

# the osteopath

*July/August 2007 summer issue*

## the o zone goes live

New website for GOSc-registered osteopaths



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In Council, June 2007

Spinal epidurals for chronic pain

Society stubs it out

# *The Osteopath* readership survey

Your magazine  
– your views!

To make sure we are on the right track with the redesign of *The Osteopath* magazine – launched May 2007 – and that it meets your needs as a regulated health professional, we will be carrying out a readership survey in September.



Your feedback will again help to shape any further developments in the magazine's content and design.

The survey will be enclosed in the September issue of the magazine and will also be available as an online survey on the registrants' website – the **o** zone. Make sure you have your say!



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## the osteopath

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**Communications & Osteopathic Information Service** **ext 242 / 226 / 222**

**Enquiries about** conferences, workshops & events, *The Osteopath*, GOSc websites, Certification Mark, locum list, the media, NHS, leaflet & publication orders (including GP consent forms & off-work certificates), presentation material, Regional Communications Network.

**Development** **ext 238 / 235 / 240**

**Enquiries about** Continuing Professional Development, osteopathic education, standards of practice, Assessments of Clinical Competence, Recognised Qualification process, NCOR.

**Finance & Administration** **ext 227**

**Enquiries about** registration fees, VAT, payment enquiries.

**Public affairs** **ext 245 / 247**

**Enquiries about** national healthcare policy, parliamentary and international affairs.

**Registration** **ext 256**

**Enquiries about** annual renewal of registration, updating your Register details, non-practising status, practising abroad, graduate registration, retiring/resigning from the Register, professional indemnity insurance.

**Regulation** **ext 224 / 249**

**Enquiries about** the *Code of Practice for Osteopaths*, dealing with patient concerns, ethical guidance & consent forms, fitness to practise, Protection of Title.

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# Registrar's report

"Communication leads to community, that is, to understanding, intimacy and mutual valuing."

[Rollo May (Psychologist) 1909-1994]

It is said that people only quote others so they can improve their expression – and few could probably argue with that! But the Rollo May quote I have used does seem to sum up what we all instinctively know, yet sometimes fall short of delivering. Good communication is not only good for business, it is good for our health. It provides an opportunity to meet with others, to get things "off our chest" and, when we feel we know what is going on, we feel empowered and in control. All this is very important as we continue to operate and evolve in a fast changing environment. There is a good deal of management research which shows that one of the most stressful aspects of change is the sense of loss of control that accompanies it.

So, the launch of a GOsC website exclusively for osteopaths – the **o** zone – is opportune: a further means of communication, and one that will be more immediate, less formal and hopefully, therefore, more relevant to all our needs. See pages 6–7 for the report of what you can expect from this important new site. Ten years on, we are now communicating with many of you by email, having been through a run of regional conferences over the last few years to spread the word in person. There is no substitute for face-to-face communication, but having your own private website will fill that potential 'middle void' and help ensure that any immediate information is readily accessible. For those who prefer more traditional modes, *The Osteopath* magazine will continue but, as mentioned previously, from January 2008 onwards we will publish this only every other month.

Anniversary events are another great means of catching up and communicating. We have made reference in the last three issues of

*The Osteopath* to the major Anniversary Event we are planning to host for osteopaths between 31 January – 3 February 2008, a landmark celebration, which we hope the whole profession will embrace.

We do feel though that, apart from the considerable CPD value of the three conferences – research, practice, and education, the gala dinner that forms the social high point of the Anniversary week, also promises the potential for a grand reunion of former classmates and colleagues, and an opportunity for those new to the profession to get to know their fellow osteopaths. So, ring around old friends and get together a table or two for a truly memorable occasion. The longest practising osteopaths on the Register graduated in 1951, so we can go back a few decades. The event will not be restricted to practising osteopaths and we do hope to see retired colleagues showing the youngsters a trick or two on the dance floor! An update on how the 10th Anniversary Event is progressing is on pages 10–11.

Evolution in the Healthcare Regulatory world continues, with the appointment of Harry Cayton as Chief Executive of the Council for Healthcare Regulatory Excellence (CHRE). Harry is well known in Department of Health (DH) circles, and to the public, as the "Patients' Tsar". A profile of Harry is on page 15.

On the White Paper front (Government reforms to healthcare regulation) there have been several developments to do with the first S60 Order (legislative priorities). Notably, it has been possible to include legislation to allow those with a UK qualification who, with good reason, did not or could not apply for registration during the transitional period (1998-2000), to gain entry to the Register. Their admission will unquestionably be following successful completion of a full and thorough assessment, equal to that in place during the transitional years. You may recall that this was a proposal in the GOsC Legislative Review, which we discussed with the profession over two years ago. We are, of course, like those who were affected, hugely frustrated that it has

taken so long, but very pleased that the DH is now prepared to recognise its importance. Nevertheless, as approvals still have to be achieved, it is likely to be another year before the legislation can be effected.

Communicating news to you through my report, the magazine, emails, road shows, regional representatives and now your own website brings me full circle to another quote – in conclusion:

"Good communication is as stimulating as black coffee, and just as hard to sleep after ..."

[Anne Morrow Lindbergh (Writer & Aviation Pioneer) 1906-2001]

My cafetière calls ...

**Madeleine Craggs**  
Chief Executive & Registrar



# In the o zone

## The o zone – our new website exclusively for GOSc-registered osteopaths – goes live on 1 August.

Designed as a one-stop, interactive information resource, the o zone website aims to keep you up-to-date on issues relevant to osteopathic practice. It will enable us to keep you informed more quickly, more often and, if necessary, in more detail. The o zone will deliver current news; highlight national and regional activities; provide CPD support; and offer osteopaths the facility to participate in online polls and consultations. You will now be able to book yourself onto events and order GOSc publications online.

## Why have we developed it?

In essence – to significantly enhance GOSc-osteopath communication. Last year's communications audit revealed that you consider communication with the GOSc to be important, that the majority of you are now online and that more than two-thirds of you would like to receive information by email.

You favoured the development of a website exclusively for registrants, and the facilities you asked for on a website included:

- > practical resources and downloads
- > information about professional standards
- > links to other useful websites
- > CPD support
- > regularly updated news

The o zone offers you all this, and a good deal besides.

## What can you find on the o zone?

### Standards of practice

As a GOSc site, the o zone allows you to easily check information on standards of osteopathic practice, – it offers interactive versions of the *Code of Practice and Standard 2000 – Standard of Proficiency*, which you can download or use to link to further sources of guidance

We have previously brought to your attention that a comprehensive review of the Standard of Proficiency is shortly to get under way. Details of this are available on the website and, once the consultation process is launched, you will be able to submit comments to us online.

### CPD online

The o zone will also enable you to fill in your CPD record and submit it online. General guidance on CPD activities is also available, along with an interactive version of the revised CPD guidelines, a hard copy of which you should by now have received in the post with your new Development folder. There will be information, too, about CPD resources, including courses and useful websites.

Research is one activity that may feed into your CPD and the o zone offers a section on research, with links to the National Council for Osteopathic Research website, and to the *International Journal of Osteopathic Medicine*, which we hope will be available online in the near future.

### Practical resources and support

There are resources available to download across the site – see also Booking, ordering and buying, below. However, we have created a section dedicated to supporting you in your practice, including ethical guidance and downloadable consent forms. We flag up some key legislation affecting the operating of your business, plus information about off-work certificates, professional indemnity insurance and private medical insurance.

You can also download the certification mark – Safe in Our Hands – and the GOSc toolkit, *Osteopathy in Practice: Promoting Partnerships*, designed to help you make



presentations to GPs and other health professionals.

## Regional network

Regional osteopathic societies have mushroomed, both in number and size, since the introduction of CPD. Recognising the vital role the Regional Communications Network plays in providing CPD for osteopaths, there is a dedicated section where you can access details of the societies, note local events of interest, and review local CPD programmes. We will also be relying on you to submit details of upcoming events and meeting reviews, so please help to keep your regional newsboard current.

## Booking, ordering and buying at your fingertips

Within the o zone Events section, you will now be able to search and book online for GOSC conferences and workshops. The online publications catalogue will enable you to order leaflets and other publications, and download free resources.

## Keeping you up-to-date

The news section offers current reports of interest to osteopaths, including both general and GOSC news. We invite you to help ensure the coverage is as relevant as possible by submitting news stories that you consider worth sharing with colleagues.

Relevant statistics and survey results are offered on the site for your use, along with details of media activity and press releases. There are updates here on current political developments in the UK (including within the NHS), Europe and the rest of the world. In addition, there is a separate section on Osteopathy worldwide that provides information about the status of osteopathy in other countries and a list of osteopathic organisations across the globe.

*The Osteopath* will be available online and here you will be able to submit clinical stories, book and course reviews, and letters. *The Osteopath* magazine is read increasingly by external audiences interested in learning more about the profession – the o zone therefore represents for the profession a more “private,” secure space for intra-professional discussion and fuller information.

## Update your details

The o zone also offers you a more convenient mechanism for advising us of amendments to your correspondence and practice contact details.

## What you can contribute to the o zone

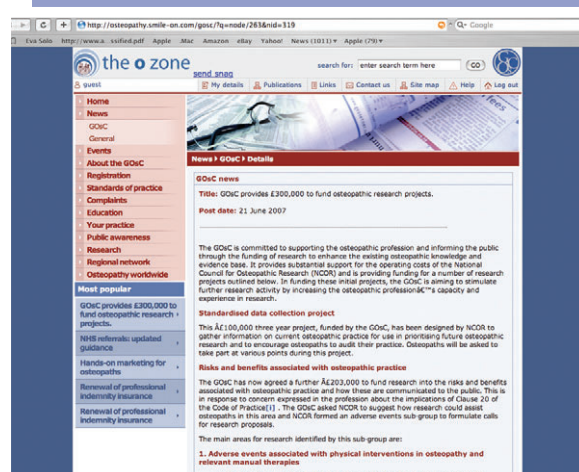
The o zone introduces a faster, two-way, communication channel – and we hope you will feed in regional and general news, details of regional events, comments and book reviews, to ensure the site is a truly valuable resource for the profession. Our aim is that the o zone should become a dynamic, vital site that reflects what being an osteopath is all about – and we need your input to do that.

The website offers a direct – and cost-effective – means of inviting your views and feedback. To start, there will be a mini survey inviting your opinion of the new site. We have tried to cover most aspects you would expect from your regulatory body – and we hope you will find much here that is useful – but inevitably there will be things you would like that aren't there and things that are there that you don't like. Please tell us!

## Logging in

The o zone is a password-protected site accessed via the GOSC public website [www.osteopathy.org.uk](http://www.osteopathy.org.uk). Enter the site by clicking on the registrants' log-in tab on the home page.

We will be writing to every osteopath shortly, providing you with your personal log-in details for accessing your new website. We hope you find the o zone a valuable new osteopathic resource.





# In Council – June 2007

Jane Quinnell, Clerk to Council



**The 54th meeting of the General Osteopathic Council took place on Thursday 14 June 2007 at Osteopathy House, with Nigel Clarke, Chairman, presiding. Matters considered and/or noted include:**

## Chairman's Report

### Education Committee appointed members of Council

Following a recent recruitment exercise, the Education Committee announced the appointment to Council of Dr Andrew Thompson, and

the reappointment of Dr Stephen Barasi and Ms Margaret Wolff. The current Council structure requires the inclusion of three members appointed by the Education Committee. Their five-year terms commenced on 9 May 2007.

### Meeting with Minister of State for Quality, Lord Hunt of Kings Heath OBE

The Chairman and Madeleine Craggs, Chief Executive & Registrar, met recently with the Department of Health's Lord Hunt, whose responsibilities cover healthcare regulation. This meeting, at the Minister's invitation, was very productive and included discussion on the proposals outlined in the White Paper on the regulation of healthcare professionals, and the implementation of these reforms.

### White Paper: *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*

A detailed paper explaining the implications of the first Section 60 Order (the secondary legislation which will implement the first tranche of proposals from the White Paper) was presented to Council. The first set of reforms focuses predominantly on corporate governance. Nigel Clarke, Chairman and David Simpson, Head of Legal Affairs, also reported on the Government's Professional Regulation Reforms Implementation conference, which they both recently attended.

### Corporate Plan (Strategic Objectives)

Council's eleven Strategic Objectives were revisited, against the background of the White Paper; they will be reviewed formally at the next Council Strategy Day, planned for 17 September 2007. This

review will be the basis for developing Council's next Corporate Plan 2007–2012.

### Financial matters

Auditors, Buzzacott, conducted the annual audit of the financial year 2006–07, in early May, with no substantial management points arising. The funds of the GOSC are reported to be in a healthy position.

### 2007–08 Business Plan: Exception Report

There were no exceptions to report.

### 10th Anniversary Event: 31 January to 3 February 2008

A progress report on the 10th Anniversary Event, including an outline of the income and expenditure, was received in readiness for full consideration by the Finance & General Purposes Committee at its meeting on 4 July 2007. The Queen Elizabeth II Conference Centre in Westminster has been secured as the venue for the conferences and the Royal Lancaster Hotel in Bayswater will host the social event - see full report on pages 10–11.

### Council for Healthcare Regulatory Excellence

Minutes and papers for CHRE Council meetings can be found on [www.chre.org.uk](http://www.chre.org.uk) or via the GOSC public website ([www.osteopathy.org.uk/links](http://www.osteopathy.org.uk/links)) link to CHRE. CHRE last month announced the appointment of Harry Cayton as its new Chief Executive. He is currently National Director for Patients and the Public (the "patient champion" at the Department of Health - see page 15 for further details.

### Capital works to Osteopathy House

As part of the ongoing refurbishment programme, air conditioning units have been installed on the first and second floors of Osteopathy House.

It is also proposed that an extension is considered to Osteopathy House, to house a National Osteopathic Archive as a repository/research facility for the various osteopathic archival materials that are currently held in various places and by various people/establishments. A feasibility

study has been commissioned and the Finance & General Purposes Committee will scrutinise the matter further.

### Update reports from Committees and Senior Management Team

Full departmental reports are available on the GOSC public and registrants' websites ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)).

### Minutes

The full minutes from this Council meeting will be posted on the GOSC public and registrants' website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) following approval at the next Council meeting.

### Committee constitution

Following the resignation of Mr Bryan McIlwraith and the appointment of Dr Thompson, appointments and some movement to fill vacancies on Council Committees were agreed.

### Council and Committee meeting dates for 2008–09

Dates were offered, subject to any amendment that might be required as a result of the first Section 60 Order, and these will be agreed at the September 2007 Council meeting.

### Future Council meetings

- > 18 September 2007
- > 4 December 2007
- > 12 March 2008

Meetings will commence at 10.00 am at Osteopathy House. The agenda for the public session will be available on the GOSC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)), or from Jane Quinnell, approximately seven to ten days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

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



# Council establishes White Paper Working Group

Council has established a Working Group (WG) to consider the ramifications of the government's recent White Paper on the regulation of healthcare professionals: *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*. It met for the first time following the recent Council meeting and agreed its Terms of Reference and constitution. Some initial thoughts on the transitional arrangements of Council to decrease from 24 to 15 members and some outline plans for Council's Strategy Day on 17 September 2007 were formulated.

Fitness to Practise committee expertise will also be introduced

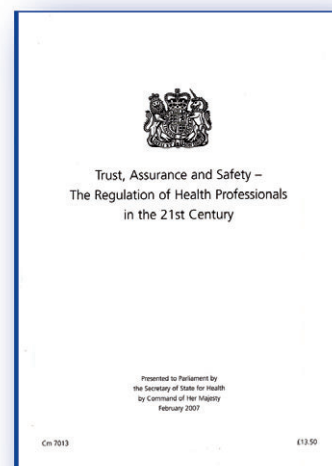
to the WG for consideration of Adjudication/Fitness to Practise matters.

The WG agreed its initial Terms of Reference as follows:

- > To consider the detailed implications of the White Paper on the role of the General Council.
- > To give advice and/or make recommendations to the General Council on the implementation of the proposals in the White Paper, particularly in response to Chapter 1 ('Assuring independence: the governance and accountability of the professional regulators'), including timescales, potential costs and risks.

Initial members of the WG are:

Nigel Clarke	Chairman
Prof Adrian Eddleston	Chairman Elect
John Chuter	Treasurer
Prof Trudie Roberts	Chair of Education Committee
Catherine Hamilton-Plant	Osteopath & Chair of Practice & Ethics
Robin Shepherd	Osteopath & Chair of Communications
Fiona Walsh	Osteopath & Acting Chair of Education and Audit Committees



- > To consider other issues raised in the White Paper, which will require the General Council to give input to the Government established working groups.
- > To review the Strategic Objectives of Council, in the light of the White Paper, and make recommendations for any revision to fellow Council members at the Strategy Day on 17 September 2007.

The above Terms of Reference are considered working Terms, as the remit of the group might require expansion.

The group is now working with the Chief Executive & Registrar and other members of the senior management team to prepare suitable papers for the forthcoming Council Strategy Day.

## Adverse effects of spinal manipulation – new Ernst review

The July issue of the *Journal of the Royal Society of Medicine (J R Soc Med)* carries a paper by Professor Edzard Ernst, which reports on his systematic review of research into the adverse effects of spinal manipulation published between 2001 and 2006. In the paper's conclusion Professor Ernst expresses his concern that the incidence of adverse events arising from spinal manipulation

has not yet been properly assessed. It is for this reason that the GOsC is currently funding research into the risks associated with osteopathic treatment.

However, the conclusions that Professor Ernst draws, and his assertion that adherence to informed consent "currently seems less than rigorous"\*, may seem unfair to osteopaths, given Clause 20 of the *Code of Practice*.

You can read the *J R Soc Med* at the website address given in the reference at the end of this article. The GOsC's response, printed below, was issued on 4 July and is available on the GOsC website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

\* Ernst, E. Adverse effects of spinal manipulation: a systematic review. *J R Soc Med* 2007; 100:330-338. [www.jrsm.org/cgi/reprint/100/7/330.pdf](http://www.jrsm.org/cgi/reprint/100/7/330.pdf), accessed 12 July 2007

The General Osteopathic Council (GOsC) is committed to patient safety and supports any research that works towards minimising the risk of harm to patients. It is essential that incidents of adverse reaction to spinal manipulation are monitored and investigated and this latest systematic review contributes to that body of knowledge. However, it is important that the conclusions drawn from the report are presented in context.

All therapeutic interventions carry risks as well as providing benefits.

Serious adverse events associated with spinal manipulation have historically been related to the upper cervical spine.

No clear figures currently exist for such events associated with osteopathy, which has historically been regarded as a safe form of treatment for a variety of conditions. In the interest of patients, the General Osteopathic Council, which regulates the practice of osteopathy in the United Kingdom, is currently funding a series of research projects to investigate the level and nature of risk that might be associated with osteopathic treatment.

It is a provision of the Osteopathic Code of Practice that any relevant information about risks associated with an intervention is provided to the patients to enable them to make informed decisions about their care.

Patients should note that spinal manipulation is but one of a range of techniques used by osteopaths. Therapeutic techniques are applied selectively by osteopaths to suit the needs of the individual, ensuring patients are treated as effectively as possible, but – above all – safely.

# Osteopathy 2008 – Celebrating UK recognition & progress! Thursday 31 January – Sunday 3 February 2008

Brigid Tucker, Head of Communications

## It will be all eyes on UK osteopaths early in the new year, when an exceptional osteopathic occasion presents this profession's progressive face to the world!

On the 10th anniversary of the first name to be entered onto the UK Statutory Register of Osteopaths, UK osteopathy takes centre-stage, showing an emerging profession rapidly forging a leadership role in osteopathic education, practice and research.

'Osteopathy 2008' – a series of interrelated social and educational events – offers a timely opportunity for osteopaths from across the UK to rally in strength, demonstrating their determination to play a central role in ensuring quality in primary care.

The past decade has not been one for the faint-hearted, as osteopaths have ridden out the trials and challenges which are the price of advancing into the frontline of public healthcare. But the consolidation achieved by the profession in the process was clearly evident when the recent Foster Review turned the

spotlight on osteopathy.

Those at the sharp edge – the practitioners – seldom have the luxury of time to appreciate their own progress. In the wake of Foster, and with a view to the future, 'Osteopathy 2008' aims to offer one such rare occasion, for all osteopaths to take stock and take pride in what they have achieved.

This profession has seen rapid development in education, regulation, research and practice, and 'Osteopathy 2008' will be an opportunity for all the profession's key stakeholder organisations – the educational institutions, the National Council for Osteopathic Research, the General Osteopathic Council and the British Osteopathic Association, amongst others – to display the profession's progress in these fields.

## International osteopathic conferences

Three consecutive conferences – from Friday 1 February to Sunday 3 February – will explore the future of osteopathic

practice and training, demonstrating UK practice against an international backdrop. Each full-day conference will be independently hosted, allowing osteopaths to book selectively for, or combine, three days of high quality CPD. To these conferences will be added a large trade exhibition for suppliers to osteopaths, as well as scientific and educational poster presentations, with viewing opportunities across all three days.

For this important occasion, which will bring presenters and delegates from across the globe, a single setting has been chosen – the prestigious Queen Elizabeth II Conference Centre (The QEII Centre), one of Britain's top, purpose-built conference facilities.

This represents a rare departure from the GOSC's customary regional policy, but on an occasion that celebrates the achievements of this profession, the capital and the QEII Centre, with its views over the Houses of Parliament and Westminster Abbey, present a fitting setting for osteopathy.

'Osteopathy 2008' will be launched with a formal reception on the evening of Thursday 31 January, raising awareness of the contribution of osteopathy to health in the UK





amongst key players in healthcare, government and the media. HRH, The Prince of Wales, Patron of the GOSC and a committed advocate of osteopathic care, has been advised of the plans for marking 'Osteopathy 2008'.

## Osteopaths united & reunited

Too rarely do all osteopaths have the opportunity to gather nationally, and many osteopaths have recently begun to discover that they actually enjoy meeting up with former colleagues and classmates. The profession's Regional Representatives, discussing plans for 'Osteopathy 2008' earlier this year, were adamant that the event should offer a vital social element as well as educational and promotional opportunities.

Therefore, 'Osteopathy 2008' will deliver not only the national-scale conferences many of you have called for, but also a major social event with the capacity to draw together osteopaths past and present, from across the UK and further afield.

On the evening of **Saturday 2 February, 'Osteopathy 2008' will**

**present a gala reunion dinner & dance at the Royal Lancaster Hotel, Bayswater.** It is hoped that osteopaths currently in practice, those now retired from practice, their partners, the many whose teaching, research and administrative support have underpinned the profession's development over the decades, along with students soon to join the profession, will all take pleasure in celebrating a gala reunion.

You will be able to book a table for a group of up to ten if you advise us early, or, if you would like to catch up with colleagues you may not have seen in years, you could let us know where and when you graduated and we will do our best to link you up with former classmates.

We hope this occasion will also offer an opportunity for the profession to recognise colleagues who are widely regarded as having made a significant contribution to the quality and profile of osteopathic practice in the UK. In the next issue of *The Osteopath* we shall be inviting you to nominate deserving colleagues – and in the months ahead your votes will single out those to whom you feel tribute is most due – and even overdue!

## Cost

'Osteopathy 2008' is a special occasion, the kind of milestone event that presents itself only now and again. But, inevitably, for all who wish to share in this, the cost of participation may be a deciding factor.

The GOSC is committing significant reserve funds to underwrite these educational events in order to make the conferences accessible to as many osteopaths as possible. Sponsorship will also play a key role in minimising costs – *please bring to our attention as soon as possible any potential sponsors or trade exhibitors with an interest in the osteopathic profession.*

## Early bird booking!

Full conference programmes and booking forms for these three events and the gala dinner will be sent to you in September. Note the special "early bird" concessionary booking rates, which are effective all through September and October.

The GOSC website, the **o zone**, will carry full details of 'Osteopathy 2008', with online booking and a regularly updated programme of events, and links to other stakeholder websites.

Vista Conferences – specialist event managers – will manage delegate bookings for all three conferences and the dinner. Vista will also assist those requiring accommodation by providing details of a range of options in and around central London, to suit most budgets. Perhaps London-based osteopaths will help, too, by offering out-of-town colleagues accommodation where you can.

Vista Conferences can provide advice and sightseeing options in the capital for partners or family, if you decide to make this a family weekend. Our aim is to ensure that 'Osteopathy 2008' is a National Osteopathy Week you will talk about, remember and savour for years to come.



# Fitness to Practise update

## Investigating Committee

The Investigating Committee (IC) met on 25 April and 26 June 2007 to consider ten cases and reached the following decisions:

	Case to answer	No case to answer
Unacceptable professional conduct	2	0
Professional incompetence	0	0
Unacceptable professional conduct and/or professional incompetence	4	2
Relevant convictions	0	0
Health	0	2
<b>Total</b>	<b>6</b>	<b>4</b>

On 17 May 2007, the IC decided that it was necessary, in order to protect members of the public, to suspend the registration of Mr John Perrott (Registration no: 6\5377\F) and Dr Mitchell Flores (Registration no: 7\5405\F). In each case the suspension is for two months to allow the IC to investigate the allegations that have been made.

On 26 June 2007, the IC decided that it was necessary, in order to protect members of the public, to suspend the registration of Mr Moishe Lewis (Registration no: 3\765\F). In this case, the suspension follows the allegation that Mr Lewis has failed to provide the Registrar with evidence that he has adequate professional indemnity insurance. The suspension is for two months.

## Professional Conduct Committee

The Professional Conduct Committee (PCC) sat on 19 April 2007 to review the Conditions of Practice Order that was imposed on Ms Kathryn Arnold (Registration no: 1\32\F) in April 2006. The PCC decided to extend the order for a further six months and varied the conditions imposed.



The PCC also sat on 29–30 May and 25 June 2007 to consider the case of Mr Iain Chapman (Registration no: 2\3278\F). The PCC found that Mr Chapman had failed to elicit a comprehensive and relevant case history for his patient and to examine the vertebral artery status of his patient. As a result, the treatment provided to the patient was not justified. Mr Chapman had failed to communicate effectively with his patient and to record key findings in his osteopathic records. The PCC concluded that these failings amounted to professional incompetence and imposed a Conditions of Practice Order on Mr Chapman.

**Further details of the cases mentioned above can be found on the GOsC registrants' website – the o zone – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).**

## Code of Practice update

Clause 53 of the GOsC *Code of Practice* for osteopaths, May 2005, outlines the requirements for osteopaths wishing to undertake research involving patients. As this work may require the approval of a research ethics committee, osteopaths are advised to seek guidance from various organisations.

One of the organisations listed under this clause – the Central Office for Research Ethics Committees (COREC) – has now been replaced by the National Research Ethics Service (NRES). Visit [www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk) for further information.



# GOSc meets with HM Treasury health team

A new Government administration signals change and new priorities, and already Gordon Brown's first days as Prime Minister indicate that healthcare, more specifically the NHS, is a high priority.

In anticipation of Mr Brown's move to Number 10, the GOSc Chairman Nigel Clarke (pictured right) coordinated a meeting on 22 June between the chairmen and presidents of UK healthcare regulators and the Treasury health team, led by Mr John Hall, to discuss the likely future public health agenda.

Some key indicators from the Treasury included:

- > The change of leadership is being seen by the Treasury as an 'opportunity to take stock'.
- > There will be a drive to do more to achieve a model of care that involves a 'fully engaged' public, and an emphasis on improving

standards and quality of care.

- > The treatment of chronic conditions will be starting points for policy development and improving productivity is central to this.
- > There is a need to tackle inequalities in health across the UK and the primary care sector is seen as vital to bridging the equality gap.
- > The Treasury reaffirmed the importance of patient pathways and of increasing prevention measures.
- > The Department of Health is confident that it is on track to meet the 18-week (from referral to treatment) target and, as waiting lists reduce, outcomes of care will become a key NHS focus for Government. Full engagement with the professionals delivering the care will help to reduce alienation of the healthcare workforce.



## Team Osteopath runs again

People run for various reasons – some run to improve their health and fitness, others simply run for fun. But on 1 July Team Osteopath ran to help British disabled children get active.

Taking part in this year's British 10K London Run, Team Osteopath brought together 13 eager osteopaths from around the UK with GOSc staff to raise money for children's charity Get Kids Going! – a national charity that gives disabled children and young people the opportunity to take part in sport. Already the team has raised over £1,900.

This was the team's third year running – they are now veterans of the event – and not only have they again raised money for a worthy cause, they also set a great example for their patients and helped to bolster the profile of the osteopathic profession.

Some 20,000 participants took part in this year's event and while the heavy downpours of previous days – thankfully – remained at bay, light rain was a welcome relief for the runners as they passed by many of London's major historical landmarks.

Team Osteopath again showed its determination and training efforts were rewarded, with all runners finishing in excellent time. Osteopath Mark Pitcairn-Knowles set the team's pace,

finishing the race in an incredible 42.29 minutes (only 13.58 minutes behind the winner). Having all crossed the finish line and with medals proudly displayed, the team then gathered for a

celebratory glass of bubbly and race post-mortem.

The GOSc would like to thank and congratulate all who took part in the event this year.



**This diary presents a snapshot of some of the meetings and events the GOSC has been involved with over the past two months. For further information about any of these meetings contact the relevant department.**

### Key

- GOSC ext 242
- Communications Department ext 242
- Development Department ext 235
- Registrar ext 246
- Registration Department ext 256
- Regulation Department ext 249
- Finance Department

### Abbreviations

- AURE – Alliance of UK Health Regulators on Europe
- BOA – British Osteopathic Association
- CE – Chief Executive
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- EHEA – European Higher Education Area
- ESO – European School of Osteopathy
- F & GP – Finance & General Purpose
- FORE – Forum for Osteopathic Regulation in Europe
- NCOR – National Council for Osteopathic Research
- NHS – National Health Service
- NMC – Nursing & Midwifery Council
- OEIs – Osteopathic Educational Institutions
- PCC – Professional Conduct Committee
- PGICH – Parliamentary Group on Integrated and Complementary Healthcare
- PPI – Patient and Public Involvement
- QAA – Quality Assurance Agency
- UKIPG – United Kingdom Inter-professional Group

## June

### 2 Saturday

- GOSC Critical Cs workshop, London

### 4 Monday

- GOSC – UKIPG: Implications of healthcare regulation reforms, London.

### 5 Tuesday

- Professional Regulation Reforms Implementation conference, London
- Memorial service for Anthony Pusey, London

### 7 Thursday

- GOSC Chair & CE&R meeting with Lord Hunt, Health Minister, Whitehall
- 10th Anniversary Event: sponsorship meeting

### 8 Friday

- 10th Anniversary Event: QEII Conference Centre site visit, Westminster

### 11 Monday

- QAA Osteopathy Benchmarking meeting, Osteopathy House

### 12 Tuesday

- GOSC senior management strategy meeting

### 14 Thursday

- GOSC Council meeting
- GOSC Council White Paper Working Group meeting

### 15 Friday

- GOSC – meeting with Simply Health Group (health insurance provider)

### 18 Monday

- Joint Regulators CE's Steering Group meeting – White Paper: reform implementation, NMC

### 19 Tuesday

- GOSC – Vista Events: 10th Anniversary Event planning meeting
- Universities UK Europe: EHEA policy meeting, London

### 20 Wednesday

- NHS Confederation annual conference & exhibition, London

### 21 Thursday

- NHS Confederation annual conference & exhibition, London

### 22 Friday

- GOSC Chair - Joint regulators: Presidents' and Chairs' meeting with John Hall, HM Treasury, Whitehall
- NHS Confederation annual conference & exhibition, London

### 25 Monday

- GOSC PCC hearing

### 26 Tuesday

- GOSC Investigating Committee meeting

### 27 Wednesday

- GOSC – Buzzacott: Audit Clearance meeting, London

## July

### 1 Sunday

- Team Osteopath, British 10K Run, London

### 3 Tuesday

- GOSC PCC hearing
- 10th Anniversary Event: stakeholder meeting

### 4 Wednesday

- Joint Regulators: Harmonisation of sanctions meeting, CHRE
- GOSC Remuneration Committee meeting
- GOSC F&GP Committee meeting

### 5 Thursday

- GOSC Chair addresses Westminster Health Forum, London

### 9 Monday

- NCOR stakeholder meeting, Osteopathy House
- Joint Regulators: PPI meeting

### 12 Thursday

- QAA Osteopathy Benchmarking Steering Group meeting, Birmingham

### 13 Friday

- ESO graduation ceremony

### 14 Saturday

- GOSC Critical Cs workshop, Maidstone, Kent

### 16 Monday

- GOSC Audit Committee meeting

### 17 Tuesday

- GOSC Education Committee meeting

### 18 Wednesday

- GOSC Communications Committee meeting
- AURE update meeting

### 20 Friday

- GOSC – BOA: NHS commissioning and data collection update meeting

### 27 Friday

- GOSC – OEIs meeting, Osteopathy House

### 30 Monday

- GOSC PCC hearing



# Online service for NHS patients

## A comprehensive online patient information service was launched last month as part of the Department of Health's drive to improve patient choice.

The new £3.6 million website – NHS Choices – attempts to empower patients, enabling them to make informed choices about their care. Evidence shows that patients want to be more involved in their care and will respond positively if given the right information. For this reason, NHS Choices is designed as a one-stop shop for detailed and up to date information on healthcare services. The site's key features are listed below.

- > **NHS library:** quality-assured information on common conditions and procedures, previously only available to clinicians.
- > **Comparison of hospital services:** for most common procedures, enabling patients to benchmark services and make informed decisions about where to go for treatment. Where available, comparative data on independent sector treatment centres and independent providers will be included.
- > **Provider profiles:** a space for hospitals to provide details of their services to local communities.
- > **Patient feedback:** an opportunity for the public to comment on and rate the quality of treatment they receive, as well as allowing providers to reply and identify

areas in need of improvement.

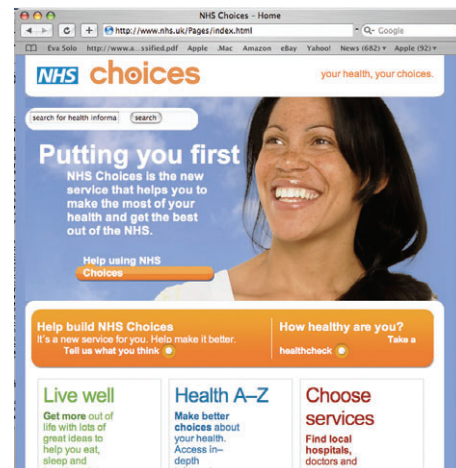
- > **Overnight news service:** providing rapid, objective, evidence-based responses to health stories in the media.
- > **Targeted messages:** to different social groups to promote positive changes in health.
- > **Healthcare information:** in a range of online magazines targeted at specific groups.

Commenting on the launch of NHS Choices, then Secretary of State for Health, Patricia Hewitt, said: "NHS Choices puts patients in the driving seat – giving them access to information not previously available to them so they can make informed decisions."

Although the initial focus is on secondary care, NHS Choices will continue to evolve with significant extensions scheduled over the coming 12 months to incorporate primary care services.

The multi-media website draws on the combined experience and expertise of existing information sources, such as NHS Direct, the National Electronic Library for Health and the Healthcare Commission. The GOsC is working with NHS Choices to ensure that appropriate information about the osteopathic profession and osteopathy services is available.

**For further information visit the NHS Choices website: [www.nhs.uk](http://www.nhs.uk) or contact the NHS Choices team on tel: 0845 402 3089 or email: [confed@nhschoices.nhs.uk](mailto:confed@nhschoices.nhs.uk).**



## Olympics osteopathy

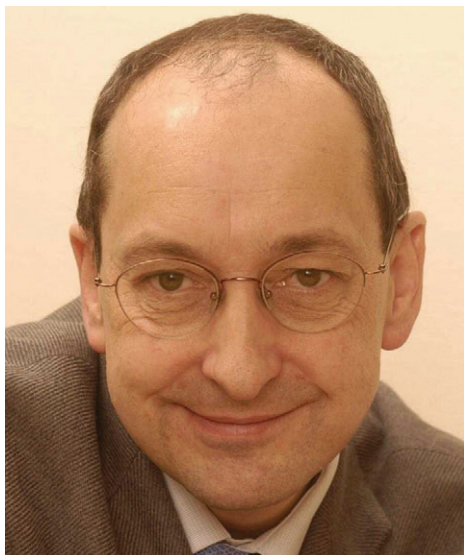
Osteopath Clive Davis, from Bristol, has recently been appointed as osteopath to the Australia and New Zealand track and field athletic squads for the 2008 Olympic Games in Beijing. Having recently passed the Osteopathic Council of New Zealand exam to enable him to practise in New Zealand, Clive will join the teams at Beijing next year to provide osteopathic support during the games.

Clive has been working with elite athletes at an international level since 1985 and is also currently a clinical specialist with UK Athletics and West Hockey (England Hockey), and osteopath to Bristol Rugby Football Club.

Clive will first join the squad for the World Championships in Athletics in Osaka in August this year. A full report of his experience will feature in a forthcoming issue.

## Patient champion appointed head of healthcare regulation

The Council for Healthcare Regulatory Excellence (CHRE) – the body that oversees the regulation of healthcare professionals – has reaffirmed the



patient's place at the centre of healthcare regulation with the appointment of Harry Cayton (pictured, left) as its new Chief Executive.

Well-known as an advocate for public involvement in health, Harry Cayton has been the Department of Health's National Director for Patients and the Public (the "patient champion") since September 2003. Prior to this he was chief executive of the Alzheimer's Society (1992–2003), and from 1981–1992 he was director of the National Deaf Children's Society. Mr Cayton was also a member of the NHS Modernisation Board and has played an important role in developing policy on choice, on patient and public involvement and on electronic patient records.

Speaking of his appointment, Harry Cayton said: "There is a major programme of reform for the regulation of healthcare professionals following the Harold Shipman Inquiry, the Foster Review and the Government's White Paper. CHRE will play a central role in implementing and administering the reforms, and I'm very

pleased to be joining the Council at this challenging time."

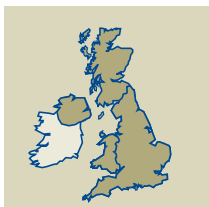
He is also determined that in the current climate of change, regulation should remain patient-centred. "CHRE has an important task not only to oversee the regulators but to work with them to improve governance, investigations and adjudication in the interests of patients and professionals alike. As chief executive, ensuring the reforms of regulation are centred around patients will be my primary focus," Mr Cayton added.

Madeleine Craggs, GOsC Chief Executive and Registrar, said: "The importance of having a chief executive at the helm of the CHRE who can empathise with those responsible for directing the healthcare regulatory bodies should not be underestimated. This is particularly so as we shall need to work together to implement meaningful changes arising from the proposals outlined in the White Paper on healthcare regulation. Harry's broad experience and positive reputation will likely ensure results. I am pleased we share a patient-centred approach to regulation, which also recognises the role our professionals play in helping to achieve this."

# Dawn of a new political era ...?

Sarah Eldred, Assistant Registrar (Public Affairs)

## Gordon Brown appointed UK's Prime Minister



The UK's new Prime Minister, the **Rt Hon Gordon Brown MP**, has made clear his intention to stamp his own mark on our political future. As highlighted in recent speeches and media coverage, Mr Brown has emphasised that whilst education is his passion, healthcare provision is his priority.



In anticipation of Gordon Brown's appointment, the General Osteopathic Council coordinated a key meeting between the healthcare regulators and the Treasury health team to discuss the likely direction of policy. A report of the meeting is on page 13.



### Key personnel

**Rt Hon Alan Johnson MP** (pictured) has been appointed Secretary of State for Health, replacing the Rt Hon Patricia Hewitt MP. A former postman, Alan Johnson served as a former General Secretary

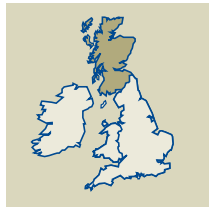
of the Communication Workers Union (CWU) and is one of the largest trade union names to have entered Parliament in recent decades. Often credited with the much coveted tag of being an "ordinary bloke", he is highly articulate and was behind the successful campaign that deterred the previous Conservative government from privatising the Post Office.

After becoming an MP in 1997, Mr Johnson received his first ministerial post at the Department of Trade and Industry in 1999. He was next appointed Secretary of State for Work and Pensions in 2004, after spending four years at the Department for Education and Skills.

Twelve months on, he was given the post of Secretary of State for Productivity, Energy and Industry and then Secretary of State for Education and Skills, replacing Ruth Kelly, in 2006.

Mr Johnson is tipped by some as a future leader of the Labour Party and was one of the front runners to take over as deputy under a Gordon Brown premiership. Although his bid was unsuccessful, he did receive significant backing from within the Parliamentary Party.

## Scottish Nationalists win power in Scotland



The Scottish Nationalist Party (SNP) has formed a minority Government after gaining one more seat than Labour in the Scottish Parliament elections.

Although to date no major healthcare policy announcement has been made, **Mr Alex Salmond MSP** gave his maiden speech to the Scottish Parliament as First Minister on 23 May, highlighting his Government's new strategic priorities. In it he called for respect for diversity of opinion and the need for Government to work with, not against, other parties to develop the right policies for Scotland. As far as the domestic agenda is concerned, including health, this is likely to be driven by the SNP's election manifesto pledges.

Key health-related pledges include:

- > Reduction of waiting times.
- > Accessible healthcare, including "alternative therapies".
- > Healthcare provision locally.
- > Improved early intervention and development of key mental health services.
- > Free personal and nursing care for the elderly.
- > Annual health and fitness checks in schools and "Life begins" health checks for all men and women over 40, delivered through GP surgeries or local health centres. Extension to checks in retirement age after first term in Government.
- > Increased availability and consumption of nutritious food.
- > Increased physical activity among children and general population.

### Key personnel

Cabinet Secretary for Health and Wellbeing, **Nicola Sturgeon MSP**

Minister for Public Health, **Shona Robinson MSP** (pictured right)



## New Cabinet in Wales



A new Cabinet for the Welsh Assembly Government was announced on 31 May and last month First Minister, **Mr Rhodri Morgan AM**, outlined his administration's legislative programme for the coming months.

Key to this policy implementation will be the introduction of a new mechanism contained in the Government of Wales Act 2006, enabling the Assembly to initiate the acquisition of legislative power from the UK Parliament in certain areas. Once powers are acquired through these new Legislative Competence Orders, they will have been devolved to the Assembly in perpetuity, and will enable the passing of Welsh laws called Assembly Measures.

Better access to healthcare will be a key feature of Welsh health policy. *The Services Development and Commissioning Directives: Arthritis and Chronic Musculoskeletal Conditions*, published by the Welsh Assembly Government in March this year, is an example of this policy. Using a similar approach to the Department of Health's (England) Musculoskeletal Services Framework, these Welsh Directives recognise the need to widen the healthcare team in order to tackle musculoskeletal disorders. As reported previously in *The Osteopath* (April 2006, p13), osteopathic interventions are included for the treatment of low back pain.

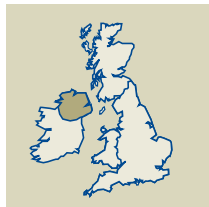
### Key personnel

Minister for Health and Social Services, **Edwina Hart AM**. (pictured right)





## Devolution restored to Northern Ireland



Devolution was restored to the Northern Ireland Assembly on 8 May 2007, following the election of a four-party Executive of 12 Ministers. The **Rt Hon Dr Ian R K Paisley MP MLA** is First Minister and **Martin McGuinness MP MLA** is deputy First Minister.

Northern Ireland's new Health Minister, **Michael McGimpsey MLA** has vowed to deliver a world class health and social care service for all people in Northern Ireland. Speaking after taking up his role as the Minister of Health, on 11 May, he said: "I believe that health and social care services are getting better ... The focus is now on prevention so that people do not end up in hospital, instead they can access all the health services they need in their local community."

Recently public administration in Northern Ireland has been subject to radical restructuring, which has seen health and social care organisations merged and streamlined. Nevertheless, Minister McGimpsey has affirmed that there will be no let-up in the drive to reduce hospital waiting times.

As in all countries of the UK, tackling musculoskeletal problems is a challenge for the Northern Ireland Executive. Launched earlier this year, publicly funded osteopathic care is available to patients suffering with musculoskeletal problems, depression, stress and anxiety in Belfast and Londonderry. For further information, read osteopath Maeve McGowan's article on her involvement in this pilot scheme (right).

### Key personnel

Minister of Health,  
**Michael McGimpsey**  
MLA (pictured right)



## NHS patients trial osteopathy

**Maeve McGowan BSc Ost Med, Bangor, Co Down**

**An innovative pilot scheme allowing NHS patients easier access to complementary therapies, including osteopathy, was launched in Northern Ireland in March, and early progress reports have been positive.**

The £200,000 year-long trial, focusing mainly on musculoskeletal disorders (MSDs) and anxiety, is being run out of two health practices in Londonderry and Belfast and, if successful, will be rolled-out across the whole of Northern Ireland.

Being selected to take part in the pilot, which is being run by Get Well UK – a not-for-profit organisation promoting wider access to complementary therapies – has been a real privilege and has also been valuable to my growth as a practitioner.

The referrals from GPs for MSDs have been quite substantial to date and the demand is building at an increasing rate. Supervision meetings are held once a month to support the therapists involved in the trial and help to iron out any problems that are being encountered. One such issue is the increasing number of chronic multifaceted patients that are being referred who require more than the allocated six treatments. Dr Porteous represents the GPs on the Steering Committee overseeing the project and has agreed to liaise with his colleagues to encourage them to look at their referrals to ensure the patients being referred to the pilot are representative of the practice population.

The data is being collected by the various health professionals using Measure Your Medical Outcome Profile (MYMOP) questionnaires, patient generated measures of outcomes, which give an idea of the patient's current state of health. The pilot will be independently audited and evaluated following its conclusion to measure the pilot's success. An interim report will be presented at a conference organised by the Department of Health, Social Services and Public Safety in Northern Ireland in October, which will be attended by the Minister of Health, Michael McGimpsey MLA.

Overall feedback on the project from both GPs and patients has been positive. Of 54 patients who have completed treatment, 36 showed a significant improvement in their self-reported symptoms. 41 of them are less worried, or much less worried about their health, and 43 said their general health has improved. There are also reports of reduced medication, less work for GPs and all but one of the GPs said they will refer again.

Here is some feedback from my patients:

"I can't believe the difference it has made to my life. I'm not 100%, but I'm a lot better, taking less tablets and feel more positive about my life."

"At one stage I thought my condition was never going to get any better. I couldn't sleep and felt very stressed. Osteopathy changed this a lot."

"I think it is a wonderful idea mixing complementary medicine with mainstream medicine. Both are helpful in different ways and it is great that GPs are starting to recognise this."



# BSO: 10 years @ Borough High Street, London

The British School of Osteopathy (BSO) celebrates ten years at its current premises on Borough High Street, south east London this July. The move in 1997 from Suffolk Street, off Trafalgar Square, was the school's second change of residence since occupying its original home in Buckingham Gate.

Some 40,000 patient appointments are now provided each year at the BSO clinic, which includes a sports injuries clinic and a children's clinic. Patients include expectant mothers and people living with HIV/AIDS. Almost half of these appointments are taken up by patients who qualify for the concessionary rates offered by the BSO.

A further 5,000 free-of-charge appointments are provided annually at various outreach clinics. Weekly clinics also cater for elderly people in their own homes; for children with social, emotional or behavioural problems at a local school; and for patients at a nearby Southwark GP practice. Students also practise under the supervision of tutors at the Manna Centre for homeless people and at the Royal Free Hospital's clinic for people living with HIV/AIDS. In June, the BSO began offering osteopathy for children aged one to five years at 1st Place, a new purpose-built centre catering for the needs of local parents and children in London.

Charles Hunt, the third principal to lead the BSO since it came to south east London says:

"I believe that we are unique among osteopathy schools in Europe in enabling students to go out and treat sectors of the community who might not otherwise have access to osteopathic care, whether due to mobility, income or other factors."

Through the BSO's relationship with the University of Bedfordshire, which allows students to apply for government funding, students from a wider range of backgrounds are now able to study osteopathy. An access course, set up in partnership with Southwark College eight years ago, also allows students without GCSEs or A levels to gain a recognised entry qualification for the degree course.

Postgraduate education has also been on the agenda in recent times and a two-year MSc in Paediatric Osteopathy is now being offered in partnership with the Osteopathic Centre for Children. Work is under way to develop further validated postgraduate courses, which are likely to include cranial osteopathy.

To accommodate this growth, the BSO is now engaged in purchasing an additional clinic near to the school.

"We are committed to providing greater teaching facilities as well as first-class osteopathy to our many and varied students and patients and this new clinic will allow us to continue to improve our service to the community," says Charles Hunt.

**To find out more about the BSO and its expansion, or if you wish to make a donation (registered charity no: 312873), contact Nina Waters on tel: 020 7089 5308 or email: [n.waters@bso.ac.uk](mailto:n.waters@bso.ac.uk).**



## 21st century osteopathy at Oxford Brookes University

Osteopath Laurence Kirk has recently been appointed as Programme Lead for Osteopathy at the School of Health and Social Care, Oxford Brookes University.

A 1984 graduate of the British College of Naturopathy and Osteopathy (now known as the British College of Osteopathic Medicine), Laurence will be known to many in the profession as a result of his long involvement in both teaching and external examining. You may also recognise him from his occasional television appearances.

Laurence describes his vision for osteopathy as "dynamic," and says this includes the aim of

firmly cementing the profession in 21st century healthcare. This, he believes, is achievable by enhancing the educational profile of osteopathy and by building bridges with other healthcare professionals, thereby heightening awareness. While keen that students maintain a balanced awareness of osteopathic history and philosophy, Laurence emphasises the need to continually reinterpret the past in the light of new advances.

To this end, he has played a leading role in developing a new degree pathway for osteopathic students at Oxford Brookes University, which recognises both the academic and clinical rigour of osteopathic education. Students can now achieve a recognised qualification at both bachelors' and also, potentially, at masters' degree level following four years of grant-funded full-time study.

The course's integration within the University's School of Health and Social Care fosters inter-professional collaboration and helps reinforce the role of osteopathy as an integral part of today's healthcare. Collaborative arrangements with the University of Oxford and local NHS providers have also been developed to further enhance the students' overall learning experience.

"It's important to recognise that osteopathic education has now entered a new era, and osteopathic providers are key to ensuring a healthy growth of graduate numbers and in enhancing the profession's evidence base.

"Given the small size of our profession – particularly in comparison to physiotherapy, nursing, medicine and dentistry – a growth in graduate numbers is vital for our future prospects and employment opportunities. This will also help to enhance public and professional perception of the high level of osteopathic education and its continuing role within our healthcare system," Laurence Kirk concludes.



*LtoR Graham Sharman, Director of Pre-qualifying; June Girvin, Dean of School; Laurence Kirk, Programme Lead for Osteopathy; & Dr Rob Wondrak, Associate Dean of School*

# MEPs vote to support patient safety

Healthcare regulators across Europe may soon be required to alert each other about incompetent or dangerous healthcare professionals, following a vote in favour of the new legal duty by Members of the European Parliament (MEPs) last month.

Proactive information exchange has long been a key issue for the Alliance of UK Health Regulators on Europe (AURE)\* – to which the GOsC belongs. As part of its efforts to enhance patient safety and to uphold public confidence in regulated health professionals across Europe, AURE has been lobbying the European Commission on this and other issues pertaining to cross-border healthcare.

Like other regulators, the GOsC often faces the challenge of not having access to the fitness to practise records of applicants from other Member States applying to join the Statutory Register. The reasons for this are twofold:

- > a lack of osteopathic regulation across Europe; information exchange is not widespread as currently only a few organisations equivalent to the GOsC exist; and
- > among the organisations that do exist, there is confusion as to how much information

should be shared due to conflicting interpretations of national data protection legislation.

For these reasons, AURE responded to the recent European Commission consultation on healthcare services by calling for a new legal duty on healthcare regulatory authorities across the EU, requiring them to exchange registration and disciplinary information, and to act on it.

Mr Hugh Simpson, Convenor of AURE said: "We are delighted that MEPs have backed AURE's call for a legal duty. If taken forward by the European Commission, this proposal will support free movement of high quality competent professionals and help to protect the public where their safety may be at risk."

This vote will be considered by the European Commission as it develops proposals for community action on health services, expected later this year.

\* AURE is a network of the ten UK health and social care regulators and exists to respond to European Union developments that have an impact on health and social care regulation and patient and public safety in the UK.

## European Commission targets MSDs at work

Musculoskeletal disorders (MSDs) in the workplace are back on the agenda and this time the issue has reached the European Commission.

A major campaign to tackle MSDs in the workplace – 'Lighten the load' – hosted by the European Agency for Safety and Health at Work, was last month launched by the European Commission and is also being supported by the EU Presidencies of Germany and Portugal.

MSDs are the most common work-related health problem in Europe, affecting millions of people. Across Europe, 25% of workers complain of backache and 23% report muscular pains – and the UK is no exception. Governments in all UK countries have recognised the high societal costs associated with work-related MSDs and are promoting the need for early intervention and access to a wider range of services, such as osteopathy, in occupational health schemes.

The 'Lighten the load' campaign also supports an integrated management approach with three key elements:

- > employers, employees and governments need to work together

- > actions need to address the "whole load on the body", covering all stresses and strains
- > employers need to manage the retention, rehabilitation and return to work of employees with MSDs.



As in the UK, other European countries do not have sufficient healthcare professionals to tackle this musculoskeletal challenge. Surely this is another reason to push for osteopathic regulation where this does not already exist? In this way, osteopaths achieve the recognised status which may currently elude them, as well as providing patients with safe and effective care.

European Commissioner for Employment, Social Affairs and Equal Opportunities, Vladimir Spidla, said: "Tackling MSDs is a priority for the EU [European Union] if we are to create more and better jobs in Europe. Given the demographic change, people will probably have to work longer and this makes it even more imperative that we tackle this problem now."

**'Lighten the load' culminates with the European Week for Safety and Health at Work from 22 to 26 October 2007, with a range of activities and events across Europe. For further information visit the campaign website at: <http://ew2007.osha.europa.eu/>.**



# NCOR research hub news



[www.ncor.org.uk](http://www.ncor.org.uk)



## Hub meetings

For further information about the work being undertaken by these groups contact Carol Fawkes, NCOR Research Development Officer, on tel: 01273 643 457.

### > BRISTOL

**Next meeting: TBC**

**Small project work – looking at data on referral patterns from osteopaths**

The Bristol group is studying the reasons for referrals and the types of practitioners (medical or complementary) to whom referrals are made. A data collection tool designed for this purpose is currently being piloted. When the pilot stage is complete, any necessary refinements to the tool will be made and a longer period of data collection may be undertaken.

The group is also carrying out an audit of case records from the past 20 years, looking at how the incidence of cervical spine symptoms compared to low back symptoms has changed as work demands and computer use have changed during this period.

### > EXETER

**Saturday 22 September**

**Developing a patient information sheet for clinical practice through a consensus process**

This group is planning to develop a patient information sheet that tells patients what to expect when they visit an osteopath and gives information concerning responses that can occur after treatment.

### > HAYWARDS HEATH

**Next meeting: TBC**

**Developing a case series looking at osteopathic treatment during pregnancy**

Following publicity about osteopaths treating patients during pregnancy, this group is investigating safe and effective osteopathic management of patients during pregnancy. They have developed a data collection template and are working on a case series to be submitted for publication next year.

**Literature review of contraindications to osteopathic treatment**

The group is also undertaking a literature review of contraindications to osteopathic treatment, identifying absolute and relative contraindications. This work will also be submitted for publication in 2008.

### > LEEDS

**Next meeting: TBC**

**Developing a patient satisfaction questionnaire**

The implementation of clinical governance has made patient satisfaction a fundamental consideration for healthcare practitioners. Many private health insurers now request evidence of practices' clinical governance arrangements. The Leeds group are looking at patient satisfaction questionnaires developed by other healthcare practitioners and will then draft a patient satisfaction questionnaire for osteopathy.

### > LONDON

**Next meeting: TBC**

**Discussion of small project work: descriptive study looking at the role of osteopaths**

### > OXFORD

**Next meeting: TBC**

**Developing an audit tool to assess changes in treatment approaches to the cervical spine**

The group is investigating whether changes have occurred in the number of cervical HVTs carried out by osteopaths since the introduction of Clause 20 of the GOSc Code of Practice for osteopaths.

## NCOR International Research Conference Friday 1 February 2008

This full-day conference will be held at the Queen Elizabeth II Conference Centre, London as part of the 'Osteopathy 2008 – Celebrating UK recognition & progress' event. Abstract submissions for posters are invited for this conference; the deadline for submissions is Tuesday 18 September 2007. Further details can be found on the NCOR website: [www.ncor.org.uk](http://www.ncor.org.uk).



# Spinal epidural for lumbar and lower extremity pain – an overview

Carol Fawkes BA (Hons) DO, NCOR Research Development Officer

Epidural injection of corticosteroids is now one of the most commonly used non-surgical interventions for the management of chronic spinal and lower extremity pain. Medication was first injected into the epidural space to treat lumbar and lower extremity pain in the early part of the last century. Viner began injecting large volumes of saline and procaine into the lumbar epidural space in the 1920s<sup>1</sup> and this work was continued by Evans in the 1930s<sup>2</sup>. The effects of epidural steroid injection were first reported by Brown<sup>3</sup> in the 1960s.

However, debate continues regarding the value of this intervention. The evidence for effectiveness is highly variable among studies. This is further complicated by the fact that three separate approaches are described in the literature (caudal, transforaminal and interlaminar).

The interlaminar entry procedure, which more closely targets the assumed site of the pathology, requires less volume of medication than the caudal procedure. The caudal approach requires a higher volume of injected material (10–20ml) to reach the site of pathology but is achieved relatively easily with minimal risk of inadvertent dural puncture. The transforaminal approach requires the smallest volume of injected material to reach the anterior-lateral root ganglion, its primary site of pathology.

## Indications

- > Prolapsed intervertebral discs and annular tears  
Epidural injections are not indicated for large disc protrusions where a more urgent surgical opinion is required.
- > Spinal stenosis
- > Foraminal stenosis can be more helpfully treated using nerve root blocks.
- > Spondylolisthesis

## The injection process

A spinal epidural involves the introduction of a needle through the ligamentous tissue of the spine and into the space outside the dura; a fine catheter is introduced through the needle into this space, the needle is removed and the catheter is taped securely to the skin. Steroid or anaesthetic can be introduced through the catheter for a period of time.

Epidural injections can be delivered for a number of reasons, but the most common is the relief of nerve root pain: the injection mixture commonly used is 20ml of solution containing 40mg of triamcinolone and 0.5% lignocaine. Both are used in an attempt to make the procedure less uncomfortable: the triamcinolone exerts an anti-inflammatory effect and the lignocaine produces a local anaesthetic effect. Lignocaine can cause mild numbness in the buttocks and legs for up to two hours after the procedure, but does not cause any leg weakness or interference with walking. This is generally assessed before discharge<sup>4</sup>.

Epidurals can be delivered at different levels, depending on the nerve roots involved.

Caudal epidurals can be given for nerve root irritation between L4 and S4.

Lumbar epidurals can be given for nerve root irritation between L1 and L5.

## Technical information

### Caudal epidural

The patient is usually prone with a pillow under the hips to provide support; the epidural space is more easily accessed through the sacral hiatus. The epidural mixture, usually 20ml of solution, is injected slowly at a rate of 1–2ml at a time with short pauses in between. The injection takes about five minutes

to deliver. Some patients report a feeling of sciatica being produced, while others feel a sensation of mild pressure which builds during the injection and falls during the pauses.

### Lumbar epidural

This is performed under X-ray screening with the patient positioned on their left side. Intravenous sedation is usually administered through an intravenous cannula. The epidural needle is inserted between the spinous processes into the epidural space to a depth of between 3 and 11cm (average 5cm); the space is identified by the loss of resistance to an air-filled syringe. The epidural solution is slowly injected after confirmation of the correct needle position using an Epidurogram. Following the procedure, the patient is usually positioned for two hours with their affected side down in order to encourage the spread of the epidural mixture to the affected nerve root<sup>5</sup>.

## Mechanism

The underlying mechanism of action of steroid and anaesthetic administered via an epidural route is still not clearly understood. Lindahl and Rexed first noted inflammation, oedema and proliferative or degenerative changes in biopsy samples from posterior nerve roots of patients undergoing laminectomy<sup>6</sup>. Berg, using myelography, observed a consistent reduction in the swelling of affected nerve roots coincided with an improvement in reported sciatic symptoms<sup>7</sup>. Abdi *et al*<sup>8</sup> report that it is believed that the neural blockade obtained alters or interrupts nociceptive input, reflex mechanisms of the afferent fibres, self-sustaining activity of the neurons and the pattern of central neuronal activities. Further, it is believed that local anaesthetic interrupts the pain-spasm cycle and reverberating nociceptor

transmission. Corticosteroids, on the other hand, reduce inflammation by inhibiting either the synthesis or release of a number of pro-inflammatory mediators and by causing a reversible local anaesthetic effect.

## Factors affecting outcome

A small number of studies have tried to identify factors that could affect the outcome of spinal epidural. These include:

- > a large number of previous treatments for pain<sup>9</sup>
- > high dependence on pain control medication(s)<sup>9</sup>
- > pain not increased with activity<sup>9</sup>
- > pain increased by cough<sup>9</sup>
- > ongoing lack of employment (predicted poor long term result)<sup>9</sup>
- > lack of employment at the start of treatment<sup>10</sup>
- > smoker<sup>10</sup>
- > presence of chronic or non-radicular pain symptoms<sup>10</sup>
- > blind needle placement by specialist (i.e. without fluoroscopic control)<sup>11,12</sup>
- > insufficient delivery of steroids<sup>13</sup>

## Evidence of complications following the procedure

Side effects of epidurals are reported to be relatively minor and reports on thousands of patients suggest that the procedure is relatively straightforward and safe<sup>14</sup>.

Documented reactions to the procedure can be classified simplistically into early and late complications.

## Side effects and early complications

(while the injection is being performed or just after)

Mild numbness and tingling lasting 2 hours or less
Pain exacerbation for up to 24 hours after the procedure
Difficulty in passing urine for a short time after the procedure
Menstrual irregularity or unexpected post-menopausal bleeding
Post-dural puncture headache (PDPH) can last between 1 and 2 weeks
Dural puncture
Total spinal injection
Nerve damage through direct injury
Nerve damage through haematoma
Nerve damage through infection or inadequate blood supply
Seizure can occur; 10% of all epidural injections may be placed in the rich supply of veins in the epidural space
Anaphylaxis

## Late complications

Lack of pain relief
Increased pain
Salt and water retention
Spinal haemorrhage
Spinal abscess formation
Nerve damage causing permanent paralysis of both legs and/or loss of bladder and bowel control

## Estimated frequency

(cases per spinal epidural injection) where known

1 in 200 <sup>5</sup>
1–3% of all epidurals carried out <sup>5</sup>
1 in 10,000 to 1 in 30,000 <sup>4</sup>
1 in 150,000 to 1 in 220,000 <sup>4</sup>
1 in 100,000 to 1 in 150,000 <sup>4</sup>
Rare <sup>5</sup>
Very rare <sup>4</sup>

## Reviewing the evidence

Evaluating the evidence for the use of steroid injections is a difficult undertaking. A Cochrane review, which evaluated 21 randomised trials of all types of spinal injection therapy for low back pain, was carried out in 2000<sup>15</sup> and showed a leaning towards a positive effect, although this benefit was not supported by unequivocal evidence. Only four randomised placebo-controlled trials of epidural injection were of sufficiently high quality to be considered in this review<sup>16</sup>. All four studies reported pain relief in more patients with active treatment compared with placebo. This benefit was not, however, conclusive when the data was pooled.

A systematic review of 62 clinical studies in this area has identified a number of features which have created evaluation difficulties<sup>17</sup>. These features include:

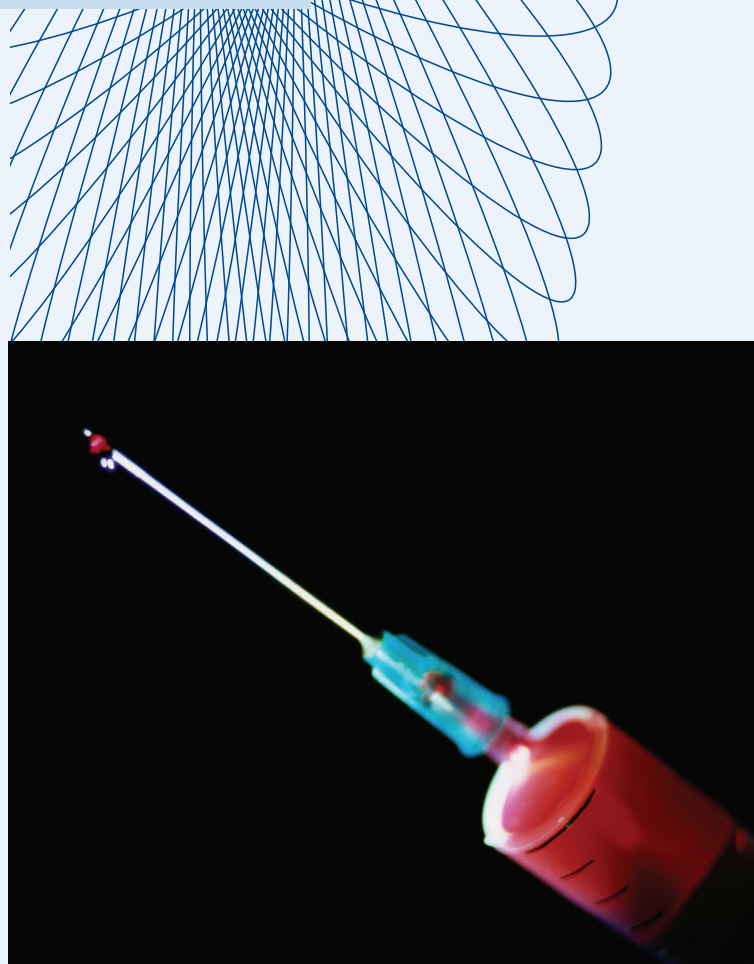
- > lax treatment protocols using a variety of concurrent therapies in addition to epidural steroids;

- > lack of uniform outcome measures and objective measures;
- > lack of suitable controls;
- > few randomised, prospective or blinded studies;
- > failure to standardise the dose, delivery methods and inclusion of local anaesthetic within a single treatment group.

The most recent systematic review<sup>8</sup> examined a number of features of clinical studies and these are summarised above.

## Need for further evidence

Researchers who have investigated this area are of the same view that further high quality clinical studies with appropriately large sample sizes must be carried out to gain unequivocal evidence for the use of steroid epidurals. A Cochrane review looking at the use of epidural steroids for radicular back pain ([www.cochrane.org/reviews](http://www.cochrane.org/reviews)) is due to be completed in 2007.



Procedure	Studies identified	Level of evidence	Cost-effectiveness
<b>Interlaminar epidural injections</b>	62	Strong level of evidence for short-term relief and limited for long-term relief. Indeterminate evidence for axial low back pain and lumbar spinal stenosis.	Two authors <sup>18,19</sup> concluded that this is not cost-effective
<b>Transforaminal epidural injections</b>	86	Strong level of evidence for short-term relief in the management of lumbar nerve root pain, and moderate for long-term improvement. There is limited evidence for managing lumbar radicular pain in postlumbar laminectomy, and indeterminate evidence in managing axial low back pain and lumbar disc extrusions.	The cost per one-year improvement of quality of life was shown to be US \$2,927 in one study <sup>18</sup> . The cost of avoiding operations by containing herniations through this procedure was also estimated to be US \$12,666 less per responder in the steroid group <sup>20</sup> .
<b>Caudal epidural injections</b>	24	There is strong evidence for short-term relief and moderate for long-term relief in managing chronic pain of lumbar radiculopathy and postlumbar laminectomy syndrome. The evidence is moderate in managing chronic low back pain for short-term and long-term improvement.	For fluoroscopically-directed caudal epidural steroids, cost-effectiveness was shown to be US \$3,635 per year. The cost for one-year improvement of quality of life was US \$2,550 in patients treated with caudal epidural with local anaesthetic and Sarapin or steroids under fluoroscopy <sup>21</sup> .

The levels of evidence designated in the table above are described as follows:

**Level I** Conclusive: research-based evidence with multiple relevant and high quality scientific studies or consistent reviews or meta-analyses

**Level II** Strong: research-based evidence from at least one properly designed randomised controlled trial, or research-based evidence from multiple properly designed studies of smaller size, or multiple low quality trials

**Level III** Moderate:

- evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)
- evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies, case-controlled studies or interrupted time series with a control group)
- evidence obtained from comparative studies with historical control, 2 or more single-arm studies, or interrupted time series without a parallel group control group

**Level IV** Limited: evidence from well-designed non-experimental studies from more than one centre or research group, or conflicting evidence with inconsistent findings in multiple trials

**Level V** Indeterminate: opinions of respected authorities based on clinical evidence, descriptive studies or reports of expert committees

## References

- Viner N. Intractable sciatica: the sacral epidural injection – an effective method of giving relief. *Canadian Med Assoc J.* 1925; 15:630-4.
- Evans W. Intracanal epidural injections in the treatment of sciatica. *The Lancet.* 1930;219: 1225-9.
- Brown JH. Pressure caudal anaesthesia and back manipulation. *North West Med (Seattle).* 1960;59:905-9.
- Royal College of Anaesthetists. [www.rcoa.ac.uk](http://www.rcoa.ac.uk). Accessed 26 April 2007.
- The Pain Clinic. [www.painclinic.org/treatment-epiduralinjections.htm](http://www.painclinic.org/treatment-epiduralinjections.htm). Accessed 26 April 2007.
- Lindahl O, Rexed B. Histological changes in spinal nerve roots of operated cases of sciatica. *Acta Orthop Scand.* 1950;20:215-25.
- Berg A. Clinical and myographic studies of conservatively treated cases of lumbar intervertebral disc protrusion *Acta Chir Scand* 1953;104:124-9.
- Abdi S, Datta S, Trescott AM et al. Epidural steroids in the management of chronic spinal pain: a systematic review. *Pain Physician.* 2007;10:185-212.
- Jamison RN, Va de Boncoeur T, Ferrante FM. Low back pain patients unresponsive to an epidural steroid injection: identifying predictive factors. *Clin J Pain.* 1991;7:311-7.
- Hopwood MB, Abram SE. Factors associated with failure of lumbar epidural steroids. *Regional Anaesthesia.* 1993;18:238-43.
- White AH, Derby R, Wynne G. Epidural injections for diagnosis and treatment of low back pain. *Spine.* 1980;5:78-86.
- Renfrew DL, Moore TE, Kathol MH et al. Correct placement of epidural steroid injections: fluoroscopic guidance and contrast administration. *Am J Neuroradiol.* 1991;12:1003-7.
- Bogduk N. Spine update: epidural steroids. *Spine.* 1995;20:845-8.

- Carette S, Leclaire R, Marcoux S et al. Epidural corticosteroid injections for sciatica due to herniated nucleus pulposus. *N Engl J Med.* 1997;336:1634-40.
- Nelemans PJ, de Bia RA, de Vet HCW et al. Injection therapy for subacute and chronic benign low back pain. *Cochrane Database Syst Rev.* 2000;(2):CD001824.
- Samanta A, Samanta J. Is epidural injection of steroids effective for low back pain? Editorial *British Medical Journal.* 2004;328:1509-1510.
- McLain RFM, Kapural L, Mekhail NA. Epidural steroid therapy for back and leg pain: mechanisms of action and efficacy. *The Spine Journal.* 2005;5:191-201.
- Manchikanti L, Papanati RR, Pampati V. Comparison of three routes of epidural steroid injections in low back pain. *Pain Digest.* 1999;9: 277-285.
- Price C, Arden N, Cogan L et al. Cost effectiveness and safety of epidural steroids in the management of sciatica. *Health Technology Assessment.* 2005; 9:1-58,iii.
- Karppinen J, Ohinmaa A, Malmivaara et al. Cost effectiveness of periradicular infiltration for sciatica. *Spine.* 2001;26:2587-2595.
- Manchikanti L, Pampati V, Rivera JJ et al. Caudal epidural injections with sarapin steroids in chronic low back pain. *Pain Physician.* 2001;4:322-335.

## Sources of further information

**Royal College of Anaesthetists:**  
[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

**The Pain Clinic:**  
[www.painclinic.org/treatment-epiduralinjections.htm](http://www.painclinic.org/treatment-epiduralinjections.htm)

**World Anaesthesia Online:**  
[www.nda.ox.ac.uk](http://www.nda.ox.ac.uk)



# Society stubs it out

**Nicotine in cigarettes is as addictive as heroin and cocaine, according to a report by the Royal College of Physicians<sup>1</sup> – and currently an estimated 25% of the British adult population smoke cigarettes.**

New legislation outlawing smoking in enclosed work and public spaces, which aims to reduce the effects of second-hand smoke, is now in place across the UK – England was the last to implement the law on 1 July 2007. And many believe the ban is also having a knock-on effect for smokers themselves, providing the impetus many need to quit. Anti-smoking charity QUIT estimates some four million people in England intend quitting now the ban is in place.

In Scotland, where the legislation has been in force for nearly 18 months, health professionals and MPs are already hailing the ban a tremendous achievement on many levels. Compliance with the law has notably been high and air pollution surveys suggest that air quality in bars has improved by 86%, demonstrating that it is having the desired outcome of reducing the effects of second-hand smoke. The added bonus, according to BMA Scotland, is that an estimated 45,000 smokers attempted to quit smoking during the first 12 months of the ban, with 18% of this figure having long-term success.

Figures, however, clearly illustrate that for many smokers the desire to give up and the act of successfully quitting are poles apart. While research suggests 70% of smokers say they want to quit the habit, the success rate is grossly below this. Of those embarking on a course of treatment only 20% or less achieve abstinence for as long as 12 months<sup>2</sup>.

The addictive nature of nicotine and the associated withdrawal symptoms experienced mean only three per cent of smokers succeed in quitting using will power alone. NICE guidelines, which are based on using clinically effective treatments, recognise the need for intervention and currently recommend the use of nicotine replacement therapies – patches, gum, lozenges – or prescription-only drugs Zyban or Champix, in conjunction with counselling and support. This currently forms the basis of treatment in the majority of smoking cessation clinics. Chief Executive of QUIT, Steve Crone, says that these combined treatments “minimise the physical symptoms and increase the odds of successfully quitting by up to four times.”

But there is a vital step prior to treatment that should not be overlooked: the decision to quit and the conviction to see it through. “All health professionals are in an ideal position to help patients with this mental preparation and to signpost patients to local smoking cessation services,” Steve Crone added.

A solid support network is also an integral element of the treatment and osteopaths are



well-placed to form part of this network; helping smokers to cope with the short-term withdrawal symptoms – see Table I below – which impact on their chances of quitting long-term.

While the majority of withdrawal symptoms are short-lived and far outweigh the risks of smoking, for many smokers weight gain is of particular concern. Anti-smoking campaigners ASH say that weight gain often progresses for a period of at least a year, and, on average, ex-smokers will gain around 5kg in weight when not undertaking a special diet or exercise programme. The lifestyle advice commonly provided as part of the osteopathic package of care may be adapted to take this and other withdrawal symptoms into consideration.

For osteopaths interested in being more involved in patients' efforts to quit smoking, QUIT runs regular smoking cessation training courses for health professionals, covering a wide range of topics.

Scheduled courses are run from London, and QUIT also design and deliver bespoke on-site courses throughout the UK, tailored to meet individual needs. Courses currently include:

- > Helping Smokers to Quit, Level I, II & III
- > Mental Health & Smoking Course
- > Breaking the Smoking Depression Cycle
- > Relapse Prevention
- > Smoking and Pregnancy
- > Helping Young Smokers to Quit

**For further information about the courses, or to reserve a place, contact Terri Forward at QUIT on tel: 020 7251 1551, e-mail: [t.forward@quit.org.uk](mailto:t.forward@quit.org.uk) or visit [www.quit.org.uk](http://www.quit.org.uk).**

- 1 Nicotine Addiction in Britain. A Report of the Tobacco Advisory Group of the Royal College of Physicians, February 2000.
- 2 Smoking cessation guidelines and their cost effectiveness. *Thorax* 1998: S11-S16.

**Table I**

Withdrawal symptom	Duration	Proportion of those trying to quit who are affected
Irritability / aggression	Less than 4 weeks	50%
Depression	Less than 4 weeks	60%
Restlessness	Less than 4 weeks	60%
Poor concentration	Less than 2 weeks	60%
Increased appetite	Greater than 10 weeks	70%
Light-headedness	Less than 48 hours	10%
Night-time awakenings	Less than 1 week	25%
Craving	Greater than 2 weeks	70%

Reference: Stopping smoking: The benefits and aids to quitting, Action on Smoking and Health (ASH), July 2007.

## Scottish Osteopathic Society

Fiona Davison DO, SOS Secretary, Aberdeen

### Philosophising osteopathy

Earlier this year the Society was delighted to welcome the redoubtable osteopath Walter McKone – for his first visit to Scotland – to speak on the topic of ‘Osteopathic Philosophy’.

Walter has spent years researching the earliest literature in the UK and the USA in an effort to understand the thought processes of AT Still and other

early osteopathic pioneers. His conclusions are quite fascinating and left members with some deep philosophical questions to ponder over lunch.

For the afternoon session, Walter spoke about ‘Osteopathy and Influenza’. Again, this topic has both historical and – inevitably – future relevance to osteopathic practitioners everywhere.

## SOS Conference and AGM – 1 & 2 September

The Scottish Osteopathic Society's Conference and Annual General Meeting (AGM) will this year be held in Dundee – ‘City of Discovery’ – on Saturday 1 & Sunday 2 September. Our lecture programme is currently being finalised, but will focus on the anatomy and neurology of the neck and upper thorax. The event format will again include a Saturday afternoon window of opportunity to involve partners

and families in social events and activities. This time we hope to hold the AGM on the Saturday, followed by an excellent meal and entertainment.

The cost for this two-day event will be £120 for SOS members and £160 for non-members. We once again look forward to welcoming osteopaths from throughout the UK – why not come up and see us this time!

**For further information and to request a booking pack, contact Fiona Davison, SOS Secretary on tel: 01224 635999 or email: secretarysos@tiscali.co.uk.**

## Western Counties Society of Osteopaths

Nick Hounsfield BSc (Hons) Ost, Bristol



### Summer convention at Saunton

Some 84 osteopaths came together on the first weekend in June to enjoy another successful Western Counties Society of Osteopaths Summer Convention at Saunton Sands, North Devon. Events kicked off with the annual ‘Green Jacket’ golf afternoon, which took place in blazing sunshine and was won by Toby ‘bandit’ Borradaile.

The two-day conference programme, ‘The Groin’, opened on Saturday morning with a thorough anatomy and function/dysfunction review by osteopath David Propert. Mr Jay Khastgir, Specialist Registrar in Urology then presented us with ‘Urogenital pathology’ focusing on the neurogenic bladder. This was a fabulous and humorous talk. Osteopath Nav Matharu spoke passionately about her volunteer work in Africa with charity Care Highway International, where she assists with the treatment of post-female circumcision, amongst many other health conditions. Chris Bower, Consultant Dermatologist, took us through the skin

conditions to look out for in practice. This was a very sharp and entertaining presentation and rounded off the day perfectly before the champagne sundowners! Back in the sporting arena, this year’s tennis ‘Claret Jacket’ was won by Rupert Hanbury and Rachel Phillimore won the women’s competition. Our Saturday night social was again enjoyed by all – especially in the bar.

Sunday’s talks were also a huge success with Consultant Vascular Surgeon Paul Evers giving us a comprehensive look at groin hernia repair. The video footage of a laparoscopic hernia repair was incredible. Paul Tompkins, head physiotherapist for Bristol Rugby, presented some case studies on groin injury and Orthopaedic Consultant David Shardlow closed the programme with an excellent talk on femoral angles and hip replacement operations.

It was wonderful that so many osteopaths from the West Country enjoyed another classic Saunton conference – excellent clinical speakers, hours of CPD and catching up with colleagues. This is one CPD event not to be missed so keep an eye out for details of next year’s convention!

## Osteopaths@Worcester

Sue Brazier DO, Worcester

### In-kneed of CPD?

Consultant knee surgeon, Mr Nadim Aslam, gave an interesting presentation to the Osteopaths@Worcester society on 3 May, exploring knee injuries and the latest surgical techniques in this field. Mr Aslam opened his talk by testing our knowledge with a quiz, showing slides of various examination and diagnostic assessments (McMurrays rotation test etc) along with other interesting surgical slides. The answers were discussed throughout the course of the evening and the interactive nature of the quiz was a useful way of learning. We were all relieved to do well!

We also discussed patients who would benefit from half-knee or full-knee surgery, and referral criteria and pathways. Dislocations and ligament tears were also considered.

On 12 May, our group met again for a talk by course providers Witness, to discuss the importance of professional boundaries. It is an interesting course, which focuses on setting and maintaining professional boundaries with patients.

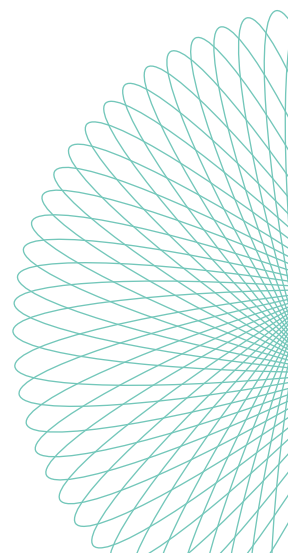
The day was superb. The content was thought-provoking and it was interesting to have clarified the differences between boundary crossing and boundary violation. Do you send birthday cards to patients? Do you send cards to all or just a ‘special few’? Is this appropriate or is it boundary crossing? Communication seems to be the key. It was interesting to hear

about inappropriate behaviour and boundary violations; it made us aware of the need to improve our communication with patients.

The British Osteopathic Association is currently subsidising this series of courses, which makes it a very affordable, worthwhile day of learning. If you get a chance to attend one of the remaining days it will be well worth your time.

### Next meeting

A full-day first aid course, led by Tony Bennison of Health Education Seminars, will be held at a venue near Worcester on Saturday 15 September (9am – 5pm). Spaces are limited so contact Sue Brazier on tel: 01905 831495 as soon as possible to secure your place.





# Back to CPD

Back Pain 2007 is a new national CPD conference designed to help osteopaths and other health professionals in this field to update their knowledge and skills.

The inaugural event – 'Management Options for Lumbar Disc Prolapse' – will be launched on Tuesday 4 September in Birmingham and will bring together some of the country's leading back specialists who will explore the latest thinking, treatments and techniques in this area.

Keynote speakers include:

- > Andrew Quaile, Consultant Spinal and Orthopaedic Surgeon
- > Declan Johnston, Consultant Neuroradiologist
- > Dominic Aldington, Consultant in Anaesthesia and Pain Medicine
- > Chris Seifert, Consultant in Acute & Chronic Pain Medicine

Seminar topics include:

- > Definitions and clinical presentation
- > Radiological investigations and appearances
- > Pain management theory
- > Biomechanics of lumbar discs
- > Ageing process in lumbar disc
- > Injection techniques

The organisers – who last year hosted the new national consumer event, 'The Back Show' in London – hope to create an inspiring learning environment while also allowing delegates to fulfil a proportion of their CPD requirements.

The full day conference programme and list of speakers can be viewed at [www.backexpo.co.uk/cpd](http://www.backexpo.co.uk/cpd).

## What you need to know

Event: Back Pain 2007 – 'Management Options for Lumbar Disc Prolapse'  
 When: Tuesday 4 September 2007  
 Where: Renaissance Solihull Hotel, Birmingham  
 Cost: £125 + VAT  
 Register: [www.backexpo.co.uk/cpd](http://www.backexpo.co.uk/cpd)



## Book now

Back Pain 2007 is for osteopaths who wish to increase their knowledge in this area of care. The conference will include seminars, debate and networking opportunities, and offers 9 hours of certificated CPD. Places are limited and will be allocated on a first come, first served basis.

**Book at [www.backexpo.co.uk/cpd](http://www.backexpo.co.uk/cpd)**

**or call Julie Arazy at F2F Events on tel: 01442 285 800**

**or email: [Julie@f2fevents.co.uk](mailto:Julie@f2fevents.co.uk).**

## The Back Show 2007: free entry for osteopaths

On a separate but related note, we are pleased to announce that the General Osteopathic Council and the British Osteopathic Association have negotiated free tickets for this year's Back Show, which is again to be held at London Olympia on 6–7 October.

This year's show, run in conjunction with BackCare Awareness Week, will not only target the country's many back pain sufferers, but will also offer a programme of seminars and debates for health professionals. New additions to this year's show include the relaxation zone, where visitors can try a range of different treatments, plus free seminars for health professionals to enable them to update their knowledge on all things back-related.

**For further information on The Back Show visit [www.backexpo.co.uk](http://www.backexpo.co.uk). To request your free ticket, email: [julie@f2fevents.co.uk](mailto:julie@f2fevents.co.uk) and quote reference GOsc/backshow.**

# Bridging structural and cranial approaches?

**John Lewis BSc (Hons) Ost, Blaenau Ffestiniog**

Hawkwood College, near Stroud in Gloucestershire, provided a peaceful, rural atmosphere for an excellent residential course run by the Sutherland Cranial College (SCC). Directed by Susan Turner and facilitated by a knowledgeable and supportive SCC faculty, the five-day course was an exploration of the principle – as taught to Sutherland by AT Still – of balanced ligamentous tension (BLT) in treating the spine, trunk and periphery.

Aside from wanting to improve my skills as a practitioner and being curious to learn why BLT is sometimes regarded as a bridge between structural and cranial approaches, I had another

reason for attending this course. For the past decade I have been engaged in a lengthy and interesting project. In May 1997, having been in practice only two years, I rather naively headed to the USA to research what osteopathy meant to its founder, AT Still. The intention was to spend six months gathering my findings and (perhaps) two years putting them on paper. I soon realised I was quite unprepared for the magnitude of the task and ended up spending five years in Kirksville, three of them employed by Kirksville College of Osteopathic Medicine. Only now do I find myself in the final stages of completing what I hope is a definitive biography of AT Still.

I have set out to present osteopathy as he saw it: a philosophy of how nature works and our responsibility to act in harmony with it. It becomes ever clearer to me that nearly everything Still wrote remains relevant now; the only thing outdated is his mode of expression.

If we follow Still's reasoning, the aim of treatment is not to adjust a lesioned joint simply because it is out of its normal alignment. The aim of normalising structure is to restore normal physiology through removing obstructions to blood circulation and the nerves that control it. Above all, according to Still – and this is what I believe

distinguishes osteopathy from other manual therapies – we need to acknowledge that the body is at all times striving to express health. This, for Still, was/is the very foundation of osteopathy. In treatment, therefore, we need to acknowledge that the patient's body knows more than we do.

Still rarely employed HVT techniques (though there is some evidence that he did occasionally) and certainly did not teach them. "The pop," he would say, "is no evidence of an adjustment." In fact he did not teach technique at all, as he believed it led to unthinking routinism. He wanted us to use the corrective measures we find easiest and most



This section is intended to provide a forum for professional debate. The views and opinions expressed here do not necessarily reflect those of the publisher.

Dear Editor

The assumption made by Paul Twigg (*The Osteopath*, June 2007), after reading an advertisement for the MSc in Paediatric Osteopathy delivered by the Osteopathic Centre for Children (OCC) and The British School of Osteopathy (BSO), is misguided. "Cranial Osteopathy" is a term which some osteopaths choose to use, but it only suggests a preferred choice of technique within the whole toolkit of osteopathic manual skills – it does not denote a discrete profession. By contrast, "Paediatric Osteopathy" is simply the application of osteopathy (philosophy, techniques and management) to paediatric patients. Osteopaths working at

the OCC, including those undertaking the MSc, are encouraged to treat children using the full range of osteopathic techniques available to them.

There are many reasons for having the Sutherland Cranial Teaching Foundation (SCTF) course as a pre-requisite for the Masters programme. Firstly, osteopaths working in paediatric osteopathy have found this group of techniques effective in treating children. Secondly, an integral element of the MSc course involves students spending time with patients, such as premature babies in the neonate intensive care unit at Barnet Hospital, for whom other techniques carry more contraindications.

A number of undergraduate programmes in the UK currently teach only a basic introduction to these skills, so osteopaths who wish to use them effectively must undertake further study. In addition, when considering applicants for the MSc programme, we are also looking for osteopaths who have a strong commitment to further their development, and undertaking an SCTF course is one way to demonstrate this.

**Nancy Nunn, Course Leader,  
MSc in Paediatric Osteopathy,  
Osteopathic Centre for Children  
and The British School of  
Osteopathy**  
**Joanne Zamani, Head of  
Postgraduate Studies, The  
British School of Osteopathy**

## Have your say

If you would like to share your views or comments with other readers of *The Osteopath*, write to the editor at Osteopathy House, or email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk). Letters may be edited for length and clarity.

effective, based on a detailed knowledge of anatomy and physiology. He wanted us to develop the art of palpation rather than technique.

I believe that balanced ligamentous tension (BLT) is osteopathy in the strictest sense; it is about listening to the tissues rather than imposing upon them what we think they need. Employing what Sutherland called "seeing, feeling, thinking, knowing fingers," you match the resistance of the tissues, exaggerate the lesion to the point of balance and, as you give support, the connective tissues self-correct and pull the bones back into place. Perceiving these subtle changes is not easy at

first, but with practice you come to appreciate how the tissues retain the "memory" of past injuries, and realise why simply loosening muscles and adjusting joints may not always fully resolve the patient's problem.

I will continue to use HVT in practice as and when appropriate, but I have already found that by applying the principles of BLT, my cranial treatments have been enhanced. I would recommend this first-rate SCC course to anyone, regardless of how you currently practise.



# Courses 2007

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

## August

> 18-20

### The speech of the embryo

Speaker Prof Jaap van der Wal. Organised by the Craniosacral Therapy Educational Trust.

To be held at the Yoga Therapy Centre, 90-92 Pentonville Road, London N1.

tel: 07000 785778

email: info@cranio.co.uk

www.cranio.co.uk

> 31 August –

4 September

### Advanced therapy course

Course director John Gibbons.

Organised by Peakg Sporting Performance. To be held at Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ.

tel: 07850 176600

email: j.gibbons@peaksport.co.uk

www.peaksport.co.uk

## September

> 2-4 & 15-16

### Preliminary Course in Osteopathy in the Cranial Field

Course leader Nick Woodhead. Organised by the British School of Osteopathy. To be held at British School of Osteopathy, 275 Borough High Street, London, SE1 1JE.

tel: 020 7089 5315

email: g.arnold@bso.ac.uk

www.bso.ac.uk

> 7-10

### Australian Osteopathic Association Convocation 2007: Chronic Conditions

Organised by the Australian Osteopathic Association. To be held in Christchurch, New Zealand. www.osteopathic.com.au

> 14-16 & 21-23

### Osteopathy in the cranial field

Course Director Peter Cockhill.

Organised by Sutherland Cranial College. To be held at Columbia Hotel, London.

tel: 01291 689908

email: admin@scc-

osteopathy.co.uk

www.scc-osteopathy.co.uk

> 14-17

### SAT 'specific adjustment techniques' level 2

Speaker Gez Lamb. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain.

tel: +93 480 25 15

www.eobosteopatia.com

> 15-16

### Craniosacral therapy: introductory weekend

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

tel: 07000 785778

email: info@cranio.co.uk

www.cranio.co.uk

> 20

### Is structural osteopathy still valid?

Speaker Prof Eyal Lederman.

To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

> 22

### The experience of pain – a multidimensional exploration – weekend course

Speaker Ian Stevens. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

> 22-23

### Harmonic technique

Speaker Prof Eyal Lederman.

To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

> 27

### Update of muscle repair and adaption

Speaker Prof G. Goldspink.

To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

## October

> 6-7

### Integrative osteopathic technique (TOT 1) cervical spine CD and UEX – weekend course

Speaker Prof Laurie Hartman.

To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

> 6-7

### Cranio-Sacral Therapy – Start of 2-year professional training

Speaker Thomas Atlee.

Organised by the College of Cranio-Sacral Therapy (CCST). To be held in London.

tel: 020 7483 0120

email: info@ccst.co.uk

www.ccst.co.uk

> 6-7

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

Speaker Chris Boynes. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

> 7

### Foundation course in prescription orthoses for osteopaths

Lecturers Edward Buckwald and Chris Eke. Organised by Pegasus Orthoses. To be held at the Stanborough Centre, Watford.

tel: 01923 260452

email: info@pegasusorthoses.co.uk

> 11

### How to treat whiplash injuries – evening course

Speaker Prof Laurie Hartman.

To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.

tel: 020 7263 8551

email: cpd@cpdo.net

## > 11-14

### Birth ignition

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. tel: 07000 785778 email: info@cranio.co.uk www.cranio.co.uk

## > 12-13

### The knee – all you need to know

Lecturers Lesley Hall and Nel Porteous. Organised by The Knee Foundation. To be held at The Knee Foundation Conference Room, Droitwich, Worcs (Junc 5, M5). tel: 01905 776676 email: kneefoundation@btconnect.com www.kneefoundation.com

## > 12-14

### Part 3 – developing palpation – osteopathy in the cranial field (fulcrums and midlines)

Speaker Ian Wright. To be held at the Knocklofty Country House Hotel, Co. Tipperary, Ireland. tel: 00353 52 38800

## > 18

### Update on connective tissue repair and adaptation – evening lecture

Speaker Dr Helen Birch. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 20-21

### Lymphatic motion

Speaker Averille Morgan. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 20-21

### Positional release techniques – weekend course

Speaker Leon Chaitow. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 20-21

### Harmonic technique (part II) – weekend course

Speaker Prof Eyal Lederman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 20-23

### The functional face

Course Director Liz Hayden. Organised by Sutherland Cranial College. To be held at Dartington Hall, Totnes, Devon. tel: 01291 689908 email: admin@scc-osteopathy.co.uk www.scc-osteopathy.co.uk

## > 25-27

### Visceral osteopathy: the abdomen – weekend course

Speaker Jean-Pierre Barral. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 26-28

### Animal osteopathy

(First weekend of a one-year postgraduate course validated by the ESO) Organised by Stuart McGregor, Osteopathic Centre for Animals. To be held at The Wantage Clinic, Oxon. tel: 01235 768 033 email: wantageclinic@msn.com

## > 27-28

### Cranial and visceral anatomy for osteopaths

Speaker Gez Lamb. Organised by the Fundacio Escola d'Osteopatia de Barcelona. To be held in Spain. tel: +93 480 25 15 www.eobosteopatia.com

# November December

## > 1

### How to treat impingement syndrome – evening course

Speaker Prof Eyal Lederman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 3-4

### IOT II: lumbar and thoracic spine and ribs – weekend course

Speaker Prof Laurie Hartman. To be held at Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19. tel: 020 7263 8551 email: cpd@cpdo.net

## > 10

### Acute knee course (ISAKOS approved)

Organised by the Knee Foundation. To be held at the Knee Foundation Conference Room, Droitwich, Worcs (Junc 5, M5). tel: 01905 776676 email: kneefoundation@btconnect.com www.kneefoundation.com

## > 15-18

### Immotion: an introduction to the role of emotion in the clinical manifestation of somatic dysfunction (through the medium of osteopathy in the cranial field).

Speaker Christine Conroy MSc Ost Do Hons MSCC. To be held at the Tynycornel Hotel, Talylllyn Mid Wales. tel: 01654 761435 email: info@immotion.org.uk



## CLASSIFIEDS

### RECRUITMENT

**Golders Green NW11** – Experienced qualified Osteopath required within an expanding dental/medical facility. Newly refurbished consultation room available, full administrative backup. For further details, call Mairead (Practice Manager) on 020 8455 8202 daytime.

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#### Full-time Osteopath required

Attractive established central Gloucester premises. The position will be of particular interest to a graduate who is interested in all aspects of running a successful osteopathic practice. Please send CV to Paul Stamp, Gloucester Osteopaths, St John's Lane, Gloucester, GL1 2AT.

**We are looking for a confident** and caring Osteopath to join our exciting practice in Fulham on Saturdays. You should be able to establish a good rapport with patients and maintain your list to reflect this. You should be happy to treat all patients from babies through to the elderly, using a broad range of treatment modalities. Ideally, you should have two years' experience, however an exceptional new graduate would be considered. Please email your CV to the address below, along with detailed answers to the following questions. What is the difference between osteopathy and physiotherapy? Why would you be the ideal person to join our team? Melinda and Andrew Cotton, The Fulham Osteopaths. email: info@fop.co.uk

#### Locum to cover maternity leave

between October 2007 and Jan 2008 in friendly practice in Amersham, Buckinghamshire. 2 flexible days per week. For more information, please call 01494 727859 or send CV to sarahegill@gmail.com

### Chislehurst, Kent near Elmstead Wood BR.

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07958 354346  
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**Associate required** for practice in Earlsfield, London. Applicant must have minimum 1 year's experience. The candidate will be required to have a working knowledge of dynamic core stability, sports rehabilitation, and be able to use acupuncture and electrotherapy modalities. A working knowledge of ergonomics and work station assessment would be desirable. Application to James Dodd at 432 Garratt Lane, Earlsfield, London, SW18 4HN.

**Cambridgeshire** – Osteopath required to join our expanding practices. The successful candidate will be structurally minded in their approach and will have the opportunity to work at three clinics, sessions negotiable. Send your CV to Mrs McLean, Huntingdon Osteopathic Practice, 10 St Peters Road, Huntingdon, PE29 7AA.

**Bristol.** 2 keen and happy osteopathic associates required to work in a rapidly expanding, well established family practice in Bristol. There would be some NHS contract work involved. We would provide a friendly, supportive environment. Our practice would benefit from someone interested in treating expectant mothers and children. We have extremely experienced osteopaths who can help with clinical support and could be a great continued learning opportunity. Please contact Nick and Juliana Hounsfield at The Family Practice, 01179 446968 or email: familypractice@talktalk.net

#### Maternity Locum required -

Salisbury area. 4.5 days per week from October 2007 for 1 year. Good structural skills with confidence in HVT required plus being happy to treat using IVM. To apply please email your CV plus covering letting describing your osteopathic approach and what you like treating to rhian@rhianosborne.wanadoo.co.uk

### COMMERCIAL

**Established Practice for sale** in a lovely upmarket Health and Fitness club in Buckingham. Excellent links with GPs, health visitors and midwives. Full-time reception cover with low overheads. The practice is mixed structural and cranial, with an excellent reputation. Last 2 years' turnover has been on average £47,900 per year, and this is with working 2.5 days per week, so great scope for expansion. Owners are emigrating. Phone 0845 838 5517.

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**Goodwill for sale**  
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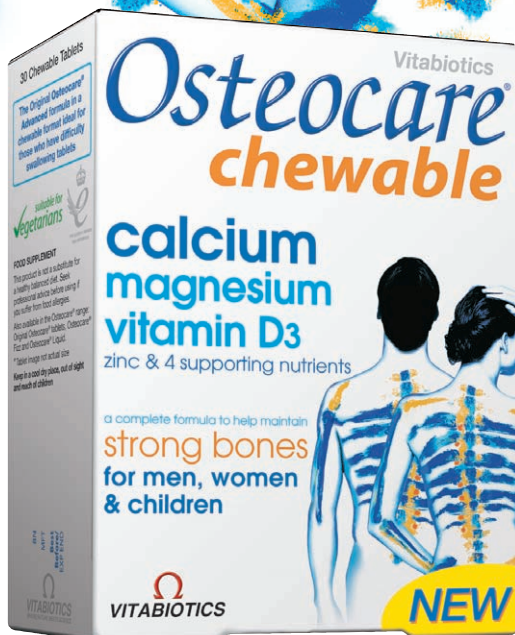
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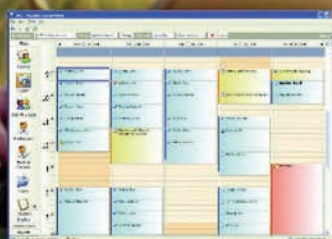
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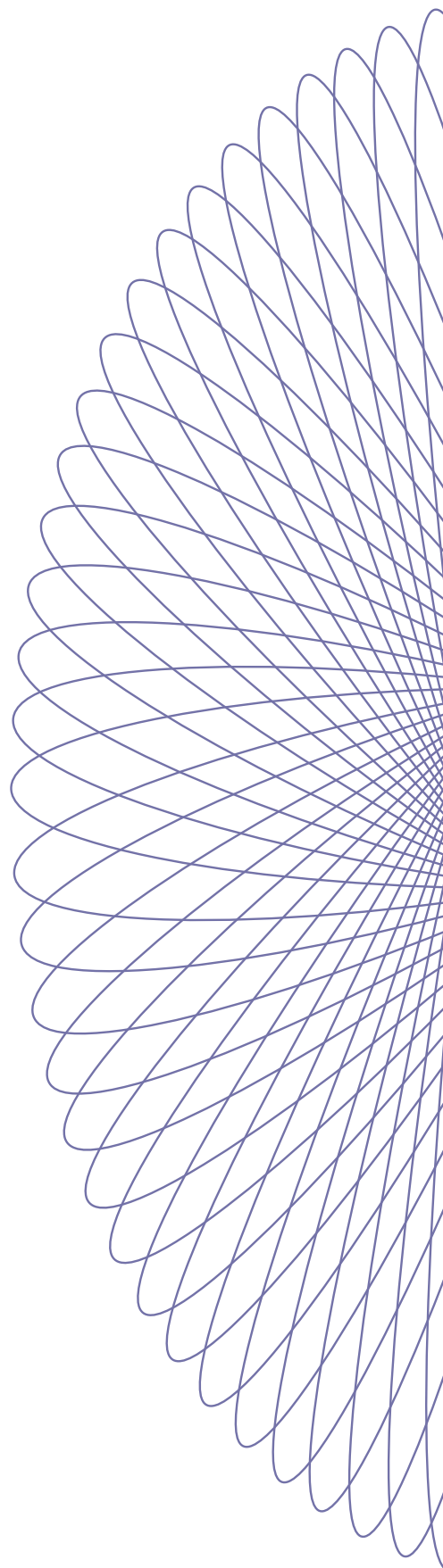
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# CPDO

# 2007

Date	Title	Tutor / lecturer	Cost	Deposit
<b>Weekend courses</b>				
20-21 Oct	<b>Positional release techniques</b>	<i>Leon Chaitow</i>	£225.00	£125.00
6-7 Oct	<b>IOT I: Cervical spine, CD and UEX</b>	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
3-4 Nov	<b>IOT II: Lumbar &amp; thoracic spine and ribs</b>	<i>Prof. Laurie Hartman</i>	£195.00	£125.00
17-18 Nov	<b>Lymphatic motion</b>	<i>Averille Morgan</i>	£195.00	£125.00
22-23 Sept & 20-21 Oct	<b>Harmonic technique (part I &amp; II)</b>	<i>Prof. Eyal Lederman</i>	£395.00	£250.00
6-7 Oct	<b>Cognitive behavioural approach to chronic pain in physical therapies</b>	<i>Heather Muncey Peter Gladwell</i>	Cost: £215.00	Deposit: £125.00
6-7 Oct	<b>How to treat sports injuries: the lower body</b>	<i>Chris Boynes</i>	£195.00	£125.00
22 Sept	<b>The experience of pain - a multidimensional exploration</b>	<i>Ian Stevens</i>	£115.00	Pay in full
17 Nov	<b>Practical clinical nutrition</b>	<i>Dr. Adam Cunliffe</i>	£115.00	Pay in full
<b>Evening courses</b>				
11 Oct	<b>How to treat: Whiplash injuries</b>	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
1 Nov	<b>How to treat: Impingement syndrome</b>	<i>Prof. Eyal Lederman</i>	£40.00	Pay in full
8 Nov	<b>How to treat: Achilles Tendonosis</b>	<i>Chris Boynes</i>	£40.00	Pay in full
<b>Evening lectures</b>				
27 Sept	<b>Update on muscle repair and adaptation</b>	<i>Prof. G. Goldspink</i>	£20.00	Pay in full
18 Oct	<b>Update on connective tissue repair and adaptation</b>	<i>Dr. Helen Birch</i>	£20.00	Pay in full
20 Sept	<b>Is structural osteopathy still valid?</b>	<i>Prof. Eyal Lederman</i>	£20.00	Pay in full
15 Nov	<b>Process centred osteopathy: a new clinical model</b>	<i>Prof. Eyal Lederman</i>	£20.00	Pay in full

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

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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**

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# Harmonic Technique

Prof. Eyal Lederman DO, PhD

- **Passive motion is the only passive physical approach known to optimise tissue repair** (Cochrane Systematic Reviews 2003)
- Rhythmic intermittent compression is the most effective way to increase fluid flow in the body
- Rhythmic stretching is more effective than high velocity or static stretching in elongating tissues
- Rhythmic passive movement has a gating effect on pain

Rhythmic passive movement is the essence of Harmonic Technique

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

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

Weekend I:

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

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

Weekend II:

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

*Practical part* - Harmonic Technique for cervical and dorsal spine, ribs and all peripheral joints.

Revision of technique taught in the first weekend.

For demonstration of Harmonic technique see  
<http://www.cpdo.net/res/vid1.htm>

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

Prof. Lederman has been teaching osteopathic technique and the physiological basis of manual therapy at the British School of Osteopathy and is a guest lecturer in different schools in the UK and abroad. He has published articles in the area of osteopathy and is the author of the books "Harmonic Technique", "Fundamentals of Manual Therapy" and "The Science and Practice of Manual Therapy". He is currently writing a book on movement rehabilitation titled "Neuromuscular Rehabilitation in Manual and Physical Therapies".

Dates: 22-23 Sept & 20-21 Oct 07 (two weekends)

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- ▶ **Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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Osteopath

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**“Important as is the structural factor, treatment of it alone is not to treat the patient as a whole and would be, if I interpret it correctly, a corruption of the osteopathic concept.”**

*Irwin Korr Ph.D  
 The Neural Basis of the Osteopathic Lesion (1947)*

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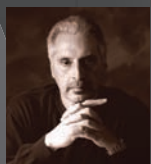
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*H. Dananberg*

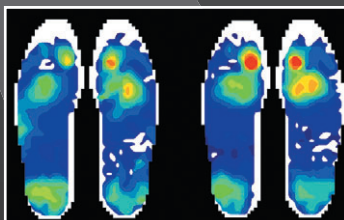
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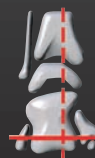
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