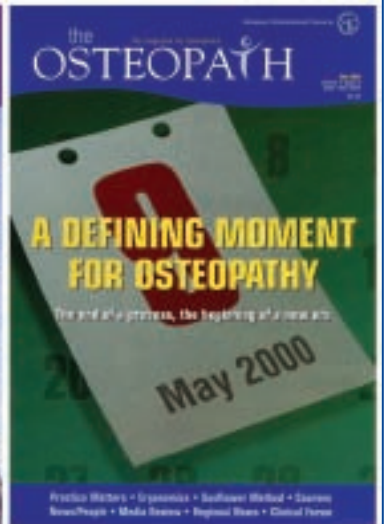


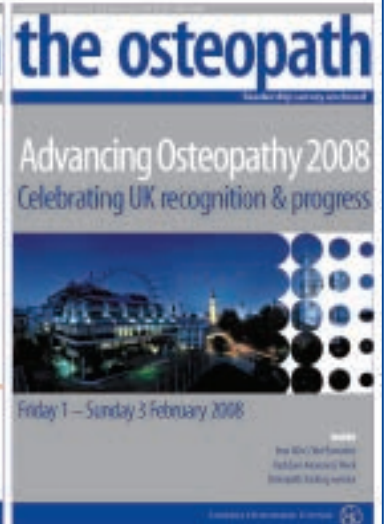
the osteopath

International Journal of Osteopathic Medicine enclosed



100th issue

Anniversary edition





University of Brighton

NCOR adverse events project: new research post for osteopath

This NCOR adverse events research project will investigate trends in insurance claims and complaints to the regulator by osteopathic patients. Funding has been awarded to the CONDOR team, a collaboration between the Universities of Brighton and Greenwich, the European School of Osteopathy, and the College of Osteopaths.

The Principal Investigator is Janine Leach, who can be contacted to discuss the following post on tel: 07946 509 523 or email: c.m.j.leach@bton.ac.uk.

Research Officer

0.27 full-time equivalent

From £25,134 to £28,289, pro rata

In this interesting role you will create a profile of the complaints that have been made by patients against osteopaths over the past decade. Travel to insurance company offices at four sites in southern England will be necessary, as well as regular attendance at the Clinical Research Centre in Eastbourne. You will need a good (1 or 2:1) honours degree or equivalent qualification in a health profession, research experience, the ability to extract data from legal records, and experience in using spreadsheets.

This post is fixed-term for one year, as funding from the National Council for Osteopathic Research is limited to this period.

For further information, tel: 01273 642 849 (24 hours) or visit www.brighton.ac.uk/vacancies/ for further information. Please quote the appropriate reference number, HH4034.

Closing date for applications: 25 February 2008

Ref: HH4034



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 Chief Executive & Registrar: **Evlynn Gilvarry**

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Freephone helpline for osteopaths **0800 917 8031**

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

Enquiries about conferences, workshops & events, *The Osteopath*, GOC 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.

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Chairman's report



Like the Chief Executive and Registrar, I would like to provide a more personal piece as my first contribution to *The Osteopath*. I was introduced to osteopathy 22 years ago by Fiona Walsh when I was Curriculum Sub-Dean at King's College and she was helping in the redesign of the medical undergraduate curriculum. She was able, through her osteopathic practice in an NHS integrated health clinic, to introduce medical

students to the osteopathic model of practice. I was particularly impressed by the emphasis placed on listening and empowering, and the holistic approach to patients.

Six years ago, she persuaded me to apply for the registered medical practitioner position on the Council. I have very much enjoyed working with the other Members of Council and have continued to be impressed, not just by osteopathy, but also by the whole enlightened attitude of the profession to regulation. This was one of the reasons why we were able to make such a strong case during submissions to the Foster Review. It is a real honour and privilege to be elected as Chairman of such an organisation.

Of course, there are major challenges ahead in meeting the requirements of the new legislation affecting healthcare regulation, but I know that while the Department of Health and Council for Healthcare Regulatory Excellence will, rightly, insist that we meet the principles outlined, they will expect us to develop the practical solutions which will meet these principles in a way that is appropriate for osteopaths. There is a very close working partnership between the osteopathic and lay members of Council, which enables decisions to be fair and effective, and with just under 4000 registrants, and a well-organised regional structure, it is also possible for us to remain in close touch with practising osteopaths. I am confident that these strengths will ensure a bright future for osteopathy.

Professor Adrian Eddleston
Chairman

Registrar's report



When news of my appointment as Chief Executive of the General Osteopathic Council became known, many people revealed to me that they attended an osteopath regularly. Nothing strange there you may say and I agree. But I was taken aback by one thing. All, without exception, heaped praise on the quality of care they received and many claimed that attending their osteopath was central to

maintaining wellbeing. I was less struck by the many reports of effective symptom relief and more by the glowing testimonials of excellent patient care.

I formed a very favourable view of the osteopathic profession – a view that has been repeatedly underscored since I took up my position just over two months ago. It is a privilege to be involved with a profession that has demonstrated time and again in its first decade of regulated existence that it recognises the value of high standards, and is prepared to adapt and change in the interests of patient care and public protection.

Against this backdrop, the profession can look with confidence to the next decade. The reforms to healthcare regulation, arising from the current Government White Paper, *Trust, Assurance and Safety*, will need to be considered carefully and implemented in a way that is practical and proportionate. But there is nothing to fear for a progressive profession. In my role at the GOsC, I look forward very much to working with the profession to maintain its high standing and, with the emphasis on continuing high standards, to facilitate its growing role in health care in the UK.

Evlynn Gilvarry
Chief Executive & Registrar

In Council

Jane Quinnell, Clerk to Council

4 December 2007, 56th meeting of the General Osteopathic Council.

Healthcare Regulation

Reforms to healthcare regulation, outlined in the Government's White Paper, *Trust, Assurance and Safety*, were considered by the Council as the GOsC prepares its response to the Department of Health's consultation on the first tranche of proposals. These include:

- > A revision of the wording of the main objective of all regulators to place an added emphasis on patient protection.
- > A change in the constitution of Councils so that they are smaller, with members independently appointed by the Appointments Commission.

These changes are expected to take effect by May 2009.

The next set of reforms will deal with:

- > A separation of regulators' adjudication procedures and the establishment of an independent adjudication body.
- > The introduction of a scheme of revalidation for all health care professionals.

In response to these reforms, the Council has established a number of working groups to prepare for the required governance changes and to begin work on developing a revalidation scheme suited to the particular needs of the osteopathic profession. The GOsC is also participating in two cross-professional working groups charged with considering the implications of revalidation for regulated health professionals.

The consultation on the first tranche of changes (Section 60 Order 1A) closes on 22 February 2008, at which time the GOsC's response will be made available on the public website: www.osteopathy.org.uk.

Osteopathy House

The Council has given the green light to a major restructuring of Osteopathy House. A key aim is to ensure the building is fully accessible to people with disabilities, as required by the Disability Discrimination Act. This major project will also involve an extension of the building and a more effective use of existing space to create an appropriate HQ and resource for the osteopathic profession.

Registering and removing osteopaths from the Register

With the growing number of osteopaths applying to join the Register, it is now not possible for the Registrar to have sight of all applications, restorations and removals from the Register. *The Osteopaths Act 1993* makes no reference to the scrutiny of applications or delegation of responsibility. Having sought legal advice, Council has agreed that:

- > applications meeting a pre-determined set of criteria will be registered automatically by an appropriate member of the GOsC executive;
- > applicants not meeting the criteria will be reserved for the Registrar's consideration, along with those applying from outside of the UK; and
- > removals from the Register, where the osteopath concerned fails to respond to prescribed notices, will also in future be an automatic procedure overseen by an appropriate member of the executive.

Strategic Plan 2008-2012

The draft Strategic Plan for 2008-2012, setting out the GOsC's vision and goals for the immediate future, was considered by Council and will be formally adopted at the next Council meeting in March.

Council matters

Election of Acting Chairman

Osteopath Robin Shepherd has been elected for a second term as Acting Chairman of Council. Speaking of his appointment, Robin Shepherd said: "I believe osteopaths can feel justly proud of their achievements over the past 10 years as a statutorily regulated profession; many have taken in their stride a rigorous re-examination of their skills, the formalisation of Continuing Professional Development and have also survived an attempt to merge us with an umbrella regulatory body.

"Osteopathy now takes its rightful place alongside other `mainstream` healthcare providers, ensuring greater access and increasingly high standards of care for our patients."

Resignations from Council

Miss Anne Jones has reluctantly resigned from Council due to ill health. Anne has served as a Council Member since 1998 and was thanked by Council for her valued contribution. Mr Andrew Popat has also resigned from Council.

Nigel Clarke chaired his final meeting as Chair of Council, but will remain a Council Member.

Minutes

The full minutes of this Council meeting will be posted on the GOsC public and registrants' websites (www.osteopathy.org.uk) following approval at the next Council meeting.

Future Council meetings

- > 12 March 2008
- > 10 June 2008
- > 16 September 2008
- > 4 December 2008
- > 10 March 2009

Meetings commence at 10.00am at Osteopathy House and agendas for the public session are available on the GOsC public website www.osteopathy.org.uk, or from Jane Quinnell, approximately seven to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths.

**Contact Jane Quinnell on
tel: 01580 720 213 or
email: janeq@osteopathy.org.uk
for further information, or if you
would like to attend the next
Council meeting.**

Madeleine Craggs: an appreciation

Nigel Clarke, former Chairman, General Osteopathic Council

Few people leap at the opportunity to become the only employee of an organisation with a large bank loan and stark serviced offices, accountable to Parliament for what they do. But on 1 April 1997 that is exactly what Madeleine Craggs did; and armed with the standards set by the first General Osteopathic Council, she set about creating the structures that allowed the profession of osteopathy to ensure that its standards of regulation stand comparison with any other healthcare profession in the UK.



weaker characters would have done. In doing so, she earned the respect of Council Members and osteopaths more widely, and has enabled the GOsC to play its part in the development of regulatory policy nationally.

Any Chairman is very dependent on their Chief Executive. I learned to value Madeleine's extraordinary attention to detail, her experience of the profession, her encyclopaedic knowledge of the *Osteopaths Act 1993* and its attendant rules and regulations. But above all, I am grateful for her patience, resilience, friendship and the many kindnesses she has shown both to me and to Council Members.

The public and osteopathic profession have been lucky to have had such an excellent pilot for the first stages of the GOsC's voyage.

Ten years on, that work has been proved in the heat of the debate following the Foster Review. A team of first-class staff operate in a dedicated building, and the public can have confidence in the care provided by a growing, much valued profession.

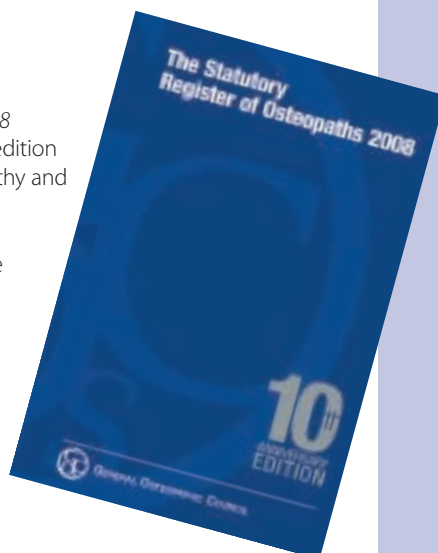
This was not always easy. Regulators are not there to be popular, and tough decisions have to be made. And Madeleine was prepared to do this – she had the courage to take the Council's case to osteopaths, rather than hide behind dictat, as some

2008 Register published: anniversary edition

You will shortly be receiving your copy of the *2008 Statutory Register of Osteopaths*. This anniversary edition marks 10 years of statutory regulation of osteopathy and is the largest edition to date. There are 3,985 osteopaths in this year's Register (2192 male and 1793 female), representing a net gain of 140 since the 2007 edition.

Stocks are limited, but if you wish to receive an extra copy to pass on to your local health centre, please contact the Communications Department on ext. 242.

If your copy is surplus to requirements, please donate it to your local library or health centre.



HRH The Prince of Wales renews patronage of GOsC

In conjunction with *Advancing Osteopathy 2008*, His Royal Highness, The Prince of Wales, has generously renewed his patronage of the General Osteopathic Council for a further five years.



For nearly three decades, from the earliest efforts to win statutory recognition through the 1993 *Osteopaths Act*, HRH has supported and encouraged the progress of the osteopathic profession in the UK, and the work of the General Osteopathic Council, of which he has been Patron since its inception.

Addressing guests at a formal reception on 31 January to mark the 10th anniversary of the opening of the UK Statutory Register for Osteopaths, HRH confirmed his continuing interest in the profession, saying:

"I remain enormously proud to be Patron of the General Osteopathic Council – especially, if I may say so, as it seems to me that the whole profession is moving into a new era, having established itself so effectively as a source of leadership and knowledge within the international osteopathic community and across healthcare disciplines."

Osteopathy – 10 years of statutory recognition:

Brigid Tucker, Head of Communications

To mark the 10th anniversary of statutory recognition for osteopaths, the GOSC has published a new illustrated report, *Good Health in Good Hands – UK Osteopathy Today*.



Produced to coincide with *Advancing Osteopathy 2008*, the report was publicly launched at a royal reception on 31 January in the presence of the GOSC's Patron, HRH The Prince of Wales, and over 250 guests representing interests across healthcare, government and the nationals and international osteopathic community.

Public awareness has struggled to keep pace with the rapid and wide-ranging developments in UK osteopathic practice over the past ten years and this report seeks to meet a need for a simple, but comprehensive overview of the current status of the profession.

With a view to providing the public and patients with the assurances they need and expect when seeking professional care for their health, the review aims to reflect the high standards of osteopathic education, training and practice, of which the profession is justifiably proud.

Also important to osteopaths and patients alike are the key areas of development as a profession, including the growth of post-graduate education and research activity, and the enhancement of cross-border healthcare regulation.

Good Health in Good Hands

There is a need also for the profession to address some of the questions frequently asked, not only by patients but also by commissioners of public healthcare: how quickly are patients able to access an osteopath?; what is the spread of osteopathic services across the UK?; as an average, how much does treatment cost, and what does this entail? Drawing on registration data and recent pilot practice surveys, it has been possible to provide a basic profile of current osteopathic practice. Also included are contact details of osteopathic stakeholder groups.

Good health in Good hands endeavours to convey the breadth of patients who benefit from osteopathic care, from the very young to the elderly, as well as specific applications, such as in sports care or through occupational health schemes. It also reflects the trend towards increasing collaboration between osteopaths and other health professionals and the need for mutually-respected referral pathways.

As part of *Advancing Osteopathy 2008*, the GOSC has initiated an extensive awareness campaign, targeting this report at a wide range of key audiences: the media, policy-makers, including Parliamentarians at national and international level, consumer and patient representative groups, post-graduate educational institutions, research funding bodies, other healthcare regulators and professional bodies.

We are also targeting international osteopathic bodies and the World Health Organization. A full distribution list will be posted on the [ozone](#) website in due course.

All within the profession, representative organisations and individual practitioners, are very welcome to participate in this awareness-raising exercise. A copy of the *Good Health in Good Hands* will shortly be sent to all on the Register.

Further copies can be obtained from the GOSC Communications Department and will be supplied at cost price. We hope you will find *Good Health in Good Hands* useful to make contact with, for example, your local media, GP or business community.

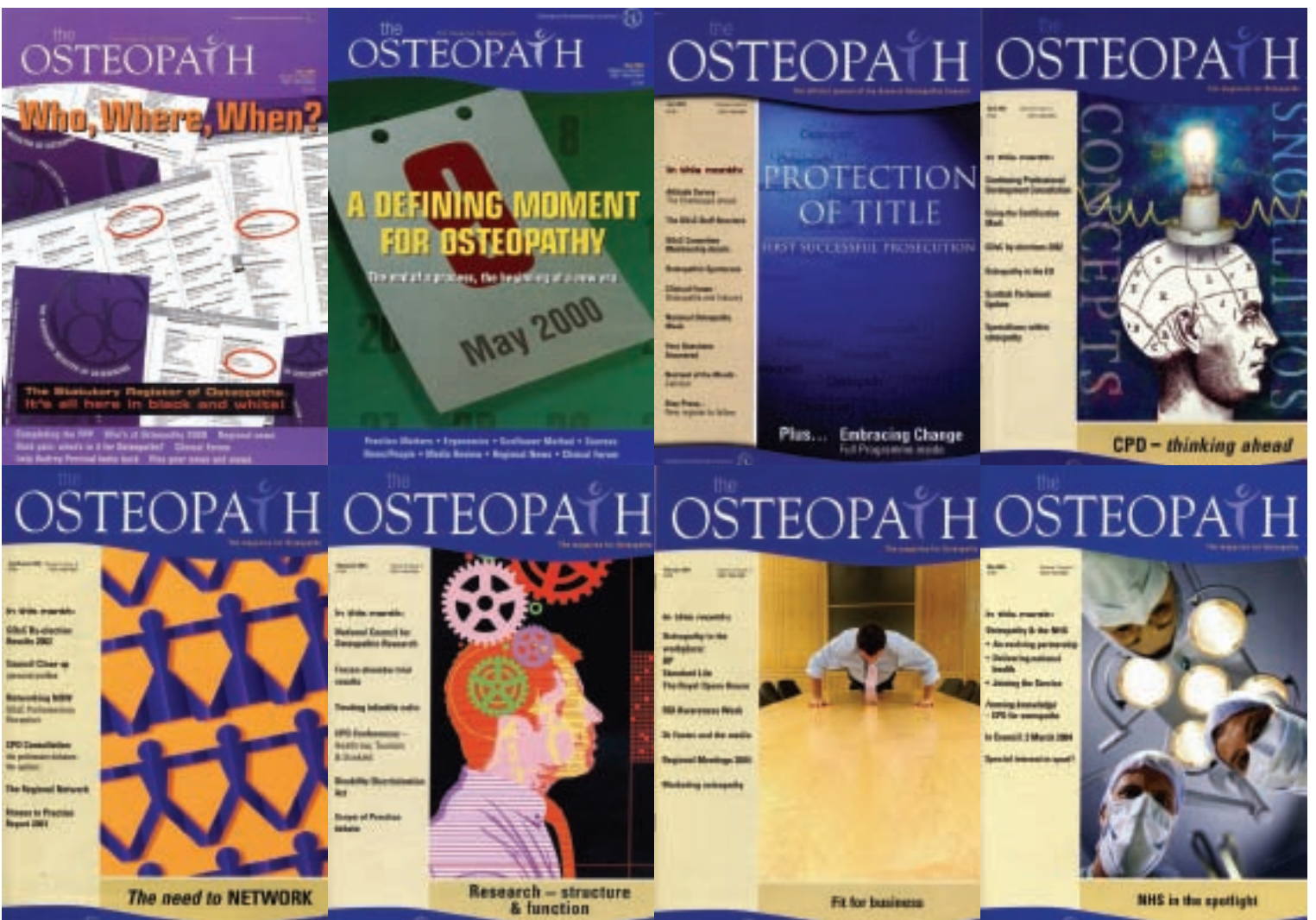




The Osteopath – 100 issues ...

More than 3,000 pages – documenting 10 years of osteopathy as a UK statutorily regulated healthcare profession.



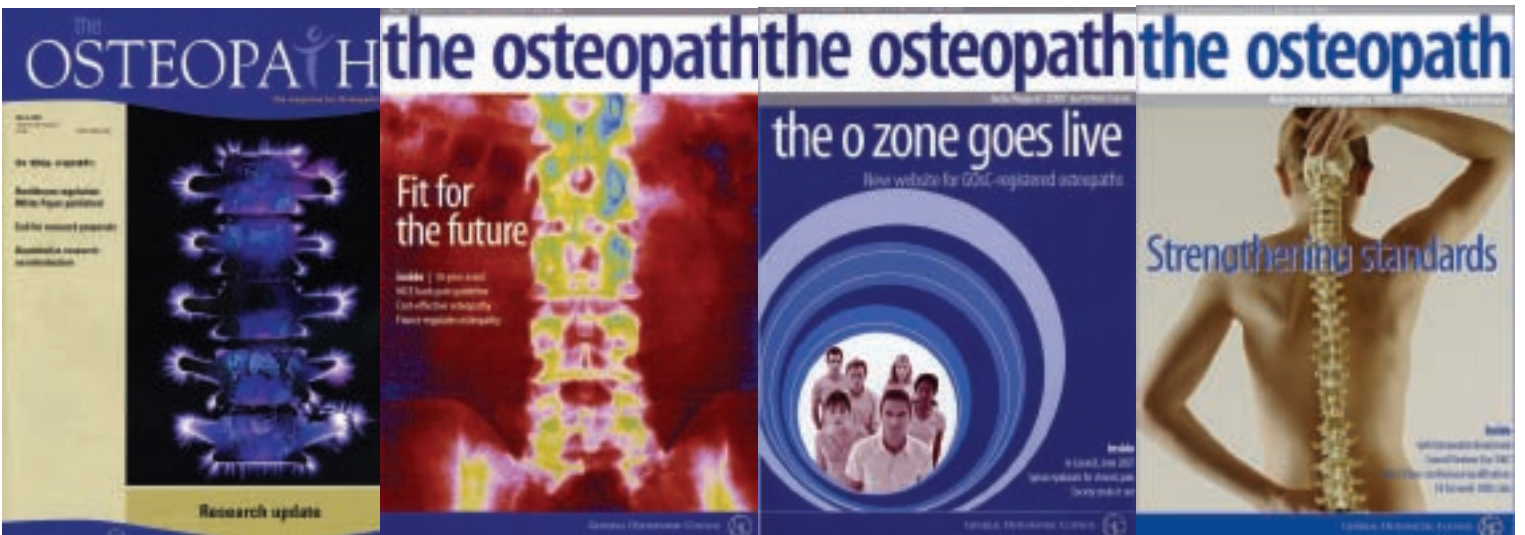


Recording the milestones and achievements

Establishing the UK Statutory Register of Osteopaths; adoption of a robust Continuing Professional Development scheme; the developing evidence base and founding of the National Council for Osteopathic Research; widening patient access; and informing osteopathic standards throughout Europe.

Reporting the challenges

The PPP process; the Foster Review of non-medical health professions; NHS osteopathy; and improved public understanding of osteopathic practice.



Submit your CPD online

Completing and submitting your annual CPD summary form will in future be a faster and more convenient process, as it can now be done online through the o zone website.

Launched in January, My CPD Record is a new interactive function on the o zone, allowing you to record your CPD learning activities throughout the year and then to submit your annual summary form directly to the GOSC.

A personalised record

When you access the My CPD Record section, you will find it already contains personalised details of your CPD year; required number of hours for the year; and submission date for your CPD annual summary form. This record can be accessed at any point during the CPD year and details of the learning activities you have undertaken can be added simply by clicking on Add record.

Once these records are added to your online CPD annual summary form, they will be displayed sequentially and your total number of learning hours will be automatically updated. Individual learning activity records can also be filtered by type: learning by oneself or learning with others. A copy of your complete record can also be printed for your files, prior to submission.



Log on to the o zone now: www.osteopathy.org.uk

Editing your record

Additionally, these records can be edited right up until your CPD annual summary form is submitted to the GOSc. After this time, you will no longer have access to it or be able to edit it. The GOSc is unable to access your record prior to submission – it is for your own use only.



CPD goes green

Electing to submit your annual CPD summary form online via the **o** zone, means that you will no longer be required to submit a paper version to the GOSc.

CPD resources

The courses section of the website (Education>CPD online>CPD resources>Courses) has now been redesigned to allow you to search a database of forthcoming courses by title, speaker, date, location or keyword. Course providers can also submit details of their courses using an online form and, if appropriate, these will be added to the courses database and posted on the website. This up-to-date and relevant resource is designed to help you identify courses of interest.

As in this journal, course listings are provided for information purposes only, and their inclusion does not imply accreditation by the General Osteopathic Council.

To assist in the ongoing planning, reviewing and evaluating of your CPD activities, you can still download forms for each of these components from the **o** zone, along with the *CPD Guidelines* themselves.

Comments and access

Comments or feedback on the CPD section of the **o** zone can be emailed to: cpd@osteopathy.org.uk.



If you haven't yet accessed the **o** zone and are unsure of your username and password, email: webmanager@osteopathy.org.uk.

Log on to the **o** zone now: www.osteopathy.org.uk

National Osteopathic Archive: preserving osteopathic heritage



Martin Collins PhD MSc DO

The National Osteopathic Archive (NOA) is now in existence to preserve, for the future, historical documents and materials (rather than animals, as did Noah) relating to osteopathy.

Establishing an osteopathic archive has been a personal ambition of mine since writing my book on the history of osteopathy in Britain, during which, with great difficulty, I managed to collect and was donated relevant material. I subsequently became concerned about the future of these artefacts.

Preservation aside, the archive will also be a nucleus for historical material possessed by other individuals and organisations, providing a central and accessible resource for researchers. It will also be a statement of the profession's pride; celebrating over 100 years of osteopathic history in the UK. Of course, today's events will be tomorrow's history and so I hope the archive will continue to grow.

There has been much discussion as to where the archive should be located, in that its residence should be permanent, secure and accessible but not 'owned' by any one individual or organisation. I am very pleased that the GOSC has agreed to house it in Osteopathy House.

I am currently exploring the conditions under which archival material should be kept and am in communication with the archivists of the Wellcome Library, British Medical Association, Royal Pharmaceutical Society of Great Britain and the Still National Museum. I am aware that archiving requires specialist experience and, although I have agreed to lead this project, I am seeking the assistance of someone who is training to become a professional archivist.

In my previous article, 'Towards a National Osteopathic Archive' (*The Osteopath*, May 2007, p8),

I mentioned that I would be pleased to hear from any individual or organisation willing to contribute to the archive. I apologise to those who did contact me in that I did not follow-up these offers, as I was reluctant to receive material personally until I could be sure that the archive would be a reality. Now that its future is confirmed, I should be pleased to hear from you again.

As mentioned before, the source of all material will be catalogued and acknowledged. I am aware that some organisations may be reluctant to part with their 'crown jewels', but material given solely on loan will be noted and the donors given written agreement that it will be returned as and when required.

I am very pleased that a significant contribution to the archive will be made by John O'Brien, who is currently interviewing on videotape older



members of the profession to preserve their recollections.

Once it is established, you will be able to visit the archive by appointment; every effort will be made to find a convenient date and time for you to visit. Material will only be available for inspection on site, but it is hoped in due course to scan material so that it can also be accessed electronically. A National Osteopathic Archive website is also planned, which may be linked to the Still National Museum. We urgently need help with building a website and would appreciate any assistance you can offer.

I hope that for the sake of future generations of osteopaths you will give the archive your full support.



More on Advancing the Osteopathic Educational Foundation 2008!

Maurice J Hills DO, Executive Secretary, OEF

In my previous feature, I hinted that the Osteopathic Educational Foundation (OEF) was hoping to support 'Advancing Osteopathy 2008'. I am now delighted to be able to announce that the Trustees have agreed that the Foundation should be a major sponsor.

This conference and celebration coincides with the Trustees' decision to relaunch the charity to play a central role within the profession as the major fundraiser and fund-holder.

The new strategic plan is currently under development and this sponsorship seeks to highlight the OEF's purpose as:

'Furthering osteopathic learning and research'.

This, broadly, we will achieve by:

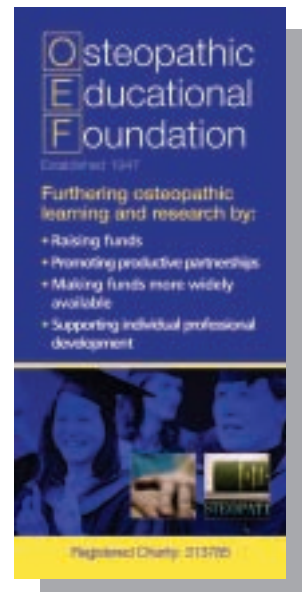
- > raising funds
- > promoting productive partnerships
- > making funds more widely available
- > supporting individual professional development.

I am confident that the Trustees will use their best endeavours to make these aspirations a reality, but your support will be essential.

It is not the remit of the GOSC to make funding available to individuals for research and further education and the National Council for Osteopathic Research does not hold such funds. The OEF, on the other hand, is well-placed to provide this function and new initiatives will enable it to tap into the significant funding that is available – not only from the profession itself, but through grateful patients, and companies and industry with an interest in osteopathy.

To enable you to have a stake in the OEF, we will be asking for your feedback and ideas on the initial draft of the revised strategic plan. We hope that this will be ready for dissemination in the summer. I will also be introducing the Trustees to you through my future OEF features in *The Osteopath*.

Any offers to help in any way would also be gratefully received.



European plans to boost health tourism

Sarah Eldred, Public & International Affairs Manager

Plans to give patients wider access to healthcare in countries other than their own are currently being considered by the European Commission. Whilst this initiative is likely to have a more immediate impact on NHS care, this could still see European patients, funded by national insurance systems, seeking osteopathic care in the UK.

This new directive recognises that the public today is more inclined to travel, work or live abroad, which poses cross-border problems about healthcare provision. It also follows a series of judgements by the European Court of Justice in favour of patients who have sought treatment abroad. Member States are keen, therefore, to find a political solution – rather than a legal one – to clarify what patients are entitled to, and the responsibility of national health systems to fund care and provide a means of redress.

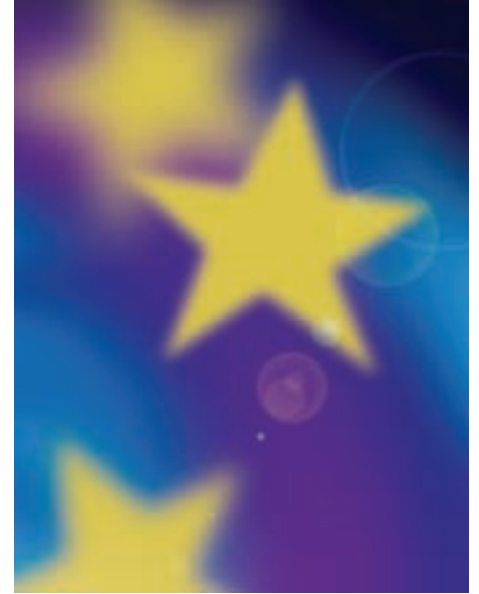
Currently, the European Commission has limited power to legislate on health policy and Member States are reluctant to surrender

control over what is a politically and financially sensitive area. For this reason, the proposed directive on cross-border care is already proving to be contentious. It is no surprise that the expected launch of this directive (19 December 2007) has been postponed until later this year.

Whilst from a regulatory perspective it is still unclear what measures will be legislative in nature, there are some positive aspects to this proposal. This includes facilitating cooperation across Europe on information for patients and health professionals. A number of common principles, such as setting and monitoring professional standards, complaint mechanisms and professional liability insurance for all healthcare providers are also expected. Such measures will help to provide greater patient protection, particularly in those countries currently without regulation.

Update reports will follow, together with proposed lobbying activity, once this directive has been published.

For any questions, please contact Sarah Eldred on ext 245 or email: sarahe@osteopathy.org.uk.



Sexual boundaries guidance launched

New guidance setting out clear sexual boundaries between healthcare professionals and patients has been launched by the Council for Healthcare Regulatory Excellence (CHRE)*, to enhance public protection.

Aimed at both practitioners and healthcare regulators, the set of three guidance documents advises that healthcare professionals should take care not to stray into unacceptable sexual behaviour with patients and suggests that professional regulators should offer clear guidance and support.

The work, commissioned by the Department of Health in response to a series of inquiries into serious breaches of sexual boundaries by healthcare professionals, was carried out in consultation with patient groups, professional bodies and healthcare regulators, including the GOsC.

The principles set out in the new guidance mirror those contained in the GOsC's existing *Code of Practice*. Specific to practitioners, *Clear sexual boundaries between healthcare*

professionals and patients: responsibilities of healthcare professionals offers common sense advice on how to avoid situations that lead to real or perceived violations of sexual boundaries. This document is also intended to protect healthcare professionals by helping them identify and manage inappropriate sexualised behaviour by patients so that professional boundaries can be maintained.

The second report, *Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels*, provides guidance to healthcare regulators' fitness to practise panels on the special considerations they should bring to bear when hearing a case involving an alleged sexual boundary breach. It offers a framework for healthcare regulators to adapt, as necessary, to fit the circumstances of its particular professional group. Members of the GOsC fitness to practise committees have received the guidance and will refer to it in future conduct cases.

Learning about sexual boundaries between healthcare professionals and patients: a report on education and training is designed to encourage higher education institutes and training providers to consider ways of ensuring that student healthcare

professionals receive effective training on clear sexual boundaries. All Osteopathic Educational Institutions have also received a copy of the guidance.

Speaking about the new guidance, CHRE Chief Executive Harry Cayton said: "The relationship between a healthcare professional and a patient or carer depends on confidence and trust. A healthcare professional who displays any form of sexualised behaviour towards a patient breaches that trust, acts unprofessionally, and may, sometimes, be committing a criminal act.

"We hope that this common sense guidance will bring clarity to a difficult area, helping those who work in regulation and healthcare to prevent sexual boundary breaches by healthcare professionals."

To accompany these documents, the CHRE has also published a review of the literature about sexual boundary violations by health professionals. All four documents are available to download from www.chre.org.uk. Specific guidance for patients is also planned.

* CHRE is the watchdog for all nine UK healthcare regulators, including the GOsC.

New voluntary regulator for complementary therapies

A new voluntary regulator for nine complementary therapies, the Complementary and Natural Healthcare Council (CNHC), will be launched in the UK in April 2008.

This umbrella body will initially regulate practitioners of the Alexander technique, Bowen technique, cranial therapy, homeopathy, massage therapy, naturopathy, nutritional therapy, shiatsu and yoga therapy. Practitioners of aromatherapy, reflexology and reiki will also be eligible to join, although their professional bodies are not formally involved in the council.

Whilst the establishment of the CNHC is being facilitated by The Prince's Foundation for Integrated Health (FiH), who received funding for the initiative from the Department of Health, it will be an independent body led by the professions involved. The best practice model set out in the Government's White Paper, *Trust, Assurance and Safety: the regulation of health professionals*, will inform the shape of the new regulator.

As it is voluntary, practitioners will not be obliged to register, but the CNHC hopes to highlight to practitioners that it is in their interest, as well as the public's, to be part of the scheme.

GOsC responds to misleading media reports

News of this new voluntary regulator was reported widely in the media on Saturday 5 January 2008 and many of you will probably be aware that a number of the national newspapers erroneously referred to cranial osteopathy as being one of the therapies included in the Complementary and Natural Healthcare Council.

The GOsC press office responded rapidly to these misleading reports by issuing a press statement and by writing directly to the media outlets/journalists responsible for publishing the news inaccurately. It is understood the media had, in fact, confused cranial (or craniosacral) therapy, one of the professions included in the voluntary register, with cranial osteopathy or osteopathy.

The GOsC's response pointed out that osteopathy, including the practice of cranial techniques, has been statutorily regulated for over 10 years; that the GOsC maintains strict

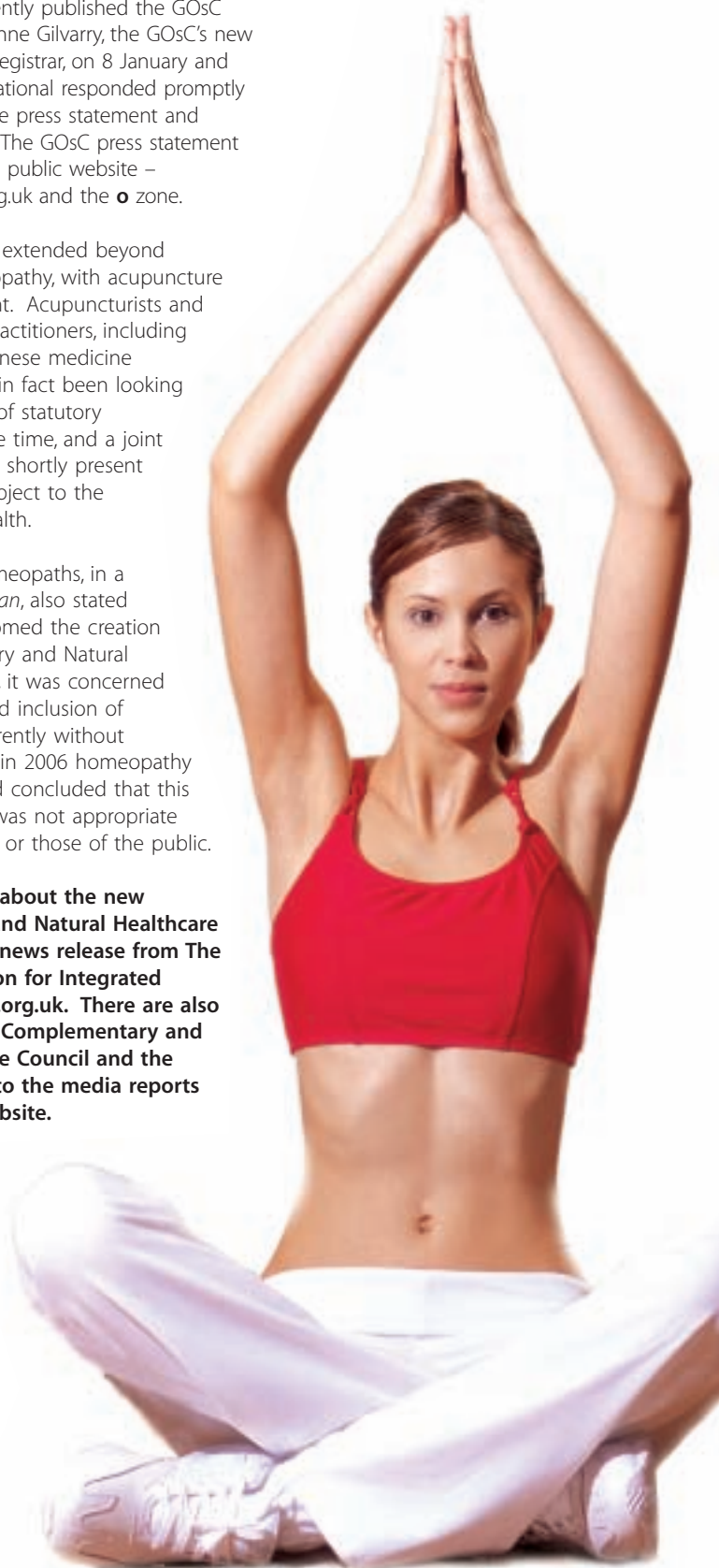
standards of osteopathic training, practice and conduct; and that osteopaths who breach professional standards may have their registration denied and lose the right to legal practice.

The Times subsequently published the GOsC response from Evlynn Gilvarry, the GOsC's new Chief Executive & Registrar, on 8 January and United Press International responded promptly to the receipt of the press statement and corrected its story. The GOsC press statement can be read on the public website – www.osteopathy.org.uk and the **o zone**.

Misleading reports extended beyond references to osteopathy, with acupuncture also in the spotlight. Acupuncturists and herbal medicine practitioners, including the majority of Chinese medicine practitioners, have in fact been looking into the feasibility of statutory regulation for some time, and a joint working group will shortly present a report on the subject to the Department of Health.

The Society of Homeopaths, in a letter to *the Guardian*, also stated that whilst it welcomed the creation of a Complementary and Natural Healthcare Council, it was concerned about the proposed inclusion of homeopathy, apparently without consultation, since in 2006 homeopathy as a profession had concluded that this voluntary register was not appropriate either for its needs or those of the public.

To find out more about the new Complementary and Natural Healthcare Council, read the news release from The Prince's Foundation for Integrated Health – www.fih.org.uk. There are also stories about the Complementary and Natural Healthcare Council and the GOsC's response to the media reports on the **o zone website.**



NCOR research hub news



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.



> BRISTOL

Thursday 28 February, 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, 10am to 12 noon

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

> HAYWARDS HEATH

Sunday 16 March, 10am to 12 noon

- a **Developing a case series looking at osteopathic treatment during pregnancy**
- b **Literature review of contraindications to osteopathic treatment**

> LEEDS

See www.ncor.org.uk for next meeting date

Developing a patient satisfaction questionnaire for osteopathic practice

> LONDON

See www.ncor.org.uk for next meeting date

Discussion of small project work and case studies

> OXFORD

See www.ncor.org.uk for next meeting date

- 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.

Conference calendar

> 10 May 2008

4th International Conference in Evidence Based Medicine

Venue: Imperial College, London. Further information is available at www.heseminars.com – see also article on page 20.

> 5–7 September 2008

7th International Conference on Advances in Osteopathic Research (ICAOR)

Venue: Bradenton, Florida. Full details are available on the British College of Osteopathic Medicine's website: www.bcom.ac.uk.

Call for papers: the ICAOR Organising Committee is currently inviting submissions of abstracts of original osteopathic research – see www.bcom.ac.uk for further information. Submission deadline: 30 March 2008.

> 25 October 2008

5th Chiropractic, Osteopathy and Physiotherapy Annual Conference: 'Moving forward through research and practice'

Venue: Anglo-European College of Chiropractic, Bournemouth. Further information will soon be available on the British School of Osteopathy's website: www.bso.ac.uk.

> 14–16 November 2008

British Osteopathic Association annual convention & trade exhibition

Venue: Marriott Forest of Arden, Meriden, near Birmingham. Further information is available on the BOA website: www.osteopathy.org.

Topical or oral NSAIDs for knee pain

Practising osteopath and health services researcher, Dr Dawn Carnes PhD, has recently had the paper 'Influences on older people's decision making regarding choice of topical or oral NSAIDs for knee pain: a qualitative study', published in the *British Medical Journal*. The study was carried out to explore the factors that influence the decision-making process for patients using oral or topical non-steroidal anti-inflammatories (NSAIDs), such as ibuprofen, for the management of their knee pain.

The study used qualitative research methods and took place within a randomised controlled trial comparing advice concerning the use of oral or topical NSAIDs. A total of 30 patients aged 50 or over with knee pain participated in the study; they were interviewed to explore the rationale behind their decision-making processes when choosing oral or topical medication. Patients were also interviewed concerning whether they had experienced any adverse effects from the different types of medication or whether they had any particular beliefs concerning adverse effects.

The research team identified a

number of key features concerning patients' choices. Oral NSAIDs were regarded as being stronger and required for constant pain, which was viewed as structural in nature and arising from irreversible damage to bones and cartilage. Transient pain was regarded as being caused by weakness in the knee and occurring from overuse, for example; this was thought to be less degenerative. Topical preparations were also regarded as having a lower dose, a more local, rather than generalised, effect, and would take effect more quickly and be less toxic. Patients with multiple sites of pain were happier to take oral preparations.

Risks of adverse effects also played a role in patients' decision-making processes. Patients were willing to tolerate some adverse effects, for example a rash, occasional stomach upset and change of bowel habits, if they believed their treatment delivered some benefit. The majority of patients interviewed expressed scepticism about the possibility of experiencing adverse effects from topical preparations. Oral preparations were, however, believed to have greater risks attached to them since they

worked internally and could affect the rest of the body. While mild risks were regarded as tolerable and transient, continuous and unmanageable risks such as headache, swelling and dizziness were regarded as unacceptable. Patients demonstrated strong preferences for particular types of preparation and were prepared to validate their choice based on their beliefs concerning the degree of pain relief, adverse effects and improved function.

Although osteopaths do not prescribe medication, many patients ask advice concerning the appropriateness of use of certain preparations in the management of musculoskeletal symptoms. This paper underlines the importance of patients using preparations that are practical, appropriate and acceptable to the patient.

Carnes D, Anwer Y, Underwood M et al. Influences on older people's decision making regarding choice of topical or oral NSAIDs for knee pain: a qualitative study. *British Medical Journal* – published online 4 Dec 2007. doi:10.1136/bmj.39401.699063.BE



Link between vitamin D deficiency and lung cancer

Researchers at the University of California have investigated the incidence of lung cancer compared with exposure to sunlight. The study found that rates of lung cancer were highest in countries where exposure to sunlight is lowest. While exposure to sunlight remains the major cause of skin cancer, it is thought that vitamin D, generated by exposure to sunlight (UVB light), can promote factors responsible for cell death, thereby halting tumour growth. Higher cloud cover and airborne aerosol levels were also associated with higher rates of the disease in the study. Smoking, however, remains the greatest cause of lung cancer, accounting for 85% of cases.

Mohr SB, Garland CF, Gorham ED et al. Could ultraviolet B irradiance and vitamin D be associated with lower incidence rates of lung cancer? *Journal of Epidemiology and Community Health*. 2008; 62: 69-74.

Treating asthma using the Papworth method

Techniques integrating the use of breathing and relaxation techniques (the Papworth method) have been used by physiotherapists to treat patients with asthma since the 1960s. Breathing exercises are also frequently recommended by osteopaths in clinical practice. This study investigated the effectiveness of the Papworth method in a selection of 85 patients (36 men and 49 women). 46 patients were randomised to a control group and 39 were randomised to the intervention group, receiving five sessions of treatment incorporating the Papworth method. Both groups

continued to receive usual care. Assessments were made at the start of the trial (baseline), at six months and at twelve months. Four outcome measures were used: the St George's Respiratory Symptom Questionnaire (SGRQ), the Hospital Anxiety and Depression Scale (HADS), the Nijmegen Dysfunctional Breathing Questionnaire, and objective measures of respiratory dysfunction.

The researchers found that the group receiving the Papworth method had made significant improvements when using the SGRQ and HADS outcome measures; there were no

significant differences between the groups when measuring objective respiratory function, except for relaxed breathing rate.

The authors suggest from their study that the Papworth method appears to improve respiratory symptoms, dysfunctional breathing and adverse mood, compared with usual care.

Holloway EA and West RJ. Integrated breathing and relaxation training (the Papworth method) for adults with asthma in primary care: a randomised controlled trial. *Thorax*. 2007;62:1039-1042.

NCOR: developing the osteopathic evidence base

When NCOR was founded in 2003, it was widely recognised that considerable resources were required to support research within the UK osteopathic profession. There was a clear need for more high quality and easily accessible information concerning osteopathic research, not only to enhance best practice and patient safety, but also to support aspiring researchers and to assist the profession in responding to questions from patients, the media, health commissioners and the general public.

NCOR Research Development Officer, Carol Fawkes, and Research Administrator, Shirly Mathias, have since been developing such resources for the profession. A significant amount and diverse range of information is now available through NCOR. This resource will continue to grow as new publications emerge and as resources expand and reconfigure.

Parallel to the accumulation of research resources, NCOR has been undertaking a number of activities, as outlined below.

NCOR supports osteopaths in three key ways:

- > providing information and support;
- > allowing access to a database of relevant evidence; and
- > identifying opportunities for research skills training.

Information and support can be sought from NCOR either by telephone or via the dedicated website – www.ncor.org.uk. Some of the resources currently available via the NCOR website include:

Research tutorials

- > Introduction to searching the Internet
- > Useful websites when searching the Internet
- > Further searching on the Internet
- > Jargon in research
- > Outcome measures
- > Critical appraisal skills
- > Systematic reviews – a brief overview
- > Randomised controlled trials – an introduction
- > The research process
- > Ethics and osteopathic research
- > How to write a case report
- > Clinical governance for practising osteopaths

Research Governance Framework

In order to outline best practice in osteopathic research, NCOR has developed the *Research Governance Framework for Osteopathy*. Key areas of this document include:

- > Responsibilities of individuals involved with the research process.

- > Information concerning the manner in which data is gathered and the need for adequate protection of sensitive patient data to comply with current legislation.
- > Advice on how to avoid misconduct in research and procedures for dealing with such activity.
- > Sources of additional information which may be helpful to researchers with diverse levels of experience.
- > Ethical issues and the considerations that must be taken into account when conducting research in an ethical manner.
- > Key principles to be considered when conducting research of high quality.

This comprehensive guidance is also supported by *A short guide to the Research Governance Framework for practising osteopaths*, which offers an introduction to the concepts of research governance and ethics.

National network of osteopathic research hubs

In order to encourage and facilitate widespread engagement in osteopathic research, NCOR has been developing a national network of research hubs. Groups have so far been established across the country in Exeter, Bristol, Oxford, Leeds, Perth, Glasgow, Sussex (Haywards Heath), south Wales, London, and in conjunction with the BBENSCH regional osteopathic society.

Most of the hubs are involved in small research and audit projects of their choosing. A number of hubs have already completed studies and are now in the process of writing them up for publication. These projects are outlined below.

- > Exeter: creating a consent form for osteopathic practice through consensus.
- > Oxford: identifying the minimum requirements of case notes for osteopathic practice.

- > Bristol: examining patient referral patterns by osteopaths.
- > Haywards Heath: investigating the osteopathic management of patients during pregnancy.

Ongoing studies are described in the research hub news section.

Conference information

NCOR's inaugural national osteopathic research conference took place on Friday 1 February 2008 at the Queen Elizabeth II Conference Centre, London. A number of keynote speakers from the world of osteopathy and biomechanics featured on this diverse and stimulating programme. A series of free papers were also presented by osteopaths engaged in research as part of their ongoing PhD or post-doctoral studies. In order to allow osteopaths the opportunity to have their say and shape future research priorities, a series of debates and a symposium were organised.

An in-depth report on the event will feature in a forthcoming issue of *The Osteopath* and some of the conference papers and poster presentations will shortly be published on the Event website – www.osteopathy08.co.uk. *The International Journal for Osteopathic Research* will also feature some of the keynote papers in coming issues.

Access to evidence

Fact sheets detailing evidence for different areas of the body and for different symptoms have been compiled and are available to all osteopaths. A database of osteopathic research, providing information on studies listed in international databases such as PubMed, AMED and CINAHL, is currently under development. This central resource will offer osteopaths convenient access to current research and will also include information not currently available on the Internet or that has not been published (eg undergraduate research, conference presentations).



The NCOR Information Centre is contacted frequently by osteopaths, students of osteopathy, journalists, government agencies, other healthcare professionals and the general public seeking unbiased and sound evidence related to osteopathic practice and manual therapy.

Identifying research skills training opportunities

Growing interest in research amongst the osteopathic profession has resulted in an increased interest in research training. NCOR is frequently contacted by members of the profession enquiring about research training at various levels. Consequently, a number of relevant training courses have been identified. These include:

- > Conversion courses: to give the award of a BSc degree for osteopaths who have already been awarded their DO.
- > MSc courses: in areas of osteopathic practice, research methods, legal aspects of healthcare, etc.
- > Centres of interest in musculoskeletal medicine and primary care: PhD opportunities for osteopaths interested in pursuing research at doctoral level.

Up-to-date information on short courses has also been identified for osteopaths who may not be able to commit to long-term study.

Additional NCOR projects

When NCOR was originally created, it developed a five-year strategic plan; nearly all of the activities identified in the plan have been fulfilled. NCOR's work continues as new resources are identified in response to the needs of the profession, staff in the OEIs and osteopaths currently in training.

Standardised data collection

One of NCOR's main projects is to develop a standardised data collection (SDC) tool for osteopaths. This will provide a relevant and useful mechanism for capturing data about osteopathy in the UK today, offering a systematic way for all interested osteopaths to collect the same data about patients and practice, and helping to provide information the profession urgently needs about itself.

Information can be collected using the tool over short periods of time on a snapshot basis to look at discrete topic areas, which can assist you with:

- > profiling your patients
- > profiling your practice
- > designing your own audits
- > compiling service delivery information to inform insurers, healthcare commissioners and primary care trusts, etc
- > developing research questions
- > improving patient safety and enhancing wider understanding of adverse reactions, informed consent and clinical governance.

Adverse events proposals

Evidence concerning the frequency of adverse events associated with osteopathic treatment is currently limited and the profession has to date had to rely on contributions from the chiropractic and physiotherapy professions. To address this deficit, the General Osteopathic Council last year agreed to fund

four research projects investigating adverse events. The process of developing the call for proposals, selection of successful proposals and monitoring of work is being undertaken by a sub-committee of NCOR. The four areas of investigation are:

Project 1: Adverse events associated with physical interventions in osteopathy and relevant manual therapies.

Project 2: Communicating risk and obtaining consent in osteopathic practice.

Project 3: Insurance claim trends and patient complaints to the profession's regulator.

Project 4: Investigating osteopaths' attitudes to managing and assessing risk in clinical settings, and patients' experiences and responses to osteopathic treatment.

Press responses

Publication of articles in peer-reviewed journals has in recent years seen an increased amount of press coverage concerning osteopathy and other similar professions which, unfortunately, is not always accurate or positive. NCOR has subsequently published responses to articles in *The Times*, *Galloway Gazette*, *Peak Performance*, *Journal of the Royal Society of Medicine* and *The Lancet* in an attempt to clarify certain points and improve understanding of osteopathic practice

Journalists preparing occasional pieces featuring osteopathy also frequently consult the NCOR office for information.

Supporting other organisations

In order to enhance understanding of osteopathy and its role in primary care, and to improve patient care, NCOR representatives also support other organisations affiliated with the osteopathic profession and public health. These organisations include the National Electronic Library for Health (NeLCAM: www.library.nhs.uk/cam), the National Institute for Health and

Clinical Excellence (NICE: www.nice.org.uk) and the European Federation of Osteopaths (research division: www.e-f-o.org) amongst others.

Communication

NCOR publishes articles in each issue of *The Osteopath* magazine. These articles focus on research methods, research activities undertaken by the NCOR hubs network and short summaries of current evidence relating to clinical practice.

Experienced researchers' group

The number of osteopathic researchers in the United Kingdom is steadily increasing, and more and more osteopaths are undertaking postgraduate training at Master's and PhD level. NCOR has, as a result, created a research forum, providing a source of expertise, mentoring and advice. Currently, this group meets twice a year.

Heads of osteopathic research group

The research leads from each of the osteopathic educational institutions (OEIs) attend the bimonthly NCOR meetings. This group of experienced researchers also meets as a separate committee in an attempt to identify and develop collaborative research projects, utilising and sharing research supervisors' particular areas of expertise. Representatives of the group also participate regularly in research workshops.

10 years of IJOM



Front (LtoR): IJOM Editors
Nicholas Lucas & Robert Moran
Rear (LtoR): NCOR Chair
Professor Ann Moore and Elsevier
Publisher Melanie Burton

The year 2008 marks the 10-year anniversaries of the *International Journal of Osteopathic Medicine (IJOM)* and the GOsC and also coincides with the 100th issue of *The Osteopath*.

The anniversary issue of *IJOM*, enclosed with this issue of *The Osteopath*, commences with an editorial that recounts the origins of the journal and celebrates the efforts of all those involved – readers, subscribers, contributors, reviewers and editors. A second editorial, prepared by UK editor Dr Janine Leach PhD, provides some ‘food for thought’ regarding the place of evidence in osteopathy, a topic also being reviewed by several speakers at the ‘Advancing Osteopathy 2008’ conferences. This issue marks a change of responsibility for Jan who now moves to a position on the Editorial Board, with osteopath Steven Vogel taking on a co-editor role. Jan has been instrumental in developing the journal’s network of UK and European contributors and we are very pleased that she will continue to participate.

Research and Treatment Bulletin

The anniversary issue also sees the launch of a new standard section in the journal: *Research and Treatment Bulletin (RTB)*. The *RTB* has evolved from the

Osteopathic RTB, which has been produced for several years by the British School of Osteopathy and consists of condensed reviews of current literature of particular relevance to clinical practice together with edited commentary. The pressures of practice life can make keeping in touch with the literature nearly impossible, particularly with the apparent explosion of information now available. We hope the *RTB* will provide an efficient method of keeping in touch with the wider literature without the need to do all the ‘leg work’ yourself. The *RTB* is prepared by a pool of contributors, under the direction of Paul Blanchard (BSO), who actively monitor a large number of journals. We hope you find this addition to the journal to be useful and interesting.

CPD activity section

A second innovation introduced in this issue of *IJOM* is a complimentary Continuing Professional Development (CPD) activity. We have long considered adding a CPD activity, and informal talks with various parties indicated that a short, easy-to-complete activity relating to the issue content would be welcomed by many readers. Where appropriate, answers to multiple-choice and true-false questions will be available in the subsequent issue. We have also included questions that facilitate reflection on the reader’s own clinical practice and, although these questions can’t be marked, they do serve as a method of more formally reviewing your own thoughts, opinions and personal practices.

In this issue we present three articles of original research. The first is by Carnes and Underwood, who undertook a qualitative study of people experiencing chronic musculoskeletal pain in order to explore patient communication about pain. This study is amongst the first qualitative investigations to be published in the journal and serves as a reminder of the importance of this type of work in capturing the patient’s

perspective. The authors suggest that for patients with chronic pain, functional tasks that affect everyday living are, from the patient perspective, important markers for treatment success.

Howard and Gosling contribute a study that aimed to identify patient characteristics that might indicate improved compliance with exercise prescriptions for rehabilitation. Many osteopaths provide exercise advice to augment treatment, and more clearly defining who is more (or less!) likely to follow such advice is useful information that has potential to improve clinical outcomes. This area of investigation could be easily expanded in future to include a broader range of patients and settings. An exploration of patient perspectives towards practitioner-delivered advice would also be a welcome addition to the field and would better inform practitioners who consider that treatment extends far beyond the consultation room.

The final original investigation in this issue of *IJOM* is a reliability study investigating asymmetry of anatomical landmarks indicative of pelvic somatic dysfunction. The results will be of particular interest to practitioners who rely on assessment of anatomical landmarks as part of a diagnostic process and also to those who teach clinical examination and osteopathic technique in education programmes.

We hope you have an opportunity to read the enclosed issue and would be particularly interested in any feedback about the new *Research and Treatment Bulletin* and the CPD activity now in each issue.

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Osteopathy at work

Neil Shotton BSc (Hons) Ost Med, London

Innumerable factors contribute to our patients' ill-health and injury onset – lack of exercise, the wrong exercise, genetics, psychosocial barriers, previous injury, etc. But as the hours spent at work each week continues to rise, it is evident that this too can play a significant role.

Added to this, it is estimated that more than half the UK working population now spend more than six and a half hours every working day in front of a computer. The fact that we were seeing a notable number of patients with injuries that were in some way caused or aggravated by workstation use in our London practice was therefore not surprising. A more proactive package of care was obviously required; we needed to address the core of the problem. We needed to see our patients in their working environments.

Our first step was to undertake adequate training in occupational health and ergonomics. Here we learned about equipment/aids (different types and when to use them), conducting workplace assessments, research and best practice, such as the processes involved with managing large amounts of data. We also needed to be aware of the relevant law; for instance, in order to limit the risk of occupational ill-health due to computer use, the Health and Safety Executive has developed the Display Screen Equipment Regulations (DSE Regulations), which set out a basic framework for healthy computer use. These guidelines require that all operators or users have:

- > adequate training and information;
- > proper breaks or changes of activity;
- > workstations suitable for them which meet, where necessary, the standards in the schedule; and
- > eye tests, if they request them.

While some companies adhere to these requirements closely and have dedicated, on-site professionals, others conduct self-assessments and then file them, do nothing at all, or react only following an injury. As trained consultants we need to ensure that our clients know how to comply with these laws.

With the training completed, it was time to get to work ... our first major client was a partner at a law firm who was suffering from back pain and was concerned that his workstation was exacerbating the condition. Following an assessment, some reasonably simple layout changes and providing extra equipment/aids (such as a document holder, which improved his posture), we managed to make his situation much more comfortable. We were subsequently invited to provide assessments for more and more of their staff, and now look after the entire company – sourcing equipment, conducting



workstation assessments for new, injured and pregnant staff, and providing manual handling training and treatment, where required.

We have also now developed an online training and assessment system, allowing companies to train and assess large numbers of staff in-house. This package offers the employer an effective, convenient and cost-effective way of managing their staff's health and wellbeing at work. And, importantly, it also acts as a screen for vulnerable and injured staff. The day-to-day compliance management can be handled easily in-house, while we deal with the more complex cases. To further support our results, we are also now developing an audit process. Capturing the outcome data will help to highlight the effectiveness and cost-effectiveness of our service.

I believe that, as osteopaths, we are in a unique position to help the working population. By combining ergonomics training with our clinical skills and knowledge of physiology, we can help people work more safely and efficiently, and help prevent injury and ill-health. I recently saw a client who felt he needed a new chair; he is now being treated for ankylosing spondylitis.

If you too are interested in expanding your practice and would like to specialise in occupational health, contact Neil Shotton on email: osteopath@intelligentsafety.co.uk or visit our website: www.intelligentsafety.co.uk/osteopath for further information.

4th International Evidence Based Physical Therapy Conference

This cross-professional conference for osteopaths, physiotherapists, chiropractors and other healthcare professionals with an interest in physical therapy will take place on Saturday 10 May 2008 at Imperial College, South Kensington, London. Bringing together clinicians and researchers to present lectures on current research in the field of musculoskeletal health, this event will aim to provide a review of the current physical therapy evidence base. Presentations will either support or challenge current practice.

Programme highlights: **Achilles tendinopathy: aiming for the best outcome.**

Dr Jill Cook PhD, Associate Professor in Musculoskeletal Health, School of Exercise and Nutrition Sciences, Deakin University, Victoria, Australia,

Joint manipulation: is it all it's 'cracked' up to be?

Dr David Evans PhD BSc (Hons)

Ost, researcher and practising osteopath, School of Health and Rehabilitation, Keele University and British School of Osteopathy Research Centre.

Treatments for musculoskeletal conditions: current state of play and what's on the horizon

Dr Nadine Foster DPhil, Senior Lecturer (Pain Management) & DoH Primary Care Career Scientist, Primary Care Sciences Research Centre, Keele University.

Food supplements for patients with musculoskeletal conditions. Does supplementation improve outcome?

Professor Ron Maughan, School of Sport and Exercise Sciences, Loughborough University.

Exercise therapy for the conservative management of full thickness tears of the rotator cuff: Is there any point? A systematic review.

Dr Jeremy Lewis PhD, Consultant

Physiotherapist, St George's Hospital, London.

Outcome measures for LBP. What should we be using?

Elaine Maughan MSc MMACP MCSP, Head of Musculoskeletal Physiotherapy, Lambeth PCT, London.

The neurological examination in musculoskeletal assessment: Is it reliable? Is it valid?

Dr Mark Roberts MBBS, Consultant Neurologist, Greater Manchester Neurosciences Centre, Hope Hospital, Salford.

Early-bird bookings

Delegate fee: £115 + VAT (if booked before 28 February 2008).

For full conference details contact: Health Education Seminars, 42 Richmond Road, Poole BH14 0BU.

Tel/fax: 01202 568 898, email: info@heseminars.com, website: www.heseminars.com.

3rd Annual Children's Complementary Therapy Network (CCTN) conference



Studies have shown that the use of complementary therapies is higher amongst children with chronic health conditions than those without. As the usage of complementary therapies has increased, medical teams increasingly find themselves being asked for information and advice about complementary treatments. This year's CCTN conference, 'Childhood Conditions: Asthma, Eczema and Cerebral Palsy', will provide an opportunity for healthcare professionals and complementary therapists to share knowledge and experiences in the conventional and complementary therapy management of children with asthma, eczema and cerebral palsy.

Call for abstracts and posters

This year's full-day conference will be held at the Birmingham Children's Hospital on Saturday 17 May 2008. Abstracts and posters are currently being invited and should be submitted by 1 April 2008. For further information, including submission criteria, contact Dr Pankaj Shah, Children's Medical Officer, Freshwinds, Prospect Hall, 12 College Walk, Selly Oak, Birmingham B29 6LE or email: cctn@freshwinds.org.uk.

Book now

CCTN members: £45 (early-bird rate: £40 for bookings received by 29 February).
Non-members: £55 (early-bird rate: £50 for bookings received by 29 February).

For further information about the event, the network or to book, tel: 0121 415 6670, email: cctn@freshwinds.org.uk or visit: www.freshwinds.org.uk/education/cctn.htm.

Immotion: the role of emotion in somatic dysfunction

John Lewis BSc(Hons) Ost, Blaenau Ffestiniog

It has long been recognised that the mind can profoundly affect the body's physiology. I think it fair to assume that most, if not all, of us have encountered patients whose condition is either caused or compounded by psychosocial factors – worry, stress, loss, etc. But what of the deeply entrenched hurts from earlier events that are locked in the tissues and continue to unconsciously affect a person's health in the present? This is a subject that osteopath and lecturer Christine Conroy has been investigating for the past 15 years and it now forms the basis of a PhD she is undertaking at the University of Lampeter, Wales, and a course for osteopaths, 'Immotion: an introduction to the role of emotion in the clinical manifestation of somatic dysfunction'.

Psychologists have long classified people according to character structures – patterns of behaviour resulting from repressed, instinctual emotional drives – generated by myriad factors. Extending this knowledge into the osteopathic field, Christine has found that different emotional states manifest in consistently similar patterns of structural change, which alter function in palpably similar ways. With consideration of the patient's psycho-emotional history, and drawing upon the work of Drs Sutherland, Becker, Fulford and Jealous, she has

developed an osteopathic approach to address and treat somatic dysfunction.

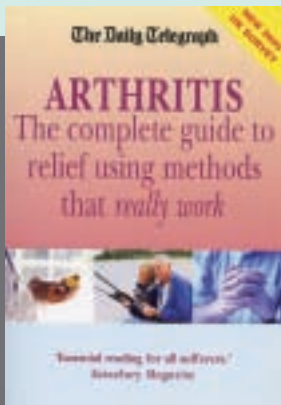
Last November, 16 osteopaths gathered for a weekend of CPD in the spectacular setting of Tal-y-llyn Lake, north Wales, to learn about the role of emotion in somatic dysfunction. We explored the rudiments of mind-body interaction, the importance of recognising emotional factors in the patient's presenting symptoms and signs, their significance to prognosis, approaches to treatment, and when to refer. We learned that understanding our own character structure as well as the patient's has implications for the therapeutic encounter and can also protect us – the practitioner – from fatigue and burnout.

Dr AT Still once said that DO stands for 'Dig On' and encouraged every osteopath to 'search for scientific facts as they relate to human mechanism and health.' He wanted us all to conduct original research and share our findings to better enable osteopaths to serve humankind. The better we understand the functioning of the human organism, the better able we will be at meeting the complex and fascinating challenge of improving the health of our patients.

The next immotion course will be held on 16–19 April 2008. Highly recommended!

Bookshelf

a selection of illustrated reference books for the osteopathic bookshelf



Arthritis: The complete guide to relief using methods that *really work*

Arthur C Klein

Published by Robinson, revised edition, 2005

ISBN: 1-84529-073-9

Price: £9.99

A book aimed at patients, which includes information about a range of treatments for arthritis, including osteopathy and nutrition, and which contains a substantial section on exercises to help people with arthritis.

(my) Dying is fun: a comedy of disabled misadventures

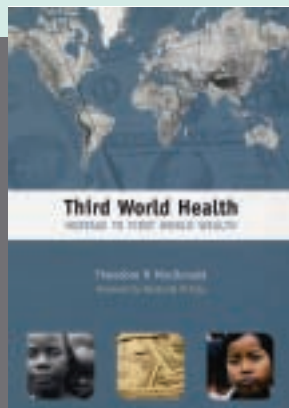
Christopher Day

Published by Trafford Publishing, 2007

ISBN: 1-425-0622-6

Price: £9.99

This book was written after the author was diagnosed with a form of motor neurone disease called amyotrophic lateral sclerosis (ALS), sometimes called Lou Gehrig's disease. The book describes how he felt when he was first diagnosed and how his attitude changed so that he was able to find humour in the things that happened to him because of his illness and declare that "My dying is fun."



Third World Health: hostage to first world health

Théodore H MacDonald

Published by Radcliffe Publishing, 2005

ISBN: 1-85775-769-6

Price: £39.95

With a foreword by Archbishop Desmond Tutu, this volume examines the health inequities between the peoples of the third and first worlds and asks, "But what can we do about it?" One of the author's key points is that individuals can only be effective in the context of community action.

Acupuncture, Trigger Points and Musculoskeletal Pain

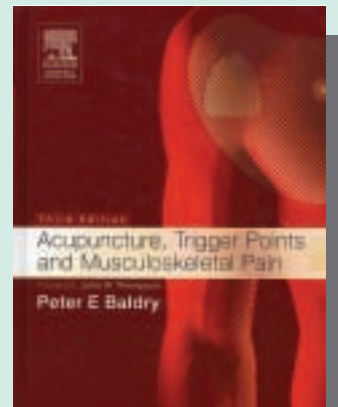
Peter E Baldry

Published by Elsevier Churchill Livingstone, 3rd edition, 2005

ISBN: 0-7506-7350-8

Price: £54.99

A comprehensive textbook on the use of acupuncture (dry needling) in the treatment of myofascial trigger point pain. Dr Baldry reviews the history of acupuncture, sets out the principles of trigger point acupuncture and looks in detail at its practical application, including case studies.



If you would like to review any of the books featured here – in exchange for a free copy – contact the editor on tel: 020 7357 6655 ext 222 or email: editor@osteopathy.org.uk. You can also now request a book to review through the [o zone](#) website.



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OSL (1988-2008): supplying the osteopathic profession with books, specimens and practice equipment for the past 20 years.

Backchat

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

Dear Editor

Our students are often our biggest challengers. They ask tough questions – quite rightly – as if to test and put under scrutiny the profession to which they're in the process of committing themselves. We in the profession have a compulsion to do the same, driven by a desire to validate ourselves under an often exaggerated notion that any self-respecting profession has to prove itself through research.

In our enthusiasm, we seem compelled to squeeze our discipline through a 'validatory sieve' fashioned by medicine of a different kind, which is based on a similar science but on very different principles.

Osteopathy, in essence, exemplifies what is sometimes called 'top-down logic'. What does this mean? It means its practice is based on an umbrella of principles, comprising a set of concepts from which we extrapolate our model and methods.

The models that have been expounded throughout our history should often be read as 'signposts' concealing great truths that are at times at odds with current scientific pragmatism – but not necessarily less valid for that. They, like many concepts, are open to interpretation and reinterpretation and are fundamentally of great value.

If on the other hand we as a profession doubt our principles, one might question why we are here at all! Sadly, such doubt has spawned internecine conflict, as osteopathy has exemplified the behaviour of the oppressed minority, aggressively seeking to justify itself by becoming over-critical of those within its own group. Surely it's time to abandon this trait.

Returning to research, what do we ask of it? I suppose two basic things:

1. To prove that osteopathy – its approaches and methods – are effective either in general or in the treatment of certain conditions.
2. To demonstrate to the world that osteopathy, as a principle, is valid.

The first poses certain difficulties in that osteopathy is not a standard product. Whether we're comfortable with the idea or not, it is based on a unique interaction between the individual patient and the individual practitioner. Aside from the possible agreement over the dynamics of a particular clinical syndrome or presentation, it is highly likely that individual practitioners will see and interpret the holistic contextual picture (on which successful treatment so often depends) in different ways, along with different treatment preferences and perspectives. This means that osteopathy happens in the moment, cannot be standardised, and is hard to evaluate using conventional research methods and paradigms. Results and outcomes might simply prove (or not) the efficacy of the approach as executed by the practitioner(s) performing the treatment in the experiment or sample under consideration.

As regards the second point, I would make two observations. The first is that I hope by now the profession does not feel it has to prove its principles to itself. However, if, as I suspect, we're keen to prove our principles to everybody else, I would say that our research efforts have not always been well conceived.

This brings me to my next point. Research supporting osteopathic concepts is being undertaken by cutting-edge scientists outside of our profession; mavericks making

waves in their own specialist fields. One such is Donald Ingber, a professor in vascular biology whose work on mechanotransduction is for me one of the most interesting areas of research with osteopathic resonances. Here we have a scientist of impeccable credentials, in an academic position with research funding, expertise and experience that we, inside the profession, may find it hard to emulate. His work is 21st century structure and function, demonstrating the vital importance of structure as the arena in which mobility, motility and cellular function are mutually expressed. (Critics of the cranial model may not like the way his work eloquently reflects the relevance of connective tissue motility, tension to cell function and disease causation. So what if Sutherland's terminology was old-fashioned?)

It is my view that we as a profession should spend our efforts on yoking our enquiry to the work of scientists of this stature. Many practising osteopaths do not have the resources to emulate the work of these researchers/academics, but their cutting-edge science needs to be integrated into our knowledge-base, rather than our feebly trying to employ research models that suit more interventionist and objectifiable procedures.

Returning to our principles, it is time that we as a profession freed ourselves from the delusion that we can only update ourselves by abandoning the basic concepts that have been zealously misinterpreted and rejected by many amongst us. Certainly, we can refine them through greater understanding, but if they had simply been wrong, it is doubtful we'd have survived this long.

**Robert Lever BA (Hons) DO,
London**

Dear Editor

They say one is never too old to learn and perhaps I am living embodiment of this. Thanks to the British College of Osteopathic Medicine (BCOM), under the auspices of Principal Dr Ian Drysdale, I was afforded the opportunity – and privilege – to undertake the course to convert my Diploma in Osteopathy (DO) to a Bachelor of Science award. This culminated last year on Saturday 20 October when I was conferred with an upper second-class honours BSc in Osteopathy by the University of Westminster, in association with BCOM, at the tender age of 66.

I approached osteopathy as a second career with a background in physics (University of Birmingham) and a career in the British Scientific Civil Service. Having studied osteopathy through a five-year part-time course, in 1990 I gained my DO and commenced full-time practice in London. In 1998, I was admitted on to the first UK Statutory Register of Osteopaths.

I had long aspired to upgrade to a degree award and the BCOM course was certainly challenging, but also very enjoyable. We were given a thorough grounding in research methodology and statistics, and I quickly became familiar with ANalysis Of VAriance (ANOVA) – a general method for studying sampled-data relationships – and post-hoc analysis. This level of education has provided us with basic research skills, making us better able to critically evaluate studies published in peer review journals and to appreciate the importance of evidence-based osteopathic practice. Other topic areas covered ranged from questionnaire design to the use of hydrotherapy – a varied and interesting course!

I was also required to complete a research project in osteopathy at my practice in Co Mayo, Ireland (where I have been for the past six years) and write a 12,000 word dissertation. For this, I investigated osteopathic treatment with and without customised foot orthotics. Three groups of patients were compared simultaneously – one group received osteopathic treatment and customised foot orthotics, the second received osteopathic treatment with placebo orthotics, and the third was provided with customised orthotics only. Pain levels were recorded for each group at equal intervals over a period of time and the ANOVA model was used to indicate any differences between the groups as time progressed. Some limitations were identified with the this tool and so a post-hoc analysis was also required. There are several post-hoc analysis software systems available but for my purposes, due to the sample sizes, the Scheffe post-hoc analysis was most appropriate.

For those contemplating doing this conversion course, you can rest assured that the BCOM staff offer full support in helping you prepare your dissertation and with the statistical analyses (though in my own case I was fortunate in having the services of a statistician nearer to home to help) to ensure successful completion. The college library facilities are also of a very high standard and so a useful resource.

The experience gained on this course has enabled me to approach articles in the osteopathic research journals more critically, thereby enhancing my clinical practice; an outcome that is most rewarding.

I am delighted that I completed the course and would certainly encourage others to give it a go. I think it is certainly worth it, and you can never be too old!

**Dr Tom Murray BSc PhD
(Physics) DO BSc(Hons) Ost,
Co Mayo**

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, email: editor@osteopathy.org.uk or send your letter via the **o** zone website. 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.

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

> 2 Laser therapy training: Hands-on treatment training, understanding dosage, safety, contraindications & regulations

Course leader Karen Carroll. Organised by Photomedicine Academy. To be held in Edinburgh.
tel: 01494 431 481
www.photomedicine.com

> 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 and 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 and 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

> 16-19 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, Talyllyn, mid Wales.
tel: 01654 761 435
email: info@immotion.org.uk

> 26 Cranio-sacral 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 and 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 e-mail: 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

> 14–15

Sports rehabilitation – managing the injured athlete

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

> 21–22

Osteopathic care of small animals

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

> 21–22

Neuropathic arm pain: diagnosis to treatment

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

> 26

Structural osteopathy: is it still valid?

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

> 28–29

What colour is your pain?

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

September October

> 6

Osteopathic care of small animals revisited

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

> 25

Process centred osteopathy – a new clinical model

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

> 27

Psychosocial factors in pain conditions: how to construct a consultation

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

> 27–28

IOT III: SI joints, pelvis and LEX

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

> 27–28

Harmonic technique (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

> 9–11

New visceral course: vascular visceral manipulation

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

> 10–12

Pregnancy care

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

> 16

How to treat: Whiplash injuries

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

> 25

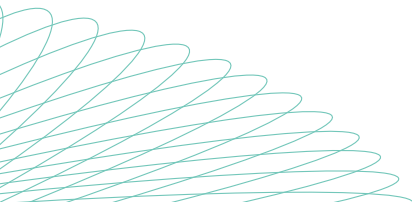
Managing headaches

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

> 25–26

Integrated manual therapy and naturopathic approaches to the pelvis

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



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RECRUITMENT

Osteo/cranial osteopath required to cover maternity leave to April 08 in London N14. Flexible hours, would suit local person. Call 020 8440 3629.

Canadian practice. Osteopath required for established busy Canadian practice, located in beautiful Bridgewater, Nova Scotia. The clinic handles a large and varied scope of patients. Local membership fees provided for. Assistance with relocation costs. Dual citizenship/Canadian citizenship required. Contact maritimeosteopathy@live.ca.

Locum required to cover maternity leave, April to December 2008, in a friendly multidisciplinary practice working a busy list 1.5 days a week. Good structural and soft tissue skills needed and a working knowledge of IVM techniques would be an advantage. To apply, send CV to S Hibber, email: dalescomplementaryhealthcare@talktalkbusiness.net.

Locum/associate post available in Benfleet, Essex. Experienced osteopath required to cover maternity leave from February/March 2008, opportunity for associate position thereafter. Preferably 3-4 days per week (including evenings). Contact Anna Guthrie, 01268 569 639.

Metis (UK) Ltd is looking for an enthusiastic and motivated musculoskeletal physician to join its expanding business in Croydon, central London and Liverpool. Both full/part-time applicants considered. Please send a covering letter with your CV and expected salary/fee structure to HR@metis-uk.com or to The Director of Physiotherapy, Metis (UK) Ltd, 65 Drury Lane, Covent Garden, London WC2B 5SP (www.metis-uk.com).

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Associate osteopath required for friendly multidisciplinary practice in Cork, Ireland. Must have 1 year's experience, be motivated, enthusiastic and willing to work in a team environment. Interested applicants should email their CV to melbourneclinic@eircom.net.

Enthusiastic associate/s required for busy established Essex clinic, replacing 2 osteopaths. 3-4 days per week. Good communication and structural skills essential. Must be confident, capable and reliable. To start Feb/Mar 08 or asap. Please contact Wendy Saxby, 07769 560 305.

Associate required for 2 days in Tisbury, Wiltshire from April 08. Must like practising structurally and cranially, and enjoy treating babies and children. Good diagnostic skills essential. Call: 01747 820 021.

Locum required in Bristol for 5 weeks between March and April 2008. Experience with structural and IVM approaches. For more details, please telephone Paul Jackson, 0117 977 3390.

Central London/Regent Street clinic share: available 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.

COMMERCIAL

Business opportunity, and it may be one to beat the CGT changes! METIS is an expanding company specialising in musculoskeletal/physiotherapy and active rehabilitation with 2 state-of-the-art centres based in London and Liverpool. Website: www.metis-uk.com. Metis is currently seeking opportunities to acquire or merge with other musculoskeletal/physiotherapy clinics in the country. If you are interested in pursuing this exciting opportunity, send details in confidence: 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 store room which could be used as reception. Plenty scope to develop practice and increase patient flow. Owner relocating. Tel. 00353 87 253 0635.

Goodwill for sale Surrey/Hampshire border due to practitioner relocating. Established rural practice between three major towns. Excellent reputation for cranial/paediatrics. Average 135 consultations per month, potential for expansion. Ample parking, low overheads. Contact Saffron Ray on 07788 725 538 or saffron@saffronray.co.uk.

Light, airy room for rental in a multidisciplinary clinic with a dominance of osteopaths. This Harley Street practice would ideally suit someone with a pre-existing list. Please contact 020 7487 4568 or 07712 667 349.

Four-bedroomed detached freehold property with osteopathic structural practice within, Cambridgeshire. Has permanent planning permission. Est. five years with a good rate of income and growth potential. Ideal location, owner relocating. Further details: Box No. 104. The Osteopath, Wealden Advertiser, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

London (West End). Pleasant air-conditioned treatment room available part-time at attractive rates in ideal location near Baker Street station, with excellent transport facilities and parking free of congestion charge. Tel: 07984 801 231.

Goodwill for sale, Oxford. Independent practice within multidisciplinary clinic, est. 14 years with scope for expansion. Owner relocating abroad. Starting spring 2008. Appointments taken, reception cover, flexible days, low overheads, large parking area. Over 400 patients base. contact: oxfordosteo@aol.com.

Ireland: thriving clinic seeing about 70 patients pw, convenient for airports and motorways. Goodwill and lease for sale. Excellent expansion potential. Owner emigrating. Email: osteopathy.Ireland@gmail.com or phone +353 83 347 0737. Genuine enquiries only.

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. Courses are seven full days and are situated in a luxury spa hotel in Thailand. 17-23 March 2008 and 17-23 May 2008. £900 cost includes accommodation, breakfast, transfers, seminar fee and course material. For details, see www.manualtherapyinternational.com or contact robphysio-osteopath@hotmail.co.uk or the course director, Bob on +66 83 324 8843.



British School of Osteopathy

CPD Courses: www.bso.ac.uk/cpd

OSTEOPATHY IN THE CRANIAL FIELD SUPPORT DAY

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

This course is open to practitioners who have previously attended one, or more basic 6-day courses at the BSO (or BCC equivalent).

Course Leader: Nick Woodhead
New Date: 2nd March 2008

Course Fee: £110.00
Deadline for applications: 18th February 2008

STRAIN AND COUNTERSTRAIN COURSE

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

Course Leaders: Bob Buge and Jo Holkden
Date: 3rd March 2008

Course Fee: £95.00
Deadline for applications: 18th 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 Pinco and Steve Vogel DO in association with Dr Lance McCracken from the University of Bath and Dr Johannes van der Nerve from the Real Health Institute.

Date: Introduction - 16th March 2008 or 26th May 2008
Day 2 - 30th March 2008 or 22nd June 2008
Day 3 - 13th April 2008 or 13th July 2008
Day 4 - 4th May 2008 or 3rd August 2008

Course Fee: £180.00 per day or £600 for the full course.
Deadline for applications for 16th March: 29th February 2008

(rates subject to change)

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 preperitoneal fascia and the psoas muscles and the diaphragm and T12 junction. The practical sessions will focus on changes to the uterus and breast issues. The day will also examine changes to the musculoskeletal system, postural changes and practical techniques to support the joints and facilitate 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: 11th (half day), 12th & 13th July 2008

Course Fee: £280.00
Deadline for applications: 20th June 2008

PRELIMINARY COURSE IN OSTEOPATHY IN THE CRANIAL FIELD

The preliminary 6-day course is approved by the BCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

Course Leader: Nick Woodhead
Dates: 31st August, September 1st, 2nd, 11th & 12th

Course Fee for the 6-day course: £375
A deposit of £100 is required upon application.
Deadline for applications: 1st August 2008

Location for the above courses: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE
For an application of any of the above courses to be sent to you, please contact Gayda Arnold - 020 7080 5315 or g.arnold@bso.ac.uk



THE BRITISH SCHOOL
OF OSTEOPATHY

Foundation for
Paediatric Osteopathy 

MSc in Paediatric Osteopathy

The Foundation for Paediatric Osteopathy (formerly known as the Osteopathic Centre for Children or OCC) has been training osteopaths in paediatrics since 1991. In 2006 the OCC and the British School of Osteopathy (BSO) collaborated to offer the first Masters course in Paediatric Osteopathy in the UK. The degree is validated by the University of Bedfordshire.

The next intake for the MSc course in London and Manchester is for October 2008 with the induction seminar in September 2008. The course is of relevance to osteopaths treating children in general osteopathic practice and osteopaths intending to specialise in the osteopathic care of children.

Applicants must be registered with the GOC and must have completed a postgraduate Sui Generis Teaching Foundation approved course (BBO or BOC) before October 2008. A good osteopathic degree (or equivalent) is required. All applicants must provide an enhanced criminal records disclosure.

The two-year course includes pregnancy, birth, child development and common paediatric conditions with specialist units covering delivery, respiration, infection and immunity, orthopaedics and the central nervous system. Osteopaths must attend one of the Foundation's clinics (located in Clactonwell, South London or Manchester) one day a week for the duration of the course and attend approximately nine weekend seminars. Outcomes are assessed by regular clinical assessments, case reports, a research proposal, clinical portfolio and written examinations.

Registration date for applications: 16th May 2008 (initial interviews to take place during May and June)

For a prospectus and application form, please see and download from the website www.fpo.org.uk or www.bso.ac.uk or contact Gayda Nelson-Cole on 020 7490 6810 or gayda.nelson-cole@fpo.org.uk

BSO: Registered Charity Number 145343 Foundation for Paediatric Osteopathy: Registered Charity Number 100594



THE BRITISH SCHOOL
OF OSTEOPATHY

MSc in Osteopathy in the Cranial Field

This new three-year course, currently undergoing validation by the University of Bedfordshire, builds on the BSO's 30-year international reputation for postgraduate study of osteopathy in the cranial field.

Designed for practitioners, this course provides extensive practice-based learning supported by regional tutors. Ideal for osteopaths returning to study, it offers:

- 1. Expert leading from BSO faculty members plus external lecturers specialising in fields including dental and paediatric osteopathy.
- 2. Excellent tutor: student ratios (4:1) for the majority of taught/practical work.
- 3. Ongoing research support from a team specialising in working with students with varied levels of experience in conducting their own research.
- 4. The chance to practise in the new BSO clinic, the largest office kind in Europe.
- 5. Access to the BSO library, also the largest and best in Europe, plus ongoing IT access and support.

Course leader: Nick Woodhead (who has leading experience with SCOTF in the USA and Australia)

The anticipated start for the course is September 2008

To register your interest for further information when available, please contact Gayda Arnold on 020 7088 6316 or g.arnold@bso.ac.uk



Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses		Book online at www.cpdo.net		
16 Feb	Managing Chronic Fatigue Syndrome/ME	Dr. Hazel O'Dowd & Peter Gimblett	£115.00	Pay in full
1 March	Managing tendinopathies	Gleesa Hunter	£115.00	Pay in full
16-18 March	IOF II: Lumbar & thoracic spine and ribs	Prof. Laurie Hartman	£215.00	£150.00
12-15 April	Touch as a therapeutic tool	Terri Lederman & Prof. Eyal Lederman	£215.00	£150.00
26-27 April & 14-16 June	Neurovascular "rehabilitation" (part I & II)	Prof. Eyal Lederman	£425.00	£250.00
26-27 April	Cognitive behavioural approach to chronic pain in physical therapies	Heather Morrey & Peter Gimblett	£235.00	£150.00
1-3 May	Visceral osteopathy: the thorax	Jean-Pierre Barail	Fully booked	
17 May	Bio-mechanics research - The clinical implications to manual and physical therapists	Prof. Jaap van Dieën	£115.00	Pay in full
14-16 June	Sports Rehabilitation - Managing the Injured Athlete	Chris Boyce	£215.00	£150.00
21-22 June	Osteopathic care of small animals	Tony Navin	£235.00	£150.00
21-22 June	Neuropathic arm pain: diagnosis to treatment	Phillip Mousart	£215.00	£150.00
28-29 June	What colour is your pain? Identifying and working with coping strategies	Prof. Mool Labad	£245.00	£150.00
6 Sept	Osteopathic care of small animals revisited	Tony Navin	£115.00	Pay in full
27-28 Sept	IOF III: SI joints, pelvis and LEX	Prof. Laurie Hartman	£215.00	£150.00
27-28 Sept & 1-4 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 Barail	Fully booked	
10-12 Oct	Pregnancy care	Aonille Morgan	£335.00	£200.00
25-29 Oct	Integrated manual therapy and naturopathic approaches to pelvic	Leon Chaitow	£235.00	£150.00
26 Oct	Managing headaches	Dr. Hazel O'Dowd	£115.00	Pay in full
3-8 Nov	IOF I: Cervical spine, CD and UEX (repeat)	Prof. Laurie Hartman	£215.00	£150.00
22 Nov	Yoga as therapeutic exercises	Lise Woolee	£115.00	Pay in full
22 Nov	Introduction to sports taping: principles and practice	Tom Newstead	£115.00	Pay in full
Evening courses		CPDO providing for all your CPD needs		
29 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
19 Oct	How to treat: Wrist/hand 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
Evening lectures		For more info see www.cpdo.net		
21 Feb	The art and science of stretching	Gleesa Hunter	£20.00	Pay in full
8 June	The place for creativity within evidence base practice	Gleesa Hunter	£20.00	Pay in full
24 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

Venue for all events: Middlesex University, Ayrley Campus, London N10

Name:

Address:

Telephone:

E-mail:

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

Details of the venue, starting times and a copy of the programme will be sent to you with confirmation of your booking.

In case of cancellation of courses or lectures all deposits will be refunded.

The course organisers reserve the right to change the course contents and substitute leaders without advance notice. The organisers hold no responsibility for the contents and clinical application of the material taught on the courses.

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

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



Working in the psychological dimension of pain

In the last two decades the understanding of musculoskeletal pain has dramatically changed. The biomechanical and biomedical models have changed to include *biopsychosocial* factors, which are recognised as playing an important role in many painful conditions. The change in therapeutic focus has presented new challenges to manual and physical therapists. It suggests that in addition to using physical treatment patient management should address psychosocial factors. CPDO is proud to present these unique workshops that aim to help the therapist develop their clinical skills in the psychological dimension when working with patients with chronic pain conditions.

28-29 JUNE 08

CHRONIC PAIN: WORKING WITH THE INDIVIDUAL'S BELIEF AND COPING SYSTEMS

PROF. MOOLI LAHAD

In this practical workshop Prof. Lahad will introduce his model for identifying coping strategies individuals use in dealing with trauma and pain. His model called BASIC PH looks at the different aspects of human experience and how individuals use their belief systems and resources to overcome psychological distress and physical pain. Participants will be shown how to identify these coping mechanisms and how to utilise them in the therapeutic encounter. The workshop will also include practical sessions for developing communication skills with the aim of minimising resistance and miscommunication during treatment. There will be further exploration of the therapeutic value of and the use of the body memory of traumatic pain, as well as exploring the curative potential of images to reduce pain, and to enhance coping and adherence to management.

Mooli Lahad is a senior medical and education psychologist holding a position of a professor of psychology & stress therapy at Tel Aviv College Israel and at Roehampton University, England. He is director of the Community Stress Prevention Center. Prof Lahad is considered a leading expert on community and public behaviour and coping with disasters, serving as a consultant to the Israeli National Security Council and consultant to a USA congressional sub committee on public response to bio-chemical warfare as well as serving for many years as a consultant to UNICEF during and after the Yugoslavia war. Prof Lahad was recently nominated as a member of the NATO committee on psychosocial preparedness for disaster. His models and methods are widely used in hospitals' ER, in psychotrauma clinics and centres worldwide by doctors, nurses, psychiatrists, psychologists and other health professionals. Professor Lahad is the author and co-author of 27 books and many articles on the topics of aggression, coping stress, community unrest and coping with life-threatening situations. His latest book, co-authored with 3 other leading experts, is "When their world falls apart - Helping Families and Children Manage the Effects of Disasters".

Cost: £245.00 / deposit: £150.00 / CPD hours: 14

26-27 APRIL 08

COGNITIVE BEHAVIOURAL APPROACH TO CHRONIC PAIN IN PHYSICAL THERAPIES

HEATHER MUNCEY
PETER GLADWELL

This workshop aims to provide the basic skills used in the cognitive-behavioural approach to physical and manual therapy. The course will be a mixture of theoretical and practical workshops and will cover:

- Cognitive Behavioural Approach theory
- Risk factors for a poor outcome in musculoskeletal pain
- How to conduct a psychosocial assessment
- The use of questionnaires and interview skills
- Goal-setting skills development
- How to develop a treatment plan using a Cognitive Behavioural Approach
- In-depth consideration of the limits of physical therapy practice in the management of pain-related distress

Heather Muncy BA, Dip Grad Phys, MCSP, BPP, MACP - Heather is Principal Physiotherapist in the Pain Management Service at the North Bristol NHS Trust. Heather has worked in interdisciplinary pain management since 1989. She is experienced in delivering pain management programmes to individuals and groups in the area of prevention of pain-associated incapacity for acute recurrent pain, work return for low back pain and return to work programmes. Heather was the founder of The Physiotherapy Pain Association in 1994 and the first elected Physiotherapy Council member of The British Pain Society (part of the International Association for the Study of Pain). She was the Physiotherapy Advisor to the United Kingdom Clinical Standards Advisory Group Report on Pain, 2000. She was the Physiotherapy clinical supervisor for two of the four centres in the UK Back to Work Studies in 2000 and 2004. She has presented extensively at national and international scientific conferences and has published on her area of expertise in specialist texts.

Peter Gladwell BSc, MCSP, BPP - Peter is a Clinical Specialist Physiotherapist in the Pain Management Service and the Chronic Fatigue Syndrome/ME Service of the North Bristol NHS Trust. Peter works with groups and individuals in the areas of Chronic Fatigue Syndrome/ME Service, a TENS/Rehabilitation clinic, Pain Management Programme, a Secondary Prevention Low Back Pain Programme, and Pain Management and rehabilitation. He has recently had a role in a research programme investigating group CBT for people with Chronic Fatigue Syndrome/ME, and was involved clinically with the Back to Work research project. He has a role in teaching General Practitioners about the management of CFS/ME. He was the Public Relations Officer for the Physiotherapy Pain Association, a Clinical Interest Group of the Chartered Society of Physiotherapy, and is currently the Website Editor for the PPA.

Cost: £238.00 / deposit: £150.00 / CPD hours: 14

27 SEPT 08

**PSYCHOSOCIAL FACTORS IN PAIN CONDITIONS:
HOW TO CONSTRUCT A CONSULTATION**

DR. JEREMY CHASE

The goals of the course are to become more familiar with the psychological dimensions of patients, review the range of questions used in the clinical assessment, and learn new techniques used in other specialities. Participants will be expected to evaluate the potential benefits of adding a psychosocial assessment to their customary approach. The course will provide information about common psychiatric disorders, the criteria used to make diagnoses and some common rating scales for anxiety, depression and somatisation. We will share clinical experiences and discuss common cases that occur in your practice, focusing on the psychological processes that influence the clinical decisions you make.

Dr Jeremy Chase is a consultant psychiatrist with an interest in modernising junior doctor training. He has for fifteen years been clinical tutor for psychiatry trainees in Hertfordshire, and is now also programme director for Year 2 Foundation Trainees, Watford General Hospital. He was vocationally trained as a general practitioner and retains an interest in counselling in primary care, acting as consultant for the Hertfordshire Counselling Service. His research interests have included psychoneuroimmunology, chronic fatigue syndrome and metabolic problems in people with psychiatric disorders. He has a home-based service for severely ill people with serious psychiatric illnesses. His professional experience of assessing victims of road traffic accidents has led to an interest in pain management in those with head injuries and spinal cord disorders.

Cost: £118.00 / CPD hours: 7

Venue:

Middlesex University, Actway Campus
Highgate Hill, London N19

All cheques should be made to CPDO Ltd. and sent to the office address:
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Osteopathic Neuromuscular Re-abilitation

Beyond passivity: an active approach

Prof. Eyal Lederman DO PhD

Find out how to:

- Treat the neuromuscular system after common joint and muscle injuries
- Treat patients after surgery (hip, shoulder, lower back and more)
- Treat conditions caused by emotional stress (painful jaw, chronic neck and shoulder pain, suboccipital pain, tension headaches and lower back pain)
- Treat patients with central nervous system damage (stroke, MS, head injuries)
- Develop specific exercise and functional activities to support movement rehabilitation

Neuromuscular Re-abilitation is an active approach.

Passive techniques have no effect on movement and motor control.

Osteopathic Neuromuscular Re-abilitation was originally developed at the British School of Osteopathy by Prof. Eyal Lederman as part of a collaborative research with King's College, Physiotherapy Department. It was observed that the neuromuscular system is well buffered against external influences and will only change and adapt in response to specific signals. This research has led to the development of a new and highly effective osteopathic approach that can be used to influence the neuromuscular system.

This two-weekend course is both theoretical and practical. Based on his own and current neuromuscular research, Eyal will discuss the functional organisation of the motor system, how it is affected in different conditions and how Osteopathic Neuromuscular Re-abilitation can be used to re-abilitate movement dysfunction. The practical part of the workshop will develop these ideas into working clinical approaches, tests, techniques and exercise.

For a demonstration of Neuromuscular Re-abilitation see www.cpdo.net

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

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

Dates: 26-27 April & 14-15 June 08 (two weekends)

Venus: Middlesex University, Archway Campus,
London N19

Cost: £395.00

Students: £190.00 (limited places available)

www.cpdo.net

To book a place please send a non-refundable deposit of £250.00 (students £85.00), made to:

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B. Venue: Co. Waterford Ireland, April 11, 12, 13, 2008

Part 2 Space, fine detail, emotional patterns.

Venue: Co. Waterford Ireland, June, 13, 14, 15, 2008

Part 3 Fulcrums and midlines

Venue: Co. Waterford Ireland, October 17, 18, 19, 2008

Part 4 Potency, sparks and ignitions

Venue: Co. Waterford Ireland, March 7, 8 & 9, 2008

Part 5 Time, Timing, Timelines.

Co. Waterford Ireland, September 19, 20, 21, 2008
Venue: Ireland

Contact Helena 00353 52 36800

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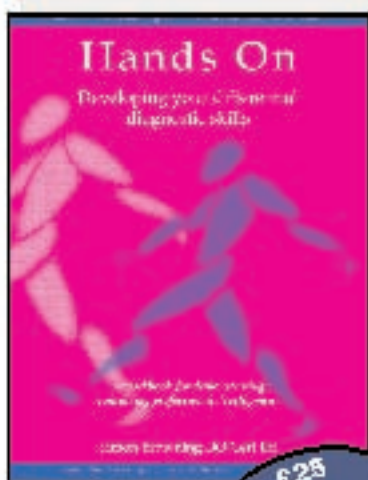
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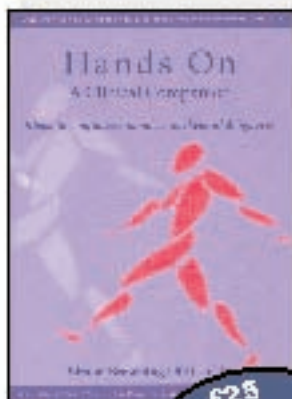
Simon Browning DO Cert Ed

Simon Browning qualified over 27 years ago from the British School of Osteopathy. With a lifetime of experience treating a wide range of musculoskeletal injuries, he now combines private practice with being a full time member of the teaching faculty at the British School of Osteopathy.

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Cranial College

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

Course Director: Susan Turner MA PGCE DO MBOC

Fee: £1,075 CPD: 32hrs Evening 15-19 May 2008

Venue: Hawkwood College, Painswick Old Road, Stroud, Gloucestershire, GL6 7QW

Module 4 Residential Pathway Course

OSTEOPATHY IN THE CRANIAL FIELD

Course Director: Michael Harris DO MBOC

Fee: £1,149 CPD: 40hrs 8-12 September 2008

Venue: Columbia Hotel, 95-99 Lancaster Gate, London, W2 3NS

Module 2/3 Non-residential Pathway Course - SCTF approved

FOUNDATION

Course Director: Alison Brown DO MBOC

CPD: 24hrs 3-5 October 2008

Venue: Hawkwood College, Painswick Old Road, Stroud, Gloucestershire, GL6 7QW

Module 1 Residential Pathway Course

THE LEGACY OF ROLLIN E. BECKER, DO

Course Director: Rachel Brooks MD

Fee: £250 CPD: 16hrs 25-26 October 2008

Venue: British School of Osteopathy, 275 Borough Hill Street, London, SE1 1JE

Non-residential Post Pathway Course

Eligibility: Module 2 and Module 3 or equivalent

THE SPARK IN THE MOTOR

Course Director: Kok Weng Lim DO MBOC

Fee: £799 CPD: 24hrs 5-7 November 2008

Venue: Columbia Hotel, 95-99 Lancaster Gate, London, W2 3NS

Module 7 Non-residential Pathway Course

Eligibility: Module 2 and Module 3 or equivalent

THE LEGACY OF ROLLIN E. BECKER, DO

About the Course:

Dr. Rollin E. Becker (1910-1996) was a respected osteopathic physician, a student of William G. Sutherland's, a part of Dr. Sutherland's associate faculty, and a practitioner for over 50 years. The course being presented will weave together Dr. Becker's practical and philosophical understanding of osteopathy as it applies to clinical practice.

Dr. Rachel Brooks will share her experiences of Dr. Becker and his work and what they have come to mean to her in her own 25 years of practice. Topics to be covered during the course will include the use of compression and microms, the nature of potency and stillness, the concept of seeding health, and the application of all of these to osteopathic treatment.

About the Presenter:

Rachel E. Brooks MD has taught osteopathy in the cranial field for over 20 years with the Sutherland Cranial Teaching Foundation (SCTF) and was a member of the board of the SCTF from 1988-2004. Dr. Brooks is the editor of two volumes of Dr. Becker's work, *Life in Motion* and *The Stillness of Life*. She currently practices in Portland, Oregon, USA.

SCC, Course Office, PO Box 91, NP16 7ZS Telephone 01291 639908 / Fax 01291 630056

Email: info or admin@sutherlandcranialcollege.co.uk Website: www.sutherlandcranialcollege.co.uk

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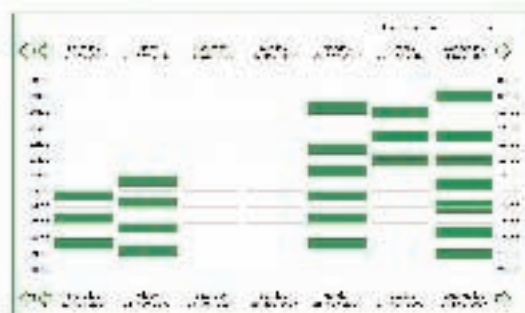
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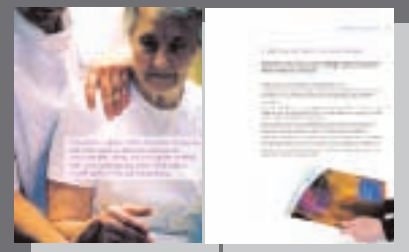
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Good Health in Good Hands

UK OSTEOPATHY TODAY



A copy will be sent to all osteopaths and further copies may be purchased.
For information contact the GOsC Communications Department
on 020 7357 6655 ext 242 or email info@osteopathy.org.uk.