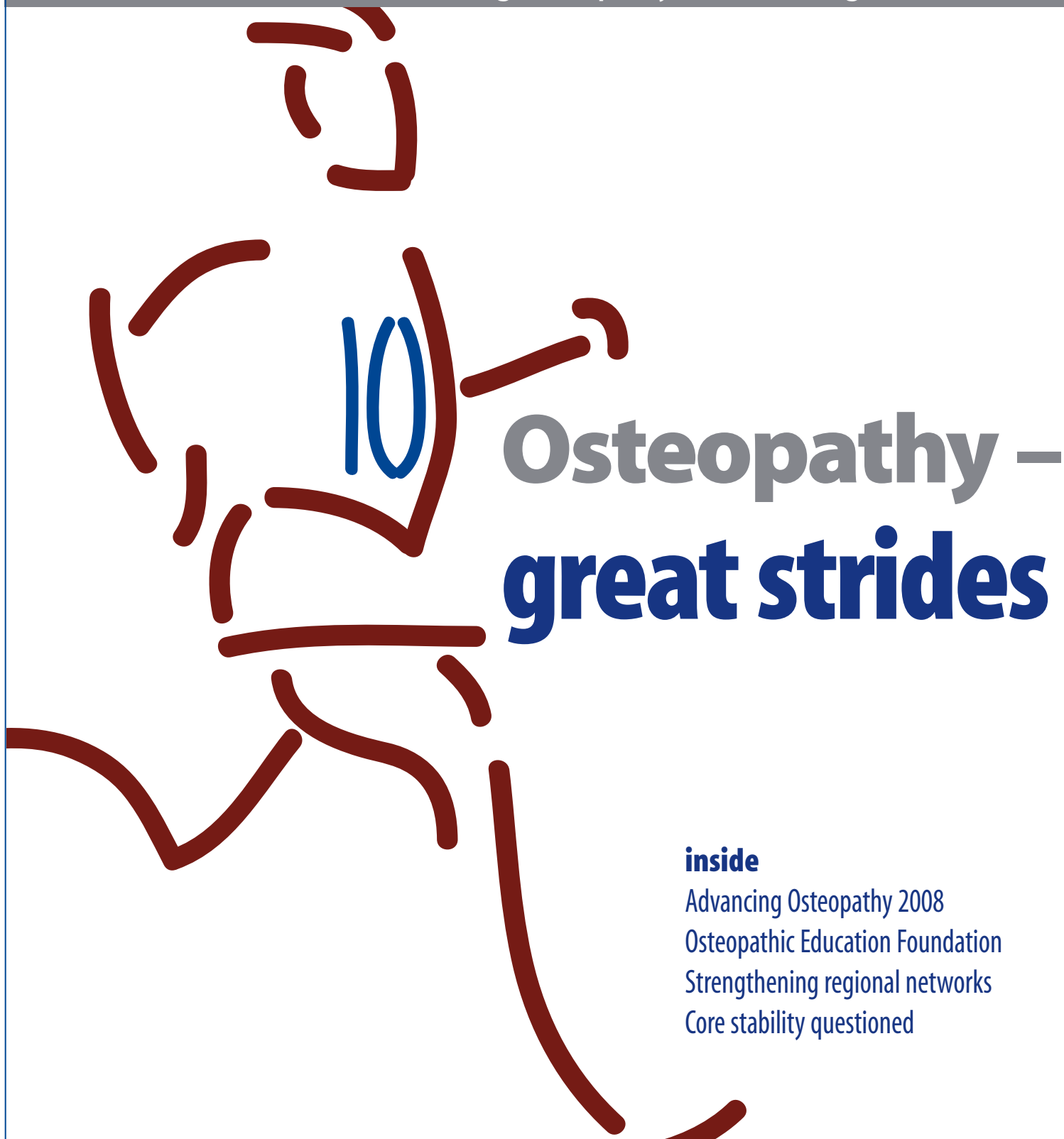


# the osteopath

Advancing Osteopathy 2008 booking form enclosed



## Osteopathy – great strides

### inside

Advancing Osteopathy 2008  
Osteopathic Education Foundation  
Strengthening regional networks  
Core stability questioned

# Are you an osteopath interested in research?

**An opportunity has arisen for an osteopath to undertake a 10-month research project in the field of osteopathy and adverse events. This NCOR-funded project will be managed by the European School of Osteopathy (ESO), and Barts and The London School of Medicine and Dentistry.**

The successful applicant will be trained in the research methods required to review a large volume of literature in a systematic manner. This will produce a thorough review of literature to ascertain the extent, type and prevalence of adverse events associated with physical intervention in osteopathy and relevant manual therapies.

The researcher will be required to work 12 hours per week (flexible), on a fixed-term (40 weeks), fixed fee (£9,000) contract. It is envisaged the post will commence in February 2008. Work will be undertaken mainly at the ESO, Maidstone, Kent, but occasional work at Whitechapel, London will also be necessary for training and meetings.

If you are interested in this post, send your CV, along with a covering letter, to Dr Dawn Carnes PhD, Barts and The London, Queen Mary's School of Medicine and Dentistry, University of London, 2 Newark Street, London E1 2AT or email: [d.carnes@qmul.ac.uk](mailto:d.carnes@qmul.ac.uk).

**If you have any queries, contact Dawn on email: [d.carnes@qmul.ac.uk](mailto:d.carnes@qmul.ac.uk) or call: 020 7882 2546.**

**Deadline: applications must be received by Wednesday 31 January 2008.**



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- > Funding research in complementary practice – King's Fund review
- > Graduates 2007

## the osteopath

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## research

### NCOR

- > Research hub news
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Chief Executive & Registrar: **Evlynne Gilvarry**

### Key GOSC services

**Freephone helpline  
for osteopaths** **0800 917 8031**

**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, payments.

**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 720 213**

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

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

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# Chairman's report

This will be my final Chairman's report for *The Osteopath*. After nearly seven years in the Chair, I stand down on 31 December 2007; my successor will be Prof Adrian Eddleston, elected by Council Members earlier in the year.

Although I have served on Council since its inception, I originally became aware of the profession's campaign for statutory regulation when I met my predecessor, Simon Fielding, in 1986 – which was the 50th anniversary of the profession's first attempt to persuade politicians of the importance of this step. The years that followed, which led to the Osteopaths Act 1993, saw a coming together of the many strands of osteopathy, particularly through the King's Fund *Report of a Working Party on Osteopathy*, chaired by Lord Bingham, and driven by the unceasing support of the GOsC's Patron, HRH Prince Charles.

It is a common observation of lay members of regulatory bodies that while the public believes that healthcare professionals are too lenient with their colleagues when standards are not met, the truth is the exact opposite. I have been impressed throughout my time on the GOsC by the way in which osteopaths have sought to strengthen and extend their standards of practice. The main beneficiaries are patients, of course; but this has also done much to enhance the standing of the profession within the healthcare community.

Throughout the time since 1986, and most especially since the creation of Council in 1996, there have been a number of members of the profession, and a range of Lay Members of Council, who have given significant time and energy to build the edifice of regulation for osteopathy. Some have overcome profound geographical and transport challenges; all have had to juggle commitments to their colleagues and practices to be able to make their contribution.

It would be wrong to single out a small number of osteopaths for particular mention, for there have been so many who have contributed to this important work. Suffice to say that they have come from all branches of the profession, whether in practice improving patients' lives, educating the next generations

of osteopaths, breaking new ground in the development of research, or engaged in the vital task of collaborating closely with colleagues to learn and to develop their own practices.

The development of the GOsC has also been made possible by a small and dedicated team of skilled executives at Osteopathy House. I owe much to the first Registrar, Madeleine Craggs, who has put up with the various foibles of her Chairman, provided excellent support throughout, and led a first-class team, which has made regulation of the profession as sound as it is today. I have no doubt that the case we made last year for the maintenance of independent regulation for the profession was only possible because of the unstinting hard work of Madeleine and her team since 1997 coupled with the widespread support of the profession.

The GOsC has recently lost the services of one of its most long-standing Lay Members, Anne Jones, for reasons of ill health. Anne has been one of the most active contributors to the development of the GOsC, most recently serving as co-Chair of the Professional Conduct Committee. Despite being disabled, she has never shirked the long journeys from South Wales for the many meetings she has attended. Her judgement and experience, born from an NHS career, have served the Council well; Anne is the epitome of a fine public servant, and I as chairman of the GOsC, and indeed the wider profession too, owe her a great debt. We wish her well in the future.

What of the future? There are changes under way now, of course; a smaller council will emerge shortly, and the system of election of its Members is likely to be replaced with one of appointment. The GOsC faces this with a strong team of Council Members, and in Professor Adrian Eddleston a new Chairman of great judgement and leadership strengths, with a lifetime's experience of healthcare practice. The public and the profession can have the greatest confidence in them.

What challenges still stand before the profession? The first will be the question of the evidence base; all healthcare professionals now face this challenge.

If osteopathy is to become more widely available on the NHS, much more will need to be done in this area. The National Council for Osteopathic Research will have a key role to play in this area of work.

The second lies in building a strong professional leadership body. Over its first 12 years, the GOsC has had a duty to promote the profession, which Council has always interpreted to mean improving understanding of osteopathy for patients and public. But this role is necessarily limited, and ultimately a regulatory body is there to ensure patient safety and the integrity of the title 'osteopath'. The profession of osteopathy needs more. The further development of standards and scope of practice, the accreditation or provision of Continuing Professional Development, support for osteopaths as revalidation is introduced (which it will be for all regulated healthcare professionals), and representation of the profession to NHS and Government will all be roles that such a body could perform. These are not trade union functions – they would need to be tackled by a separate, possibly new, organisation. Osteopaths need to commit themselves to ensuring that the profession has such a body, and that it commands the widest support.

So it has been a fascinating 12 years. I leave with the greatest respect for a profession of dedicated professionals, whose work makes a great difference to the many thousands of people, who have been welcoming, challenging and always interesting. May you all continue to flourish.



**Nigel Clarke**  
Chairman



# Osteopathy on the advance!

## GOsC Reception

Thursday 31 January  
The Drapers' Hall, London

**Advances in osteopathy will be the focus of a reception to be hosted by the GOsC in London's prestigious Drapers' Hall on Thursday 31 January 2008. The event will celebrate the 10th anniversary of the first name entered on the Register and will formally launch 'Advancing Osteopathy 2008'.**

The occasion will bring together national and international healthcare professionals, policy makers, patient representatives, healthcare educationalists and researchers, and represents an opportunity to showcase the commitment of the osteopathic profession to driving up standards and delivering the highest quality care.

Highlighting achievements in osteopathic education, research, regulation and practice, this event will also pay tribute to the dedication and contribution of the many osteopaths and friends of the profession who have guided and supported the profession through its most eventful era.

The reception will be held in the beautiful surroundings of the Drapers' Hall, home of the Guild of Drapers since 1543 and one of the most impressive livery halls in the City of London.

Hosts on the day will be the incoming Chairman of the General Osteopathic Council, Professor Adrian Eddleston, and our new Chief Executive & Registrar, Evlynne Gilvarry. The anniversary of the inception of statutory regulation also presents an opportunity to launch an illustrated review of osteopathic practice in the UK today – a copy of which will be sent to all osteopaths.



## Gala Dinner-Dance – Osteopaths Reunited!

Saturday 2 February 2008,  
Royal Lancaster Hotel, Lancaster Gate, Hyde Park – from 7.30pm

Social events that bring together osteopaths from across the UK and around the world are rare enough. Not least occasions that also welcome the friends of osteopathy – the long-suffering partners, tutors and trainers, support staff, osteopathy students and – very importantly, those now retired from the Register.

For this reason, the social highlight of 'Advancing Osteopathy 2008' will be the glittering black-tie Gala Dinner-Dance taking place at London's Royal Lancaster Hotel on the evening of Saturday 2 February. An opportunity to cast aside the clinic tunic in favour of more formal attire and to unite, reunite and celebrate with friends and colleagues – past, present and future.

Several hundred guests will gather from 7.30pm to enjoy reception drinks, a three-course meal with wine, entertainment and dancing. Tables of 10 can be booked in advance if you wish to share the evening with particular friends – classmates you've not seen since graduation, regional society colleagues or fellow faculty members – or you can simply complete your dinner confirmation slip and we'll do our best to link you up with friends. Guests do not need to be conference delegates to attend the gala dinner.

Don't miss being part of the osteopathic jamboree of the decade.



## International osteopathic conferences

Friday 1 – Sunday 3 February 2008  
Queen Elizabeth II Conference Centre



Osteopaths of all traditions are signing up for 'Advancing Osteopathy 2008' – hailing from Scotland to Canada, from Norfolk to New Zealand – and uniting for a common purpose: to appraise and celebrate advances in osteopathic care.

Many osteopaths working as sole practitioners feel professionally isolated by practice – 'Advancing Osteopathy 2008' signifies the emergence in the UK of osteopathy as a profession, not just a practice. A mature profession is founded not only on strong local and regional networks, but also on the ease with which the profession is able to weave these into a cohesive national identity. This event is testament to the seismic shift within UK osteopathy from parochial practice to a frontline profession at the centre of national healthcare. The international scope of these conferences and their emphasis on scientific and academic enquiry shows osteopathy moving rapidly to the standards equal to any well-established medical practice.

And the commitment of osteopaths to this advance is impressive, with almost 900 tickets already booked by early December. Added to this, there is growing interest from the international osteopathic communities and the wider world of manual therapy. 'Advancing Osteopathy 2008' not only promises an opportunity to exchange global perspectives in osteopathic care, but also the enrichment of knowledge from cross-professional collaboration.



# Osteopathy – art and science

## Celebrating evidence-informed osteopathy in practice

Friday 1 February 2008, 9am – 5.45pm

Hosted by the



9.00	Registration – coffee, poster presentations & exhibition.	OR	<b>Parallel Session B:</b> Invited paper presentations by: <b>Dr David Evans PhD</b> , Keele University, and practising osteopath. <i>Osteopaths and back pain – are we doing the right things?</i> <b>Annette Pantall</b> , PhD student, University of Surrey, and practising osteopath. <i>Patterns of surface electromyographic activity recorded during the stance phase in transfemoral amputees with osseointegrated prostheses.</i> <b>Dr Nefyn Williams</b> , senior clinical lecturer, University of Wales College of Medicine, and practising osteopath. <i>Encouraging exercise in patients with osteoarthritis.</i>
9.30–10.00	<b>Chair's welcome address:</b> <b>Professor Ann Moore</b> , Chair, National Council for Osteopathic Research.		
10.00–10.45	<b>Keynote address:</b> <b>Professor John Licciardone</b> , Chair, Osteopathic Heritage Clinical Research Center, University of North Texas. <i>What's the evidence? – Osteopathy answers back.</i>		
10.45–11.30	<b>Parallel Session A:</b> Debate: <i>Osteopathy should get back to its roots and do what it does best.</i> Speaking for the motion: <b>Robin Kirk</b> , Principal, London School of Osteopathy, and practising osteopath; & <b>Martin Pendry</b> , NCOR NHS Practitioners' representative, and practising osteopath. Speaking against the motion: <b>Joanne Zamani</b> , PhD student, Head of Postgraduate Studies & Senior Research Fellow, British School of Osteopathy & <b>Jorge Esteves</b> , PhD student, Oxford Brookes University, and practising osteopath.	3.00–3.30	<b>Professor Raymond Lee</b> , Professor of Biomechanics, University of Brighton. <i>Clinical biomechanics – what's in it for osteopaths?</i>
	OR <b>Parallel Session B:</b> Invited paper presentations by: <b>Louise Potter</b> , PhD student, University of Manchester, and practising osteopath. <i>Exploring the physiological effects of spinal manipulation.</i> <b>Tim McClune</b> , PhD student, University of Brighton, and practising osteopath. <i>UK Osteopathy: politics and society.</i> <b>Dr Dawn Carnes PhD</b> , Barts and The London, and practising osteopath. <i>Chronic musculoskeletal pain rarely presents in a single body site: results from a UK population study.</i>	3.30–4.00	<b>Professor Kim Burton</b> , Lead Director, Spinal Research Unit, University of Huddersfield. <i>To work or not to work: advising your patients.</i>
		4.00–4.30	Coffee – poster presentations & exhibition.
		4.30–5.15	<b>Parallel Session A:</b> Debate: <i>Without research osteopathy is a fossil – but can clinical trials tell us what we want to know about osteopathy?</i> Speaking for the motion: <b>Dr Janine Leach</b> , Senior Research Fellow in Osteopathy, University of Brighton, Editor, <i>IJOM</i> , and practising osteopath; & <b>Dr Heather Hinkley</b> , Head of Research, British College of Osteopathic Medicine. Speaking against the motion: <b>Tim McClune</b> , PhD student, University of Brighton, and practising osteopath; & <b>Dr Dawn Carnes PhD</b> , Barts and The London, and practising osteopath.
11.30–12.15	Coffee – poster presentations & exhibition.		
12.15–12.45	<b>Keynote:</b> <b>Dr Ian Drysdale</b> , Principal, British College of Osteopathic Medicine, London. <i>How research informs osteopathic practice.</i>		
12.45–1.15	<b>Keynote:</b> <b>Rob Moran</b> , lecturer, Unitec New Zealand & <b>Nicholas Lucas</b> , lecturer, University of Western Sydney; Editors, <i>International Journal of Osteopathic Medicine (IJOM)</i> , and practising osteopaths. <i>Using and abusing evidence – international perspectives.</i>		
1.15–2.15	Lunch – poster presentations & exhibition.		
2.15–3.00	<b>Parallel Session A:</b> Symposium discussion: <i>Publish or perish – what's the point?</i> <b>Nicholas Lucas</b> , lecturer, University of Western Sydney, Editor, <i>IJOM</i> , and practising osteopath. <b>Robert Moran</b> , lecturer, Unitec New Zealand, Editor, <i>IJOM</i> , and practising osteopath. <b>Dr Janine Leach</b> , Senior Research Fellow in Osteopathy, University of Brighton, Editor, <i>IJOM</i> , and practising osteopath. <b>Derrick Edwards</b> , London School of Osteopathy. <b>Professor Ann Moore</b> , Chair, National Council for Osteopathic Research, Editor, <i>Manual Therapy.</i>	5.15–5.45	<b>Plenary address:</b> <b>Charles Peers</b> , practising osteopath, Plymouth, Devon.
		5.45	Close.

Full programmes, including speaker profiles and abstracts, are available on the Event website – [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk).

# Osteopathy – good health in good hands

Saturday 2 February 2008, 9am – 5.30pm

Hosted by the

GENERAL OSTEOPATHIC COUNCIL



**9.00-9.30** Registration – coffee, poster presentations & exhibition **2.45-3.15**

**9.30-9.40** **Conference chair's welcome address**

**Robin Shepherd DO**, Acting Chairman,  
General Osteopathic Council

**9.40-10.00** **Recognition and progress: the challenges ahead**

**Professor Adrian Eddleston**, Chairman,  
General Osteopathic Council

## Diversity & integration in practice

**10.00-11.00** *Head pain – myofascial, vascular, psychogenic: integrating the cranial & structural approaches*

What are the components common to head pain? And, how can we, as osteopaths, enhance our diagnostic and treatment options?

**Tim Oxbrow BSc (Hons) DO (Hons)**, Senior Osteopathic Lecturer, The British School of Osteopathy, and practising osteopath

**11.00-11.30** Morning refreshments – poster presentations & exhibition **3.45-4.00**

**11.30-12.15** *Scoliosis – what's the trigger?*

Reviewing the aetiology and classification of different types of scoliosis, throughout the age ranges – paediatric to geriatric presentations.

When is surgery the best treatment option and what role does osteopathy play in its management?

**Mr John Hutchinson BaO MMedSci FRCS (Orth)**, Consultant Orthopaedic Spinal Surgeon, Frenchay Hospital, North Bristol NHS Trust

**12.15-12.45** *Osteopathy – optimising the biomechanics of scoliosis*

Is there really a role for osteopaths in its treatment?

**Panel discussion: Marianne Bennison DO, Stuart Korth DO & Carina Petter DO**

**12.45-2.15** Lunch – poster presentations & exhibition

**2.15-2.45** *Low back pain – re-examining the rituals*

Examining the low back provides valuable information about our patients, helping determine both diagnosis and treatment. But the role of this osteopathic ritual is, in fact, therapeutic in itself. How can this technique be enhanced to further benefit our patients?

**Dr Nefyn Williams DO**, Clinical Senior Lecturer, Cardiff University Centre for Health Sciences Research, Department of Primary Care and Public Health, and practising osteopath



*Are visceral approaches to osteopathy the solution to chronic low back pain?*

Exploring the effects visceral structures have on spinal posture and biomechanics – how to distinguish and treat the visceral component of chronic low back pain.

**Philipp Richter DO**, Director, Institute for Applied Osteopathy (IFAO), Germany, and practising osteopath

**3.15-3.30** *Attacking back pain at the cellular level*

Is homotoxicology an adjunctive intervention congruent with the osteopathic approach to low back pain? Where do the two interventions meet, and how can remedies benefit toxin drainage and inflammation?

**Jonathan Lawrence BA DO**, Turning Point Clinic, South Molton

**3.30-3.45** *Low back pain: the holistic approach*

**Panel discussion: Jonathan Lawrence BA DO, Philipp Richter DO & Dr Nefyn Williams DO**

Stretch break – poster presentations & exhibition

**4.00-4.30** *Lower limb sports injuries – raising the bar for 2012*

Innovative approaches to the treatment of Achilles and other ligamentous strains around the ankle.

**Dr James Brown MBChB Msc FFSEM(UK)**, Consultant in Sport and Exercise Medicine, Department of Sports and Musculoskeletal Medicine, Chapel Allerton Hospital

**4.30-5.00** *Osteopathy in sport – what's our goal?*

**Panel discussion: Dr James Brown MBChB Msc FFSEM(UK), Walter McKone DO & Carl Todd BSc(Hons) Ost**

**5.00-5.15** **VIP address**

**5.15** Closing remarks



Full programmes, including speaker profiles and abstracts, are



# Osteopathic learning & practice – Building a global future

Sunday 3 February 2008, 9am – 5.30pm

Hosted by



THE BRITISH SCHOOL OF OSTEOPATHY



Osteopathic  
International  
Alliance

**Taster programme:** see [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk) for full details.

**9:00-9:30** Registration – coffee, poster presentations & exhibition

**9:30-9:45** **Welcome address**

**9:45-10:30** **Keynote address:** *Clinically competent but unprofessional: how important is professionalism in the 21st century?*  
**Prof Trudie Roberts**, Head, School of Medicine & Director, Medical Education Unit, University of Leeds; Secretary of State Appointee for Education, General Osteopathic Council.

**10:30-11:00** Coffee, poster presentations & exhibition

**11:00-12:30** **Open platform presentations – three parallel sessions**

*Session I: Post qualification education.*

Chair: **Prof Ann Moore**, Director, Clinical Research Centre for Health Professions, University of Brighton, Editor, Manual Therapy & Chair, National Council for Osteopathic Research.

- > Development and implementation of a Masters level qualification in paediatric osteopathy.
- > 'Come together' over the worldwide web for osteopathy.
- > Development of a professional doctorate in osteopathy.
- > Developing and implementing training in cognitive-behavioural approaches to the management of pain.

*Session II: National educational models.*

Chair: **Adrian Barnes**, Principal, European School of Osteopathy (ESO).

- > Educating osteopaths: What issues face the profession?
- > Scoping the adequacy of mental health curricula in entry-level osteopathic programs in Australia and New Zealand.
- > Development of a national framework for UK osteopathic education.
- > Osteopathy in Switzerland: present and future educational standards.

*Session III: Osteopathic education in practice.*

Chair: **Jorge Esteves**, Senior Lecturer in Osteopathy, Oxford Brookes University.

- > Predicting osteopathy students' academic and practical performance from preadmission tests and previous education.
- > Variability of clinical teaching at the British School of Osteopathy – a focus group study of staff and students.
- > Stages of intellectual development: a qualitative cohort analysis.
- > Exploring exercise content in the UK osteopathic curricula – a qualitative study of osteopathic students and faculty.

**12:30-2:00** Lunch, poster presentations, networking meetings & exhibition

**2:00-3:00** **Plenary session:** *Production of 'high-quality graduates': a shared objective, but whose responsibility?*

Chair: **Raimond Engel**, General Manager & Co-founder, Vienna School of Osteopathy, Executive Committee Member, World Osteopathic Health Organisation, Austria.

**2:00-2:20** *Quality Assurance Agency; UK osteopathy benchmark statement.* **Vince Cullen**, Director of Professional Standards, General Osteopathic Council.

**2:20-2:40** *Accreditation in the US.*

**2:40-3:00**

**Prof William D Strampel**, Dean, Michigan State University, College of Osteopathic Medicine, USA.

*WHO Guidelines on Basic Training and Safety in Osteopathy.*

**Michael Mulholland-Licht**, President, World Osteopathic Health Organisation.

**3:00-3:20**

Coffee, poster presentations & exhibition

**3:20-4:30**

**Parallel mini symposia:** *Paper presentation & discussion*

**Symposium I:** *Values, philosophy and theory – underpinning or undermining osteopathic education and practice?*

Chair: **Prof Stephen Tyreman**, Dean, Osteopathic Education Development, The British School of Osteopathy (BSO).

- > Osteopathic education and professional identity: Are we lost in the Atlantic Ocean?

**Christian Fossum**, Instructor, Department of Osteopathic and Manipulative Medicine, Associate Director, AT Still Research Institute, Kirksville College of Osteopathic Medicine, USA.

- > Whose values are we teaching? Deconstructing responsibilities and duties of teachers of osteopathy.

**Peter Sommerfeld**, Lecturer, Vienna School of Osteopathy, Austria.

- > Valuing osteopathy: What are (our) professional values and how do we teach them?

**Prof Stephen Tyreman**, BSO

**Symposium II:** *Criticality, research, scholarship and teaching.*

Chair: **Steven Vogel**, Head of Research, BSO.

- > Teaching critical thinking in osteopathy – integrating craft knowledge and EBM approaches.

**Dr Gary Fryer**, Research Associate Professor, AT Still Research Institute, Kirksville College of Osteopathic Medicine, USA.

- > Educating osteopaths to be researchers – what role should research methods and statistics have in an undergraduate curriculum?

**Prof John Licciardone**, Chair, Osteopathic Heritage Clinical Research Center, University of North Texas, USA.

- > Osteopaths as educators – what makes a good teacher?

**Sarah Wallace**, International and National External Examiner; General Osteopathic Council/Quality Assurance Agency Recognised Qualification reviewer.

**Symposium III:** *Assessing osteopathic practice.*

Chair: **Sharon Potter**, Dean of Undergraduate Studies, and Course Leader, BSO.

Presentations led by: **Dr Paula Fletcher**, Vice Principal, ESO & **Simeon London**, Head of Clinical Practice, BSO.

**4:35-5:00**

**Keynote address:** *Making osteopathic education more global.*

**Clive Standen**, Board Member & Chair, Education Committee, OIA, Associate Professor, Director, Health & Osteopathy Services, School of Health Science, Unitec, New Zealand.

**5:00**

Conference close: **Charles Hunt**, Principal, BSO.

**Taster programme:** see [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk) for full details.

available on the Event website – [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk).

# Speaker profiles

## Professor John Licciardone DO MS MBA



Director of Clinical Research & Osteopathic Heritage Clinical Research Chair, Osteopathic Research Center, University of North Texas.

In addition to his roles as Director of Clinical Research and

Osteopathic Heritage Clinical Research Chair at the Osteopathic Research Center, University of North Texas, Professor Licciardone is the founding Editor-in-Chief of *Osteopathic Medicine and Primary Care*, an independent open-access journal published in conjunction with BioMed Central. Professor Licciardone graduated from Kirksville College of Osteopathic Medicine and also Ohio State University, where he majored in preventative medicine. He is the first osteopathic physician to have received a Midcareer Investigator Award from the National Institutes of Health.

Professor Licciardone currently serves as Principal Investigator of the OSTEOPATHIC Trial (OSTEOPATHic Health outcomes In Chronic low back pain Trial), an ongoing five-year study that will recruit some 500 subjects, making it the largest study ever undertaken on osteopathic manipulative treatment. He was also Principal Investigator for the Systematic Review and Meta-Analysis of Osteopathic Manipulative Treatment Project, which conducted the most comprehensive review of osteopathic literature published within the past five years.

## Professor Raymond Lee PhD



Professor of Biomechanics, University of Brighton.

Prior to undertaking his PhD in Bioengineering at the University of Strathclyde, Professor Lee trained as a physiotherapist. He has held various academic appointments in

Hong Kong and Australia, and now works as Professor of Biomechanics at the University of Brighton. Professor Lee's main research areas lie in biomechanics of the human spine, kinematics and kinetics of human motions, and development of motion tracking technologies. Through this work he aims to elucidate the mechanical mechanisms underlying various musculoskeletal disorders – such as back pain and osteoporosis. The application of engineering methods to quantify and analyse the clinical effects of therapy has also become a special interest area.

Professor Lee currently leads the Clinical Biomechanics Research Group – a multidisciplinary forum that helps bring together expertise from engineering, health and medical sciences. Current research projects include: the mechanical response of the human spine to manual therapy, the effects of ageing and osteoporosis on musculoskeletal function, and the use of new motion tracking techniques.

## Mr John Hutchinson BaO MMedSci FRCS (Orth)

Consultant Orthopaedic Spinal Surgeon, Frenchay Hospital, North Bristol NHS Trust.

One of Britain's top spinal surgeons, Mr John Hutchinson's surgical practice includes paediatric and adult patients suffering from deformity, trauma, tumour, fracture and degenerative pathologies. His major interest is corrective and reconstructive surgery for adult and paediatric scoliosis and kyphosis. He has led various courses on the spine for osteopaths, physiotherapists and nurses, and is currently chair of AOUK Spine Forum.

The author of a range of peer-reviewed articles and book chapters, Mr Hutchinson has lectured extensively in Western Europe, North America and the Middle East, and in March 2008 will embark on an operating and lecture tour of Russia. He was recently the subject of a BBC documentary, *Your Life in Our Hands*, and is an advisor to the medical series, *Casualty*.

## Professor Kim Burton PhD DO MErgS Eur Erg



Director, Spinal Research Unit, University of Huddersfield, and practising osteopath.

Well-known amongst the profession for his support of evidence-based practice and involvement in the UK BEAM trial,

Professor Kim Burton has enjoyed a successful, and sometimes controversial, career in osteopathy since qualifying in 1986. Now Director of the Spinal Research Unit at the University of Huddersfield, Professor Burton specialises in ergonomics, biomechanics and occupational musculoskeletal disorders, and often works as an expert witness in these fields.

Currently Editor-in-Chief of the *International Journal of Clinical Biomechanics*, Professor Burton's primary research interests include causes, prevention and rehabilitation of occupational musculoskeletal disorders. In recent years, he has undertaken work for the Department for Work and Pensions and the Health and Safety Executive, among other clients.

## Nicholas Lucas BSc (ClinSci) MHSc(Osteo) MPainMed Grad Dip Cli Epi



Osteopath Nicholas Lucas is a lecturer and research supervisor at the University of Western Sydney, Australia, and also maintains a private practice in osteopathy. He has postgraduate qualifications in pain medicine

and clinical epidemiology, and is currently completing a PhD on Diagnostic reliability in physical medicine at the Faculty of Medicine, University of Sydney.

Nicholas has a broad interest in osteopathic education, evidence-based practice and issues related to scientific publishing. He is also a founding editor of the *International Journal of Osteopathic Medicine* (Elsevier).

## Poster presentations

A display of scientific and educational poster presentations will offer a taste of the work that is being undertaken in the UK and around the world to enhance osteopathic practice and to establish a solid evidence base. Delegates will, over the three days, have the opportunity to view posters and discuss with authors their work.

## Trade show

A number of industry partners will take part in the trade exhibition, offering delegates the chance to meet with suppliers and assess some of the latest products available to osteopathic practice.

## Partners programme

For those wishing to enjoy some time in London with friends and family, a Partners programme will be available. See the Event website for further information – [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk) – or contact Vista Conferences on tel: 020 8542 7622.

## Accommodation

While accommodation is not included in the conference fee, Exposé Travel Management has been appointed to assist with those who require accommodation in London for the event. Visit [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk) to link to this reservation service and take advantage of discounted rates across a range of options. Delegates with special requirements should contact Exposé Travel on tel: 01883 342 006.

# Be part of the advance!

To book now for Advancing Osteopathy 2008, simply return the enclosed booking form together with payment to Vista Conferences or book online via the dedicated Event website – [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk). Visit the website also for programme updates, speaker profiles and the latest event news.

# Advancing the Osteopathic Education Foundation 2008!

Maurice Hills DO, Secretary, Osteopathic Education Foundation



**Think for a minute what we can achieve as a profession if we combine our collective knowledge**



**In February 2008 the profession will be celebrating 10 years of statutory regulation and development; not easy years, but it has every cause to be proud of what has been achieved.**

It now has an overarching body which not only regulates, but works hard behind the scenes to ensure that nothing happens which will limit or affect our rights to practice, it has a professional association which looks after our more personal needs; and has a national osteopathic research council which will stimulate and guide the research, upon which much of our future development will depend. The one component missing is a central fundholding body – or is it?

Sixty years ago, almost to the day of the commencement of our celebrations, a small group of osteopaths, who were pivotal in the development of the profession, met in London; their mission was to develop an organisation to raise funds to support osteopathic education and development. As a result the Osteopathic Education Foundation (OEF) was born.

While the functions and activities have altered over the years, due to changing needs, the vision has lived on, and in 2003, following statutory regulation, the Foundation sent a paper outlining the possibilities together with a questionnaire, seeking views, to 150 osteopaths who were actively involved in the governance of institutions, professional bodies and the GOsC.

Of the 69% return, the view of the majority was that the main priority for the profession was research; it also accepted that the profession required:

- > Funding over and above that derived from registration and professional association fees.
- > To be seen to be making its own contribution to this additional funding before expecting others to do so – and here it was suggested that osteopaths might contribute £25–£150 annually.
- > A central fundraising and fundholding body, and that the OEF was well placed to fulfil that role.

Although the results of the survey appeared to indicate strong support for the OEF's proposals, the fact remains that they did not seem to take root in the mind of the profession, as no approaches were subsequently made to initiate change. In hindsight it could be said that they were 'the right proposals at the wrong time!' With no positive support, the OEF dropped the matter and continued to function within the limited role which had been set for it 20 years earlier.

This summer the GOsC opened discussion with the Foundation and it was suggested that the time may now have arrived, with the profession's backing, for the OEF to embark on a process of development which would equip it to take on a more important central role within the profession, enabling it, not least, to remove some of the financial constraints that prevent many osteopaths from undertaking further education and research.

Think for a minute what we can achieve as a profession if we combine our collective knowledge of important and influential contacts, and if osteopaths are seen to be contributing to their own development fund.

Imagine the enormous but, as yet, untapped potential for funding from:

- > Grateful patients in the form of Gift Aid.
- > Donations from companies and industry with a vested interest.

Now consider what this could mean to the profession if these funds were held centrally and made available to individuals and institutions.

But as we all know, dreams will remain dreams unless they are converted into reality by work and money. If it is the profession's will to develop it as that central fundholder, the OEF will make the necessary changes in order to fulfil that role, providing it is confident that the profession, in turn, will support any fundraising initiatives through their patients or contacts which are made in the future.

To show the Foundation's commitment to the profession, it hopes to give some support to 'Advancing Osteopathy 2008'.

**Enquiries to – Vista Conferences,  
on tel: 020 8542 7622 or  
email: [info@vistaevents.co.uk](mailto:info@vistaevents.co.uk).**





# Fitness to Practise update

## Investigating Committee

The Investigating Committee (IC) sat on 14 November 2007 to consider four cases and reached the following decisions:

	Case to answer	No case to answer
Unacceptable professional conduct	0	0
Professional incompetence	0	0
Unacceptable professional conduct and/or professional incompetence	3	1
Relevant convictions	0	0
Health	0	0
<b>Total</b>	<b>3</b>	<b>1</b>

## Professional Conduct Committee

The Professional Conduct Committee (PCC) sat on 15 October 2007 to review the Conditions of Practice Order that had been previously placed on Ms Kathryn Arnold (Registration no: 1\32\F). Ms Arnold was found to have successfully complied with the conditions imposed and the order was revoked with immediate effect.

On 16 October 2007, the PCC sat to consider the case of Mr Glenn Lobo

(Registration no: 3\3625\F), who, on 10 October 2006, had been convicted of assault (contrary to s.39 of the Criminal Justice Act 1988). The PCC found that this criminal conviction was material to his fitness to practise as an osteopath. It was decided that the appropriate and proportionate sanction on the particular circumstances of this case was to impose an admonishment.

The PCC also considered a case on 8–9 November 2007 where it had been alleged that the osteopath had been guilty of unacceptable professional conduct or professional incompetence.

Having heard the evidence in this case, the PCC found that the allegations had not been proved. No further action was taken.

In March 2007, the PCC found that Mr Donald Moody (Registration no: 1\2079\F) had been guilty of professional incompetence and in order to ensure patient protection ruled to remove his name from the Register. Mr Moody appealed the PCC's decision, which was heard at the High Court of Justice in England and Wales in October 2007. The appeal was dismissed and the decisions reached by the PCC stand.

In July 2006, the PCC considered the case of Mr Alexander Low (Registration no: 2\1502\F), who had admitted unacceptable professional conduct. As a result, the PCC ordered that Mr Low's name be removed from the Register. Mr Low appealed this decision and his case was heard at the High Court of Justice in England and Wales in November 2007. The appeal was dismissed and the PCC's decision stands.

**PCC decisions are routinely published on the GOsc public website – [www.osteopathy.org.uk](http://www.osteopathy.org.uk).**



## Word on the street is...

# new osteopathy information leaflets

For a good many years the GOsc's Osteopathic Information Service has provided osteopaths with a range of public information leaflets offering patients advice on osteopathic care of back pain, babies, sports injuries and a variety of other applications besides.

Whilst this information has proved popular and exceptionally useful in helping the public understand the range of care provided by osteopaths, it has long been recognised that the GOsc represents an unusual source for information of this nature. In fact, the GOsc is the only healthcare regulator that provides public information of this sort.

For some time now, efforts have been under way to establish an alternative – more appropriate – source of public information for use by osteopaths in the practice. Consequently, the British Osteopathic Association has this autumn produced a range of new conditions-based leaflets to take the place of the GOsc's. Currently these are available to BOA

members only, but it is possible that in time they will be made available to all osteopaths.

The GOsc Osteopathic Information Service will continue to supply orders for practice leaflets until the existing stocks are exhausted. However, recognising that, increasingly, osteopaths are producing their own personalised practice information, we shall continue to have available to osteopaths – in the Practice Support section of the **o** zone website – the editorial content of the leaflets. You can therefore continue to access the leaflet information, and freely use this text in compiling your own promotional material or for use on your practice website.

Later in the new year will see the old leaflets replaced with a new range of GOsc public information for osteopaths to make available in the practice, or to assist in building sound professional relations with other healthcare colleagues, not least local GPs and NHS primary care commissioners.

Here the emphasis will be on

osteopaths' high standard of training and practice, the profession's growing commitment to research, and osteopaths' robust regulatory framework which ensures that healthcare colleagues can refer patients with confidence.

Also, there is to be a new GOsc leaflet for use in the practice, which will give patients who are new to osteopathy a good idea of what they can expect of their osteopath and the quality of care provided.

We will announce publication in due course through *The Osteopath* and the **o** zone.

The information leaflet produced jointly by the UK healthcare regulators – 'Who regulates health and social care professionals?' – continues to be freely available to osteopaths; contact the GOsc Osteopathic Information Service on 020 7357 6655 ext 247.

**For further information, contact the GOsc Communications Department.**





# The Osteopath: evaluating the new look

The Osteopath magazine has, over the past decade, been one of the GOsC's key methods of communication with the osteopathic profession. The value the profession places on the journal was highlighted in the 2006 GOsC Communications Audit – 64% read most of the magazine, with many of you describing it as 'useful' and 'necessary'. But the audit also served to identify a number of areas in need of attention and improvement. Subsequently, *The Osteopath* underwent extensive revision, both in terms of content and design – and was relaunched in May 2007 in its new presentation.

## Your views

To assess the effectiveness of the revised content and design, a readership survey was conducted in September, attracting only 217 responses – just 5% of the profession.

Responses to questions varied immensely, ranging from the very positive (those who welcome the change) to the highly critical (those who prefer the previous presentation or simply do not see the value of the journal).

A closer examination of the critical feedback – particularly from the free-text questions – will influence the development of design elements (eg fonts, use of background colour, etc) and editorial content, in order to further enhance readability.

Common to many of the responses was a request for more clinical osteopathic content, such as case studies. Editorial contributions from the profession, other than regional news, are rarely received, however. So do consider sharing your clinical experiences with the wider profession.

Positive feedback has been received from a range of external audiences including other health professionals, the media and trade organisations, over the past few months. Linked to this is a noticeable increase in interest in advertising in *The Osteopath*, which, of course, helps to further subsidise production costs. In fact, adoption of the new design has led to significant savings in production costs.

## The future

With the introduction of the registrants' password-protected website – the **o** zone – and the widespread adoption of electronic communications, the role of *The Osteopath* magazine is changing. Consequently, the GOsC Communications Committee supported a reduction in the frequency of publication – to bimonthly from 2008. This will mean that more immediate news and critical, timely issues will be communicated to the profession through the **o** zone, mass emails and direct mail. The role of the magazine in future will be to present more in-depth, considered reports on issues pertinent to osteopathic practice.

**Ideas and articles are always welcome and should be sent to the Editor (editor@osteopathy.org.uk). We look forward to your contributions.**



# Yellow Pages & Thomson – the future of the Corporate Advertising Scheme



YELL.COM™



The Corporate Advertising Scheme (CAS) refers to the GOsC 'boxes' which appear in very nearly all of the 250-plus regional editions of the Yell and Thomson directories.

This scheme enables osteopaths to share a block advertisement within these directories. Osteopaths who advertise in the Corporate Boxes contract directly with Yellow Pages and Thomson, but the GOsC administers these schemes in so far as agreeing with osteopaths and Yell/Thomson the terms of participation.

Administration of the CAS transferred to the GOsC from the voluntary Registers when the GOsC was established a decade ago. Over time, the evolving structure of the profession has given cause to review the management of this programme.

## What are the issues?

Feedback from the profession, directly and via the 2006 GOsC Communications Audit, indicates the following:

- > A significant proportion of osteopaths choose to advertise in the Yell and Thomson printed and on-line directories.
- > The Corporate Box provides participating osteopaths with high-impact advertising at a relatively cost-effective price. Furthermore, it has helped to reinforce in the public's mind that osteopathy is a regulated profession in the UK and the title 'osteopath' is protected by law. For this reason, corporate advertising is popular with osteopaths.

### But:

- > A significant disadvantage of the GOsC Corporate Box is its (very real) potential to mislead. Regardless of careful wording, the existence of a GOsC Corporate Box is known to mislead the public into thinking that only

osteopaths featured in the box are registered with the GOsC. Osteopaths therefore feel commercially 'pressured' into advertising within the box, often in addition to purchasing a separate display advert.

- > Several other health professions also operate a Corporate Advertising Scheme in these directories but, because these are administered by the professional association (eg the British Chiropractic Association and the Chartered Society of Physiotherapists) and not the registering body, the registered status of the practitioner is not called into question.

## The way forward

As you will know from these pages and the recent round of GOsC regional conferences, the GOsC has been working with the British Osteopathic Association (BOA), and Yell/Thomson directories, to find a more appropriate mechanism for administering the Corporate Box Scheme in the future.

Consequently, it has been agreed that, after March 2008, no new GOsC corporate advertising contracts will be established. Osteopaths will instead have the option of participating in a BOA Corporate Advertising Scheme if they are members and/or advertising independently outside of the Corporate Box. In practice, this means that from April 2008, as new directories are published, the GOsC Corporate Box will be replaced by a BOA Corporate Box.

The corporate advertisement will continue to state explicitly that all osteopaths are registered with the General Osteopathic Council and that osteopathy is a protected title.

**For further information, contact, the GOsC Communications Department on ext 247 or email: [info@osteopathy.org.uk](mailto:info@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 months. For further information about any of these meetings, contact the relevant department.**

### Key

- GOsC ext 242
- Communications Department ext 242
- Professional Standards Department ext 235
- Registrar ext 246
- Registration Department ext 256
- Regulation Department ext 249
- Finance Department ext 231

### Abbreviations

- BSO – British School of Osteopathy
- CE&R – Chief Executive & Registrar
- CHRE – Council for Healthcare Regulatory Excellence
- ESO – European School of Osteopathy
- EU – European Union
- FORE – Forum for Osteopathic Regulation in Europe
- GMC – General Medical Council
- HPC – Health Professions Council
- NCOR – National Council for Osteopathic Research
- OEI – Osteopathic Education Institution
- PCC – Professional Conduct Committee
- QAA – Quality Assurance Agency for Higher Education
- RICS – Royal Institute of Chartered Surveyors
- UKIPG – United Kingdom Inter-professional Group

## November

### 1 Thursday

- Non-medical Revalidation Working Group meeting, CHRE

### 2 Friday

- GOsC Regional Communications Network meeting, Osteopathy House

### 5 Monday

- 'Advancing Osteopathy 2008' stakeholders meeting, BSO
- GOsC – UKIPG Professional Regulation Working Party meeting, RICS, London

### 6 Tuesday

- GOsC – EU language-testing meeting, CHRE

### 7 Wednesday

- BSO Graduation & Conferment ceremony, Royal Festival Hall, London

### 8 Thursday & 9 Friday

- GOsC PCC hearing, Osteopathy House

### 10 Saturday & 11 Sunday

- GOsC – FORE meeting, Estoril, Portugal

### 13 Tuesday

- GOsC meeting with OEIs, Osteopathy House
- GOsC – HPC Continuing Fitness to Practise meeting, London

### 14 Wednesday

- GOsC Practice and Ethics Committee meeting
- GOsC Investigating Committee meeting
- GOsC – Healthcare Registers Working Party meeting, GMC

### 15 Thursday

- Appeal against PCC decision, High Court, London

### 16 Friday

- GOsC PCC Committee review day, Osteopathy House

### 21 Wednesday

- GOsC – EU International Activities seminar, London

### 22 Thursday & 23 Friday

- GOsC – NHS Alliance conference & exhibition, Manchester

### 26 Monday

- New GOsC CE&R starts handover with outgoing CE&R

### 27 Tuesday

- GOsC meeting with Liberal Democrat Shadow Health Secretary, Norman Lamb MP, Westminster

### 28 Wednesday

- Section 32 prosecution (Protection of Title case), Bradford magistrates' court
- GOsC – CHRE meeting on patient mobility

## December

### 3 Monday

- NCOR stakeholder meeting, Osteopathy House

### 4 Tuesday

- GOsC Council meeting, Osteopathy House
- GOsC PCC hearing

### 10 Monday

- Ms Evlynn Gilvarry assumes role of GOsC CE&R

### 11 Tuesday

- GOsC – Non-medical Revalidation Working Group meeting

### 20 Thursday

- GOsC – QAA & Europe Unit meeting: 'UK Masters: 2010 and beyond'

## January

### 8 Tuesday

- GOsC – Regulatory bodies' meeting with Appointments Commission CEO

### 9 Wednesday

- GOsC meeting with Conservative Shadow Health Minister, Anne Milton MP, Westminster

### 11 Friday

- GOsC – ESO: presentation to final-year students

### 14 Monday

- GOsC – BSO: presentation to final-year students

### 21 Monday – 25 Friday

- GOsC PCC hearings, Osteopathy House

### 31 Thursday

- GOsC Formal Reception to launch 'Advancing Osteopathy 2008', Drapers' Hall, London

# Strengthening regional networks



## Issues central to the future of the osteopathic profession and core GOSC activities formed the focus of discussions at the Regional Communications Network meeting at Osteopathy House on Friday 2 November 2007.

Representatives of 25 regions and local osteopathic groups from England, Northern Ireland, Scotland and Wales joined GOSC executive and Council Members for the second time this year, helping to ensure regular and effective two-way communication between the regulator and the wider profession. In recent years, these meetings have proved a successful mechanism for information exchange, exploring national and regional issues and initiatives.

The full programme (see left), chaired by Council Member and Acting GOSC Chairman Robin Shepherd, provoked some lively discussion and debate – not least 'Advancing Osteopathy 2008'; for which enthusiasm and support was again shown.

Briefing papers were provided for most of the issues and are designed to guide further discussions at a grassroots level. Representatives were again asked to share information with local colleagues and to gather feedback over the coming months.

For those not part of a local osteopathic group, papers are available from the GOSC Communications Department on ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

This gathering also presented a timely opportunity to introduce representatives to the new GOSC Chief Executive & Registrar, Evlynn Gilvarry, who formally commenced post on Thursday 10 December, and the new GOSC Chairman, Professor Adrian Eddleston, who succeeds Nigel Clarke in the new year.

Time was, as always, dedicated to a round-table discussion, allowing representatives to share with their colleagues and the GOSC details of regional initiatives and local issues of concern.

## Your regional society

The osteopathic profession's adoption of a CPD scheme has certainly seen a significant increase in the number of regional groups – both large and small – and while group learning is the key purpose for many, these forums also play a vital role in professional cohesion and in supporting those isolated in practice.

For further information about your local osteopathic groups, or the Regional Communications Network, see the dedicated pages on the **o** zone website (which also highlights local news and events, and course reviews) or contact the Communications Department on ext 222.

## What the reps say

### Kevin McGhee DO, Dundee, Scotland:

**Healthcare regulation** is an issue that definitely needs more discussion with all osteopaths once (and if) the Government finally decides which side of the fence it wants us to be on – profession-led regulation or under an umbrella body such as the Health Professions Council? I am slowly beginning to appreciate the difficult task the GOSC has in fighting our cause and think an excellent job is being done, under exceptional and challenging circumstances.

**Protection of Title** is a very emotive subject for osteopaths 'north of the border'. We, the Scottish Osteopathic Society, need clarification on the definition of protection of title within the context of Scottish law.

### Martin McGourty BSc (Hons) Ost, Belcoo, Northern Ireland:

With the **Osteopathy Benchmark Statement** now in place, the profession has the opportunity to fine-tune its direction/development and enhance understanding of osteopathic practice amongst other healthcare professions, particularly in terms of education and training standards.

Applications of this document have already stretched beyond the UK with the Forum for Osteopathic Regulation in Europe applying it to the development of a European framework for osteopathic training and standards. Surely it will serve to highlight the profession's high standards in these realms.

## Agenda

### Development

- > The Osteopathy Benchmark Statement – guiding osteopathic education.
- > Osteopathy Practice Framework & GOSC review of the Standard of Proficiency (S2K) – update on consulting the profession.
- > Revalidation for healthcare professionals: how likely is it? Department of Health developments to date.
- > CPD online

### Registration

- > Europe – practising at home and abroad
  - Employing osteopaths from Europe
  - Temporary registration for European osteopaths
  - Practising in Europe
  - The Forum for Osteopathic Regulation in Europe.
- > The future of the printed Register.

### Communications

- > 'Advancing Osteopathy 2008': 31 Jan – 3 Feb 2008
  - Planning & promotion
  - Social events
  - Anniversary promotional brochure.
- > GOSC Corporate Advertising Scheme: Yellow Pages & Thomson directories
- > GOSC public information leaflets
- > E-communications
  - the **o** zone update – optimising regional networking
  - email or snail-mail?

### Healthcare regulation – the future

- > What the future holds – update on Government White Paper reforms to regulation.

### Osteopathic regulation – the GOSC tomorrow

- > A 'new-look' Council!
- > Fitness to Practise – external adjudication?
- > Priorities for the future.

### Regional round-up & open forum



## Forum for Osteopathic Regulation meets in Portugal

Some 30 representatives of 22 osteopathic organisations from 14 European countries came together in Estoril on 10-11 November 2007, for the fifth meeting of the Forum for Osteopathic Regulation in Europe (FORE).

Attended also by the official representative of the Portuguese Minister of Health, Professor Emilio Imperatori (pictured below), this meeting was held during the Portuguese Presidency of the European Union and hosted by the Association of Professionals of Osteopathy (Associação de Profissionais de Osteopatia) and the Portuguese Federation of Osteopathy (Federação Portuguesa de Osteopatas).

Following the publication of its *European Framework for Codes of Osteopathic Practice (EFCOP)* in May this year, FORE introduced its second official document, the *European Framework for Standards of Osteopathic Practice (EFSOP)* at November's gathering.

Using the UK's *Standard of Proficiency* as a basis, EFSOP is the culmination of a year's work between 18 osteopathic organisations across 14 European countries. This document has been developed to provide a template for national standards. While it has no legal basis and is not designed to override national law, the aim of this document is to:

- > help the osteopathic profession achieve recognition and regulation where this does not currently exist, and
- > provide patients with a standard of osteopathic care, no matter where they might seek treatment in Europe.

A key focus at the meeting in Portugal involved working towards a consensus on the draft *European Framework for Standards of Osteopathic Education and Training*. There are further minor amendments to be made to this, but the intention is to finalise and publish the document early in the new year. This will then complete the three core European framework documents to inform national systems of regulation.

**For further details about FORE and its work programme, contact the FORE Secretariat on tel: 020 7357 6655 ext 245, email: [foresecretariat@osteopathy.org.uk](mailto:foresecretariat@osteopathy.org.uk) or visit the dedicated FORE website: [www.forewards.eu](http://www.forewards.eu).**

## Spinal manipulation on trial again

### A study investigating the use of spinal manipulative therapy and non-steroidal anti-inflammatories in the management of acute low back pain, published recently in *The Lancet*,<sup>1</sup> attracted coverage in the UK press.

The National Council for Osteopathic Research has produced the following statement in response to this clinical trial and hopes to have it published in a future issue of *The Lancet*.

It was interesting to read this latest investigation of spinal manipulative therapy published in *The Lancet*; however, it soon became apparent that yet another study has been accepted for publication where little attempt had been made to appreciate the reality of clinical practice when treating patients with low back pain. A number of key features were striking when reading this article and the earlier study protocol.

No information is given in the study concerning the age group of patients, which inevitably affects response to 'manipulative therapy' and treatment outcome. The intervention itself changes at certain points during the paper from 'manipulative therapy' to 'manipulation' (both low velocity and high velocity) and neither intervention is clearly defined. The authors frequently repeat that in guidelines for low back pain that does not respond to treatment, manipulative therapy is advocated as secondary intervention/care. However, guidelines and research studies also clearly recommend that 'spinal manipulation' be used as part of a package of care – usually including education and advice – and not as an isolated intervention as in this study.

It is also unusual to find patients suffering from back pain for only nine days to be included in a clinical trial. Furthermore, the use of placebo spinal manipulative therapy being delivered by a detuned ultrasound machine is a puzzling intervention for this group of patients. If, as the authors suggest, such a machine is used 'in a manner that mimics real ultrasound', this could deliver a massaging effect to patients that has an actual therapeutic value instead of a true placebo effect.

The authors take it for granted that all general practitioners (GPs) follow the recommended guidelines in primary care, advocating the prescription of paracetamol and advice. And no clear information is given by the authors describing the depth of advice that is imparted to patients. We question if this level of practice is reflective of all GPs or whether special awareness was present

because of participation in a clinical trial. In the UK in 2006/07, GPs were recorded to have an average of 11.7 minutes\* per patient consultation; undoubtedly their primary concern will be that their patient's back pain is of simple origin and not suggestive of a pathological process requiring referral for further investigation.

Reportedly, the authors did consult with clinicians and experts, however, any manual therapy professional in clinical practice will make it clear that spinal manipulation and spinal manipulative therapy is always used in tandem with a wide variety of therapeutic interventions. The researchers here clearly chose to exclude certain other therapeutic interventions, which is not reflective of clinical practice. This point has been made again and again, yet researchers persist in trying to label professions based on single ill-defined interventions that are not reflective of the treatment given to patients. The resulting information offers little, if any, value to patients or other healthcare professionals.

The study also fails to provide information on the long-term effects of the management of the study population. Earlier studies have shown that after an initial episode of low back pain, 44-78% of patients experience a relapse of pain; 23% of the population experience chronic pain and; 12% of the population are disabled by low back pain. Patients moving into secondary care from episodes of acute low back pain result in considerable cost to the public purse – but there is no appreciation of this by the researchers.

Researchers conducting clinical studies must accept that they have a great responsibility to seek information that is of value to a wide variety of users; the information produced from this narrow and ill-informed study adds nothing tangible to the management of low back pain.

#### National Council for Osteopathic Research

1 Hancock MJ, Maher CG, Latimer J *et al*. Assessment of diclofenac or spinal manipulative therapy, or both, in addition to recommended first-line treatment for acute low back pain: a randomised controlled trial. *The Lancet*. 2007;370:1638-1643.

\* [www.ic.nhs.uk](http://www.ic.nhs.uk).



Professor Emilio Imperatori





# What's happening in the political arena?

Sarah Eldred, Assistant Registrar (Public Affairs)



Ben Bradshaw MP

## Health and Social Care Bill published

A new Bill to enhance patient safety and improve public health was published in November by the Health Minister, Mr Ben Bradshaw MP.

As well as introducing measures to tackle childhood obesity and protect public health, the purpose of this Bill will be to:

### Establish a new health and adult social care regulator in England

- > Creation of the Care Quality Commission – to intervene where hospitals are not meeting safety and quality requirements. This new body will merge the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission.
- > A system of registration for NHS providers of care will also be created. It is currently unclear what impact this will have on osteopaths contracting services to the NHS.

### Reform professional regulation across the UK

- > Separation of adjudication of fitness to practise cases from their investigation and prosecution. A new independent adjudicator – the Office of the Health Professions Adjudicator (OHPA) – will be created to make independent decisions as to whether individual health professionals should remain in practice.
- > Lay majority or parity on Councils.
- > Use of civil standard of proof in proceedings relating to fitness to practise across all regulatory bodies – the GOsC already uses the civil standard.
- > Transfer of statutory function from the Royal Pharmaceutical Society of Great Britain to the General Pharmaceutical Council.
- > Development of a revalidation scheme and formal process for sharing information on concerns about doctors' fitness to practise.

From the outset of the Government's regulatory review, the GOsC has supported proposals for reform that maintain public confidence in osteopathic regulation and development.

Commenting on the publication of the Health and Social Care Bill, GOsC Chief Executive & Registrar, Madeleine Craggs, said:

"Within the GOsC, our experience is that professional members of Council are often the harshest critics when adjudicating over their colleagues. However, we appreciate that

the public need to see greater transparency and independence across all bodies overseeing the regulation of health professionals. Indeed, to this end, the GOsC has always used a lay member to chair its adjudication panels and has utilised fully its powers, under existing legislation, to co-opt independent members to its fitness to practise committees."

The General Osteopathic Council will be working to ensure these changes have the confidence of osteopathic patients and the support of the profession itself.

**It is expected the reforms will come into effect from September 2008.**

## GOsC responds to policy development in Wales and Scotland

In responding to both the Welsh Assembly Government consultation on chronic non-malignant pain and the Scottish Government's discussion document 'Better Health, Better Care', the GOsC focused on:

- > raising awareness of osteopathic training and practice standards
- > supporting healthcare systems with early access to patient-centred quality care
- > urging policy makers to recognise and fully engage with all modalities of evidence-based care that could help tackle current and future healthcare challenges.

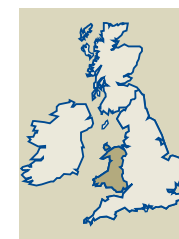
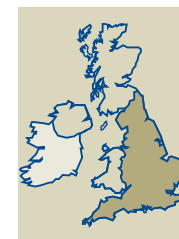
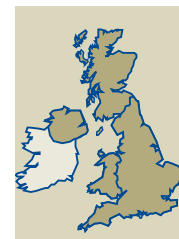
Osteopaths in these countries also contributed to the GOsC's responses.

A briefing meeting with Welsh Health Minister, Edwina Hart AM, is being scheduled for the new year.

## Mr John Bowis MEP meets with the GOsC

Mr John Bowis MEP recently met with representatives from the GOsC Executive to discuss the challenges of implementing EU legislation, as well as the developing work programme of the Forum for Osteopathic Regulation in Europe (FORE).

A former UK Health Minister and current Member of the European Parliament's Environment, Public Health and Food Safety Committee, Mr Bowis has a keen interest in patient mobility issues. He also expressed interest in hosting a Brussels-based reception in the second half of 2008 to highlight the work of FORE and the influence of UK osteopathic standards in Europe.



John Bowis MEP



# Funding research in complementary practice – King's Fund review

Dr Janine Leach PhD DO, Senior Research Fellow in Osteopathy, Clinical Research Centre for Health Professions, University of Brighton



**Future funding of osteopathic research was discussed at a conference co-hosted by the King's Fund and The Prince's Foundation for Integrated Health, which aimed to widen patient access to complementary therapies through consensus on research methods.**

The gap between patient demand for complementary therapies on the NHS and their limited availability is significant. And many agree that a robust evidence base supporting the safety and efficacy of complementary therapies must be developed if this gap is to be addressed.

More than 100 health practitioners, subject specialists, patients, researchers, academics and decision makers attended this invitation-only event, 'Assessing complementary practice: building consensus on appropriate research methods', in the hope of shifting current limitations on funding of research in complementary practice and to help those responsible for funding/commissioning research to produce useful and relevant evidence.

The organisers were certainly serious about influence. The conference was chaired by Professor Dame Carol Black, who was supported by an advisory group of funding organisations, researchers and academics including GOsC Chairman-elect, Professor Adrian Eddleston, who is also Vice-Chairman of the King's Fund.

Delegates and speakers were asked to submit written evidence in response to three questions:

- > What research methods should funders support to generate high quality and influential evidence?
- > What criteria would you suggest to guide complementary research funders with limited funds, and why?
- > In terms of health priorities, where would investment in complementary practice research produce the biggest health dividend, and why?

Presentations were brief and concise, with equal time allocated to valuable question and answer sessions. Early 'scene-setting' presentations focused on clinical trials and the need to evaluate effectiveness in an unbiased way, but these were balanced by others investigating the science and art of healing, pragmatic trials, qualitative methods and appropriate methods in paediatrics. Challenges facing clinical trials in all disease areas were also discussed and the complexity of complementary interventions acknowledged.

A key issue raised was the discrepancy between high patient (consumer) spending on complementary healthcare and the research commissioners' spending priorities, which tend toward 'reductionist science' – testing 'magic bullet' remedies (eg pharmaceutical interventions) in highly-selected patient groups.

There was general agreement that the research question should determine the research method and that it is important to get a good match between the two. One of the challenges highlighted was defining active and control interventions when the 'active ingredient' remained unknown, as is the case in acupuncture (and also in osteopathy). It was also emphasised that in order to help in chronic, benign illness such as pain, arthritis and obesity, we need to enable and empower a patient-centred approach. Research undertaken on patient taxonomy showed that patients view complementary medicine as either 'treatment' or a 'treat'. Interestingly, osteopathy was considered as a conventional treatment rather than alternative or complementary – perhaps another benefit of the profession achieving statutory regulation! The importance of, and the need for, regulation of health professionals in order to ensure patient protection was highlighted, particularly given the nature of some touch therapies practised in isolation.

Presentations about placebo effects and the patient experience raised some important issues about the way in which evidence is used in clinical practice, and the challenges posed in researching therapies or healthcare systems radically different from the Western biomedical model. Challenges arising from practitioner variability when testing efficacy were also discussed.

The issue of ring-fenced funding for complementary therapies was extensively debated and the Medical Research Council 'highlighting process' was commended as a way of encouraging research in a specific

area without creating a separate funding stream.

The final session of the conference focused on treatments for musculoskeletal conditions and included presentations about physiotherapy, acupuncture, chiropractic and osteopathy. An 'evidence-informed practice ladder' was presented as a more flexible alternative to the usual hierarchy of evidence, which is proving of limited value in physiotherapy research.

Looking at osteopathy, I highlighted the evolution of a research culture within the osteopathic profession, and the base now established by the National Council for Osteopathic Research (NCOR). To show the cost-effectiveness of osteopathic services, alongside standard GP care, I presented data from the UK BEAM trial (*BMJ*, 2004), the ROMANS trial, and the multidisciplinary model of care – which includes osteopathy – funded by the NHS in Plymouth. The profession has now established four university bases for osteopathic research: Huddersfield, Barts and The London, Cardiff and Brighton. Funding, however, is still difficult to obtain for interventions within private practice. The small amount of funding going into complementary therapy research is investigating those available on the NHS. NCOR would welcome a dialogue with funders to develop priorities and funding streams, or to advise on peer-reviewing for musculoskeletal calls.

Discussion focused on the degree to which competition for limited resources among the three manual therapies was undesirable. While there may be scope for increased integration, NCOR would argue that each of the professions has a different role; each has different skills and provides a different patient experience, so allowing for patient choice.

**A Consensus Statement based on the written evidence and conference proceedings is scheduled for March 2008. Hope springs eternal that it might make a difference!**

## European School of Osteopathy

The European School of Osteopathy (ESO) held their 2007 graduation ceremony at the imposing and impressive venue of All Saints Church in Maidstone, Kent. The ceremony marked another successful year for the ESO with four graduands receiving MSc Osteopathy degrees and 51 receiving BSc (Hons) Osteopathy degrees. Twenty-one students from Russia received Diplomas in Osteopathy, one student from France received a Certificate in Osteopathy and 25 students received Postgraduate Diplomas in Osteopathy for Animals.

Rachel Milner was awarded a prize for the best student, Tim Wood for best clinical student, while Barbara Jenni and Francois Mezei were awarded prizes for best research projects. The prizes were very kindly donated by Welch Allyn, Mastermedica Ltd and Elsevier Ltd. The ESO was delighted to have welcomed the Deputy Mayor of Maidstone, Cllr Denise Joy, who addressed the congregation during the ceremony and presented graduate awards.

Commenting on the graduation ceremony, Principal Adrian Barnes said: "I was delighted to attend my first graduation as Principal of the European School of Osteopathy. It was very gratifying to be able to celebrate the tremendous achievements of the graduating students; the fact that graduates from so many different countries were present gave the day a special atmosphere. The venue was first class, especially the amphitheatre where all the graduation photographs were taken – and even the weather was kind."

"An enormous amount of organisation and behind-the-scenes activity is required to make the day such a success, and I congratulate and thank everyone involved."

Light refreshments were provided after the ceremony, giving graduates, families, friends, faculty and staff time to reflect on another successful year for the school.

The celebrations continued in the evening, with graduates and their guests enjoying a graduation ball in the grounds of Boxley House.



## Oxford Brookes University

A total of 17 students graduated this year from the BSc (Hons) Osteopathy programme at the Oxford Brookes University's School of Health and Social Care, with 100% success in final clinical exams.

This ceremony marked the culmination of five years of consistent effort from a cohort of mature students who embarked on their journeys back in 2002. Since graduating, the students have dispersed across the UK, having either found positions as assistants in established osteopathic practices or having

taken the decision to start their own independent practices.

The graduation ceremony itself took place within the main university auditorium, Gypsy Lane. Guests enjoyed an informative and inspirational speech from Niall Dickson, who was awarded an honorary doctorate for his enormous contribution to raising public and professional awareness of health and social care issues in his career as a BBC journalist and subsequently as the Chief Executive of the King's Fund. The ceremony was followed by a drinks reception for friends and family in Oxford's imposing Headington Hall,

overlooking the croquet lawn and the 'dreaming spires'.

Laurence Kirk, programme leader, was keen to emphasise that this cohort should take great pride in the fact that they had been present at the university during such a period of change. "These students witnessed the development of the Osteopathy Programme at Oxford Brookes, from the initial recognised qualification in 2003, under

the knowledgeable stewardship of Graham Sharman, through to the subsequent recognition renewal and monitoring reviews, which led to the validation of the new full-time masters level recognised qualification," he commented.

This cohort also experienced the transition within the university that led to the relocation of the previously disparate healthcare programmes, comprising the School of Health and Social Care, onto one site: the £5 million development at Marston Road. "This facility has provided great benefits for osteopathy with premier facilities for teaching and learning, together with extensive dedicated clinical skills and research laboratories," continued Laurence Kirk.

"I'm confident that this cohort of students will once again act as ambassadors for Oxford Brookes University within the osteopathic community and hope that many of them will wish, in future years, to return to their alma mater to engage in clinical tutoring, teaching and research."

He concluded, "Brookes has worked to build bridges with the other healthcare professions at the university. This has resulted in a wealth of inter-professional experiences for the students and staff, as well as enhancing the knowledge and profile of osteopathy within the local healthcare community."





## British School of Osteopathy

HRH The Princess Royal, the Mayor of Lambeth, Cllr Andrew Gibson and Deputy Vice Chancellor of the University of Bedfordshire, Professor Kate Robinson, were among the guests in attendance as 86 students received their Bachelor of Osteopathy degrees from the British School of Osteopathy (BSO) and the University of Bedfordshire. The ceremony took place on Wednesday 7 November at London's Royal Festival Hall, and the graduands received their certificates from the BSO's patron, HRH The Princess Royal.

In addition to graduands of the degree programme, the first-ever students to qualify for a master's degree – MSc in Paediatric Osteopathy – from the BSO and the Foundation for Paediatric Osteopathy (FPO) also attended, with 33 students officially awarded the MSc at the successful completion of their studies.

Other qualifications officially conferred on the day included Postgraduate Diplomas in Osteopathy in the Cranial Field, BSc Health Practice (Osteopathy) plus awards for individual achievement. Members of the BSO's teaching staff were also honoured at the graduation ceremony, with 17 BSO tutors achieving the Postgraduate Certificate in Academic Practice with the University of Bedfordshire.

HRH Princess Anne applauded the graduands' successes, emphasising the intensity of the academic programmes and

Photo by Ede and Ravenscroft



the support from family and friends that made their success possible. She said she hoped they would go out and inspire others to undertake this journey, through their treatments and roles as ambassadors of the profession.

BSO Principal and Chief Executive Charles Hunt announced that the BSO's recently purchased new site on Southwark Bridge Road is in the process of being fitted out with 35 modern, climate-controlled treatment rooms. These are due to be ready during spring 2008 at a cost of £5.2 million – the subject of a new BSO Fundraising Appeal.

"The opening of the new clinic site will allow the BSO to develop its existing premises on nearby Borough High Street to provide lecturing and resource facilities designed to maintain the school's reputation at the forefront of osteopathic education and research," Charles said.

Meanwhile Deputy Vice-Chancellor Professor Kate Robinson cited the University of Bedfordshire's 41.2% rise this year in student applications – the biggest rise in the country – and its shortlisting for the *Times*

*Higher Education Supplement's* University of the Year award. "We are also currently commissioning a new health building in Luton," she told attendees. This forms part of the University's investment in health research and teaching, with work by its medical school to increase the evidence base for healthcare, including osteopathy.

HRH Princess Anne concluded her speech to the graduands by echoing the words of Charles Hunt, Principal and Chief Executive. Despite his leading role at the BSO, he still sees patients every week because of his love of osteopathy. She hoped that they would find similar satisfaction in their chosen vocation.



## British College of Osteopathic Medicine

On Saturday 20 October 2007, the British College of Osteopathic Medicine (BCOM) graduation ceremony was held at the Mermaid Conference and Events Centre in Blackfriars, London. It was a wonderful opportunity for graduands and prize winners to share their achievements with faculty, friends and family – and the college was proud to celebrate both another successful year and the continued excellence of its students and staff.

The afternoon began with a procession of faculty and university guests, and an address by Registrar Mrs Kasia Kowalska, who thanked the graduands and wished them well. Principal Dr Ian Drysdale also spoke to the audience, outlining BCOM's innovative new degree pathways. The college was delighted to welcome the Mayor of Camden, Cllr Dawn Somper, as its special guest. In a well-received speech, she described her personal experiences of osteopathy.

The Mayor presented the awards, welcoming 47 new graduands to the



osteopathic community and marking the commitment to Continuing Professional Development of almost 30 more. Dr Tom Murray certainly demonstrated the cohort's commitment to this, graduating at the age of 66. A total of 47 students from the BSc (Hons) Osteopathic Medicine course received their degrees, with seven gaining first-class honours. Three students graduated from the BOSTMed degree and three more became the first graduates of BCOM's new BSc (Hons) Clinical Studies degree.

It was another busy year for the

internationally popular BSc (Hons) Osteopathy Conversion Course, with 23 students from all over Europe graduating. A well-received vote of thanks by student Marvin Wratten humorously outlined the diverse aspects of the degree. Other prize winners included Gail Hewitt for the BNA Naturopathy Prize, whilst the Christopher Bennetto Prize, remembering a much-missed key Member of the Board of Governors, went to Tanya Hunt. The new graduates then began their graduation party, which carried on long into the night.



## The London College of Osteopathic Medicine

The London College of Osteopathic Medicine (LCOM) is pleased to welcome three new graduates into the fold this year.

Dr Guy Westaway trained in medicine in Australia and had sampled advanced osteopathic courses in the USA, but sought an osteopathy qualification from an institution that specialises in training doctors.

Dr David Soodeen, a Bristol GP with an interest in sports medicine, found that his increasing interest in musculoskeletal conditions could no longer be satisfied with short courses and thought that only osteopathic training would meet his needs.

Dr Guy Melrose, who trained in medicine in the UK and then worked in New Zealand, returned to train at LCOM as his father had done in 1980. This is the third case of two successive generations passing through the college's doors in Marylebone.

Each of the graduates received their certificates of Membership of the LCOM from Dr Claude Dutton, whose 40 years of teaching and practising osteopathy were in turn marked by a presentation recognising his services to the college.

LCOM is currently undergoing major refurbishment before five doctors from the UK, Greece and Russia commence their course in February.



Photo by Ede and Ravenscroft

## College of Osteopaths

The College of Osteopaths' graduation ceremony this year took place on Saturday 6 October at Knebworth Barns



on the Knebworth Estate. More than 150 guests enjoyed afternoon tea before the 32 graduates were presented with their BSc (Hons) Osteopathy awards. A gala dinner and dance followed in the evening at Knebworth Barns.

## The London School of Osteopathy

The 2007 London School of Osteopathy (LSO) graduation ceremony and party was held in the Penthouse Suite of New Zealand House on 14 September. Nearly 100 guests turned up to join in the celebrations of this year's graduands. Chair of Trustees, Bill Allen OBE, kindly presented them with their 'pieces of paper'. The views from New Zealand House are spectacular and they combined with the food, champagne and music to make for a memorable osteopathic graduation ceremony.

The LSO was honoured with the presence of Madeleine Craggs, the outgoing Chief Executive & Registrar of the GOSc, and graduates from the 1997 cohort were present as guests.

Congratulations to the 2007 cohort, a class of high achievement. They included the first group of physiotherapists to undertake the Accelerated Learning Program (ALP) and chiropractic students following the ALP, who were quickly assimilated and integrated (shades of the Borg!), the cooperation resulting in remarkable outcomes. This evidence suggests that the ALP is a successful enterprise.

There were four First Classes and 12 Upper Seconds for the dissertations alone and six First Classes for the Final Clinical Competence Assessments (FCCAs). When all subjects were factored in, six graduands attained First Class Honours and seven achieved a Credit Pass. Congratulations are due to both the students and our teaching staff.

### The graduates are:

Amanda Banton, Nick Burns, Marcus Bernini, Jenny Borst, Andy Clayson, Denise Coleman, Paula Collier-Ward, Jamie Dearing, Louise Goody, Paul Henaghan, Hugo Isaac, Yvonne McNiven, Idris Moudi, Philip Paton, Daniel Rollins, James Ross, Julia Sokhi and Sarah Zaki.

### Special achievement prizes included:

Best dissertation (and generally all-round outstanding performance): Amanda Banton.  
Best FCCA: Daniel Rollins and Julia Stokhi (Julia was one of our ALP physiotherapists).  
Integrated Osteopathic Practice, Evaluation and Osteopathic Concepts: Denise Coleman (another of our ALP physiotherapists).



Technique prize (plus outstanding performance throughout the five years): Idris Moudi.

The Senior Management Team's prize: Jamie Dearing for high levels attained throughout the course with special mention of his dissertation. (It was not known on the night, but he later received First Prize for his presentation at the 4th Chiropractic, Osteopathy and Physiotherapy Annual Conference, 'Moving forward through research and practice', on 29 September.)

Thanks to Welch Allyn and Russell Medical for their kind donation of the prizes.

# NCOR research hub news



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



## Hub meetings

For further information about the work being undertaken by these groups, contact Carol Fawkes, NCOR Research Development Officer, on tel: 01273 643 457 or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).

### > BRISTOL

**Thursday 28 February 2008, 7–9pm**  
**Small project work**

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 16 February 2008, 10am to 12 noon**  
**Developing a patient information sheet for clinical practice through a consensus process**

### > HAYWARDS HEATH

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date  
a) **Developing a case series looking at osteopathic treatment during pregnancy**  
b) **Literature review of contraindications to osteopathic treatment**

### > LEEDS

**Tuesday 15 January 2008, 7–9pm**  
**Developing a patient satisfaction questionnaire for osteopathic practice**

### > LONDON

**Wednesday 12 December 2007, 7–9pm**  
**Discussion of small project work and case studies**

### > OXFORD

**Wednesday**  
a) **Demonstration of research laboratory equipment at Oxford Brookes University**  
b) **Small group work: 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.

### > NEW RESEARCH HUB IN KENT

**Until now the south-eastern corner of the UK has lacked an NCOR research hub. Due to local interest, we now intend to establish a hub in mid-Kent. The aim of this group will be to:**

- > generate and promote a research ethos within this osteopathic community;
- > contribute, with other research hubs, to NCOR initiatives on data collection and other projects;
- > become involved in new research projects;
- > increase local understanding and knowledge about research; and
- > provide a forum for discussing research ideas and how to implement them.

Dr Dawn Carnes, an osteopath and health researcher, will lead the Kent research hub initially. Ideally she would like to generate a local network of research-interested osteopaths who may be willing to participate in forthcoming projects. Monthly meetings will take place at the European School of Osteopathy (ESO), near Maidstone.

Research projects, which will be undertaken in collaboration with Barts and The London, Queen Mary School of Medicine and Dentistry and the ESO, have already been identified for the group. All osteopaths are welcome however, we are especially keen to work initially with those who have an interest in adverse events or the self-management of chronic pain.

If you are interested in joining the Kent research hub, we will be launching it at the 'Osteopathy – art and science' conference, hosted by NCOR on Friday 1 February 2008, at the Queen Elizabeth II Conference Centre, London. Here you will be able to meet the coordinators and register for the first hub meeting, which we anticipate will take place in early March 2008.

# Conference calendar

## > 1 February 2008

**Osteopathy – art and science** conference hosted by NCOR as part of 'Advancing Osteopathy 2008', Queen Elizabeth II Conference Centre, London. Further details can be found on the NCOR website: [www.ncor.org.uk](http://www.ncor.org.uk) or [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk).

## > 2 February 2008

**Osteopathy – good health in good hands** conference hosted by the GOSc as part of 'Advancing Osteopathy 2008', Queen Elizabeth II Conference Centre, London. Further details can be found on the Event website: [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk).

## > 3 February 2008

**Osteopathic learning and practice** conference co-hosted by The British School of Osteopathy and the Osteopathic International Alliance as part of 'Advancing Osteopathy 2008', Queen Elizabeth II Conference Centre, London. Further details can be found on the conference website: [www.bso.ac.uk/mm5ostlearnpract08.htm](http://www.bso.ac.uk/mm5ostlearnpract08.htm) or [www.osteopathy08.co.uk](http://www.osteopathy08.co.uk).

## > 10 May 2008

**4th International Evidence-Based Physical Therapy** conference, Imperial College, London. Further information will soon be available at [www.heseminars.com](http://www.heseminars.com).

## > 5–7 September 2008

**7th International Conference on Advances in Osteopathic Research (ICAOR)**, Florida. Further details will soon be available on the British College of Osteopathic Medicine's website: [www.bcom.ac.uk](http://www.bcom.ac.uk).

# Standardised data collection

Carol Fawkes DO, NCOR Research Development Officer

As you will be aware, one of NCOR's core projects is to develop a standardised data collection (SDC) tool for osteopaths. Much work has already gone into the development of this tool and will continue over the coming months, ensuring that the end product is a relevant and useful mechanism for capturing data about osteopathy in the UK today. Following is an outline of the applications and benefits of the SDC tool, along with an update of the process.

## How can standardised data collection assist you, the osteopath?

Standardised data collection can be a systematic way for **all interested osteopaths to collect the same data about patients and practice**, to provide information that the profession urgently needs about itself. This type of information can be collected for short periods of time on a snapshot basis, looking at discrete topic areas:

- > profiles of your patients
- > profiles of your practice
- > data on which to base your own agenda for audits
- > service delivery to inform insurers or primary care trusts
- > data on which to base research questions
- > data on safety and adverse reactions, informed consent, insurance and clinical governance.

## What can standardised data collection do for you and your practice?

The information, gathered across the profession, using a standardised data collection tool, can provide information to assist with:

- > marketing your practice
- > giving presentations to interested parties, e.g. patient groups, GPs or primary care trusts

- > providing information to insurers
- > providing information on training needs for your practice and your personal development.

## What has been achieved so far?

Many osteopaths have attended research hub meetings over the past 18 months and contributed their ideas concerning the type of information that would be relevant to a standardised data collection tool for the profession. This tool will be further developed, refined and piloted throughout 2007–08, following the process outlined in the flowchart (right).

While this process may seem quite time intensive, it is vitally important that the data collection tool is user-friendly and not too cumbersome; that the data collected is relevant and useful; and that the questions are completely unambiguous. This can only be achieved by piloting and refining the data collection tool.

All data submitted during the development of the tool will be anonymous and will only be handled by the research team at the University of Brighton.

## Long-term goal

Many osteopaths have expressed an interest in collecting data within their own practices; others have collected large quantities of data but have been unclear how to use it to benefit their practice. The standardised data collection process will allow more osteopaths to collect the same data, submit it anonymously and pool the information.

Qualitative data will also be collected to accompany the study, so that the views of osteopaths can be sought on the future use of the tool, including the duration and topics for future data collection phases.

## Development of a standardised data collection (SDC) tool for osteopathy

Search for existing tools – completed

Development of draft SDC tool in nine research hubs – completed

Merger of all draft tools – completed

Review of hubs' merged tools – completed

Creation of an initial single draft tool based on feedback from hubs – completed

First pilot of draft tool by members of hubs over two-week period using randomly selected new patients – ongoing

Revisions to tool based on feedback

Second pilot of revised tool by all hub members over one-month period using randomly selected new patients

Revisions to tool based on feedback

Third pilot by four non-members in each hub region over one-month period using randomly selected new patients

Revisions to tool based on feedback

National pilot of tool by random sample of the osteopathic profession (one in five) on all new patients over a three-month period

Analysis of data

Preparation of report based on findings and analysis of data

Launch of SDC tool for osteopaths



# Core stability questioned

Tom Hewetson BSc (Hons) Ost Med DO MSc, Ruislip



**In 1996 Hodges and Richardson published a paper highlighting ‘the delayed onset of contraction of transversus abdominis’ (TrA) in chronic low back pain (CLBP) sufferers, which they said indicated ‘a deficit of motor control and is hypothesized to result in inefficient muscular stabilization of the spine.’<sup>1</sup> This work was important in highlighting motor changes in low back pain sufferers; what it did not show was spinal instability. This work led to a 1999 book,<sup>2</sup> which saw the introduction of the concept of spinal stability. Since this time core stability has, for a significant number of health professionals, become a fundamental part of their practice.**

Recently the validity and efficacy of core stability has been called into question. One such paper by Professor Lederman, entitled ‘The Myth of Core Stability’,<sup>3</sup> asked some pertinent questions such as: What is the core? What is core stability? It also addressed the following claims made of core stability:

- > a weak core can lead to low back pain
- > strengthening the core can alleviate back pain
- > a strong core can protect against back pain
- > a strong core is essential for athletic performance, and asked these questions:
  - > How do core exercises compare to other exercises?
  - > Are there any possible adverse side effects attributable to core stability exercises?

**This article discusses some of the issues raised by Professor Lederman’s paper.**

## What is the core?

Exactly what constitutes the core is ambiguous. If you look on the internet you will find a plethora of definitions of what constitutes the core. To date no researched article has defined the core. Hodges and Richardson’s research was on the TrA and this

muscle is common in all definitions. The term ‘core’ was a name change from the inner unit (TrA, multifidus, diaphragm and pelvic floor) proposed by Diane Lee in 2001.<sup>4</sup> However, no research was found that specifically looked at the role of the inner unit in relation to spinal stability in the same or similar way that Hodges and Richardson’s research looked at TrA.

## What is core stability?

A commonly quoted hypothesis outlined in Richardson et al<sup>2</sup> is Panjabi’s hypothesis of spinal stability,<sup>5</sup> which describes three subsystems that work in unison to stabilise the spine, the neural, osseoligamentous and muscular systems. Core stability exercises directly address only the muscular system. No research to date has been found for valid testing of spinal instability. Even Richardson et al ‘acknowledge that there is a lack of physical outcome parameters that are valid, precise, sensitive and clinically relevant’. Apart from conjecture there is little proof of instability. The current clinical tests only assess the ability of the individual to contract their abdominal muscles.

## Can a weak core lead to low back pain?

According to *Gray’s Anatomy*<sup>6</sup> the TrA is absent or fused to the internal oblique as a normal variation. If this is the case, it would be reasonable to assume, that if a weak TrA leads to low back pain, these individuals would have a higher incidence of low back pain or at least be categorised as an ‘at risk’ group. Others who could be categorised as ‘at risk’ due to disturbances to the abdominal musculature include:

1. the obese population
2. pregnant women
3. those post abdominal surgery, which according to the core stability theory can lead to stability problems and back pain.

### 1. Obesity

A 2007 paper by Janke et al<sup>7</sup> on pain in obesity states: ‘A remarkable number of studies have been published that attempt to address the nature of the relationship between LBP [lower back pain] and overweight/obesity, and equally remarkable given these attempts is the lack of conclusive evidence elucidating the link between weight and LBP’.

### 2. Pregnancy

Postpartum the abdominal muscles take between four and six weeks to reverse the length changes and undergo re-shortening. In addition, it takes about eight weeks for pelvic stability to normalize.<sup>8</sup> In a study of 869 pregnant women with low back pain, 635 (73%) were excluded because of their spontaneous, unaided recovery within a week of delivery.<sup>9</sup>





### 3. Post abdominal surgery

To date, no known epidemiological study has been found linking such surgery with low back pain. Post Pedicle Tram Flap surgery (breast reconstruction surgery using abdominal muscles and abdominal skin) reports no effect on back pain measured up to several years after the operation.<sup>10,11</sup>

The evidence presented here does not suggest that a weak 'core' leads to back pain.

### Can strengthening the core alleviate low back pain?

According to Stevens et al,<sup>12,13</sup> as much as 70% maximal voluntary contraction (MVC) is needed to promote strength gains in abdominal muscles. She states that 'it is unlikely that core exercises would reach this force level'.

### Can a strong core protect against low back pain?

To date, no studies have been found showing that weak abdominal muscles lead to back pain or that strengthening the trunk, core or abdominal muscles will prevent low back pain. In fact, two studies were found that suggested that these exercises are not protective measures against low back pain.<sup>14,15</sup>

### Is a strong core essential for athletic performance?

It is a commonly held belief that core stability training is essential to sports performance. During core exercise, the MVC of the core muscles is well below the level required for muscle hypertrophy and is therefore unlikely to provide strength gains.<sup>2,13,16-18</sup> Stabilisation exercises have also failed to show any significant improvement in muscle endurance<sup>19</sup> or running performance.<sup>20</sup>

The exercise physiology principles of specificity and similarity state that in order to become highly skilled at a task, one must go from general training to very specific training in order to achieve specific training adaptations. In other words, if you want to be a good swimmer, swim; and if you want to be a good rugby player, play rugby. This means that individuals doing core exercises will become good at doing core exercises, but the evidence suggests that this may not have an effect on their athletic performance.

### How do core exercises compare to other forms of exercise for low back pain?

When compared to general practitioner (GP) care, medication or physical therapy, the outcomes for core exercises are favourable.<sup>21-26</sup> When compared to general exercise for the low back or added to low back exercises, the studies show no statistical difference.<sup>27-31</sup> This implies that exercise can help alleviate low back pain, and that core exercise is no better or worse than any other exercise for this.



### Are there any adverse side effects related to core exercises?

Some authors are now questioning the efficacy of specific core exercise and are reporting that they may actually be detrimental in certain spinal conditions, as they cause spinal compression and may cause more damage to already damaged joints.<sup>23, 32-33</sup>

### The last question: What if?

What if the conclusion drawn in Hodges and Richardson's study was that a lag in onset timing was a normal strategy of the body to decrease spinal compressive loads when injured?

### What if the issue was one of motor control and not, as hypothesised, stability?

We work in a field where anecdotal evidence and tenacity are no longer acceptable forms of practice, and where evidence-based practice is fast becoming the norm. Lederman's paper has asked



questions of the evidence for core stability in its current form. The questions asked and issues raised must be addressed. The evidence thus far suggests that these exercises are neither preventative nor prophylactic and that clinical testing is neither valid nor clinically relevant. The evidence also suggests that there is no reason to believe that core exercises affect athletic performance and that these exercises work as an exercise but not necessarily as stability exercise – as instability is yet to be established. In general, these exercises are relatively simple to do. They give patients an area to focus on, most patients (in my opinion) like them and there is an argument that some exercise is better than none at all. However, we must be mindful that these exercises may not suit everyone and that those who could respond adversely to compression exercise should probably avoid it.

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## Anglian Osteopathic Group

Jo Sunner DO BSc JP, Peterborough

### Maintaining the integrity of the scaphoid

Our group recently enjoyed a very interesting talk on hand surgery given by Mr G Pathak FRCS (Trauma and Orth), consultant orthopaedic surgeon, Peterborough. Following is an extract from Mr Pathak's well-received presentation.

#### Scaphoid and the link joint concept

The wrist is a complex joint – it moves from flexion to extension, radial to ulnar deviation, in addition to the dart throwing movement. The two rows of carpal bones would collapse, because of longitudinal pull of long flexors and extensors, but the scaphoid acts as the link between the two rows and prevents this from occurring. Deficiency of this link can occur with fracture of the scaphoid or rupture of the intrinsic ligaments between scaphoid and lunate. When the scaphoid fractures or the scapho-lunate ligament tears, the link is taken off and the two rows collapse leading to

scaphoid non-union advanced collapse (SNAC) and scapho-lunate advanced collapse (SLAC) respectively. The end stage of both is osteoarthritis.

Scaphoid fractures are mostly treated in plaster and displaced ones are best treated by internal fixation. Treatments for scaphoid fractures or scaphoid displacements have a high rate of non-union and avascular necrosis. Un-united scaphoid fractures are treated with bone graft and internal fixation (see right).

For chronic injuries, with or without avascular necrosis, a vascularised bone graft is added. The scapholunate ligament deficiency is treated by reconstruction, using part of the flexor carpi radialis tendon (modified Brunelli technique). End stage SLAC or SNAC wrist requires salvage surgical procedure such as fusion or proximal row carpectomy. Therefore, understanding the importance of maintaining the integrity of the scaphoid as a link between the two carpal rows cannot be overemphasised.



Scaphoid non-union following plaster



United after internal fixation with bone graft

### Dates for your diary

#### Wednesday 26 January 2008

'Lower GI red flag presentations requiring surgical intervention': Mr F Bhajwa FRCS, consultant surgeon.

#### Wednesday 26 March 2008

'Invasive surgical treatments for spinal pain': Mr A Shah FRCS, consultant surgeon. (Examples will be shown with outcomes of treatments.)

The meetings have been moved to a larger room at the Fitzwilliam Hospital, Milton Way, Peterborough, and start at 7pm prompt. Sandwiches, hot and cold drinks are available, as usual, for a £2 attendance fee, which is payable at the door.

If you wish to attend any of the meetings of the Anglian Osteopathic Group, contact Jo Sunner on tel: 01778 391 714 or email: josunner@aol.com

## Christian Osteopaths Fellowship

Dorothy Hilton DO, Hersham

### Christian Osteopaths Fellowship celebrates 20th anniversary

To celebrate its 20th anniversary, the Christian Osteopaths Fellowship enjoyed a weekend of learning at St Steven's House, Oxford, on 21–23 September 2007.

'Are you well connected?', the theme of this year's forum, produced some interesting and challenging discussions. We looked initially at our osteopathic roots, with special reference to Andrew T Still – considered by many to be the father of osteopathy – and at his statement that: "Osteopathy is a science. Its use is in the healing of the afflicted." We asked ourselves: "Does our faith work

comfortably alongside our osteopathic expertise, and does it have the potential to enhance it?" We also questioned whether spiritual input is beneficial or necessary to healthcare.

We heard about the practical connections of our profession and our faith. Osteopath Nav Matharu (pictured below) gave an inspiring account of working as part of a multidisciplinary



medical team (Care Highway) within remote, rural communities in Kenya. Valuable time was spent sharing experiences with one another, and discussing how our discoveries would work for ourselves and in our practice.

In the midst of all this we ate! There was a lovely lounge where over drinks we had further opportunities to talk about everyday cases and where we are in our professional lives.

This weekend proved to be profound and interesting: not in any way dry, but full of discussion and learning. We all came away refreshed and stimulated.



## North & Mid Wales Osteopathic Society

Genevieve Brown DO, Aberystwyth

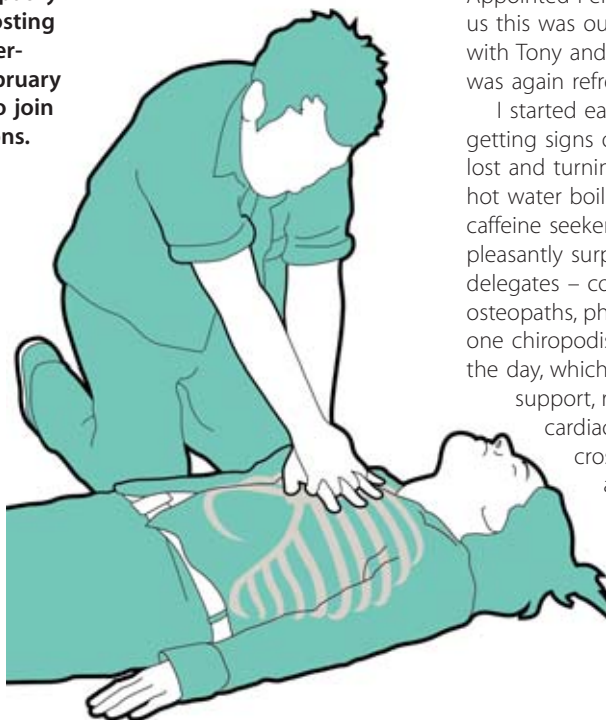
### Clinical neurology & shoulder workshop

Earlier this year, in a whistlestop trip to the UK from his new home of South Africa, Gary Riley DO led a weekend workshop for our group with a succinct and dynamic review of clinical neurology and the shoulder. Thanks to all who attended the lectures but, as the numbers were a little low, I have been renewing my enthusiasm for the new year!

A number of lectures are currently being planned – student research presentations in collaboration with the National Council for Osteopathic Research and the South Wales

Osteopathic Society, plus discussions with American anatomists and osteopathic lecturers (tbc) – watch this space and the [o zone](#) website for further details.

**For all those planning to attend 'Advancing Osteopathy 2008', NMWOS will be hosting a table at the Gala Dinner-Dance on Saturday 2 February and it would be lovely to join you all for the celebrations.**



## Osteopaths @ Worcester

Sue Brazier DO, Worcester

### Resuscitating our skills

On Monday 15 September, Tony Bennison from Health Education Seminars joined Osteopaths @ Worcester to cover 'First Aid for Appointed Persons'. For some of us this was our second meeting with Tony and his enthusiasm was again refreshing.

I started early that morning, getting signs out for the easily lost and turning the humongous hot water boiler on for the caffeine seekers. We were pleasantly surprised to have 30 delegates – comprising osteopaths, physiotherapists and one chiropodist – turn out for the day, which covered basic life support, resuscitation and cardiac massage. The cross-professional audience added to the learning environment and to Tony's succinct and informed delivery!

## Northern Counties Society of Osteopaths

Neil Chestock DO, Hale (Retired)

### CPD for 2008

The Northern Counties Society of Osteopaths is looking forward to another successful year in 2008, with a programme of lectures already planned. Meetings are held bimonthly and include a formal minuted session of matters relating to the society and the profession.

### 2008 lecture programme:

**Saturday 12 January**, Preston: 'The Osteopathic Treatment and Management of Influenza', Walter McKone DO (followed by the AGM).

**Monday 10 March**, Huddersfield: 'Osteopathic Cardiology, Research, Discussion and Treatment', John Brewster DO.

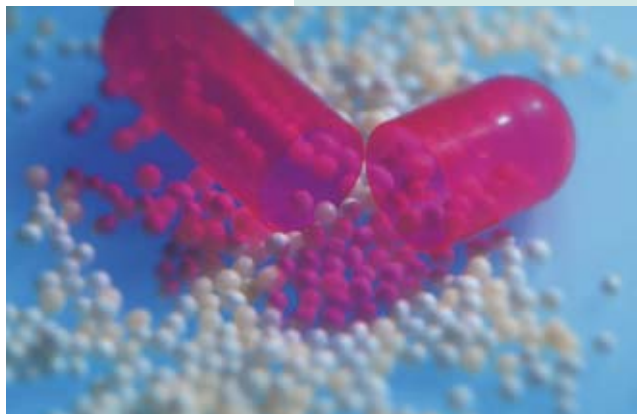
**Saturday 10 May**, Preston: 'First Aid', the Specialist Teaching Company (all ex-paramedic and A & E personnel – full-day course).

**Saturday 14 & Sunday 15 June**, Skipton: Annual NCSO Convention & Dinner; programme tba.

**Saturday 13 September**, Preston: 'Pharmacology: the adverse reactions to commonly prescribed drugs', Roy Hughes DO.

**Saturday 8 November**, Huddersfield: programme tba.

**For further information, or to book a place, visit [www.ncso.org.uk](http://www.ncso.org.uk) or contact Neil Chestock on tel: 0161 980 6228, email: [neilchestock@yahoo.co.uk](mailto:neilchestock@yahoo.co.uk).**



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

## Advancing Osteopathy 2008: 1–3 February

Who would have thought, 20 years ago, that our tiny profession could possibly achieve statutory recognition? A handful of dedicated believers and hard grafters managed to unite us and take us forward to the goal of The Osteopaths Act 1993 and then the Statutory Register in 1998.

We hated the PPP, but we did it. Now we have the chance to celebrate 10 years of growth and achievement. We have always been a profession that questioned the status quo. Some think we are too non-scientific; others that we are too orthodox in our various approaches to our philosophy and practice. Our patients love us and it is our duty to them and to the future of the profession to use this weekend to show that we can come together to celebrate as one great united front.

I hear some say, "We can't afford it," or "It is too London based". The opposite is true: we must support it! The PR both for the profession and the individual practitioner will be immense. The cost can be offset against tax and the increased flow of patients due to the positive energy we will all get from the weekend will make it worth the expense on its own. I can't wait to meet colleagues old and new from all over the UK – indeed the world – on what should be a fabulous occasion.

SEE YOU IN FEBRUARY!

**Alex Cram DO, Glasgow**

## Calling all Buckingham Gate graduates!

Would any graduates from the Buckingham Gate BSO be interested in making up a table (or two) at the Gala Dinner–Dance (2 February 2008)? If anyone with tickets would like to make up an 'old fogeys' table, please contact Rachel Pointon on [rachelpointon@ntlworld.com](mailto:rachelpointon@ntlworld.com).

**Rachel Pointon DO,  
Shoreham-by-Sea, West  
Sussex**

## Have your say

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

# Courses 2008

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

## January

> 19

### **Simplifying diagnosis and treatment of the shoulder**

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

> 19

### **First aid for manual and physical therapists**

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

> 20

### **Trunk/spinal movement rehabilitation**

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

> 24

### **Why are arthritic joints painful?**

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

> 26-27

### **Osteopathic education**

Facilitator Alison Brown.  
Organised by the Sutherland Cranial College. To be held at The Piersian Centre, Bristol.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

> 31

### **How to treat: Chronic neck pain**

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

## February

> 2-3

### **Practitioner, boundaries and the therapeutic relationship**

Speaker Melanie Langer.  
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

> 2-3

### **Introduction to craniosacral biodynamics**

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

> 7

### **The myth of core stability**

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

> 16

### **Managing Chronic Fatigue Syndrome/ME**

Speakers Dr Hazel O'Dowd & 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

> 16-17

### **Integrative osteopathic technique (IOT): cervical spine, CD and UEX**

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

> 16-17

### **Modern muscle energy techniques**

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

> 21

### **The art and science of stretching**

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

> 21-24

### **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. To be held at the Tynycornel Hotel, Tallyllyn Mid Wales.  
tel: 01654 761 435  
email: info@immotion.org.uk

> 23-24

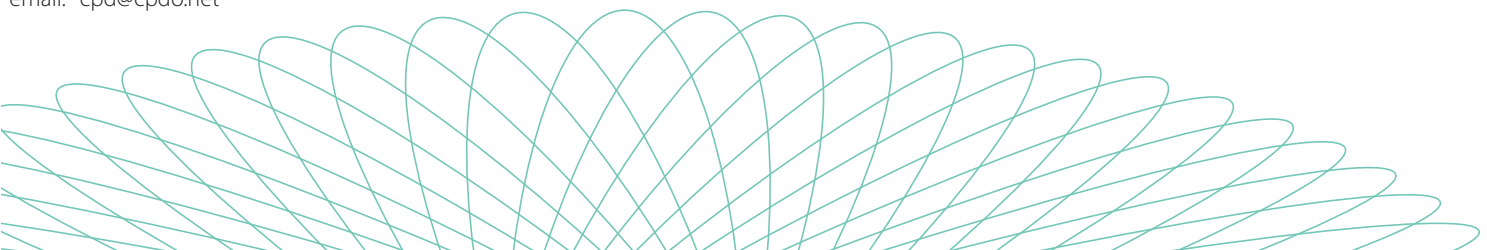
### **Osteopathic education**

Facilitator Alison Brown.  
Organised by the Sutherland Cranial College. To be held at The Piersian Centre, Bristol.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

> 28

### **How to treat: Acute disc**

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





# March

## > 1 Managing tendinopathies

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

## > 1-2 Craniosacral therapy introductory weekend

Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90-92 Pentonville Road, London N1.  
tel: 07000 785 778  
email: info@cranio.co.uk  
www.cranio.co.uk

## > 6-9 Module 5: In reciprocal tension

Course Director Peter Cockhill. Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

## > 15-16 IOT II: Lumbar & thoracic spine and ribs

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

## > 27-31 Module 2/3: Osteopathy in the cranial field

Course Director Carl Surridge. Organised by the Sutherland Cranial College. To be held at Hinsley Hall, Leeds.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

## > 29-30 Osteopathic education

Facilitator Alison Brown. Organised by the Sutherland Cranial College. To be held at The Piersian Centre, Bristol.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

# April

## > 5-6 Dentistry and cranial work

Speakers Wojciech Tarnowski & Chris Castledine. 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

## > 10 How to treat: chronic lower back pain

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

## > 12-13 Touch as a therapeutic tool

Speakers Tsafi Lederman & 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

## > 26 Craniosacral therapy – introductory day

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

## > 26-27 Neuromuscular 're-abilitation' (parts I & II)

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

## > 26-27 Cognitive behavioural approach to chronic pain in physical therapies

Speakers Heather Muncey & 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

# May

## > 1-3 Visceral osteopathy: The thorax

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

## > 15 How to treat: frozen shoulder

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

## > 15-18 The cranial nerves

An exploration of function and dysfunction for craniosacral therapists and cranial osteopaths. Organised by the Craniosacral Therapy Educational Trust. To be held at the Yoga Therapy Centre, 90 – 92 Pentonville Road, London N1.  
tel: 07000 785 778  
email: info@cranio.co.uk  
www.cranio.co.uk

## > 15-19 (evening) Module 4: WG Sutherland's osteopathic approach to the body as a whole

Organised by the Sutherland Cranial College. To be held at Hawkwood College, Stroud.  
tel: 01291 689 908  
www.scc-osteopathy.co.uk

## > 17 Biomechanics research – the clinical implications for manual and physical therapists

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

## > 24-25 Meditation, emotion and the eight transverse diaphragms

Speaker Andrew Stones. 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

# June

## > 5 The place for creativity within evidence-based practice

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

## > 12 How to treat: Tennis elbow

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

## > 14-15 Neuromuscular 're-abilitation' (parts I & II)

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

## CLASSIFIEDS

## RECRUITMENT

**Post required:** Experienced osteopath (BSO graduate 1993) in family practice for 14 years, specialising in osteopathy in the cranial field for obstetric and paediatric practice, running own practice 2002–2007. Qualified registered homeopath (SDS graduate 2006), seeks locum/associate post. Rural practice ideal, including Highland and Islands, N Wales, SW Cornwall. CV on request. Contact Carolyn McGregor, mobile: 07766 330489. Email: carolynosteopath@hotmail.com.

**Entrepreneurial**, self motivated osteopath required to develop new independent practice in beautiful Falmouth, Cornwall, within a well-known natural health practice. Premises are close to a car park. Telephone 01326 210 202 or 318 973.

**Mature osteopath** required to replace retiring part-time female osteopath in well-established clinic in South West London. Initially two sessions a week with the possibility of more sessions and holiday cover. 020 8946 6103.

**Fulham:** We are looking for an experienced osteopath to join our Fulham practice in February 2008. We need someone available to work on Monday and Friday mornings and all day Wednesday. Our ideal candidate would need to be experienced in treating all patients from newborn babies through to the elderly, and comfortable using a broad range of treatment modalities. Please email your CV to info@fop.co.uk along with answers to the questions below. What is the difference between osteopathy and physiotherapy? Why would you be the ideal person to join our team? Melinda and Andrew Cotton, Fulham Osteopaths.

**Locum required** to cover maternity leave from April 2008 with the possibility of ongoing associate work for practices in Bath and Tisbury, Wiltshire. Experience in IVM, babies, children and pregnancy essential. For more details, please telephone 01747 820021.

**Locum available.** UK osteopath returning from abroad seeks locum position. Practises structural, fascial and cranial osteopathy. Completed biodynamics phase III. Extensive locum experience with good references. Email: lfellison@aol.co.uk.

**Locum: West Cork,** Ireland, in stunning coastal location from March/April to November 2008. Must be comfortable treating using IVM/functional. CV to kenglish@eircom.net; telephone 00353 28 38638.

**Musculoskeletal osteopath** required to work with Premiership club on a consultancy basis; majority of appointments will be at the Chorley training centre, own premises could be used if within travelling distance. Must have experience of working with professional athletes or equivalent and be willing to work in a MDT. Enthusiasm for sharing knowledge and skills with colleagues a distinct advantage. Please forward CV with covering letter to Dr Richard Freeman, Head of Sports Medicine & Exercise Science, and club doctor and osteopath at rfreeman@bwfc.co.uk. Remuneration negotiable.

**Cranialsacral Osteopath** required for clinic in New Malden, Surrey. Primarily for reduced fee children's clinic, with opportunities to work in full fee clinic. Call 020 8942 3148 or email astonclinic@postmaster.co.uk.

**Professional**, committed, mature BSO graduate seeks opportunity as an associate in established structural practice in South East, Home Counties or East Anglia. Preferably 2/3 days per week. Good patient management skills and BMAS qualified. Please email newassociate.in08@virgin.net.

**Full-time associate** osteopath required to join a highly-motivated team within a very busy, expanding and well-established multi-therapy practice situated in the rural town of Nantwich, Cheshire. Full supporting administration staff is provided and there are excellent opportunities for professional development. There is also a large equine client base and therefore opportunities for anyone interested in veterinary osteopathy. For further information, call Adam Tilstone on telephone: 01270 629 933.

**Osteopath required** for South Bedfordshire private practice on Saturday mornings. Good remuneration for genuine team player. Experienced or newly qualified graduates. Please telephone 07989 421 271 for more details.

**Central London** maternity locum required for minimum six months, mid-January onwards. Minimum one year post-qualification. CV and covering letter, stating availability, to: Jemma Sager, Vie Health Club, 122 Clerkenwell Rd, London EC1R 5DL.

**Osteo/Cranial Osteopath** required to cover maternity leave from December 07 to April 08 in London N14. Flexible hours, would suit local person. Call 0208 440 3629.

**Locum and Assistant.** Locum required from 10 January to 4 February. Good remuneration and free fabulous accommodation in Highlands. Assistant required from March 2008 to take over list from leaving practitioner in Highlands. Good structural, mobilisation, soft tissue essential and willingness to work hard. A busy list, fabulous accommodation and access to the great outdoors, world-class surfing and good pubs. Would suit a new graduate. Call Sheila on 01847 890 730; sheila\_finlayson@hotmail.com.

**Associate Osteopath** required in Chester and North Wales. Confident in structural and soft tissue techniques. IVM ability useful. Able to work on own, with other osteopaths and allied therapists. Initially three days/week. Expansion inevitable. Call Liz/Christine on 01352 731 818.

## COMMERCIAL

**Central London/Regent Street clinic share:** available on Mondays, Wednesdays and/or Fridays (unlimited hours) for established osteopath – modern, quiet clinic with meet-and-greet reception, air con, broadband and daylight. Contact 020 8815 0979.

**Treatment room** to rent. 18'x 11'. Can fit three treatment couches. Clean and comfortable. Sutton area. £350 pcm to include rent, rates, water rates, building insurance. Telephone Chris on 07941 840 078/ 020 8335 4111. Worth viewing.

**Newcastle Upon Tyne**, city centre – Treatment room available to rent full/part-time in an established podiatry practice. Available Jan '08; tel: 01912 618 375.

**Business opportunity** – and it may be an opportunity to beat the CGT changes! METIS is an expanding company specialising in musculoskeletal/physiotherapy and active rehabilitation with two state-of-the-art centres based in London and one in Liverpool. Website www.metis-uk.com. Metis is currently seeking opportunities to acquire or merge with other musculoskeletal/physiotherapy clinics throughout the country. If you are interested in pursuing this exciting opportunity, please send brief details in complete confidence to: Business Development Director, Metis UK Ltd, 65 Drury Lane, Covent Garden, London WC2B 5SP or email Businessopportunity@metis-uk.com.

**Premises and practice** for sale. Dungarvan, Co. Waterford, Ireland. Structural and cranial. Prime location. Waiting room. Three treatment rooms. Toilets and storeroom which could be used as reception. Plenty of scope to develop practice and increase patient flow. Owner relocating. Tel. 00353 87 2530 635.

**Practice for sale** in beautiful coastal region 40-minutes north of Auckland, New Zealand. Clinic established 12 years. Located in New Zealand's fastest-growing district. Would suit UK osteopath relocating for business/lifestyle. Contact: alex\_eales@hotmail.com.

**Back pain clinic** for sale. Thriving well-established multidisciplinary practice in North-West England with scope for further expansion. Located in busy main-road position, ground floor treatment rooms, on-site parking, excellent transport links, three fully equipped consulting rooms. Further details contact: ProRuss@hotmail.co.uk.

**Goodwill for sale** in Pinner HA5 – due to relocation. Busy practice, established 15 years. Excellent location. Mainly structural, with cranial. Single list, low overheads. Waiting room. Equipment and furniture included. Contact 020 8868 3555 or Helen\_judd75@hotmail.com.

**Spanish Villa** in Hampshire, together with separate bungalow in same grounds – ideal for office, consulting room, treatment room etc. Convenient for M27, M3. Lots of parking. Not officially on market yet but can send details/photos. Email me at: healthways@talktalk.net.

## COURSES

**Chiropractic Techniques:** Graduate Diploma in Short Lever Adjusting Technique. Methods taught: diversified chiropractic, the main method of chiropractic, Thompson Drop table technique, and Activator methods mechanical adjustments. The courses are seven full days and are situated in a luxury spa hotel in Thailand. Dates: 17–23 March 2008 and 17–23 May 2008. £1,000 cost includes accommodation, breakfast, all transfers, seminar fee and course material. For more information, see [www.manualtherapyinternational.com](http://www.manualtherapyinternational.com) Contact: [robphysio-osteopath@hotmail.co.uk](mailto:robphysio-osteopath@hotmail.co.uk) or contact the course director, Bob, on: +66 83 324 8843.

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01823 272227 or email [contact@mh-tc.com](mailto:contact@mh-tc.com) [www.mh-tc.com](http://www.mh-tc.com)**



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# Thinking of booking a CPD course?

Professor Eyal Lederman

**Harmonic Technique Part 1  
(number of places limited to  
30 delegates - part 2 details  
of the course to follow later  
this year)**

Saturday 9<sup>th</sup> and Sunday 10<sup>th</sup>  
February 2008

12 hours CPD

£200 including lunch and  
refreshments

Mr Leon Chaitow

**Recognising and  
rehabilitating breathing  
pattern disorder influences  
on musculo-skeletal pain,  
motor control and balance**

Saturday 23<sup>rd</sup> and Sunday 24<sup>th</sup>  
February 2008

12 hours CPD

£200 including lunch and  
refreshments

Professor Frank Willard

**Attention deficit disorders  
and other pervasive  
childhood development  
disorders from a  
neuroanatomical approach**

Saturday 8<sup>th</sup> and Sunday 9<sup>th</sup>  
March 2008

12 hours CPD

£200 including lunch and  
refreshments

For more detailed information on the CPD courses above or to download a booking form,  
please visit our website: [www.eso.ac.uk](http://www.eso.ac.uk)

For further information please contact:

Corinne Jones, The European School of Osteopathy,  
Boxley House, Maidstone, Kent, ME14 3DZ

Tel: +44 (0)1622 671558 or E-mail: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)



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2 courses per year max per person.

**Part 1** Working with the inherent motion pathway.

**A. VENUE:** Norway, February 15, 16, 17, 2008

**B. VENUE:** UK or Ireland to be confirmed, April 11,  
12, 13, 2008

**Part 2** Space, fine detail, emotional patterns.

**VENUE:** UK or Ireland to be confirmed. June, 6, 7,  
8, 2008

**Part 3** Fulcrums and midlines

**VENUE:** Ireland. October 17, 18, 19, 2008

**Part 4** Potency, sparks and ignitions

**VENUE:** Ireland. March 7, 8, 9, 2008

**Part 5** Time, Timing, Timelines.

September 19, 20, 21, 2008

**VENUE:** Ireland.

**Contact Helena 00353 52 38800**

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# British School of Osteopathy

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

### OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY

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

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

**Course Leader:** Nick Woodhead

**Date:** 9<sup>th</sup> February 2008

**Course Fee:** £110.00

**Deadline for applications:** 18<sup>th</sup> January 2008

### STRAIN AND COUNTERSTRAIN COURSE

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

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

**Date:** 9<sup>th</sup> March 2008

**Course Fee:** £95.00

**Deadline for applications:** 18<sup>th</sup> February 2008

### INTRODUCTION TO PSYCHOLOGICAL MANAGEMENT OF PEOPLE IN PAIN

This exciting course has been designed for osteopaths and other practitioners who work with people in pain. The course consists of four days of contact time which can be taken separately or as a whole.

The introduction 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.**

Cognitive Behavioural Approaches to Pain will be the second session, which will focus on cognitive-behavioural approaches to managing chronic pain.

Mindfulness and Acceptance in Pain Management will be the third session, which builds further on the understanding of pain management with a focus on mindfulness and acceptance in the context of treatment.

The final session will focus 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.

**Course Leaders:** Professor Tamar Pincus and Steve Vogel DO in association with Dr Lance McCracken from the University of Bath and Dr Johannes van der Merwe from the Real Health Institute.

**Date: Introduction -** 16<sup>th</sup> March 2008. Other dates TBC.

**Deadline for applications:** 29<sup>th</sup> February 2008

**Course Fee:** £150.00 per day or £500 for the full course.

### OSTEOPATHY AND OBSTETRICS

The first half-day introduces participants to the changes in maternal physiology during pregnancy. The ventilatory and cardiovascular systems and practical sessions will be used to develop techniques and treatment of the ribs, diaphragm and mediastinum and associated muscle respiration.

The second session builds on this foundation with an exploration of weight gain and the link between the kidneys, the pre-renal fascia and the psoas muscles and the diaphragm and T/L junction. The practical sessions will focus on changes to the uterus and breast tissues. The day will also examine changes to the musculoskeletal system, postural changes and practical techniques to support the pelvis and lumbar spine.

The final session will be held in the BSO's new treatment rooms, with patients from the Expectant Mother's Clinic available for treatment from the participants, providing an opportunity for you to put new skills into practice.

**Course Leader:** Dr Stephen Sandler

**Dates:** 11<sup>th</sup> (half day) 12<sup>th</sup> & 13<sup>th</sup> July 2008

**Course Fee:** £250.00

**Deadline for applications:** 20<sup>th</sup> June 2008

For an application of any of the above courses, please contact Gayda Arnold – 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

Date	Title	Tutor / lecturer	Cost	Deposit
<b>Weekend courses</b>	<b>C P D O</b>	<b>2 0 0 8</b>		
19 Jan	Simplifying diagnosis and treatment of the shoulder	Prof. Eyal Lederman	£115.00	Pay in full
19 Jan	First aid for manual and physical therapists	Steven Bruce	£115.00	Pay in full
20 Jan	Trunk / spinal movement rehabilitation	Prof. Eyal Lederman	£115.00	Pay in full
2-3 Feb	Introduction to craniosacral biodynamics	Michael Kern	£215.00	£150.00
16-17 Feb	Integrative osteopathic technique (IOT I): Cervical spine, CD and UEX	Prof. Laurie Hartman	£215.00	£150.00
16-17 Feb	Modern muscle energy techniques	Leon Chaitow	£235.00	£150.00
16 Feb	Managing Chronic Fatigue Syndrome/ME	Dr. Hazel O'Dowd & Peter Gladwell	£115.00	Pay in full
1 March	Managing tendinopathies	Glenn Hunter	£115.00	Pay in full
15-16 March	IOT II: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£215.00	£150.00
12-13 April	Touch as a therapeutic tool	Tsafi Lederman & Prof. Eyal Lederman	£215.00	£150.00
26-27 April & 14-15 June	Neuromuscular "re-abilitation" (part I & II)	Prof. Eyal Lederman	£425.00	£250.00
26-27 April	Cognitive behavioural approach to chronic pain in physical therapies	Heather Muncey Peter Gladwell	£235.00	£150.00
1-3 May	Visceral osteopathy: the thorax	Jean-Pierre Barral	Fully booked	
17 May	Biomechanics research - The clinical implications to manual and physical therapists	Prof. Jaap van Dieën	£115.00	Pay in full
14-15 June	Sports Rehabilitation - Managing the Injured Athlete	Chris Boynes	£215.00	£150.00
21-22 June	Osteopathic care of small animals	Tony Nevin	£235.00	£150.00
21-22 June	Neuropathic arm pain: diagnosis to treatment	Philip Moulart	£215.00	£150.00
28-29 June	What colour is your pain?	Prof. Mooli Lahad	£245.00	£150.00
6 Sept	Osteopathic care of small animals revisited	Tony Nevin	£115.00	Pay in full
27-28 Sept	IOT III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£215.00	£150.00
27-28 Sept & 1-2 Nov	Harmonic technique (part I & II)	Prof. Eyal Lederman	£425.00	£250.00
27 Sept	Psychosocial factors in pain conditions: how to construct a consultation	Dr. Jeremy Chase	£115.00	Pay in full
9-11 Oct	New visceral course: vascular visceral manipulation	Jean-Pierre Barral	Fully booked	
10-12 Oct	Pregnancy care	Averille Morgan	£335.00	£200.00
25-26 Oct	Integrated manual therapy and naturopathic approaches to pelvis	Leon Chaitow	£235.00	£150.00
25 Oct	Managing headaches	Dr. Hazel O'Dowd	£115.00	Pay in full
8-9 Nov	IOT I: Cervical spine, CD and UEX (repeat)	Prof. Laurie Hartman	£215.00	£150.00
22 Nov	Yoga as therapeutic exercise	Luise Woerle	£115.00	Pay in full
22 Nov	Introduction to sports taping: principles and practice	Tom Hewetson	£115.00	Pay in full
<b>Evening courses</b>	<b>CPDO providing for all your CPD needs</b>			
31 Jan	How to treat: Chronic neck pain	Prof. Eyal Lederman	£40.00	Pay in full
28 Feb	How to treat: Acute disc	Prof. Eyal Lederman	£40.00	Pay in full
10 April	How to treat: Chronic lower back pain	Prof. Eyal Lederman	£40.00	Pay in full
15 May	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40.00	Pay in full
12 June	How to treat: Tennis elbow	Prof. Eyal Lederman	£40.00	Pay in full
16 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
30 Oct	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40.00	Pay in full
27 Nov	How to treat: Plantar fasciitis	Prof. Eyal Lederman	£40.00	Pay in full
<b>Evening lectures</b>	<b>Book before 1 Jan 08 for 10% discount on all courses</b>			
24 Jan	Why are arthritic joints painful?	Prof. Bruce Kidd	£20.00	Pay in full
7 Feb	The Myth of core stability	Prof. Eyal Lederman	£20.00	Pay in full
21 Feb	The art and science of stretching	Glenn Hunter	£20.00	Pay in full
5 June	The place for creativity within evidence base practice	Glenn Hunter	£20.00	Pay in full
26 June	Structural osteopathy: is it still valid?	Prof. Eyal Lederman	£20.00	Pay in full
25 Sept	Process centred osteopathy – a new clinical model	Prof. Eyal Lederman	£20.00	Pay in full

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# SUTHERLAND *Cranial College*

## SCHEDULE OF COURSES 2008

### IN RECIPROCAL TENSION

#### Module 5

Course Director: **Peter Cockhill** DO BA (Hons) MSCC

Fee: **£795** CPD: **24hrs**

**7-9 March 2008**

Venue: **Hawkwood College, Stroud, Gloucestershire**

A three day residential course

### OSTEOPATHY IN THE CRANIAL FIELD

#### Module 2/3

Course Director: **Carl SurrIDGE** DO MSCC

Fee: **£1350** CPD: **40hrs**

**27-31 March 2008**

Venue: **Hinsley Hall, Headingley Lane Leeds**

A five day residential course

### W.G. SUTHERLAND'S OSTEOPATHIC APPROACH TO THE BODY AS A WHOLE

#### Module 4

Course Director: **Susan Turner** MA PGCE DO MSCC

Fee: **£1075** CPD: **32hrs**

**Evening 15-19 May 2008**

Venue: **Hawkwood College, Stroud, Gloucestershire**

A four day and preparatory evening residential course

### OSTEOPATHY IN THE CRANIAL FIELD

#### Module 2/3

Course Director: **Michael Harris** DO MSCC

Fee: **£1380** CPD: **48hrs**

**September 2008**

Venue: **London**

A six day non-residential course

PLEASE SEE OUR WEBSITE FOR FURTHER DETAILS

**[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)**

SCTF approved

*Modules 5-9 can only be taken after completing Modules 1, 2 and 3 or equivalent*

Sutherland Cranial College Contact details: Course Office, PO Box 91, Chepstow, NP16 7ZS

Telephone: 01291 689908 Fax: 01291 680056

Office Hours 9:15am – 3:00pm

Email: **[admin@sutherlandcranialcollege.co.uk](mailto:admin@sutherlandcranialcollege.co.uk)** and **[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)** (applications)

Website: **[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)**

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or call Kathryn Godfrey on 0207 254 5638



[www.teachingbuteyko.co.uk](http://www.teachingbuteyko.co.uk)

# The College Of Osteopaths



## DIPLOMA IN NATUROPATHY (ND) Modular Programme

This course is open to Osteopaths as an 18 month fast track pathway. It includes two taught modules incorporating naturopathic principles and philosophy, which are delivered as lectures, workshops and directed home study, alongside clinic based learning.

The course is accredited by the General Council and Register of Naturopaths (GCRN).

Commencement Date: 26th January, 2008

Course Location: Middlesex University,  
Archway Campus and  
The College's  
Teaching Clinic,  
Borehamwood

For further information and application form contact:

June Pentecost on 020 8905 1937

E-mail: [j.pentecost@collegeofosteopaths.ac.uk](mailto:j.pentecost@collegeofosteopaths.ac.uk)

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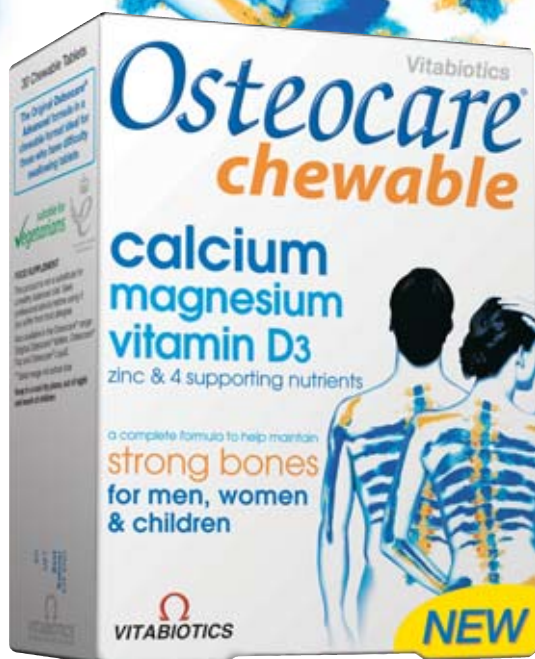
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7 full days

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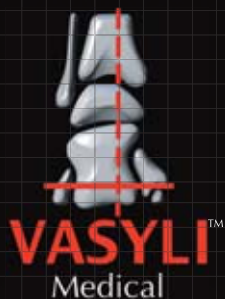
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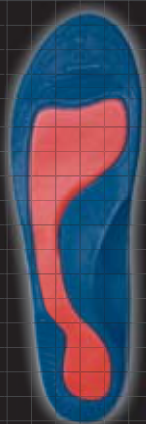




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# National Osteopathic Archive becomes a reality!



The rich history of UK osteopathy will soon be formally preserved and celebrated through a dedicated National Osteopathic Archive (NOA).

To mark an anniversary year, this important resource will at last become a reality in 2008, coinciding with 110 years of osteopathic practice in Britain.

Funding for the establishment of a UK National Osteopathic Archive has been provided by the General Osteopathic Council, which will also house the Archive within Osteopathy House, making the collection accessible to researchers and visitors.

**Do you have, or know of, osteopathic memorabilia worthy of forming part of the archive?**

Contact project leader Dr Martin Collins on tel: 020 7209 2788 to find out how you can contribute to the history of osteopathy.

## **Find out more about NOA**

Advancing Osteopathy 2008 – on Saturday 2 February – will offer an opportunity to learn more about this initiative from project leaders.



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