

# the OSTEOPATH

The magazine for Osteopaths

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## In this month:

Team Osteopath

Care Highway Africa

Stratford Conference

*International Journal of  
Osteopathic Medicine*  
enclosed



## Team spirit

The General Osteopathic Council  
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# Registrar's report

As I write this report, London has just been announced as the host city for the 2012 Olympic Games. At the heart of the London bid has been the ardent commitment to link this sporting showcase to wider issues of social regeneration – not least to "inspire a new generation to greater sporting activity and achievement, helping to foster a healthy and active nation". How fitting then that just three days earlier, "Team Osteopath" made its sporting debut at the British 10k Run. The enthusiasm of the Team was boundless and the children's charities supported by the Team – YoungMinds and Reach – will benefit from over £4000 sponsorship money raised on the day. Perhaps osteopaths will make this an annual event, turning out in ever greater numbers, in support of good causes – the round-up on page 6, or Philip Thomas's effort on behalf of a cancer charity (see page 13) may well inspire you to put your fitness advice into action next year. While world leaders ponder aid for Africa, osteopath Chris Gaia has succeeded in making his own very real contribution to deprived communities in Kenya – and undoubtedly broadened his own osteopathic horizons (see page 12).



yourself in shaping the legislative framework within which you practise is all part of enhancing the patient-practitioner relationship. And understanding better what drives and motivates the 'NHS' is key to ensuring that osteopathy thrives and continues to play a growing role in caring for the health of the nation. Part of this is about finding ways to provide wider access to osteopathy for those unable to afford private care. The Regional Conferences have provided an opportunity to hear how other initiatives, such as Get Well UK, make complementary care more widely available through the NHS.

It seems everyone wants to appeal to osteopaths, as the recent membership drive by trade union Amicus might suggest. It is, of course, entirely up to each of you to consider the merits of membership, but as there are some severe distortions in the covering letter, I feel I must make mention of this. The issues of fees and the implementation of the Osteopaths Act, many of you will recognise are not straightforward. You may recall that the level of osteopathic fees is set in statute and it is not within the powers of the GOsC to change this. The changes to the legislation on which we are currently consulting you does, however, include a proposal to give Council the power to adjust the fees in the future.

The process by which the Osteopaths Act was implemented was reviewed by the Chief Medical Officer on behalf of the Secretary of State for Health in 2000 and the GOsC was given the 'all clear' to proceed. Our experience from talking to a great many of you in recent years is that, with the benefit of hindsight, the merits of the PPP assessment process are now broadly appreciated.

The GOsC has proposed a further meeting with Amicus to endeavour to put matters on a more positive footing and to seek assurance that those in the 'osteopathic section' of the Union are indeed osteopaths.

And ... on our own positive note, we hope that you are all able to find time for rest and recuperation over the summer.

With summer upon us, we are almost half-way through this year's Regional Conferences – with five more meetings scheduled for the Autumn session. Completed feedback forms have helped us re-focus after each event and it has been heartening to see that most concluded that the sessions were relevant and the day enjoyable - possibly more than expected. However, it is as difficult as ever to please all of the osteopaths all of the time!

We have had some very helpful and useful feedback on the Legislative Review proposals and will feed these in to the final consultation document, which is scheduled for distribution to the profession in August. The new *Code of Practice* also engendered some lively debate and identified issues that need further clarification. These contributions were much appreciated and proved the benefit of consultation.

The Conferences have concentrated, as always, on aspects of professional life beyond those of clinical practice. Involving

**Madeleine Craggs**  
Chief Executive & Registrar

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## Team Osteopath sets the pace



Just days before the International Olympic Committee announced the host city for the 2012 Olympics, the **British 10K London Run**, on Sunday, 3 July 2005, began a week of commemorative events marking the 60th Anniversary of VE Day. It was a perfect sporting showcase and Team Osteopath

was there and proud to be part of it.

Organised by the GOsC and osteopath **Robin Lansman**, the Team brought together osteopaths and students from around the UK (and the Republic of Ireland) and GOsC staff, to raise over £4000 in support of two children's charities – **YoungMinds**, a national charity

devoted to promoting and improving the mental health of children and young people ([www.youngminds.org.uk](http://www.youngminds.org.uk)), and **Reach**, the association for children with hand or arm deficiency ([www.reach.org.uk](http://www.reach.org.uk)).

The Team's efforts and training paid off as all 22 volunteers completed the run in excellent times. Special mention should be made of **Paul Naisbitt**, however, who finished the race in an amazing 36 minutes (just eight minutes behind the winner, Olympic long distance runner, Haile Gebrselassie), a time which saw Paul in

the top 50 runners on the day.

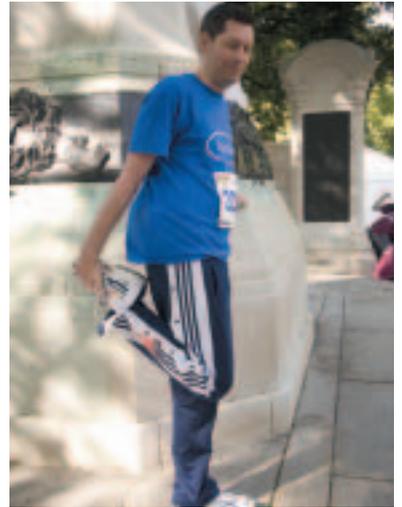
Team member, Diane Cantrell, looks back on her day: "Where were you at 7.50am on 3 July? I expect most

of you were still slumbering peacefully or revelling in that cosy glow of waking up to a lovely summer Sunday morning. I, however, was introducing myself to a small, but perfectly formed, clutch of dynamic osteopaths who had all (almost willingly!) forfeited their Sunday morning to run the British 10k with the aim of raising as much as we could for our charities.

As our select band posed, in suitably athletic postures, for the photographer, the anticipation and excitement was beginning to build. I spent some very pleasant moments chatting and networking with this like-minded bunch but,

all too soon, it was time to move on up to the start line. What an atmosphere, as the 30,000 participants made their way towards Hyde Park Corner. Banners and flags in support of the Olympic bid and VE Day celebrations surrounded us. You couldn't help feeling this would be a day to remember.

We positively steamed away from Hyde Park with 'Land of Hope and Glory' blasting out of speakers.



*From L to R: Back row – Sonia van Heerden, Mike Monaghan, Robin Lansman, Gillian McIntosh, James Olorenshaw, Adam Sheridan: 2nd row – Front row – Diane Cantrell, Dan Auber, Andrew Fung, Susan McCue,*



The 'Battle of Britain' theme saluted the thousands of runners as the charity shirts bounced down Pall Mall and along the Thames Embankment. I have to say that there is nothing to lift your spirits more in a 10k race than the hallowed 9k sign. That, combined with 'Chariots of Fire'



meant that I positively bounded down Westminster. Crowds cheered us on around Whitehall and, with the first 9.9k obliterated from my mind (and my legs), I cruised past the cenotaph and over the line. What a triumph and what a fantastic experience!

So, even though Gebrselassie was probably enjoying his third cup of tea as I collected my medal, it was with great pride that I placed it around my neck in the knowledge that, thanks to a little effort on my part, and a lot of effort from originator Robin Lansman and GOsC



**Following the success of this year's run, Team Osteopath will be taking part in the British 10k next year – on Sunday 9 July. If you are interested in taking part, contact the Communications team on tel: 020 7357 6655 ext. 226 or email: [susanm@osteopathy.org.uk](mailto:susanm@osteopathy.org.uk). We would also like to hear from any osteopaths who are interested in taking part in a charity walk (date and location to be confirmed – ideas welcome).**



*Paul Naisbitt, Terence Barnes, Mike Berry, Joanne Sheridan: 3rd row – Sarah Eldred, Suzanne Beirne, Paul Mitterhuber, Rona Jones, Stuart Walker: Brigid Tucker, Erika Doyle (Absent: Dave Heath, Jane Heath and Graham Ganson) Photographer: Chris Renton*

organiser Susan McCue, we'd raised thousands of pounds for charity and hopefully the profile of the profession at the same time. So, next Sunday morning, look deep into your porridge and maybe you'll see yourself as part of Team Osteopath next year."



## CPD shaping up

Marcus Dye, Assistant Registrar (Development)

For the majority of the profession, the first full CPD Year came to an end on 30 April 2005 with the closing date for submission of the CPD Annual Summary Form being 31 May 2005. Whilst a small percentage of osteopaths returned their forms prior to this date, most spent the following month collating and recording their CPD with vast numbers of returns winging their way to the GOsC offices in the last week of May.

This first CPD Year has been a learning experience for both the GOsC and the profession. A review of the *Annual Summary Forms* has helped to identify those osteopaths who have clearly understood the CPD requirements and those who require further guidance. The GOsC does not expect every osteopath to have grasped the process straight away, just as we do not expect that every aspect of the scheme will be 100% perfect. We will use this learning experience, and the information gained through the review of the forms, to provide generic feedback to all osteopaths - through



correspondence, *The Osteopath* magazine and eventually, the GOsC website. For those where specific issues have been identified in the CPD return, more individual feedback will be provided in writing. The Development department will also analyse the CPD returns in greater detail over the next few months, in order to refine the CPD guidance document *Forming Knowledge*.

Most osteopaths have demonstrated a highly professional approach to Continuing Professional Development which indicates their clear commitment to quality patient care. It is regrettable that a small number of osteopaths have failed to return their CPD Annual Summary Form without a clear justification, or deliberately included inappropriate content. This unprofessional conduct is being addressed by the GOsC. We will continue to consult with the profession to refine the CPD scheme and establish a clear process that is understood by all.

## GOsC public meetings

GOsC Council and Education Committee (EdC) meetings have sessions which are open to members of the public. The table opposite sets out the dates for forthcoming meetings up to March 2007.



Council meetings usually commence at 10.00 am and EdC meetings at 2pm at Osteopathy House in London. However, on occasion, Council or EdC business may dictate an alternative start time. The agenda for the public sessions of both meetings will be available on the GOsC website or from Jane Quinnell approximately ten days before the meeting. Observers' seating is limited to 12 seats and these are allocated on a 'first come, first served' basis.

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 any of the above meetings.

2005	
Council	19 July
EdC	15 September
Council	27 September (provisional)
EdC	10 November
Council	15 December
2006	
EdC	16 March
Council	21 March
EdC	11 May
Council	15 June
EdC	20 July
Council	19 September
EdC	26 September
EdC	23 November
Council	5 December
2007	
EdC	22 February
Council	13 March

## GOsC welcomes new member to Council

Council is pleased to introduce its newest member, Dr **Stephen Barasi BSc PhD**. A physiology lecturer and Senior Professional Tutor at Cardiff University, Dr Barasi has an interest in integrated problem-based learning. As well as teaching dental, science and previously, medical students, he is an admissions tutor, responsible for interviewing medical and dental applicants. Chair of School Schemes and Board Chair of Neuroscience Panel, he has also been a moderator for the University of Wales Validation Unit since 1997.

Dr Barasi, who has been a co-opted member of the GOsC's Education Committee (EdC) since 2001, has published over 60 research papers, supervised PhD and post-doctoral students and acted as an external examiner for the General Dental Council and Barts and the London QMW Medical School. He has also acted as moderator to a number of schools of osteopathy and chiropractic in the UK, Europe and North America. Council extends a warm welcome to Dr Barasi and looks forward to his valuable contributions over the coming years.

## GP workshops - raising the profile

The GOsC training workshop - 'Promoting Partnerships - Osteopathy & the GP' - designed to help osteopaths foster better working relationships with local GPs, continues to roll out across the country, with the next event scheduled for **Thursday 11 August in Winchester**.



This interactive workshop aims to provide osteopaths with some of the tools and confidence to help raise awareness of osteopathy amongst GPs and other primary care professionals in a clear and consistent manner, while at the same time, building stronger relationships and increasing referrals.

The key aspects of the programme include:

- The osteopathic identity: How do you see yourself? How do other health professionals see you? What is the unique contribution osteopathy makes to primary care?
- What are your local GPs' needs? / What can you, the osteopath, offer?
- Establishing partnerships with local GP practices.
- Making a presentation: preparation & delivery.
- Presentation content: GOsC promotional toolkit.
- Handling difficult questions.
- Practical demonstration: the standing examination.

To ensure the workshop is as effective and interactive as possible, delegates are limited to a maximum of 26, with places allocated on a first-come first-served basis. The full-day programme (9.30am-4.30pm) costs £75 per person, including lunch and refreshments.

**To book a place or request further information, contact Nicole Tripney on ext 222, or email: [nicolet@osteopathy.org.uk](mailto:nicolet@osteopathy.org.uk).**

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Dr. Declan Fox, GP/Broadcaster-Communication Skills

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## Stratford Regional Conference

Robert Blackburn DO, Hereford

Given Paul Juby's comprehensive résumé of the first of this year's GOsC Regional Conferences, in Cambridge (*The Osteopath*, June 05, p10), I thought I would add a few personal reflections on the event in Stratford-upon-Avon last month.

Firstly, on a practical note, I was delighted to be able to attend a conference that was within striking distance of home and did not require expensive overnight accommodation. I am grateful, therefore, to those members of the GOsC who are giving up a number of their weekends in order to help minimise expense and reduce time away from our practices and families.

This year's Conference, coupled with the consumption of numerous articles in recent issues of *The Osteopath*, have made me acutely aware of the 'benchmarks' set by organisations and institutions outside our own profession (e.g. the NHS and NICE), to which we will have to measure up. As the vast majority of osteopaths are in private practice, I suspect that for many this may be a somewhat bitter pill to swallow.

The review of the Osteopaths Act, led by GOsC Head of Legal Affairs **David Simpson** and Chief Executive **Madeleine Craggs**, was more stimulating than I had expected. I comforted myself in the knowledge that I ought to be pleased to be part of a



consultative process that may help to shape the destiny of my profession – and that I hadn't ended up in the legal profession!



As one who has worked as an NHS foot soldier one day a week for the past ten years, the second session was of particular interest. I am, for better or worse, familiar with terms such as PCT, PEC, 'Agenda for Change', Commissioning, etc. However, I was conscious that many of my fellow

delegates were scribbling frantically as **Sarah Chilvers** attempted to demystify the NHS. My own lucky break and continuing NHS involvement derives from a 'fund-holding' contract struck with a General Practice many moons ago. I have often thought since



how difficult it could be for the uninitiated osteopath, with no NHS track record, to break into this world. The GOsC's *Introductory Guide to the NHS*, included in the Conference pack, strikes me as a useful ready-reckoner for those wishing to explore such links.

For me, the highlight of the day was **Boo Armstrong's** Get

Well UK presentation. She spoke eloquently and with great insight about the integration of 'CAM' within the NHS. I was struck by the necessity for acute business acumen, lateral thought and dynamism, in order to get such collaborative projects off the ground. Also by the thought that few osteopaths have the time, let alone the skills, to devote to the development of such initiatives. Perhaps we need to consider engaging such people to enable us to treat that significant sector of the population, who at this time are, essentially, excluded from our private practices.

**Catherine Hamilton-Plant's** video footage of mock osteopathic consultations raised some laughs, but encouraged us to think about our dealings with patients and their ever-rising expectations of primary healthcare practitioners.

Last, but not least, the meeting afforded the welcome opportunity to meet up with old friends. All in all, an informative and thought-provoking day of CPD.



## Make your booking

The first series of Conferences rounds up in the South-East on 9 July. Places are still available for the second series commencing in Harrogate on 24 September (see table below). Booking forms have been sent out to all registrants. **If you would like to come along and have your say or listen to the debate, return your completed form to us or contact the Communications department on tel: 020 7537 6655 ext. 242 or 222.**



## GOsC Regional Conferences 2005: dates and venues

### Series 2: September – November

North East	Saturday, 24 September	Harrogate Moathouse, Harrogate <a href="http://www.moathousehotels.co.uk">www.moathousehotels.co.uk</a>
Ireland	Sunday, 9 October	Davenport Hotel, Dublin <a href="http://www.ocallaghanhotels.com">www.ocallaghanhotels.com</a>
Scotland	Sunday, 30 October	Macdonald Houstoun House Hotel, nr Edinburgh <a href="http://www.macdonaldhotels.co.uk">www.macdonaldhotels.co.uk</a>
Greater London	Saturday, 12 November	Radisson Edwardian International, Heathrow <a href="http://www.radissonedwardian.com">www.radissonedwardian.com</a>
South West	Saturday, 19 November	Taunton Holiday Inn, Taunton <a href="http://www.ichotelsgroup.com">www.ichotelsgroup.com</a>

## Osteopathic adventures in Africa

Christopher Gaia, BSC (Hons), London

Just 24 hours before, I had been treating the well-heeled residents of Chelsea. After an insomniac night flight and a day of overland travel on dirt roads, I found myself in a barren landscape, surrounded by slender, statuesque Africans in tribal dress. They carried ornate spears and small wooden stools, and their cattle, their only means of subsistence, milled around us. They watched transfixed but inscrutable as we strange, white aliens busied ourselves under the only shady tree for miles. In the saturating heat we purposefully erected our make-shift hospital using bed sheets, wire, gazebos, pasting tables and treatment couches.

It was my first mission with **Care Highway**, a humanitarian aid organisation, and I had not known what to expect. We were due to spend 15 days in Kenya - in both the slums of Nairobi and in the remote area of Pokot, near Uganda. The mission was originally intended as reconnaissance, but had become a full operational schedule due to the clamour for our services.

Care Highway is a small, versatile, Europe-based organisation run by Christopher Morrison, an experienced humanitarian. He first approached me in 2004 and it was just the opportunity I had been waiting for. I had reservations about how useful I could be as an osteopath compared to a doctor or dentist. However, Chris convinced me of the dire need for osteopathy in developing countries as a cheap, reliable and effective way of reducing pain; we need only our hands, a light-weight bench and an adventurous spirit.

My lingering doubts evaporated as we transformed this lonely tree into a fully functioning medical centre with two doctors, a dentist, a radiologist, a pharmacist, two osteopaths and three nurses. This was 'Blue Peter-style' medicine, relying heavily on the ingenious use of scarce resources. After a few hours of problem-solving, we had conjured a safe and operable medical environment from the parched sand.

The nurses and the doctors were soon feverishly diagnosing and allocating the waiting crowd to the various specialists. We paused briefly if an interesting condition was presented, gathering around the patient for a brief



explanatory lecture from the relevant specialist. I had never worked so intimately with, or learned so much from, other practitioners. The doctors were always within earshot of me and I had only to call for their help to have them instantly at my side.

The presenting conditions were strikingly similar to those of my patients in Chelsea, considering the stark lifestyle differences.

Disc herniation, facet irritation and osteoarthritis were commonplace in the Pokot; many also presented with knee conditions. I realised this was due partly to their knee-jarring tribal dance, and partly to the great distances they covered as nomads. Some had walked 30 miles that morning to see us.

I am unsure as to what the Pokot thought of osteopathy. They are a proud and modest people, so strange, white people touching them was initially difficult. One child would not stop crying, however gentle and soothing my voice and treatment. I asked his mother to ask him what was wrong. He replied that he was terrified because this strange, white monster was trying to eat him. Eventually I won him over with a blow-up globe and a handful of wine gums. OK, I cheated!



*Christopher with a patient and her mother*

My most moving moment was the little girl (pictured left). She had severe torticollis and had not slept well for a long time. Her beautiful face was blank and closed with constant discomfort, her head held askew. I worked desperately to give her some relief in the short time I had. When she arose from the bench upon which she had slept during the treatment, she seemed bewildered. She looked at me, moved her head around and started crying and laughing with joy. So did we. As she walked

away she was able to turn her head to wave goodbye.

This short mission was a profound success and I felt that the manual therapists made a significant impression on the Pokot's physical well-being. At the end of August, we will return to the Pokot land with many more osteopaths. We are trying to organise a permanent, free medical service in the area as well as in Kibera, a Nairobi slum suffering from the most abject poverty.

**Please don't hesitate to get in touch if you have any comments, would like to support our efforts, or get involved directly with Care Highway. For more information, contact Christopher Gaia on tel: 07905 824 730, email: [c.gaia@dsl.pipex.com](mailto:c.gaia@dsl.pipex.com) or visit [www.carehighway.org](http://www.carehighway.org).**

## Cancer charity bike ride

Liverpool-based osteopath Philip Thomas will be taking part in a 1000 mile charity bike ride this summer. In aid of the Marina Dalglish charity, Philip aims to help raise funds to build a cancer screening and treatment centre at Aintree Hospital, Liverpool. Starting in Paris on 24 July, following the end of the Tour de France cycle race, the ten-day ride will finish in Trieste, Italy on 3 August.



Philip with wife, Vicky

Philip, a former professional racing cyclist, will be accompanied by six members of the Liverpool Mercury Cycling Club, in particular, by his wife, Vicky, who is practice manager at the Aintree and Alerton Osteopathic Clinics. He is hoping to raise over £3000 and plans to hold an open day at the Aintree Osteopathic Clinic on 18 July, when all patients will receive free treatment and

simply be asked to make a donation to the charity.

A number of the riders taking part have family members who have been affected by cancer and are extremely keen to be involved in such a worthwhile venture. The whole group is looking forward to the challenge of the ride and hopes to cover around 100 miles per day, taking in some of the major Alpine and Dolomite high mountain passes. The group will be greeted on their arrival in Trieste by British registered osteopath and director of the Upledger Academy Italy, Mr Diego Maggio.

**If you would like to make a donation to support this venture, visit [www.charititrust.org](http://www.charititrust.org), charity registration number 327489/bike ride.**

## National Falls Awareness Day

**19 July** is National Falls Awareness Day. The theme of the day, led by Help the Aged, is 'Be Strong, Be Steady'. The charity aims to raise awareness of the need to stay fit, healthy and independent in later life. Events will be taking place around the country, with a focus on ways to maintain mobility, including strength and balance exercises, foot health and osteoporosis awareness.

**For more information and details of events in your area, visit [www.helptheaged.org.uk](http://www.helptheaged.org.uk).**

### Training opportunities

Osteopaths may also be interested in courses run by Later Life Training, a company specialising in training health professionals in 'Exercise for the Prevention of Falls and Injuries in Frailer, Older People'. Those who complete the course and assessment receive a certificate which is equivalent to level 3 of the *NVQ in Sports and Recreation* and credit towards the University of Derby's Postgraduate *Certificate in Falls and Osteoporosis*.

**For more information, contact Later Life Training on tel: 020 8998 7672 or visit [www.laterlifetraining.co.uk](http://www.laterlifetraining.co.uk).**



## Yellow Pages deadlines

### July

Wakefield & Huddersfield  
Bristol  
Bath

### August

Leeds  
Nottingham  
Derby  
Chester & North Wales  
Manchester North  
Coventry  
Leicester

### September

02-08-05 Wirral & Chester  
05-08-05 Dundee & Perth  
12-08-05 Bournemouth  
16-08-05 Canterbury  
19-08-05 Maidstone  
24-08-05 Northern Ireland  
31-08-05 Belfast distribution area  
Northern Ireland  
South Ulster distribution area  
Northern Ireland  
North Ulster distribution area

### October

06-09-05 Edinburgh  
07-09-05 North London  
09-09-05 Enfield & Barnet  
15-09-05 Fife & Kinross  
16-09-05 Cardiff & West Valleys  
20-09-05 Newport & East Valleys  
Bradford  
Middlesborough  
27-09-05  
28-10-05

**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.**

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## Promoting osteopathy within the NHS

Nicole Tripney, Media & Events Officer

The GOsC took part in the 2005 **NHS Confederation** annual conference exhibition last month as part of our continued efforts to promote osteopathy within the NHS. This three-day event brought together NHS healthcare leaders to explore the complexities of today's health agenda, including opportunities to create more integrated services within primary, secondary and social care.

Held at the ICC, Birmingham, the exhibition attracted over 2000 delegates, primarily key decision-makers responsible for purchasing and strategy. GOsC staff and



several local osteopaths made the most of the opportunity to field enquiries with the aid of promotional literature and our website and on-line database.

Our presence at these leading national healthcare forums is integral to raising the profile of

osteopathy within primary care and provides a platform for discussing the benefits of commissioning osteopathy.

Our thanks go to Soran David, David Evans, Jay Patel and France Quirin for generously giving their time to help promote the osteopathic profession.

The GOsC will also be exhibiting at the **NHS Alliance in Bournemouth on 9-10 November 2005 ([www.nhsalliance.org](http://www.nhsalliance.org))** and **NICE in Birmingham on 6 - 8 December 2005 ([www.nice.org.uk](http://www.nice.org.uk))**. If you wish to help man the GOsC stand, or would like further information about the programme, contact the Communications department on ext. 222.



### ADVANCED ANATOMY & RADIOLOGY WORKSHOP FOR THE UPPER & LOWER LIMB

Sept 17 to 18 - AECC, Bournemouth

Fee: £199 before August 12, £250 after Aug 12.

This course is essential to all practising manual therapists and will take postgraduate anatomy and radiology teaching to a new level. The anatomy workshops will take place in the AECC's Prosection Laboratory (Wet Lab) and will include detailed examination of cadaveric specimens to show normal regional anatomy of the shoulder/elbow/wrist and the hip/knee/ankle. The AECC is one of the few non-medical schools in Europe to have this facility. The radiology imaging workshops will be led by consultant chiropractic Radiologists using X-rays of common pathologies of the same regional areas. Each delegate will also have access to the latest interactive anatomy software as well as the most comprehensively stocked manual therapy library in the UK. The Spine Centre, the retail outlet of the AECC, will be open during the weekend.

*Small groups will work through the prosection facility, the radiology laboratory and the Computer Assisted Learning laboratory in each of the topic areas under the supervision of highly experienced tutors. Numbers are strictly limited so do not miss out on this unique opportunity to take part.*

**For details on all courses please contact: Health Education Seminars,  
42 Richmond Rd, Poole BH14 0BU**

**Tel/fax 01202 568898 or email: [info@heseminars.com](mailto:info@heseminars.com) or visit [www.heseminars.com](http://www.heseminars.com)**

## Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

### United Kingdom

#### Kensington and Chelsea PCT

Moves are afoot possibly to retain the Osteopathic Department at the Kensington and Chelsea Primary Care Trust (PCT) which has been threatened with closure as a result of the PCT's £14.5 million deficit. The exact shape of the Department remains unclear but it would seem that action to avert closure, by Martin Pendry, Manager of the Osteopathic Department, assisted by the GOsC, may have been successful. Any changes to the status quo will go out to public consultation next month. The Audit Commission and the Department of Health are heading an investigation into the finances of the PCT. Chief Executive Paul Haigh resigned in May and has been replaced in the short term by Brent Teaching PCT Chief Executive, Lise Llewellyn. The GOsC will be writing to Dr Llewellyn, emphasising the importance of retaining the Osteopathic Department and we will continue to lobby MPs on the matter.



#### Musculoskeletal Services Framework

In May, the GOsC submitted its views to the Department of Health on its draft Musculoskeletal Services Framework, *Joint Responsibility: Doing it Differently*, published in March 2005. The GOsC's comments call for the appropriate weight to be given to osteopathy's integral role in providing musculoskeletal care.

The GOsC will be contacting Dr Sheena Parker at the Department of Health (DH), who is leading on this dossier, to assess whether the DH has taken on board the GOsC's recommendations and whether further lobbying of MPs on this issue will be required.

#### House of Commons

Bob Laxton MP (Lab Derby North) asked a question on 4 April about the standards set by the Arthritis and Musculoskeletal Alliance. Given his interest in MSD, the GOsC wrote to Mr Laxton early in June calling for his support for the continued improvement of multi-professional services for people with musculoskeletal conditions and to raise the important issue of access to NHS osteopathic treatment. The GOsC awaits a response and will keep Mr Laxton informed of GOsC activities.

#### Select Committees

The membership of the influential House of Commons

Select Committees has still to be announced. The post of Chairman has now become a paid one thus carrying with it some degree of 'political patronage'. Party whips are keen to see Government loyalists in key positions but there is resistance to such pressure from the backbenches. The Committees are expected to be announced before the House rises for the summer break.

Once the Select Committee on Health is announced, the GOsC will be raising a number of issues with its members, including the Government's new musculoskeletal framework, as well as highlighting problems at Kensington and Chelsea PCT.

#### Wales

Health Minister Dr Brian Gibbons launched *Designed for Life* – a 10 year Strategy for Health and Social Care in Wales, on 19 May. *Designed for Life* will provide an 'evidenced-based strategy' linked to innovation and a consistent commitment to best practice. Dr Gibbons noted that a huge programme of reform and investment is delivering changes and waiting times are at a record low. "The planning and commissioning of services is also going to be strengthened to make sure that services are better co-ordinated to meet the needs of the local population." Capital spending is set to rise to £309m in 2007-2008.



Dr Brian Gibbons

The vision for 2015 will be delivered through a series of strategic frameworks, each covering 3 years. *Designed for Life* launches the first framework. Every three years, a review will take place to assess progress. Welsh regional offices are to produce secondary care plans that propose centralising specialist services. Mid and West Wales will deliver their plan by September; South East Wales by December and North Wales by March 2006.

The GOsC will review this strategy with a focus on the promotion of osteopathy within the health service.

#### Scotland

A report on the future of the NHS in Scotland was published on 25 May.

The GOsC will be assessing its implications for osteopathy and will keep the profession up to date over the coming months.



## European Union

### UK Presidency

The UK will take over the Presidency of the European Union on 1 July. Prime Minister Tony Blair will chair the

European Council and the UK will be responsible for setting the agenda of EU meetings. The GOsC attended a UK Presidency briefing session on 6 June, organised by the Department of Health, where the promotion of patient safety was a key issue. The GOsC wrote to the DH lead on the Presidency, Dr David Percy, to put forward the idea of establishing a Federation of Osteopathic Regulators.

A subsequent meeting between the GOsC and Dr Percy was very productive and we have been invited to submit a proposal for a fringe event as part of the Presidency work programme. A draft proposal will be submitted by 11 July and will look at the problems faced by professions that are only formally recognised in some countries.

### Patient Mobility

The European Parliament adopted a Resolution on Patient Mobility and Healthcare Developments in the EU in Strasbourg on 8 June. The report was prepared by UK Conservative, John Bowis MEP, who is also the spokesman on health and environment issues for Parliament's largest political grouping.

Mr Bowis is calling for patients to be given more rights and power over their own health and the right to go to another Member State for treatment if they face undue delay in their own country. The Resolution called for "the Commission to bring forward a separate proposal on patient mobility within six months". It also endorsed the efforts to improve knowledge and legislation on the movement of health and social care professionals and called for high levels of patient safety to be incorporated into the Directive on the Recognition of Professional Qualifications.

The GOsC will be meeting Mr Bowis on 15 July to discuss internal market legislation, in particular the Services Directive, as well as the GOsC proposal for a Federation of Osteopathic Regulators.

### Services Directive

Discussions continue on the Services Directive in both the Council of Ministers and the European Parliament. MEPs took the opportunity during the debate on 7 June on the Bowis report, to emphasise that patient mobility should not be dealt with by the Services Directive. In response, Markos Kyprianou, EU Health Commissioner, told MEPs that if health is not included in the Services Directive, the Commission will bring forward a different

proposal. The Parliament and Council of Ministers are expected to give their opinions later this year.

The GOsC continues to work with the Alliance of UK Health Regulators on Europe (AURE).

### Directive on Mutual Recognition of Qualifications

The Council of Ministers adopted the Directive on Mutual Recognition of Qualifications on 6 June following an agreement with the European Parliament. The two co-legislators have accepted the principle of mutual recognition with host-country control. The Directive stipulates the conditions required for recognition of professional qualifications and the implementing rules for recognition arrangements.

AURE has welcomed this agreement, in particular the decision to remove the so-called '16 weeks' provision which would have allowed healthcare professionals from any EU country to work for up to four months per year in any other EU country. AURE also welcomed the strengthening of provisions for exchange of information on fitness to practise and disciplinary information among Member State regulators.

However, some provisions do not allay all concerns, particularly for osteopathy in the UK, as the GOsC does not have an equivalent, competent authority in other Member States with which to liaise over an individual's fitness to practise.



John Bowis MEP

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- promoting the programme within the University and developing inter-professional collaborative links
- encouraging the integration of other health disciplines' clinical teaching with osteopathic clinical learning
- contributing to pedagogic and scholarly activity within the School of Health and Social Care

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- at least one-year's experience in osteopathic operational management and a minimum of three years' teaching and/or clinical tutoring experience in an osteopathic education institution with Recognised Qualification Status

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## Evidence-based practice – tutorial 7

Carol Fawkes BA (Hons) DO, Research Development Officer

### An introduction to Critical Appraisal: Part I

Earlier evidence based practice tutorials in *The Osteopath* have focussed on skills to search various useful sites on the internet for evidence. Anyone who has tried searching will be familiar with the deluge of information that is available. Once the information has been found, what precisely should be done with it and how straightforward is it to try and discriminate sound and valuable research from that that is very limited in both quality and applicability?

The following tutorial is intended to be a basic introduction to critical appraisal; this will be followed, in the next issue, by Part II, with a more formalised checklist system allowing the reader to discriminate between research studies more quickly once they are familiar with the various components of a study. Part III will look at methodological quality and Part IV at statistics. It is always important to remember that many poor studies are published each year; their claims should be discounted.

### What does 'critical appraisal' mean?

This is the process by which a reader can evaluate a piece of written material and assess whether it possesses validity (i.e. is it close to the truth?) and applicability (i.e. is it clinically useful?). If research is being examined, critical appraisal skills are vital to decide whether the research has been well conducted and whether, ultimately, the results of the research can be implemented into our everyday practice for the benefits of patients. Critically appraising and reviewing a paper is essentially a process to look for information that is of value.

### Components of a research study

Most research papers begin with an **abstract**, which summarises what the paper has attempted to investigate. The title and abstract will give a sound indication of whether the paper is likely to be relevant to your area of interest and how interesting the results are likely to be.

The main body of the paper is then organised in the IMRaD format:

- **Introduction**
- **Method(s)**
- **Results**
- **Discussion**

### Introduction

Any research needs to be set in context and for this reason the introduction will normally include a review of previous work that has been carried out in the same subject area while trying also to highlight any gaps in the knowledge base for a particular topic. This section can also underline the clinical importance of a particular piece of research by including information about the biological, clinical, cultural, epidemiological and economic impact of the subject being investigated in addition to morbidity considerations. The introduction should draw to a close with the hypothesis that is intended to be tested included as a clear statement. If the hypothesis being tested is presented in the negative, it is known as a null hypothesis.

### Method(s)

Information contained in the methods section will give a significant indication of the quality of a piece of research. This section will inform the reader how the study was carried out and how the results of the study were analysed. Information about how the study was carried out should include:

- who was involved in the research (research subjects)
- how they were recruited (e.g. by advertisements, using a particular practice etc.)
- the inclusion criteria (e.g. age, sex, ethnicity, weight, agreed diagnostic criteria etc).

The inclusion criteria will give the reader an indication of how generalisable the results will be to the wider population, i.e. how accurately the study group reflects

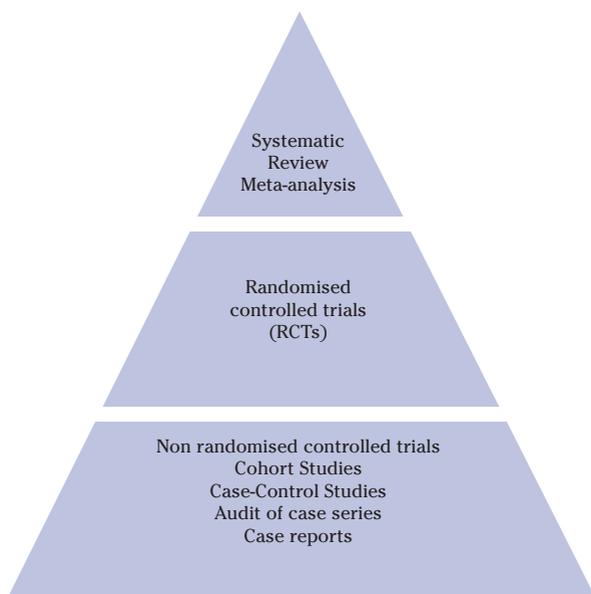
the wider population intended to receive a particular type of treatment.

The chosen research method may be described quite briefly, but it is likely to be widely referenced for the reader to gather more extensive information should they choose to. Information should also be included on how measurement procedures have been standardised, in what manner measurements have been made (e.g. particular technical instruments or measures) and the processes by which data has been recorded for later analysis. The structure of any questionnaires used to gather data should be described and it should be made clear whether a questionnaire has been validated and the manner in which it has been tested to ensure reliability and validity.

A wide variety of research methods and styles exist. Research can be described as **qualitative** or **quantitative**; it can also be described as either **primary** or **secondary**. Primary studies report research first hand, whereas secondary studies consist of summaries or analyses of primary studies. Examples of primary research are experiments (e.g. involving either animals or human volunteers), clinical trials (e.g. investigating the effect of a treatment intervention on a group of patients and then following them closely over a period of time) and surveys (e.g. a particular area of interest is measured in a group of professionals, patients or other targeted group of individuals).

Secondary research, by comparison, consists of overviews (e.g. non-systematic reviews, systematic reviews and meta-analyses), clinical guidelines, decision analyses and economic analyses.

A hierarchy of research evidence exists where the relevance of each type of evidence is evaluated by the wider research community (below):



This can be expanded further to show how various levels of evidence are assessed by external agencies e.g. the National Institute for Clinical Excellence (NICE).

Level	Evidence
Ia	Evidence from systematic review and meta-analysis of randomised controlled trials
Ib	Evidence from at least one randomised controlled trial
IIa	Evidence from at least one controlled study without randomisation
IIb	Evidence from at least one other type of quasi-experimental study
III	Evidence from non-experimental descriptive studies, such as comparative studies, correlation studies and case control studies
IV	Evidence from expert committee reports or opinions and/or clinical experience of expected authorities

It is important for the reader to decide whether the research method chosen is the most appropriate to answer the hypothesis being investigated.

### Results

The results section describes what the researchers found; these findings are normally presented in a table. The data should be presented in a logical manner with fuller explanations present in the accompanying text. The text should highlight the key findings in the results, but will tend to give the researchers' interpretation of the findings. When looking at the results section, it can be valuable to refer back to the original research question/hypothesis to assess whether the results truly address this. If the original hypothesis has not been addressed, the question must arise whether this is because the researchers have failed to gather appropriate data or the findings have not been what were anticipated. Any inconsistencies in the data should be apparent in the results section.

### Discussion

This section considers the implications of the study's findings. The extent to which research is generalisable bestows a value on the research. A common criticism of some qualitative research is that it is not widely generalisable and focuses too exclusively on the environment in which it has been carried out. This is a less common criticism of quantitative research.

It can also be important to examine negative results. It is unfortunate that many journals persist in refusing to publish negative findings. This prevents wide dissemination of all research and can result in

unnecessary research being repeated. This presents a considerable ethical problem - it can result in volunteer subjects repeatedly participating in studies that have been shown to fail and wastes goodwill and other valuable resources in the process.

**Part II of an Introduction to Critical Appraisal will appear in the next issue.**

#### **Journal scan of research relevant to practice:**

##### **Role of radiography in predicting progression of osteoarthritis of the hip: prospective cohort study.**

Reijman M, Hazes JMW, Pols HAP, Bernsen RMD, Koes BW and Beirna-Zeinstra SMA. *BMJ* 2005;330 (21 May), doi:10.1136/mbj.330.7501.0-b. [www.bmj.com](http://www.bmj.com)

Reijman and colleagues investigated the predictive value of X-rays in a population-based cohort study. The study included 1904 participants aged 55 and older who had radiographic osteoarthritic changes at baseline of grade 1 or greater (as defined by Kellgren and Lawrence). Multivariate logistic regression models showed that X-rays were a strong additional predictor to the Kellgren and Lawrence score, especially for patients with hip pain at baseline.

**Immediate effects of thoracic manipulation in patients with neck pain: a randomized controlled trial.** Cleland JA, Childs JD, McRae M, Palmer JA and Stowell T. *Manual Therapy* 10 (2005) 127-135.

The small but widely documented risks associated with manipulation of the cervical spine may lead many osteopaths and other manual therapy professionals to use manipulation to the thoracic spine only. Manipulation to the thoracic spine is regarded as having fewer of the risks associated with manipulation to the cervical spine. This particular randomised controlled trial investigated the immediate analgesic effect of manipulation to the thoracic spine in a group of 36 patients with a mean age of 36 years. The results of the study suggest that manipulation of the thoracic spine has an immediate analgesic effect in patients with mechanical neck pain. The authors conclude by noting that further studies are needed to assess the long-term effect on outcomes, particularly in relation to function and disability.

**Randomised controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation for patients with chronic low back pain: the MRC spine stabilisation trial.** Fairbank J, Frost H, Wilson-MacDonald J, Yu L-M, Barker K and Collins R. *BMJ* 2005;330:1233 (28 May), doi:10.1136/bmj.38441.620417.8F. [www.bmj.com](http://www.bmj.com)

This multicentre, randomised controlled trial investigated the clinical effectiveness of spinal fusion (surgical stabilisation compared with a programme of intensive rehabilitation for patients experiencing chronic

low back pain. The 349 participants in the study were aged between 18 and 55 and were considered suitable for spinal fusion and had experienced low back pain for greater than one year. The primary outcome measures used were the Oswestry disability index and the shuttle walking test (used at baseline and two years after randomisation). The secondary outcome measure was the SF36. Initially 176 participants were assigned to surgery and 173 were assigned to rehabilitation; 284 participants presented for follow up after 24 months. The results showed that both groups reported reductions in disability using the Oswestry disability index, but no difference was shown between the two groups in the shuttle walking test. This difference could be entirely unrelated to the interventions. There was a marginal statistical difference between the two groups; the cost implications and potential risks involved in surgery also merit consideration. The researchers concluded that no clear evidence emerged that primary spinal fusion surgery was any more beneficial than intensive rehabilitation.

##### **Is it time to stop functional pre-manipulation testing of the cervical spine?**

Thiel H and Rix G. *Manual Therapy* 10 (2005) 154-158.

The validity of pre-manipulative screening remains a controversial issue. Despite this, such testing procedures are taught and utilised daily among manual therapists. The reporting of brainstem symptoms in relation to the testing procedure of combined extension and rotation of the cervical spine has been considered to be a positive response to rule out the possible risk of injury to the vertebral artery. The authors of this paper discuss and consider the usefulness of the pre-manipulation testing and make recommendations for a variety of clinical scenarios including: patients with vertebral artery dissection (VAD) that may only present with pain, patients with symptoms of brainstem ischaemia due to non-dissection stenotic vertebral artery pathologies, and patients with no apparent vertebral artery pathology.

**A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults.** Oxman MN, Levin MJ, Johnson GR, Schmader KE et al. *New England Journal of Medicine* Volume 352: 2271-2284. <http://content.nejm.org/cgi/content/abstract/352/22/2271>.

The researchers in this particular study tested the hypothesis that vaccination against *varicella zoster virus* (VZV) would decrease the incidence of *herpes zoster* and postherpetic neuralgia. The study involved 38,546 adults aged 60 or older in a randomised double blind placebo controlled trial of a live attenuated vaccine. The *herpes zoster* virus was diagnosed according to clinical and laboratory criteria and the associated pain and discomfort were measured repeatedly for six months.

More than 95% of the subjects remained in the study and there were 315 confirmed cases of *herpes zoster* among the vaccine recipients and 642 among placebo recipients. When examining incidence of postherpetic neuralgia, 107 cases were confirmed, 27 among the vaccine patients and 80 among the placebo patients. The researchers concluded, therefore, that the *herpes zoster* vaccine considerably reduced the incidence of both *herpes zoster* and postherpetic neuralgia among adults aged 60 and over.

**Involvement of the cannabimimetic compound, N-palmitoyl-ethanolamine, in inflammatory and neuropathic conditions: review of the available pre-clinical data, and first human studies.** Darmani NA, Izzo AI, Degenhart B, Valenti M *et al.* *Neuropharmacology* 48 (2005) 1154-1163.

Limited data is available concerning the regulation of N-palmitoyl-ethanolamine (PEA) levels during pathological conditions in both animals and humans. PEA is an endogenous, cannabimimetic compound and anandamine analogue which has been shown to have potent anti-inflammatory and analgesic effects. The researchers examined three separate studies, one of which assessed blood PEA levels in patients with chronic low back pain. The levels of blood PEA in the latter group were found to be significantly raised 30 minutes following osteopathic manipulative treatment. The remaining studies in the review looked at paw skin levels of PEA in mice and colonic PEA in patients with ulcerative colitis.

### Forthcoming conferences:

#### 1st International Congress of Osteopathic Medicine

15–18 September, Freiburg/Breisgau, Germany. For further details see [www.osteopathy-congress.com](http://www.osteopathy-congress.com).

#### 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](mailto:b.wider@exeter.ac.uk)).

**2nd International Conference on Movement Dysfunction in Edinburgh; Pain and Performance: Evidence and Effect.** 23–25 September 2005. Details at [www.kcmacp-conference2005.com](http://www.kcmacp-conference2005.com) or tel: 01865 373625.

**8th International Congress of the German Osteopathic Association (VOD).** 29 September – 2 October 2005, Wiesbaden, Germany. Including the **Second International Symposium on Advances in Osteopathic Research** on Saturday 1 October 2005. Further details on [www.German-AFO.de](http://www.German-AFO.de).

**The British Osteopathic Association Annual Convention and Trade Exhibition.** 14–16 October 2005. Marriott Forest of Arden Hotel and Country Club, Meriden, Warwickshire.

**The combined chiropractic, osteopathy and physiotherapy research conference.** 15 October 2005. Anglo-European College of Chiropractic, Bournemouth.

**The 6th International Conference on Advances in Osteopathic Research (ICAOR).** 31 March to 2 April 2006, at the British College of Osteopathic Medicine, London. **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).

**2nd International Evidence Based Physical Therapy Conference and Exhibition.** 20 May 2006 at the Business Design Centre, London. Further details at [www.heseminars.com/conference\\_2006.htm](http://www.heseminars.com/conference_2006.htm).

### Research Hubs:

Initial Research Hub meetings will take place during the week of 18 to 23 July, 2005 (see below).

Monday	18	Leeds Metropolitan University
Tuesday	19	Osteopathy House, London
Thursday	21	Oxford Brookes University, Oxford

If you are unable to attend and would like to join one of the research hubs, please contact Carol Fawkes on email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk) or tel: 01273 643457. Details of future meetings will be published in *The Osteopath* as they are finalised.

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## DAY ONE

### Skills Development Group - Friday

- 09.30-10.30 - How to promote yourself and find clients within the law!  
*Presenter: to be confirmed*
- 10.30-11.30 - Postural Assessment Skills workshop  
*Tutor: Susan Findlay, BSc, RGN, Dip SMRP, MSMA*
- 11.30-12.00 - Tea/coffee/juice
- 12.00-13.00 - Massage implications of fitness and conditioning programmes for Football (both groups)  
*Presenters: Alan Hodson, head of medical education for the FA, + strength and conditioning specialist and sports masseur*
- 13.00-14.00 - Lunch and exhibition
- 14.00-15.00 - Massage implications of fitness and conditioning programmes for Cycling (both groups)  
*Presenters: Stuart Hinds, soft tissue lecturer and a UK Strength and Conditioning specialist (speaker TBC)*
- 15.00-15.30 - Tea/coffee/juice
- 15.30-17.00 - Proprioceptive Neuromuscular Facilitation (PNF) Stretching Workshop  
*Tutor: Chris Norris, MSc, CAC, MCSP*

## DAY TWO

### Skills Development Group - Saturday

- 09.30-11.30 - Clinical sports massage scenarios - breakout sessions followed by discussion with panel of experts
- 11.30-12.00 - Tea/coffee/juice
- 12.00-13.00 - Massage implications of fitness and conditioning programmes for Golf (both groups)  
*Presenters: Doctor/Physiotherapist, strength and conditioning specialist and sports massage practitioner*
- 13.00-14.00 - Lunch and exhibition
- 14.00-15.00 - Massage implications of fitness and conditioning programmes for Swimming (both groups)  
*Presenters: Pat Dunleavy, head physiotherapist for GB Swimming + sports massage practitioner*
- 15.00-15.30 - Tea/coffee/juice
- 15.30-17.00 - Keynote presentation on the practical dynamics of soft tissue treatment of adductor strains - by Stuart Hinds, lecturer in remedial soft tissue techniques at Victoria University and RMIT University, Melbourne, Australia

## DAY ONE

### Clinical Group - Friday

- 09.30-11.30 - Visceral Manipulation - groups of 6 people maximum  
*Tutor: Stuart Robertson, MCSP*
- 11.30-12.00 - Tea/coffee/juice
- 12.00-13.00 - Massage implications of fitness and conditioning programmes for Football (both groups)  
*Presenters: Alan Hodson, head of medical education for the FA, + strength and conditioning specialist and sports masseur*
- 13.00-14.00 - Lunch and exhibition
- 14.00-15.00 - Massage implications of fitness and conditioning programmes for Cycling (both groups)  
*Presenters: Stuart Hinds, soft tissue lecturer and a UK Strength and Conditioning specialist (speaker TBC)*
- 15.00-15.30 - Tea/coffee/juice
- 15.30-17.00 - Muscle Energy Techniques - groups of 6 people maximum  
*Multiple tutors*
- 17.00-19.00 - Use of venue exercise facilities
- 19.00 - Dinner and Entertainment (for 2 day attendees only)

## DAY TWO

### Clinical Group - Saturday

- 09.30-10.10 - What's New in: Knees and Ankles by *Zoe Hudson, MCSP*
- 10.10-10.50 - What's New in: Shoulder Rehabilitation by *Jo Gibson MCSP*
- 10.50-11.30 - What's New in: The Back Rehabilitation by *Chris Norris MSc, CAC, MCSP*
- 11.30-12.00 - Tea/coffee/juice
- 12.00-13.00 - Massage implications of fitness and conditioning programmes for Golf (both groups)  
*Presenters: Doctor/Physiotherapist, strength and conditioning specialist and sports massage practitioner*
- 13.00-14.00 - Lunch and exhibition
- 14.00-15.00 - Massage implications of fitness and conditioning programmes for Swimming (both groups)  
*Presenters: Pat Dunleavy, head physiotherapist for GB Swimming + sports massage practitioner*
- 15.00-15.30 - Tea/coffee/juice
- 15.30-17.00 - Keynote presentation on the practical dynamics of soft tissue treatment of adductor strains - by Stuart Hinds, lecturer in remedial soft tissue techniques at Victoria University and RMIT University, Melbourne, Australia

## BOOKING DETAILS

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- Places are limited to 150 people attending for both days (75 in each group) or 150 people attending each single day so book as soon as possible to avoid disappointment. Both previous annual events have sold out.

- ACCOMODATION – there are a number of accommodation options. We will provide you with booking details on receipt of payment for your conference booking. Please book early to ensure accomodation is available.

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## Hampshire, Surrey and Isle of Wight Osteopathic Directive Societies

### HODS, SODS and IWODS update

Robert Simmons BSc Ost DO, Middlesex

We are looking to recruit new members for the Surrey and Hampshire groups. Surrey currently organise meetings every six weeks for CPD, and in June held a certificated First Aid course.

The Hampshire Directive is looking for a venue, so if you would like to volunteer your room, or you know of somewhere, please contact me on the number below.

The first meeting of the Isle of Wight Osteopaths took place on 22 May and was a great success with all the practising osteopaths in attendance. It was a very positive and encouraging meeting, with many ideas and suggestions for CPD and future meetings discussed. Southampton was also represented and so the word is out to join. If you work in the area including Portsmouth, Chichester and Winchester, please get in touch.

Please remember that with all these groups, it is the individuals who make things happen. We keep administration to an absolute minimum (e.g. word of mouth, promotion through *The Osteopath*) and those who attend can find out about future meetings. It is not possible to keep sending out letters or emails to people to 'keep them updated'. The Societies are here to help all members to be supportive and inclusive. When everyone contributes in their own unique way, the results are far richer.

**We need more members, so please, if you want to come along or have something to offer please call Robert on tel: 01932 770601.**

## BBENSCH

### September meeting

Claire Merriweather BSc (Hons) Ost, St Albans

The next meeting will be held on Sunday, **11 September 2005** at the University of Hertfordshire, Hatfield De Havilland Campus (just off the A1(M)). Topics anticipated include a review of head and neck anatomy and treatment of head pain, and the osteopathic and dental interface in TMJ disorders (to be confirmed).

**Please put the date in your diaries and check the BBENSCH website: [www.bbensch.co.uk](http://www.bbensch.co.uk) or contact tel: 01462 743729 for further details.**



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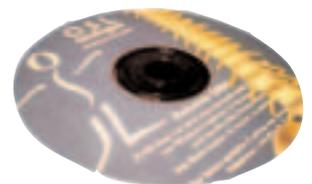
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## Back chat

Your letters -

**Re: Defining Osteopathy, *The Osteopath*, May 05, p25**



### Dear Editor

I was very pleased to read Robin Shepherd's article on defining osteopathy. I think it will open a debate, which should prove very interesting and also important. I too was trained at the BSO in the eighties, and my professional development has taken a very different path to Robin's. I would define osteopathy as "a medicine which emphasises manual manipulation as its main therapy". This is in comparison with modern medicine which emphasises chemical therapy as its main therapy. I have more sympathy with the American model of osteopathy than the British one. Both have their drawbacks: an American osteopath (in the eyes of the public) is seen as the poor man's doctor, and the British osteopath is seen as a back person.

The reason for my views? I was taught anatomy, physiology, pathology, medicine, nutrition, orthopaedics, neurology, manipulation, and diagnosis at college. There were probably other topics, but these are the ones that I remember and have found useful. It did not take me very long when in practice to discover patients seek an osteopath with a pain, or pains, and these are not always mechanical pains. They range from mostly mechanical, with a bit of chemical inflammation and emotional anxiety, to chemically generated pain with little mechanical component, the aetiology being disease, allergy, hormones, toxicity, emotional stress and so on. Most have nowhere else to go, having exhausted all the NHS can offer. So, I have extended my nutritional knowledge, my manipulative skills and my diagnostic skills, so that my osteopathy has a broader base than just manipulation. Not all my patients get manipulated – most do, but not all. They are still getting osteopathy, because they are being diagnosed as individuals, and that diagnosis involves an attempt to identify the tissues causing symptoms, referral if necessary, cause of dysfunction, and the relevance to that patient's lifestyle and circumstances.

This is where osteopathy differs from mainstream medicine, in that we diagnose individuals and not just the condition, and treatment is tailored to the individual, rather than a standardised treatment for a pathological condition. The modern doctor treats disease, and treating the condition is correct; the osteopath treats a dysfunctional, pre-disease state, hence the different approach. Our job is easier because there is little pathological change, and thus a return to health can be expected. I don't see many truly sick people, just dysfunctioning ones, so I can be optimistic of a positive outcome, unlike the poor doctor!

That is how I interpreted what I learnt at the BSO and that is how I practise, and that is my view of what osteopathy is (perhaps I got the wrong end of the stick...).

I think it is important to debate what osteopathy is because

the public need to know what to expect, and the insurance companies need to know what they are insuring, and we need to know where our boundaries are. I hope our boundaries are that we treat what we can justify.

**Pauline Mather BSc Hons DO, Swindon**



### Dear Editor

Trying to define osteopathy is shamefully reductionistic! But for the sake of clarity and common sense it's worth a go.

The problem with a definition that is too comprehensive, is that listeners will start to nod off. But if the definition is too succinct, based on narrow principles e.g. 'the osteopathic lesion', it may be a let down. This is because, should the theoretical basis of such principles be called into question, it may undermine the whole of osteopathy in one fell swoop.

I will not attempt to give a complete definition but just suggest some key points:

Osteopathy is the leading profession in manual therapy. Osteopaths use a wide range of manual techniques, which attempt to influence function by manipulating anatomy. Osteopaths have always believed in the power of manual therapy to significantly influence disease processes and that it can provide an important role in encouraging the patient back towards their optimal health.

Increasingly scientific research is able to validate this central thesis and demonstrate how structural manipulation can influence aspects of health and disease by affecting physiology at the psychological, neurological and local tissue level.

Osteopaths have a wealth of experience in the application of manual therapy in all its varied forms. This key ability gives the profession a firm base from which to evolve where necessary. By keeping abreast with the science of pathophysiology, especially in relation to the neuromusculoskeletal system, osteopaths are well placed to build upon and refine their expertise, and so become leading specialists in the management of pain and disability syndromes.

I believe osteopathy's strength will grow by aligning itself with medical science, by evolving and incorporating what is valuable into its system. I do not believe it can benefit by defining itself in terms of principles/philosophical differences from non-osteopaths. For this reason I think concepts like 'physiotherapeutic definition' (see *The Osteopath* June 05) are problematic. Equally, one can see that chiropractic is not clearly distinct but rather a subset or branch of osteopathy and represents a bias towards a particular style of treatment which osteopaths are flexible enough to incorporate into their methods where appropriate.

**Patrick Muttock BSc (Hons) DO, Chester**



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**Head of Research** With the emigration of the current postholder, we are looking for someone to lead our Research team. With a significant research background, the ideal candidate will have experience within osteopathy or a similar healthcare model. S/he will have the skills to liaise with academic colleagues and co-ordinate research across the School, source funding for research projects, support staff and students with further study and publication, and represent the School at conferences and events. Depending on the individual appointed, the role will be for 3 or 4 days per week, across the full year. The salary will be £40,000 per annum, pro rata.

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**Oluwakemi O. Ola-Ojo**  
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This self-assessment guide is a structured questions and answers book that develops the reader's understanding and capability. Clinical indications are presented with their corresponding ultrasound findings using appropriate illustrations. A case study approach is followed, presenting the clinical and ethical dilemmas that might arise whilst encouraging students to think. The aim is to reinforce theoretical knowledge within a clinical environment. This guide will be useful to students of obstetrics and gynaecology ultrasound, as well as to newly qualified professionals in these fields.



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## Paediatric International Osteopathic Conference

Sam Kankanamge BSc (Hons) Ost, London

To kick start the charity of Lanka Osteopathy Centre for Children (LOCC), the first ever Paediatric International Osteopathic Conference is being held in Colombo, Sri Lanka, from 9–11 April 2006. The objective of the LOCC is to treat children in need, including those affected by conflict and the Asian tsunami.

This historic three-day conference coincides with the Sri Lankan New Year festivities and will be held at JAIC Hilton International Hotel, Colombo.



A team of renowned, international osteopathic speakers and integrated medical practitioners have rallied to support the creation of the LOCC.

There is also an optional tour of the cultural triangle from the 12–21 April but places are limited.

**For a full list of conference speakers and more information on the LOCC and the Conference and tour, visit our website: [www.breathoflifeuk.com](http://www.breathoflifeuk.com) or contact tel: 020 8904 8427, email: [conference@breathoflifeuk.com](mailto:conference@breathoflifeuk.com).**

## 6th International Conference on Advances in Osteopathic Research

### Second call for papers

The 6th International Conference on Advances in Osteopathic Research (ICAOR 6) will be held from **31 March – 2 April 2006** in London. The organising committee invites submission of abstracts of original osteopathic research.

**The submission deadline is 1 September 2005 and further details are available from <http://www.bcom.ac.uk/research/icaor6> or email: [icaor@bcom.ac.uk](mailto:icaor@bcom.ac.uk).**

## Intelligent Body course review

CJ Easty DO, Tamworth

Presented as an exploration of the connective tissue matrix of the body, this course, organised by the Sutherland Cranial College, gave us access to two pioneers and their work.

**Dr Stephen Levin MD** is an orthopaedic surgeon who, following discontent with established principles of biomechanics in the 1970s, searched and researched for a deeper understanding. As a result of his work, and many others in the field including Buckminster Fuller and Donald Ingber, the theory of biotensegrity has been presented – a concept of huge significance to osteopaths and one that continues to be explored.

**Dr James Oschman PhD**, author of *Energy Medicine – The Scientific Basis* (2000) and *Energy Medicine in Therapeutics & Human Performance* (2003), draws



*Dr Stephen Levin MD and Dr James Oschman PhD*

together the current research from a multitude of diverse sources with the enthusiasm of an evangelist, creating an exciting new perspective on the incredible possibilities for communication, and thus intelligence, in the connective tissue matrix of the body.

The resonance of the presentations in this course, with the teachings of AT Still and WG Sutherland, combined with our own palpatory experience as osteopaths, was striking. As one osteopathic colleague said, "It feels like confirmation of what we have been working with for ages." I look forward to future courses with great anticipation.

**For more information, contact the Sutherland Cranial College on tel: 01291 689908 or email: [enquiry@scc-osteopathy.org.uk](mailto:enquiry@scc-osteopathy.org.uk).**



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### **SPORTS FIRST AID** course (tutor Tony Bennison)

Sept 2 – Lilleshall National Sports Centre, Oct 27 – Aldershot, Hampshire

### **SPINAL MANIPULATION** (1 day)

Nov 12 – Droitwich, Worcs

### **ANTERIOR KNEE PAIN: DIFFERENTIAL DIAGNOSIS & TREATMENT**

Sept 10 to 11 – Northampton, Nov 12 to 13 – Hyde Physio Clinic, Cheshire

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July 23 to 24 – Harrogate District Hospital, Oct 29 to 30 – Farnham, Surrey, Nov 19 to 20 – Guernsey

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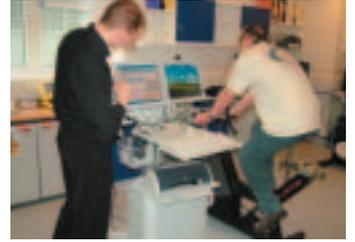
Ian Whyte, Osteopathic Co-ordinator, OSCA

Now that our initial experience of CPD is behind us, perhaps now is the time to examine a more long term approach to our individual study. Why not take the step of actually having a qualification at the end of it all? It does mean spending somewhat more than the required CPD hours and you could run the risk of getting involved in something totally new!



The OSCA MSc in Osteopathic Sports Care is now in its third year at Leeds Metropolitan University. It divides conveniently into one-year cycles, with three modules each year and each module comprising two residential weekends and an assignment. The first year gives you a Post Graduate Certificate (PGC). The second year yields a Post Graduate Diploma (PGD) and the final year dissertation gives the Masters degree.

As well as the team of lecturers comprising researchers, sports scientists and osteopaths (Fiona Hendry, Fiona Walsh, Tom Hewetson, Prof. Laurie Hartman, Prof. Eyal Lederman, Warren Hutson, David and Claire Millard, Nick Salway and James



Woledge), we have added Olympic physiotherapist Alison Booth, soft tissue injury specialist Bert Appleton and finally, Ernest Shilders, a world authority on sports groin injuries.

**The course starts on 1 October and the closing date for applications is 31 August. If you are interested, write to Ray Lloyd, Course Leader, Headingley Campus, Leeds Metropolitan University, Leeds, LS6 3QS or email: [r.lloyd@leedsmet.ac.uk](mailto:r.lloyd@leedsmet.ac.uk). For further information on the course, contact Ian Whyte on tel: 01785 816481 or 01785 248298.**

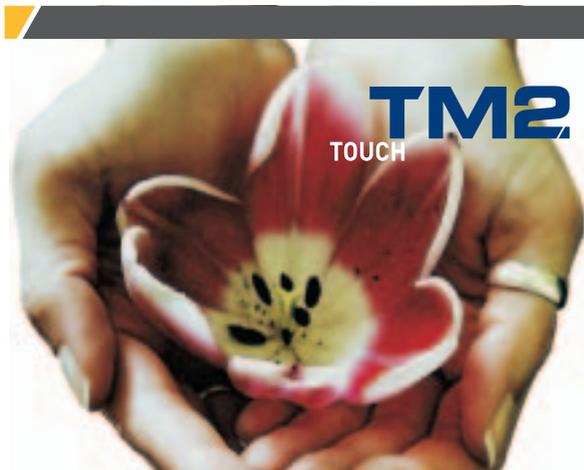
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## Courses 2005

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

### **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 (website: www.ccst.co.uk)

### **Bowen Technique – module 1**

**30–31 July**

Speaker John Wilks. To be held in London. Contact: tel 01963 440542, email: mail@jwilks.co.uk (www.therapy-training.com)

### **Equine Behaviour, Horse Handling and Neuromuscular Re-education Skills**

**17–19 August**

Speaker Diana Thompson, CMT. Organised by Equinenergy. To be held at Writtle College, Essex. Contact: tel: 01507 451413, email: barbara@equinenergy.com (website: www.equinenergy.com)

### **Canine Sports Massage Certification Course**

**21–28 August**

Speaker Barbara Houlding. Organised by Equinenergy. To be held at Writtle College, Essex. Contact tel: 01507 451 413, email: barbara@equinenergy.com (website: www.equinenergy.com)

### **Module 2/3 Osteopathy in the Cranial Field**

**2–4 September and 16 – 18 September**

Course Directors or Susan Turner and Peter Cockhill. Organised by Sutherland Cranial College. To be held at the Columbia Hotel, Lancaster Gate, London. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

### **Cranio-Sacral Therapy Introductory Day**

**3 September**

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

### **Preliminary 5-day course in Osteopathy in the Cranial Field**

**4– 6 & 16–17 September**

Course leader Nick Woodhead. Organised by the British School of Osteopathy. To be held at the British School of Osteopathy, 275 Borough High Street, London, SE1 1JE. Contact: Gayda Arnold tel: 020 7089 5315, email: g.arnold@bso.ac.uk (website: www.bso.ac.uk)

### **Osteopathic Care of Small Animals (Part II)**

**10–11 September**

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 (website: www.cpdo.net)

### **Introductory Course: Cranio-sacral Therapy – First Stage of Professional Training**

**16–21 September**

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 (website: ccst.co.uk)

### **First Aid Appointed Person Course**

**17 September**

Speaker Alex Brazkiewicz. 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)

### **The Symbolic Spine**

**24 September**

Speaker Mark Young. 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: SI Joints, Pelvis and LEX**

**24–25 September**

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)

### **Bowen Technique – module 1**

**26–27 September**

Speaker John Wilks. To be held at Willenhall, nr Wolverhampton. Contact: tel 01963 440 542, email: mail@jwilks.co.uk (website: www.therapy-training.com)

### **The Pelvis and Genito-urinary System**

**30 September–2 October**

Speaker Jean-Pierre Barral. 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)

### **Introductory Course: Cranio-Sacral Therapy – First Stage of Professional Training**

**1–2 October**

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

### **Structural Osteopathic Technique (Part III): Upper Extremity and Upper Cervical Spine**

**6 October**

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)

**Harmonic Technique****8–9 October**

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)

**Clinical Nutrition – the Uses and Misuses of Supplements****20 October**

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)

**Technique – the Female Perspective: Lower Body****27 October**

Speaker Fional Walsh. Organised by the Centre for Professional Development of Osteopathy and Manual Therapy. To be held in London. Contact: tel: 020 7263 8551, email: cpd@cpdo.net (website: www.cpdo.net)

**Osteopathic Care in Pregnancy and Optimal Fetal Positioning (Part I)****29–30 October**

Speaker Averille Morgan. 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 8 The Functional Face****29–31 October**

Course Director Cherry Harris. Organised by Sutherland Cranial College. To be held at the Dartington Hall, Totnes, South Devon. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

**Pathway to Better Health****3 November**

Speaker Stuart Robertson. 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)

**Structural Osteopathic Technique (Part IV): Lower Back and Pelvis****10 November**

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)

**Harmonic Technique (Part II)****12–13 November**

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)

**Module 2/3 Osteopathy in the Cranial Field – Germany****14–18 November**

Organised by Sutherland Cranial College. To be held at the Seminarhof Proitzer Muhle. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

**Clinical Nutrition – Sports Nutrition****17 November**

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 Care in Pregnancy and Optimal Fetal Positioning (Part II)****19–20 November**

Speaker Averille Morgan. 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)

**How to Treat Whiplash Injuries****24 November**

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)

**Integrative Osteopathic Technique: Developing and Advancing Osteopathic Technique****26–27 November**

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)

**Visceral Osteopathy: the Thorax and Three Diaphragms****3–4 December**

Speaker Franz Buset. 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)

**Stillness and Form****3–4 December**

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: 07000 785 778, email: info@cranio.co.uk (website: www.cranio.co.uk)

**COURSES 2006****Module 2/3 Osteopathy in the Cranial Field****5–10 April 2006**

Organised by the Sutherland Cranial College. To be held at Devonshire Hall, Leeds. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

**RECRUITMENT**

WORK IN BOSTON AND SLEAFORD, Lincolnshire. Associate required to work between two clinics. Four days a week and every other Saturday. Predominantly structural. Please contact Tim Richmond on 01529 414894 or send CV to The Osteopathic Clinic, Clover House, Boston Road, Sleaford, Lincs NG34 7HD

IVM-skilled assistant required for Wednesday and Saturday in popular well-established practice in beautiful old town in southern Peak District starting August. Good remuneration and CPD package. Please send CV to Ashbourne Osteopathic Practice, 41 St John Street, Ashbourne, DE6 1GP

ENTHUSIASTIC ASSISTANT OSTEOPATH REQUIRED for very busy practice in South Lincolnshire. Two and a half days work – remuneration \$600 per week. Mainly structural. Tel: Practice Manager Gwen Auger on 01775 766966 or email spaldingosteopathicpractice@yahoo.co.uk

HEREFORD. ASSOCIATE REQUIRED PART-TIME who wishes to develop IVM expertise. Supervision available. CV please to Nicholas Handoll, 70 Belmont Road, Hereford, HR2 7JW. E-mail nicholas@handoll.org

ENTHUSIASTIC, MOTIVATED OSTEOPATH REQUIRED to join our friendly and busy multidisciplinary team at Cambridge Complementary Health Centre. Excellent terms with part-time hours to suit. For details contact muratbasaran@cchc.co.uk or Tel: 07810 523041

PART-TIME OSTEOPATH REQUIRED FOR CLINIC in Teddington (SW London). To include some Saturdays. Experienced in structural osteopathy and interest in antenatal, postnatal and paediatric osteopathy. CV to Janet Bell at enquiries@teddingtonosteopaths.co.uk or call 020 8977 3295 for more details.

OSTEOPATH WITH CRANIAL AND PAEDIATRIC skills required for developing practice in South London. Suit practitioner with existing patient list wishing to relocate or practitioner wishing to develop cranial skills. Tel 07930324827

WELLINGTON, NEW ZEALAND: Osteopath required for professional, caring multidisciplinary clinic starting ASAP. Interests should include paediatric, ante & post natal care. Excellent remuneration and full reception support. New graduates are welcome. Contact us at osteopathic\_health@xtra.co.nz for more information.



**RESEARCH MODULE LEADER**

The College of Osteopaths is looking to appoint a module leader to join the established research team. The post is part-time, and the successful applicant will work with the Curriculum Manager to co-ordinate and develop both undergraduate and postgraduate research.

Applicants should be a registered osteopath, educated preferably to Masters level, with experience in teaching research to undergraduate osteopathic students.

Please send CV with covering letter to: Rachel Ives, Curriculum Manager, The College of Osteopaths, 13 Furzehill Road, Borehamwood, Herts, WD6 2DG.  
020 8905 1937  
or e-mail: r.ives@collegeofosteopaths.ac.uk

PART TIME OSTEOPATH REQUIRED to replace lady who is leaving. Work to include mixture of structural, cranial and treatment of children. Practice positioned in Wellingborough. Please call Robert McGregor on 01933 278391.

EXPERIENCED OSTEOPATH REQUIRED to work in well established Clinic (38 yrs) South Manchester Area. Willing to work alongside experienced Sports therapist and Acupuncturist. We are offering a large treatment room with reception services. Would suit practitioner who is willing to build up a new list. Contact 0161 428 4980

HEREFORD. ASSOCIATE REQUIRED part-time who wishes to develop IVM expertise. Group practice. I have been teaching IVM for 25 years and supervision is available for keen applicants. CV please to Nicholas Handoll, 70 Belmont Road, Hereford, HR2 7JW. E-mail nicholas@handoll.org

PART-TIME OSTEOPATH REQUIRED just outside of Worcester. New Graduate or experienced Osteopath. Send CV to Sue Brazier, Osteopathic Clinic, Upton Road, Callow End, Worcester. WR2 4RT.

VACANCY 1-2 DAYS A WEEK IN A BUSY friendly well established practice in Dundee, working with two experienced Osteopaths, who also do Acupuncture and Cranial Osteopathy. Support given for new graduate. Start date flexible. Please send CV to Kevin Mcghee, Appletree Clinic, Drumsturdy Road, Dundee DD5 3NY

**LESSNESS NATURAL HEALTH CLINIC BEXLEYHEATH**

Our present Osteopath will shortly be leaving the practice. We would therefore like to hear from practitioners wishing to take over our existing clients, working within a multidisciplinary centre.

The clinic is easily accessible and parking is unrestricted.

Contact Jane Batty on 020 8312 2141

WEST COUNTRY ASSOCIATE SOUGHT. Nice gentle osteopath needed to join our team in Bradford on Avon, Wiltshire. S.C.C. pathway, or D.P.O. student/graduate especially welcome, but not essential. Support with further training/study willingly offered. Initially 2 days, (preferably to include Saturday/morning). Start August/ September. Other local work potentially available. Please write with CV to Christian Sullivan, 15a Church Street, Bradford on Avon, Wiltshire, BA15 1LN, or call 01225-868282 for an initial chat.

QUEENSLAND AUSTRALIA, DOUBLE OPPORTUNITY! Firstly associate position with work visa, based on the beautiful Sunshine Coast, 1 hr north of Brisbane. Also a branch practice for sale in northern suburbs of Brisbane, leasehold rooms in landmark medical centre, est. 6 years, great potential in under serviced area. Available separately or combined. shelznik@powerup.com.au or Ph + 64 7 545 0 6627

NUNEATON, WARWICKSHIRE. DUE TO EXPANSION a position is available for a full/ part time registered osteopath in our busy multi-disciplinary physiotherapy clinic. Flexible hours. Excellent rates of pay. Regular in-service training. For further details contact Bal Kaliray on 024 7664 1214

OSTEOPATH WANTED TO WORK IN a well established complementary practice in Enfield Town, north London. We are looking for someone to work alongside a team of complementary practitioners giving a holistic approach to our patients. Times and days TBA. If you are interested please call: Jacqui on 07976 909 859

LONDON SW9 BRIXTON - OSTEOPATHIC ASSISTANT required to work in friendly multidisciplinary centre starting late August. Monday, Thursday & Saturday – some NHS work. We are looking for a dynamic, well motivated and creative individual with good structural skills. Please e-mail C.V. to mardi@brixtontherapycentre.com

EXPERIENCED OSTEOPATH(S) WANTED FOR maternity locum from about November with possible further permanent position. Either one or two positions (to split) 3 \_ days per week between 2 busy, friendly practices in Essex and Northeast London. Sound structural skills essential, dry needling qualification a bonus, 2 years experience minimum. Please send your C.V to kate@bodybalance.co.uk or telephone 01708 501150

ASSOCIATE OSTEOPATH REQUIRED TO JOIN busy clinic in Malvern, Worcestershire as soon as possible. Full time position available with existing caseload. Part time position is also possible. Please send CV to Ken Smith, BSc, DO, Orchard Lodge Clinic, 48 Church Road, Malvern, Worcs. WR14 1NG (tel. 01684 568744).

RUGBY, WARWICKSHIRE – PODIATRY and Gait Analysis practice (4 pods, acupuncture, treadmill, Tekscan F scan and slow-motion DVD) are looking for an excellent Osteopath to develop the musculo-skeletal side of our practice further. Some knowledge of sagittal plane biomechanics essential. Ground floor. Car Park for patients. Full reception. Fee sharing basis. Two Osteopaths have recently relinquished their practice (emigration) close by. Excellent opportunity. 01788 572798.

ASSOCIATE OSTEOPATH REQUIRED to initially work 1 day, gradually building to 3\_ - 4 days during maternity leave. Mainly structural. Possibly of permanent position. Busy town centre practice in Darwen, Lancs. 40 mins from Manchester. Contact Angie telephone 01254 772990

LONDON SW11, ASSOCIATE TO COVER Principal's maternity leave for one year- from July. Must be confidently competent in treating babies/children, pregnant women, structurally and cranially. Ideal candidate will be a mature Osteopath/Naturopath. Excellent communication/telephone skills essential. Applications to mac.moore@chelwest.nhs.uk

WE ARE LOOKING FOR A NEW associate at our exciting Fulham practice, initially for Saturdays with the possibility of steady expansion. Interested applicants should preferably be experienced in the cranial approach and be interested in applying or developing their classic work to treat constitutional cases. Apply with your C.V. and a piece on your approach to Osteopathy and your aspirations. Melinda and Andrew Cotton. The Fulham Osteopathic Practice. www.fop.co.uk info@fop.co.uk

PARTNERSHIP FOR SALE/ ASSOCIATE REQUIRED. Multi-disciplinary practice in East Sussex. 3 spacious treatment rooms in High street location. Associate required if no sale on a Mon, Wed and Fri. please call Ben on 07973235143 or 01892 510380 for further information.

### COMMERCIAL

FOR SALE: FULLY FURNISHED Osteopathic Practice in St Dunstons Street, Canterbury, Kent. Secure-phone entry, 2 parking spaces, Low monthly expenses (approx. £300pcm incl. bills). OIRO £4000. All reasonable offers will be considered! Contact Karl Fisher on 01227 768886 or sportsosteopath@hotmail.com

WONDERFUL OPPORTUNITY TO BUY PRACTICE with bungalow (or not) in East Lancashire. Established 18 years. Treating: Adults, Children and New Born. Large patient base. Excellent location. Reason for sale - Emigration. 01282 831811

PRACTICE & GOODWILL FOR SALE. North West Kent. 3 Year old practice in shop premises on main road. One treatment room, waiting room, W.C. and off street parking. Premises rented on secure tenancy with lease extension negotiable. Reason for sale is relocation to Scotland. Tel: 07879 455845 or email daniel@savagewolf.plus.com.

HOLMES CHAPEL CHESHIRE. Osteopath needed to join Aromatherapist, Reflexologist and Chiropractor in modern ground floor treatment room. Electronic couch. Excellent pedestrianised location with ample parking. Available Tuesday and Wednesday. Rent £70.00. per day. Please phone Judith at Therapia 07803901262.

FREEHOLD OR LEASEHOLD D1 USE CLINIC IN Battersea SW11 (London) for sale or rent. Totally brand new refurbished clinic with beautiful self contained 2 bedroom flat above if required. 3 practice rooms. Waiting room and reception. Contact Mr Nicolaou. 07956 601467

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Ideal for small private practice.

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Idyllic situation.  
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**CONTACT: JUDY BALE: 01883 744624**

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Osteopathy for animals (horses and dogs) at the OCA  
Next 1 year course starts October 2005

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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



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