

# the osteopath

Readership survey enclosed

## Advancing Osteopathy 2008 Celebrating UK recognition & progress



Friday 1 – Sunday 3 February 2008

**inside**

New GOsC Chief Executive  
BackCare Awareness Week  
Osteopaths backing exercise

# Stretches for healthy backs

## A pocket-sized information leaflet with exercises to help patients maintain a healthy back

For many patients, retaining all the information and advice offered by health professionals is a stretch in itself. And exercise programmes are commonly forgotten. This leaflet – illustrating a range of stretches – was developed by Health Response UK and is designed to help osteopaths guide patients through exercises suited to keeping the back in good shape. And, most importantly, it's in a convenient format patients can take with them to keep in their pocket or stick on the fridge.

Order your stretch cards (£18 per 50 plus p&p), along with other public information leaflets and posters, from the GOsC Osteopathic Information Service on tel: 020 7357 6655 ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

Leaflet orders take 3–5 days to be processed. An invoice will be enclosed in the package.

### Benefits of stretching

Stretching is a low impact method of exercise designed to increase flexibility and tone the muscles of the body. You do not have to be an athlete to enjoy the benefits of stretching.

- Improves flexibility
- Decreases the risk of injury
- Increases performance
- Addresses muscular imbalances
- Decreases physical stress
- Makes you feel better

### Introduction

These stretches are designed to improve the condition of your back through gentle work to develop and tone the muscles in the area. You can do these exercises in any order, or follow the sequence suggested in this guide.

The exercises are designed to help and protect a healthy back. If you feel discomfort or are currently suffering a back problem then you may need professional medical advice or attention.

#### BACK STRETCHES

**1**  
**Mid back stretch**



Stand with your arms out in front, with the fingers interlaced as shown. Round your shoulders forwards and push out with your hands. The stretch may be felt in the arms, back of the shoulder, or between the shoulder blades. Hold for 8-8 seconds and relax. Repeat.

#### BACK STRETCHES

**2**  
**Forward back stretch**



Kneel down, sitting on your heels. Keeping your bottom on your heels, gently bend forwards so that the chest moves towards your thighs. Support your upper body with your arms on the floor. Relax into this position and feel the stretch. Stretch for up to 2 minutes, if comfortable, and sit up out of this position using your arms.

#### BACK STRETCHES

**3**  
**Single knee hugs**



Lie flat on your back. Gently raise one knee up towards the chest and encourage the movement with your arms as shown. Hold for 8-8 seconds and relax. Swap to the other leg. Repeat. Keep the head and neck relaxed during the stretch.

#### BACK STRETCHES

**4**  
**Double knee hugs**



Lie flat on your back. Gently raise both knees up towards the chest and encourage the movement with your arms as shown. Hold for 8-8 seconds and relax. Repeat. Keep the head and neck relaxed during the stretch.

#### BACK STRETCHES

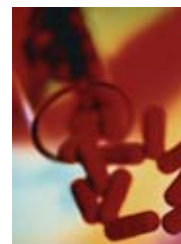
**5**  
**Hip stretch**



Lie on your back, bend one knee and guide it across your body as shown. Relax your body, including the head. Gently encourage the knee towards the floor and up the body.

**Relax and stretch**  
You should be in good health to conduct these simple stretches. If you are in any doubt, seek further advice before stretching.

**Preparation**  
Position yourself as illustrated in the diagram. Stretch smoothly and slowly until you feel the stretch in the desired muscle. Hold the stretch for 15-20 seconds, then release slowly. Do not force the stretch or bounce. If you feel any pain you should stop.



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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.

**Clerk to Council** **01580 720213**

**Enquiries about** Council Members and meetings, GOsC Committee business.

**Chairman/Chief Executive & Registrar** **ext 246**

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# Registrar's report

Not that I am counting down the days ... but my successor as Chief Executive & Registrar of the GOsC arrives in almost just as many weeks as I will have done years in this post. Where has a decade gone?!

Evelynne Gilvarry will join the GOsC on 26 November 2007 and you can find out more about her on page 9. I am delighted that the GOsC will have someone of Evelynne's qualities, experience and expertise at the executive helm, especially during this challenging time for the regulation of healthcare professionals, with widespread reforms to be implemented. I am sure she will enjoy the role as much as I have done. We will have a couple of weeks to work together in order to complete a handover, and I will retire in time for Christmas. It is a funny old time for mixed emotions, but I will save all that for my final report.

Although by then I will have officially 'stepped down from office,' I will most certainly be back to share in what for the UK osteopathic profession promises to be the event of the decade – 'Advancing Osteopathy 2008'. There really is a lot for osteopaths to proclaim very publicly, not least the successful outcome of last year's 'OSTEOPATHS ACT NOW!' campaign, in response to the threats posed by the Foster Review, and this occasion will provide that opportunity. It is also good for a profession to take stock periodically and together plan for the future. So, 1-3 February 2008 will be significant and important days for learning, contributing, sharing and showcasing the very real contribution osteopathy makes to today's healthcare. You know – and have shown – that together you can make an impact and a difference, so see pages 6-8 for more about this landmark occasion. Your event brochure and booking form will soon be arriving in the post, so be sure to book early to take advantage of the early bird discount. In fact, I would even go as far as to say that there are now some new Critical 'Cs' – Congregate, Contemplate, Consolidate, Celebrate and ... Crystal Ball gaze!

Hopefully, whilst you are in form-completing mode, you will also take a few extra moments

to let me know your views on the revamp of *The Osteopath*. Does the magazine now better meet your needs? What suggestions do you have for further improvement? Please give us this vital feedback as it directly influences how the GOsC communicates with you. We need to be sure that continuing with *The Osteopath* magazine is adding value to your practice.

Your new website – the **o** zone – was launched last month and we have been encouraged by the amount of positive feedback already received. You may have noticed that there are still more functions to be developed, but it is heartening to know this new resource is on the right track. If you want to add your views, comments and criticisms, this can be easily done with the press of a button – see 'Take our survey' on the homepage. Remember also this website is an evolving resource, with new features to be added over the coming months and news items frequently updated. A regular check will keep you up to speed and provide an opportunity to let us know what you think.

On the IT front, it is probably appropriate to mention some problems we have recently been experiencing with the 'Find an Osteopath' feature on the GOsC public website, and to apologise if this glitch has affected you. These inexplicable 'gremlins' are, I know, as frustrating to you as they are to us, and our website managers are doing their best to resolve matters quickly. On the plus side, the GOsC was the first regulatory body to have an online searchable database, so the profession has for some years been leading the way on offering patients convenient, round-the-clock access to osteopaths' details.

As September marks the beginning of party political season, the GOsC is organising a number of briefing meetings with policy makers. These will not only take place across all four UK countries, but also at a European level, through the evolving work programme of the Forum for Osteopathic Regulation in Europe. We will report on all these matters in *The Osteopath* as they develop, but key issues include the impact of EU freedom of

movement legislation, widening access to osteopathic care and, of course, the future challenges of proposed Government reforms to healthcare regulation.

It is these very matters that occupy me now as I turn my hand to getting together all that is needed for Council to consider its strategy for the future. On 17 September Council Members will devote the day to discussion and planning for, amongst other issues, the challenges of the White Paper on healthcare regulation. The Government has signalled that it will again review the regulation of health professionals, including osteopaths, in 2011 – this profession cannot afford to be complacent about its autonomy. To use a good old military expression: "Time spent in reconnaissance is never wasted." We will keep you posted.

**Madeleine Craggs**  
Chief Executive & Registrar



# Advancing Osteopathy 2008

## Celebrating UK recognition & progress

**Friday 1 February – Sunday 3 February 2008**

The Queen Elizabeth II Conference Centre, Westminster, London

UK Osteopathy is set to celebrate advances in osteopathic care – in education, research, regulation and practice – in a showcase event extending over four days in early February 2008.

Coinciding with the 10th anniversary of the first name entered on the UK Statutory Register of Osteopaths – and over 110 years of practice in Britain – the General Osteopathic Council is proud to coordinate a series of

international social and educational events for osteopaths.

**Advancing Osteopathy 2008** represents for osteopaths not only quality CPD, but an exceptional opportunity to take stock, to embrace diversity and development – and, not least, to network with professional colleagues across the country and the international osteopathic community.

### International Osteopathic Conferences

Three international osteopathic conferences – combining perspectives from across the globe – will explore osteopathy's progress and shape the future of practice, training and emerging research.

### Gala Dinner – Osteopaths Re-united

Saturday 2 February 2008 – 7.30pm for 8pm

**Royal Lancaster Hotel,  
Lancaster Gate, Hyde Park**

A glittering occasion bringing together osteopaths 'past, present and future' – from across the UK and across the globe!

The social event of the decade for UK osteopathy – this black-tie gala dinner promises to unite, re-unite and celebrate osteopaths currently in practice, along with those now retired from practice, their partners, students soon to join the profession, and the many whose teaching, research and administrative support have underpinned the profession's development over the decades.

You can 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 trained with and have not seen in years, let us know where and when you graduated and we will do our best to link you up with former classmates.

You do not need to be a registered conference delegate to book a place at the gala dinner.

### Recognising contributions

This evening also represents 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. Take the opportunity over coming months to nominate and vote for deserving colleagues to whom you feel tribute is most due – and be sure to be present at this gala event to salute their commitment. Award categories will be announced shortly in *The Osteopath*, along with details of how to nominate.



## Osteopathy – art and science

Celebrating evidence – informed osteopathy in practice

Friday 1 February 2008

Hosted by the National Council for Osteopathic Research

### Keynote addresses

- > Prof John Licciardone, Chair, Osteopathic Heritage Clinical Research Center, University of North Texas.
- > Prof Raymond Lee, Professor of Biomechanics, University of Brighton.
- > Prof Kim Burton, Spinal Research Unit, University of Huddersfield.
- > Dr Ian Drysdale, Principal, British College of Osteopathic Medicine, London.
- > Robert Moran, UNITEC, New Zealand & Nicholas Lucas, University of Western Sydney, Editors, *International Journal of Osteopathic Medicine*, and practising osteopaths.

### Topics for debate

- > Osteopathy should get back to its roots and practise what it does best.
- > Publish or perish – what's the point?
- > Are clinical trials relevant to osteopathy?



## Osteopathy – good health in good hands

Embracing diversity & integration in practice

Saturday 2 February 2008

Hosted by the General Osteopathic Council

### Programme highlights

- > Understanding Structure, Underpinning Function – the beauty of the osteopathic approach  
  
Osteopathy – head to ‘heal’
- > Myofacial, vascular, psychogenic head pain – integrating our cranial & structural approaches in treatment  
Tim Oxbrow BSc (Hons) DO (Hons), Stowmarket Osteopaths
- > Scoliosis – Infantile and Adolescent  
David Harrison FRCSEng MBBS BSc AKC, Consultant Spinal Surgeon, Royal National Orthopaedic Hospital (TBC)
- > Osteopathic management of ‘established’ scoliosis  
Panel discussion
- > Low back pain – when is surgery the better option?  
John O’Brien AM MB BS MS MD FRACS, Professor of Surgery, University of Sydney
- > Exploding the reductionist approach to low back pain  
Phillipe Richter, Director, Institute for Applied Osteopathy (IFAO), Germany, and practising osteopath (TBC)
- > Sporting injuries of the lower limb  
Speakers to be announced
- > Advancing Osteopathy – debating the future
- > VIP address

## Osteopathic learning & practice – building a global future

Sunday 3 February 2008

Hosted by the British School of Osteopathy and the Osteopathic International Alliance

An invaluable opportunity for healthcare practitioners and educators to appraise the challenges facing osteopathic development, to share good practice and to shape the future.

A packed programme of keynote lectures, mini symposia and parallel sessions will examine the values and philosophy underpinning osteopathic learning and practice.

### Themes include:

- > Post-qualification education
- > National education models
- > Osteopathic education in practice:
  - Reflective osteopathic practice
  - Patient-centred education
  - Communication skills
  - Risk, adverse events and osteopathic manipulation
  - Psychosocial intervention
  - Effective technique teaching

### Symposia

- > Teaching critical thinking in osteopathy – integrating craft, knowledge and EBM approaches
- > Osteopaths as educators – what makes a good teacher?
- > Assessing osteopathic practice: hands-on skills, clinical competence, concepts and values
- > Values, philosophy and theory – underpinning or undermining osteopathic education and practice?



## Venue

**The capital's prestigious Queen Elizabeth II Conference Centre,** located in Parliament Square at the very heart of Westminster, provides a fitting setting for 'Advancing Osteopathy 2008'. The UK's lively capital city requires no introduction and offers a central and convenient hub with good transport links for road, rail and air for all delegates and speakers from the UK and abroad.

## Poster displays

All three conferences will be complemented by an extensive display of scientific and educational poster presentations, examining and progressing osteopathic development.

### Call for posters

Both the National Council of Osteopathic Research ([www.ncor.org.uk](http://www.ncor.org.uk)) and the British School of Osteopathy ([www.bso.ac.uk](http://www.bso.ac.uk)) are currently calling for poster presentations. The closing date for submissions is Tuesday 18 September. See the respective websites (above) for further details, including submission guidelines and selection criteria.

## Trade exhibition

A wide range of products and service providers will be available to delegates over all three conference days, in the Conference Centre's spacious Benjamin Britten Lounge with its spectacular Westminster Abbey backdrop.

If you know of any industry partners who may be interested in taking part in the three-day exhibition, contact the GOSC Communications Department (ext 222 or email: [events@osteopathy.org.uk](mailto:events@osteopathy.org.uk)) as soon as possible.

## Partners' programme

Advancing Osteopathy is also an occasion to share with partners and friends – and an ideal opportunity to enjoy the highlights of London.

A programme of daytime activities for delegates and their partners will be available for those eager to explore the capital's historic landmarks.

## Cost

We have tried to keep the costs as low as possible, through GOSC subsidy and sponsorship, to enable as many UK osteopaths to attend and enjoy this

exceptional event. Be sure also to take advantage of the early bird booking discount available during September and October. Concessionary rates are available for students of osteopathy.

## Accommodation

For those of you requiring accommodation, there will soon be a list a full range of discounted options – from B&Bs to 5-star hotels – available on the event website. This will also include a limited number of discounted rooms at the Royal Lancaster Hotel – the Gala Dinner venue. Hotel reservation service, Exposé Travel, will manage your accommodation bookings online and should be contacted on tel: 01883 342 006 for special requirements.

## Find out more

Be part of **Advancing Osteopathy 2008** by reserving your place for the Conferences and Re-union Dinner. You will receive your Event brochure and booking form in early September. Further Event information and on-line booking will also shortly be available through the **o** zone and GOSC public website.





# GOSc appoints a new Chief Executive & Registrar

## The General Osteopathic Council has appointed a new Chief Executive and Registrar to succeed CE&R Madeleine Craggs, who retires at the end of this year.

Leadership of the GOSc executive will in December pass to **Evelynne Gilvarry**, who comes to the GOSc with a wealth of experience of professional regulation, having worked with The Law Society in various roles for almost 20 years. As Director of Representation and Legal Policy at The Law Society, a post she has held for the last 6 years, Evelynne has been responsible for representing solicitors in the UK and internationally. Previously at the Society she filled roles in policy development, publishing and communications.

Commenting on her appointment, Evelynne Gilvarry observed: "Osteopaths in the UK have rapidly developed a robust regulatory structure that is widely admired and respected. I am delighted to be joining the Council at a time that sees this profession taking a leading role in enhancing patient care.

"Seeing through the requirements of the current Government White Paper reforms to healthcare regulation represents an immediate priority, but, as Chief Executive of the GOSc, shaping best practice in the interests of patients and professionals alike will be my primary focus."

Evelynne will be present at the GOSc Council Strategy Day on 17 September. Her experience of management and corporate governance on boards very similar to the GOSc will likely inform consideration of the proposed reforms to the regulatory structure.

The function of regulation in safeguarding the movement of patients and practitioners throughout Europe is seen by Evelynne to be key to enhancing the quality of osteopathic care. But it is the resolute commitment of UK osteopaths to the – sometimes thorny – path of regulatory development that particularly impresses and, above all, Evelynne is determined to work with the profession to ensure osteopaths remain closely engaged in shaping development.



An occasion that will mark the 10th anniversary of the General Osteopathic Council, next February's 'Advancing Osteopathy 2008' event (see pages 6–8), represents an ideal opportunity for many osteopaths to meet the new GOSc Chief Executive & Registrar. We shall also be liaising in due course with Regional Representatives to arrange an introduction for the new CE&R to the profession across the UK.

GOSc Chairman Nigel Clarke said of the appointment: "I am delighted that Evelynne has been appointed the next Chief Executive and Registrar of the GOSc. She was selected from a field of outstanding candidates and her strong leadership, knowledge and experience will be invaluable."

Chief Executive & Registrar Madeleine Craggs, who has steered the GOSc through its first decade, added: "This is a challenging time for the regulation of healthcare professionals, with widespread reforms to be implemented, so I am delighted that the GOSc will have someone of Evelynne's qualities, experience and expertise at the helm. I am sure she will enjoy the role as much as I have done."

Evelynne Gilvarry will join the GOSc on 26 November as CE&R-designate and will succeed Madeleine Craggs on 10 December 2007.

## Revalidation for health professionals?

It is still too early to report on any outcomes of the Department of Health deliberations on the Government's White Paper on the regulation of health professionals. Working Groups are, however, starting to be formed and terms of reference agreed.

Although the GOSc is hoping to be on as many of the groups as possible, only membership of the Non-Medical Revalidation Working Group has so far been confirmed. This Group met on 23 July 2007, agreed its Terms of Reference and received presentations from each of the healthcare regulatory bodies, who outlined their positions on revalidation.

These presentations, along with considerations for developing and implementing revalidation schemes for the individual professions, took the greater part of the meeting. Some of the common points that emerged were:

- > Any system, or model, must be robust, practical and affordable, and have a rigorous evidence base to demonstrate anticipated benefits. The latter is a difficult aspiration as some of the work will be ground-breaking, and models of true revalidation are few in number, with none currently in place in the UK.
- > The focus should be on benefits to patient safety rather than improving patient care.
- > Any system, or model, must be based on a robust risk assessment process that is sensitive to such issues as the effect of working environment and work setting.
- > There must be clear agreement on the focus of revalidation, e.g. whether it is about conduct, competence, or keeping up-to-date through Continuing Professional Development.
- > Revalidation should not require any new, large-scale centralised data gathering system.
- > Models of revalidation based on peer assessment may not be achievable where registrants are in commercially competitive environments.
- > Consideration must be given to the costs of the system and who pays.
- > Conduct, more often than competence, issues result in registrants being subject to fitness to practise procedures, and this should be considered.
- > Revalidation must not be a punitive process, but must offer opportunities for remediation.
- > Revalidation must be able to accommodate emerging areas of practice, advanced practice, and new ways of working.

The GOSc will give further consideration to these issues and others pertaining to the proposed reforms emerging from the White Paper. Further developments will be reported in future issues of *The Osteopath* magazine and on the **o** zone website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).

# Registration matters

Brenda Buckingham, Registration Secretary

## Renewing your registration

A significant proportion of you, namely those of you who qualified post-2000, are currently renewing your annual registration with the GOsC. To expedite this process, the GOsC Registration Department sends out forms two months prior to your annual renewal of registration date and urges that completed forms be returned promptly, together with the following required documentation.

## Professional Indemnity Insurance policy

The GOsC requires that osteopaths have valid and adequate Professional Indemnity Insurance (PII), which allows patients to claim any compensation due to them in the event of injury. You are therefore required to supply the GOsC with a copy of your current policy – this means the policy that is valid when submitting your application form, regardless of when it expires.

The following organisations provide policies that meet the statutory rules of the GOsC and are registered with the Financial Services Authority:

- > **Balens Insurance Brokers, tel: 01684 581878**
- > **Howden Insurance Brokers, tel: 020 7623 3806**
- > **Three Counties Insurance, tel: 01789 204803**
- > **Towergate MIA, tel: 01438 739777**

The British Osteopathic Association can also be contacted with regard to PII – tel: 01582 488 455.

## Continuing Professional Development (CPD) self-declaration

All osteopaths are required to complete 30 hours of CPD a year – of which at least 15 hours must include learning with others. The Registration Department monitors compliance with the scheme through your

self-declaration on the Renewal of Registration form.

CPD years vary according to registration renewal dates – your CPD year ends two months prior to your annual renewal of registration. This allows one month for you to prepare and submit your form and one month for the GOsC to review and resolve any problems prior to your renewal date. For example, if your date of registration is November 10, your CPD activity ends on August 31 and your completed CPD Annual Summary Form must be submitted to the GOsC by September 30. Interactive forms will soon be available on the **o** zone website, allowing you to record your activities online and submit your form electronically.

Compliance with CPD among the profession has been notably high. However, as the CPD rules have now been formally approved, 2008 will be the first year that osteopaths can be removed from the Register for non-compliance with CPD requirements.

## From student to osteopath

Applications from this year's cohort of osteopathic graduates have also begun streaming in to the Registration Department and it is anticipated that some 250 new osteopaths will be welcomed on to the UK Register of Osteopaths over the coming months.

## Commencing practice

Making the transition from student to osteopath can be equally exciting and daunting. Each year the GOsC meets the final-year students to help prepare them for practice life by introducing them to the GOsC, its role as regulator and their responsibilities as a regulated health professional in the UK.

Comprehensive introductory packs are also distributed at this time, and include such information as:

- > The GOsC: structure and function
- > Profiling the UK osteopathic profession
- > Continuing Professional Development – requirements and process

## Received your Development folder?

By now you should have received in the post your new GOsC Development folder, containing the revised *Continuing Professional Development (CPD) Guidelines* and *Standard of Proficiency (Standard 2000)*. Designed to complement your Fitness to Practise folder, this new folder brings together essential information and guidance pertaining to standards of osteopathic practice and development. Further documents and guidance will be added in due course.

### CPD guidelines

You will notice that the *CPD Guidelines* have undergone substantial revision. These changes were based on feedback from the profession and an internal critical analysis of the CPD process. While the scheme and your requirements remain unchanged, the document has been revised to make it more accessible and user-friendly.

### Standard of Proficiency

The Standard of Proficiency document – which outlines the standards of practice that osteopaths must meet in order to gain and maintain registration – is to be reviewed over the coming year to ensure it remains relevant to osteopathic practice in today's healthcare and educational environment. As a first step, osteopaths are invited to feed back comments on the content of the document to the Development Department (feedback deadline: 31 October 2007) – see your folder for further information. A formal, profession-wide consultation will then be rolled out in 2008. Further information on the review and consultation will be published in a future issue of *The Osteopath* and on the **o** zone (log in at [www.osteopathy.org.uk](http://www.osteopathy.org.uk)).

### Not received your folder?

If your folder has not yet arrived in the post, contact the Development Department on ext. 240 or email: [marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk).



## New registrant applications

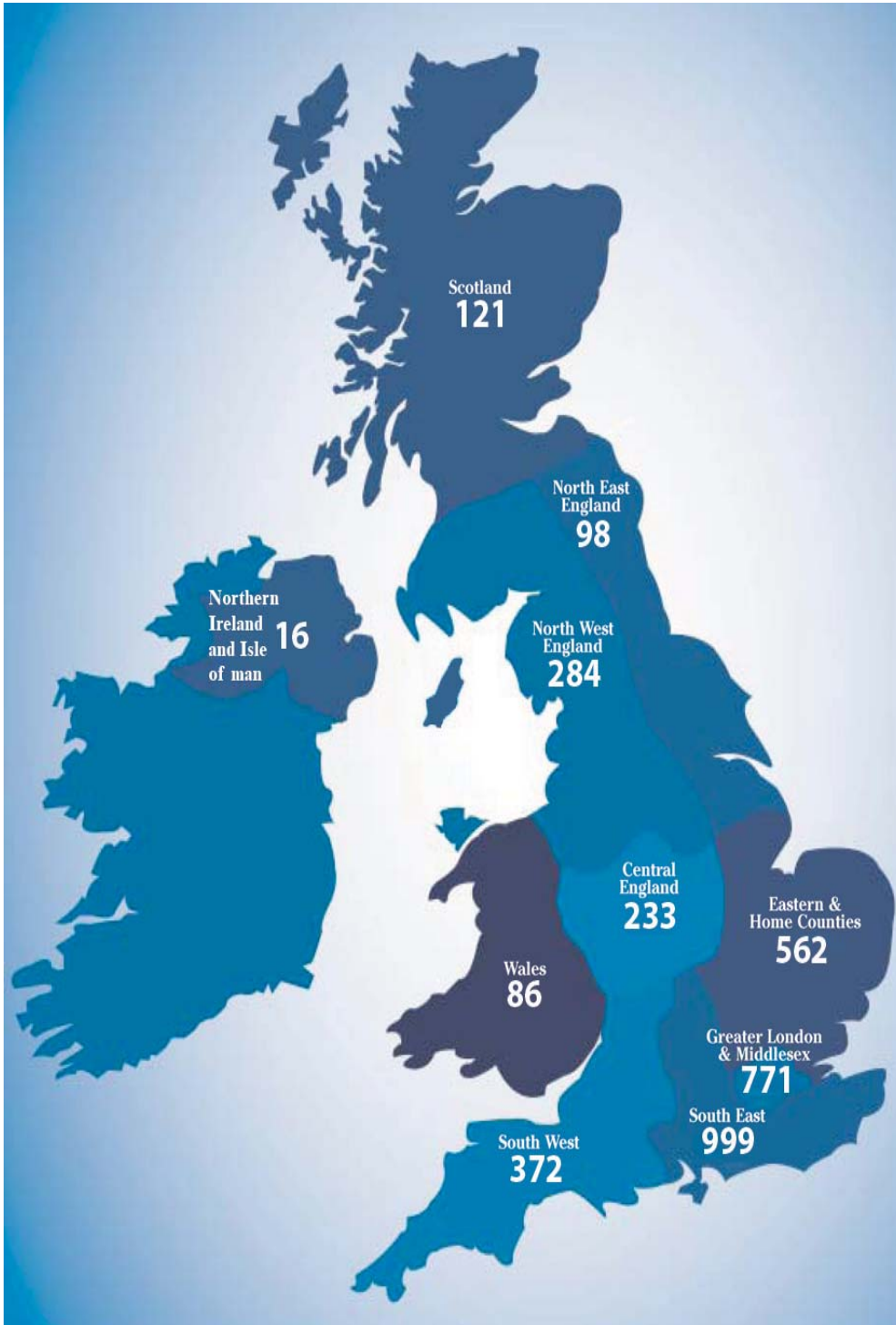
To ensure that your entry to the Register is swift and straightforward, and to allow you to commence practising as an osteopath, be sure to submit your completed application form to the GOSc promptly, followed by the supplementary references as and when they are returned to you. Applications can then be processed upon receipt of your Recognised Qualification and Criminal Record Bureau (CRB) clearance.

### Tips

- > Complete your CRB application form without delay as this can take 6–8 weeks to be processed.
- > Submit your completed application form to the GOSc as soon as possible, making sure that you have stated your intended Professional Indemnity Insurer.
- > Submit your health and character references as and when received – these may follow your application form.

The GOSc will notify you in writing of your acceptance on to the Register at which time you will also receive a newly designed welcome pack containing your registration certificate; Development and Fitness to Practise folders with *CPD Guidelines* and *Code of Practice*; GP consent forms;

off-work certificates; and a sample of the GOSc public information leaflets.



- > National Council for Osteopathic Research – developing the evidence
- > Osteopathy and the NHS: an introductory guide
- > Raising the osteopathic profile: presentation toolkit
- > Practice support

Much of this information is also now available on the GOSc registrants' website – the **o zone** – however, information from the pack can also be requested from the Communications Department on ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

## Where UK osteopaths are practising today

While graduates establish a support network through their school, the GOSc and the professional association, one worrying and important decision common to many is where to commence practice. To assist with this decision and to help widen patient access to osteopathic care, the GOSc also provides final-year students with a map detailing the geographical spread of osteopathic practices in the UK (as shown above). This information has also proved useful to many of you when moving practice.

## Update your details

The Registration Department updates address changes on an almost daily basis. Be sure to inform the GOSc of any changes to your address – practice or home – so that we can maintain correspondence with you and, importantly, so that it can be updated on the Register – including the online 'Find and osteopath' service.

**Don't forget that you can now – conveniently – update your contact details at any time via the **o zone** website – log in at [www.osteopathy.org.uk](http://www.osteopathy.org.uk).**

# The o zone is here



The one-stop, interactive information resource for UK osteopaths – the o zone website – was launched to the profession on Wednesday 1 August. Developed exclusively for GOSC-registered osteopaths, the website is designed to keep the profession up-to-date on issues relevant to practice, to enhance two-way communication between the GOSC and osteopaths, and to provide a secure environment for professional debate.

We know that a good number of you have already logged on to the site – your updated details have been flooding in to the Registration Department – and initial feedback has been positive. But for those of you who have not yet had the opportunity to visit the site, here is a reminder of some of the o zone's key features.

- > **Standards of practice:** easy access to interactive versions of the *Code of Practice* and *Standard 2000* – Standard of Proficiency – to download and link to sources of further guidance.
- > **CPD online:** general guidance on CPD activities and resources, an interactive version of the revised *CPD Guidelines*, plus a dynamic function allowing you to record your CPD activities throughout the year and submit your annual form electronically.
- > **Developing research:** links to the National Council for Osteopathic Research and the *International Journal of Osteopathic Medicine*; plus useful surveys and statistics related to osteopathic practice.
- > **Practical resources:** download the GOSC toolkit – designed to help you make presentations to other health professionals – and other information leaflets, or apply online for the certification mark (Safe in Our Hands), among other things.
- > **Practice support:** ethical guidance and downloadable consent forms to help support you in practice – key legislation affecting business operations, information about off-work certificates, professional indemnity insurance and private medical insurance.
- > **Update your details:** a convenient mechanism for advising the GOSC of changes to your correspondence and practice contact details.
- > **Regional network:** access details of regional osteopathic societies, note

local events of interest, and review local CPD courses. Be sure to keep your regional newsboard current – submit details of future events and meeting reviews.

- > **Online booking and ordering:** search and book online for GOSC conferences and workshops; purchase public information leaflets, posters and other resources via the publications catalogue.
- > **Finger on the pulse:** read the latest news from the GOSC and healthcare sector – clinical, regulatory, political and worldwide osteopathic developments.

## The Osteopath readership survey: have your say

Last summer, you were asked to contribute your views on *The Osteopath* and to offer suggestions about how the magazine could be improved, as part of a survey evaluating the GOSC's methods of communicating with the profession. A significant proportion of you responded and, while many rated the magazine as "useful" and "necessary", you also found it to be too dry and dated.

The GOSC also values the magazine and wants to ensure that it is an effective means of sharing information and, equally importantly, reflects osteopaths' high standards and commitment to patient care.

Your feedback was given careful consideration and, as a result, *The Osteopath* underwent a significant design and editorial overhaul, with the redesigned magazine launched in May. We hope that you find the new design fit for purpose: a professional journal that is relevant, easier-to-read, contemporary, and something you can feel proud of and show to your patients and colleagues.

Now that you have had the opportunity to read a few issues in this new presentation, we are again seeking your feedback. A readership survey has been enclosed with this issue and we ask that you return your completed form to the GOSC in the **reply-paid envelope** by **Monday 1 October**. Your feedback is again important and will help to shape any further developments.



## Developing the o zone

The o zone is a dynamic site that is continually being developed to ensure that it remains current and relevant to everyday practice, assists with exchanging important news, and to enhance usability. Be sure to log on regularly and keep an eye out for new features.

## Take our survey

Osteopaths have a significant role to play in the development of the site, too, and your feedback is highly valued. Send us your comments via the 'Take our survey' function, accessible from the homepage.

## 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 by clicking on the registrants' log-in tab on the homepage. Use the personal username and password outlined in the letter sent out by the GOSC last month to log in and then change your password to something more private when prompted. Should you experience any difficulties, contact the Communications Department on ext 228 / 222 or email: [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk).

This diary presents a snapshot of some of the meetings and events the GOsC has been involved with over the past month and some key events taking place in the coming month. 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

- BOA – British Osteopathic Association
- CE – Chief Executive
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- DH – Department of Health
- DIUS – Department for Innovation, University & Skills
- FFW – Field Fisher Waterhouse
- FORE – Forum for Osteopathic Regulation in Europe
- GCC – General Chiropractic Council
- NHS – National Health Service
- OCC – Osteopathic Centre for Children

## August

### 1 Wednesday

- Launch of GOsC Registrants' website – the **o** zone
- GOsC CE&R meeting with Niall Dickson, CE, Kings Fund

### 3 Friday

- GOsC response submission: DIUS consultation on European Qualification Directive
- GOsC – HSAG Design: New registrants welcome pack

### 7 Tuesday

- GOsC European applications to the Register
- GOsC CPD scheme update meeting

### 9 Thursday

- 10th Anniversary Event: brochure development
- GOsC Public affairs update meeting

### 10 Friday

- FORE secretariat update meeting

### 15 Wednesday

- NHS Commissioning toolkit development meeting
- GOsC CE&R meeting with Satjit Singh, CHRE: annual business planning process

### 16 Thursday

- GOsC / GCC meeting with Richard Kenyon, FFW: Race, Equality & Diversity Act

### 17 Friday

- GOsC response submission: DH consultation on European Qualifications Directive

### 22 Wednesday

- GOsC Practice & Ethics Committee meeting

### 23 Thursday

- GOsC CE&R meeting with Harry Cayton, newly appointed CE, CHRE

### 24 Friday

- GOsC Chair and CE&R monthly update

### 30 Thursday

- GOsC Senior Management Team meeting

## September

### 4 Tuesday

- 10th anniversary celebration of the Sweet Pea Appeal, OCC, London

### 5 Wednesday

- NHS Commissioning toolkit development meeting

### 6 Thursday

- GOsC Professional Conduct Committee hearing

### 7 Friday

- GOsC Professional Conduct Committee hearing

### 12 Wednesday

- GOsC Investigating Committee meeting

### 17 Monday

- GOsC annual Council Strategy Day

### 18 Tuesday

- GOsC Council meeting

### 25 Tuesday

- GOsC Education Committee meeting

### 27 Thursday

- GOsC Chair & CE&R – BOA: update meeting

# Keep moving, keep living

BackCare Awareness Week, 8–12 October



KeepMovingKeepLiving

**Cynicism continues to shroud the now well-known advice that staying active helps manage back pain. And some people remain fearful that movement will cause further damage to their back. BackCare – the national charity for healthier backs – with the assistance of health professionals, is once again trying to dispel this myth and to keep people moving.**

The theme of this year's BackCare Awareness Week (8–12 October), 'Keep Moving, Keep Living,' aims to highlight the importance of taking regular exercise and staying active, even during bouts of back pain. Not only does regular exercise help prevent back pain, but numerous studies have shown that staying active and raising endorphin levels can be an effective method of managing the condition. The incidence and cost of back pain in the UK remains staggeringly high – up to 80% of the population will suffer back pain at some stage in their life, costing the NHS £1 billion per year.

Osteopaths and other health professionals responsible for treating back pain are invited to

participate in the awareness week to help highlight the following message, and to help society enjoy a more active, fulfilling and pain-free lifestyle.

- Beat back pain by staying active and exercising regularly to:
- > Reduce your chances of getting back pain
  - > Help reduce pain levels and make you feel better
  - > Speed up your recovery from back pain
  - > Help you to keep doing the things you enjoy

As osteopaths are aware, the benefits of participating regularly in sport and exercise are vast and varied. Depending on the type, exercise can enhance muscle strength; increase flexibility; increase stamina; improve balance and posture; improve circulation; help manage weight; help to lessen fear of movement; improve confidence; enhance sleep; increase mental alertness; and improve psychological wellbeing.

Of course, the suggestion is not that everyone should run out and become an international athlete. The message BackCare wants osteopaths to help deliver is that a more active lifestyle is something most people can achieve, no matter what their fitness levels or previous exercise history. Osteopaths are in an ideal position to encourage patients to undertake some physical activity and even to prescribe exercise packages tailored to the individual's condition and needs.

The charity will launch a major PR campaign at both national and local levels on 8 October, with professional members running their own mini-awareness days across the UK throughout the week. If you are interested in helping to promote BackCare Awareness Week among your local community, contact BackCare on tel: 020 8977 5474 or visit: [www.backcare.org.uk](http://www.backcare.org.uk) to request an information pack – cost: £9.95 + £3 postage.



# Exercise hurdle

Health professionals already face an uphill battle in trying to encourage patients to exercise regularly. The shift to a more sedentary lifestyle and longer working hours have both impacted on this in recent times. And now there is another new hurdle: the average Briton stops exercising at the age of 34, and men tend to give up earlier than women, according to a recent study.

The survey by Benenden Healthcare, which investigated the country's exercise habits, found that on average men give up their regular exercise regime at the age of 32, five years earlier than females who carry on until 37.

It also found that people in Yorkshire are more likely to stay active longer than their London counterparts. On a positive note, the figures suggest that retirees are attempting to keep fit, with an estimated 3.6 million of Britain's over 65s exercising more than three times a week.

A recent study by Oxford University estimates that physical inactivity costs the NHS £1 billion a year and was directly responsible for 3% of all deaths and illness in 2002. Currently, only a third of women and a quarter of men are meeting government targets, which recommends that adults should take 30 minutes of moderate exercise five times a week.

Health charities, such as the British Heart Foundation, are urging health professionals to offer advice to patients on how to start exercising and how to meet recommended guidelines.





## Over-prescribing antibiotics still contributing to resistance

**GPs are still prescribing antibiotics for up to 80% of cases of sinusitis, otitis media, sore throat, and upper respiratory tract infections, despite official guidance warning against this practice, according to a study by a government advisory body.**

While antibiotic prescriptions for respiratory tract infections declined during the 1990s, GPs continue to prescribe antibiotics for a high proportion of infections, even if the causes of the symptoms are likely to be viral. Efforts to prevent the spread of antibiotic resistance are being hindered by such practices, as disease-causing bacteria become unresponsive to the most commonly used drug treatments.

The study, published in the *Journal of Antimicrobial Chemotherapy* 2007 supplement, attempted to assess antibiotic prescribing in primary care. It identified that the ten most common causes of antibacterial prescribing were for: upper respiratory tract infection, lower respiratory tract infection, sore throat, urinary tract infection, otitis media, conjunctivitis, vague skin infections without a clear diagnosis, sinusitis, otitis externa, and impetigo.

"Many doctors believe that by giving an

antibiotic they might be doing some good or at least covering the possibility of a missed diagnosis of significant bacterial disease, with little thought given to the possibility of doing harm," explains Dr Douglas Fleming, GP and member of the UK's Specialist Advisory Committee on Antimicrobial Resistance (SACAR).

According to the authors of the study, there should be regular analysis of the data to monitor trends in GP prescribing – known to have plateaued since 2001. A review of professional attitudes to antibiotic prescribing by SACAR suggests that GPs and other prescribers must be educated about how to dispense treatment appropriately and avoid adding to the problem of resistance.

"We must not be lulled into a false sense of security, believing the prescribing behaviour of GPs has changed. It is preferable to focus interventions on changing behaviour rather than trying to persuade doctors from evidence of the link between resistance and inappropriate prescribing," comments Dr Fleming.

One of the most important determinants of whether or not a patient receives a prescription for antibiotics is if they have had previous prescriptions for that condition. Clinicians report that they often prescribe antibiotics because they perceive that patients want them. To investigate the effect of patient awareness of antibiotic resistance on prescribing

patterns, a survey of public attitudes to antibiotics was sponsored by the Department of Health.

Of the 7,120 respondents, 38% reported that they had been prescribed an antibiotic in the last year. However, the survey found a surprisingly high proportion of people believe that antibiotics work on viral conditions and found that a greater knowledge about antibiotics and when they should be used was not associated with a lower likelihood of being prescribed an antibiotic in the last year. The study also found that awareness of how antibiotics should be used did not necessarily correspond with appropriate behaviour. For example, individuals who said they knew that a course of antibiotics should always be completed also remarked that they would keep left-over antibiotics to use on another occasion.

"Although a third of the public still believe that antibiotics work against coughs and colds, simply getting the public to believe otherwise may not be enough to reduce the level of prescribing. We have shown that those with greater knowledge about antibiotics are no less likely to be prescribed an antibiotic," comment the report's authors.

# Manipulating blood pressure

## A recent chance discovery in a laboratory has helped confirm that manipulative techniques could be as beneficial for managing hypertension as they are for easing muscle tension.

Osteopaths have long been observing in practice the reflex effects manipulative techniques have on a patient's physiology – including blood pressure. And, in fact, in addition to the abundant anecdotal evidence, numerous papers have also been published on the subject in osteopathic journals<sup>1-6</sup>.

Scientists at the University of Leeds have added further understanding to these observations by examining pathways between the neck and brain to show how neck muscles could play a crucial role in controlling blood pressure, heart rate and breathing.

The study, published in the *Journal of Neuroscience*, found a link between certain cells in the neck and the nucleus tractus solitarius, an area of the brain that is pivotal in the control of automatic functions – those body functions under unconscious control.

Building on the 'Godfather of Neuroscience' Ramon Y Cajal's work from over a century ago, which identified the area of the brain where the signals of the neck terminate, this new research has helped to illustrate what happens after these signals arrive. The authors propose that nervous signals from the neck could play a key role in ensuring that adequate blood supply is maintained to the brain as we change posture from lying down to sitting up.

Professor Jim Deuchars, team leader, explained that: "By identifying the pathways we can see why these [manipulative] treatments might work and it could also help explain why some people suffering whiplash injuries may experience a change in their blood pressure.

"The work also contributes to understanding postural hypotension, which can be caused by standing up too fast. The neck muscles could be part of the system which normally prevents this from happening by sending signals to the brain upon neck movement."

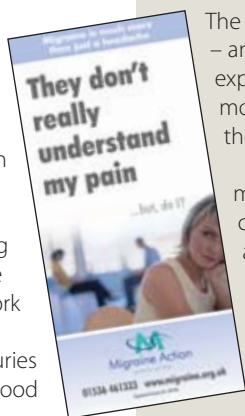
The team at the University of Leeds intend to explore their findings further to see which sensory nerve fibres and which cells are involved in the process, and hope to unravel the malfunctions associated with whiplash injuries.

The results of this study demonstrate the far-reaching potential of osteopathic practice – but, equally importantly, they underline the continued need for osteopathic research to validate practice.

- 1 Downing JT. Observations on effect of osteopathic treatment on blood pressure. *J Am Osteopath Assoc.* 1935;35:128-134.
- 2 Anderson RA. An osteopathic method for normalizing blood pressure. *J Am Osteopath Assoc.* 1961;60:973-978.
- 3 Bayer JD. An osteopathic approach to management of hypertension. *The DO.* June 1971;11:143-151.
- 4 Fichera AP, Celander DR. Effect of osteopathic manipulative therapy on autonomic tone as evidenced by blood pressure change and activity of the fibrinolytic system. *J Am Osteopath Assoc.* 1969;68:1036-8.
- 5 Morgan JP, Dickey JL, Hunt HH, Hudgins PM. A controlled trial of spinal manipulation in the management of hypertension. *J Am Osteopath Assoc.* 1985;85(5):308-12.
- 6 Mannino J. The application of neurologic reflexes to the treatment of hypertension. *J Am Osteopath Assoc.* 1979;79:225-31.



## Understanding migraine pain



The pain of migraine can be debilitating – and some 80% of migraine sufferers experience one or more attacks every month, according to a recent survey by the Migraine Action Association (MAA).

To help people affected by migraine better manage their condition, make the best use of available medication and be better informed about additional therapies and measures, such as osteopathy, the MAA has produced a new patient information leaflet.

With an effective migraine management plan, the frequency, severity and/or duration of an attack can be reduced, thereby greatly relieving the pressure and frustration felt by migraine sufferers.

While there is no cure for migraine, it is a condition that can be effectively treated with an appropriate management plan. MAA believes treatment plans should include:

- > acceptance that migraine is a personal condition for which there is rarely one single treatment that will cure it;
- > improved understanding of triggers and how these affect migraine;
- > taking the right dose of medication at the right time for the right symptom;
- > learning to recognise when too many painkillers are being taken and the associated side effects this can have;

- > awareness of preventative treatments and their role in reducing frequency and/or severity;
- > monitoring the efficacy of treatments on an ongoing basis and learning when to accept that a treatment is no longer working and knowing the next steps to take.

Paul Jansen, MAA director, said: "The results of our survey highlight that there is a need for migraine sufferers to be aware of the ways in which migraine can be effectively managed. It is equally important for sufferers to understand their condition and appreciate that migraine evolves over time. As such, their plan may need to be reviewed and adapted to ensure it continues to offer the same level of benefit."

MAA is this month also launching a Migraine Medical Advisory Board as part of their annual awareness week (2-8 September) in an attempt to improve headache management in primary care. The Board will provide information on the latest developments in research and treatments as well as developing research and educational programmes.

**For further information on these initiatives, or to order leaflets, contact the MAA on tel: 01536 461333 or email: info@migraine.org.uk.**





[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 or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).

### > BRISTOL

**Thursday 27 September, 7–9pm**

**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, 10am to 12 noon**

**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.

**Additional meeting dates: Saturday 3 November**

### > HAYWARDS HEATH

**Sunday 30 September, 10am to 12 noon**

**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.

**Additional meeting dates: Sunday 25 November, 10am to 12 noon**

### > 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

**Wednesday 19 September, 7–9pm**

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

**Additional meeting dates: Wednesday 7 November and Wednesday 12 December**

### > OXFORD

**Wednesday 12 September, 7–9pm**

**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.

# Research news in brief

## Childhood asthma and fruit consumption

A team of researchers based at the National Heart and Lung Institute, Imperial College London, investigated the link between fruit and fruit juice in the diet and the development of asthma. A total of 2,640 children – aged 5–10 years – from Greenwich Primary Schools took part in the study; a questionnaire was distributed to examine whether an association existed between fruit and fruit juice consumption and the development of wheezing.

The study found that children who consumed apple juice at least once per day were fifty per cent less likely to develop wheezing, and children who consumed a banana each day reduced the risk of wheezing by one third. Consumption of apples, orange juice and any other fruits was not significantly associated with asthma symptoms. (Source: *European Respiratory Journal*. 2007;29:1161-1168)

## Efficacy of folic acid supplementation in stroke prevention: a meta-analysis

The efficacy of treatments intended to lower the concentrations of homocysteine and reduce the risk of cardiovascular disease remains controversial. Researchers in the USA undertook a meta-analysis to assess the efficacy of folic acid supplementation in the prevention of stroke. Data was collected from eight randomised trials, which used stroke as one of its endpoints. Folic acid supplementation was found to reduce the risk of stroke by 18%; an increased beneficial effect was found in those trials where supplements were used for longer than 36 months. (Source: *The Lancet*. 2007;369:1876-1882).

## NICE to review arthritis drugs use

The National Institute for Health and Clinical Excellence (NICE) – the NHS treatment watchdog – has agreed to review its guidance for Humira, Enbrel and Remicade: the drugs currently prescribed for rheumatoid arthritis. The drugs are classified as anti-tumour necrosis factor (anti-TNF) and are also prescribed for other conditions, including skin disorders and ankylosing spondylitis.

In 2006, NICE issued guidance stating that if a patient did not respond to one of these drugs, they should not be prescribed another. Appeals were launched by a number of charities, including Arthritis Care whose Chief Executive argued that sufficient evidence exists to support sequential use of the anti-TNF medicines among rheumatoid arthritis patients. Further information can be found at [www.NICE.org.uk](http://www.NICE.org.uk).

## Waking up from the DREAM of preventing diabetes with drugs

Montori VM, Isley WL, Guyatt GH. *British Medical Journal*. 2007;334:882-884

Diabetes affects approximately 4% of the population worldwide and is increasing in incidence. It is a

condition that is associated with important financial and human costs, making the prevention of diabetes a priority. The DREAM trial showed that the drug rosiglitazone reduced the risk of diabetes among people at risk.

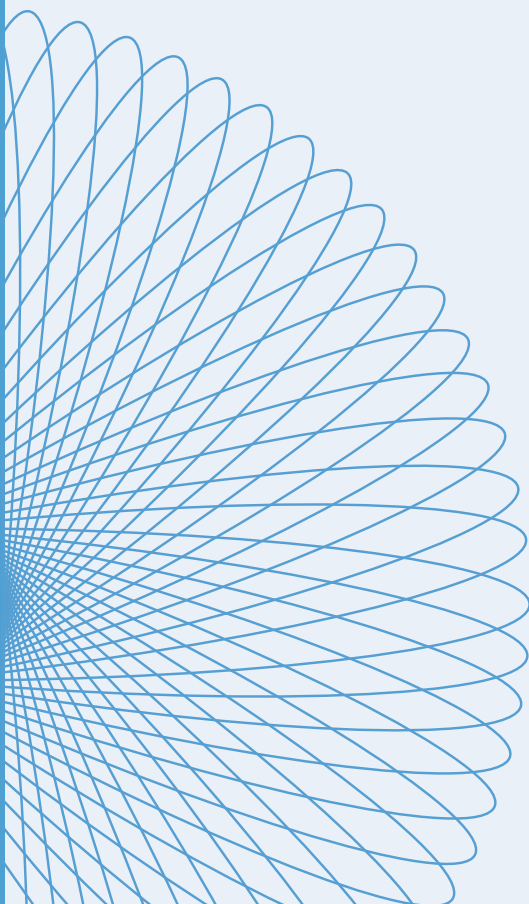
The authors of the report argue that since modest weight loss and physical activity can greatly reduce the risk of diabetes, wide-scale prescription of preventative medication for diabetes could ultimately bring harm and additional costs in return for little benefit for patients.

## Segmental foot mobility in individuals with and without diabetes and neuropathy

Rao S, Saltzman C, Yack HJ. *Clinical Biomechanics*. 2007;22:464-471

This study examined a population of diabetic patients (n = 15) and compared them with a control population (n = 15) to assess their segmental foot mobility during gait. Impairment of intrinsic foot mobility has been associated as a potential contributor to altered foot function in patients with diabetes mellitus and neuropathy.

The assessment of foot mobility was achieved using a multi-segment kinematic foot model. This demonstrated that patients with diabetes showed reduced frontal as well as saggital



plane excursion of the calcaneus relative to the tibia. Decreased excursion of the first metatarsal relative to the calcaneus in the frontal as well as transverse plane was noted in subjects with diabetes. This was exhibited as reduced foot 'splay' in the early stance position. At terminal stance, decrease in calcaneal plantarflexion, first metatarsal and forefoot supination were noted in diabetic patients, suggesting the need for less supination to create a rigid lever. The researchers concluded that in diabetic patients, a greater proportion of mid foot stability could be obtained from stiffer soft tissue such as the plantar fascia.



Electromyographic activity of the quadriceps and hamstrings were registered simultaneously during the one-legged squat test. The measurements revealed a number of activities: muscle torque decreased 30% for the quadriceps and 35% for the hamstrings, while electromyographic activity revealed a doubling of the activation level in the hamstring compared to before the injury. Static tibial translation was increased by ~2mm, while dynamic tibial translation was decreased by 0.4mm at isokinetic testing, 0.98mm at one-legged squat and 2.4mm during level walking when compared to pre-injury measurements.

However, in spite of the increase in static tibial translation 8 weeks after the injury to the anterior cruciate ligament, tibial translation decreased during activity, suggesting that the patient could try to protect against shear forces by stiffening the knee joint.

## Changes in knee motion pattern after anterior cruciate ligament injury – a case report

**Kvist J, Good L, Tagesson S. *Clinical Biomechanics*. 2007;22:551-556. 9**

Clinical practice commonly reports symptoms suggesting adaptation of an asymptomatic joint or limb towards a symptomatic one. This finding was examined in greater detail in this study to assess motion patterns in a 31-year-old footballer who had experienced a total tear of the anterior cruciate ligament and a Grade I tear of the medial collateral ligament. A variety of measures were observed in this patient pre- and post-surgery; these included static and dynamic tibial translation, electromyographic activity and muscle torque.

Examination was carried out 11 weeks before and 8 weeks after injury; the CA-4000 electrogoniometer was used to measure sagittal tibial translation statically during Lachman's test and dynamically during isokinetic muscle testing, one-legged squat and level walking.

# Conference calendar

> 13 September

**The Science of Art and Healing: Understanding the Therapeutic Response** at the Royal College of Physicians, London. This is a joint conference with the Royal College of General Practitioners and The Prince's Foundation for Integrated Health. Further details and a booking form can be found at [www.rcplondon.ac.uk/event/details.aspx?e=674](http://www.rcplondon.ac.uk/event/details.aspx?e=674).

> 29 September

**4th Chiropractic, Osteopathy and Physiotherapy Annual Conference: 'Moving forward through research and practice.'** Organised by the British School of Osteopathy (BSO), the Anglo European College of Chiropractors and the University of Brighton, this multidisciplinary conference will be held at the BSO, London. Further details can be found under the events section of the BSO's website: [www.bso.ac.uk](http://www.bso.ac.uk).

> 4–5 October

**First International Fascia Research Congress**, the Conference Centre, Harvard Medical School, Boston, USA. This inaugural event has been organised by a multidisciplinary committee of science researchers and practising healthcare professionals who share a common focus and interest in the human body's soft connective tissue matrix. Further details can be found at [www.fascia2007.com](http://www.fascia2007.com).

> 4–7 October

**10th International Conference of the German Osteopathic Association (VOD) and 4th International Symposium on Advances in Research: 'Osteopathy Today.'**

Osteopaths from around the world are invited to attend this year's VOD conference in Schlangenbad, Weisbaden to celebrate advances in osteopathic research. Further information can be found at [www.osteopathie.de](http://www.osteopathie.de).

> 11–13 December

**14th Annual Symposium on Complementary Health Care**, University of Exeter. The programme includes a paediatric CAM research day on 11 December, chaired by Sunita Vohra, University of Edmonton, Canada and a CAM practitioners research workshop chaired by John Dent, Complementary Therapists Association, UK. Further details available at: [www.pms.ac.uk/compmed/symposium](http://www.pms.ac.uk/compmed/symposium).

> 1 February 2008

**NCOR Research Conference, 'Osteopathy: Art and Science.'**

This will be held at the Queen Elizabeth Centre, London as part of the three-day national osteopathic event 'Advancing Osteopathy 2008.' Abstract submissions for posters are currently invited; the deadline for submissions is Tuesday 18 September 2007 and abstracts should be emailed to Carol Fawkes, email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk). Further details about the research conference and poster abstract submissions can be found on the NCOR website: [www.ncor.org.uk](http://www.ncor.org.uk).

# Osteopathy – Art and Science

Celebrating evidence-informed osteopathy in practice

**Friday 1 February 2008**

**Queen Elizabeth II Conference Centre, London**

hosted by



## Keynote speakers

- > **Professor John Licciardone**, Chair, Osteopathic Heritage Clinical Research Centre, University of North Texas
- > **Professor Raymond Lee**, Professor of Biomechanics, University of Brighton
- > **Professor Kim Burton**, Lead Director, Spinal Research Unit, University of Huddersfield
- > **Dr Ian Drysdale**, Principal, British College of Osteopathic Medicine, London
- > **Mr Robert Moran, Unitec**, New Zealand, practising osteopath and Editor, *International Journal of Osteopathic Medicine*
- > **Mr Nicholas Lucas**, University of Western Sydney, practising osteopath and Editor, *International Journal of Osteopathic Medicine*

## Call for posters

The NCOR Osteopathic Research Conference will be held at the Queen Elizabeth II Conference Centre, London on Friday 1 February 2008 as part of the wider three-day national osteopathic event, 'Advancing Osteopathy 2008'. The scientific committee would like to invite abstracts for poster presentations.

### Key dates:

- > **Friday 20 July 2007:** Announcement of call for posters.
- > **Tuesday 18 September 2007:** Closing date for submission of abstracts.
- > **Tuesday 30 October 2007:** All applicants to be notified of the outcome of their submission.
- > **Saturday 15 December 2007:** Final date for receipt of posters (electronic version) for inclusion in the conference proceedings.
- > **Friday 1 February 2008:** Osteopathic Research Conference.

### Submission format

**Abstracts** – not exceeding 500 words – should be submitted to the NCOR Research Development Officer (email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk)) by Tuesday 18 September. Supporting information about the poster presentations, including submission guidelines and selection criteria, is available on the NCOR website – [www.ncor.org.uk/conferences/](http://www.ncor.org.uk/conferences/) – where you can also download a copy of the abstract submission form.

Contact Carol Fawkes on tel: 01273 643 457 or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk) with any questions

For further details about 'Advancing Osteopathy 2008' – a series of interrelated educational and social events, celebrating UK osteopathy's progress and recognition – on Friday 1 to Sunday 3 February, see the feature on pages 6–8.



# Backing exercise

Matthew Wallden BSc Hons Ost Med, Fetcham

**The need for exercise is an integral aspect of our evolutionary inheritance and, as such, a prerequisite for a healthy existence. When you look at the benefits of exercise – from the obvious cardiovascular benefits, and the colloquial “if you don’t use it you lose it”, to the more clinical ‘specific adaptation to imposed demands’ model – it becomes immediately apparent that they are many and varied, and can be viewed from multiple angles.**

Other benefits of exercise include regulation of glycaemic control, keeping the cell sensitive to insulin; helping to maintain good adrenal function; helping to increase fluid imbibition in the discs; increasing synovial fluid production in the joints; increasing endorphin release and enhancing self-esteem ... and we’re only just warming up! Essentially, where health is concerned, exercise is essential. This article provides a brief look at why I believe exercise is a key component of returning patients to full function.

Understanding the wide-ranging benefits of exercise from a clinical perspective can – as with any other broad subject matter – be something of a challenge, and requires an investment of time and effort. Just like studying anatomy: at first the myriad detail and complexities can seem overwhelming, but as you begin to gain mastery of the topic, suddenly what looked like two complex muscles with multiple innervations, insertions, origins and actions becomes the posterior oblique sling (the gluteus maximus and contralateral latissimus dorsi). The ‘bigger picture’ allows you to recognise that in a functional environment these two muscles work as a unit to contract, stretch and recoil in the gait cycle, in throwing, in kicking, in punching – or even, bilaterally – in lifting. So what formerly looked highly complex can be seen as a simple system.

## Core stability

Gracovetsky’s theory of ‘the spinal engine’, which suggested that the spine is truly the engine and the limbs are simply appendages to improve upon previous designs, formed the foundation for further research, exploring the idea that movement might emanate from the core. And this, in turn, led to the concept of ‘core stability’. Since this original research in the late 1980s – which showed that the transversus abdominis should contract ahead of more peripheral muscles – there have been innumerable papers reinforcing the theory that the spine must first be stabilised before peripheral forces can be generated.

In latter years, this model has been adapted to state that stabilisation must emanate from the core; while

force generation tends to progress (in land-based activities) from the ground upwards. Put another way: ‘You can’t fire a cannon from a canoe’. In fact, throwing a tennis ball from a canoe presents quite a challenge as there just isn’t the stability to allow you to generate significant power. Someone whose stability muscles do not fire in advance of their mobiliser muscles will not only demonstrate decreased performance levels, but will also be more vulnerable to injury.

So why, as osteopaths, are we so interested in stabilisation when most of the work we do is to loosen tight muscles and joints? Research indicates that if someone is suffering – or has ever suffered – with back pain, they will lose the optimal firing sequence of their musculature. As a result they tend to contract their larger, outer muscles, which are designed to function primarily as ‘mobilisers’, instead of using the small, deep intrinsic muscles designed as ‘stabilisers’.

## Recognising the link

It is interesting to note the parallels between our neurodevelopmental patterns and rehabilitation exercises. For example, lying on your back and waving your legs around (a lower abdominal exercise) is what young babies do. Pushing your foot into the ground while supine and starting to turn (a Feldenkrais-based exercise for multifidus activation) is also something young babies do. Slightly older babies learn to push themselves up from the ground (like a McKenzie push-up for centralisation of the nucleus pulposus) – and soon after learn to crawl (like a four-point transversus abdominis exercise).

The use of our deep, intrinsic muscles (which contain primarily postural fibres and have a line of force designed mainly for gentle joint compression as opposed to joint mobilisation) is learned for the most part in the first six to seven months of life. In other words, activation of these muscles is primarily preconscious, before the child has learned cause and effect. Our more superficial muscles, on the other hand, have more fast-twitch fibres, meaning they fatigue more quickly and are



better suited to move the joint because they have better leverage. Control of these muscles is learned primarily after about six months and so there is good conscious perception of these muscles. This is part of the reason why, when in pain, the body reverts to what it knows and activates the outer unit muscles, such as the large erector spinae and hamstrings.

This pain strategy – contraction of the larger superficial muscle groups – is known as ‘outer unit dominance’ and results in increased compression of the joint (as these muscles are usually primary force generators), greater shear on the joint, and increased torsion (as they are designed to move joints in co-contraction with the deep, fine tuning control of the inner unit muscles). It is the outcome of these significant compressive forces (joint restriction) that we, as osteopaths, treat.

Outer unit dominance also results in muscle imbalance. For example, if the patient has an anterior tilt at the pelvis and back pain (usually associated with the lower-crossed muscle imbalance loading the posterior elements of the spine), they are likely to have dominance in their internal oblique muscle. On the contrary, if the patient has a posterior tilt with back pain (usually associated with the layered syndrome muscle imbalance loading the anterior aspect of disc), they are likely to have dominance in their external oblique. Correction of either of these imbalances can be achieved through exercising the patient in the neutral spinal position.

## Neutral spine

The neutral spine is the position in which the load-bearing relationships of the spine are optimal – often considered to be in the region of 30–35 degree curves in the lumbar, thoracic and cervical regions respectively.

It has been shown that the transversus abdominis activates most effectively when in a neutral spinal position, which is important for protection of the passive subsystem of the spine (discs, ligaments, cartilage, joint capsules).

Hence, early stage rehabilitation should focus on optimising these load-bearing relationships and activating muscles in the correct sequence, by encouraging the patient to revert to their neurodevelopmental motor learning. This is considered isolation training, early stage rehabilitation.

Middle and late stage rehabilitation involves using patterns that are, again, part of the development process, such as squatting, lunging, bending; essentially progressing the patient to more functional, dynamic, axially-loading exercise.



**Osteopath Matthew Wallden is also a corrective holistic exercise specialist and a naturopath. He has consulted for several professional sports teams, lectures internationally and has written several peer-reviewed papers.**

## South Wales Osteopathic Society

Joanne Perkins DO, Cardiff

### Baby talk

On a wet and windy Sunday in July, 15 osteopaths, two chiropractors and one aromatherapist/baby masseur met in Cardiff to hear a presentation by local osteopath Brian McKenna on infantile colic. The presentation was well-researched and Brian offered an insightful overview of the condition.

Colic can be defined as symptoms causing paroxysms of pain for more than three hours a day, for more than three days a week, for more than three weeks. This broad definition has meant that currently there is an equally wide range of treatment modalities on offer, including diet, medication, physical therapy, and naturopathic and behavioural techniques. The causes of the condition were considered in four groups: the central nervous system, gastrointestinal (GI), nociceptive and vagal irritation. It seems that the onset of colic due to GI causes is generally around week three, in line with babies starting to raise their heads, while other causes occur from day one.

Our second speaker, Dr Liz Bragg, a local paediatrician and mother, gave an interesting – and humorous – presentation on history-taking for babies and common presentations. She also explained developmental milestones; important symptoms and red flags to check for and when to refer on. We were all kept on our toes throughout the talk with Dr Bragg's questions. The meeting closed at lunchtime due to the rising floodwaters.

### Dates for your diary

Our next meeting will be 'Haemodynamics of the UEX and LEX,' a two-day course spread over two Sundays – 16 and 30 September 2007 – and led by physiotherapists Alan Taylor and Roger Kerry. The cost for the two days is £140.00. Venue: Infusion Restaurant, 111–112 Bute Street, Cardiff Bay, Cardiff. Please send a £50 deposit by 8 September to Joanne Perkins: 11 Velindre Road, Whitchurch, Cardiff, CF14 2TE.

For more details check the SWOS website: [www.osteopathywales.com](http://www.osteopathywales.com).

## Anglian Osteopathic Group

Jo Sunner BSc (Ost), Peterborough

### Red flag presentations in General Practice

The Anglian Osteopathic Group has organised a series of seminars exploring red flag presentations in General Practice to which all osteopaths are welcome. The meetings have now moved to a larger room at the Fitzwilliam Hospital, Milton Way, Peterborough and start promptly at 7pm. Sandwiches, hot and cold drinks are available for a £2 attendance fee, payable at the door.

### Seminar dates 2007

**7 September:** Mr A Choy FRCS, Consultant Surgeon – Upper GI red flag presentations requiring surgical intervention.

**28 September:** Mr A Shah FRCS, Consultant Surgeon – Minimally invasive surgical treatments for spinal pain. Examples will be shown with outcomes of treatments.

**31 October:** Mr M Pathak FRCS, Consultant Surgeon – Red flag presentation of mid-thoracic, shoulder and arm pain.

**21 November:** Dr A Erdmann RFCP, Consultant Anaesthetist – Red flag presentations in acute and chronic pain symptoms.

**14 December:** Mr F Bhajwa FRCS, Consultant Surgeon – Lower GI red flag presentations requiring surgical intervention.

Anyone wishing to attend the seminars should contact osteopath Jo Sunner, AOG chair, on tel: 01778 391714 or email: [josunner@aol.com](mailto:josunner@aol.com).

## London Osteopathic Society

Tony Longaretti DO, London

### What's it like being a patient?

Do you remember the last time you had discomfort or pain where you approached another therapist for assistance? What did you think about their approach and how did you feel about being touched? We spend all our time on one side of this exchange; it's a good idea to reflect from time to time on what it's like being a patient. The London Osteopathic Society's (LOS) next meeting on Wednesday 17 October will address these issues. Tasfi Lederman will discuss the psychological and emotional aspects of human touch. Angela Eden will share her thoughts from the point of view of the patient.

### Programme

18.15: Registration  
19.00–20.00: 'The Power of Touch' with Tasfi Lederman  
20.00–20.30: Refreshments  
20.30–21.30: 'Being an Osteopathic Patient – from the Professional's Point of View' presented by Angela Eden, Psychologist

Venue: Lecture Theatre 201, Skempton Building, Imperial College London.  
Cost: £15 members (£30 non-members)

### Lumbar spinal stenosis

Lumbar spinal stenosis can lead to increasing lack of mobility. The x-stop is a metal insert designed to alleviate this condition. During the meeting on Tuesday 20 November, specialist surgeon Mr Michael Sullivan will discuss the indications and implementation of this latest procedure.

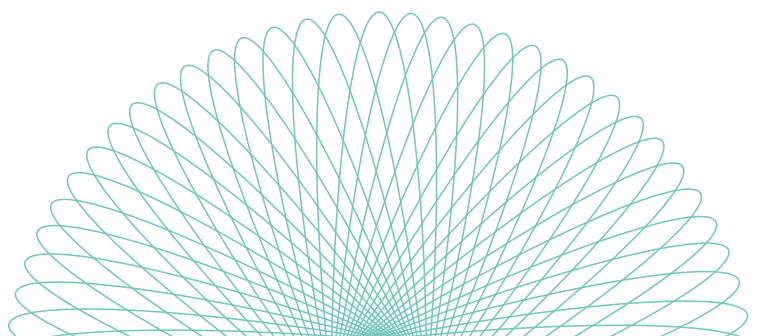
For the second half of the evening we will be focusing on sports-related injuries and are pleased to announce that Dr Bryan English, doctor to the Chelsea Football Club, will lead this session. Further details about the topics will be announced on the LOS website soon.

### Programme

18.15: Registration  
19.00–20.00: 'The x-stop and what it means' – Lecture by Mr Michael Sullivan, FRCS, Consultant Orthopaedic Surgeon.  
20.00–20.30: Refreshments  
20.30–21.30: Dr Bryan English, doctor to Chelsea Football Club, speaking on sports-related injuries.

Venue: Lecture Theatre 201, Skempton Building, London Imperial College.  
Cost: £15 members (£30 non-members)

We are not taking bookings for these events, so please enter the date in your diary and just turn up on the night. The nearest tube station for the Skempton Building is South Kensington. Proceed up Exhibition Road and turn left into Imperial College Road, the location is well signed on the right. A map can also be found on the LOS website: [www.zyworld.com/los](http://www.zyworld.com/los).



# Physical therapy moving forward

James Dickason DO, Essex

On 2–6 June, I attended the 15th International World Confederation for Physical Therapy (WCPT) Congress held, on this occasion, in Vancouver, Canada. The WCPT's first congress took place in London in 1953 and has since reconvened around the world every three to four years. The motto for this year's Congress – hosted by the Canadian Physiotherapy Association – was 'Moving physical therapy forward' and it attracted over 3,000 delegates from some 90 countries. As a UK osteopath, I was clearly outnumbered by both physiotherapists and physical therapists from the US, but felt welcomed all the same.

On arrival, having collected my delegate pack, I next familiarised myself with the venue: the Vancouver Convention & Exhibition Centre (VCEC). Everything in British Columbia seems larger than life and in keeping with this the opening ceremony was held in the BC Place Stadium, the world's largest air-supported dome stadium. Following some formal introductions, we enjoyed networking and an accomplished live band.

The next day required strategic planning, and with a 178-page programme, featuring over 700 platform presentations, it wasn't easy. These presentations lasted exactly 20 minutes, including 5 minutes for questions from the floor, and ran from 8.30 to 17.30.

Veritably, Swiss precision timekeeping allowed delegates to move from one session to another in the adjoining halls and meeting rooms. After the 10-hour London–Vancouver flight, it wasn't an aching brain but an aching backside I was worried about.

The myriad topics were reflected in the five core programme tracks: Global Health, Professional Issues, Professional Practice, Education, and Research and Development. In addition to the platform presentations, there were also keynote addresses, discussion panels, focused symposia, workshops, and networking sessions. The enthusiastic presenters comprised clinicians, departmental heads and researchers, delivering crisp and comprehensive papers with the aid of an astute chair for each session. And where, in true international spirit, English was not the speaker's first language, they were infectiously enthusiastic and expressed themselves with courage and humour. Daily poster presentations – in fact, the largest WCPT display of scientific posters to date – were complemented by an extensive exhibition of sponsors' products and other related organisations. This was a well-organised event and, given the vast content, it needed to be.

Day two proved less intense: wandering between lectures and dipping into topics from cryotherapy research (I use cold

packs as part of my treatment) to yoga and stress management. I was able to listen to the familiar voices of UK physiotherapists Dr Nadine Foster and Professor Ann Moore (Chair of the National Council for Osteopathic Research) and also met up with fellow UK osteopath Steven Vogel.

Day three was better still. There were optional social events, many of which I'd signed up for in order to meet the people behind the professions, and all of which were good fun. Of particular interest to me were the Professional Issue Sessions, discussing the provision of musculoskeletal services within primary care. In line with the event theme – 'Moving physical therapy forward' – the speakers pushed for a far greater professional status for physical therapists in terms of access/role within primary healthcare. Current research papers exposing the failure of existing models of primary care were highlighted to inform and drive policy review. I believe this research could allow educators, professions and regulators to devise different funding models, which in turn would enable physical therapies, such as osteopathy, to play a much more effective and expansive role in benefiting patients and society at large.

Day four began with a brisk walk to St. Paul's Hospital in downtown Vancouver for an optional clinical visit in cardiac care and rehabilitation. This was conducted by a senior physiotherapist who had worked at St. Paul's for many years and whose experience and knowledge was reflected in his ability to field the breadth of questions. After this, back at the VCEC, I listened to osteopath Steven Vogel, whose presentations were confidently delivered with his unique charm and appreciated by all present.

The last day came around quicker than expected and began with a superb keynote address by Professor Mariano Rocabado



Osteopath James Dickason

(Chile) on craniovertebral-cranio-mandibular disorders in headache patients. The visual material referred to during the talk enthralled the audience, drawing as it did on a very osteopathic, dynamic interplay of anatomical structure and function. After two final discussion panels on Genomics, I attended the closing ceremony. All participants were thanked for making the 15th Congress such a hugely triumphant event, and it was announced that the 16th would be held in Amsterdam in 2011. Holland has the task of taking the WCPT baton forward and endeavouring to build on Canada's achievement in ensuring the future application of evidence-based healthcare.

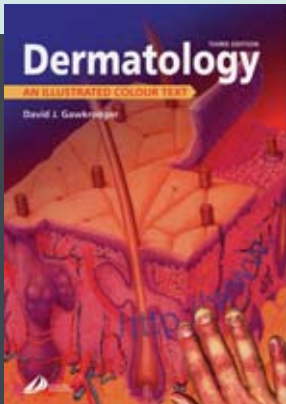
This postgraduate conference was academically challenging, very informative and extremely rewarding. I can only urge my colleagues to sign up for Amsterdam in 2011.





# Bookshelf

a selection of illustrated reference books for the osteopathic bookshelf

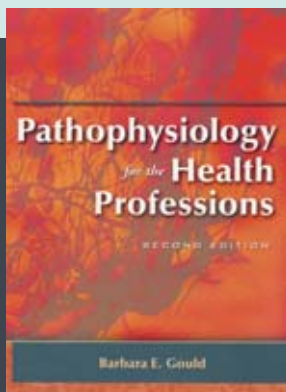


## Dermatology – an illustrated colour text

David J Gawkrödger

Published by Churchill Livingstone, Third Edition, 2002.  
ISBN 0-443-07140-3  
£21.99

A subject particularly relevant to osteopaths, the concise comprehensive text covers many aspects of clinical dermatology, supported by colour photographs and fully integrated graphics.



## Pathophysiology for the Health Professions – Second Edition

Barbara E Gould

Published by WB Saunders Company  
ISBN: 0-7216-9384-9  
Price: £40.00

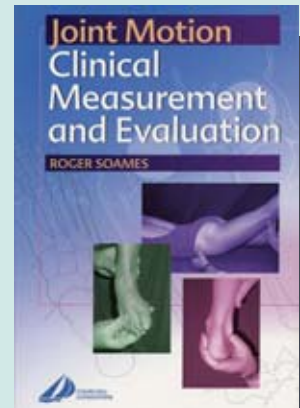
This textbook, in its second edition, provides an introduction to pathophysiology for health professionals. Complemented by colour illustrations, it explores the fundamental concepts and processes in pathophysiology. New 'emergency care' sections and 'warning signs' highlight emergency measures and symptoms to watch out for.

## Joint Motion – Clinical Measurement and Evaluation

Roger Soames

Published by Churchill Livingstone  
ISBN: 0-443-05808-3  
Price: £15.99

User-friendly guide to assessing and measuring joint movement. Supported by photographs and illustrations, Section 1 sets out the possible factors affecting movement. The remainder of the book looks at the individual joints. This reference should prove a valuable resource for all osteopaths in the planning of a patient's treatment and rehabilitation programme.

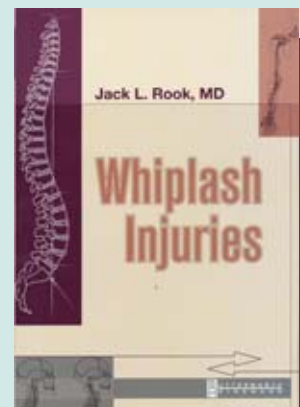


## Whiplash Injuries

Jack L Rock

Published by Butterworth Heinemann  
ISBN: 0-7506-7350-8  
Price: £46.99

Written by a multidisciplinary team, this book provides valuable information for practitioners, including osteopaths, who deal with the evaluation and treatment of patients presenting with injuries after a motor vehicle accident. Categories of whiplash injuries are described, including specific types suffered and the most appropriate course of treatment.



If you would like to review any of the books featured here – in exchange for a free copy – contact the editor on tel: 020 7357 6655 ext 222 or email: editor@osteopathy.org.uk.

# Courses 2007

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

## 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 Cognitive behavioural approach to chronic pain in physical therapies

Speakers Heather Munce & Peter Gladwell. 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

### > 17 Case study CPD evening

Speaker Atef Hakmi. Organised by Osteopathic Sports Care Association. To be held at BUPA, Harpenden. tel: 07917722630 email: oscasecretary@hotmail.com

### > 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

### > 24-28 Biodynamic Craniosacral Therapy (Start of two-year Practitioner Training. Eleven seminars)

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

### > 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

> 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

> 8

**How to treat: achilles tendonosis**

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

> 8–10

**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, Tallylyn Mid Wales.

tel: 01654 761435

email: info@immotion.org.uk

> 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

**Process centred osteopathy: a new clinical model**

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

> 17

**Practical clinical nutrition**

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

tel: 020 7263 8551

email: cpd@cpdo.net

> 17–18

**Lymphatic technique**

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

# December

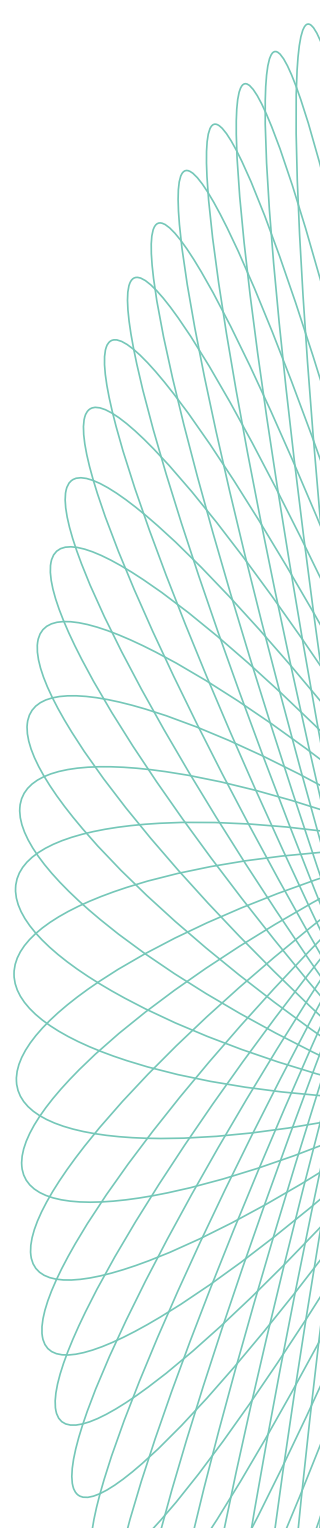
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**Foundation course in prescription orthoses for osteopaths**

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



## CLASSIFIEDS

## RECRUITMENT

**New Zealand: associate.** Full-time position in Wellington, one of the most diverse cities in the world, with ocean, harbour, mountains, forest, parliament, arts and culture all packed into the city. Position becomes available in March 2008. The practice is predominantly musculo-skeletal, but caters for all. We are very supportive, understand work/life balance and have lots of fun. Contact Vanessa: dembones@actrix.co.nz

**Enthusiastic, professional,** mature, recent BSO graduate (distinction) seeks challenging associate position in supportive, predominantly structural practice. Preferably 2/3 days per week. Any location considered. References available on request. Please email: new.graduate07@virgin.net

**Osteopath/Cranial required** to take over an existing 14 plus patients. One day a week, leading to two days, at a thriving, friendly and well-established part of 3 clinics in Merseyside. Please ring Vicky 07768 913503 or email tvicky@blueyonder.co.uk

**Expanding Osteopathic practice** in pleasant Dorset market town seeks confident, enthusiastic individual to work 2.5 days a week, including Saturday mornings. Please contact Blandford Osteopathy on 01258 458262.

**Australian Osteopath wanted** to work in a lovely clinic on the Gold Coast, Queensland. You will need to be structurally proficient, cranio-paediatrically disposed and willing to be part of our great team. Five-day reception cover, go-ahead attitude, excellent marketing/pay package. If you are planning to return Down Under during the next 12 months, contact us now: joyaa@goldcoastosteopathy.com.au

**South Bucks.** Two compassionate associate osteopaths with good interpersonal skills required for busy, friendly multidisciplinary private practice annexed to, and having a relationship with, a large GP surgery. We are looking for competent structural osteopaths with either a recognised Pilates qualification/significant Pilates experience and/or good IVM/cranial, functional skills. Initially 2 to 3 days per week plus Saturdays. Please email CV (in Word please) to: andy.breakspear@btinternet.com or 01494 813700.

**Male Osteopath required** for a well-established clinic in West London. Several afternoons/evenings per week on a self-employed basis. Applicants must have at least 2 years' experience treating different age groups with a broad range of treatment modalities. Call Stelyana on 020 8741 9264 or email: info@brackenburyclinic.co.uk

**Osteopath required** for busy practice – Inverness – varied caseload. High level of musculoskeletal and visceral expertise required. Cranial qualification advantage. 2 years' experience, weekend and evening work required. 30 hours per week / £28,000. Applications to Judith Rumbold, Maslin House, Kinmylies Way, Inverness IV3 8TP. Telephone: 01463 713614, Email: judithrumbold@hotmail.co.uk. Closing date: 01/10/2007.

**Sheffield Needs You!** Join our friendly multi-disciplinary team of practitioners (homeopaths, acupuncturists, osteopath, etc.) at a well-established clinic in the city centre. Long history of cranial and manipulative osteopathy at the centre. Please call Sally at Wellforce on 01142 769500.

**Associate required** immediately for busy and interesting multidisciplinary musculoskeletal practice, working alongside a large GP practice in Minehead, Somerset. Hrs and days to suit. Cranial therapy a bonus but not essential. Please phone Catherine France 07789 935027 for further enquiries.

**Female maternity locum** required in NW London area – to start from Oct 07 to early-mid 08, with the possibility of being an associate. Candidate will work between 2 practices, 10mins away from each other, and cover an NHS list. 3 years' experience preferred, with good structural skills and IVM skills to treat babies and adults. 5 days a week; please email CV with covering letter to shital@theosteopathyclinic.co.uk

**Rushden, Northants** is currently seeking an associate to work up to 2.5 days per week. Good diagnostic and structural skills essential, and an interest in sports injuries ideal. Graduates welcome. Contact Jo 01933 355230.

**Osteopath(s) required** at a multi-disciplinary clinic, Reading. An exceptional member of our team is emigrating in November or December 2007 and you will take over his very busy clinics. We may recruit two people to cover this position. Candidates will need to demonstrate an excellent standard of cranial technique or structural technique, but preferably both. Clinic days include Monday, Wednesday, Friday and one Saturday morning a month. Applications to The Harrison Clinic, Bridge Farm, Farley Farms, Reading Road, Arborfield, Reading, RG2 9HT or email to enquiries@harrisonclinic.co.uk

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**Goodwill for sale:** Kings Hill, Kent. Excellent opportunity in very busy practice. Presently one part-time associate, with plenty of scope for expansion. Proprietor relocating abroad. Established 10 years with good network of recommendation, therefore little advertising needed. Low overheads. Both structural and IVM used. Good location in business and residential area with plenty of parking. Call Caryn: 01732 844441.

**Essex – wanted to purchase.** Two experienced osteopaths wish to buy an established osteopathic or multi disciplinary practice in mid or south Essex. Must have at least two treatment rooms. Call: 07790 044752.

**Treatment rooms for rent** within a private dental practice in Southgate, London. Spacious rooms available. Prime location – 5 mins walking distance to Oakwood Underground Station and the local shops. Flexible days and times available. Contact Preeyam on 07946 304776.

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**Wanted: goodwill** and/or premises, South West. Ideally single list, mostly structural, with scope for expansion, but would consider purchasing larger business with existing associates. Please email [clincspace@hotmail.com](mailto:clincspace@hotmail.com). For further details: Box No. 102, *The Osteopath*, Wealden Advertiser, Cowden Close, Horns Road, Hawkhurst, Kent, TN18 4QT.

**1–2 rooms to rent** in established podiatry clinic, situated on main arterial road near Edinburgh city centre. Easy parking. Daily, weekly and long-term availability. Best suited to mature, self-motivated structural osteopath. Lease owner is osteopath with paediatric and visceral work preferences, practising abroad, and intending to join the clinic in 12 months time. Email: [Peter.Fraser.galbanum@lineone.net](mailto:Peter.Fraser.galbanum@lineone.net) Tel: 07894 541393.

**Room to rent** in busy Natural Health Clinic, Wilmslow, Cheshire. Located on busy main road with large public car park opposite. Appointments taken, clients greeted, room serviced. Contact 01625 549000.

**COURSES**

**Animal Osteopathy.** The next postgraduate diploma course on osteopathy for animals using traditional techniques starts in October 2007. Please contact Stuart McGregor at the Osteopathic Centre for Animals on 01235 768033, e-mail: [Wantageclinic@msn.com](mailto:Wantageclinic@msn.com)

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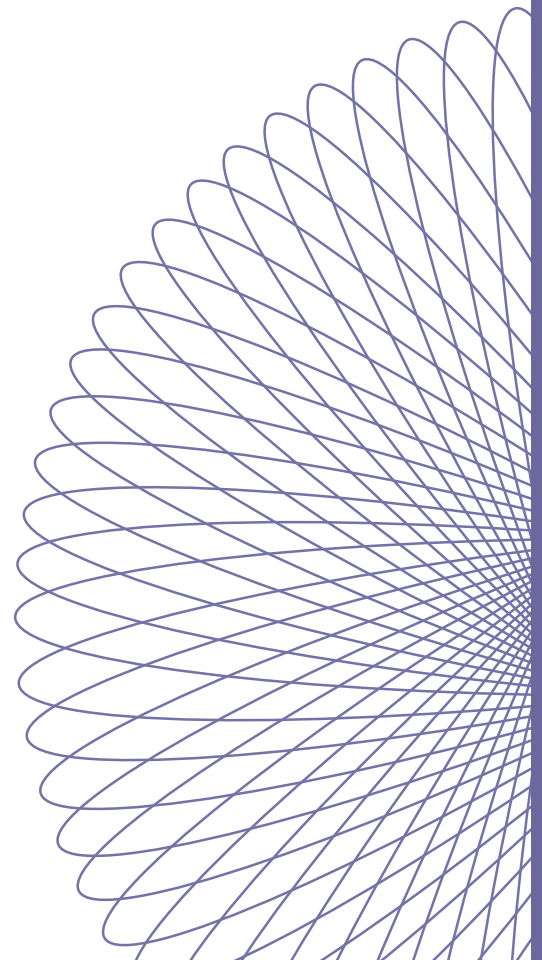
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**CPD 2007-08**



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This exciting course has been designed for osteopaths and other practitioners who work with people in pain. Pain management traditionally forms part of tertiary care, but this course provides opportunities for clinicians to adapt reliable techniques and interventions for use within their own practice. The course consists of four days of contact time which can be taken separately or as a whole.

The first day is a conceptual and practical introduction to the psychology of pain and cognitive/behavioural principles. The focus is on helping practitioners to identify depression, anxiety and fear in the context of pain, and appropriate management of patients displaying such symptoms. After the introduction day, attendees may choose to do all or any of the further sessions which are programmed throughout the year.

The second session focuses on cognitive-behavioural approaches to managing chronic pain. It explores the fear of movement and its impact on treatment, and gives practical ways that this can be managed.

The third day builds further on the understanding of pain management with a focus on mindfulness and acceptance in the context of treatment. It develops successful strategies to deal with resistance to help patients achieve the acceptance that will support their progression.

The final session focuses on the clinician, and the way that the beliefs of the clinician impact on treatment. As well as allowing some self-exploration of the role of the clinician, the day includes workshops looking at the psychological barriers to recovery, and the way that these barriers can be overcome in practice.

The course has been designed by Professor Tamar Pincus and Steve Vogel from the British School of Osteopathy, in association with Dr Lance McCracken from University of Bath and Dr Johannes van der Merwe from the Real Health Institute. It is experiential rather than academic in focus. For further information about course content or its application in practice, please contact [t.pincus@bso.ac.uk](mailto:t.pincus@bso.ac.uk). To book a place, please contact Gayda Arnold, Assistant Registrar (Postgraduate) on [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk) or 020 7089 5315.

## **Psychological Management of People in Pain**

**DATES 2007—2008**

**DAY 1—INTRODUCTION**

13th October 2007

2nd December 2007

16th March 2008

**DAY 2—COGNITIVE-  
BEHAVIOURAL APPROACHES  
IN PAIN**

28th October 2007

26th January 2008

**DAY 3—MINDFULNESS &  
ACCEPTANCE IN PAIN  
MANAGEMENT**

8th December 2007

10th February 2008

**DAY 4—CLINICIANS' BELIEFS  
AND THE IMPACT ON  
TREATMENT**

18th November 2007

1st March 2008

**Course Leaders:  
Professor Tamar Pincus  
Steven Vogel**

**Cost: £150 per day OR  
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**For bookings call  
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**2007**

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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
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<b>Evening courses</b>				
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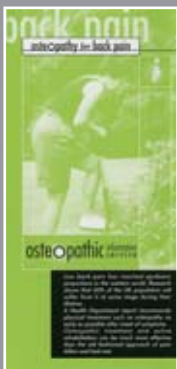
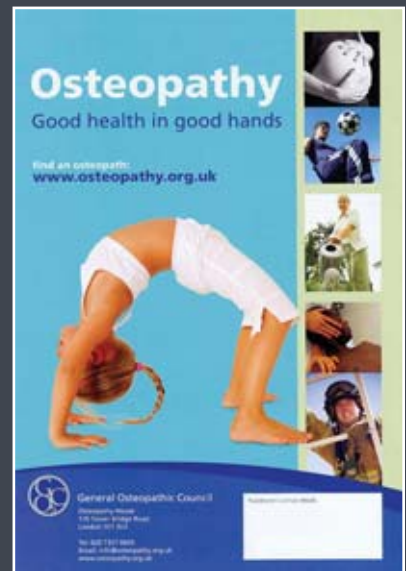
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19 - 20 April 2008	Dublin, St. James Hospital	Robin Blake
26 - 27 April 2008	Kilmarnoch, Crosshouse Hospital	Robin Blake
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## **How to treat: Chronic Lower Back Pain (am) How to treat: Tennis Elbow (pm)**

**Lecturer: Prof Eyal Lederman**

**Date:** Saturday 3<sup>rd</sup> November 2007  
**Cost:** £100 including lunch and refreshments  
**CPD:** 6 hours

## **Harmonic Technique Part 1**

**Lecturer: Prof Eyal Lederman**

**Date:** Saturday 2<sup>nd</sup> & Sunday 3<sup>rd</sup> February 2008  
**Cost:** £200 including lunch and refreshments  
**CPD:** 12 hours

Prof Eyal Lederman researched and developed osteopathic Harmonic Technique and is involved in research examining the physiological effects of manual therapy and the development of Osteopathic Neuromuscular Re-abilitation. He is the author of the books Harmonic Technique, Fundamentals of Manual Therapy and "The Science and Practice of Manual Therapy".

## **Recognising and rehabilitating breathing pattern disorder influences on musculoskeletal pain, motor control and balance**

**Lecturer: Mr Leon Chaitow**

**Date:** Saturday 23<sup>rd</sup> & Sunday 24<sup>th</sup> February 2008  
**Cost:** £200 including lunch and refreshments  
**CPD:** 12 hours

This course will explain the presentation and symptoms of, as well as rehabilitation strategies for, the widespread habit of unbalanced respiration (breathing pattern disorder/BPD). New evidence will be offered linking BPD with autonomic imbalance, emotional liability, as well as musculoskeletal and circulatory distress. Safe rehabilitation methods will be demonstrated, taught and practised.

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# SUTHERLAND

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## The Functional Face

### Module 8

AN EVENING AND THREE DAY RESIDENTIAL POST GRADUATE COURSE (*shared accommodation*)

**Course Director:** Cherry Harris MSc (Ost Med) DO MSCC

**Date:** Evening 17-20 October 2007 **Venue:** Dartington Hall, Devon **CPD:** 26hrs **Fee:** £970

A ONE DAY RESIDENTIAL WORKSHOP (*optional*)

**Date:** 21 October 2007 **Venue:** Dartington Hall, Devon **CPD:** 8hrs **Fee:** £220

**COURSE AIMS:-** to explore how developmental movements from conception, through the neonatal period, childhood and adulthood lay the foundation for the structure of the face. Together with consideration of how special senses, occlusion and environmental factors might influence this dynamic interplay between structure and function throughout life.

**COURSE OBJECTIVES:** By the end of this course the student should have an understanding of the following:

- Development and relational mechanical and involuntary motion considerations of upper, middle and lower face.
- The development of occlusion and its relationship to the cranial base and whole body mechanics.
- The place of osteopathy in a multidisciplinary treatment approach to malocclusion and TMJ dysfunction syndromes
- Links between structural, nutritional and dental integrity and the mechanics of voice.

**Workshop speakers** - Angela Caine and Andre Hedger. For further info [www.osteopathicclinic.co.uk/functionalface](http://www.osteopathicclinic.co.uk/functionalface)

## In Reciprocal Tension

### Module 5

A THREE DAY RESIDENTIAL POST GRADUATE COURSE (*shared accommodation*)

**Date:** 7-9 March 2008 **Venue:** Hawkwood College, Stroud **CPD:** 24hrs

- Do you find difficulty using the involuntary mechanism approach throughout the whole body?
- Do you struggle to understand the significance of the forces, stresses and strains you palpate?
- Where is the body working, what is it doing and how can I support it in its process?

This is the type of questions we are going to explore. This course, incorporating recent scientific developments, is an examination of the concept of dynamic tension, how it operates with respect to the body, and the role it plays in both diagnosis and treatment. To add flesh to Sutherland's observation that we should 'treat the spaces'; we will use our understanding of reciprocal tension. This is demonstrated throughout the body and the world around us. We invite you to come and share this exploration in order to develop our skills of diagnosis and treatment.

Modules 5/9 can be taken after successful completion of Module 2 and 3, or equivalent.

## Osteopathy In The Cranial Field

### Module 2/3

A FIVE DAY RESIDENTIAL POST GRADUATE COURSE

**Course Director:** Carl Surrridge DO MSCC

**Date:** 27-31 March 2008 **Venue:** Hinsley Hall, Leeds **CPD:** 40hrs **SCTF approved**

'Osteopathy in the Cranial Field' was originally created by the concept's founder Dr. W.G. Sutherland as a Comprehensive introduction to his work of more than 50 years. It was designed to be taken and retaken in depth as the practitioner's skills develop and experience widens. This course builds on the practitioner's knowledge of osteopathic principles. It enlarges the osteopathic physician's approach to the living body. The first half of the course presents Sutherland's 'Five Phenomena', exploring the palpatory differences among structures at different levels of function. The second half of the course moves into the area of diagnosis and treatment, including the fascia, face and intra-osseous problems. Time will be set aside each day for individual student discussion with the tutor, to give an opportunity for continuous assessment of learning and personal feedback. Open to osteopaths with appropriate foundation in the involuntary mechanism. Tutor ratio 1:4.

SCC Administration, PO Box 91, NP16 7ZS

**Telephone 01291 689908 / Fax 01291 680056**

Email: [admin/info@scc-osteopathy.co.uk](mailto:admin/info@scc-osteopathy.co.uk)

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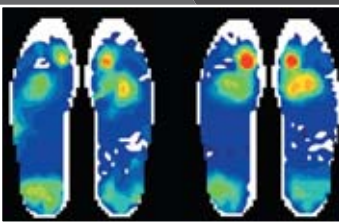


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"Proximal plug removed"

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VHD VHD Diabetic arch support

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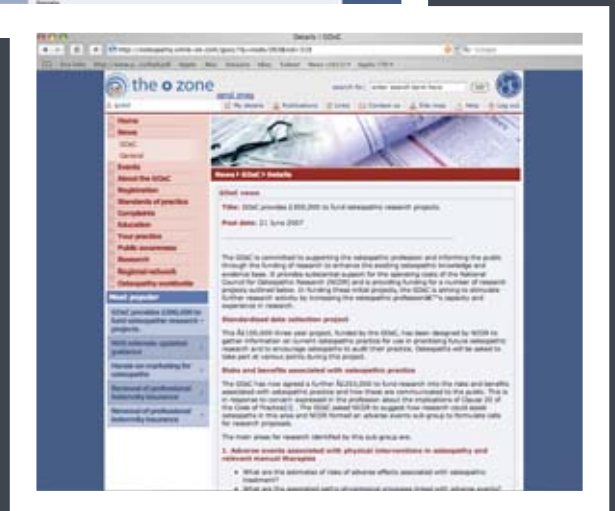


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