the OSTEOPATH

The magazine for Osteopaths

April 2006
£3.00
Volume 9: Issue 3
ISSN 1466-4984

In this month:

International Journal of Osteopathic Medicine enclosed

Hands off osteopathy!

General Osteopathic Council

The General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

T: 020 7357 6655 F: 020 7357 0011

www.osteopathy.org.uk

Contact details: services

Service	Extension number	Service	Extension number
Address changes	256	Magazine subscriptions	242
Advertising and promotion	226	Media	228/247
Assessments of Clinical Competence	235	NHS liaison	245
Chairman	246	Non-practising osteopaths returning to register	229
Chief Executive & Registrar	246	Off work certificate orders	242
Clerk to the Appeals Committee	236	Office admin	251
Communications policy	228/247	Overseas enquiries	245
Complaints about osteopaths	224	Parliamentary liaison	245
Conferences	222	Payment problems	231
Continuing Professional Development	238/240	Practice matters	222/247
Council and Committee business	01580 720213	Presentation materials	242
Database amendments	233	Private medical health insurance	247
Education enquiries	238/240	Professional indemnity insurance	233
Exhibitions	222	Protection of Title	224
FCCA enquiries	240	Recognised Qualification process	238/240
Fee payments	227	Regional Communications Network	222/228
Fitness to Practise	236/224	Registration	256
Framework of Practice	238	Research	240
Graduates	233	*The Osteopath* magazine contributions	222/228
Information service	242	VAT exemption	233
Leaflet and publication order queries	242	Website	226
Leaflet orders	242	Yellow Pages/Thomson Corporate Box	242
Locum list requests	242		

Contact details: people

Rebecca Costello **256**
Registration Secretary
(rebeccac@osteopathy.org.uk)

Vince Cullen **223**
Head of Development
(vincec@osteopathy.org.uk)

Pam D'Arcy **246**
Assistant to Chief Executive & Registrar
(pamd@osteopathy.org.uk)

Dana Davies **224**
Professional Conduct Officer
(danad@osteopathy.org.uk)

Erika Doyle **228**
Assistant Registrar [Communications]
(erikad@osteopathy.org.uk)

Marcus Dye **240**
Assistant Registrar [Development]
(marcusd@osteopathy.org.uk)

Sarah Eldred **245**
Assistant Registrar [Public Affairs]
(sarahe@osteopathy.org.uk)

Kellie Green **236**
Assistant Registrar [Regulation]
(kellieg@osteopathy.org.uk)

Sonia van Heerden **242**
Information Officer
(soniavh@osteopathy.org.uk)

Madeline Hogan **227**
Finance & Registration Officer
(madelineh@osteopathy.org.uk)

Tamara Hudson **235**
Development Assistant
(tamarah@osteopathy.org.uk)

Susan McCue **226**
Communications & Media Officer
(susanm@osteopathy.org.uk)

Gillian O'Callaghan **233**
Head of MIS [Registration]
(gilliano@osteopathy.org.uk)

Jane Quinnell **01580 720213**
Clerk to Council
(janeq@osteopathy.org.uk)

Matthew Redford **231**
Assistant Registrar [Finance]
(matthewr@osteopathy.org.uk)

Abdul Saadeddin **251**
Facilities Officer
(abduls@osteopathy.org.uk)

David Simpson **248**
Head of Legal Affairs
(davids@osteopathy.org.uk)

Nicole Tripney **222**
Communications & Events Officer
(nicolet@osteopathy.org.uk)

Brigid Tucker **247**
Head of Communications
(brigidt@osteopathy.org.uk)

Joy Winyard **238**
Development Officer
(joyw@osteopathy.org.uk)

Freephone helpline for osteopaths 0800 917 8031

Registrar's report

I recently joined my fellow Chief Executives and Registrars at a meeting hosted by the Council for Healthcare Regulatory Excellence (CHRE) to talk through the general findings from all our Performance Reviews. Most of the meeting concentrated on the positive: what areas of work could we identify that were priorities for us all and would benefit from our shared resource and experience? The GOsC also received its individual assessment and this will be available on the CHRE website after their next public meeting in May (www.chre.org.uk).

Of course we always find time to exchange news and provide mutual support where needed. I proudly announced that we had just had an election for the osteopathic members of the General Council and that close on a third of the UK registered osteopaths had voted. Everyone was amazed by this commitment, as the Electoral Reform Services' expect only a 20% return on an electorate the size of the GOsC's. That said, at this potentially testing time for the profession, we might have hoped for a better result. Those who did vote, however, returned the seven Council Members who stood for re-election. My colleagues at the CHRE meeting felt that this was a notable vote of confidence in the work that Council has achieved. So a big thank you to all who took part. There is a feature on the new members on page 8, and soon we shall be deciding how best to utilise their skills and interests on Council's various committees.

Now a rallying cry to all osteopaths! You will have recently received a pack from us, which we prepared with the BOA, containing all the information we have on the Foster Review of Non-Medical Regulation (not the Dr Foster guide to complementary practitioners – which has caused some confusion). The pack included an Information Pack to explain the the Review and its implications; an Action Pack with advice on how osteopaths can lobby their local MPs and, crucially, a voting slip for you to let us know how you feel and if you would like us to fight for profession-led regulation.

The possible subsuming of the profession, with the registration, development and regulation of osteopaths, into the Health Professions Council (HPC), is that which has featured most highly in our concerns. We believe that the profession must retain control over who is registered and of the standards relating to osteopaths' development and regulation. Do you agree?

There are many other items on the Andrew Foster agenda. A quick reference to the feature, outlining the content of the 'workshop' held on 8 November 2005 (see *The Osteopath* December '05/January '06), will bring you up to speed on this. These issues are of even greater magnitude to Government than the final task of the Review – to consider the structure, role and number of healthcare regulators. We need to put any past differences behind us and look to the future and to be sure how the profession really feels about all this. So, returning to my rallying cry, in all the consultations / elections we have done, there has consistently been a 25-30% response. This is not enough if you want to seriously influence your future!

We need your help and we need to know what you truly feel. Be honest. Read your pack and reflect on the contents. Talk to your colleagues, write to your MP and give us feedback. Without this, how can we be sure that, if you were able to retain all the existing controls, input and privileges, coming under the HPC would still not be an acceptable position? We believe, however, that after the decades of struggle to attain independent statutory regulation and recognition, osteopaths will not want to lose their own regulatory body for a cheaper, possibly less representative option, even with all the appropriate assurances in place.

Madeleine Craggs,
Chief Executive & Registrar

pilates
training solutions

"education
is our motivation"

or visit our website www.pilatestrainingsolutions.co.uk

In this issue

the OSTEOPATH

Editor:
Erika Doyle
editor@osteopathy.org.uk

Assistant Editor:
Nicole Tripney

Editorial Advisors:
Fionnuala Cook OBE
Vince Cullen
Catherine Hamilton-Plant
Anne Jones
Jane Langer

Send Editorial to:
The General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London SE1 3LU

Email: editor@osteopathy.org.uk
Telephone: 020 7357 6655
Facsimile: 020 7357 0011
Website: www.osteopathy.org.uk

The Osteopath • Volume 9 • Issue 3 • April 2006
The Osteopath is published by the General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU.

The Osteopath is the official journal of the General Osteopathic Council. Editorial contributions and letters for publication are welcomed, but opinions expressed by contributors or advertisers do not necessarily reflect the views of The Publishers, the Editor, the Editorial Board, Council Members or the Committees and Officers of the General Osteopathic Council. The Publishers reserve the right to refuse any editorial contributions or advertisements without explanation.

Advertising sales only:
The Advertisement Manager
DA Marketing & Communications Ltd,
Henrietta House,
93 Turnmill Street
London EC1M 5TQ

Telephone: 020 7608 4584
Facsimile: 020 7608 1332
Email: ads@damarketing.co.uk

The Foster Review – Osteopaths Act Now!

Brigid Tucker, Head of Communications

The osteopathic profession is taking immediate action to head off unwelcome Government proposals that could dramatically diminish osteopaths' control and influence over their own profession. The assurances osteopaths' patients currently enjoy – i.e. that they are being treated by a safe and competent professional, who is appropriately insured and who would be removed from the Register if standards fell short – must be preserved at all costs.

So serious is the threat to the future of the profession that the GOsC, the British Osteopathic Association (BOA) and the Osteopathic Educational Institutions (OEIs) have joined forces in Chairman Nigel Clarke's 'Foster Advisory Group' to resist unwarranted reforms that could adversely affect osteopathy, osteopaths and patient care.

Briefing Osteopaths …

A **'Foster Information/Action Pack'** (right), providing as much information as possible regarding the current Department of Health (DH) review of healthcare regulation was sent to every osteopath before the Easter break. This included:

- Background information on the Foster Review;
- Possible DH reforms;
- What this might mean for osteopaths / what is at stake;
- Action already taken by the GOsC, BOA and OEIs.
- What osteopaths can do.

This information is also available online at www.foster-action.com.

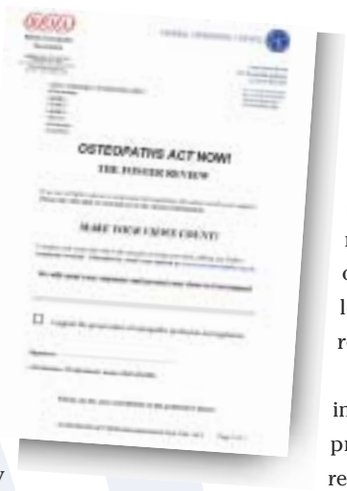
Osteopaths have been urged to ensure they understand fully the implications of the Foster Review and to act without delay in the best interests of their patients and the profession's future.

Andrew Foster

'Foster reforms'

Although the Department of Health is yet to make public its proposals for reforms to healthcare regulation, unconfirmed reports are reaching the GOsC that Government is likely to include a proposal for subsuming of the Osteopathic and Chiropractic professions into the Health Professions Council (formerly the Council for Professions Supplementary to Medicine) in an attempt to reduce the number of healthcare regulators from nine to seven.

Publication of the DH recommendations is imminent and could be as soon as end-April or May. The Minister responsible, the **Rt Hon Jane Kennedy** MP, has promised consultation. There are fears, though, that this will focus not on the desirability of integration into the Health Professions Council but only on the method for achieving this outcome.



Osteopaths Act NOW!

Both the GOsC and BOA are aware of rapidly growing concern among osteopaths that every effort should be made, in advance of the publication of the Foster Review recommendations, to preserve the osteopathic profession's current level of autonomy in professional regulation.

Osteopaths have been asked to indicate their support for a campaign to preserve osteopathic profession-led regulation – views can be emailed to yourview@osteopathy.org.uk or via the feedback form provided in the Foster Information/Action Pack (pre-paid envelope provided, or fax to 020 7357 0011).

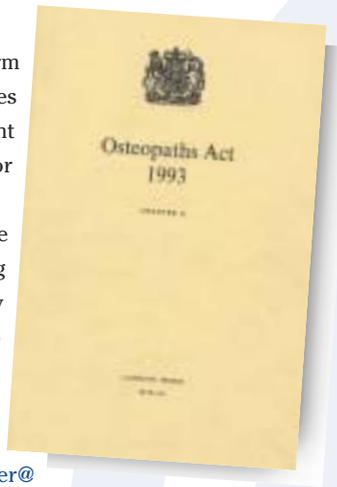
The GOsC and BOA are already actively lobbying Government and Shadow Health Ministers, the Health Select Committee and other Parliamentarians and Civil Servants responsible for healthcare reforms.

Many osteopaths and osteopathy students, anxious to become actively involved, are now bringing their concerns for osteopathic practice and patient care to the attention of their local MPs – and their patients.

This coordinated action also represents an outstanding opportunity to promote awareness of the very considerable achievements of the osteopathic profession, since statutory self-regulation less than ten years ago.

Please keep us informed of any contact you or your patients have with local MPs, and what action s/he might be taking, so that we can use this information to maximum effect (email: foster@osteopathy.org.uk or contact the GOsC Communications department on exts. 245 or 247).

Don't let Osteo-apathy triumph



If not challenged, this particular DH reform could effectively set aside the very principles of profession-led regulation and independent recognition that osteopaths long struggled for and won in the Osteopaths Act 1993.

Numerous senior members of the profession, particularly those with long involvement in bringing about statutory regulation for osteopaths, are keen to facilitate discussion of the Foster Review and the future of the profession amongst 'grassroots' osteopaths. Contact the GOsC (exts. 245 or 247) or email: foster@osteopathy.org.uk to arrange for someone to lead this discussion in your local osteopathic group.

The GOsC is to host a meeting of representatives of regional osteopathic societies and groups at Osteopathy House on Friday, 19 May, to provide an update briefing and to gather your views.

The Osteopath magazine will continue to keep osteopaths informed of developments around the Foster Report and more regular updates will be posted on www.foster-action.com.

"Never doubt that a small, group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has."

Margaret Mead, Anthropologist

Dear Editor

As an osteopath with 40 years in practice, having lived through difficult times in osteopathy, I am very concerned regarding the Foster Report. The first 10 years of my career were spent fending off deeply entrenched views from orthodox medicine. In those ten years, I had patients refused treatment from consultants for daring to attend my clinic and my relationship with the local GPs was very frosty to say the least.

During the next 10 to 15 years, I became politically active having been convinced that we needed a united profession which was a lot more difficult than one can imagine. Remembering the views of orthodox medicine, the pre-registering groups became just as entrenched, all with their own agendas. Together with other colleagues at the time, we met, discussed and persuaded the different factions that we would have to have a united body to gain any form of recognition. This, after years of work amongst ourselves and with the Kings Fund, culminated in the 1993 Act giving Osteopathy its rightful position in the medical world with a Statutory Register and its own Governing body – the GOsC.

It appears to me that Mr Andrew Foster, of the Department of Health, is recommending that osteopaths should be included under the Health Professions Council (HPC). This would have the effect of amalgamating us with everybody from arts therapists and physiotherapists to paramedics and speech therapists. Most of the group to be included under the HPC umbrella regulator are supplementary to medicine, whereas we have gained our independence. This, I feel, is very important and needs to be maintained, which I believe we can do if every practitioner takes up the cudgel and gets their views known to the Secretary of State for Health, the Rt Hon Patricia Hewitt MP, and their local MP. Whilst I would agree that the GOsC is not serving all of our needs, I strongly feel that an organisation like the HPC, encompassing so many groups, cannot possibly even begin to understand the needs of osteopathy, its patients and the practitioners.

I understand that there is an information pack coming from the GOsC outlining an action plan. We, as a united profession, can defeat this proposal, but it requires your immediate attention as time really is of the essence.

Please, please, please do not be apathetic but write today and let your views be known.

Peter Jarvis DO, Essex

New Osteopathic Members of Council elected

Jane Quinnell, Clerk to Council

The results of the 2006 elections of Osteopathic Members to the General Osteopathic Council were announced by the Electoral Reform Services on 14 March. By close of voting at midday on Friday 10 March 2006, 30% of osteopaths in England and 55% of those in Wales had cast their votes for the osteopathic

seats and 24% of the profession had voted for the osteopath/registered medical practitioner member of Council. Candidates in Northern Ireland and Scotland were elected unopposed. New members will commence their terms of office on 9 May 2006.

The successful candidates are:

England	Martin Booth Robert Burge* Claire Cheetham Tim McClune Catherine Hamilton-Plant* Rachel Pointon* Robin Shepherd* Fiona Walsh*
Northern Ireland	Bryan McIlwraith
Scotland	Rosalind Stuart-Menteth*
Wales	John Wilden
Osteopath/ registered medical practitioner	Leslie Wootton*

* retain their seats

We will be featuring profiles of all Council Members in The Osteopath over the next few months. In this issue, we start by introducing the newly elected Members.

Martin Booth

Martin started training at the British College of Naturopathy and Osteopathy in 1971, moving to the European School of Osteopathy from where he graduated in 1975 with a DO. He worked at the Maidstone Clinic under John Wernham for one year and then set up his own practice in Norwich in 1976. In 1982, Martin opened a large 14 treatment room complementary medicine multi-disciplinary clinic of which he is still the director. His work focuses on classical general osteopathic treatment.

Martin was a lecturer at the ESO for 12 years from 1975, teaching general osteopathic treatment and manipulation to English and French students. He also taught osteopathic technique at one of the Belgian osteopathic schools, in Brussels, in the 1990s.

"I became an osteopath because my mother had been a keen follower of alternative medicine since the 1930s. I went to osteopaths and naturopaths rather than orthodox doctors as a child and when I wanted to be a practitioner, osteopathy was the natural thing to do!"

Claire Cheetham

Claire qualified in 1994 from what was then the British College of Naturopathy and Osteopathy (BCNO) and has since been practising in London's West End. She returned to education and has been both a Senior Clinic Tutor and Senior Lecturer at the BCNO. She has also worked as a Trainer in patient handling techniques, manual handling and ergonomic risk assessment for council care workers and NHS staff. Since 2004 she has been running a second practice in Hertfordshire and she maintains a close interest in osteopathic educational matters.

Tim McClune

Tim trained at BSO, graduating in 1989, and has practised in London, the Home Counties and then Yorkshire over the last 13 years. His practice was initially quite sports injury-orientated (sports injury clinic in Chelsea and local rugby clubs), but then moved to general 'high street' practice.

Since 1993, he has also been a research associate at the Spinal Research Unit (Huddersfield University), primarily involved with mainstream musculoskeletal research. Specific topic areas he has published in include adolescent back pain, spinal mobility therapy, whiplash injury rehabilitation and patient education.

Tim is on the editorial board of Manual Therapy journal, and peer reviews a number of medical journals. His research at present (PhD) is focussed on a qualitative analysis of political and social influences on osteopathy, particularly around statutory regulation. He is also a Council Member of the National Council for Osteopathic Research (NCOR), representing practising osteopaths.

Bryan McIlwraith

Bryan has practised in Inverness for 30 years since graduating from the British School of Osteopathy in 1976. He has been an Assessor of Final Clinical Competence for the osteopathic colleges, has mentored colleagues, and was a founder member and Chairman of the Scottish Osteopathic Society. He is currently an academic reviewer for the Quality Assurance Agency for Higher Education. Bryan is also a self-confessed car nut who can often be found in, or under, a classic car. He has lectured widely, and written many papers and articles on vehicle ergonomics and the problems associated with driving, and acted as a freelance consultant for magazines such as AutoExpress.

John Wilden

John qualified as an osteopath in 1975 from the European School of Osteopathy. He initially began work in a practice in Wolverhampton, but soon transferred to his own practice in Llanidloes, Mid Wales.

He has a well-established group practice, which includes another osteopath, an acupuncturist and a podiatrist, all working closely together – as is the case in a rural practice. The practice treats a very wide variety of patients, from all age groups. During his time in practice John has established good working relationships with all his local GP practices.

He is Chairman of his local Patients Forum, a group organised by the local Community Health Council and the Welsh Assembly.

A very keen sportsman, John has been associated with football, rugby, athletics and motorcycling clubs in Mid Wales and his involvement has taken him to The Netherlands and Bulgaria.

The Council Members designate attended an induction session at Osteopathy House with Chairman **Nigel Clarke**, and Chief Executive **Madeleine Craggs** and members of the Senior Management Team on 21 March. After receiving a general overview of Council and the various departments, the designate members observed the public session of the Council meeting for a flavour of GOsC business.

The next step will be to allocate the new members to the various Council Committees (e.g. Fitness to Practise, Education). Once the committee constitution is agreed, new members will undergo training in the specific skills, duties and responsibilities required for individual committees.

The work carried out before the new members' terms commence, will ensure that they are ready and able to take part in Council from 9 May 2006.

Farewell to the retiring members of Council

March 21, 2006 was a busy day for all with the induction session and a full Council meeting. The day was 'topped off' with a dinner to say 'thank you and farewell' to the retiring members and 'welcome' to the newly elected members **Jane Langer** and **Nick Woodhead** (Council members since 1996), **Kate de Fleury, Brian McKenna** and **Ian Swash** all received grateful thanks for their significant contribution to the work of Council in furthering the standing of the profession.

Osteopathic Member
Mr Martin Booth

Osteopathic Member
Mr Robert Burge

Acting Chair / Lay Member
Mrs Fionnuala Cook OBE

Chairman / Lay Member
Mr Nigel Clarke

Osteopathic Member (Scotland)
Mrs Rosalind Stuart-Menteth

Osteopathic Member
Mr Tim McClune

Osteopathic Member (Northern Ireland)
Mr Bryan McIlwraith

Osteopathic Member
Miss Fiona Walsh

The General Council is comprised of:

12 Osteopathic Members
8 Lay Members
3 Members appointed by the Education Committee
1 Member appointed by the Secretary of State for Education and Skills.

Lay Member
Mr John Chuter OBE

Lay Member
Professor Adrian Eddleston

Lay Member
Miss Anne Jones

Lay Member
Professor Ian Hughes

Osteopathic Member
Mrs Catherine Hamilton-Plant

Osteopathic Member
Mrs Rachel Pointon

Osteopathic Member
Mr Robin Shepherd

Osteopathic Member
Ms Claire Cheetham

The Osteopathic Members are elected to Council by registered osteopaths. Apart from one appointment made by the Secretary of State for Education and Skills, the Lay Members are appointed by the Privy Council.

The Council meets five times per year. Apart from private sessions, Council Meetings are open to the public. Attendance is by prior arrangement with the Clerk to Council. Contact Jane Quinnell on tel: 01580 720213, or email: janeq@osteopathy.org.uk for further information.

Osteopathic Member & Medical Practitioner
Dr Leslie Wootton

Osteopathic Member (Wales)
Mr John Wilden

Education Member (Lay)
Dr Stephen Barasi

Education Member (Osteopath)
Mr Manoj Mehta

Lay Member
Mr Andrew Popat CBE

Secretary of State Appointee (Lay)
Professor Trudie Roberts

Lay Member
Mr Paul Sommerfeld

Education Member (Lay)
Ms Margaret Wolff

European School *of* Osteopathy

Put Your Skates On

Early Bird Discount for the ESO 5th International Conference Still Available

"The Dimensions of the Palpatory Space"

22nd - 25th June 2006

Subjects include:

- Osteopathic Versatility & the Connective Tissue
- Welcoming the Newborn
- Encephalon Dynamics
- Fields & Levels - A Therapeutic Approach
- The Dimensions of the Palpatory Space
- Experiencing Osteopathy through Continuum Movement
- The Vagus
- Causes of Chronic Low Back Pain
- The Thorax - Accessing Living Physiology
- Malocclusion, Orthodontics & Osteopathy
- Elbow, Wrist & Hand.....and many more

Please join us for an opportunity to meet the guest speakers on Thursday 22nd June and a Gala Dinner on Saturday 24th June 2006

EACH DELEGATE WILL RECEIVE A CERTIFICATE OF 24 HOURS TOWARDS CPD

Prices from £450 for 4 days including lunches, refreshments, Gala Dinner and all entertainment

For further information, please visit: www.eso.ac.uk

Alternatively, please contact:

Corinne Jones (International & Postgraduate Manager),
The European School of Osteopathy, Boxley House, The Street, Boxley, Maidstone, Kent. ME14 3DZ
Tel: +44 (0) 1622 671558 Fax: +44 (0) 1622 662165 E-mail: corinnejones@eso.ac.uk

Professional Conduct Committee report

Kellie Green, Assistant Registrar (Regulation)

The Professional Conduct Committee (PCC) sat on 25 January 2006 to consider a case where it was alleged that Mr Clifford Conway had been guilty of unacceptable professional conduct and/or professional incompetence.

Formal charges were based on the following allegations:

Mr Conway had been asked by one of his patients to be present during the birth of her baby at a midwife-led maternity unit. He accepted this request and Mr Conway's patient was, and continues to be, entirely happy with the care that he gave. The senior midwife attending this patient was content for Mr Conway to be present but she was concerned at proposals made by Mr Conway.

The baby was in an occiput posterior position and on two occasions during the labour, Mr Conway approached the senior midwife to say that he could apply a technique that would help the baby to turn. The technique involved making contact with the baby's head, vaginally. The midwife refused Mr Conway permission to undertake any such technique. She was of the view that it was not appropriate, particularly in a midwife-led maternity unit, and was outside an osteopath's professional boundaries.

Further charges were based on information provided by one of Mr Conway's expert witnesses, that he had turned the patient's baby on the day prior to her attendance at the midwifery unit; and upon Mr Conway's admission by letter, in response to the GOsC's investigation, that he had turned a different unborn baby in utero, which was in breach position, at his practice on a subsequent occasion.

As Mr Conway had not been informed of the further charges within the statutory time limits, the matter would have had to be adjourned to a subsequent date. However, Mr Conway offered an undertaking which enabled disposal of the matter without the need for an adjournment. Mr Conway did not admit the alleged facts, nor that they amounted to unacceptable professional conduct or professional incompetence.

Mr Conway offered an undertaking that he will not attend any women in childbirth and will comply with all relevant legislation in that regard. This includes the Nursing and *Midwifery Order 2001.*

Article 45(1) of the Nursing and Midwifery Order 2001 states as follows:

"A person other than a registered midwife or a registered medical practitioner shall not attend a woman in childbirth"

For the avoidance of doubt, the Committee confirmed that it adopted the definitions of 'childbirth' and 'attendance' as laid down in Article 2 of the Nursing and Midwifery Council (Midwives) *Rules Order of Council 2004,* which are:

"'childbirth' includes the antenatal, intranatal and postnatal periods."

"'attendance upon' means providing care or advice to a woman or care to a baby whether or not the midwife is physically present."

There is provision for both the Council and Mr Conway to apply to have the undertaking reviewed. This case was adjourned generally, which means that there is no intention to reconvene a hearing of this case, although the option remains for the case to be heard, should this become necessary.

As an undertaking was given and accepted by the PCC, some of the issues raised by this case were not considered in full. The Council's Practice and Ethics Committee will, therefore, be asked to consider the Nursing and Midwifery Orders and how they impact on the scope of osteopathic practice. Further reports will be made in future editions of *The Osteopath.*

If you have any queries about this report, or fitness to practise procedures, please contact Kellie Green on tel: 020 7357 6655 extension 236 or e-mail kellieg@osteopathy.org.uk.

GOsC diary March 2006

This diary shows a snapshot of some of the meetings and events the GOsC has been involved with over the past month. Should you wish to request further information about any of these meetings please contact the relevant department.

1	Wednesday	GOsC – Dept. of Health: Health, work and Wellbeing Strategy meeting GOsC visit to BSO*: final year student presentation Working Party on Professional Regulation – UKIPG* Quality Assurance Agency annual reception
2	Thursday	CHRE* Welsh Forum
3	Friday	GP workshop: Promoting Partnerships – Worcester GOsC – Osteopathic Education Institutions meeting
7	Tuesday	GOsC – CHRE: Section 29 update GOsC Professional Conduct hearing
8	Wednesday	EU Directive on Recognition of Professional Qualifications workshop GOsC Communications Committee meeting
9	Thursday	Foster Review of Regulation – Communications subgroup meeting
10	Friday	GOsC meeting with AURE* convener Preregistration education benchmarking draft meeting
13	Monday	The Back Show exhibition steering group meeting
16	Thursday	GOsC Education Committee meeting CHRE* Communication Managers Forum
20	Monday	CHRE* follow-up on regulator performance review
21	Tuesday	GOsC Council meeting / induction of new Members
23	Thursday	Foster Review of Regulation – Communications subgroup meeting
27	Monday	Workshop on the Bichard Vetting and Barring scheme UKIPG* Main Group meeting
28	Tuesday	Meeting of Registrars of Statutory Bodies
29	Wednesday	GOsC visit to BCOM*: final year student presentation
30	Thursday	CAM in the NHS Conference Preregistration education benchmarking meeting
31	Friday	GP workshop: Promoting Partnerships - Scotland

GOsC – Ext 242 | Communications Dept – Ext 242 | Development Dept – Ext 235
Finance – Ext 231 | Registrar Dept – Ext 246 | Registration Dept – Ext 256
Regulation – Ext 249

*BSO – British School of Osteopathy
UKIPG – United Kingdom Inter-Professional Group
CHRE – Council for Healthcare Regulatory Excellence
AURE – Alliance of UK Health Regulators on Europe
BCOM – British College of Osteopathic Medicine

Team Osteopath promoting healthier lifestyles

Last month, we invited volunteers to join **Team Osteopath** to take part in this year's British 10K Run on **Sunday, 2 July 2006**. Starting at at Marble Arch at 9.30am, the route takes runners through the centre of London, finishing at the Cenotaph in Whitehall.

The Team aims to bring together osteopaths and students from around the UK and Republic of Ireland to raise much-needed funds for charity and to demonstrate a commitment to personal fitness at the same time.

This year's chosen charity, **Sports Leaders UK**, aims to promote healthier lifestyles by using sport to deliver leadership training to young people. Trainees often live in the socially and economically deprived communities of the UK and the Sports Leaders UK helps people to turn their lives around. Sports Leaders UK core values include:

- Developing leadership – teaching people the ability to organise activities, to lead, motivate and communicate with groups.
- Developing skills for life – helping people reach their true potential.
- Providing a stepping stone to employment – offering a qualification to get started.
- Encouraging volunteering in communities – motivating others to organise safe sporting activities in their communities.
- Reducing youth crime – keeping young people engaged in positive activities.
- Supporting more active, healthier communities – by providing Sports leaders to organise a range of physical activity sessions.

For further information about Sports Leaders UK visit their website at: www.bst.org.uk.

The race is open to all ages and abilities. Places are limited but still available. If you are interested in taking part, contributing to a good cause and raising the profile of osteopathy, contact the GOsC Communications department on tel: 020 7357 6655 ext. 226 or email: susanm@osteopathy.org.uk.

Primary Care 2006

The 2006 Primary Care Conference & Exhibition will be held at the National Exhibition Centre, Birmingham on 4–5 May. The GOsC will once again be exhibiting at the event as part of our efforts to raise the profile of osteopathy amongst key decision makers in the healthcare sector. Last year the event attracted more than 4000 GPs, PCT and primary care managers, pharmacists, nurses and allied health professionals. Should you wish to assist the GOsC staff on the stand, contact the Communications department on ext. 222 or email: nicolet@osteopathy.org.uk.

Political round-up

Sarah Eldred, Assistant Registrar (Public Affairs)

United Kingdom

Foster Review of non-medical health regulation

At the first meeting of the GOsC Chairman's Advisory Group on 10 February, good communication between the GOsC, British Osteopathic Association (BOA), Osteopathic Educational Institutions (OEIs) and registrants was considered vital. A subgroup to ensure effective communication with professional and external audiences has been established.

The GOsC Executive has met with BOA representatives, **Mathew Cousins** and **Karen Robinson**, to assess the dissemination of information on the Foster Review to registrants and to co-ordinate parliamentary lobbying strategy. An 'information/action pack' for all osteopaths has been developed, providing background information to the Foster Review, what the outcome and impact of the Review might be, what communication activity has and is being done, and how (and why) you should get involved.

Green Paper – *A new deal for welfare: empowering people to work*

The Government's Green Paper[1] on welfare reform (see *The Osteopath* pp 13–15 March '06,) emphasises the need to improve health in the workplace, including musculoskeletal disorders and stress management.

The GOsC has issued a press release in response to the paper (see www.osteopathy.org.uk), calling for wider provision of osteopathy to treat people based on clinical need, rather than ability to pay. We are also considering a formal response to the consultation.

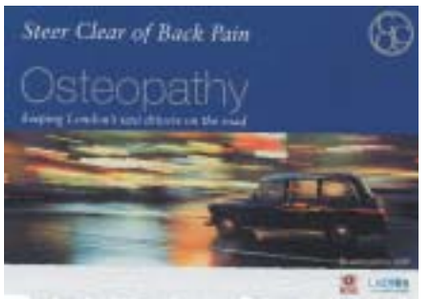
Linked to this is the Government's ***Health, work and wellbeing*** strategy, launched in October 2005, to break the link between ill-health and inactivity. The GOsC Executive recently met with the Department of Health (DH) lead on this national strategy, who was keen for the osteopathic profession to play a part. GOsC Chairman **Nigel Clarke**, has been asked to represent the profession at a National Stakeholder Summit – to be attended by Government Ministers.

For further information visit the Department for Work and Pensions website at: www.dwp.gov.uk

[1]A Green Paper is when the Government issues a public consultation document seeking views on a particular subject, before preparing a White Paper which sets out what the Government is minded to include in a forthcoming Bill.

'Steer Clear of Back Pain'

This joint Health & Safety Executive / GOsC initiative continues to be well-received by its target audience – London taxi drivers – as well as attracting attention from other sectors and professions. As reported last month, keen interest has been expressed by Royal College of Nursing (RCN) Publishing, who are interested in osteopathic advice targeted at nurses. Recent meetings with DH officials concerned with occupational health have also identified public service interest in the the packs.



Patient Safety/Health and Safety

Lord Hunt addressed healthcare staff and patient safety experts at the National Patient Safety Agency (NPSA) event - 'Patient Safety 2006' on 2 February. He said that: "one in ten admitted patients experience some form of harm, costing the NHS £2 billion, while 40 million working days are lost to UK businesses as a result of occupational ill health and injury, costing £12 billion a year". He emphasised that, "healthcare services should meet the needs of people of working age so they can remain in, or ease their return to, work".

House of Commons: parliamentary questions

Foster Review

Sandra Gidley (Lib Dem, Romsey) asked on 13 February when the Secretary of State for Health intended to publish the findings of the Foster Review into non-medical healthcare regulation and the Donaldson Review into regulation of the medical profession. Minister **Jane Kennedy** (left) replied that these major pieces of work will be submitted to and a statement on the decisions reached given in due course.

Similar questions were asked by **Dr Howard Stoate** (Lab, Dartford) on 2 March and **David Tredinnick** (Con, Bosworth) on 14 March. **Roger Gale** (Con, North Thanet) asked on 16 February whether a copy of the Foster Review could be placed in the Library before the February Adjournment.

General Osteopathic Council: Roger Gale (Con, North Thanet) asked on 16 February what assessment has been made of the work of the General Osteopathic Council. Jane Kennedy replied that the role of all regulatory bodies, including the General Osteopathic Council, has been considered in the context of the review of non-medical regulation.

Pathways to work

Wayne David MP (Lab, Caerphilly) on 30 January asked how many people on incapacity benefit in the 'Pathways to Work' pilots[2] have been helped back into work. Minister **Margaret Hodge** said that almost 150,000 people started on the programme and that 19,500 people have entered employment, resulting in an 8% increase in people leaving incapacity benefit after six months in the Pathways area.

Homeopathy

Dr Ian Gibson MP (Lab, Norwich North) asked what guidelines the Secretary of State has issued on the use of homeopathy. **Caroline Flint** (left), Health Minister, said that "NICE has produced some clinical guidelines that included reference to complementary and alternative therapies alongside more conventional approaches". NICE's current assessment of smoking cessation interventions will also include consideration of complementary therapies, and departmental officials will discuss with NICE how the clinical guidelines work programme could, where appropriate, include complementary therapies.

Occupational services for health

An Early Day Motion (EDM)[3] (1533) was tabled on 31 January on *Occupational Health Services for Health and Business* which welcomed the aims of the Chartered Society of Physiotherapy, Cancer Research UK and Asthma UK to make the UK's workplaces healthier and more active. The GOsC will provide the EDM signatories with information on the role of osteopathy in occupational healthcare.

Devolved Regions:

Scotland

We appreciate that Scotland's health priorities and policies do not always tally with those in England. Whilst Musculoskeletal Disorders (MSDs) are a big problem, this is not a Scottish priority. As for commissioning and patient choice – these are seemingly less favoured by Patricia Hewitt's counterpart, Scotland Health Minister **Andy Kerr** (right). Similarly, private sector provision does not feature in Scottish healthcare policy – as osteopaths in Scotland will attest!

Delivering for Health[4], launched by the Scottish Executive in November 2005, sets out a 10-year action plan to improve the health of Scotland's population. The primary aims are to:

- Reduce health inequalities.
- Enable people with Long Term Conditions to live healthy lives.
- Establish Community Health Partnerships
- Increase mental health services.

(Attendees at the GP promotional workshop in Scotland on 31 March will explore some of these issues.)

The GOsC is also in contact with NHS Quality Improvement Scotland[5] with regard to a cost effectiveness study into the treatment of low back pain. For further information visit www.nhsquality.org

Wales

The GOsC is liaising with the Welsh Assembly on the development of the 'Welsh Backs' campaign, to be launched in Autumn 2006. The purpose of this initiative is to provide guidance to health professionals on managing and treating back pain, encourage employers to actively engage in rehabilitation and support the 'stay active' message to the general public, providing information and advice.

European Union:

Health information project

The European Health and Consumer Protection Commissioner, **Markos Kyprianou**, has recently launched the *"European Health Information Platform"* or *"Health in Europe"* project. This is co-financed by 1.4 million from the EU Public Health Programme. It aims to create a network of public broadcasters and other media across Europe, fostering the exchange of reports, including television documentaries, radio broadcasts and press and internet articles on health issues.

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

[2] 'Pathways to Work' is a Government programme to improve the lives of those receiving out of work benefits by helping them move into work.

[3] The tabling of an EDM is a device to draw attention to an issue and to elicit support for it by inviting other MPs to add their signatures. EDMs are not debated.

[4] See www.scotland.gov.uk/publications

[5] NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board by the Scottish Executive in 2003, in order to act as the lead organisation in improving the quality of healthcare delivered by NHS Scotland.

Ernst casts doubt on spinal manipulation

Brigid Tucker, Head of Communications

Osteopaths will be well aware of the widespread media coverage of a recent review of the efficacy of spinal manipulation (Ernst and Canter 2006) which hit the headlines on Wednesday, 22 March 2006. Publishing their findings in the April issue of the ***Journal of the Royal Society of Medicine,*** the researchers concluded that "the data did not demonstrate that spinal manipulation is an effective intervention for any condition. Given the possibility of adverse effects, this review does not suggest that spinal manipulation is a recommendable treatment." (see the RSM website – www.rsm.ac.uk – under 'Latest News/press releases)

Managing a media crisis – the GOsC role

The unprecedented nationwide media storm generated by the RSM's sensationalist press release is, perversely, testament to the success of Osteopaths (and Chiropractors) in establishing themselves at the centre of this area of healthcare. Nevertheless, osteopaths were stunned by the attack and deeply concerned about its impact on patients. Many of you are anxious to know that the GOsC responds rapidly to these incidents, so we report here on the action taken in this event.

The Royal Society of Medicine (RSM) gave no forewarning of this press release. The GOsC is taking up this breach of courtesy with the RSM, and will also challenge the quality of RSM press statements issued to the lay press. Instead, the GOsC was tipped off by the press and set to work immediately with the National Council for Osteopathic Research (NCOR), drafting a response statement which was subsequently distributed to all major print and broadcast media – national, regional, consumer and healthcare – and posted on the GOsC website, where it can be viewed at www.osteopathy.org.uk/media. Tuesday's rapid preparations saw also NCOR and Council spokespeople briefed and interviewed by the BBC for broadcast the following day.

Throughout the day, the GOsC liaised closely with the British Osteopathic Association and the breaking story was also brought to the attention of the Chiropractic profession, as Professor Alan Breen is a particularly effective and erudite defender of both Chiropractic and Osteopathic evidence-based practice.

In spite of the extremely limited opportunity to prepare a robust and informed rebuttal to Prof. Ernst's challenges, the GOsC succeeded in injecting counter-arguments into the media across the country in an effort to balance the biased and inaccurate reporting. Table 1 provides a summary of the GOsC media activity over this

Table 1.

Media	Action
Tuesday, 21 March 2006	
National press – various	Interim GOsC response issued.
GOsC website	Interim GOsC response posted on GOsC website.
Various	Potential osteopathic spokespeople identified and briefed.
BBC Online	Interim GOsC response supplied.
Radio 4 Today programme (BBC Radio London)	Interview arranged with Steve Vogel, NCOR. Pre-recorded to air 22.03.06
BBC Radio Scotland	Interview arranged with osteopath Bryan McIlwraith. Pre-recorded to air 22.03.06 am. Osteopath James Sneddon also interviewed.
BBC Radio Southern Counties (Brighton)	Interview arranged with Prof. Ann Moore, NCOR Chair. Aired live at 8.10am & and 8.25am, 22.03.06.
Radio Five Live Breakfast	Live interview arranged with Steven Vogel, NCOR. Aired 22.03.06
Wednesday, 22 March 2006	
Various	GOsC press release issued to national, regional, healthcare, consumer print and broadcast media.
BBC Radio Manchester	Osteopath, Philip Owen put forward as spokesperson but radio station had already arranged interview with chiropractor. Press release and briefing notes supplied.

Media	Action
GP Newspaper .	Arranged interview with Dr Les Wooton (GOsC Council Member) Background information supplied. Published 31.03.06.
Lloyds Pharmacy Live Radio	Interview arranged with Jonathon Poston. Aired 11.20am 23.03.06
Channel 4 News	Osteopath briefed. Information and GOsC response also provided to producer. Aired 22.03.06.
BBC Radio 2: Jeremy Vine radio show	Telephone interview arranged with Tim McClune, NCOR. Osteopath Gavin Burt also asked patients to call in with their experiences. Aired 11am.

period and the press office is grateful to NCOR and to the numerous osteopaths who, despite the short notice, allowed us to press them into media service in defence of the profession.

The Ernst review – the academic debate

Within the osteopathic and chiropractic communities, Ernst and Canter's paper has been widely condemned for its flawed methodology and misleading message. The study was in fact not "new research" but a systematic review of 16 systematic reviews of spinal manipulation dating back to 2000. NCOR representative Steven Vogel said, "The reviews included in the paper represent a broad mix of conditions from low back pain to infantile colic. Comparing intervention effectiveness across this mix and drawing conclusions across the board, lacks validity … We recognise the need for further research into the range of interventions that use manipulative approaches – however, [this paper] is disappointing. It does not add to the knowledge base for the professions concerned, nor does it help individual patients seeking treatment or decision-makers when considering purchasing services."

The review also fails to draw on more recent trial data including two most notable studies. The first, the **UK BEAM trial**, funded by the Medical Research Council (*BMJ*2004; 329: 1377 & 1381), found that spinal manipulation followed by a programme of exercise does provide relief to back pain and improvements in general health. The second is a recent, rigorous meta-analysis, which showed a statistically significant benefit for osteopathic manipulation over other types of treatment for back pain (Licciardone et al, *BMC Musculoskeletal Disorders* 2005; 6:43).

A response to the Ernst review will be submitted by NCOR to the RSM for publication in a forthcoming issue of the *Journal*. Osteopath and NCOR representative Steve Vogel, working with chiropractor Professor Alan Breen and a team of other healthcare professionals, have likewise prepared a joint response for publication in the next issue of the RSM Journal. The GOsC will make the NCOR response available to osteopaths on publication.

GOsC visibility in the media

It is not uncommon to hear osteopaths express concern that the GOsC is not more 'visible' in the media. It is important, therefore, to stress – the prime objective of the GOsC press office is ***not*** to secure blanket publicity for the GOsC, but to secure as much quality, robust coverage of osteopathy and the osteopathic profession in general, as possible. From time to time the GOsC is the subject of a report, but for the most part the GOsC is the agent in bringing together the media, the Osteopath and the story. This often means the GOsC is 'invisible' in the published result, but this is of little consequence so long as the job is done and osteopathy is afforded its say.

The GOsC monitors assiduously the national and regional print and broadcast media and, contrary to opinion current amongst osteopaths, osteopathy features widely and virtually daily – a considerable achievement for 3,500 practitioners in a society of 60 million.

What you can do

On the day this particular story broke, and in the days that followed, the GOsC press office was inundated not only with calls from the media – but also with a great many calls from osteopaths, anxious to make the GOsC aware of the media broadcasts. While we are grateful for this, we would kindly ask all osteopaths to **first check the GOsC website** (www.osteopathy.org.uk/latest news). This way you will know immediately if a press statement has been issued. This will help to ensure that the media can get through to the GOsC and telephone lines and media staff are not occupied fielding other incoming calls at this critical time.

Deficiencies in the evidence base will continue to haunt osteopaths until this can be remedied. However, contrary to Professor Ernst's claim that: "… regulation serves as a substitute for research… ", NCOR was set up in 2003 to give focus and drive to the development the osteopathic evidence base and progress is steady and encouraging. It is important that osteopaths recognise that achievement demands the commitment of all – in the financial year 2005/6, the GOsC dedicated around

£136K to developing the research infrastructure (and similar amounts in previous years) and at its meeting on 21 March the GOsC Council also agreed a further £100,000 for NCOR to develop the much-needed Standardised Data Collection tool over the next 2-3 years. If you would like to get involved with research in your area, you may be interested in joining an NCOR Research Hub (see page 26 for further details).

Next steps

The GOsC is working with NCOR to set in place a "rapid response" process to deal effectively with attacks such as Ernst's, to ensure a team of trained spokespeople, and to provide all osteopaths with fact sheets around which you can develop statements for your local media.

While this work is going on, we continue to greatly rely on patient experience to support the profession. As such, we would encourage any of your patients who have shown a particular interest in this recent news story to contact their local press with their positive experiences of osteopathy. And, for you to contact us with material we can develop with the media.

One thing is certain – the story has indisputably raised the profile of osteopathy, and the GOsC continues to receive numerous calls every day from members of the public looking for osteopaths in their area. We have also received a good number of messages from the public offering their wholehearted support for osteopathy. One such:

> "Just thought I would reassure you on the recent report that your form of medicine is ineffective. I have been toying with the idea of going to an osteopath since I developed arthritis in my shoulder a couple of months back. Needless to say I was just given painkillers by my doctor. As soon as I read the report, I immediately booked an appointment [to see an osteopath]. I find that in conditions where the conventional practitioners flounder somewhat, they attack alternatives that are very good at treating them. I look forward to my visit to the osteopath even more now."

Free online disabled access assessment

Grant Kennedy, Chief Executive, Direct Enquiries

Direct Enquiries, the Nationwide Disabled Access Register is offering free access assessments for businesses, including osteopaths, to assist them in taking steps to meet part of their legal obligation under the Disability Discrimination Act (DDA).

The Act requires service providers to make 'reasonable adjustments' for disabled people in the way they provide their services. Adjustments could, for example, include removing or altering a physical feature in their premises that makes it impossible or unreasonably difficult for disabled people to use the service. For osteopaths, offering home visits would also be a way to cater for disabled people whilst not incurring the cost of such changes.

To help businesses gain a better understanding of their access and facilities, www.directenquiries.com provides a tool to allow all businesses to complete a free self-assessment of their business, along with helpful tips on areas they may wish to improve further.

The aim is to help osteopaths understand that opening their premises (clinics) to more people and patients with disabilities is not as daunting or as expensive as they may have believed.

In association with The Royal Association for Disability and Rehabilitation (RADAR) and the Employers' Forum on Disability, the Direct Enquiries register provides details about everything from entrances, lifts, toilets, counter heights, lighting, auxiliary aids such as Braille, large print, induction loops and lap trays, all the way through to staff assistance.

Directenquiries.com currently receives over 250,000 hits per week from people looking for businesses and services that offer the access and facilities they require. The service has recently been extended to provide parents with more information, such as which locations offer access for pushchairs.

Bert Massie, Chairman of the Disability Rights Commission (DRC), the independent body that promotes equality of opportunity for disabled people in the UK said, "The DRC is delighted that a service such as Directenquiries.com exists, as it helps to give disabled people more choice and at the same time assists businesses both large and small to meet part of their legal obligations. As importantly, it helps service providers to attract more business from the 10 million disabled adults that spend £80 billion per year in the UK".

For more information, or to complete a free access assessment visit: www.directenquiries.com

GOLF FITNESS - Presented by International Golf Systems Limited

2-day Get Fit Golf Seminar

This popular & unique workshop is a must for all therapists and trainers looking to combine golf specific rehabilitation with systems that incorporate physical, mental, technical and financial skills necessary to develop a successful practice in Golf.

Day 1 is aimed at therapists involved in or desiring to be involved in the treatment of golfers. Participants are introduced to systems developed in Australia with worldwide golfing administrations including the PGA of Great Britain & Ireland. Course topics include:

- The correct posture movements of a golf swing and related injuries,
- Awareness of modern golf techniques, the impact on the body, and developing profitable relationships with local golf professionals.
- Establishing a specialty modern golf practice
- Maximizing the financial rewards of your business.

Day 2 is programmed as a practical day covering case histories of golfers, golf injury research, golf rehabilitation, bio-mechanics of the golf swing and introducing our G(olfers) U(nder) R(epair) programme.

- Demonstrating 'on the Range' and 'on the Golf Course' exercises.
- Introducing Golf Fitness Level 2 with new rehabilitation systems and procedures.
- Information on new and exciting trends in Golf including - the inter-active role of the Therapist - the "traffic light" golf rehabilitation calendar, - golf rehabilitation templates, - train the trainer, - body testing templates on the golf range, - current research on arthritis and joint replacement in golf, - Can you score 79 at 79?

22/23 June 2006 - London - Sutton Junior Tennis Centre **29/30 June 2006 – Sheffield – Rotherham Golf Academy**

One-day Revision

This Revision day represents an opportunity for those previous graduates of Levels 1 & 2 Seminars to update themselves with new information, methods and systems developed since their last attendance and introducing our new Spikey Ball package

21 June 2006 - London - Sutton Junior Tennis Centre **1 July 2006 - Sheffield – Rotherham Golf Academy**

Prices £160 per day or £300 for 2 days - (includes snack lunch, beverages, golf newsletter and manual.)

Presenters:
Ramsay McMaster, Consultant Physiotherapist to the Australian Institute of Sport, PGA of Australia, New Zealand and Great Britain.
Sandy Jamieson, Fully Accredited PGA Golf Coach.

For Course details please consult: www.golfmed.net
For application forms and information contact Mike Queen at: 20 Alexander Drive, Bridge of Allan, FK9 4QB.
Tel: 01786 833405. E-mail: michaelqueen@aol.com

Applications are invited for the post of:

Department Head (International)

Salary: £41,000 pro rata
Hours: 3 days per week

The European School of Osteopathy is looking for a highly motivated individual to oversee its International Department with responsibility for:

The International Faculty
The International & Post Graduate Manager
The International Secretary

Key Duties:

- To be the primary point of contact between the ESO and all associated International Schools.
- Development of the International Programme in accordance with the school's strategy.
- Production and monitoring of standardised curriculum, admissions policy and exam and assessment strategy.
- Ensuring the implementation of the ESO's quality assurance procedures.

The post holder will be a member of the Academic Board.

Some foreign travel will be required.

For further information and an application form, please contact:

Jacquie Harris
The European School of Osteopathy
Boxley House, The Street, Maidstone, Kent ME14 3DZ
Tel: 01622 671558 E-mail: jacquieharris@eso.ac.uk

Closing date for applications: Friday 5th May 2006

European School of Osteopathy

BBENSCH

What's on this year?

Claire Merriweather BSc (Hons) Ost, St Albans

As this is the time of year for renewal of the annual BBENSCH membership, we would like to outline our planned events for the forthcoming year. In response to members' views, we have decided to hold a few smaller, workshop-type courses, a couple of evening meetings combining a single lecture with a social event (first to be planned for July), and large, one-day conference in September. Membership costs remain at £25 for the year which offers members discounted prices and priority notice of all events.

We are pleased to offer another opportunity to attend the previously successful 'First Aid' and 'Painless Practice' courses which will be run simultaneously on **Sunday 14 May 2006.**

Appointed Persons First Aid Certificate **– Enhance Services Ltd**

This course is ideal for those needing basic emergency first aid knowledge.

It will cover: safety at the scene of an accident, unconscious casualty management, rescue breathing and CPR in an adult, control of breathing and shock, HIV/Hep B awareness and legal requirements and obligations. The course is run by Enhance Services Ltd, and meets the recommendations laid down by the Health and Safety Executive for the 'appointed person in the workplace' certificate. Available places: 16

Almost painless practice management **– James Butler, Painless Practice**

This interactive, challenging and fun workshop aims to provide the formal training in planning, directing and running the business side of a practice lacking in many osteopaths, from recent graduates to those celebrating 20 years in practice. James will help to develop an understanding of what you want from your practice, what will make your practice unique, and how to build a patient list. He will help to clarify your vision and guarantees to arm you with a list of actions to implement when you get back to work. Available places: 24

Both courses will run from 09:00 until 17:00 (registration at 08.30) and will be held at the Holiday Inn, Borehamwood, Hertfordshire (formerly known as the Elstree Moat House) just off the A1(M) south of M25 (Jn 23). Come off A1(M) at B5135 to Borehamwood. Cost of either course: £70 BBENSCH members, £85 non members, to include morning and afternoon tea/coffee and a two-course lunch in the hotel restaurant.

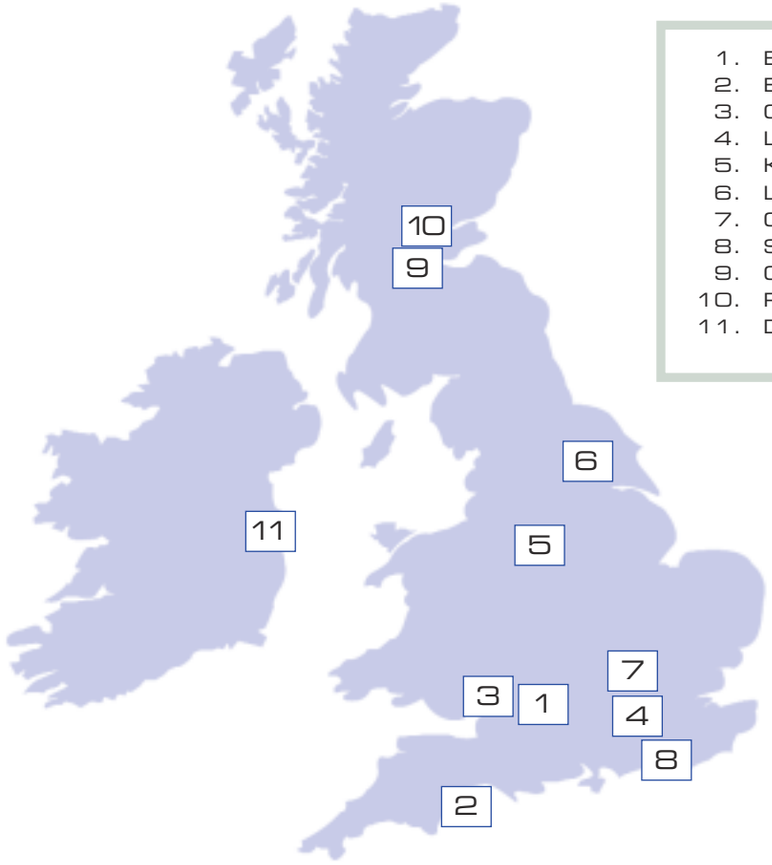
Please send cheques made payable to BBENSCH to: BBENSCH, PO BOX 199, Baldock, Hertfordshire, SG7 5XP. Further details will be made available on the website www.bbensch.co.uk or contact us on tel: 01462 743729, email: info@BBENSCH.co.uk.

National Council for NCOR Osteopathic Research

News from the NCOR research hubs

The number of research hubs created around the UK continues to grow. Scotland now has two hubs based in Perth and Glasgow. Two further hubs are planned based in Dublin and Keele (Staffordshire).

Location of research hubs in UK and Ireland



1. Bristol
2. Exeter
3. Cardiff
4. London
5. Keele - planned
6. Leeds
7. Oxford
8. Sussex
9. Glasgow
10. Perth
11. Dublin - planned

The development of a standardised data collection tool has been proceeding in many of the longer established hubs. Some of these hubs are now undertaking slightly different forms of activities, listed below.

BRISTOL

Thursday 6 April, 7–9 pm.
The osteopathic treatment of acute gastro-intestinal disorders – a case study presentation.
Thursday 18 May, 7–9 pm.
Adverse events and manipulation: discussion of AG Terrett's findings.
Thursday 29 June, 7–9 pm.
Back pain in children and school bags – what is the evidence?

EXETER

Saturday 22 April, 10 am to 12 noon.
The BEAM trial – discussing the clinical implications.
Saturday 3 June, 10 am to 12 noon. The BEAM trial – discussing the economic implications.

GLASGOW

Monday 5 June, 7–9 pm. Discussing the topic areas to be included in a standardised data collection tool for osteopathy.

HAYWARDS HEATH, SUSSEX

Sunday 23 April, 10 am to 12 noon.
Critical appraisal workshop.

LEEDS

Tuesday 9 May, 7–9 pm.
Critical appraisal workshop and an introduction to searching for literature on the internet.
Tuesday 20 June, 7–9 pm.
Further searching and where to find good quality information on the internet.

LONDON

Tuesday 2 May, 7–9 pm.
Critical appraisal workshop.

OXFORD

Wednesday 29 March, 7–9 pm.
Designing a case history sheet for osteopaths.

PERTH

Sunday 4 June, 2–4 pm.
Discussing the topic areas to be included in a standardised data collection tool for osteopathy.

Evidence-based practice tutorial: How to write a case report

Carol Fawkes BA (Hons) DO, Research Development Officer

The mantra "publish or perish" is becoming increasingly relevant to all health care practitioners. Few practitioners in private practice will have the opportunity to be involved in large-scale clinical trials but writing a case report is possible for any osteopath. Case reports are frequently published in the medical literature; more than 240,000 have appeared in MEDLINE in the past five years.

Case reports can be used for educational purposes, providing an enormous amount of clinical information about a valuable lesson from practice; they can describe a diagnostic or therapeutic dilemma or present important information on an adverse reaction to a particular form of treatment. Additionally, case reports may also suggest the need for change in practice or thinking in terms of diagnosis or prognosis. Suggestions for changes in intervention(s) or prevention cannot be made from case reports since they require stronger evidence.

It is unfortunate that case reports are regarded as being quite lowly in the hierarchy of evidence (see Figure 1), since many practitioners feel that they provide a great deal of helpful information.

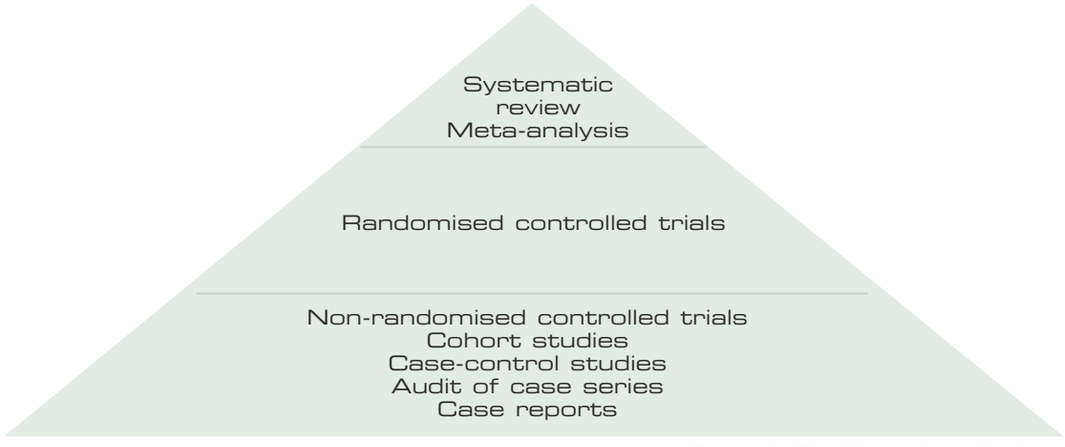


Figure 1. The Hierarchy of Evidence

This sentiment was acknowledged by Brodell (2000)[1] who stated "In this era of outcome studies and evidence-based medicine, the value of case reports, physician intuition, and serendipity is often overlooked. All science is rooted in observations, and full time clinicians are in ideal positions to observe unusual cases, develop rational explanations for the findings, and follow progress to determine if their hypothesis appears to be valid." Therefore, the collected findings of case reports may provide bases for future research studies that will lead to evidence-based treatments.

Choosing your subject

If a patient has presented in clinical practice with an unusual or interesting disorder, it can be helpful to

capture this in a case report. If you feel you would like to write a case report, written and signed consent should be obtained from the patient or their guardian. Obtaining consent is mandatory for publication in some journals, but it is important to realise that this is a demonstration of good clinical and research practice.

Choosing the journal

Each journal has its own submission requirements, which will be detailed on its website. For example, the *British Medical Journal* does not accept case reports per se, but may include them in its "Lesson of the Week" section. It is also important to consider the word limit and basic format the journal requires. Formatting requirements in journals dictate the manner in which margins, numbering and spacing should be presented. Each journal will also have a preferred manner for presenting references e.g. Harvard or Vancouver (also known as output style). The journal will also have a preferred submission method, for example electronically or as hard copy.

Writing the report

Once a suitable patient has been identified, there are certain steps to follow when writing a case report. A literature search should be carried out, using suitable databases, e.g. Medline, Pub Med, AMED and a search engine, e.g. Google.

The most common structure for a case report is as follows:

Introduction

Summarise what your case report is about in one or two sentences.

Case report

A summary of the case, including the patient's history, the examination(s) performed, the clinical features revealed in the examination, investigations requested or already conducted (if appropriate), results of relevant investigations (both negative and positive findings), treatment and management strategy and the outcome of treatment. The patient's notes can be used to recall these details. Previous treatment(s) and its outcome should also be included. Each category of information can be presented in its own paragraph without headings. This part should read easily, as if telling a story about the patient. It should contain selected clinical material which illustrates the points you are making, omitting any unnecessary details. It should not be a blow-by-blow account of a consultation and treatment.

Confidentiality is essential and all information relating to the patient in the case report should be anonymised.

Discussion

Introduce the discussion with your reason for writing a case report on this particular patient. This can then be followed with the findings of your literature search and details of what other authors have written about this particular subject area.

The final and most important part of the discussion should concentrate on the proof for the rarity or uniqueness of the condition or response to treatment and should include scientific explanations for the position you have adopted concerning the management of this particular case. It is important to describe the cause of a particular condition, why you chose a particular clinical aspect of it and how this influenced the outcome for the patient. If your approach differed from a standard treatment approach, you must describe what recommendations you would make for future patients based on your experience and what lessons can be learned.

Conclusion

Not all case reports include this section. If you choose to include one, it should summarise your findings in one or two sentences.

References

This list should be created in the style required by the journal to which you are submitting the report.

Acknowledgements

A statement should be included on informed consent, for example, "Written informed consent was obtained from the patient/their relative for publication of this report."

Additional information

It can also be helpful to include a glossary of any abbreviations used. Any competing interests from financial or academic parties should also be included in this section.

Preparing your case report for submission

It is advisable to read what you have written several times. This will allow you to correct any areas where the text is too verbose or if there are areas in the report that lack clarity. When the report has been edited to your satisfaction, it can be helpful to ask a colleague to read it and encourage them to give constructive feedback.

Submission to a journal

Submissions to journals can now be made electronically. The section on a journal's website signifying "instructions to authors" will indicate the journal's preferred method for submission. Each journal will have reviewers who will send comments about your case report; it may need to be edited further in view of these comments before it is ready for publication.

Summary of stages for preparation of background information for a case report

- Identify a suitable patient
- Search the literature for similar cases
- Obtain consent from the patient or their appointed guardian
- Collect information from the patient's case history, examinations and test results

Case report structure

- Introduction
- Case report
  - history
  - examination
  - examination findings
  - investigations
  - results of investigations
  - treatment intervention used
  - outcome of treatment
- Discussion
  - why you selected this patient for your case report
  - what the literature reports about similar cases
  - how rare is this condition?
  - what is the scientific explanation for this condition?
  - what is the cause of this condition?
  - why did you choose your intervention?
  - how did your intervention influence the outcome for the patient?
  - what are the standard interventions for this condition?
  - what are your recommendations for future treatment for this condition?
  - what lessons can be learned from this case report?
- Conclusion
  - References
  - Acknowledgements
  - Additional information

Further information on case report submissions and advice for authors for the *International Journal of Osteopathic Medicine* can be found at:http://authors.elsevier.com/JournalDetail.html?PubID=705245&Precis=&popup

Reference

1. Brodell RT. Do more than discuss that unusual case: write it up. *Postgraduate Medicine*. 2000; 108 (2)

Journal scan

Holm L, Carroll LJ, Cassidy JDC. Factors Influencing Neck Pain in Whiplash-Associated Disorders. *Spine. 2006;31(4)E98-E104.*

This cohort study examined the association between the intensity of neck pain 30 days after a road traffic accident and pre-accident factors in a group of 5970 individuals. The researchers reported that factors including fair or poor health, low education and prior neck pain, either singly or in combination, were associated with severe neck pain in females. Low family income, prior headache and lack of awareness of head position at the time of the accident were associated with severe neck pain in males. The researchers concluded that several other factors other than the mechanism of injury will influence the increase in neck pain following a road traffic accident.

Puhan MA, Suarez A, Zahn A, Heitz M Braendli O. Didgeridoo playing as alternative treatment for sleep apnoea syndrome: randomised controlled trial. *BMJ. 2006;332:266-270.*

Sleep apnoea syndrome is becoming an increasingly common problem; this contributes to daytime sleepiness among other difficulties. Researchers have conducted a trial involving 25 patients to assess the effect of didgeridoo playing on reducing the collapsibility of the upper airways. Patients practised playing for approximately 25 minutes for an average of six days per week over a four month period. Sleep apnoea and daytime sleepiness improved significantly, but quality of sleep was unaffected. The researchers concluded that didgeridoo playing is an effective treatment alternative for patients with mild to moderate obstructive sleep apnoea. http://bmj.bmjjournals.com/cgi/content/abstract/332/7536/266.

Research news in brief

The results of a new questionnaire published in the February issue of the *Annals of Allergy & Asthma Immunology* report that exercise induced rhinitis commonly occurs in athletes involved in both indoor and outdoor exercise. This effect occurs regardless of any previous history of nasal allergy. The specific trigger factors related to both indoor and outdoor exercise need to be examined in order for appropriate treatment to be pursued. Barclay L and Vega C. Source: www.medscape.com /viewarticle /524083

Researchers at Brunel University have found that

levels of LDL-cholesterol found in lean non-exercisers are almost identical to those found in obese non-exercisers. This suggests that naturally slim individuals do not enjoy protection from heart disease. Source: www.brunel.ac.uk/news/pressoffice/cdata/Thin+People

Scientists in Spain suggest that red wine may be beneficial for health due to dietary fibre found within it. Indigestible polysaccharides are a major constituent of dietary fibre; grape pomace is rich in dietary fibre and a significant amount is believed to pass into the wine during the wine-making process. Source: *American Journal of Enology and Viticulture*. 2006;57(1):69-72. www.ajevonline.org/cgi/content/abstract/57/1/69

Scientists in the Czech Republic are testing the efficacy of a novel vaccine that contains polysaccharides from 11 different *Streptococcus pneumoniae* serotypes, each conjugated to *Haemophilus influenzae*-derived protein D. The vaccine is being developed to prevent acute otitis media, one of the most commonly diagnosed childhood infections. Source: *The Lancet*. 2006; 367 (9512): 740-748

Researchers in New Zealand have reported that Celebrex, a leading Cox-2 inhibitor, can increase the risk of heart attacks. The results of the analysis can be found in the *Journal of the Royal Society of Medicine*. 2006; 99:132-40

Researchers at the University of Toronto have compared the effect of a diet rich in a combination of foods such as almonds, oatmeal and fish, with statins to lower high cholesterol levels. The dietary combination was found to be as effective as the cholesterol lowering medication. The findings are reported in the *American Journal of Clinical Nutrition*: www.ajcn.org/cgi/content/abstract/83/3/582

The association between coffee risk and myocardial infarction (MI) remains controversial. Researchers suggest in a new study that slow metabolisers of caffeine are at increased risk of experiencing a nonfatal MI. Carriers of a variant of the CYP1A2 genotype (CYP1A2*F) are slow metabolisers of caffeine; it is suggested that the presence of this genotype contributes to nonfatal MI in coffee drinkers. Source: http://jama.ama-assn.org/cgi/content/abstract/295/10/1135

Ozturk C, Tezer M, Sirvanci M, Sarier M, Aydogan M, Hamzaoglu A. **Far lateral thoracic disc herniation presenting with flank pain**. *Spine*. 2006; 6(2):201-3

Forthcoming courses and conferences

20 May 2006: 2nd International Evidence Based Physical Therapy Conference and Exhibition, at the Business Design Centre, London. Further details at www.heseminars.com/conference_2006.htm.

22–25 June 2006: The ESO 5th International Conference "The Dimensions of the Palpatory Space", Boxley. For further information and a registration form, please contact Corinne Jones, International and Postgraduate Manager, tel: 01622 671558 or email: corinnejones@eso.ac.uk.

30 September 2006: Physiotherapy, Osteopathy and Chiropractic: Moving forward through research and practice, at the School of Health Professions, Robert Dodd Building, University of Brighton, 49, Darley Road, Eastbourne BN20 7UR.

4–5 November 2006: British Osteopathic Association Annual Convention and Trade Exhibition.

12–14 December 2006: 14th Annual Symposium on Complementary Health Care, University of Exeter.

Treatment Reactions, Risks or Treatment Effects?

Simeon Niel-Asher BPhil BSc (Ost), London

Over the recent months I and many colleagues have been left somewhat perplexed by some of the recent changes mooted in the 'fitness to practice' specifically with regard to 'informed consent'. Whilst it seems perfectly reasonable to obtain consent before a procedure; it is the lack of data on *'the usual risks'* and *'all risks of serious debility, no matter how remote'* which, ironically, renders most osteopaths themselves 'uninformed'.

In 1993 I undertook a post graduate BPhil at Exeter University. For my research thesis I undertook a 'Pilot study into patient assessment of both the beneficial and adverse 'treatment reactions' for the first three days following osteopathic treatment.' The results were published in the Journal of Complementary and Alternative Medicine[1]. The results suggested that treatment reactions are common, most severe following cervical manipulation and, somewhat controversially, proportionally related to treatment efficacy. In the light of the current debate I have revisited this thesis and present an abstract of it here in the hope it proffers some evidence for debate.

The research

Abstract

40 new patients were given four, two sided self-assessed questionnaire instruments (including quantitative and qualitative questions) - before their first visit to an osteopath. These instruments were not validated, but were designed after discussion with a focus group of osteopaths (n=10). 39 patients completed the questionnaires. A random number was assigned and all data were anonymous. Questionnaire 1 - was filled out before treatment, the other three at daily intervals for three days after treatment. The sample population was approximately matched for age, gender, duration of complaint and presenting symptom distribution, to the most recent study that could be found for these variables[2]. Data was normally distributed.

Definition

Treatment reaction (TR): a 'possible, self-limiting increase in symptomatology or sudden transient added symptoms following treatment.' [3]

Results – figures 1 & 2

Figure 1 – table of most common reported treatment reactions

***95%* of new patients recorded some type of TR;**
There were no age differences;
Females recorded slightly more changes in appetite, increased sleep patterns and decreased energy levels than males;
70% of patients had a moderate to severe reaction;
TRs were more 'florid' after manipulation of the cervical spine;
20% of patients reported increased pain the day after treatment, which decreased over the next two days; by day 3 there was a mean 57% reduction in pain compared to before treatment (recorded on a 10 cm visual analogue scale);
Reaction might have been related to the presenting symptom area; spinal patients showed a greater TR than non-spinal;
65% noted a change in bowel frequency (generally increasing to peak at day 2);
62% noted a change in stool firmness (generally decreased firmness);
37% noted a change in urinary frequency (generally increased);
45% of patients noted a change in appetite (generally decreased days 1 & 2, and increased day 3);
62% reported a change in energy levels (generally decreased for 2 days after treatment);
70% noted changes in sleep (mostly increased);
52% reported changes in alertness (mostly decreased);
81% noted changes in general aches and pains (mostly a 'flu like' increase days 1 & 2);
60% noted a change in irritability (mostly increased day 1).

Figure 2 – table of the most uncommon reported reactions to treatment

Physical

'Developed a cold (days 2 and 3)';
'Started a period (day 2) having missed two previously';
'Increased physical confidence';
'Physically worse (day 2 improved day 3)';
'Increased physical and mental confidence';
'Slept 4 extra hours';
'Unusual - Bowels';
'Posture improved';
'Deep sleep (day 1)';
'Sapped';
'Nausea (day 2)';
'Increased piercing headaches';
'Much increased pain (day 1 after treatment almost no pain by day 3)'.

Mental

'Improved mentally and spiritually'

Spiritual

'Low spirits (day 2)';
'Despair (days 1 and 2, hope day 3)'.
'Feeling of slightly drugged well-being, sleep never far away, euphoria';
'Felt drugged (day 1)'.
'Sapped, weepy, euphoria, security';
'Hope, freedom, amazed'.

Discussion

Two patterns emerged from the data, that of a local, specific reaction and that of a general, non-specific reaction.

The general reaction seemed similar to that of the 'elimination' reaction, discussed in naturopathic literature. Most of these reactions peaked at around 24 to 48 hours after treatment and lasted for less than three days, returning to the baseline by day 3.

Placebo, nocebo and observer effects

Is it possible that other phenomena are at work? A placebo effect may occur where a patient knowingly or unwittingly 'gets better or worse' as a result of any treatment administered. It has been shown that as many as 60% of patients may show a positive response to any treatment, based on placebo alone[4] . Nocebo is the placebo effect in reverse, where patients may have negative responses to an active or inactive treatment modality (some nocebo effects are called side-effects.) In this study the 'observer effect' may be in operation - asking patients to fill in a questionnaire may, in itself, narrowly focus their mind on symptoms which may affect the outcome of their observations (also called the Hawthorn effect[5]).

Placebo effects may include :
Anger;
Anorexia;
Behavioural changes;
Depression;
Dermatitis Medicomentosa;
Bowel changes;
Drowsiness;
Epigastria;
Hallucinations;
Headache;
Light-headedness;
Muscle weakness.

The General Adaptation Syndrome

The physiological process by which the body deals with threats to its equilibrium are now more fully understood, Dr Hans Seyle described a three staged response of the body to stressors[7] - The General Adaptation Syndrome (GAS). In the case of osteopathy these stressors are the impacts of physical treatment; with the manipulation of already sore and painful tissues; they may also be those of the internal responses of the body to any increased metabolites. The three stages of the GAS can be seen below (figures 3 and 4).

Figure 3 – the General Adaptation Syndrome

Phase	Manifestation
Alarm stage	***Pain, inflammation***
Resistance stage	***Symptoms remit or repair***
Exhaustion Stage	***Collapse and degeneration***

This has been represented by the following diagram[8].

Figure 4 – diagram illustrating the GAS

1. The alarm stage

This is the initial response to the stressor, such as injury, prolonged trauma (or manipulation of painful or damaged areas). There is usually increased pain and inflammation (NB acute inflammation peaks at around 36 to 48 hours days 1 & 2 of the study.) This stage represented what Seyle described as the 'call to arms of the defence forces within the organism.' It is characterised by certain glandular changes in particular the pituitary and adrenal glands and lymphatic nodes, with alteration in body chemistry compatible with the preliminary attempts to restore normality and heal damaged tissue. This might correspond to increased pain day 1 as well as the changes in GIT and GUT systems as well as general muscular aches and fatigue as noted by patients.

2. Stage of resistance

If the initial stimulus is prolonged however, a stage of adaptation, or resistance, is entered during which the body learns to live with the noxious agent without the sense of crisis; as for example when the initial inflammatory response of a joint to injury subsides. The acute pain and inflammation may quickly die down; however, the friction or physical derangement caused by this injury may last weeks, months or years. An adaptation takes place which may have to be maintained for that period of time. This might account for the 'retracing' or emergence of previous or old symptoms following osteopathic treatment. It might be the long-term adaptation that is producing symptoms, and when this aspect of the problem is treated, the underlying or original symptoms may present themselves. Looked at in another way, this is often the stage in which sub-acute and mildly chronic patients seek treatment. If not treated, however, eventually tissues lose their ability to respond and the final stage is entered.

3. The stage of exhaustion

In this phase there is a general collapse or degeneration of tissues no longer able to resist or adapt to their situation. Seyle named this response the GAS because it is a non-specific response of the body to any demand which is made upon it where tissues are directly affected by stress. The same response can occur on a smaller scale; called the Local Adaptation syndrome or LAS. According to some osteopathic academics[9] 'The GAS and LAS are closely co-ordinated, for, a strong stimulus to a small area of the body may, in some circumstances, precipitate a general response. For example, an injury of sufficient impact to a finger may induce a 'reaction or shock to the whole body, although local defences should be adequate to deal with the injury.' Or, in the case of this study, treatment to a painful cervical spine (for example) might initiate both the LAS and GAS, causing a local specific TR such as increased pain, and a more general non-specific TR as discussed above.

Literature search from other therapies

A literature search was carried out before the study and, along with the focus group, formed the basis of the questions in the research instrument (please note – this search was conducted in 1994.) This also helped to contextualize the osteopathic literature. The most pertinent aspects are presented here:

Chiropractic – Re-tracing

In his book *Dynamic Chiropractic today* Michael Copeland-Griffiths[10] discusses TRs to chiropractic treatment, suggesting that "general aches and pains may follow your treatment for up to a few days due to … stretching of ligaments etc…" however, he goes on to discuss the concept of 'retracing' suggesting "This process, (known as retracing), represents the reversal of your condition through its various stages". He later defines retracing as "the process whereby correction of a condition is accompanied by the reappearance of symptoms which had been present when this condition was forming but which had subsequently been masked" – stating that such reactions are "normally short-lived".

Naturopathy – Elimination

Naturopathy talks about an 'elimination' reaction following treatment; where toxins and waste materials are eliminated from the body via increase metabolic and autonomic responses (poryphoria, GI and GU frequency etc.) This is a reaction of the body to treatment and is the result of 'the healing power of nature'[11] not a side effect. Therapists are taught that 'all healing (in the body) is a result of this principle' and that in order to facilitate a patient during recovery, practitioners 'must be aware of the natural laws of healing'. 'One of the fundamental principles of naturopathy is that acute disease may not

always be a bad thing; it is often seen as the manifestation of the activity of the vital force in restoring equilibrium. It is difficult to convince the individual enduring the torment of a streaming cold, or acute diarrhoea, that it may be for his ultimate good but it is well known that such conditions, together with many fevers and most of the childhood ailments, are self-limiting diseases'[12]. (Note, the list of placebo symptoms above)

Homeopathy – Law of cure

Acknowledges the 'vital force'[13] and talks of the *'Law of cure'* where symptoms are said to improve 'from inside to outside; from the top to the bottom and in reverse order to genesis'. As in the naturopathic literature 'TRs' are considered pathopneumonic of certain remedies and an integral component to the efficacy of treatment.

Osteopathy – Vital force

Osteopathy has its roots in 'vitalist' philosophy, in every aspect of its mode of action on the human body. The phenomenon of a TR may serve to highlight this. Andrew Taylor-Still talked about the manipulation of a 'vital animating force', 'G-d flow' and 'animal magnetism' all of which are released when 'osteopathic lesions' are attenuated. Whilst these phrases may seem antiquated to the modern mind, his sentiments ring true to this day; all Osteopaths acknowledge the phenomena of the TR. Furthermore, there was some evidence in my research that the more 'florid' the TR the greater the proportional treatment efficacy!

Conclusion

Perhaps then, another more fundamental question should be asked, are TRs side effects, treatment effects, or, indeed an integral part of the inner workings of osteopathic medicine? And as such, in what ways should we reasonably inform our patients?

References

1 Niel-Asher S, *Elimination reactions are common* – Journal of Complementary and Alternative medicine (JOCAM) Parts 1 & 2 – March and May 1995.

2 (Drysdale I, *Audit of 1000 patients attending the clinic of the British College of Naturopathy and Osteopathy (BCNO);* The British Osteopathic Journal Vol. 16 (1995)

3 Bendix M, (1994) *Study of treatment reactions.* BSc. Dissertation BCNO

4 Watts G. Pleasing the patient. (1992) Faber and Faber

5 Ibid

6 Ibid

7 Seyle H, *The stress of life*, McGraw Hill, New York, 1976

8 Ibid

9 Newman Turner R, *Naturopathic Medicine*, *Treating the whole person*, Thorsons (1984 reprinted 1990)

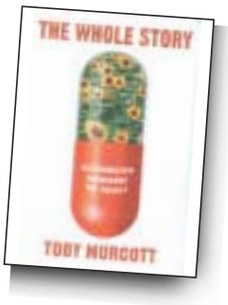
10 Copland-Griifiths M, Dynamic Chiropractic Today the complete and authoritative guide to this major therapy, (1991) Canada

ISBN 0-72256 1595-2

11 Randell B, *Vitalism vs. Mechanism* Philosophy of Naturopathic medicine Vol. 1 (1987)

12 See ref. 9

13 Vithoulkas G, *Homeopathy, medicine of the new man*, Thorsons (1979)



The Whole Story: alternative medicine on trial?

Toby Murcott

Published by Macmillan
ISBN 1-4039-4500-4
£16.99 / 192 pages

Reviewed by Mark Mathews DO

The art of natural medicine, of which Osteopathy is a relatively recently named profession, has been around in one form or another for thousands of years in many different cultures. It has survived into our scientific age despite the fact that it is not, in contemporary scientific terms, completely understood. Many people have found it helpful for all kinds of conditions and have been prepared to pay for it, a fact that even our government has been willing to accept and legislate for.

In recent times, I have noticed that a lot of emphasis has been placed on the need for scientific evidence to support the value of what we do. I recently attended the launch of the above book. Toby Murcott is a scientist and journalist who corresponds for The Times. I believe that his book should be compulsory reading for all of those who so strongly advocate the fashionable scientific paradigm that seems to inform current medical thinking. Toby Murcott clearly reasons and argues why this paradigm is such a woefully inadequate model for us to follow.

The very idea of a standard sample and double blind trial is, of course, nonsense in the context in which we work with our patients. The concept of the representative sample and the standard treatment taken out of the context of individual patient management, is by all common sense observations, of questionable value.

Healing is something that happens within the context of a relationship. The therapies, techniques and knowledge that inform what we do are an important part of our diagnostic and inductive reasoning, but at the end of the day, it is the relationship within which this occurs that is probably just as, or even more, important. Given the unique genetic makeup, personal experiences and environmental mix of all the patients that we see, as well as our own unique makeup and personality, the value of the contemporary, conventional scientific model is questionable. Toby Murcott has raised a very pertinent and serious issue. He does not pretend to be able to provide a definitive answer or solution to this conundrum.

Coincidentally, I was fortunate to have the opportunity of complimenting him on his presentation and discussing the issue with him when we met on a train after the event. He did admit that he thought that the alternative and complementary medicine professions had received very unfair press coverage from correspondents like him. I complimented him for being one of the first real scientists I had met. He was open enough to question and reserve an area of doubt and scepticism for whatever the contemporary fashion in science happened to be. Many so-called scientists are good technicians insofar as they have learned the rules of the game and know how to apply them, but few seem to have the courage and vision to step off the board and see it in the bigger context of life.

I would urge you to read his book and perhaps find the same courage to question the value of following the current politically correct and fashionable direction in which those controlling our profession seem to be leading us. We are in danger of losing touch with our distinctive roots and with the very real, if still mysterious, natural power of healing that our skills enable our patients to release from within themselves.

Human Embryology and Developmental Biology – Third Edition

Bruce M Carlson

Published by Mosby
ISBN 0-323-01487-9
£36.99, 527 pages

Reviewed by Donald Scott DO

Carlson's new edition is written to keep pace with the rapid acceleration of knowledge within the field of embryology in the last four years. Part I covers in depth chapters on 'Early Development and the Fetal-Maternal Relationship', and includes 'Getting Ready for Pregnancy', 'Establishment of the Basic Embryonic Body Plan', and 'Development Disorders'. Some of the photographs showing the full range of congenital malformations may prove upsetting to some readers.

Part II moves on to illustrate 'The Development of The Body Systems' and covers each body section in equal depth. The author does not outline any of the environmental triggers responsible for the deviations of body cells to become malformed. Clearly the purpose of the book is solely to provide an up-to-the-minute rendition of the physiology and biochemistry of cell development within human foetal development. At the start of the book there is a useful preface listing all the names of molecules and their place in the sequencing of cell function, which I found myself continually referring to in the review. I do not recall much of the subject being covered in my own training, nor did two friends who are GPs, so this book goes a lot of the way in updating the general reader's knowledge base.

I enjoyed reviewing this book and would recommend it to any osteopath wanting to bring themselves up to date in the subject. I personally would have have been interested in a broad review of the mechanisms of cell malfunction as triggered by various mutagenic substances, including drugs and environmental poisons such as insecticides and cell inhibitors which get into the food chain. Also of interest would be a discussion of the inbuilt mechanisms the human body has in order to deal with abnormal cell division.

CPDO 2006

Date	Title	Tutor / lecturer	Cost	Deposit
	Weekend courses			
11-12 Nov	**IOT I: Lumbar & thoracic spine and ribs**	Prof. Laurie Hartman	£195.00	£125.00
1-2 July	**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 Nov	**Visceral osteopathy: the thorax**	Jean-Pierre Barral		Full
29 April	**Healthy Pregnancy**	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
New dates: 3-4 June & 1-2 July	**Osteopathic Neuromuscular "re-abilitation"**	Prof. Eyal Lederman	£395.00	£250.00
7-8 Oct & 11-12 Nov	**Harmonic technique**	Prof. Eyal Lederman	£395.00	£250.00
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
6-7 May	**Treating the neck and neuropathic arm pain**	Philip Mouleart	£195.00	£125.00
24 June	**Practical ergonomics and musculoskeletal health**	Damon Peterson	£105.00	Pay in full
21 Oct	**Improving motor control in the elderly: an exercise approach**	Dr Dawn Skelton	£105.00	Pay in full
11 Nov	**Nutritional assessment practical workshop**	Dr. Adam Cunliffe	£105.00	Pay in full
17 June	**Introduction to sports taping**	Tom Hewetson	£125.00	Pay in full
4 Nov	**From treatment to exercise**	Matthew Walden	£105.00	Pay in full
	Evening courses			
15 June	**How to treat: chronic disc**	Prof. Eyal Lederman	£40.00	Pay in full
28 Sept	**How to treat: Frozen shoulder**	Prof. Eyal Lederman	£40.00	Pay in full
26 Oct	**How to treat: Tennis elbow**	Prof. Eyal Lederman	£40.00	Pay in full
23 Nov	**How to treat: Whiplash injuries**	Prof. Eyal Lederman	£40.00	Pay in full
11 May	**OT IV: Lower back and pelvis**	David Tatton	£40.00	Pay in full
1 June	**How to treat: Achilles Tendonosis**	Chris Boynes	£40.00	Pay in full
	Evening lectures			
25 May	**Exercise motivation and adherence**	Bob Laventure	£20.00	Pay in full
8 June	**Prevention of falling and fractures in the elderly**	Dr Dawn Skelton	£20.00	Pay in full
22 June	**The myth of core stability**	Prof. Eyal Lederman	£20.00	Pay in full
5 Oct	**Update on mechanisms of pain and pain management**	Prof. Martin Koltzenburg	£20.00	Pay in full

Name:
Address:
Telephone:
E-mail:

Total deposit enclosed:_____**All deposits and payments are non-refundable and non-transferable to other dates**

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

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

Tel: 0044 (0) 207 263 8551 / e-mail: cpd@cpdo.net / www.cpdo.net

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

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

Workshop on Haemodynamics

Donald Scott DO, Strathclyde

The Scottish Chiropractic Association invited other healthcare practitioners along to this event in Edinburgh on 28/29 January. As a consequence, an equal number of osteopaths and chiropractors attended, together with a physiotherapist from Glasgow.

The course was split into two parts – day one covering the lower limb and pelvis and day two, the head, neck and upper limb syndromes. The course tutors, **Alan Taylor** and **Roger Kerry**, are physiotherapists specialising in the cardiovascular field. They have contributed a chapter on vascular syndromes presenting as pain of spinal origin to *Grieve's Modern Manual Therapy* (3rd Edition) – which is an excellent text and a personal favourite. Over the weekend, they showed the extent of their clinical experience as well as their academic understanding of the subject.

Do you remember that one of the definitions given to differentiate osteopaths from chiropractors used to be that the former believed in the *Rule of the Artery* as opposed to the latter who held to the *Rule of the Nerve*? It is now accepted that neither view is correct in itself. Both theories were created before the complexity of the nervous system and its relationship to the musculoskeletal and cardiovascular systems were fully understood. When the two schools were in their infancy and trying to define some sort of identity in the late nineteenth and early twentieth centuries, psychoneuroimmunology was not on the physiologists' map as the tools for its measurement had not been created. This course reflected deeply on the importance of the vascular system as a source of clinical signs and symptoms, and as such, helped me re-identify with the early osteopaths.

When we were given some of the case histories to consider for differential diagnosis, participants had to define what was causing the patient to present in a particular manner, and to incorporate a vascular assessment into the overall diagnosis. As the course progressed, I was aware of how my own pattern of clinical reasoning was skewed toward a neurological diagnosis without sufficient reckoning of arterial, venous or lymphatic pathology. There is a supposition that to diagnose accurately, good anatomical knowledge is needed, together with sound clinical reasoning skills. There is also a prerequisite to keep an open mind when putting together the various signs and symptoms which form the overall picture. There is also a need to accept that negative findings are just as valid as positive findings. Just how often do any of us do this in practice?

Doppler probes are light, non-invasive tools which record fluid movement and produce an acoustic output to assist the operator in measuring blood flow. By using the Doppler unit to isolate the blood vessels and establish their patency, it helps the examiner to look at and visualise the tissues in quite a different way.

The seminar has helped me reconsider the importance of the case history in determining predisposing factors in the patient's genetic, occupational, dietary, iatrogenic, immunological and endocrine history. The tutors' use of the Doppler measurement for assessing vascular flow and possible systemic disease I found stimulating and food for thought. Clearly there are many potential uses, both in clinics and osteopathic research.

Details on future haemodynamics courses can be obtained by visiting www.heseminars.com.

Haemodynamics of the Cervical Arteries

Joanne Perkins DO, Cardiff

With all the current issues surrounding Clause 20 of the Code of Practice for Osteopaths, I decided to attend **"Haemodynamics of the Cervical Arteries : VBI Issues"** run by physiotherapist **Roger Kerry**. Attended by osteopaths and physiotherapists, we all wanted to find out whether it is worthwhile carrying out Vertebrobasilar Insufficiency (VBI) tests and what exactly the risks are of cervical manipulation. Roger became interested in VBI issues after attending a physiotherapy post-graduate manipulation course where cervical manipulation is taught in the Cyriax style i.e. the operator holds the patient's cervical spine, leans back with all their body weight and then quickly rotates the patient's head for a full rotation thrust. This is still the way physios are taught today; they are not aware of the combined or minimal leverage approach. Roger followed-up patients who had had their necks manipulated and found a high number had suffered strokes within twelve months.

When thinking about thrusting necks we are all concerned about kinking of the vertebral artery, but what about the internal carotid artery? Do we ever test for internal carotid artery insufficiency? 75% of strokes occur within the carotid system, especially in young adults. The common carotid artery bifurcates at the level of C4/5, and at bifurcations, there is increased turbulence and damage to the intima leading to atherosclerosis. Therefore, when we manipulate, it is not just the C1/2 area we must be concerned with.

Check out the case report in *Manual Therapy 10 (2005) 73-77* in which a 51 year-old physiotherapist and manual therapy tutor turns his neck fully to the left and sneezed several times. He jarred his neck and became aware of a left-sided, mid-upper cervical pain and an ache in his left temporomandibular joint and mandible. The next day he had pain in the sub-occipital area, stiffness turning his head to the left and a left-sided headache. Unable to contact a physio for treatment over the Christmas period he self-managed the condition with analgesia. After 48 hours he developed a ptosis, and a diagnosis of Internal Carotid Artery Dissection was eventually made. If he could have seen a colleague over the Christmas period would they have carried out a simple HVT on his acute neck? Probably: who would have suspected a dissected artery just from sneezing?

We can look out for the signs and symptoms of VBI, the 5Ds (Dizziness/vertigo, Diplopia, Dysarthria, Dysphagia, Drop attacks) and the 3Ns (Nausea, Numbness and Nystagmus), but often patients with VBI present with none of these; the most common symptom is neck pain with or without a headache. How many patients do we see with neck/head pain? Hundreds! So how do we differentiate? Who with neck and head pain is safe to treat? Roger puts emphasis on two things: one taking the patient's blood pressure and two, the case-history – asking questions that we ask anyway in our consultations e.g. drug history (contraceptive pill, HRT, Statins, Tamoxifen), smoking, diet, lifestyle, previous trauma (accidents, RTAs, sporting injuries), previous cervical treatment (and any reactions), any family history of Factor V Leiden/clotting disorders, general health, diabetes, history of heart disease, hyperhomocysteinaemia, high blood pressure, hypercholesterolaemia, hyperlipidaemia.

So should we perform any VBI tests and how do we test the internal carotid artery? The vertebrobasilar artery is compromised particularly in rotation, and the internal carotid in extension; however, a negative test does not prove that there isn't vertebrobasilar or carotid artery insufficiency.

After some discussion of sample case-histories, it became apparent that as osteopaths, our diagnostic, clinical and manipulative skills stand us in very good stead. However, the physiotherapists felt they lacked our diagnostic skills and carried out manipulation so infrequently that they were generally reluctant to manipulate.

See www.haemodynamics.com for further information on these courses.

If you would like to submit an article, or have an idea for a future issue of *The Osteopath*, contact the Editor on ext. 228 or email: editor@osteopathy.org.uk.

Our Future in *Their* Hands?

Dear Editor

On a bright, sunny February day Madeleine Craggs came to lunch. She met four osteopaths at the Penn Clinic in Hatfield, spanning from 9 months to 26 years in practice. We had pestered Osteopathy House for some months over the unacceptable predicament of new graduates awaiting their Criminal Records Bureau clearance, and Madeleine and I spoke briefly at Osteopathy House in November last year. Our lunch invitation arose from this discussion.

My objective was to understand better what was behind the actions taken at Osteopathy House. I needed to know that they knew sufficient about osteopathy to represent us effectively.

It is hardly surprising that the original euphoria in the profession with the Osteopaths Act has given rise to some mistrust and suspicion. Who could anticipate that our General Council would have to give priority to complying with Government desires so that their rule is seen by some now as tyranny? But this is not the time for recrimination and complacency. Shipman and Afshar have changed the landscape within which we exist. The osteopathic profession has provided an exemplary model for statutory self-regulation **but** Government **is** bent on reducing the number of regulatory bodies. The potential consequences for the profession could be far reaching in defining how we practise. It is vital that we all see the bigger picture in this context. We, the profession, the GOsC and the BOA need to work together with a common aim of preserving the independence and integrity which we worked so hard to achieve. It took 60 years (from 1935 to 1993) for an Act to be passed which recognises our profession for what it is, and its role in primary healthcare. It is not rocket science to imagine blanket regulations being applied that would limit our ability to practise osteopathy. Regulations that may be appropriate for manual therapy may be entirely inappropriate for osteopathy.

We fall between two stools, not part of the medical profession but no longer part of the totally non-medical fraternity. Are we united enough to justify our independent status, in the light of what is likely to be threatened from the Foster Review?

If you were given the option of continuing as we are or being regulated by a huge umbrella body, for example the HPC, together with all the other manual professions at a reduced annual retention fee, which way would you go? Our discussions over three hours also covered:

- Improvements to the GOsC website
- Criminal Records Bureau Checks
- GOsC access to undergraduates
- Department of Health demands
- Changes in the regulatory climate
- The Council for Health and Regulatory Excellence
- Procedures at Osteopathy House
- The South Wales Osteopathic Society document
- *Code of Practice for Osteopaths* & the Legislative Review
- Recruitment of Council Members versus election

I was a little heartened to discover that Madeleine Craggs has a long history of osteopathic experience and also to hear that all Osteopathy House staff meet together once a week to reflect and share current issues, problems and solutions. Every interaction with the outside world is monitored and recorded and indeed Madeleine came thoroughly prepared for our meeting armed with information about earlier events. It became clear that our Regulatory staff do have some understanding of osteopathy, at least enough to be able to handle questions about the difference between Chiropractic, Physiotherapy etc. And all are aware that, unless we maintain our autonomy, all they have strived for over the years too will also be lost. As we spoke I began to see more of the bigger picture.

Madeleine listened, explained and questioned. We aired many criticisms of our interactions with Osteopathy House. It was agreed that feedback to osteopaths could be better and Madeleine undertook to feed this back to the staff to try and make it work better … time will tell. Quite simply we must keep communicating with Osteopathy House and if we think we haven't been heard we must contact again until we are heard. We should not give up.

We concluded our meeting pondering on the astounding vision encompassed in Still's concept as we marvelled at the enduring definition of osteopathy in Still's autobiography.

Madeleine complimented my favourite Rodin sculpture above my desk (above). Rodin breathed life into rock and the result is elegant – it works. AT Still's philosophy *still* breathes life into 21st Century healthcare; it too is elegant — and it works.

Caroline Penn DO, Hatfield

Courses 2006

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

Understanding trauma & adaptation – managing the neural, myofascial, and psychological issues

22–23 April

Speakers include James Oschman, John Upledger and Nancy Byl. Organised by Elsevier Journal of Bodywork & Movement Therapies. To be held at University of Westminster, London. Contact: tel: 01235 868811.

Enhancing motherhood through active body awareness – weekend course

6–7 May

Lecturer Christine Van de Putte. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Treating the neck and neuropathic arm pain – weekend course

6–7 May

Lecturer Phillip Mouleart. Contact: tel: 020 7263 8551, **Heart Ignition**

11–14 May

Speaker Dr Michael Shea. 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).

Refining Technique – The Lower Extremity

13 May

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

Children's Complementary Therapy Network (CCTN) Conference – Complementary Therapies and Autism

20 May

Organised by the Children's Complementary Therapy Network. To be held at Birmingham Children's Hospital.
Contact: Dr Pankaj Shah, tel: 0121 4156670,
email: cctn@freshwinds.org.uk.

Module 4 – WG Sutherland's Osteopathic Approach to the Body as a Whole

18–21 May

Course Director Sue Turner. Organised by Sutherland Cranial College. To be held at Hawkwood College, Stroud, Glos Contact: tel: 01291 689908,
email: admin@scc-osteopathy.co.uk
(website: www.scc-osteopathy.co.uk).

Exercise Motivation and Adherence

25 May

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

Prevention of falling and fractures in the elderly

8 June

Lecturer Dr Dawn Skelton. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

Module 5 – In Reciprocal Tension

8–12 June

Course Director Jeremy Gilbey. Organised by Sutherland Cranial College. To be held at Le Hameau De L'Etoile, Montpellier, France. Contact: tel: 01291 689908,
email: admin@scc-osteopathy.co.uk
(website: www.scc-osteopathy.co.uk).

Healthy Pregnancy

17 June

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

IOT III: SI joints, pelvis and lex – weekend course

17–18 June

Lecturer Prof. Laurie Hartman. Contact: tel: 020 7263 8551,
email: cpd@cpdo.net.

Basic Course in Osteopathy in the Cranial Field

17–21 June

Organised by The Cranial Academy, USA. To be held at Founders Inn, Virginia Beach, Virginia.
Contact: tel: +317 594 0411, fax: +317 594 9299,
email: info@cranialacademy.org
(website: www.cranialacademy.org).

The Myth of Core Stability

22 June

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

Cranial Academy Annual Conference – Cranial in Special Needs Populations

22–25 June

Organised by The Cranial Academy, USA. To be held at Founders Inn, Virginia Beach, Virginia.
Contact: tel: +317 594 0411, fax: +317 594 9299,
email: info@cranialacademy.org
(website: www.cranialacademy.org).

Module 5: In Reciprocal Tension

23–25 June

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

Practical Ergonomics and Musculoskeletal health

24 June

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

Osteopathic care of small animals

24–25 June

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

Osteopathic Care of Children Part 1

24–26 June

Course leaders Carina Petter and Carol Meredith. 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).

Cranio Sacral Therapy – Introductory day

1 July

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

Neuromuscular "Re-Abilitation" – weekend course

1–2 July

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Introduction to cranial osteopathy

1–2 July

Lecturer Ercilia De Marco. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Module 2/3 – Osteopathy in the Cranial Field

3–7 July

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

Skills for Chronic Stress and Chronic Pain

5–9 July 2006

Speaker Katherine Ukleja. 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).

Cranio-Sacral Therapy Introductory Day

8 July

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

Cranio-Sacral Therapy Introductory Course – Stage A of full professional training

15–20 July

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

Preliminary Course in Osteopathy in the Cranial Field

3–5 & 15–16 September

Speaker 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).

Lymphatic Motion

9 September.

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

Osteopathic care of small animals – weekend course

9–10 September

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

How to treat: frozen shoulder – evening course

28 September

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

How to treat sports injuries – the lower body – weekend course

30 September – 1 October

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

Cranio-Sacral Therapy – Two Year Course (weekends) – Part 1 of full professional training

30 September – 1 October

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

Harmonic Technique

1–2 October

Lecturer Prof. Eyal Lederman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Update on mechanisims of pain and pain management

5 October

Lecturer Prof. Martin Koltzenburg. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

IOT IV: Developing and advancing osteopathic technique – weekend course

7–8 October

Lecturer Prof. Laurie Hartman. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

Balanced Ligamentous Tension

15 October

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

Improving motor control in the elderly: an exercise approach

21 October

Speaker Dr Dawn Skelton. Contact: tel: 020 7263 8551, email: cpd@cpdo.net.

RECRUITMENT

Osteopathy Business Opportunity ~ practitioners wanted

Marlborough House, the Centre of Excellence for complementary therapy in Somerset, has an outstanding opportunity for one or two dedicated Osteopaths to join its team of 15 professional therapists. Our busy and well-marketed practice is based in a lovely Georgian house in the centre of Taunton and we have a team approach to complex areas of patient care, with good cross-referral.

For more details please call Jenny Drewitt on **01823 272227** or email contact@mh-tc.com **www.mh-tc.com**

OSTEOPATH REQUIRED at the Blackberry Clinic in Milton Keynes, one of the largest multidisciplinary clinics in the country with own fully equipped Gymnasium including the latest Pilates equipment, seeing approx 3000 patients per month. For more information visit our web site www.blackberryclinic.co.uk
If interested please send your CV to Mrs G Bruce, Blackberry Orthopaedic Clinic, Blackberry Court, Walnut Tree, Milton Keynes, Bucks. MK7 7PB or email: gillianb@blackberryclinic.co.uk

ENTHUSIASTIC ASSOCIATE required 2-3 days/week in Herefordshire practice. Please telephone Simon or Sally on 01568 610610

ASSISTANT/ASSOCIATE OSTEOPATH required for busy Inverness city centre multidisciplinary clinic, located on the banks of the River Ness in the beautiful Highlands of Scotland. Initial 2 year contract with possibility of future partnership. Accommodation available for introductory period if required. Contact Keith on 07720 708730 (weekdays after 6pm) or at A9backdoc@aol.com

QUALIFIED OSTEOPATH required to join well established multi-disciplinary town centre clinic in West Yorkshire. Present practitioner moving May or June. Excellent opportunity to expand this side of the clinic. Please contact Practice Manager on 01422 340919

ASSOCIATESHIP AVAILABLE: 2, possibly 3, days pw at our Central London practice established 13 years. Mixed patient base including children. Would suit a recent graduate. E-mail CV & covering letter to: properts@msn.com or send: David Propert & Associates, Dolphin Square, London, SW1V 3LX

NATUROPATHIC OSTEOPATH needed to fill vacancy near Peterborough in a rural setting. Initially 2 days per week, could become more. Working with other Osteopaths, Acupuncturists and Naturopaths. The clinic puts a strong emphasis on lifestyle, prevention, risk assessment and patient management. Call Alison on 01487 830877.

DUNDEE – VACANCY in well-established friendly practice in Dundee working with two experienced Osteopaths, who also do Acupuncture and Cranial Osteopathy. Support for new graduate. Start date flexible. CV to Kevin McGhee, Appletree Clinic, Drumsturdy Road, DUNDEE DD5 3NY – see www.appletreeclinic.com for further information.

METIS (www.metis-uk.com) is a busy, expanding clinic and is looking for enthusiastic, flexible and well motivated osteopaths to join their expanding clinics located in central London, Croydon and Liverpool. If you are interested in applying please e-mail your CV with a covering letter stating your current salary to pmartin@metis-uk.com

ASSISTANT OSTEOPATH required in Peterborough practice. Two days per week. Tel: 01733 311197

EXCEPTIONAL CRANIO-OSTEOPATH REQUIRED, working within a team of multidisciplined therapists. Must be experienced, working with babies, children, and pregnant women. Interest in fertility and reproductive health issues an advantage. Established client base. Part-time. Contact Emma on emma@oeuf.org.uk 07977 555 612

LOCUM REQUIRED – Colne, Lancashire to cover maternity leave from May 2006 to November 2006 in small practice. Possible opportunity for longer term position. Work days negotiable. Please contact Charis Rowlands on 07775 793716 / 01282 869 325

LOCUM REQUIRED MAY/DEC maternity cover 2 days in rural West Wales end of M4. Multidisciplinary practice/IVM and experience in treating children preferred but not essential. Accommodation use of private pool possible. Elizabeth Halford Tel/Fax: 01239 851904

ASSOCIATE OSTEOPATH REQUIRED in modern private clinic in Wimborne, Dorset. Initially one half day per week. Good people skills essential and commitment to build up practice. Please contact Jackie Morawiec on 01202 841000 or wpc@tiptophealth.co.uk

COMMERCIAL

QUEENSTOWN, NEW ZEALAND. Well-established osteopathic practice for sale. Mainly structural. Good links with local GPs and other health professionals. One chance in your life to live and work in the most beautiful place in the world. Please contact Katrina, osteopath@queenstown.co.nz or katkris@xtra.co.nz

HARLEY STREET W1, ROOM TO LET quiet spacious room with electric couch, in holistic medical practice, Mondays and/or Thursdays 9.00am – 6.00pm, suit registered osteopath with established client list. Tel: Dr Alice Greene on 07815 763 570

PRACTICE FOR SALE. Established practice with accommodation situated in a large Edwardian house in Hove. Divided into a three-bedroom maisonette and a substantial osteopathic practice. Would suit experienced osteopaths and new graduates alike. Unlimited potential.
OIRO £600,000 – please email: lyrabelaque@hotmail.com

WEST END OF LONDON TREATMENT ROOM – Prestigious suite in prime location near Baker Street station opposite Regents Park with excellent transport facilities and parking free of congestion charge. Day and evening sessions available at low rental. Tel: 020 8201 7200 or 07984 801 231

ROOM/S FOR RENT for a successful Osteopath in a busy Hair/Chiropody/Beauty establishment in Birmingham city centre, next to House of Fraser. This position holds excellent potential. Demetri: 0121 2365 845 or 07989 970 325

UNIQUE OPPORTUNITY: Wateringbury near Maidstone. Large three storey Victorian property set in the heart of a beautiful Kent village. Has historical importance to the village (maps, papers, etc). Previously used as the local G.P. surgery. Property has been restored and modernised, thirteen rooms. Separate living accommodation/practice facilities. Plenty of scope for expansion. Large gardens with stream. Car park to front. Close to all amenities inc. station, buses, school, shop, post office, pub, hotel. Offers £470,000 Tel: 01622 813050, 07790816357

GOODWILL FOR SALE: GILLINGHAM/KENT. Cranial and structural practice established within a friendly environment as a part of the Sunlight Center, very little overheads and good referral from medical network: GP, Nurses, Health Visitor, Midwives. Contact Xavier on: 07729 398425 or bodylinks@fsmail.net

WELL-APPOINTED TREATMENT ROOMS available in alternative medicine clinic in central London (W1). Full reception provided. Call 07880 761499

COURSES

OSTEOPATHIC CENTRE FOR ANIMALS. Postgraduate diploma in osteopathy for animals. New 1 year course starts July 2006. Learn to apply your osteopathic skills to the treatment of horses and dogs using traditional osteopathic principles. For information contact STUART MCGREGOR DO. Tel: 01235 768033 Email: Wantageclinic@msn.com

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

Advertisement rates

	B&W
Cover Positions	n/a
Full Page	£200
1/2 Page	£150
1/4 Page	£100
1/8 Page	£80
	2–Col
Cover Positions	n/a
Full Page	£250
1/2 Page	£200
1/4 Page	£140
1/8 Page	£90
	4–Col
Cover Positions	n/a
Full Page	£300
1/2 Page	£220
1/4 Page	£160
1/8 Page	£100

(Classified Section)
Up to 40 words – £40, thereafter 20p per word

VASYLI
THINKTANK
...from head to foot

Jenny McConnell, acknowledged expert in the management of chronic musculoskeletal problems...

...and now, member of the Vasyli ThinkTank

Renowned Australian Physiotherapist Jenny McConnell has been involved in research into patellofemoral, shoulder and lumbar spine problems. She has published widely in these areas and has lectured extensively on the management of chronic musculoskeletal problems – patellofemoral, shoulder and spine.

Jenny is now a founder member of the new Vasyli 'ThinkTank'. The *ThinkTank* has been created to be at the heart of Vasyli, influencing research, product development, practitioner and patient education, knowledge sharing – in fact, every area of operation.

Jenny's experience in the management of knee and back conditions, her world renowned supportive strapping techniques and her knowledge in the application of Vasyli Custom orthotics, will greatly assist in the development of new and innovative products designed specifically to enhance patient treatment regimes.

VASYLI
Medical
www.vasyli.com/medical

Exclusive Distributor:

canonbury
healthcare

OVER 200 PATENTS & DESIGNS FOR ORTHOTIC INNOVATIONS WORLDWIDE

WORLD'S FIRST INTRINSICALLY POSTED HEAT-MOULDABLE ORTHOTIC

FIRST TRIPLANAR MOTION CONTROL SYSTEM

WORLD LEADERS IN LOWER LIMB BIOMECHANICS EDUCATION