

# the OSTEOPATH H

The magazine for Osteopaths

October 2005  
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**Legislative Review**

**BackCare Awareness  
Week**

*International Journal of  
Osteopathic medicine  
enclosed*



## Get in on the act

# The General Osteopathic Council

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# Registrar's report

The term 'governance' has crept into modern parlance, predominantly in response to the public's demand for greater openness, transparency and accountability. But what does it mean in reality to the GOsC and to the profession?

There are many definitions of the term 'governance'. The *Concise Oxford English Dictionary* offers three:

- (1) The action or manner of governing
- (2) The office, function or power of governing
- (3) The method of management/system of regulations.

As the GOsC has developed, Council has regularly reconsidered and reviewed our governance and operating procedures. The 1993 Osteopaths Act represents the starting point – the blueprint upon which the profession built its own "government". As this has evolved, the relative roles and responsibilities of osteopaths, the Council and the GOsC Executive staff continue to require constant reappraisal.

Some of you will by now have cast an eye over the Legislative Review consultation document, distributed last month, and the subject of debate over the Autumn at the Regional Conferences. You will have noted, then, that many proposals relate to the "structure and function" of the GOsC and the performance of its statutory duties. In large part, the aim of revising the Osteopaths Act and its associated rules is not only greater efficiency but, equally, greater transparency and accountability.

The profession's commitment to not only governance, but to *good* governance, is demonstrated most recently in Council's establishment of an Audit Committee. We introduce this committee and its function in more detail in this issue (page 8), but I would just like to draw attention to its constitution. The General Council has always recognised the value of a lay component, but in pursuit of good governance, it has seen fit to take this principle a step further in the Audit Committee. The appointment here of three members (50% of the committee) who are completely independent of Council and the Osteopathic profession, but who in every way fit the acknowledged Smith and Higgs recommendations on audit committee constitution and the role of non-executive directors, shows that the GOsC is content to subject itself to close scrutiny.



The profession has in recent months been much taken up with the introduction of a new *Code of Practice* but in this it is far from alone. The "Code of Practice" is the centrepiece of public service today. Osteopaths may not realise that GOsC Council Members too have a Code of Practice to which they must abide and are themselves subject to routine appraisals.

A requirement of office is that Council Members – and Co-opted members of committees of Council – must first agree to comply with the widely-accepted "Seven Principles of Public Life" (Nolan Principles) – namely, Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

And, for those of you who feel strongly about how principles and governance are applied in the interests of the profession and your patients, I would draw your attention to one most important announcement in this month's issue of *The Osteopath* – the 2006 GOsC Elections to Council (page 6). Next May, the terms of office of our 12 Osteopathic Members of Council draw to an end and so this Spring will see the second full election since the passing of the Act. Nomination Packs will be sent to all osteopaths in January and I hope all of you will give thought over the closing months of the year to the future of the profession and who might best give service to this.

Whilst on this point, you might also note an opportunity for those of you with a special interest in promoting better understanding of osteopathy and its current practice in the UK – the Communications Committee is seeking new Co-opted Members from those among you with skills and enthusiasm in this area.

On a final note on services to the profession, it gives the GOsC special pleasure to congratulate and welcome Janine Leach to her new post as the first UK Editor of the *International Journal of Osteopathic Medicine* (IJOM). She joins a very able Australasian editorial team and sets IJOM well on the path to becoming a truly international research journal. Enclosed is the third issue of four you will receive this year – I do hope you will set aside time to explore the contents and maybe even become a contributor yourself.

**Madeleine Craggs,**  
**Chief Executive & Registrar**



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John Ruskin



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## 2006 elections to Council

Jane Quinnell, Clerk to Council

Our 12 osteopathic Members of Council come to the end of their five-year term of office (less if they were subsequently elected on by-election) on 8 May 2006. The election of new osteopathic Members will therefore need to be held in the Spring of 2006. The elected osteopaths will take up office from 9 May 2006 for a term of five years, to 8 May 2011.



### What it means to be a Member of Council

Council Members have a responsibility for setting and maintaining all standards of osteopathic practice, including initial training and continuing development. They are expected to shape the profession's future under the Council's remit to regulate, develop

and promote the practice of osteopathy.

Members are required to attend four meetings of Council a year and, in addition, are appointed to one of the Fitness to Practise Committees and, in all likelihood, one or two other committees, ranging from Education to Communications or Finance, depending upon their expertise and/or special interests. The business of Council is directed by these Committees, with clearly-defined responsibilities delegated to the GOsC Executive's Senior Management Team.

Members of Council are expected to sign and abide by a Code of Conduct. The Code of Conduct and details of the specific responsibilities of Members of Council will be sent out to all osteopaths with the initial Election Nomination Pack and will be accessible on the GOsC website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) in due course.

### Remuneration

All Council Members are now entitled to claim remuneration for Council business. Originally, the Privy Council, which appointed the first 12 osteopathic members of Council, expected all Council Members to give 25 days to the Council, free of charge, claiming just travel and subsistence. Council has since reviewed the policy on remuneration and, in line with current modern practice in other similar bodies, has amended its policy.

All Council Members are now permitted to claim a daily rate, with travel and subsistence added, for all Council business. Remuneration is administered through a claim system and Members are paid through the GOsC payroll. Tax and National Insurance payments are therefore made by the Council as required by the Inland Revenue.

A copy of the current remuneration policy will also be included with the Nomination Pack and posted on the website in due course.

The purpose of this article is to encourage you to consider whether you would like to contribute to the development of the profession in this way.

### The election process

Under our present legislation, osteopaths whose registered addresses are in the four countries of England, Northern Ireland, Scotland and Wales, elect a total of 11 osteopath Members and, in addition, a twelfth member who must be both an osteopath and a registered medical practitioner.

The election will therefore be looking for:

- 8 osteopaths elected by osteopaths whose registered addresses are in England;
- 1 osteopath elected by osteopaths whose registered addresses are in Wales;
- 1 osteopath elected by osteopaths whose registered addresses are in Scotland;
- 1 osteopath elected by osteopaths whose registered addresses are in Northern Ireland; and
- 1 osteopath who is both an osteopath and a registered medical practitioner at the time of election. In the past, we have had difficulty filling this position as there are only 81 registrants who qualify. If you are one of these, please consider standing for Council.

All osteopaths, including those admitted to the Register up to one week before the closing date of the nomination period, are eligible to stand for election.

### Election administration

We have chosen again to use the Electoral Reform Services Limited (ERS – [www.erbs.co.uk](http://www.erbs.co.uk)) to administer the election. The Service has more than a century of experience in balloting and elections and a reputation for integrity and impartiality. The ERS will use the Single Transferable Vote system (STV), a preference voting system designed to minimise wasted votes in multi-candidate elections, while ensuring that votes are explicitly for candidates (rather than party lists).



## Election timetable

Early January 2006	Nomination packs will be sent to all osteopaths, allowing three weeks in which to return nomination forms.
Early February 2006	Candidates' Election Statements and ballot papers will be sent to all osteopaths, allowing three weeks in which to return voting papers.
Early March 2006	Election Result
Tuesday, 21 March 2006	Induction Event for new Members of Council. New Members to attend the Council meeting as observers, as part of the induction, followed by a dinner for retiring osteopathic members.
Thursday, 15 June 2006	First Council Meeting for new members.

Full induction and training will be given to new members for their allocated Fitness to Practise Committees.

**If you would like any further information, please contact Jane Quinnell on tel: 01580 720213 or email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk).**

## GOSc Communications Committee seeks Co-optees

Would you like to help direct GOSc communications policy? Do you have experience in healthcare promotion, or related arenas, which you think could benefit the profession?

The GOSc Communications Committee (CC) is looking to augment the work of the Committee by co-opting up to three additional Osteopathic members with interest and expertise in this area.

A non-statutory committee, the CC must comprise six Members of Council – two Lay Members and four Osteopaths – and is responsible to Council for developing and directing the GOSc communications strategy. To assist in this, the Committee is allowed to co-opt a further four members, lay or osteopathic, for any ad hoc project or period up to a maximum of three years.

In this capacity, osteopaths Martin Pendry and David Rodway have given valued service, but, with their terms-of-office now at an end, the Committee is seeking new members who can bring skills and enthusiasm to the task of communicating effectively with the profession and key external audiences.

The current CC members are:

### **Osteopaths**

Jane Langer (Chair – pictured right)

Catherine Hamilton-Plant

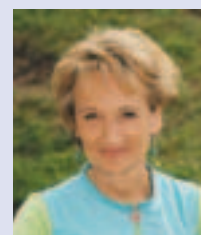
Brian McKenna

Robin Shepherd

### **Lay**

Fionnuala Cook

Paul Sommerfeld



The Committee and its specialist sub-groups (e.g. NHS, Public Affairs) meet up to five times per year at Osteopathy House in London and Council Members and Co-optees are now paid an allowance based on actual attendance at Council business.

**For further information and a copy of the CC's Terms of Reference, contact GOSc Head of Communications Brigid Tucker on tel: 020 7357 6655 ext. 247, email: [brigidt@osteopathy.org.uk](mailto:brigidt@osteopathy.org.uk), or Committee Chair Jane Langer on tel: 020 8959 5435. Nominations must be received by Friday, 4 November 2005 and should be accompanied by a supporting statement.**

## Introducing the Audit Committee

Jane Quinnell, Clerk to Council

As a number of reports in this month's issue relate to the operational role of GOsC Committees, it seems an appropriate opportunity to formally introduce the new Audit Committee, established by Council (GOsC) in the Autumn of 2004, as part of Council's enhancement of its governance measures.

In the spirit of the recommendations of the Smith "Review of the Role and Effectiveness of Non-Executive Directors" and the Higgs Report on "audit committee constitution", Council appointed three independent co-opted Members, with relevant experience, to work alongside three Members of Council as a newly-constituted Audit Committee. This move to 50% external representation and one lay member of Council out of a committee of six has been acknowledged by other regulatory bodies as bold and leading-edge in terms of best practice.

### Members of the Committee are:

<b>Chairman:</b>	Mr Nicholas Woodhead, osteopath
<b>Council Members:</b>	Professor Adrian Eddleston, lay member Miss Fiona Walsh, osteopath
<b>Co-opted Members:</b>	Mr John Dennison, BDO Stoy Hayward Chartered Accountants  Mr Mike O'Neill, Interim Finance Manager  Vacancy (Ms Mary Lawrence, London South Bank University Undergraduate Programmes and Recruitment Co-ordinator resigned recently due to work commitments. Efforts are underway to fill this post.)

You will already be familiar with the Council Members on the committee (short biographies are available on the GOsC website, [www.osteopathy.org.uk](http://www.osteopathy.org.uk)), so I will briefly introduce only the two co-opted members.

**John Dennison** (right) is a London-based partner at Chartered Accountants and Business Advisers BDO Stoy Hayward, where he heads the Business Systems Advice Group. In this position he provides

independent, expert advice on all aspects of Information Technology and Information Management in the mid-sized, growing enterprise. During the course of his work he has advised numerous organisations, many in the not-for-profit sector, on organisational, structural and technology issues.

John, who is a fellow member of the Institute of Chartered Accountants in England and Wales, and a fellow member of the Institute of Management Consultancy, qualified as an accountant in 1974. He joined BDO in 1985.

**Mike O'Neill** (right) is a member of the Chartered Institute of Management Accountants and during a long career has worked in manufacturing, commerce, defence, education and health. He has served in no fewer than four special health authorities in recent



years, most recently, the Counter Fraud & Security Management Service. He currently works with a non-departmental government body in London where he supports several managers as they approach a major re-organisation and merger next year.

Specialising in contract positions, start-up or remedial projects as an interim manager, Mike has been involved in a diverse and demanding range of assignments. His experiences from shop floor to boardroom make for creative solutions to ever-presenting challenges.

The Audit Committee has met four times to date and has appointed a Chairman and established its Terms of Reference and modus operandi. The committee studied the Council for Healthcare Regulatory Excellence's requirement for Performance Review of the GOsC and proposed the development of the GOsC Risk Register and an internal audit function.

At each meeting, the Audit Committee considers the current Management Accounts Highlights Report and reviews the Risk Register. It has scrutinised the post-audit management letter for the last two audits and instigated a review of Council's Standing Orders and the integration of these into a new GOsC publication – the GOsC Good Governance Handbook, which is now being drafted.

Updates on the Audit Committee's work are to be included in the minutes of Council





meetings, which are published on the website after Council has approved them.

In summary, a brief word from the Chairman of the Committee, Nick Woodhead:

"In addition to receiving, and, if necessary, acting upon the external financial auditors' reports, the purpose of the Audit Committee is to make sure mechanisms and systems exist so that the entire organisation operates effectively. With the GOsC, and other healthcare regulators now themselves being subject to scrutiny, the existence of 'self-checking'

mechanisms within the organisation has taken on more relevance. The Audit Committee is currently looking at the best way of doing this, taking account of what is most appropriate to an organisation the size of the GOsC.

We are particularly grateful to the co-opted Members of this Committee for the experience they bring to this area of the Council's work which, although not especially visible to the profession, is nonetheless indirectly important to the continuance of self-regulation of the profession."

## The Statutory Register 2006



Each osteopath on the UK Register should have received a copy of their individual entry as it will appear in the 2006 Statutory Register of Osteopaths. Please ensure that you

inform us of any amendments to your entry by 14 October.

**If you have not received a copy, please contact the Registration Secretary on tel: 020 7357 6655 ext. 256 or email: [rebeccac@osteopathy.org.uk](mailto:rebeccac@osteopathy.org.uk).**

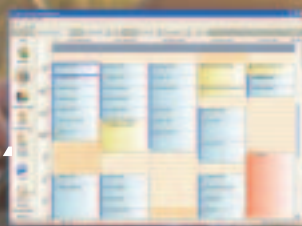
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Body painting by Sarah Bee, for Osteocare.



  
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## Legislative Review 2005

You should by now have received your copy of the Legislative Review 2005 consultation document and questionnaire. This is your opportunity to feed into the review of the Osteopaths Act 1993 and its subordinate legislation, which make up the General Osteopathic Council's (GOsC) procedural rules.

You have **until 10 December 2005** to consider the proposals and complete and return the questionnaire. The document is some 50+ pages but you need not respond to all the proposed changes. Many of you will have already seen an abridged version of the document and had the opportunity to discuss some of the issues at the GOsC



Regional Conferences. Conferences are still being held (see table below) so if you would like the opportunity to discuss the proposals, please come along.

You can download a copy of the consultation document and questionnaire from the 'Latest news' section of the GOsC website: [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

The GOsC has commissioned an independent consultancy company to undertake the consultation and your completed questionnaire will be reviewed by them. If you have not received your copy please let us know.

**For further information, contact Kellie Green on tel: 020 7356 6655 ext. 236 or David Simpson on ext. 248.**

### GOsC Regional Conferences 2005: dates and venues

#### Series 2: October – November

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

**To make a booking contact the Communications department on tel: 020 7357 6655 exts. 242 or 222.**



# CPD COURSES

## **ALTERED HAEMODYNAMICS – a new concept within Manual Therapy** (this course is MACP accredited)

November 5 to 6 – St Helier Hospital, Carshalton, Surrey, Feb 18 to 19 2006 – Farnham Hospital, Surrey, March 18 to 19 2006 – Bury St Edmunds, April 22 to 23 – Chester le Street, County Durham, May 6 to 7 – Staffordshire, Oct 14 to 15 – Bournemouth

## **THE COMBINED APPROACH TO THE SACROILIAC JOINT** (HJ – Hugh Jenkins, HT – Howard Turner)

Oct 8 to 9 – Horsham, West Sussex (HJ), Nov 5 to 6 – RJ@AH Hospital, Oswestry (HT), November 12 to 13 – Gillingham, Kent

## **PRACTICAL PODIATRIC BIOMECHANICS**

Oct 8 to 9 – Windsor, Nov 5 to 6 – Wigan, Lancashire, Dec 3 to 4 – Northampton, Feb 18 to 19 – West Midlands, March 18 to 19 – Winchester, May 13 to 14 – Taunton, Somerset

## **THE SHOULDER – THEORY AND PRACTICE**

Oct 8 to 9 – Worksop, Nov 12 to 13 – Ormskirk, Lancashire, Dec 10 to 11 – Edinburgh, Jan 14 to 15 – Redhill, Surrey, April 1 to 2 – West Midlands, June 10 to 11 – Leicester, July 8 to 9 – Hemel Hempstead, September 16 to 17 – Winchester

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

Oct 27 – Aldershot, Hampshire, Nov 11 – Lilleshall National Sports Centre, Shropshire

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

Nov 12 to 13 – Hyde Physio Clinic, Gt Manchester, March 18 to 19 – Taunton, May 13 to 14 – Cardiff, September 16 to 17 – Peterborough

## **PROPRIOCEPTION & NEUROMUSCULAR CONTROL IN EXERCISE REHAB FOR THE LOWER LIMB**

Oct 29 to 30 – Farnham, Surrey, Nov 19 to 20 – Guernsey

## **FUNCTIONAL PERFORMANCE TESTING FOLLOWING KNEE LIGAMENT INJURY**

Oct 15 2005 – Bury St Edmunds

## **EXERCISE REHAB FOR THE LOWER LIMB: OPEN OR CLOSED KINETIC CHAIN EXERCISE?**

Nov 12 to 13 2005 – Cardiff

## **PAEDIATRIC RESPIRATORY & MUSCULOSKELETAL WORKSHOP**

June 17 to 18 – Paisley, Scotland

## **GRADE V SPINAL MANIPULATION** (2 days)

Jan 21 to 22 – Winchester, Feb 11 to 12 2006 – Hyde, Manchester, March 4 to 5 – Peterborough, Cambs

## **WORLD CLASS SPORTS MASSAGE**

October 15 to 16 – Sutton Coldfield, Staffs, January 14 to 15 – Taunton

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**ALL COURSES ARE TAUGHT BY EXPERTS IN THEIR FIELD**

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

[www.heseminars.com](http://www.heseminars.com)



## New UK Editor of IJOM

**Janine Leach** has been appointed as the new, UK-based Editor of the *International Journal of Osteopathic Medicine (IJOM)*. Janine (pictured) is an osteopath with her own practice in Wallington, Surrey. She graduated from the College of Osteopaths in 1989, and has combined practice with a career in research for many years, moving in 2004 to Professor Ann Moore's team of researchers in the allied health professions at the University of Brighton.

After gaining initial experience in a big, multi-disciplinary practice, she trained in cranio-sacral technique and then developed her own practice. She



is particularly interested in the wider applications of osteopathy – including cranial and naturopathic approaches – for patients with complicated or chronic symptoms. She also trains undergraduates in research skills at the College of Osteopaths and is a member of the National Council for Osteopathic Research (NCOR). She is President of the British Naturopathic Association, which she represents on the research group of the Prince of Wales's Foundation for Integrated Health (ACCORD).

Janine said, "I am very excited about this appointment and looking forward to seeing UK osteopathic research in print."

## Call for more access to alternatives

A leading patients' group has called on the NHS to make alternative medicine available to everyone. The Patients Association is asking GPs to make complementary medicine an option for all patients, in cases where it has been proven to work.

Currently under a half of family doctors provide access to alternative providers. A fifth of adults in the UK are estimated to have used some form of complementary medicine, many paying for it at private clinics. Britons spend £130m a year on alternative therapies, but that is expected to rise to £200m over the next four years.

Simon Williams, Director of Policy at the Patients Association, said, "We would like to see all GPs in a position to refer patients on to a complementary medicine expert. We have to move away from the pill for every ill culture. It is not always the answer. The drive at the moment is to give patients choice, so why shouldn't they have choice over alternative medicines. However, I would add that we need to be sure the

therapy works, not all alternative medicine is proven."

The call comes as the Prince of Wales's Foundation for Integrated Health has launched a scheme to sign up "associate" GP members to promote

complementary medicine. The GP forum aims to build a fellowship of like-minded GPs (Foundation GP Associates) and to provide a supportive network that will allow doctors to exchange views and experiences. The Forum will keep GPs informed of developments in integrated medicine and provide them with opportunities for



developing integrated healthcare within their local communities. The Foundation hopes that the GP Associates will act as local champions for the Foundation and its mission, and take part in new initiatives. The inaugural event for the GP forum will be held at St. James' Palace on 12 October 2005.

**For more information, contact the Prince of Wales's Foundation for Integrated Health on tel: 020 7619 6140 or visit [www.fihealth.org.uk](http://www.fihealth.org.uk).**



# SUTHERLAND *Cranial College* 2006 COURSES

## OSTEOPATHY IN THE CRANIAL FIELD

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**Tim Marris DO MSCC**  
**Devonshire Hall, Leeds**  
**40 hrs CPD**  
**Fee: £1290/Deposit: £400**

This course will explore the principles and practice of Osteopathy in the Cranial Field following the inspiration of WG Sutherland's lifetime work. Our understanding of the Science of Osteopathy continues to grow and we offer an up-to-date and comprehensive overview of the story so far.

*Open to osteopaths who have completed Module 1 or equivalent undergraduate introductory courses.*

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

**Module 4**  
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**A four day residential course**  
**18th (evening) – 22nd May 2006**  
Course Director:  
**Susan Turner MA DO MSCC**  
**Hawkwood College, Stroud**  
**32 hrs CPD**  
**Fee: £1025/Deposit: £350**

This course will explore W.G. Sutherland's ingenious methods for engaging the self correcting mechanism within the joints of the whole body through the principle of balanced ligamentous tension that W.G. Sutherland learned under the hands of A.T. Still. The course explores the application of osteopathic principles to living physiology.

*Open to osteopaths who have completed Module 1 or equivalent undergraduate introductory courses.*

## IN RECIPROCAL TENSION

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**A three day residential course**  
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**Jeremy Gilbey DO MSCC**  
**Hawkwood College, Stroud**  
**24 hrs CPD**  
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This course examines the concept of dynamic tension, how it operates with respect to the body, and the role it plays in both diagnosis and treatment. It incorporates recent scientific developments and will help you expand your understanding of the Involuntary Mechanism operating within the cranium and the whole body.

*Open to osteopaths who have completed SCC Module 2 and 3, or two equivalent SCTF courses.*

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*Please inform the Course Office regarding any special diets and disabilities asap. Thank you*

**Book by debit card on 01291 689908 Monday – Friday 9:30am-3:30pm or return the form to book your place.**  
Please make cheques payable to **Sutherland Cranial College** and post together with completed application form to **Sutherland Cranial College PO Box 91, Chepstow NP16 7ZS.**

## Wise words from the Father of Occupational Medicine

Sheila Lee DO MEngS, London

Both primary and secondary prevention have important parts to play in occupational health. As long ago as 1713 this was recognized by Professor Bernardino Ramazzini, Professor of Medicine at the University of Modena. Working conditions amongst the artisans of Padua in Italy gave him great concern – such that he wrote a



These have been required for some years. Whilst many companies have attempted to comply, the incidence of musculoskeletal injury and in particular, low back trouble, still continues to climb. This has given rise to a number of national and international studies and some of these are now beginning to find that the cause is often multifactorial. We are beginning to increase



our understanding of work-related musculoskeletal conditions by explaining that causal investigation should include; biomechanics, task demands, individual capabilities, organization of work, psychological and psychosocial factors in conjunction with the work environment, work ethic and the system of injury reporting. These (and many more) are all part of the equation.

book entitled *De Morbis Artificum Diatriba* (The Diseases of Workers). He advocated preventative measures such as "variability in the performance of tasks, plenty of exercise and fresh air and a cheerful outlook". In the same book, he gave advice to doctors: "Always question each patient thoroughly about the work he does before treating him."

300 years later, if we are honest, we still have not taken Ramazzini's common-sense suggestions on board in a serious way. The Health and Safety Executive (HSE) has recently published a report based on a survey taken in 2003/4. This shows that 468,000 people in the UK (1.1% of the working population) suffer from work-related musculoskeletal injury affecting the back and 74,000 new cases were reported during the year under review. Construction, transport, storage industry and sedentary workers have some of the highest prevalence of this type of injury.

The *Health and Safety at Work Act* became law in 1974. This was the culmination of various



laws dealing with industry, some of which date back to the 19th Century (including the *Boiler Explosions Act 1882* and the *Offices, Shops and Railway Premises Act 1963*). In 1992, these acts were all addressed under one set of regulations known as the Six Pack, published by the Health and Safety Commission. It is a group of six volumes of regulations that all give common-sense guidance for employers.

So what should the employer do about primary prevention – to prevent injury occurring in the first place? Workplace assessments are designed for this purpose and they should identify possible problems.

It is asking a lot of managers and 'in-house' safety reps to take all these factors into account. However, if the growing incidence of musculoskeletal injury is to be faced, then someone needs to. One solution would be to employ ergonomists 'in-house', and some companies have decided to do this. Another would be to use ergonomists on a consultancy basis, which is frequently done. A third option is selective staff training undertaken by an ergonomist or health and safety professional.

Secondary prevention is the preserve of the clinician such as the occupational health physician, osteopath, chiropractor or physiotherapist. During a consultation, a reminder of Ramazzini's principle, to question the patient about his/her occupation, should be uppermost in the clinician's mind. Yet it is not sufficient to ask a single question – if the clinician is to address the musculoskeletal injury in a serious manner, and if s/he believes the condition may be work-related, s/he needs an understanding of the recent studies that emphasize the multifactorial nature of the condition. How the patient works, what s/he does for most of the day, the workstation, the task demands, the working system and how the patient copes should all have a bearing on treatment. All too often a worker may visit a GP or clinician with back trouble and be treated just

symptomatically. If the pain does not go away, this may be repeated for weeks and eventually lead to chronic pain syndrome, sometimes entering a downward spiral that may eventually become a work-related disability.

So where do we clinicians stand on rehabilitation? It is a buzz word right now and it is right that it should be. The downward spiral is distressing to observe. As an expert witness, I have often come across this where the individual spends time sitting at home 'resting', sometimes for weeks on end, muscles wasting, bored, depressed, on state benefits, often with marital problems and eventually hoping for some compensation through legal channels. A sad picture. When the patient has reached this stage it is difficult to reverse and no wonder they have become depressed.

Rehabilitation is one way to reverse the downward spiral, to get the patient back to a productive and active life. In many cases what the person needs is exercise, and stimulation, encouragement to be enthusiastic and a cheerful look towards the future. Simple remedies, as suggested by Ramazzini. It should not be beyond the



wisdom of clinicians to devise a system whereby those who are spiralling downwards, often through no fault of their own, could be helped on to a platform that may

start to reverse the trend. A multi-disciplinary clinic would be a sensible solution, allowing patients to access a number of different treatments to help in their rehabilitation – from osteopathy and exercise to psychotherapy and some understanding of work organization. This would be not only medically effective it would also be cost-effective.

## References

- Health and Safety Executive, *Self-reported work-related illness in 2003/4: Results from a Labour Force Survey* [www.hse.gov.uk/statistics/causdis/swi0304.pdf](http://www.hse.gov.uk/statistics/causdis/swi0304.pdf)
- Faculty of Occupational Medicine 2000 *Occupational Health Guidelines for the Management of Low Back Pain at Work* <http://www.facocmed.ac.uk/BackPain.htm>
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- Wilson A. *Effective Management of Musculoskeletal Injury* 2002 Churchill Livingstone

# BackCare Awareness Week 17-23 October

BackCare Awareness Week – the annual, national health awareness campaign – will this year focus on the all-important theme of back pain in the work place.

Government Health and Safety Executive statistics reckon one in five of those who suffer work-related ill health, experience some form of back problem and an estimated four out of five people (80%) will experience back pain lasting more than a day at some time during their life! Healthcare charity BackCare, therefore, aim to help people manage and prevent back pain by providing advice, promoting self-help, encouraging debate and funding scientific research into better back care.

If you are planning an event or promotional initiative to tie in with BackCare Awareness Week, you may wish to order BackCare's Awareness Week pack. **Contact tel: 020 8977 5474 or visit [www.backcare.org.uk](http://www.backcare.org.uk).**

Do also keep the GOsC posted if you have an event planned so that we can maximise publicity. A GOsC press release on back pain in the workplace will be posted on the website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and may be downloaded for your own purposes. **Contact the Communications department on ext. 226, or email: [susanm@osteopathy.org.uk](mailto:susanm@osteopathy.org.uk).**

In conjunction with the Health and Safety Executive's **Backs!2005** campaign, the GOsC and a number the Osteopathic Education Institutions are planning a major back care awareness campaign initially targeting London taxi drivers. 'Steer Clear of Back Pain' aims to raise awareness, amongst taxi drivers and their passengers, of the role osteopathy has to play in treating and preventing back pain. The campaign will be launched in the trade media during BackCare Awareness Week, and will lead up to our "Steer Clear ..." campaign week in December.



# Lanka Osteopathic Centre for Children, Sri Lanka

As we reported back in the April and July issues of *The Osteopath*, the recent Tsunami in Asia has prompted London-based osteopath and paediatric osteopathy specialist **Sam Kankanamge**, (right) to work together with local children's charities to set up a charitable clinic in Colombo, the **Lanka Osteopathic Centre for Children (LOCC)**.



The first centre of its kind in Asia, the LOCC will provide osteopathic care to children in Sri Lanka with illnesses and physical disabilities that have been compounded by the trauma of the Tsunami and the war. The LOCC will work hand in hand with local charities, orphanages and Government hospitals. One of the aims of the charity will be to fund local people to train as osteopaths and develop the osteopathic profession in Sri Lanka.

UK-based **Professor Ravi Ponniah**, Director of LOCC, is currently liaising with the Sri Lankan Government and relevant authorities to secure a permanent site for the LOCC. Until then the LOCC will lease a three-bedroom apartment in the Hilton Residence in Colombo. This central location was chosen for its accessibility and ability to provide shelter and food for patients and their parents who may have travelled long distances.

**Dr Lohitha Samrawikrama**, a Sri Lankan medical specialist in Rheumatology and Trauma Care, who has worked in the UK, has been seconded to oversee the day-to-day running of the Centre. It will have six treatment couches, a playing area and panoramic views of the Indian Ocean and the harbour. Accommodation for the volunteer osteopaths will include the use of gym, swimming pool and tennis court facilities.

The LOCC is a registered UK charity and fundraising has commenced to build the Centre once a site is agreed. Once established, it will be able to provide osteopathic and holistic care to children through art, music and sports activities. It will be able to cater for both in- and out-patients and will have its own research facility. Phase three of the project will be to build an operating theatre specialising in reconstructive surgery and orthodontics for children with cleft palates.



A further objective of the LOCC is to integrate local indigenous medicine, such as Ayurvedic medicine, and visiting osteopaths will have the opportunity to work with the Ayurvedic Research Institute of Sri Lanka and hopefully pioneer new approaches to healing and patient care.

The LOCC has been touched by the many enquiries received from osteopaths all over the world who are interested in attending the conference, volunteering for the LOCC in Colombo or helping with fundraising. Interviews for the first two volunteer osteopaths to go to Sri Lanka (in January 2006) are currently being held.



To commemorate the creation of the LOCC, the first **Paediatric Osteopathic International Conference** will be held in Sri Lanka in **April 2006** at the Hilton Hotel in Colombo.

**For more information on volunteering at the Lanka Osteopathic Centre for Children, attending the conference in April 2006 or helping the fundraising effort, contact: Sam Kankanamge on tel: +44 (0)20 7631 1772, email: [Info@locc.lk](mailto:Info@locc.lk) or visit [www.locc.lk](http://www.locc.lk).**



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# Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

## Health and Safety Executive (HSE) publishes MSD stats

The HSE recently published statistics on work-related ill health in Great Britain between 2002 and 2004<sup>1</sup>. The following data provides a sample of the findings:



- The most common types of work-related illness included musculoskeletal disorders (MSDs) – mainly affecting the back and upper limbs.
- An estimated 1,108,000 people in Great Britain suffered from an MSD which, in their opinion, was caused or made worse by their current or past work. This equates to 2.6% of people who have ever worked in England, Scotland and Wales.
- The tasks most commonly reported as contributing to MSDs were guiding or holding tools, followed by heavy lifting, carrying, pushing, pulling and keyboard work.
- The jobs with the highest risk of MSDs were: metal plate workers, shipwrights, riveters and road construction operatives.
- Males were reported to have more conditions affecting the lumbar spine/trunk, and lower limbs than females, but fewer conditions affecting the neck/thoracic spine.
- An estimated 11.8 million working days were lost in 2003–2004 through MSDs caused or made worse by work. On average, each person suffering took an estimated 19.4 days off work in that 12-month period. This equates to an annual loss of 52,000 days per 100,000 workers.
- The HSE has estimated that work-related MSDs cost employers between £590 million and £624 million.

Such information can prove useful when building links with local industry. These statistics will also be made available as part of the GOsC's promotional toolkit. Contact the Communications department on ext. 242 for a copy.

## Department of Health (DH) consults GOsC on patient booklet

Having submitted views to the DH on its draft Musculoskeletal Services Framework (see *The Osteopath*, May p12), the GOsC has now been consulted on a patient booklet to be published alongside. The Framework, which is due to be launched in November, provides best practice guidelines to improve services for people with musculoskeletal conditions.

## Green Paper on Incapacity Benefit

This month, the Government is due to launch a Green Paper<sup>2</sup> on Incapacity Benefit. This consultation will reveal radical plans to scrap Incapacity Benefit and replace it with a system focused on helping people into work. Working with GPs, special interest groups and claimants themselves, the goal is to replace what is perceived as a sickness culture. For further information, visit [www.dwp.gov.uk](http://www.dwp.gov.uk).

The political developments outlined in this and previous updates provide a number of lobbying opportunities for the GOsC to raise awareness of the osteopathic profession. Watch out for details in *The Osteopath* and the Registrants' Website, currently in development.

**If you have any comments or questions about Political round-up, contact Sarah Eldred on ext 245 or email: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk).**

<sup>1</sup>Occupational Health Statistics Bulletin 2004/5. Further information: [www.hse.gov.uk](http://www.hse.gov.uk)

<sup>2</sup>Green Papers are consultation documents produced by the Government to allow people both inside and outside Parliament to debate a particular issue and provide feedback on its suggestions.

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## Evidence-based practice – tutorial 8

Carol Fawkes BA (Hons) DO, Research Development Officer

### Critical Appraisal: Part II

The methods and criteria used to critically appraise research reports can vary slightly depending on the type of research e.g. qualitative or quantitative and on the research design e.g. a case report or a randomised controlled trial (RCT). However, common features exist to help to critique all research studies. The table given below attempts to highlight some of the main areas which need to be considered for a randomised controlled trial design.

QUESTION	CONSIDERATION
Does the introduction and literature review adequately place the research question in context?	Is the material included in the literature review relevant to the research question?
Has the research hypothesis been clearly stated and is it appropriate to the research question and supporting literature?	Are the key terms in the study well defined?
Has the research study stated a clear and focused question?	Is the population that has been studied clear to the reader? Is the intervention administered clear? Are the outcomes of the study clear?
Is the research design chosen appropriate to answer the research question?	What alternatives, if any, could have been chosen?
Are the methods and procedures clearly described in sufficient detail?	Could the study be easily replicated from this information?
Consider the research study participants	<p>What were the inclusion and exclusion criteria?</p> <p>Are the selected participants representative and appropriate to the study?</p> <p>Are the participants properly orientated and well motivated?</p> <p>What is their understanding of the task involved in being part of the study?</p> <p>Are their instructions clear and precise?</p> <p>Have sufficient numbers of participants been selected i.e. is the sample size (N) appropriate to give the research study statistical power?</p> <p>Was a power calculation performed to determine the sample size and minimise the possibility that the results have occurred due to chance?</p> <p>How have the participants been allocated to intervention and control groups (in RCTs)?</p> <p>Has the selection process been truly random?</p>



QUESTION	CONSIDERATION
	<p>What method of randomisation was used e.g. computer/telephone/envelopes?</p> <p>Was a method used to balance the randomisation e.g. stratification?</p> <p>Are there any differences between the groups at the beginning of the trial?</p> <p>Could any of these differences have affected the outcomes (i.e. acted as confounding factors)?</p> <p>Has participant attrition occurred (i.e. have patients dropped out of the study)?</p> <p>If yes, does this bias the sample?</p>
Consider the blinding processes that have been used.	<p>Were all the personnel involved with the trial (e.g. researchers, support staff, participants) blinded?</p> <p>Was blinding possible for the trial?</p> <p>Can observer bias be identified?</p> <p>Was blinding necessary for the trial?</p> <p>Has every effort been made to achieve blinding?</p>
How was the data collected?	<p>Is the independent variable being assessed appropriate to the research question?</p> <p>Are the levels of independent variable appropriate?</p> <p>Is the dependent variable appropriate to the study?</p> <p>Was data collected in all groups in the same manner and at the same time intervals?</p> <p>Was the data collected using validated, calibrated and reliable tools/measuring equipment?</p> <p>Were all participants followed up at the end of the study?</p> <p>Was there any loss to follow up?</p> <p>Were the outcomes of the participants analysed according to the groups to which they were originally allocated (i.e. was an 'intention to treat' analysis used)?</p> <p>Has any bias been evident in the data collection?</p>
What are the results of the study?	<p>How are the results presented? This could be as:</p> <ul style="list-style-type: none"> <li>- a measurement e.g. a median or mean difference</li> <li>- a proportion of people experiencing a particular outcome</li> <li>- a graph</li> <li>- a bar or pie chart</li> </ul> <p>Are the results clearly labelled and accurately presented?</p> <p>Are the results precise?</p> <p>Are the results large enough?</p> <p>Are the results both clinically and statistically significant?</p> <p>Can a decision be made from the results?</p> <p>Has a confidence interval been reported?</p> <p>If yes, would your decision about whether to use this intervention be the same at the highest as well as the lowest limit of the confidence interval?</p> <p>Has a p-value been stated?</p> <p>Can the results be clearly stated in one sentence?</p>

QUESTION	CONSIDERATION
Have high ethical standards been adhered to at all stages of the study?	Has appropriate ethical approval been sought and given prior to commencement of the study? Have the dignity and rights of all participants been respected throughout the trial and in the planned dissemination of the results?
How relevant are the outcomes of the trial?	Are the trial results generalisable to the wider population or are they just relevant to the participants in the study? Are the outcomes relevant to other people surrounding the trial participants e.g. family members, carers, policy makers, other healthcare professionals? Are there any cost benefits to the trial's results? Are there any cost implications?
Discussion of the study findings.	Does the discussion of the results relate to the research question? If not, why not? Have the results been interpreted correctly according to the results presented? Have the results been placed in an appropriate context?
Are the references accurate?	Do the references match the citations in the text?
Could the study be improved if it were repeated?	What could be done to improve the design of the study? In the next edition of <i>The Osteopath</i> , a brief overview will be given about the different types of research study design.

### Journal scan of research relevant to practice:

Jemella P, van der Windt Daniëlle AWM, van der Horst Henriëtte E, Twisk Jos WR, Stalman Wim AB and Boutel Lex M. **Should the treatment of (sub) acute low back pain be aimed at psychosocial prognostic factors?** Cluster randomised clinical trial in general practice. *BMJ* 2005; 331; 84-91. [www.bmj.com](http://www.bmj.com); doi:10.1136/bmj.38495.686736.EO. 60 general practitioners from 41 practices were involved in this cluster randomised clinical trial to compare the effects of a minimal intervention strategy aimed at assessment and modification of psychosocial prognostic factors and usual care for treatment of (sub)acute low back pain in general practice. 314 patients with non-specific low back pain of less than 12 weeks' duration were recruited from general practice. A minimal intervention strategy was adopted for one group consisting of a

20-minute consultation with the general practitioner to explore the presence of psychosocial prognostic factors, discuss these factors, set specific goals for reactivation and provide an educational booklet. Functional disability, perceived recovery and sick leave (due to low back pain) were assessed at baseline, 6, 13, 26 and 52 weeks. Analysis showed no significant difference between the two groups on any outcome measure during 12 months of follow up. The researchers felt that the study indicated there was no evidence to adopt a new treatment strategy aimed at psychosocial prognostic factors in patients with (sub)acute low back pain.

Laslett M, Aprill Charles N, McDonald Barry and Young Sharon B. **Diagnosis of sacroiliac joint pain: validity of individual provocation tests and composites of tests.** *Manual Therapy* 10 (2005) 207-218.

The researchers in this study examined the diagnostic power of pain provocation tests for sacroiliac joint (SIJ) pathology, singly and in combination, according to an accepted criterion. Previous research has indicated that physical examination cannot diagnose SIJ. 48 patients were examined in a blinded criterion-related validity design; pain provocation tests were used and the patients received an injection of local anaesthetic into the sacroiliac joint. The pain provocation tests used were: distraction (with patient supine); right-sided thigh thrust (patient supine); right-sided Gaenslen's test (patient supine); compression (with patient side-lying) and sacral thrust (with patient prone). The tests were evaluated singly and in combination for diagnostic power and all patients reported pain with at least one SIJ test. Sensitivity and specificity for three or more positive tests were 94% and 78% respectively. The researchers concluded that combinations of SIJ provocation tests are of value in clinical diagnosis in SIJ. Three or more out of all selected tests or any two out of four selected tests have the best predictive power in relation to results of intra-articular anaesthetic block injections. When all provocation tests do not provoke familiar pain, the SIJ can be ruled out as a source of current low back pain.

Hoskins W and Pollard H. **Masterclass: Hamstrings Injury management – Part 2: Treatment.** *Manual Therapy 10 (2005) 180-190.*

The management of hamstring injuries can be a very difficult clinical area. Many approaches to treatment have evolved based on anecdotal rather than on quality research evidence. Hoskins and Pollard explore and speculate on the contributory factors to hamstring injury; they discuss the merits of a diverse range of treatments and also explore non-hamstring causes of pain and dysfunction. The discussion of treatment covers cryotherapy, immobilisation, mobilisation, electrophysical therapies and NSAIDs. Spinal manipulative therapy is discussed in the consideration of non-hamstring sources of pain and dysfunction. Rehabilitation explores both physical and psychological rehabilitation. This article is extremely well referenced, giving ample sources for further reading around this subject area.

## Research news in brief

The National Centre for Complementary and Alternative Medicine (NCCAM) at the National Institute of Health (NIH) is offering a new online Continuing Education Series on complementary and alternative medicine, through which healthcare professionals can earn Continuing Medical Education (CME) credits. The CME series is free and can be found at <http://nccam.nih.gov/videolectures/>.

Scientists at the Australian National University and the University of Helsinki have analysed the evidence concerning Vitamin C and concluded that it is ineffective in staving off winter colds. Evidence to show that Vitamin C helps to shorten colds was found to be questionable, contradicting the theories of Linus Pauling. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Scientists from Loughborough University have found from computer analysis that our human ancestors were walking upright at least 3.5 million years ago. (Source: [www.royalsociety.org](http://www.royalsociety.org))

A study in the *British Medical Journal* is reported to have recommended that teenagers try to walk on the sunny side of the street, because they spend so little time outside that they risk developing rickets. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Doctors at the Royal Devon and Exeter hospital have discovered that the vocal exercises used by singers could help to reduce the symptoms of snoring. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Scientists at the Oregon Research Institute have found that walking on cobblestones improves health dramatically and can increase longevity. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Copenhagen scientists have found that men who take sugar in coffee are less likely to develop weight problems. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Milan scientists have reported in *Heart* that the bug *Helicobacter pylori* can be responsible for disturbing the heart's rhythm. (Source: [www.royalsociety.org](http://www.royalsociety.org))

Scientists at Imperial College London claim to have detected physical changes associated with chronic fatigue syndrome, also known as ME. The findings, due to be published in the *Journal of Clinical Pathology*, could finally lead to a reliable blood test for the disorder. (Source: [www.royalsociety.org](http://www.royalsociety.org))

## South Downs Group

### An evening with Stuart Korth

Christopher Grey DO, Hampshire

The South Downs Group will be holding its second meeting on **Friday 14 October 2005** at the Wishing Well in Hampshire. Stuart Korth, an osteopath who requires no introduction, will be our guest speaker for the evening.

The meeting will be held from 7pm – 9pm and will cost £15, which also includes refreshments (wine and biscuits).

Venue details:

The Wishing Well  
26 Heath Road  
Petersfield, Hampshire

**To reserve your place please contact Christopher Grey or Kim Prichard on tel: 01730 233 802. We look forward to seeing you there!**

## Osteopaths@Worcester

### Lights, camera, action!

Sue Brazier DO, Worcester

**Dr Udeshi** gave an interesting talk on MRI of the shoulder to a group of osteopaths on Thursday 28 July. The evening was kindly hosted by the Cobalt MRI Unit in Cheltenham, which is currently being renovated and although we were in their largest rooms it was a warm evening!

The BOA sent a camera crew to record the evening and they worked away quietly in the background. Dr Udeshi looked rather nervous, but this by no means detracted from his presentation. The gathering had a short break, and then it was back down to business with more MRI films followed by question time.

The Cobalt Unit will have a large lecture theatre next year and plans are already under way for more talks in the future. Dr Udeshi is also looking to change the format of his talks so we'll keep you posted.



Osteopaths@Worcester have organised the following meetings for the coming months:

**26 October – Mr Hollis, ENT Consultant**

**24 November – Mr David Robinson, Consultant Orthopaedic Surgeon** will provide an update on the aetiology, diagnosis and surgical treatment of the shoulder joint. His area of special interest is in arthroscopic assessment and treatment of the shoulder.

Both of these talks will be held at the Holiday Inn Express (Junc 5, M5). Tickets cost £30 each, which includes refreshments.

**For more details contact Sue Brazier, Osteopathic Clinic, Upton Road, Callow End, Worcester, WR2 4TY, tel: 01905 831495 or email: [suebrazier@plusdsl.net](mailto:suebrazier@plusdsl.net).**

## Database for autumn CPD

Stephen Bach DO, Norwich

I am compiling a database/mailling list of all practitioners in the county who wish to be informed of the new CPD programme commencing this autumn. If you wish to be included please send me your contact details (address, e-mail etc.) to:

**Norfolk Osteopaths**

**Thorpe Clinic  
1 St. Matthews Road  
Norwich NR1 1SP**

I look forward to hearing from you.



## Osteopathic Sports Care Association

### New start, new partners

Clive D Lathey DO, OSCA committee member, London

The OSCA committee recently met to discuss the expansion and extension of services provided by the organisation. Over the last two years we have dedicated considerable time to working with partner organisations and have been liaising with a number of other professional bodies. London winning the Olympic bid has helped focus our minds on ways to move forward and capitalise on what should be a wonderful opportunity to promote osteopathy and the Association.

A key achievement has been to formalise a partnership with Sportex, who publish an excellent sports injuries magazine (a copy of which will be provided to all OSCA members) and medical leaflets and arrange conferences. Sportex will work closely with OSCA secretary Helen White and will be involved in the organisation of a major international conference. Members will also be included on the Sportex database which is linked to UK Sport, Sport England and other prominent organisations. This will help to raise the profile of our members and improve our professional image. The public will also have direct access to the database and therefore details of their local OSCA osteopaths. Furthermore OSCA members should have greater

opportunities to work as part of a team treating sports injuries with other healthcare professionals.



The other exciting news is that our chairman Jonathan Betser has been in negotiation with Lord Coe about the potential role of osteopathy during the London Olympics. Lord Coe has apparently benefited from osteopathic treatment in the past and is a fan of our profession! We will keep you informed of our progress. More information will be available to members in our publication, *Still Improving Sport*.

Our new partnership with Sportex and our combined efforts will help nurture a truly excellent organisation. I am pleased to report that we also have some new and enthusiastic committee members to help us promote and elevate OSCA to a greater level.

**If you are interested in joining OSCA or wish to receive further information please call our secretary Helen White on tel: 07917125923 or email: [oscasecretary@hotmail.co.uk](mailto:oscasecretary@hotmail.co.uk). More OSCA updates will be published in forthcoming issues of *The Osteopath*.**

*Photograph: Northampton Town FC courtesy of Pete Norton Photography Ltd*

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<b>Weekend courses</b>	26-27 Nov	<b>IOT IV: Developing and advancing osteopathic technique</b>	Laurie Hartman	£185.00	£125.00	14
	29-30 Oct & 19-20 Nov	<b>Osteopathic care in pregnancy &amp; optimal fetal positioning (part I &amp; II)</b>	Averille Morgan		<i>Full</i>	
	12-13 Nov	<b>Harmonic Technique part II</b>	Eyal Lederman	£185.00	£125.00	14
	3-4 Dec	<b>Visceral osteopathy: The thorax and three diaphragms</b>	Franz Buset	£175.00	£125.00	14
<b>Evening courses</b>	24 Nov	<b>How to treat: Whiplash injuries</b>	Eyal Lederman		<i>Full</i>	
	6 Oct	<b>SOT III: Upper extremity &amp; upper cervical spine</b>	David Tatton	£35.00		3
	10 Nov	<b>SOT IV: Lower back and pelvis</b>	David Tatton	£35.00		3
	27 Oct	<b>Technique – the female perspective: lower body</b>	Fiona Walsh	£35.00		3
	3 Nov	<b>Pathway to better health</b>	Stuart Robertson	£35.00		3
<b>Evening lectures</b>	20 Oct	<b>Clinical nutrition: The uses and misuses of supplements</b>	Adam Cunliffe	£20.00		2
	17 Nov	<b>Clinical nutrition: Sports Nutrition</b>	Adam Cunliffe	£20.00		2
	27 Oct	<b>Medicolegal: Being an expert witness</b>	Paul Grant	£20.00		2

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

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Dates for your 2006 diary  
(see page 30)

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# Back chat

## Your letters



### Dear Editor

I read with great interest David Simpson's article on consent (*The Osteopath*, August/September 2005). I think David Simpson is presenting a reasonably balanced argument from the GOsC's perspective, and think you could expect nothing more. His question, "Is osteopathy a cult?" is in fact very important.

A definition or description of osteopathic medicine is very difficult. We often end up with a few individuals, who feel strongly about some issue, promoting their personal ideology. I will not add to that debate at present, but, I would like to add my voice to the debate on consent.

The issue of consent is really only important – in terms of side-effects – concerning mid to upper cervical manipulation (HVT). Other areas of consent e.g. examination of intimate body areas, are of course just as important in a different way.

I personally never manipulate the cervical spine above the C6/C7/T1 segments. If one is bothered to look at the scientific literature, you will find no clear evidence to support cervical HVT techniques. Gentle articulatory movements, soft tissue techniques and self-exercises sometimes help patients with cervical and associated head symptoms. I think the problem has developed from a misunderstanding of musculoskeletal dysfunction, or more specifically an outdated understanding.

Musculoskeletal symptoms, our '*raison d'être*', often do not result from structural injury/trauma, although of course some times they can, especially in the sports medicine environment. Scientific research over the last few decades suggests a multi-factorial genesis. It may well be for instance that most of your neck pain and headache patients have symptoms as a result of fatigue or anxiety, or both. Some recent research suggests that thoracic spine treatment reduces neck symptoms, so perhaps you don't need to touch the neck at all.

The risk of cardiovascular accident (CVA) after cervical manipulation is low, BUT, why attempt this procedure at all? There is no evidence to support its use, just folklore. It is time that we have major re-appraisal of what is useful and what is not useful within osteopathic practice, a strategy that requires considerable financial investment, rigorous academic study and absolute professionalism. On a positive note, I think this strategy is slowly gaining momentum, with initiatives such as NCOR and with external pressure from society, e.g.

insurance and legal representatives.

**Tim McClune DO, Spinal Research Unit, University of Huddersfield**



### Dear Editor

I think I am not alone among osteopaths in using acupuncture and dry needling as part of my practice, and like my colleagues, I have the problem of disposing of the used needles. I recently discovered that from 16 July this year, the Hazardous Waste Regulations 2005 came into force, which cover (among many other things) this problem. One surprise is that as a producer of this hazardous waste, my premises have to be registered with the Environmental Agency, and having been entirely unaware of this situation, I would like to use your letters column to alert colleagues who may be similarly basking in blissful ignorance.

You can register online – go to [http:// www.environmentagency.gov.uk/](http://www.environmentagency.gov.uk/). Alternatively call tel: 08708 502858 to either register over the phone, or to request a registration form. The cost is not great – £18 online, £23 over the phone and £28 by form, all per premises.

**Ross Valentine DO, Southampton**



## Yellow Pages deadlines

### 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
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Cornwall	25-11-05
Sheffield	30-11-05
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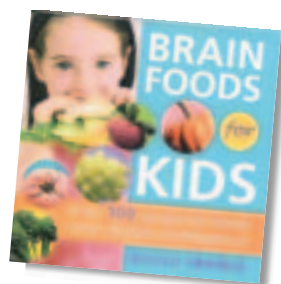
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### Brain Food for Kids Over 100 recipes to boost your child's intelligence

Nicola Graimes

Published by Carroll and Brown  
ISBN 1-903258-93-6  
£9.99 / 128 pages

Reviewed by Clive Lindley-Jones DO



### Younger Next Year: a guide to Living like 50 until You're 80 and Beyond

Chris Crowley and  
Henry S Lodge MD

Published by Workman Publishing,  
New York.  
ISBN 0-7611-3423-9  
£12.61 / 321 pages

Reviewed by Clive Lindley-Jones DO

The idea that what children eat can often have a major impact on their performance and behaviour is no longer considered news. However, in the little time one has, it is often difficult to empower families with the kind of information that can offset the tide of junk food and misinformation that can overwhelm all but the most discerning.

What Nicola Graimes has done here is to put together what parents need to make sensible choices and how to plan and execute them for their children's well-being. It's all here, from building better brains, food intolerances, best buys, lunch boxes and quick snacks, picnics and parties. She ends with a useful Brain Food for Kids fold out weekly plan.

Bright, cheerful, colourful, well produced and written, with useful informative box inserts, this book features the latest ground-breaking information on the ways in which diet can influence and improve the mind. This is the paperback book I have been waiting for to put in the hand of many of the parents of children I see who are struggling in school, often, in part, because of the influence of nutrition on their performance and behaviour. Get one for your waiting room.

We are all only too aware of the enormous revolution in health and disease that has occurred since Still's days in 19th Century America. A new challenge faces us and our patients in the 21st Century. Our children are in danger of having a shorter life span than us due to type 2 malnutrition, and we are facing the challenge of avoiding burnout and obesity and staying vigorous and healthy into our later years.

As the title of Crowley and Lodge's book clearly implies, there is a growing body of scientific knowledge pointing the way to help us stop decaying. We need to change the signals we send our bodies. The keys to overriding the decay code are daily exercise, emotional commitment, reasonable nutrition and a real engagement with living. But it starts with exercise. Ageing is up to nature, but decay is up to you!

The key to this book is that we need to do something every day to tell our body it is springtime. As our body gets consistent signals from physical activity our brain changes too and develops a chemistry of optimism. Being sedentary is the most important signal of decay. Your body watches what you do, your physical behaviour, every day like a hawk. It isn't complicated, most of us know it, but Crowley and Lodge team up in a complementary way to get us sufficiently and cheerfully engaged to take action.

Crowley, a retired New York lawyer in his early 70s, takes us with humour and compassion through the challenges of recent retirement and beyond, while Lodge, Crowley's doctor and in his late 40s, reports the latest biological findings that are changing our thinking about ageing. He takes us simply and clearly through much of the latest thinking on cytokines and inflammation and how this controls growth and repair, and how exercise is at the heart of this and underpins the ageing revolution for those who recognise that the body can choose between growth and decay.

I liked this book the more I read it. Its straight talking, serious but humorous style speaks specifically to those who are only too aware that they are no longer riding the easy tide of youth but need to swim a bit against the tide of decay and ageing. For those who want a bit of help and advice to turn their lives around, avoid the avoidable and accept the inevitable, it is a good read. Sensible, optimistic and funny, it's a great guide and inspiration for you or your patients to take action.



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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
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Leicester	02-12-05
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1-2 April	IOT II: Cervical spine, CD and UEX	Prof. Laurie Hartman	£195.00	£125.00
17-18 June	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£195.00	£125.00
7-8 Oct	IOT IV: Developing and advancing osteopathic technique	Prof. Laurie Hartman	£195.00	£125.00
2-4 Feb	Visceral osteopathy: the abdomen	Jean-Pierre Barral	£395.00	£250.00 Remaining £145.00 by 1 Jan 06
2-4 Nov	Visceral osteopathy: the thorax	Jean-Pierre Barral	£395.00	£250.00 Remaining £145.00 by 1 Oct 06
17 June	Healthy Pregnancy	Averille Morgan	£105.00	Pay in full
9 Sept	Lymphatic motion	Averille Morgan	£105.00	Pay in full
21-22 Oct & 25-26 Nov	Osteopathic care in pregnancy & optimal fetal positioning	Averille Morgan	£395.00	£225.00
6-7 May	Enhancing motherhood through active body awareness	Christine Van de Putte	£195.00	£125.00
21 Jan	Pre & post operative care for common joint surgery	Prof. Eyal Lederman	£105.00	Pay in full
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21-22 Jan	How to treat sports injuries: the upper body	Chris Boynes	£195.00	£125.00
30 Sept -1 Oct	How to treat sports injuries: the lower body	Chris Boynes	£195.00	£125.00
24-25 June 9-10 Sep	Osteopathic care of small animals	Anthony Pusey	£465.00	£250
18 Nov	Osteopathic care of small animals: Revisited	Anthony Pusey	£105.00	Pay in full
1-2 July	Introduction to cranial osteopathy	Ercilia De Marco	£195.00	£125.00
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8 April	Nutritional assessment practical workshop	Dr. Adam Cunliffe	£105.00	Pay in full
4 Nov	From treatment to exercise	Matthew Walden	£105.00	Pay in full
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# Current concepts in electrotherapy: ultrasound therapy

Tom Hewetson MSc BSc (Hons) Ost Med DO

In the world of sports-related injuries we are always under pressure to return athletes to the competitive arena as quickly and as safely as possible. Therefore, as an osteopath who treats his fair share of sports-related conditions, any mode of treatment that is reported to have a safe and beneficial effect on the healing process interests me. So, in April, along with several other osteopaths, I attended an evening seminar organised by Osteopathic Sports Care Association (OSCA) on the role of therapeutic ultrasound. The speaker, **Professor Tim Watson**, an eminent physiotherapist in the world of electrotherapy, is one of the most knowledgeable and enthralling speakers that I have heard in a long time. He was not only erudite on his own subject but was equally at home discussing and answering questions around it. I sat there expecting to listen to a lot of scientific mumbo-jumbo about wavelengths and such. And yes, there was some science of exponential energy absorption and attenuation, megahertz, frequency waveform velocity and coupling media. However, what I wasn't expecting was the reinforcement of some osteopathic principles. To paraphrase Professor Watson – we have nothing that can compete with nature with regards to healing damaged tissues.

Ultrasound is said to have thermal and non-thermal effects. It was apparent that Professor Watson was not convinced by the thermal use of ultrasound, or the possibility of 'micro-massage' due to the lack of tangible evidence. However, among the more effectively reported tissues to respond to thermal effects are periosteum, ligaments, tendons, fascia and fibrotic muscle. Some of the non-thermal effects rang a bell – altered blood flow and vascular activity, for example, sounded very much like Still's Rule of the Artery. The cells are 'excited' and increase protein synthesis and cell membrane permeability. This increased cellular activity is reported to be among the responsible factors for the therapeutic benefits of ultrasound.

Bear in mind that the following is a simplification of a very complex process that is tissue repair. Other reported effects of ultrasound are: 'micro-massage', a mechanical effect that possibly enhances the tissue fluid interchange. During the repair process of damaged tissues, ultrasound is said to have a stimulating effect on the mast cells, platelets and white cells during the inflammatory phase; a stimulating effect on fibroblast activity during the repair phase, and it appears to enhance the orientation of the newly formed collagen fibres during the remodelling phase. In summary:

ultrasound speeds the rate of healing and enhances the quality of the repair.

I can see some of you squirming in your seats and shouting, "surely electrotherapy is not osteopathic!" In fact, ultrasound uses mechanical vibration, known as sound energy. Strictly speaking, ultrasound is a form of mechanical therapy as it uses no electrical energy on the body and, therefore, is not really electrotherapy at all.

If we are honest, there is very little in osteopathy that is unique to osteopathy and was not borrowed from other therapies. Manipulation techniques for example were used by bone setters and barber surgeons for years before Still used them. Even some of our philosophies are borrowed, for example, body unity and the body's inherent ability for self healing are Hippocratic philosophies. A T Still was a doctor and surgeon who, although disillusioned by the medicine of his day, embraced that which was useful and rejected that which was not. I cannot help but feel that if ultrasound were available in Still's day it would have been something else he borrowed and that he would have embraced it.

**Professor Watson will be speaking on, the subject of tissue injury and repair at the Hertfordshire Moat House in late February/early March 2006. To find out more and / or to reserve a place, contact Helen White on: tel: 07917 125923, or email: [oscasecretary@hotmail.co.uk](mailto:oscasecretary@hotmail.co.uk).**



*Photo courtesy of Physio Med Services*



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#### Instructors:

Penney Megginson, MSPT, Anne Hamer, MSPT & Leanne Robinson

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Alan Williams BA(Hons), MA, PGCE, ND, DO

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- Breathing to influence function of the torso.
- The concept of controlling your "core".
- Whole body organisation and stabilisation.
- Spinal and peripheral joint mobility.
- Appropriate body alignment.

### Who should attend?

- Anyone who wants to understand why Pilates is so effective as an exercise method.
- Anyone wanting to free themselves from the self-imposed burden of responsibility for someone else's physical state.

**Alan Williams** is an experienced Osteopath, Naturopath and Certified Practitioner of Pilates for Rehabilitation. He has a background in Human Movement Studies and Physical Education, has a wealth of experience in sport, exercise and movement science and has lectured all of these disciplines.

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## Free research training for osteopaths in Hertfordshire

The Hertfordshire Primary Care Research Network Consortium (HertNet) & Health Research and Development Support Unit (HRDSU) are offering research training free of charge to HertNet members & HRDSU clients who are practitioners in primary or secondary care. To be a member of HertNet you must live or work in Hertfordshire.

The programme has been specifically designed for healthcare professionals and is aimed at those who are interested in acquiring or consolidating their research skills. The sessions take participants through each step of the research process, so attendance at all sessions is encouraged. However, it is possible to attend just one or a few of the sessions depending on skills and needs. A certificate of attendance will be issued for each session attended. The aims of the course are:

- to increase knowledge of the research process;
- to further understanding of research methods;
- to begin the process of equipping practitioners with the skills and confidence to embark on their own original research projects or to work on collaborative studies.

The training comprises 19 sessions from October 2005 to July 2006 and will usually take place on Tuesdays from 12:45 – 2:30pm, with lunch available from 12.15pm. Most sessions will be held at the Fielder Centre, Hatfield.

**For more information, or to register to attend any, or all, of the sessions, contact Sue Hall at HertNet/ CRIPACC, University of Hertfordshire, College Lane, Hatfield, Herts, AL10 9AB, tel: 01707 285214, or email: [s.f.hall@herts.ac.uk](mailto:s.f.hall@herts.ac.uk).**

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# British School of Osteopathy

CPD Courses: [www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd)

## ***STRAIN AND COUNTERSTRAIN COURSE***

Theory based on the teachings of Lawrence Jones and Lorraine Dicks. This course is mostly practically orientated, with the emphasis on the application within the clinical setting.

**Date:** 16<sup>th</sup> October 2005 (only 30 places available)

**Course Fee:** £85

**Course Leaders:** Bob Burge and Jo Holmden

## ***THE VISCEROCRANIUM & DENTAL CONSIDERATIONS***

The aim of the course is to familiarise practitioners with this inter-disciplinary area, and provide an opportunity to review their approach to the diagnosis and management of problems within the somatognathic system. The potential of this area to contribute to more global patterns of dysfunction has long been recognised.

Material covered will include:

- ## Practical workshops on treatment of facial disorders by senior OCF faculty
- ## Occlusal & bite difficulties, their diagnosis and management, by a dental surgeon with a special interest in TMJ dysfunction.

This course is open to practitioners who have satisfactorily completed two BSO Preliminary courses (or SCC equivalent) and had a minimum of a year's clinical practice in this field.

**Dates:** 26<sup>th</sup> & 27<sup>th</sup> November 2005

**Deadline for applications:** 11<sup>th</sup> November 2005

**Course Fee:** £350.00

**Course Leader:** Nick Woodhead

## ***OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY***

This one-day course of structured practical/tutorial sessions, following short lectures, is designed to help practitioners to overcome some of the difficulties commonly encountered in the early days of putting Dr Sutherland's approach into clinical practice.

This course is open to practitioners who have previously attended one, or more basic 5-day courses at the BSO (or SCC equivalent).

**Date:** 4<sup>th</sup> March 2006

**Deadline for applications:** 17<sup>th</sup> February 2006

**Course Fee:** £95

**Course Leader:** Nick Woodhead

**Location:** The British School of Osteopathy, 275 Borough High Street, London SE1 1JE

For an application of any of the above courses to be sent to you, please contact

Gayda Arnold – 0207 089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

# New Paediatric Osteopathy MSc course

Harriet Griffey, Osteopathic Centre for Children

The Osteopathic Centre for Children (OCC) and the British School of Osteopathy (BSO) are to collaborate on a Masters programme leading to an MSc in Paediatric Osteopathy validated by the University of Luton.

The OCC was established 14 years ago and has an international reputation for delivering paediatric osteopathy at its London and Manchester clinics, while also training graduate osteopaths for its Diploma in Paediatric Osteopathy (DPO). The MSc degree course in Paediatric Osteopathy will replace the DPO.

**Patricia Ferrall**, Co-Founder and Chief Executive of the OCC said, "One of the founding principles of the OCC was to provide training in paediatrics for graduate osteopaths, thus ensuring appropriate osteopathic treatment for babies and children. So we are especially pleased to be working alongside the BSO in setting up a masters degree, which will give the expertise and experience of practitioners the recognition their skills deserve, and firmly establish paediatric osteopathy as a discipline within the field of post-graduate osteopathy."

The BSO was set up in 1917 and is the largest provider of osteopathic education in the UK. **Martin Collins** DO MSc PhD, Principal and Chief Executive of the BSO said,

"I welcome this partnership between the BSO and the OCC in producing high quality osteopaths with a specialist knowledge in the treatment of children. I hope it will be the first of many collaborative activities between the two institutions."

Responsibility for teaching the course will rest with the BSO, while clinical experience will be provided by the OCC, with students benefiting from the expertise and experience of OCC consultants and tutors.

Course leader **Andrew Maddick**, BSc Ost, DPO clinical tutor at the OCC and BSO said, "My personal commitment to paediatrics and tutoring osteopaths for their Diploma in Paediatric Osteopathy has convinced me of the need for a degree-level qualification that adequately reflects the academic demand made on osteopaths, which the MSc in Paediatric Osteopathy will provide. It is the only UK post-graduate degree course for osteopaths that also includes clinical supervision, reflecting the course's commitment to the specialised care of babies and children and the training necessary to treat them."

**For more information, contact Harriet Griffey, email: [harriet.griffey@virgin.net](mailto:harriet.griffey@virgin.net) or tel: 07971 170101.**

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Roger Kerry, Physiotherapist – Vascular Disorders  
Kate Hill, Medico-Legal Barrister – Consent  
Dr. Rowan Kenny, GP-Mens Health/Sports Injuries  
Dr. Declan Fox, GP/Broadcaster-Communication Skills

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By phone: 01636 611644 or 07710 946723

# Courses 2005

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

## **Train to be a Sunflower Therapist** (first weekend of seven, Oct – June 06)

**7–9 October**

Speaker Dr Gerhard Otto. Organised by the Sunflower Trust Charity. To be held in Guildford. Contact: Patricia Murray Cox tel: 07708312019.

## **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 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 Osteopathic Professional Education North Ltd. To be held at 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 Dartington Hall, Totnes, South Devon. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

## **Module 8: The Functional Face (one day residential workshop)**

**1 November**

To be held at Bridgetown Dental and Osteopathic Clinic, Devon. Contact: tel: 01291 689908, email: admin@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 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 Seminarh of Proitzer Muhle. Contact: tel: 01291 689908, email: admin@scc-osteopathy.co.uk (website: www.scc-osteopathy.co.uk)

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

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

**Some New Thinking about Manual Techniques: techniques on upper extremity and shoulder girdle****19 November**

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

**Combining Cranial Osteopathy and Homoeopathy in difficult cases****19 November**

Speakers Colin Griffith, Mary Patton and Maria Fenocchi. To be held at Regents College, Inner Circle, Regent's Park, London. Contact: Linda Rauch tel: 020 8211 9965 email: lrauch@onetel.com or Vivien Levene tel: 020 8340 0306, email: vivien@lev-home.demon.co.uk.

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

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

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

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

**Aetiology, diagnosis and surgical treatment of the shoulder joint****24 November**

Speaker Dr David Robinson. Organised by Osteopaths@Worcester.

To be held at the Holiday Inn Express, Droitwich. Contact: Sue Brazier tel 01905 831 495.

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

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

**IMS Viscerocranium and Dental Considerations Course****26–27 November**

Course leader Nick Woodhead. 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.as.uk)

**Stillness and Form****3 December**

Speaker Michael Kern. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 – 92 Pentonville Road, London, N1. Contact: tel: 07000 785 778, email: info@cranio.co.uk (website: www.cranio.co.uk)

**Visceral Osteopathy: the thorax and three diaphragms****3–4 December**

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

**Dental Factors in Osteopathic Practice. Occlusion 1****11 December**

Speaker Caroline Penn. Organised by Penn Seminars. To be held at 40 Crawford Road, Hatfield, Herts, AL10 0PE. Contact: tel: 01707 274 148, email: caropenn@ntopenworld.com (website: www.pennclinic.co.uk)

**COURSES 2006****Visceral Intelligence****5–8 January**

Speaker Ged Sumner. 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)

**Midwinter Basic Course in Osteopathy in the Cranial Field****22–26 February**

Organised by The Cranial Academy, USA. To be held at Tampa Palms Golf Resort, Florida. Contact: tel: +317 594 0411, fax: +317 594 9299, email: info@cranialacademy.org (website: www.cranialacademy.org)

**Osteopathy in the Cranial Field****4 March**

Course leader Nick Woodhead. 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.as.uk)

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

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

## RECRUITMENT

**ASSISTANT REQUIRED TO START** 4 days per week for busy rural market town practice; close to Newcastle city centre situated in the picturesque Tyne Valley. Please send C.V.'s to The Gelson Osteopathic Clinic, 4 Tynedale Mews, Market Place, Corbridge, Northumberland NE45 5AW. Or contact Pat on 01434 632427. For further practice details visit our website: [www.gelsonosteopathic.co.uk](http://www.gelsonosteopathic.co.uk)

**ASSISTANT OSTEOPATH REQUIRED** to join complementary centre in South East London. Cranial and structural preferable. Please contact Cathy Phelps on: 020 8301 2222

**ASSOCIATE** required in SHREWSBURY, Shropshire 1-2 days per week for a friendly, well-established practice. Mainly structural but interest in cranial/paediatrics would be useful. Position would suit organised, self-motivated person who is happy working on their own. Excellent conditions and good remuneration. Contact Fiona Adlard 07742 606254 or [fiona@adlard.fsbusiness.co.uk](mailto:fiona@adlard.fsbusiness.co.uk)

**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 November. Please apply by email to [teresa@deganwydoc.freeserve.co.uk](mailto:teresa@deganwydoc.freeserve.co.uk).

**ASSOCIATE REQUIRED FOR BUSY** well established friendly practice in N. Kent/ S.E. London. 9am - 1pm Monday, 10am - 7pm Thursday, 2pm - 7pm Friday and Saturday 9am - 3pm. Please contact the practice manager on 07960 165775. The Bexley Osteopathic Clinic, 16A High Street, Bexley, Kent DA15 1AD.

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**METIS** ([WWW.METIS-UK.COM](http://WWW.METIS-UK.COM)) is a busy, expanding clinic and has a vacancy for a part/full time Osteopath to work in our lifestyle designed award winning centre, located in Covent Garden, central London and our purpose built clinic in Croydon, located opposite the Mayday Hospital. If you are interested in applying please e-mail your CV with a covering letter to [pmartin@metis-uk.com](mailto:pmartin@metis-uk.com).

**BUSY PRACTICE IN WESTON-SUPER-MARE**, Somerset requires an Osteopath, initially for 2 days a week to join our friendly team. Good structural knowledge and confident approach required. For further information please contact Lynn Knight our practice manager. The Highgrove Clinic, 26 Grove Road, Milton, Weston-super-Mare, Somerset. BS22 8HE. Telephone 01934 419933.

## COMMERCIAL

**GOODWILL FOR SALE: KENT/ EAST SUSSEX** borders. Delightful and rewarding IVM/ Biodynamic Osteopathic practice established 13 years ago, in current location for 4 years. General Osteopathy incl. sports, specialising in paediatric/ Obstetric Osteopathy. Requires Osteopath of good heart and hands to take this practice forward. Ideal for hard working solo practitioner or partnership to sustain rapidly growing practice. Full accounts available. Applications in writing: The Practice Manager, 19 High Street, Rusthall, Tunbridge Wells, Kent, TN4 8RL.

**PRACTICE FOR SALE/ RENT. CLEVEDON.** North Somerset. Opportunity to purchase well established practice and premises or, purchase Practice/ Goodwill, and rent premises. Premises consist of large ground floor Freehold flat, in Victorian Mansion. Well situated with ample on/ off road parking. Female associate would be happy to stay on if required. Contact mark: Tel: 0117 959 2000

**PRACTICE FOR SALE. NORTH BRISTOL.** Established 1983. Opportunity to purchase practice, goodwill, patient list, etc. and rent premises, which consist of 3 bed semi detached house, 3 treatment rooms, waiting room etc. Situated on busy Arterial Road, in densely populated area, lots of parking. Contact Mark. Tel: 0117 959 2000

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**ROOM TO RENT WITHIN ESTABLISHED** Health and Beauty practise in central Oxford, for one-two days, possibly more. Please contact Clara on :02084553260 or 07775501977

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December 3rd & 4th London  
January 7th & 8th London

### Matwork Level 2 (fee £240)

January 28th & 29th London

### Class Instructor (fee £240)

January 21st & 22nd London

### Equipment Level 1 - Lumbo-pelvic stabilisation (fee £425)

December 10th & 11th London

### Equipment Level 2 - Scapulo-thoracic stabilisation (fee £425)

January 14th & 15th London

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## pain or pleasure...

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

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

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

### A Natural Treatment Angle

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

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



Multi-Award winning  
Orthotic Technology

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

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

### Step into your patients' shoes

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

**FREE Orthotics + Information Kit!**

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

