Golf Club, Taunton, Somerset, on Tuesday 10th May 2005. Contact: Jackie Walsh 01823 430444.

BREATH OF LIFE CONFERENCE, LONDON, 28th-29th May 2005. Landmark conference on cranial work and more, featuring Hugh Milne, Dr Michael Shea, Babette Rothschild, Gerda Boyesen, Dr Marshall Rosenberg and others. Details and booking form, Phone: 01225-869309 Email: [info@conference2005.co.uk](mailto:info@conference2005.co.uk), Website: [www.conference2005.co.uk](http://www.conference2005.co.uk)

BOWEN TECHNIQUE - BOWEN ASSOCIATION (BOWTECH) accredited Practitioner Training courses with senior instructor starting: Dorset - May 19/20, West Sussex (residential course) - July 1-5, London - July 30/31, West Midlands - September 26/27. Contact: John Wilks, t: 01963 240033, e: [mail@jwilks.co.uk](mailto:mail@jwilks.co.uk), w: [www.therapy-training.com](http://www.therapy-training.com)

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## SUTHERLAND Cranial College

### OSTEOPATHY IN THE CRANIAL FIELD

#### Module 2/3

A six day non residential course

48hrs CPD Fee: £1,350

2-4th and 16-18th September 2005

Columbia Hotel, London

### THE FUNCTIONAL FACE

#### Module 8 on the SCC Pathway

A three day residential course

24hrs CPD Fee: £960

Course Director: Cherry Harris MSC (Ost Med), DO, MSCC

29th-31st October 2005

Dartington Hall, Devon

An optional one day residential workshop

8hrs CPD Fee: £200 (Limited places)

1st November 2005

Bridgetown Dental and Osteopathic Clinic, Devon

#### Days 1-3

Come along to discover fascinating details of how facial mechanics impinge on whole body health.

- Unlock the secret of developmental dynamics. How does central nervous system proliferation, development of special senses, occlusion, environmental factors and habit affect the whole body connection? What is the potential significance of the permanent six-year molars to spinal pathology?
- Listen to a world renowned specialist in temporomandibular dysfunction – the dental overcrowding/iatrogenic treatment dilemma.
- Demonstrations of orthopaedic/orthodontic appliances with guidelines for osteopathic interface.
- Clinical guidance in treatment of conditions of the face.
- Enhance your practice with improved knowledge, dialogue and tools to forge links with allied health care professionals.

#### Day 4

- An opportunity to visit a specialist clinic with osteopathic/dental interface. Explore the significance of cephalometrics in osteopathic treatment. Review cases clinically with hands on experience of current patients.

Fuller details to follow on website

SCC Administration, PO Box 91, NP16 7ZS

Telephone: 01291 689908 Fax: 01291 680056

Email: [admin@scc-osteopathy.co.uk](mailto:admin@scc-osteopathy.co.uk)

Website: [www.scc-osteopathy.co.uk](http://www.scc-osteopathy.co.uk)

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# How 4 degrees can make the difference between



## pain or pleasure...

The human foot was originally 'designed' for travelling on natural surfaces like earth and sand. Unfortunately, we spend every day walking on hard, flat unnatural surfaces like pavements and floors. This causes the foot to over-pronate (roll inward) to gain ground contact.

An estimated 70% of the population suffers from misaligned feet and legs as the natural 4° rearfoot varus angle is lost due to Excess Pronation.

Poor alignment of the feet often disrupts normal knee function and hip alignment and increases forces on the muscles in the lower back. Excess Pronation commonly contributes to symptoms including plantar fasciitis, achilles tendonitis, bunions, tibial stress syndrome, patello femoral pain, ilio-tibial band syndrome, lower back pain - even headaches.

### A Natural Treatment Angle

VASYLI International have dedicated 25 years to the biomechanical problems caused by modern living, including the development of a natural environment for the foot. The result is a highly effective, yet simple orthotic device: ORTHAHEEL.

By restoring the foot's natural 4° angle, ORTHAHEEL



Multi-Award winning  
Orthotic Technology

immediately controls excess pronation and protects your patients from future biomechanical problems.

Sold over-the-counter in **1,200 Boots pharmacies** ORTHAHEEL is now also available directly to UK Practitioners, for re-selling to their patients. Just slip them in your patients shoes for instant pain relief!

### Step into your patients' shoes

Find out for yourself how the **UK's no 1 Prescribed orthotic** can benefit your patients. If you're interested in dispensing or simply referring for ORTHAHEEL, you can order a **FREE** pair today - in your own shoe size - plus a Lower Limb Biomechanics Guide.

**FREE Orthotics + Information Kit!**

Call 01280 706661 or e-mail us for a free pair of Orthaheel in your shoe size.

