

the OSTEOPATH

The magazine for Osteopaths

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**Regional Conferences
series 2**

Dr Foster directory

Research hub news

***Annual Report and
Accounts 2004-5
enclosed***



Accounting for progress

GENERAL OSTEOPATHIC COUNCIL



The General Osteopathic Council

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Chairman's report

This month's issue contains the GOsC's *Annual Report and Accounts*: our report to you on how we are managing the GOsC and what the wide range of functions cost. The law requires the GOsC to submit an Annual Report and Accounts only to the Privy Council, through the Department of Health, but we have always felt it important to also share this information with all

osteopaths and it is our intention to continue to do so in the future. The GOsC makes demands of osteopaths, usually because the law and good practice require this, and so it seems right and proper that you should see that the GOsC too is accountable for its actions.

In reality, none of us is the free agent we might like to be. A pertinent and topical example of this is clause 20 in the new *Code of Practice*, requiring you to advise your patients of the potential risks of treatment. Many of you will know, from the letters pages of the profession's magazines and from the GOsC Conferences, that the introduction of this clause has caused much consternation. The GOsC's Head of Legal Affairs, David Simpson, explains more about this on page 7. Please read what David has to say and you will see that this is a case of the profession meeting its legal requirements, standards equivalent to those expected of other healthcare professionals. This is a growing recognition of patients' human rights and not just the GOsC being unreasonably dictatorial! David's commentary also offers some pointers on how to deal with the complex issue of informed consent.

Turning back to *our* requirements and what governs the GOsC spending: firstly, of course, there is the overarching remit set out in the Osteopaths Act 1993; to paraphrase, *to regulate the profession of osteopathy, including registration, education and conduct and matters connected to the development and promotion of the profession*. Additionally, our activities are governed by other laws and codes, some of which will be familiar to you in relation to your businesses. These include legislation concerning financial controls, audit and



taxation, health and safety, employment, disability discrimination and human rights, to name but some, and not forgetting the plethora of EU Directives!

The enhancement of our corporate governance lay at the heart of much activity this past financial year and Council initiated a wide-ranging review of the processes by which

it controls and directs GOsC business. Other milestones included the development of the new *Code of Practice*, which came into force in May this year, the outsourcing of the assessment and evaluation aspects of the Recognised Qualification process to the independent Quality Assurance Agency and an overhaul of the Final Clinical Competence Assessment procedures for final year osteopathic students. An extensive new public information website was launched, along with a range of initiatives to ensure UK osteopathy flourishes in the international arena, whilst the profession clocked up its first official year of CPD.

The impact of the Fifth Shipman Report was felt by all healthcare professions and provoked the Government's current, major review of healthcare regulation. Alongside this, the Council for Healthcare Regulatory Excellence (CHRE), is exercising its powers under the National Health Service Reform and Health Care Professions Act 2002 to challenge lenient decisions by regulators on practitioners' conduct and competence.

It is CHRE's role also to review our performance in most other respects. This means that the GOsC, as one of the nine healthcare regulators, must deliver its remit at least as well as the rest. It's satisfying, therefore, to discover that even though small by comparison to most other healthcare regulators, on some issues the GOsC and the osteopathic profession have been cited as leading the way. All this helps spread the message that osteopaths are true professionals and dedicated primary healthcare practitioners. We hope you share the pride we feel in presenting this progressive report to the Privy Council.

Nigel Clarke,
Chairman

"There is nothing in the world that some man cannot make a little worse and sell a little cheaper, and he who considers price only is that man's lawful prey"

John Ruskin



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In Council

Jane Quinnell, Clerk to Council

The 47th meeting of the General Osteopathic Council took place on Tuesday 19 July 2005 at Osteopathy House, with Nigel Clarke, the Chairman, in the Chair. Matters considered and/or noted included:

Chairman's Report

Meeting with John Bowis MEP

A meeting with John Bowis MEP to discuss a number of healthcare issues particularly relevant during the UK Presidency of the European Union proved productive. Mr Bowis offered to host a lunch meeting in Brussels in Spring 2006 to build on alliances forged at the proposed Federation of Osteopathic Regulators in Europe meeting planned for 4 November 2005.

Appraisal of Council members and Members Co-opted to Committees

An appraisal system has been established and would be implemented in the Autumn.

Financial matters

Annual Report and Accounts 2004-05

The audited Report and Accounts for the period from 1 April 2004 to 31 March 2005, accompanying notes to these accounts, and the Management letter from the Auditors, Buzzacott, were commended by the Finance and General Purposes Committee and the Audit Committee, and approved by Council. The Chairman and Treasurer were authorised to agree the finalisation of the Annual Report text and then to sign the Annual Report and Accounts out of Council. (See the centre portion of this issue of The Osteopath.)

Management Accounts Highlight Report for the three months to 30 June 2005

Business Plan activity was reported to be on target. At this early stage in the financial year, variances in the Management Accounts are a consequence of phasing issues.

Publication Scheme

Council undertook the annual review of the GOsC Publication Scheme, as required by the Information Commissioner. (A copy of the GOsC Publication Scheme is to be made available on the GOsC website).

High Level Risk Register

Council adopted the High Level Risk Register, commended for acceptance by the Audit Committee.

Council for Healthcare Regulatory Excellence (CHRE)

Section 29 Costs Orders

Council is considering insuring against the costs that would be incurred if CHRE brought a case against the



GOsC for being too lenient in its fitness to practise findings (Section 29 of the legislation governing CHRE gives this power). The quotes for such insurance were prohibitively expensive given the risk. However, CHRE's proposals to adopt Alternative Dispute Resolution as a first step may now help to reduce the cost. A further quote is therefore being obtained.

Fee concession for 5th Year British College of Osteopathic Medicine (BCOM) Students

A request that the 5th Year BCOM students, having received their Diploma in Osteopathy at the end of the 4th year, be afforded an additional concession on their first GOsC Registration Fee was considered. Council instructed the Education Committee that a positive way forward would be to explore possible improvements of the whole issue of a pre/post registration year and all other issues for new graduates.

Council's Duties

Council conducted its annual review of the Duties reserved to Council and those delegated to the Senior Management Team.

Committees and Senior Management Team

Update reports were received on the work of the Committees that had met since the last Council meeting in May and on the work in progress reports from members of the Senior Management Team. More detail will be available in the full minutes of this meeting when they are posted on the GOsC website after approval at the next Council meeting.

Future Council meetings

- Tuesday 27 September 2005 – is held provisionally for a Council Away Day – this meeting will not be open to the public unless Council business dictates a session is needed.
- Thursday 15 December 2005

Meetings will commence at 10.00 am at Osteopathy House. The agenda for the public session will be available on the GOsC website, or from Jane Quinnell approximately seven to ten days before the meeting. Public sessions of Council meetings are open to members of the public, which, of course, includes osteopaths.

Contact Jane Quinnell on tel: 01580 720213, email: janeq@osteopathy.org.uk for further information, or if you would like to attend the next Council meeting.

Warning patients of risks

David Simpson, Head of Legal Affairs

This article may have the ring of familiarity about it because it is an amalgam of responses I have made to individual enquiries, but I hope it will be of use to many of you.

A new *Code of Practice* came into effect on 9 May this year and has already been the subject of much debate amongst the profession. One issue, in particular, requires further amplification and explanation, and that is clause 20 and the parallel guidance in the *Obtaining Consent* leaflet. For ease of reference, the relevant clauses are reproduced below.

Clause 20 of the Code:

"You should not only explain the usual inherent risks associated with the particular treatment but also any low risks of seriously debilitating outcomes."

Obtaining Consent leaflet (page 2):

"There will always be an element of clinical judgment in determining what information you should give to your patient but this should always include:

- *The usual risks*
- *All risks of serious debility, no matter how remote."*

The guidance does not mean that you are obliged to warn of all risks but that you should warn of *common* risks and low risks of *seriously debilitating outcomes*.

Let me say at the outset that although professional standards are important for the protection of patients, the practitioner, and the reputation of the profession, the GOsC has no desire to impose obligations that are unrealistic or cause you serious difficulty. The new *Code* and leaflets were drafted to help you comply with your professional and legal obligations. Clause 20 was specifically drafted to help you stay within the law on consent, even if you do not understand the full complexities of the law. We recognise that your priority is treating patients, not keeping up to speed with developing law.

Clause 20 encapsulates the House of Lords' recent judgment in the case of *Chester v Afshar 14 October 2004*, in which their Lordships analysed the law of consent.

Briefly, the facts of the *Chester* case were that Mr Afshar, a surgeon, failed to warn Ms Chester of a 1-2% chance of serious neurological damage from spinal disc surgery. Ms Chester suffered cauda equina contusion and sued for damages. The court found that Mr Afshar had performed the surgery perfectly competently and had not been negligent. Ms Chester admitted that she might have gone ahead with the surgery if warned about the particular risk but she would have delayed to obtain a second or third medical opinion.



Because cauda equina syndrome is a condition that may develop at the hands of a fully competent surgeon and in the absence of negligence, it was found that Ms Chester would have suffered the condition regardless of when she had the operation. She could not show that Mr Afshar had caused the cauda equina syndrome, so under normal negligence principles should not have won her case. Despite this, the House of Lords found in Ms Chester's favour. The basis of this decision was that, as she had the right to be informed of even a *small risk of a seriously adverse result* (Mr Afshar had the duty to inform her) they would protect that right.

I reproduce here selected statements made by their Lordships:

- "The existence of this duty is not in doubt. Nor is its rationale: to enable adult patients of sound mind to make for themselves decisions intimately affecting their own lives and bodies."
- "In modern law medical paternalism no longer rules and a patient has a ... right to be informed ... of a small, but well established, risk of serious injury ..."
- "A rule requiring a doctor to abstain from performing an operation without the informed consent of a patient serves two purposes. It tends to avoid the occurrence of the particular physical injury the risk of which a patient is not prepared to accept. It also ensures that due respect is given to the autonomy and dignity of each patient."
- "As a result of the surgeon's failure to warn the patient, she cannot be said to have given informed consent to the surgery in the full legal sense The decision announced by the House today reflects the reasonable expectations of the public in contemporary society."

In another case, the patient's right to be informed was said to be a basic human right.

The law sets minimum standards. Professional standards may be higher but should not be lower.

What is a 'well-established' risk?

Osteopaths' concerns have centred on identifying what risks they are obliged to warn patients about. Some have suggested that in the absence of research, a risk cannot be well established. I can see the attraction of this analysis. It would make your job (and mine) easier. However, it is flawed in that it disregards patient autonomy and absolves osteopaths of the duty to inform of any risks, which would be a unique position amongst mainstream healthcare practitioners.

An equally valid question is, "What are the well established benefits of osteopathy?" Few osteopaths are deterred from extolling the virtues of osteopathy by the lack of research evidence. So, is osteopathy a cult, relying upon nothing but the blind faith of its practitioners and followers for survival? Or, are benefits observed and taught? Whatever the answer, the validity of osteopathy does not currently rely upon research. In this context, osteopathy is accepted as having benefits because the prevailing view of osteopaths and other healthcare professions is that it does.

It is the same with risks associated with certain techniques used by osteopaths. Not only are they observed (and reported to insurers) but their existence is accepted by the prevailing view of osteopaths, other healthcare professions and patients.

How do I identify the risks?

As with all other healthcare professionals, a competent osteopath is taken to know the well-established risks associated with the treatment he or she provides. Even so, the GOsC, having heard your difficulties, will compile an aide memoir on usual risks and risks of seriously debilitating outcomes.

What is the magnitude of a risk?

In considering this question, it is necessary to distinguish between the existence of a risk and its magnitude. Although osteopaths can identify the existence of risks (as discussed above), due to the lack of research evidence, they cannot quote conclusive findings on the likelihood of them occurring. And some of the research that is available varies widely in its assessment of the same risks. The patchy availability of evidence may be due to a combination of the lack of a formal system of monitoring adverse outcomes and compounded by insurers' insistence on non-disclosure clauses in settlement agreements for payment of compensation. Whatever the reason, it is difficult to know which research to rely on. Osteopaths must, therefore, rely on the prevailing view of the profession when explaining the magnitude of risks because currently that is usually the only measure available.

The leaflet *Obtaining Consent* states that you should inform patients of risks of seriously debilitating outcomes, "no matter how remote". These last four words do not change the meaning of the guidance but were added with the intention of introducing clarity. Unfortunately, they seem only to have muddled the waters. Because of this, we announced at the Gatwick

Conference in July that GOsC would remove the words when the leaflet is next redrafted, but in the meantime I will seek to provide the clarity intended.

These words do not mean that you must warn of obscure or fanciful risks, as some have interpreted them. But they are there to discourage you from deciding that the chances of certain well-established risks are so low that they are not worth mentioning to patients.

There are two reasons for this. Firstly, the House of Lords did not set a lower threshold below which risks need not be mentioned. Indeed, they acknowledged that patients' sensitivity to risk varies widely and stated that it was for patients to decide what level of risk they were prepared to accept. An everyday example of extreme aversion to risk is the fear of flying. The risk of dying in an air crash is minuscule, nevertheless some people choose not to travel by air. That is their prerogative.

Secondly, although it could be argued that some risks of seriously debilitating outcomes are so small that they equate in magnitude to the risks associated with the everyday contingencies of life and need not, therefore, be mentioned to patients, without accurate assessments that conclusive research provides, an arbitrary lower threshold cannot be set by a responsible regulatory body.

What about clinical judgment?

You will see that the *Code* distinguishes between things that you 'should' and 'must' do. 'Must' denotes a mandatory requirement, whilst 'should' denotes a strong recommendation. You can decide not to abide by a 'should do' recommendation but only on a rational clinical basis. Clause 20 is predicated on a 'should do' basis to allow you to exercise your clinical judgment. But the question is, "What are the limits to clinical judgment?"

In *Chester v Afshar*, their Lordships also gave the following guidance, "... the only qualification to warning of possible serious risks involved in a procedure is that there may be wholly exceptional cases where objectively in the best interests of the patient the practitioner may be excused from giving a warning."

This is consistent with the General Medical Council's current guidance, namely, "You must not withhold information necessary for decision-making unless you judge that disclosure of some relevant information would cause the patient serious harm. In this context serious harm does not mean the patient would become upset, or decide to refuse treatment."



I must confess, I cannot think of an osteopathic scenario in which this exception would apply because a safe osteopath would not proceed with a treatment that was contra-indicated. I would be grateful for examples that I could share with the profession.

How should I warn patients of risk?

Before providing the treatment you must obtain your patient's consent to do so. This will involve you explaining the benefits of the treatment you propose and the usual risks and risks of inherent seriously debilitating outcomes associated with it.

There is no obligation to warn in terms of a '1 in *n* chance' of an occurrence. You may use general terms to explain the existence of the risk and its magnitude. *How* you explain is very important, so as not to unnecessarily alarm patients. It may help the patient, as well as you, to put the risk into context by way of everyday comparisons. Using the example of neck manipulation, some osteopaths refer to the prevalent view that the risks of stroke from neck manipulation are comparable to the risk of stroke from leaning backwards against a hairdresser's basin to have one's hair washed. Others

refer to the handful of reported incidents over the years. Practitioners can enhance the patient's understanding by reference to the profession's experience – for example, "There are millions of osteopathic treatments each year, a proportion of which relate to neck problems and I have heard of just three cases in the last ten years where a stroke has been associated with treatment." At least then the patients will be able to conceptualise the risk.

You can also reassure your patients that you are aware of the risks and that you have evaluated the patient and assessed the appropriateness of any particular technique to minimise any risk to the individual. As more practitioners warn of risks, patients may be less keen to consult osteopaths who appear to be unaware or unwilling to advise on benefits and risks of treatment.

In an effort to establish as much consistency as possible across the healthcare professions, I have asked the Council of Healthcare Regulatory Excellence to raise *Chester v Afshar* as an agenda item for cross-profession discussion. I have also raised the case for discussion in the forthcoming In-House Healthcare Lawyers' Forum. I shall keep you informed of any developments.

STOP PRESS ...STOP PRESS ...STOP PRESS ...STOP PRESS ...

The GOsC has received a letter from the South Wales Osteopathic Society (SWOS), which we believe has been circulated more widely, expressing concern about areas of the new *Code of Practice* and *Obtaining Consent* leaflet.

Our regret is that we did not receive such feedback when we consulted on the revised *Code of Practice* from September to December 2003. Reports on the revision of the *Code*, including a specific article inviting registrants to take part in the consultation process, appeared in *The Osteopath* during the consultation period. The consultation document was also sent directly to regional co-ordinators and key osteopathic groups (including the British Osteopathic Association (BOA)), amongst others.

We welcome the opportunity to deal with these concerns and would like to assure you that we will be responding directly to SWOS, and also to the profession through *The Osteopath* and forthcoming Regional Conferences.

Regional Conferences series 2

Fresh programme for a new season

Series 2 of the GOsC Regional Conferences – ‘Osteopathy – shaping best practice’ – gets underway this month, with the first meeting in Harrogate on 24 September. The new season sees a fresh programme reshaped to reflect developments in the profession and healthcare sector over the year. The meetings will again have an interactive format with additional time dedicated to open floor discussions/debates. Key issues for debate include, proposed revisions to the Osteopaths Act, osteopathy’s potential role in NHS primary care and what the new *Code of Practice* means in practice.

Session I: Legislative Review 2005

Debating the Osteopaths Act

Discussion forum led by Madeleine Craggs (GOsC Chief Executive and Registrar) & David Simpson (Barrister & GOsC Head of Legal Affairs)

Twelve years on, the Osteopaths Act is now in need of wide-ranging revision to reflect advancements in the osteopathic profession. All osteopaths are invited to contribute to the consultation process and in September will receive an extensive discussion document and feedback questionnaire, developed during the Spring round of Conferences.

This forum is a vital opportunity to clarify, debate and gauge the consensus of colleagues’ views as you shape your own formal feedback and direct the future of osteopathy in the UK. Discussion will focus on:

- **Why the Legislative Review?**
- **The consultation process**
- **Proposed amendments to Registration and Fitness to Practise processes:**
- **The implications of change – how will this affect your everyday practice?**

Session II: Promoting NHS partnerships*

Demystifying the NHS: an insider’s perspective

Regional NHS manager / clinician

Largely in private practice, osteopaths face a daunting challenge staying abreast of the ever-changing shape of national healthcare. A regional NHS manager will be invited to provide insight into new opportunities in primary care:



- **The changing face of the NHS – priorities & patient needs**
- **Practice-based Commissioning – new opportunities for osteopaths**
- **NHS expectations of osteopaths as service providers**

Advancing into primary care: complementary care on the NHS?

Boo Armstrong, Managing Director, Get Well UK

As the Director of the community health project, ‘Women and Health’, in North London 1998–2002, Boo recognised the need for wider access to complementary therapies and so set about establishing the not-for-profit organisation Get Well UK. Bringing together practitioners, GPs and patients through a central organisation (with local NHS funding), Get Well UK aims to bridge the gap between local patient needs and service provision. Boo will explore:

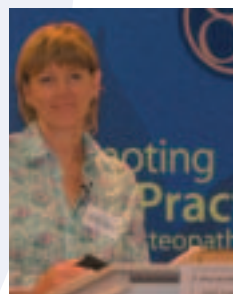
- **Widening access to complementary healthcare**
- **What will help the NHS to purchase more osteopathy?**
- **Implications for osteopaths**

*To ensure the programme is relevant to each region, for the Dublin Conference Session II will instead explore some effective methods for building better relationships with local GPs and other healthcare professionals. This interactive workshop, led by osteopath Robin Lansman, will look at delivering clear and consistent messages and how to manage difficult questions.

Session III: The Code in practice

Managing risk

Open forum led by Catherine Hamilton-Plant DO (Chair of GOsC Practice & Ethics Committee) & David Simpson (Barrister & GOsC Head of Legal Affairs)



The new *Code of Practice* took effect from May 2005. Guidance and requirements reflecting

changes in the law and patients’ expectations have been causing concern for some osteopaths. What are the implications of the tightening law on consent and advising patients of risk? How does this fit with delivering best care?

Good practice – good business?

Discussion led by Catherine Hamilton-Plant DO (Chair of GOsC Practice & Ethics Committee)

Two interactive sessions, with filmed scenarios specially commissioned for this event, convert the *Code* into everyday practice. A valuable opportunity to assess what constitutes best practice and explore with colleagues some of the ethical issues that challenge you in daily practice.

Scenario I: Managing patient expectations

- Are we aware of the patient's expectations?
- Dealing with the 'well-informed' patient
- Managing a complaint

Scenario II: Trust above All

- When and how does trust break down?
- How is trust restored?
- What roles do your support staff play?

Conference exhibition

Exhibitors of a wide range of products and services to osteopaths will be present at all events. As these

Conferences represent a prime opportunity to promote the CPD activities of regional societies and groups, we will also be including a 'CPD area' as part of the exhibition this year. If you would like to display or distribute information about programmes or activities you are providing, contact the Communications department on ext. 222. *(Note: the GOsC does not accredit or endorse any such initiatives, nor are we able to provide production support.)*



A booking form is enclosed with this issue of the magazine – return your completed form as soon as possible to secure a place

at your preferred Regional Conference. On receipt of your booking, confirmation and a programme pack, including directions to the venue, will be sent to you. Delegate fee includes all refreshments.

For more information, or to make a booking, contact the Communications department on tel: 020 7537 6655 exts. 222 or 242.

GOsC Regional Conferences 2005: dates and venues

Series 2: September – November

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

Back in Work Awards

The closing date for this year's Back in Work Awards (BiW) is 14 October. The Awards have been running since 2003 and provide a platform for the NHS to show what they are doing at a local level to address musculoskeletal disorders and manual handling issues. They have

provided some excellent examples of innovation, problem solving and initiative. The Awards will be presented at the Healthy Workplaces – National Occupational Health Conference in February 2006.

For further details see <http://www.nhs.uk/backinwork/>



**YELLOW
PAGES**

Yellow Pages deadlines

September

Wirral & Chester	06-09-05
Dundee & Perth	07-09-05
Bournemouth	09-09-05
Canterbury	15-09-05
Maidstone	16-09-05
Northern Ireland	
Belfast distribution area	20-09-05
Northern Ireland	
South Ulster distribution area	23-09-05
Northern Ireland	
North Ulster distribution area	27-09-05

October

Fife & Kinross	05-10-05
North London	13-10-05
Enfield & Barnet	13-10-05
Cardiff	20-10-05
Newport	20-10-05
Bradford	27-10-05
Middlesbrough	31-10-05
Sunderland	31-10-05
Durham	31-10-05

November

Shrewsbury	08-11-05
Hereford & Mid Wales	08-11-05
Brighton	11-11-05
West Midlands South	15-11-05
Yorkshire & North East BP	16-11-05
Kingston	17-11-05
Richmond & Twickenham	17-11-05
North West & North Wales BP	23-11-05
Thames BP	23-11-05
Plymouth	25-11-05
Cornwall	25-11-05
Sheffield	30-11-05
Barnsley	30-11-05

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ADVANCED ANATOMY & RADIOLOGY WORKSHOP FOR THE UPPER & LOWER LIMB

Sept 17 to 18 – AECC, Bournemouth

Fee: £199 before August 12, £250 after August 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,
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New Dr Foster CAM directory

Louise Morgan, Clinical Research Manager, Dr Foster

Dr Foster has recently launched its new searchable database of complementary practitioners in the UK. With details of over 2500 practitioners, including almost 1600 osteopaths, the database enables members of the public to find a practitioner in their local area and includes information on special interests.

A recent Dr Foster survey of osteopaths, chiropractors, acupuncturists, homeopaths and herbalists found that more than 50% of respondents offer appointments on Saturdays, and the average consultation time is 30-45 minutes for the first consultation - far longer than the average GP consultation. Most ask if their GP is aware of the problem (89%) and ask permission to inform their GP (71%). A sizeable number of practitioners (10-20%) work in clinics alongside orthodox practitioners.



Michael Dixon, Chairman of the NHS Alliance, said, "This year's results show that CAM practitioners are ever trying to raise their standards in terms of quality, safety and access. It is good to see that up to one in five of CAM practitioners are working with orthodox practitioners – an improvement over a few years ago - but it would be good to see an increasing number of practitioners working side-by-side in terms of offering better choice and safety. The NHS can learn much from CAM practitioners in terms of offering better out-of-hours availability for scheduled consultation."

Thanks to all osteopaths who took the time to complete our questionnaire.

For more information or to register with the directory, go to www.drfooster.co.uk/cam.

OCC shortlisted for Good Practice Award

The work carried out by paediatric osteopaths with premature babies at the neonatal intensive care unit at Barnet General Hospital has been recognised by the **Prince of Wales's Foundation for Integrated Health**. The team from the Osteopathic Centre for Children (OCC) has been shortlisted for the 2005 Award for Good Practice in Integrated Healthcare.

Being born so young places babies at tremendous risk, which is why paediatric osteopaths from the OCC have been routinely treating premature babies at Barnet General Hospital's neonatal intensive care unit (NICU) for the last 10 years. The effects of premature birth and the treatment in NICUs to keep them alive can have a profound and long-lasting effect – but these effects can be reduced by the skilled and sensitive treatment provided by paediatric osteopaths.

"Premature babies suffer from a range of health problems," says **Mark Wilson**, Consultant Paediatric Osteopath (pictured above), who leads the team at



Barnet. "Some because they are so small and not ready for life outside the womb, some caused by the delivery itself and others by the medical interventions necessary to keep them alive. We have seen that babies who received paediatric osteopathy regularly on the Unit are discharged sooner, need less long-term medication and have a better quality of life as older children."

Treatment provided at Barnet NICU is unique, and something that the OCC

would like to see made available to all premature babies throughout the UK. The OCC is a registered charity with clinics in both London and Manchester, treating babies and children for a variety of complaints from colic to cerebral palsy, eczema to epilepsy, gastric reflux to glue ear, autism to asthma. The final recipient of the Award will be announced later this month.

For further information contact Harriet Griffey at harriet.griffey@virgin.net or visit www.occ.uk.com.

Photographer: Josh Griffey

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Body painting by Sarah Bee, for Osteocare.




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THE UK'S NO.1 SELLING BONE HEALTH FORMULA

Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Kensington and Chelsea PCT

Latest plans to secure osteopathic provision at Kensington and Chelsea were confirmed by Acting Chief Executive, Lise Llewellyn recently. In a response to communications from the GOsC on 26 July, she advised that osteopathy is set to become "part of a community musculoskeletal service" in the expected reorganisation. The Trust is tackling a \$14.5 million deficit and, as previously reported, had originally planned to axe the entire Osteopathic Department. The GOsC has kept up its campaign to support the Osteopathic Department as this is a beacon of NHS best practice which, if emulated across the country, could benefit both the profession and patients. The GOsC is also seeking support from two local MPs, Malcolm Rifkind (Con Kensington and Chelsea) and Karen Buck (Lab Regent's Park and Kensington North).

On 29 July, Andrew Kenworthy was appointed as new Chief Executive of K&C PCT (formerly of Durham Dales PCT) and will take up his post on 1 September. The GOsC will be writing to Mr Kenworthy.

Commissioning a Patient-Led NHS

Every GP will be expected to take on Practice-based Commissioning (PbC) by the end of 2006 according to latest Government guidance. Released on 28 July – *Commissioning a Patient-Led NHS* – it brings forward by two years the Government's target to increase GP involvement in commissioning healthcare services. PbC, introduced earlier this year, devolves power to local GPs to improve patient care. This also provides a potentially valuable opportunity for osteopaths to increase working partnerships with GPs in the treatment of musculoskeletal disorders (further briefing material on PbC is available from the Communications Department).

The document states "... there will be a progressive move towards greater use of other providers, including those from the independent sector ..."

These policy changes are in line with long-term Government aims to be outlined in the forthcoming White Paper on primary care – *Health Outside of Hospital* - due out for consultation in September.



House of Commons

The House of Commons appointed the Select Committees on 13 July – only one week before the Commons rose for the summer break. Of interest to the GOsC is the 11-strong Select Committee on Health. This Committee is now chaired by Kevin Barron MP, a former miner and former parliamentary private secretary to Neil Kinnock. He has also been a lay member of the General Medical Council since 1999, though is likely to stand down shortly. An inquiry will begin in the autumn on the regulation of smoking as part of the proposed Health Improvement and Protection Bill. It is also likely that the Committee will consider looking at NHS funding with regard to deficits.



Kevin Barron MP

The full Committee list is as follows:

- Kevin Barron (Lab Rother Valley) – Chairman
- David Amess (Con Southend West) (former member)
- Charlotte Atkins (Lab Staffordshire Moorlands)
- John Austin (Lab Erith and Thamesmead) (former member)
- Paul Burstow (Lib Dem Sutton and Cheam)
- Jim Dowd (Lab Lewisham West)
- Anne Milton (Con Guildford)
- Doug Naysmith (Lab Bristol North West)
- Mike Penning (Con Hemel Hempstead)
- Dr Howard Stoate (Lab Dartford)
- Dr Richard Taylor (Ind Wyre Forest) (former Member)

Doug Naysmith is a former immunologist; Paul Burstow a former Lib Dem Health spokesman and the newly-elected Tory, Anne Milton, a former nurse.

The GOsC will be contacting the above MPs regarding the proposed changes to the Osteopathic Department at the K&C PCT as well as the Department of Health's draft Musculoskeletal Services Framework. We will be seeking meetings in the autumn.

Parliamentary Questions

Pat McFadden (Lab Wolverhampton SE) asked Patricia Hewitt, Secretary of State for Health, to make a statement on patient choice on 11 July. Hewitt confirmed that from the end of 2005, NHS patients will be able to choose from four or

Political round-up

more hospitals when referred by their general practitioner. By 2008, they will be able to choose from any healthcare provider that meets NHS standards and prices.

Greg Hands (Con Hammersmith and Fulham) asked a question about the funding of the National Institute for Health and Clinical Excellence (NICE) on 5 July. Health Minister, Jane Kennedy responded that the budget for 2005-06 will be £29,298,000 taking into account the incorporation of functions of the former Health Development Agency and the transfer of funding for the three confidential inquiries to the National Patient Safety Agency.

Greg Clark (Con Tunbridge Wells) asked about the number of physiotherapists employed in the NHS. Liam Byrne, junior Health Minister revealed that as of September 2004, 19,139 physiotherapists were employed in the NHS representing an increase of 4,896 or 34% since 1997.

Wales

Waiting lists released on 27 July for the Welsh NHS showed that the total number of people waiting over 12 months was up from 1,173 in May to 1,196 in June. The number of people waiting over a year for their first outpatient appointment rose from 13,865 to 14,136. The figures were criticised by Plaid Cymru health spokesman, Rhodri Glyn Thomas and Conservative assembly health spokesman, Jonathan Morgan. Welsh Liberal Democrat Spokesman, Jenny Randerson said the data was a disappointment.

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Scotland

The Scottish Parliament is in recess. In the autumn, MSPs will continue work on the Human Tissues Bill, Abolition of NHS Prescription Charges Bill and Direct Elections to NHS Boards Bill, as well as the Community Care and Health Inquiry.



European Union

UK Presidency of the EU:

Edinburgh Workshop

The GOsC is planning a Workshop in Edinburgh on Friday 14 October as part of the UK Presidency activities on patient safety. 'Bridging the Healthcare Gap Workshop' seeks to highlight the problems faced by health professions which are only regulated in some countries. We hope to cover the following issues:

- Lack of equivalent competent authorities
- Professional associations and patient safety
- Common training standards
- Establishment of a Federation of Osteopathic Regulators in Europe

The conference is only open to Government ministries and healthcare regulators across Europe. It is hoped that speakers will attend from Austria and France. Austria does not currently regulate osteopathy but the profession is in talks with the Austrian Government. In France, osteopathy is a recognised profession although there are six organisations currently claiming to represent the interests of osteopaths. The GOsC is liaising with officials from the Department of Health as well as foreign ministries.

Federation of Osteopathic Regulators in Europe

The GOsC is also organising a meeting on 4 November in London which will look at the possibilities for developing a framework organisation across Europe to focus on issues related to osteopathic regulation. Approved by the Department of Health, this meeting is in association with the UK Presidency of the EU 2005. The GOsC is seeking a high-profile figure to chair this event and plans to approach former Irish Health Commissioner, David Byrne.

Services Directive

The European Parliament is scheduled to vote on its first reading on the draft Services Directive in October, with the Internal Market Committee adopting its key report at the end of September. The inclusion of health services within the scope of this Directive remains controversial and the UK Presidency is now responsible for negotiating this Directive at EU level.

At a DTI briefing attended by the GOsC, the UK Government confirmed that the position on health was to exclude publicly-funded healthcare but keep in privately-funded care.

The GOsC continues to work as a member of the Alliance of UK Health Regulators in Europe (AURE) and will consider briefing UK MEPs on the Internal Market Committee ahead of the September vote.



John Bowis MEP

Nigel Clarke, Madeleine Craggs and Pat Murtagh met John Bowis MEP (Con London Region) on 15 July. John is the health spokesman in the European Parliament both for the Conservatives and the Group of the European People's Party – the largest political grouping in the European Parliament. A former Conservative Health Minister, he was MP for Battersea and involved in the application of The Osteopaths Act 1993.

John successfully campaigned for the scrapping of the 16-week provision in the Mutual Recognition of Qualifications Directive that would have allowed professionals, including doctors, to work for 16 weeks in another country without having their qualifications checked. The GOsC made clear to him that there were still concerns regarding language testing.

He was interested to learn of proposals for a European Osteopathy forum and agreed to consider hosting a lunch meeting in Brussels once discussions have progressed further. Another possibility would be for the GOsC to address the newly-formed European Parliament Inter-Group on Health and Consumer Affairs which normally meets monthly in Strasbourg.

Patient Mobility

European Health Commissioner, Markos Kyprianou, addressed the European Parliament's Environment Committee in June. He confirmed that the five strategic health objectives were based on prevention: health threats like SARS; healthier way of life; reducing major diseases; more efficient health systems and information and data. He confirmed to John Bowis MEP that work had started on patient mobility but the timetable depended on the Services Directive.

If you have any comments or questions about the contents of this article, please contact Sarah Eldred on ext. 245 or email: sarahe@osteopathy.org.uk.



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Bournemouth	09-09-05
Chelmsford	09-09-05
Heads of the Valley	09-09-05
Kidderminster	09-09-05
Winchester	09-09-05
Richmond	16-09-05
Great Yarmouth	16-09-05
Ilford	16-09-05
Kilmarnock	16-09-05
Norwich	16-09-05
Central London	16-09-05
Chesterfield	23-09-05
Chichester	23-09-05
Durham	23-09-05
Ealing	23-09-05
Hillingdon	23-09-05

September (continued)

Wakefield	23-09-05
Bromley	30-09-05
Lewisham	30-09-05
Liverpool	30-09-05
St Helens	30-09-05
Stockport	30-09-05
Warrington	30-09-05

October

Bristol East	07-10-05
Bristol North	07-10-05
Bristol South	07-10-05
East London	07-10-05
Leeds	07-10-05
Glamorgan	14-10-05
Harrogate	14-10-05
Lambeth	14-10-05
Wandsworth	14-10-05
West Cornwall	14-10-05
Dundee	21-10-05
Romford	21-10-05
Stirling	21-10-05
Worthing	21-10-05

November

North Devon	04-11-05
Stoke on Trent (Potteries)	04-11-05
Nottingham	25-11-05

December

Mansfield	02-12-05
Kettering	02-12-05
Leicester	02-12-05
Salisbury	09-12-05
Walsall	09-12-05

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Ref: 2993

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Ref: 2994

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Completed applications should be returned to the Directorate of Human Resources, Nescot, Reigate Road, Ewell, Surrey, KT17 3DS by 5pm, 15th September 2005.



National Council for NCOR Osteopathic Research NCOR news

Carol Fawkes BA (Hons) DO, Research Development Officer

NCOR website

The NCOR website is now live and can be found at www.ncor.org.uk. A number of items have still to be added to the site, but suggestions from osteopaths on useful material to be included are welcomed. The site is intended to be as helpful as possible to all osteopaths, not solely those concerned with research.

NCOR research hub meetings

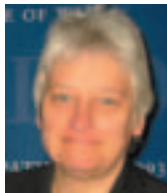
The first round of research hub meetings was held in July. It was marvellous to meet the osteopaths who turned out at all hours of the day and evening to attend. It would be nice to see even more at future meetings. Everyone is welcome. Even if you think you don't know anything about research, an opportunity now exists to change that.

What happened at the meetings?

The meetings gave local osteopaths the opportunity to voice their opinions about what a hub should be: when and where it meets, for how long and how frequently. Critical appraisal of research papers and statistics was a key area where groups required assistance. A number of activities that the group could become engaged in were suggested:

- Inviting guest speakers to talk about research related activities
- A journal club
- Discussion of research concerned with particular topics selected by the group
- Establishing an email discussion group to allow communication without having to travel to meetings.

Questions were asked by some group members about the leadership, direction and potential "ownership" of research produced by osteopaths in the research hubs. Professor Moore, Chair of NCOR, was able to clarify the situation by stating that the focus of the hubs is to allow the future research agenda of the profession to be driven by osteopaths, to reflect the needs they perceive from clinical practice. Any research



Prof. Ann Moore

information supplied by osteopaths will be automatically rendered anonymous. Publications from such research will then be brought into the public domain by publication in peer-reviewed journals.

Many of the osteopaths who attended the meetings said that they welcomed the opportunity to get together and meet new colleagues in an informal setting while accomplishing something worthwhile, not least earning some CPD time.

Project to develop a systematic data collection tool

Each of the groups indicated that they were keen to work together to help to develop a systematic data collection (SDC) tool for osteopathy. Similar tools have already been developed for other professions and an example was taken along to the meetings. Since osteopathy largely consists of private practices, a new tool needs to be developed to reflect and deliver the type of information osteopaths feel they need for marketing their own practices locally, and osteopathy nationally. Key statistics about osteopathy on a national level currently do not exist; the SDC tool will attempt to address this deficit. The tool will also provide the opportunity to highlight key research priorities among the profession, the need for areas of audit and how the tool can be used to investigate other areas of practice.

Future meeting dates

- Bristol: Thursday 1 September, 7 – 9 pm
- London (Osteopathy House): provisionally Monday 26 September, 7 – 9 pm
- Haywards Heath: Sunday 18 September, 10 am – 12 noon
- Exeter: Saturday 24 September, 10 am – 12 noon
- Leeds: Tuesday 27 September, 7 – 9 pm
- Oxford: Wednesday 28 September, 7 – 9 pm

If you would like to join a hub, or if you would simply like more information about them, contact Carol Fawkes on tel: 01273 643457 (Monday to Thursday) or email: c.a.fawkes@brighton.ac.uk.



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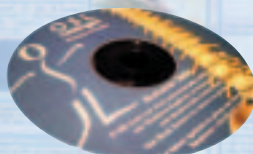


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BBENSCH

Painless practice

Nikki Walker BSc (Hons) Ost, Barnet

On **Sunday 5 June**, BBENSCH held two courses at the Elstree Moat House, one with life coach **James Butler** entitled 'Painless Practice and Business Development' and the second a First Aid course.

The aim of the first was to learn how to manage, develop, and enhance both ourselves and our practices more effectively, with the aid of experienced life coach to the osteopathic profession, James Butler.

After introducing the course contents, James asked the group what they expected to gain from the day. One colleague started the feedback with a very honest, "A good kick up the bum, to get motivated to start running the practice more efficiently!" This allowed James to assess our expectations, and for us to review if they had been met at the end of the session.

After some soul searching into our personal and professional goals, James then skilfully led the group into thinking about utilising and developing different marketing and business support systems that may help us achieve and realise those goals.

The whole day was indeed painless, relaxed, and fun. I would recommend anyone wanting "a kick up the bum" to attend one of James' very professional and, in certain respects, life changing seminars.

The second course was a 'First Aid at Work' course run by Enhance Services. We were taken through the legal requirements of our responsibility as employers: even having one receptionist, an osteopath has an obligation to provide a first aid kit which complies with the standards set by the Health and Safety Executive.

We were then taken through the basics of administering First Aid – life support, bleeds, burns, fits and faints – not just useful for clinical practice, but for every day life too.

Interestingly the GOsC does not set a requirement for osteopaths to hold an up-to-date certificate. This surprises me greatly – I feel that these refresher courses are a must for anyone in our profession. A thoroughly worthwhile day and great to catch up with colleagues over lunch!

For further details of BBENSCH please visit:

www.bbensch.co.uk.

September meeting

BBENSCH will hold our next meeting on **Sunday 11 September** at the de Havilland Campus of the

University of Hertfordshire (9.30am - 4.30pm).

The program includes:

- 'Osteopathic philosophy and practice'
Walter McKone, Osteopath
- 'Interface between osteopathy and dentistry'
Caroline Penn, Osteopath
- 'Osteopathic management of chronic headache'
Janine Leach, Osteopath & NCOR member
- 'Pain management – techniques, referral process, success rates'
Dr Julie Evans, Consultant in Pain Management, Barnet & Potters Bar Hospitals

Cost of meeting: £65 members, £85 non-members including 2-course lunch, coffee breaks and exhibitors.

Visit our website – www.BBENSCH.co.uk – for more details, or send a cheque made payable to BBENSCH to: PO BOX 199, Baldock, Hertfordshire, SG7 5XP, together with your name, address, telephone number and dietary requirements.

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Mr Michael Sharr MRCP FRCS

Mr Nicholas Thomas FRCS (Glas) FRCS (Eng) (SN)

Mr Bhupal Chitnavis BSc, FRCS (Eng) (SN)

"SNS Associates is a group of three highly specialised consultant neuro-surgeons. Each consultant has maintained active roles in research and teaching at undergraduate and postgraduate level at the Neuroscience Dept at their NHS practice Kings College Hospital in SE London.

SNS Associates will discuss advances in surgical procedures, arthroplasties with special reference to the osteopathic approach and the criteria for referring patients for neuro-surgery. There will also be an open session on the appraisal and diagnosis from MRI scans which will be of great help to osteopaths in everyday practice.

Mr Mohamed Mohamed, F.R.C.S, Mr Jitendra Vara D.O

Mr Mohamed Mohamed is a surgeon specialising in vascular surgery at Medway Maritime Hospital. He will talk about diagnosis of aortic aneurysm in the early stages and operative treatment of aortic aneurysm. He will also discuss thrombosis and DVT's and problems arising from the cervical vertebral arteries, basilar and jugular vessels and other vascular problems that are commonly seen in osteopathic practices.

Mr Jitendra Vara will present difficult clinical cases backed up by videos. Mr Vara has developed over the years osteopathic approaches relating to neurological cases.

OSTEOPATHY AND VISION: WHAT EVERY OSTEOPATH NEEDS TO KNOW DR CLAUDE VALENTI

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Claude A Valenti O.D., F.C.O.V.C, is director of the Optometric Vision Development Centre in La Jolla, California. The Centre specialises in the diagnosis and treatment of functional and perceptual vision problems.. He is the author of the book, 'The Full Scope of Retinoscopy' as well as many articles in scientific publications.

Corinne Jones, International and Postgraduate Manager:

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

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



London Osteopathic Society

Osteoporosis – a growing problem

Tony Longaretti DO, London

At our last meeting on Tuesday 28 June, consultant physician and rheumatologist **Dr Rod Hughes** from St Peter's Hospital, Chertsey, gave a talk on fragile bones and how to recognise them. After discussing the pathophysiology, causes and signs to look out for (there are no symptoms), he scrutinised the various diagnostic tests, including the claims made for blood tests and ultrasound (both of limited diagnostic value), and the various treatment options. Dr Hughes' presentation is available via our website (see below), but at 1.96MB it's quite a large file and therefore unsuitable for dial-up users.



Dr Rod Hughes

Back in Action's, David Newbound was on hand during the breaks to give participants the opportunity to experience their electrically-operated Mobiliser – a link is available on our website.

Our next meeting is planned for **Tuesday 20 September (7pm – 9pm)**, when **Professor Laurie Hartman** will discuss 'Modern Techniques and Their Uses'. The meeting will be held at BCOM, Lief House, 120/122 Finchley Road (tube: Finchley Road), with registration commencing at 6.30pm. **For further information about LOS, visit: www.zyworld.com/los.**

Central Sussex Osteopaths

Boosting immunity

Jeremy Buck DO, Brighton & Hove

Central Sussex Osteopaths recently enjoyed a very stimulating presentation by well-known osteopath **Tim Oxbrow** at our last meeting on Thursday 5 May. Tim managed to cover a wide range of challenging patients, from colic and mouth-breathing through to whiplash, post traumatic stress reactions and RSI – a great combination of revision and new ideas to awaken our brain cells.



Our next meeting will be on **Saturday 12 November** when we will welcome **Tajinder Deoora DO** who will explore influencing the immune system with the

osteopathic approach. Tajinder will expand on the research work she has been undertaking with the Osteopathic Centre for Children in London on the treatment of neonates, and how osteopathy can boost their immune function.

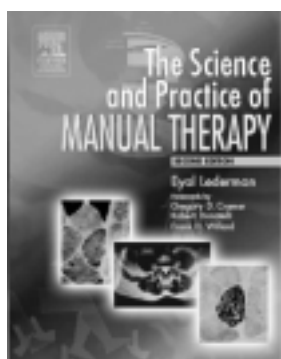
The meeting will be at our usual venue, Singing Hills Golf Club, Albourne, between 9.30am and 1.00pm and will be followed by sandwiches in the bar. All welcome. If you are not already on the mailing list and are interested in attending, or simply require further information, please call me on **tel: 01273 203820**.

GOsC Promotional Material Ordering Service for Osteopaths

You may order leaflets and posters by submitting a publication order form with your credit/debit card details or we can invoice you. Orders can be made by post, email or fax. Leaflets cost \$14.50 per 100 (plus p&p).



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The Science and Practice of Manual Therapy

By: Prof. Eyal Lederman DO PhD

*Over the last 20 years the understanding of musculoskeletal care has dramatically changed.
Are you up to-date?
Would you like to have a better understanding of how your techniques affect your patients?*

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

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

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

The book is enhanced by over 120 diagrams, photographs and tables.

Osteopathic foreword

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

Prof. Frank H. Willard

Physiotherapy foreword

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

Prof. Robert Donatelli

Chiropractic foreword

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

Prof. Gregory D. Cramer

Read the full forewords, first introduction chapter and browse through the book's table of contents at www.cpdo.net

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Cambridgeshire Osteopaths Group

Welcome to 2005 new graduates

John Lant, Cambridge

Many osteopaths will be graduating during the summer and joining practices in the Cambridgeshire area and beyond. There are currently approximately 100 osteopaths working in over 40 practices within a 30 mile radius of Cambridge, with 40 of these practitioners based in the city of Cambridge. In light of this, it seems appropriate to arrange an event in the Cambridge, Huntingdon and Peterborough area inviting all those within reach.

The Cambridgeshire Osteopaths Group would like to celebrate this special occasion by inviting you to join us for an informal buffet with wine at the Dolphin Hotel, London Road, St Ives, PE27 5EP at 7.30pm on

Thursday 6 October 2005. For catering purposes please RSVP on tel: 01223 367661, fax 01223 303344 or email: welcome@camost.co.uk at your earliest convenience. We are asking for a small fee of \$5.00 per person as COG will subsidise the event.

Details of recent activity and general information is available at www.camost.co.uk where you can also email direct. We need the support of some newly appointed officers, a secretary and treasurer, to help run the group. Please contact me on the number above if you are interested in being involved. I look forward to seeing you there.



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	30 Sept-2 Oct	The Pelvis & Genito-Urinary System	Jean-Pierre Barral	£385.00	£235.00 Remaining £150.00 by 1 Sep 05	21	-
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	8-9 Oct & 12-13 Nov	Harmonic Technique (part I & II)	Eyal Lederman	£365.00	£200.00	28	£145.00
	3-4 Dec	Visceral osteopathy: The thorax and three diaphragms	Franz Buset	£175.00	£125.00	14	-
Evening courses	24 Nov	How to treat: Whiplash injuries	Eyal Lederman	£35.00		3	£15.00
	6 Oct	SOT III: Upper extremity & upper cervical spine	David Tatton	£35.00		3	£15.00
	10 Nov	SOT IV: Lower back and pelvis	David Tatton	£35.00		3	£15.00
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Your letters -



Dear Editor

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

Firstly, thanks to Robin Shepherd for starting the debate about defining osteopathy. I very much agreed with the constructive criticisms by William Maxwell, Robert Hale and Julia Spivak, who have taken up the baton in the last two months. It is vital for our future to be able to define what we do, what is unique about what we do, and also what we share with other professions.

I think the definition must start, like Julia Spivak's, by stating that osteopathy is a system of medicine. This, I feel, embraces the scope of application of osteopathy. It is not a *complete* system though – we refer for surgery and medication when appropriate. I would not want to see an osteopath if I was in crisis with a heart attack or a ruptured appendix!

Our unique distinction is our emphasis on manual palpation and techniques, in diagnosis and in treatment of a wide range of disorders. There are many other aspects of our approach that I think we share with other professions. Hoping to clarify these ideas, I looked up the definitions of osteopathy, chiropractic, and primary care and holistic on the main (US-funded) research database, PubMed (listed below). The US definition of osteopathy is as unhelpful as our UK definitions, and closer to what we might call naturopathy, I think! There are elements we share with Primary Health Care and Holistic Nursing.

My attempt at a definition:

"Osteopathy is a system of medicine which specialises in the use of a wide range of manual methods in the diagnosis and treatment of physical pain, musculoskeletal dysfunction and many other disorders. The aim of treatment is to promote health through improved function of the musculoskeletal system and also, through somato-visceral effects, the circulation, the neuro-endocrine system and organs."

"Like other primary healthcare physicians, a consultation with an osteopath includes a detailed case-history, physical examination, diagnostic tests, a differential diagnosis and, if indicated, referral to an appropriate orthodox or complementary specialist."

"Like other mainstream complementary therapies (chiropractic, homeopathy, herbal medicine, acupuncture), osteopathy is holistic and slow: time is taken to view the whole person in the context of their environment and lifestyle, in order to find the true underlying cause(s) of the symptoms and dysfunction. Patients are encouraged towards optimal health of body, mind and spirit through listening and working in partnership with the patient to improve lifestyle, diet and exercise."

It would be really helpful to reach a consensus on this topic.

Janine Leach DO, NCOR member, Surrey

PUBMED Mesh Definitions, on

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>

Osteopathic Medicine

"A system of therapy and medicine based on the theory that the normal body is a vital mechanical organism whose structural and functional states are of equal importance and is capable of making its own remedies against infections and toxic conditions when there are favourable environmental circumstances and adequate nutrition."

Osteopathic manipulation

"Musculoskeletal manipulation based on the principles of OSTEOPATHIC MEDICINE developed in 1874 by Dr Andrew Taylor Still. It was originally similar to CHIROPRACTIC (MANIPULATION, CHIROPRACTIC) but has become more like FAMILY PRACTICE."

Chiropractic

"An occupational discipline founded by DD Palmer in the 1890's based on the relationship of the spine to health and disease. The spine is analyzed by X-rays and palpation, and vertebrae are adjusted manually to relieve pressures on the spinal cord. OSTEOPATHIC MEDICINE was originally similar but has become more like FAMILY PRACTICE."

Primary health care

"Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." (JAMA 1995;273(3):192)

Complementary therapy

"Therapeutic practices which are not currently considered an integral part of conventional allopathic medical practice. They may lack biomedical explanations but as they become better researched some (PHYSICAL THERAPY; DIET; ACUPUNCTURE) become widely accepted whereas others (humors, radium therapy) quietly fade away, yet are important historical footnotes. Therapies are termed as Complementary when used in addition to conventional treatments and as Alternative when used instead of conventional treatment."

Holistic nursing

"A philosophy of nursing practice that takes into account total patient care, considering the physical, emotional, social, economic, and spiritual needs of patients, their response to their illnesses, and the effect of illness on patients' abilities to meet self-care needs." (Mosby's Medical, Nursing, & Allied Health Dictionary, 4th ed, p745)

Harmonic Technique

Prof. Eyal Lederman DO, PhD

- # Rhythmic intermittent compression is the most effective way to increase fluid flow in the body
- # Passive movement is an important mechanical signal for tissue regeneration and homeostasis
- # Rhythmic passive movement is essential for joint repair and homeostasis
- # Rhythmic stretching is more effective than high velocity or static stretching in elongating tissues

Rhythmic passive movement has a gating effect on pain
Rhythmic passive movement is the essence of Harmonic Technique

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

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

Weekend I:

Theoretical part - Covers the physics and mechanics of harmonic motion, harmonics in biomechanics, the importance of passive movement in tissue inflammation and repair and the **new clinical approaches in osteopathy**.

Practical part - Harmonic Technique for the lumbar and thorax, lower ribs, GH and hip joints and Harmonic Pump Techniques for the different muscle groups in these areas.

Weekend II:

Theoretical part - Effects of passive movement on pain processes, the psychophysiology of Harmonic Technique and its use in diagnosis.

Practical part - Harmonic Technique for cervical and dorsal spine, ribs and all peripheral joints. Revision of technique taught in the first weekend.

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

Dr. Lederman has been teaching osteopathic technique and the physiological basis of manual therapy at the British School of Osteopathy and is a guest lecturer in different schools in the UK and abroad. He has published articles in the area of osteopathy and is the author of the books "Harmonic Technique" and "Fundamentals of Manual Therapy".

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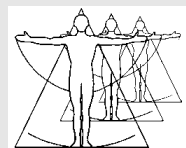
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Dear Editor

The second edition of *Foundations for Osteopathic Medicine* (Ward, 2002)¹, published under auspices of the American Osteopathic Association (AOA), includes a chapter entitled "Osteopathy in the Cranial Field". Unfortunately, most arguments advanced by the authors of this chapter are without evidential support.

We recently reviewed this chapter for the *Scientific Review of Alternative Medicine*² and concluded the following:

"Over time, science-based disciplines expand their bases of understanding and utility. Cranial osteopathy has not done so. Its advocates still proffer: (i) the same biologically untenable mechanism proposed by Sutherland sixty-five years ago; (ii) no indication of diagnostic reliability, and (iii) no properly controlled research showing efficacy."

These conclusions are particularly damning because arguments presented in this chapter are common to writings of cranial practitioners and because they appear in what is, in effect, the AOA-sanctioned textbook for osteopathic medicine. Most worrisome of all, these findings reveal that practitioners of the "cranial" arts may be more prone than most physicians to a kind of magical thinking that is exceptionally indefensible in this scientific age.

For professors of an osteopathic college, osteopathy is part of our professional identity and we are doing our best to serve as responsible professional citizens. We invite interested readers of *The Osteopath* to examine our review and inform us of perceived weaknesses, including misinterpretations of relevant literature or research that we may have missed entirely.

For an electronic copy of our recent review, send an email to shartman@une.edu.

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References:

- ¹ Ward RC. 2002. *Foundations for Osteopathic Medicine*, 2nd ed. New York: Lippincott, Williams & Wilkins.
- ² Hartman SE and Norton JM. 2004-2005. A review of King HH and Lay EM, "Osteopathy in the Cranial Field", in *Foundations for Osteopathic Medicine*, 2nd ed. *Scientific Review of Alternative Medicine*, 8,2:24-28.

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Sept 17 to 18 – AECC, Bournemouth. Delegate fee £250 (includes lunch)

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.

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'The Osteopathic Mind' conference

Caroline Penn DO MSc MSCC, Hertfordshire

Over 100 osteopathic physicians, both DOs and MDs, from all corners of the USA, Pacific and Europe attended the **2005 Cranial Academy Conference** – 'The Osteopathic Mind' – in Chicago on 23–26 June. Amongst the global contingent were Evelyn Skinner DO, New Zealand, Maurice Bensoussan MD DO, France, Hiroya Morita DO, Japan and Caroline Penn DO and Nicholas Handoll DO, UK.



Nicholas Handoll (Left), Rachel Brooks and Paul Lee

Conference director **Harold Goodman DO**, Maryland, invited lecturers to speak from the heart about their personal experiences and discoveries, which facilitated frank and open discourse. **Daniel Bensky DO**, Seattle, set the scene by drawing parallels between osteopathy and acupuncture, highlighting those elements that distinguish osteopathic thinking from allopathic thinking. Essential elements included:

- the call and response model of treatment (i.e. treatment is not what we do to the patient but the body's response to what we do)
- "think globally, act locally"
- practice includes self-cultivation
- inclusivity of vitalism
- root and branch model, where branch is the symptom (foreground) and root is the predisposition (background)
- search for that which underlies the symptom – often summarised as "why this problem, in this person, at this time?"

Several speakers focused on developing osteopathic palpation. **Barry Malina DO**, Arizona, explored our palpatory skill. By asking "What is somatic dysfunction?", he argued that somatic dysfunction is a sophisticated response of the body to trauma. It is purposeful, designed and wise. The body compensates to limit the effects of physical trauma in order to preserve organ function. Therefore, why is the somatic dysfunction there? The body may need that dysfunction until it has the ability to resolve it. By treating the somatic dysfunction we may in fact be removing the body's best compensation. He argued therefore that the foundation skills for palpation are:

1. Be still – our cornerstone to diagnosis. We cannot palpate and think at the same time. Our right brain is receptive to feeling and seeing, our left brain to thinking and knowing. Sensory information is compared to previous experience.
2. Develop "Feeling, Seeing, Thinking, Knowing fingers".

Rachel Brooks MD, Oregon, in 'The Key is How You Connect' expanded the topic of stillness. It is not enough to be still and listen: in palpation we are active in opening the

dialogue between ourselves and the patient. She used a musical analogy to very good effect, demonstrating how the practitioner needs to shift their awareness to harmonise with the patient. Dr Brooks drew extensively on numerous osteopathic and other philosophical writings including AT Still's *Let go of the need to know* and Voltaire's *Doubt is an uncomfortable condition, but certainty is a ridiculous one* which raised a chuckle and a sigh!

The Sutherland Memorial Lecture was delivered by **Professor Lou Hasbrouck DO FCA** of Nova South Eastern University, Florida. He inspired us with stories from 50 years of osteopathy at the sharp end of clinical practice. He worked very much in the community, with all and everything that came to his door or called him to the patient's bedside. This was a moment when one was reminded of the challenging times in which osteopathy was born.

I enjoyed the analogy he drew between osteopathy and the kite which needs a thin string to ground it otherwise it is useless, just as osteopathy needs anatomy and physiology. He stressed the importance of our organisations to protect and nurture the early seeds of development, as "Constantine protected the spark of the concepts of the Nazarene, in Roman Law".

Joseph Field DO, Maine, demonstrated from his work in optometry, a simple assessment of the influence of visual accommodation on the function of the whole organism. He showed how the function of the visual system is an integrated response of the whole body. He also drew on writings of AT Still. One memorable quote was from *Principles and Practice*, "My object is to make the osteopath a philosopher, and place him on the rock of reason. Then I will not have the worry of writing details of how to treat any organ of the human body ... I want to establish in his mind a searchlight by which to travel from the effect to the cause."

The conference reached a crescendo with **Nicholas Handoll DO**, England; the only international speaker to be invited back to the USA for the second time this year. With his presentation, 'A Question of Reality: Who is the Patient on the Couch?', using clear illustrations from the field of quantum mechanics, he blew apart our concept of reality based on theories of Newton, Einstein, Copernicus and Galileo. Demystifying the world of particles, light, motion and non-locality, he gave a perspective of mankind within the total field of existence, from the macro to the micro-environment. We gained new insight into osteopathic palpation and the practitioner/patient interaction.

Next year's annual conference is scheduled for 22-25 June at Virginia Beach, Washington.

Courses 2005

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

Module 2/3 Osteopathy in the Cranial Field

2-4 & 16-18 September

Course Director Susan Turner and Peter Cockhill. Organised by the 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: 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)

Craniosacral Therapy Introductory Weekend

10-11 September

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

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

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

10-15 September

Speaker Thomas Attlee. Organised by the College of Cranio-sacral Therapy. To be held in London.

Contact: tel: 020 7483 0120, email: info@ccst.co.uk
(website: www.ccst.co.uk)

Osteopaths@Worcester

15 September

Speaker Phillip Earl. Organised by Osteopaths@Worcester. To be held at the Holiday Inn Express, Droitwich.

Contact: Sue Brazier tel: 01905 831 495.

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

16-21 September

Speaker Thomas Attlee. Organised by the College of Cranio-Sacral Therapy. To be held in London.

Contact: tel: 020 7483 0120,
email: info@ccst.co.uk
(website: www.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)

Neuromuscular Imbalance : assessment and correction

17 September

Speaker Grant Burrows. Organised by the Osteopaths for Industry Ltd. To be held at Leeds.

Contact: tel: 013272 477191, email:
chrisoconnor.ofi@btinternet.com (website: www.ofi.co.uk)

The Symbolic Spine

24 September

Speaker Mark Young. Organised by the 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: S1 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 Wilenhall, 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. To be held in London.

Contact: tel: 020 7483 0120, email: info@ccst.co.uk
(website: www.ccst.co.uk)

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)

Strain and Counterstrain

16 October

Course Leader Bob Burge and Jo Holmden. 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)

Biodynamic Craniosacral Therapy

19-23 October

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)

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)

Neuromuscular Imbalance : assessment and correction

22 October

Speaker Grant Burrows. Organised by the Osteopaths for Industry Ltd. To be held at Leeds. Contact: tel: 013272 477191, email: chrisoconnor.ofi@btinternet.com (website: www.ofi.co.uk)

The Symbolic Spine

22 October

Speaker Mark Young. Organised by the Osteopathic Professional Education North Ltd. To be held at the Leeds Metropolitan University. Contact: tel: 01423 523 366, email: mail@open-ed.co.uk (website: www.open-ed.co.uk)

Technique – the Female Perspective: Lower Body

27 October

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

Medico-legal: Being an Expert Witness

27 October

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

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 the Sutherland Cranial College. To be held at the Darlington 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)

First Aid for Osteopaths

12 November

Organised by the Osteopathic Professional Education North Ltd. To be held at Leeds Metropolitan University. Contact: email: mail@open-ed.co.uk (website: www.open-ed.co.uk)

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 the 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)

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RECRUITMENT

BLACKBERRY CLINIC, MILTON KEYNES. Due to expansion of the clinic, which includes a rehab gymnasium & Pilates studio, we have a full time post available for an Osteopath with 5 years experience to start immediately. If you would like to be part of one of the largest and most dynamic multidisciplinary clinics in the country, please send CV to: Mrs G Bruce Blackberry Orthopaedic Clinic, Blackberry Court, Walnut Tree, Milton Keynes, Bucks MK7 7PB.

ASSISTANT OSTEOPATH REQUIRED FOR PRACTICE in Sunbury-on-Thames (SW London) to include Saturday mornings and an interest in working with children. Must have a car. Please write or email CV to Roz Foster, 12 Park Road, Sunbury-on-Thames TW16 5BU. Rozfoster@sunburyost.fsnet.co.uk

ASSOCIATE OSTEOPATH REQUIRED for Peterborough practice. Would suit someone with very good structural and/or cranial skills. To work 2-2½ days per week. Contact 01733-311197

PETERBOROUGH AREA NEEDS an experienced and motivated Osteopath/Naturopath to join a busy multi-therapied clinic. You will work alongside Traditional Chinese Acupuncturists and 4 other Osteopaths/Naturopaths. Established 18 years, initially 2 days per week, cranial preferred. Full reception facilities included. Please call Alison on 01487 830877

ENTHUSIASTIC MOTIVATED OSTEOPATH required to join Multidisciplinary Team in Caterham, Surrey. Needs to be passionate about cranial and pediatrics. Opportunity to work at clinic in Portugal. To start ASAP. Send C.V to Edwina Elliott at this email clogie@hotmail.com

ENTHUSIASTIC FLEXIBLE ASSOCIATE REQUIRED for Worcester practice. IVM skills and confidence with children/babies are essential. This is a friendly easy going practice and would suit a like minded osteopath. Contact Duncan on 07780 707429

ASSISTANT REQUIRED FOR OSTEOPATHIC CLINIC in N.W. Kent. Must be trained in Fascial unwinding, sports injuries and Pilates. Position requires building a list. Please send CV to 123a, Queensway, Petts Wood, Kent, BR5 1DG. Closing date 29.08.05

REHAB CASE MANAGER/CLINICAL ADVISOR REQUIRED. MMS National, leaders in the provision of rehabilitation services for industry, are looking for a motivated osteopath with minimum 3 years experience to oversee clinical cases, give clinical advice and liaise with patients, other clinicians and industry managers. Must have good telephone manner and IT skills. Predominantly office based in Surrey. 3-5 days per week (negotiable). Send CV to Janice Kaye, MMS National, 56 High Street, Esher, Surrey, KT10 9QY or email to janicekaye@btinternet.com

OSTEOPATH REQUIRED FOR TRAINING ROLE. Osteopaths For Industry are a specialist organisation providing training in the prevention of musculoskeletal injury in the workplace. Topics include manual handling and workstation assessment. We are looking for a dynamic, enthusiastic osteopath, preferably with training experience to join our multidisciplinary team of professional trainers. Some travel involved. Training given. Send CV, indicating number of days per week available to: Janice Kaye, Osteopaths For Industry Ltd, 56 High Street, Esher, Surrey, KT10 9QY or email: janicekaye@ofi.co.uk

ASSOCIATE OSTEOPATH NEEDED IN THE WIRRAL! 1-2 days at our Holistic Centre, alongside principal osteopath and complementary therapists. Other opportunities in the area – can advise. Please contact Andrew Woodhouse on 0151 336 6222 or 07971 248282 & check Websites www.Holistic-Centre.org & www.Vital-Osteopathy.com

ASSOCIATE REQUIRED FOR LONG ESTABLISHED group of practices in the south west. Hours flexible but will include some Saturday mornings. Apply to: Vinewood Healthcare, Castle Surgery, 9 Church Street, Bridgewater, TA6 5AT

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ASSOCIATE OSTEOPATH REQUIRED TO JOIN busy clinic in Malvern, Worcestershire asap. Full time position available with existing caseload. Part time position also possible. Further info on www.theOsteopaths.com. Please contact Ken Smith, BSc, DO, tel. 01684 568744 or email louisej.smith@btopenworld.com

BUCKS. OPPORTUNITY FOR CARING AND motivated osteopath - with good all round skills within growing multi-disciplinary Health Centre – Phone: 01494 864700. Or email: prestwoodosteo@homecall.co.uk for details.

ASSOCIATE OSTEOPATH REQUIRED TO START in September to cover maternity leave. Mainly structural. Possibility of permanent position. Busy town centre practice in Darwen, Lancs. 40 mins from Manchester and Preston. Contact Angie telephone 01254 772990.

ASSOCIATE OSTEOPATH REQUIRED FOR FOUR very full days in Conwy, North Wales. Current associate leaving due to pregnancy. The practice runs four very busy days (mon - thurs) then shuts for a three day weekend. Start rate 60% of fee with rising scale offered over time. We require a competent structural osteopath, experience or interest in IVM work would be a bonus but not essential. Start beginning of October. Please apply by email to teresa@deganwydoc.freeserve.co.uk.

ASSOCIATE OSTEOPATH REQUIRED to join progressive clinic in Cork, Ireland. Special area of interest and continued development would be paediatric osteopathy. This full time position would suit someone willing to develop their own patient list with ongoing support from the clinic and willing to settle in Cork for the longer term. We are sure that for the right individual within a relatively short space of time this position would prove rewarding. Please send CV to osteopaths@eircom.net

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Osteopaths, 39 Norwood, Beverley,
East Yorkshire, HU17 9HN

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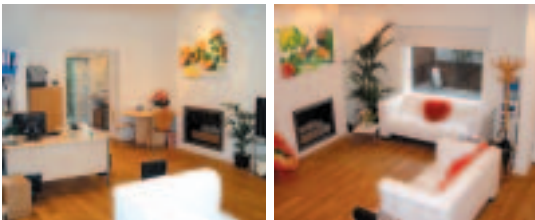
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SUTHERLAND Cranial College

THE FUNCTIONAL FACE

Module 8

A three day residential course

24hrs CPD Fee: £960

29th – 31st October 2005

Dartington Hall, Devon

Course Director: Cherry Harris MSC, DO, MSCC

This course aims to explore how developmental movements from conception through the neonatal period, childhood and adulthood, lay the foundation for the structure of the face. It also explores how special senses and external environmental factors might influence this dynamic interplay between structure and function throughout life.

Please note: the associated optional one-day workshop in November is now fully booked.

BOOKING NOW OPEN FOR 2006 COURSES

OSTEOPATHY IN THE CRANIAL FIELD

Module 2/3

A five day residential course

40hrs CPD

6th-10th April 2006

Devonshire Hall, Leeds

Course Director: Tim Marris DO, MSCC

WG SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

Module 4

A four day residential course

32hrs CPD

Evening 18th-22th May 2006

Hawkwood College

Course Director: Susan Turner MA, DO, MSCC

IN RECIPROCAL TENSION

Module 5

A three day residential course

24hrs CPD

23th-25th June 2006

Hawkwood College

Course Director: to be confirmed

*Please see our website for further details
on our courses.*

SCC Administration, PO Box 91, NP16 7ZS
Telephone: 01291 689908 Fax: 01291 680056
Email: admin@scc-osteopathy.co.uk
Website: www.scc-osteopathy.co.uk

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BOX NO REPLIES: Quote Box No on outside of envelope and address to *The Osteopath*, c/o D A Marketing & Communications, Henrietta House, 93 Turnmill Street, London, EC1M 5TQ. Your reply will be forwarded to the advertiser unopened. The cost for classified advertisements is \$40 for 40 words and 20 pence for each word thereafter. Please email, fax or post your copy to The Advertisement Manager at D A Marketing & Communications, fax: 020 7608 1332, email: ads@damarketing.co.uk with your contact details and we will send you a booking confirmation and invoice.

How 4 degrees can make the difference between



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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.

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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.

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