

the osteopath

International Journal of Osteopathic Medicine enclosed



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General
Osteopathic
Council



General
Osteopathic
Council

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Information Service** **ext 242 / 228 / 222**

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

Professional Standards **ext 238 / 235 / 240**

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

Finance & Administration **ext 227**

Enquiries about registration fees, VAT, payments.

Public affairs **ext 245 / 247**

Enquiries about national healthcare policy, parliamentary and international affairs.

Registration **ext 256**

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

Regulation **ext 224 / 249**

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

Clerk to Council **01580 720 213**

Enquiries about Council Members and meetings, GOsC Committee business.

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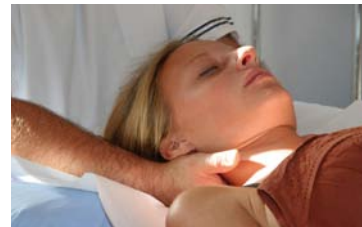
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the osteopath

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Osteopathic care – what do patients expect?

Investigating patient expectations of osteopathic treatment – your role is crucial

Up to 8,000 osteopathic patients will, this month, be invited to share their impressions and expectations of their care. This – the largest study yet conducted in the UK amongst osteopathic patients – will generate an invaluable insight into the expectations of those who choose osteopathic treatment. Your role in this project could be crucial.

How you can help

During July, 800 osteopaths practising across the UK will be randomly selected and invited to participate in the study.

Please play a part in this, if you can.

The greater the number of osteopaths and patients who take part in this project, the more accurate the knowledge will be on which the profession builds its future. This is an immensely important project and your involvement is vital to its success and the quality of the findings.

What is the OPEn Study?

In the last issue of *The Osteopath* (April/May, pages 14–15) we outlined the **OPEn – Osteopathic Patient Expectations – project**, currently being conducted on behalf of the GOSc by the University of Brighton Clinical Research Centre for Health Professions.

The aim of the project is to gain a deeper understanding of patients' expectations of osteopathy and osteopathic treatment, and the extent to which these are met. The research will focus on two main questions:

- > What are the specific aspects of osteopathic practice about which patients have expectations?
- > To what extent do patients perceive that their expectations are met?

What will come out of the study?

By achieving the largest nationwide survey of osteopathic patient views to date, all those responsible for the delivery of osteopathic care can be confident that we have a sound understanding of the aspects of practice that are especially important to most patients.

The results will help osteopaths shape their practices to meet the needs and expectations of their patients most effectively. What we learn from this study will also assist greatly the osteopathic training institutions, the GOSc and the British Osteopathic Association in their work to enhance the quality of care. Most importantly, the findings will help everyone involved in the delivery of osteopathic care to better focus the information provided to patients, the public and



other healthcare professionals, which in turn will help to inform and guide patient expectations.

How can I participate?

If you are one of the 800 practices randomly selected from the Register, you will be contacted shortly with details for participation and information packs for patients. Patients are to be chosen in accordance with a clear protocol that ensures a randomly selected sample of patients. Each participating osteopath will be asked to distribute questionnaires to 10 consecutive patients on a given day. Adhering closely to the selection instructions is particularly important to avoid bias and ensure the study captures the views of as diverse a sample of patients as possible, across the UK.

Participating osteopaths will be supplied with a range of patient information sheets that will cater for adults, children, and patients with special needs.

Patients are to be encouraged to read the information in their own time to decide if they wish to participate in the survey. The questionnaire is completed at home by your patient and posted directly back to the Brighton research team.

Will the feedback be confidential?

All the data collected in the study will be anonymous and will in no way reveal the identity of the patient or that of the osteopath. No personal data will be collected.

How was the questionnaire developed?

The questionnaire has been developed with the help of patients interviewed by the researchers during June in 'focus groups' of between six and 10 people, hosted in seven different locations across Britain. In exploring issues such as expectations of treatment, satisfaction levels, and communication, the focus groups sought to involve the widest diversity of patients in terms of age, gender, ethnicity, disability, financial means, employment, and presenting symptoms.

The study findings

The OPEn study aims to report its findings by the year end, when these will be summarised in a series of reports for patients, osteopaths, the GOSC, and the osteopathic training colleges. Using the information gathered from this important study, we will produce information leaflets for patients and guidance for osteopaths.

How can I find out more about the (OPEn) patient expectations study?

Further information about the study can be found at the project website: www.patientexpectationstudy.org.uk.

Who is organising the research?

The General Osteopathic Council has commissioned the University of Brighton to conduct the study. Osteopath Dr Janine Leach is the researcher leading the project. She can be contacted at:

Clinical Research Centre for
Health Professions
University of Brighton
49 Darley Road
Eastbourne BN20 7UR
Tel: 01273 643 457
Email: c.m.j.leach@brighton.ac.uk

Please make every effort to involve your patients if your practice is selected for inclusion in the OPEn project – your participation is crucial to achieving a sample that is large enough to ensure the findings reflect the rich diversity of osteopathic practice.



GOSc statutory committee members introduced

In the April/May issue of *The Osteopath* (see page 10) we announced that the recruitment campaign to appoint members to the Council's Fitness to Practise committees – Investigating, Professional Conduct and Health – and also to the Education Committee, had come to a close.

Below we introduce the members of the committees and provide some background information about their other work and appointments.

Fitness to Practise committees

The Fitness to Practise committees investigate and adjudicate on complaints made against osteopaths. Members of the committees require sound judgment, fairness and impartiality and a complete understanding of the GOSc's role in public protection.

Investigating Committee

Osteopaths

Claire Cheetham qualified in 1994 from what is now the British College of Osteopathic Medicine and has since practised in her own clinic in London's West End. She has been both a senior lecturer and senior clinical tutor to undergraduate osteopaths and a trainer in patient handling techniques, display screen equipment use, manual handling and ergonomic risk assessment. She continues to lecture on subjects such as ergonomics and risk assessment, and is a voluntary speaker on human rights issues for Amnesty International. She was a member of the General Osteopathic Council from 2006 to March 2009.

Charles Dunning has practised as an osteopath since qualifying in 1990 from the European School of Osteopathy. He practices in a GP surgery in Nottinghamshire and within a large natural health centre in Derbyshire, which he also co-manages. Charles treats a wide spectrum of complaints, but has a particular interest in the involuntary mechanism and ME/fibromyalgia.

Abigail Miller graduated from the British School of Osteopathy (BSO) in 1994, the winner of the RK Hardy Memorial Prize. She has practised both in private and NHS settings and currently runs her own practice in Northamptonshire. She has been a clinical tutor in several osteopathic educational institutions and both an internal examiner and a final clinical competence examiner. She has also been a Research Member at the BSO and has three published papers. Abigail was a member of the GOSc Communications Committee from 1998 to 2004.

James Olorenshaw qualified from the British School of Osteopathy (BSO) in 1992. He has practised largely in Surrey and now runs his own practice with two associates in a rural setting in Bletchingley. James was a senior clinical tutor and lecturer at the BSO for many years. He founded and chairs the Reigate and Redhill Osteopathic Group and, as such, acts as a regional representative to the GOSc. It is this involvement with the Council that motivated him to become more involved in developing and maintaining standards of osteopathic practice.

Lay members

Fionnuala Cook lives in Loughbrickland, County Down. From 1991 until 2001 she was Chairwoman of the Southern Health and Social Services Council in Northern Ireland, and was Chairwoman of the Southern Health and Social Services Board from 2003 until 2009. She was awarded the OBE in 2002 for services to health and social services. Fionnuala has been closely involved in integrated education and was Chairwoman of Bridge Integrated Primary School, Banbridge, County Down from 2004 to 2008. She was a member of the General Osteopathic Council from 2002 to 2009 and Acting Chair from 2004 to 2007, and is currently a patron of Action Mental Health and a Board member of Aware Defeat Depression.

Gillian Hawken graduated from Oxford University with a Modern Languages degree before enrolling at the College of Law, Chester. After qualifying, she practised employment law with Linklaters in London. Following the birth of her second child in 2001, Gillian took a career break to raise her children to school age, before being appointed to the Nursing and Midwifery Council's Fitness to Practise function as a lay panel member. She has since been appointed to the Metropolitan Police Authority's disciplinary panel and runs her own employment law practice.

Anne Johnstone graduated in 1980 with an Honours degree in Law and was a litigation solicitor in private practice, specialising in personal injury, until 1987 before joining the Home Office as Head of Legal Services/Director at the Criminal Injuries Compensation Authority until 2008. She now runs a training and consultancy business in leadership, management and advanced communication skills. Anne is an International Neurolinguistic Programming (NLP) Trainers' Association-certified Master Practitioner/trainer of NLP and NLP coach. She also sits on the Nursing and Midwifery Council's Conduct and Competence Committee.

John Mundy, Chair of the Investigating Committee, qualified as a solicitor in 1983 and worked in private practice. He was called to the Scottish Bar in 1987. Over a period of more than 25 years he has acquired a wide and varied experience of the courts, undertaking both criminal and civil work and appearing before a variety of tribunals. In 2007, John was appointed to the Panel of Legal Assessors for the General Medical Council and to the Panel of Legal Assessors for the Nursing and Midwifery Council.

Sarah Payne qualified as a solicitor in 1996, specialising in medical negligence and product liability litigation. She completed a Masters in Business Administration in 2003, and has worked as an adjudicator in the Office of the Independent Adjudicator for Higher Education since its establishment in March 2004. She is also a charity trustee and director of the Twins and Multiple Births Association.

Michael Yates is a senior fellow in the Institute of Membrane and Systems Biology at the University of Leeds. He is warden of a university residence, a former senior lecturer in Pharmacology, and Head of the School of Biomedical Sciences at the University of Leeds. He is an external examiner in pharmacology for UK dental schools and is a co-author of a pharmacology and dental therapeutics textbook. Michael acts as an expert witness who receives instructions with respect to drug and alcohol-related civil and criminal cases.

Health and Professional Conduct committees

Osteopaths

Anthony Kanutin graduated from the British School of Osteopathy in 1984 and has private practices in Essex and the City of London. He has managed GP NHS clinics since 1991. Anthony has wide experience as a clinic tutor and examiner within the osteopathic training institutions, and also as part

of the assessment process for applicants to the GOsC Register as well as with training institutions seeking accreditation status with the GOsC. Anthony is an external examiner for the University of Wales and is currently assessing an osteopathic course in Hamburg, Germany.

Andrew Kerr lives and practises in Cheshire where, as principal practitioner in a general osteopathic practice, he pursues a special interest in acute musculoskeletal injuries. He qualified as an osteopath in 1977 and has undertaken a number of academic and clinical teaching roles in osteopathy at both undergraduate and postgraduate level. He is a former borough councillor, and since 1987 has sat as a magistrate in Cheshire. Andrew is also a first-class law graduate and an accredited expert witness, offering osteopathic report writing and expert court testimony.

Jacqueline Salter started working life in IT, within the aluminium industry as a systems engineer designing and writing software, before moving into production management. She considers her decision, at 30, to retrain as an osteopath the best career decision she could ever make. She qualified in 1999 and now runs a part-time practice in Brierley Hill, West Midlands. She was appointed a magistrate in January 2005 and hopes to bring her experience both as an osteopath and magistrate to her role on the Professional Conduct Committee.

Nicholas Woodhead has been a practising osteopath since 1977 and is a member of faculty at the British School of Osteopathy and at the Vienna School of Osteopathy, where he teaches Osteopathy in the Cranial Field. He has previously served on the General Osteopathic Council, serving also on a number of GOsC committees, including the Education and Professional Conduct committees. He currently acts as a subject reviewer in osteopathy on the Panel of Visitors for the Quality Assurance Agency.

Lay members

Derek Auchie is a senior lecturer in Law at the Robert Gordon University in Aberdeen. He was a solicitor in private practice, in the areas of civil and criminal litigation, for a number of years before entering academia in 2002. His main research and teaching areas are in the law of evidence and court and tribunal procedure, as well as the interpretation of rules and statutes. He has written a number of books, book chapters and articles on these subjects. Derek also sits as a legal Chair on the Mental Health Tribunal for Scotland, and has done so since 2005.

Vicki Harris, a retired senior civil servant, is a lay member of the Bar Standards Board, chairs the Taxation Disciplinary Board, and serves on the disciplinary panels of the Institute of Legal Executives and the Association of Chartered Certified Accountants. In addition to her appointment to the GOSc Professional Conduct Committee, she serves on the Fitness to Practise panels of the General Optical Council and the General Medical Council. She also serves on the London Regional Sub-Committee of the Department of Health Advisory Committee on Clinical Excellence Awards.

Jean Johns lives in Northern Ireland and, in a career spanning 34 years, has been a clinical physiotherapist and later an NHS manager, delivering high-quality patient-centred services. She considers the development and maintenance of professional standards and codes of practice key to the delivery of safe and effective patient care. She is a past member of her profession's national Council and has sat on disciplinary committees. Jean is currently a registrant partner with the Health Professions Council, and a Fitness to Practise panel member. She has also gained experience of formal adjudication as a member of both Disability and Child Support Appeal Tribunals.

Corinna Kershaw is a social science graduate who began her career in administration and has chaired the local National Childbirth Trust and the local council, in between taking time to raise a family. She was part of the first independently appointed group of General Medical Council Fitness to Practise panellists, appointed in 2000, and still serves in that capacity. She has since added experience as a panellist with the General Optical Council and the Royal Institute of Chartered Surveyors. She lives in west Wales.

David Plank is Chair of the Professional Conduct Committee, a member of the General Chiropractic Council, Chair of the General Social Care Council Registration and Conduct committees, and Vice-Chair of Peace Hospice, Watford. Prior to retirement, he was Chief Executive of Enfield and Watford Councils, and Director of Social Services in Hammersmith & Fulham, and in Hounslow. His interim management roles since retirement have included Chief Executive of the Workers' Educational Association and Deputy Chief Executive of the Museums, Libraries and Archives Council.

Rodney Varley is a fellow of the Institute of Chartered Accountants in England and Wales. He began his career in the engineering and leisure industries, specialising in company acquisitions and disposals. For over 25 years he was a director of both public and private companies operating in the recruitment and human resources consultancy sector throughout the UK and overseas. He was a founder member of the Association of Search and Selection Consultants and served as a committee member. He was appointed a Justice of the Peace in 1999 and sits as a magistrate in the Adult Criminal Court and the Youth Court in Birmingham. Rodney is also a lay member of the Fitness to Practise Committee of the General Optical Council and a lay member of the Investigation Committee of the Taxation Disciplinary Board.

Margaret Wolff is Chair of the GOSc Health Committee. She was a General Osteopathic Council member from 2002 until March 2009, appointed originally as the Department of Health's nominee and subsequently reappointed by the Council in 2007. She has served on the GOSc Education Committee and Finance & General Purposes Committee, on both the Investigating and Professional Conduct/Health committees and was latterly joint Chair of the GOSc Professional Conduct Committee. She has worked in further and higher education for many years and recently retired as Vice-Principal of the British School of Osteopathy where she still has a part-time role teaching ethics and providing consultancy.

Judith Worthington is currently Chair of the General Medical Council's Fitness to Practise panels, a lay member of the General Chiropractic Council and Chair of its Audit Committee. Other appointments include Chair of the Leicester Medical School Fitness to Practise Committee, Deputy Chair of the Royal Pharmaceutical Society Investigating Committee, lay member of the Nursing and Midwifery Council's Appointments Board and the Bar Standards Board Complaints Committee, and a member of the Taxation Disciplinary Board Investigation Committee. Judith is also a magistrate and Court Chair of the Adult Court and Family Proceedings Panels in Leicester and Leicestershire.

Education Committee

The GOsC's Education Committee advises on and develops policy for setting, maintaining and developing standards of osteopathic education and training. Education Committee members require a comprehensive understanding of the role of professional education in ensuring high standards of osteopathic practice and a sound appreciation overall of the health regulator's role in public protection.

External members

Osteopath

Robert McCoy qualified at the British School of Osteopathy (BSO) in 1988 with a Diploma of Osteopathy and has since undertaken the BSc conversion course and an MSc at the British College of Naturopathy and Osteopathy (now BCOM). His work as a teacher in osteopathy has brought him full circle to the BSO clinic, where he is a tutor and Area of Study Manager for Structure-Function. He has experience of examining final-year students at most of the osteopathic educational institutions, and has had a close association with the London School of Osteopathy as an external examiner. Robert has developed private practices in London, Derbyshire and now in Kent, where he lives with his wife and two sons.

Lay members

Dr Jane Fox began working life as a nurse, specialising in orthopaedics and care of the elderly. As a Ward Sister, she developed an interest in supporting learning and education and in due course trained as a nurse tutor. She has dedicated much of her career to healthcare education, in the NHS and higher education settings. She has an interest also in the involvement of patients / service users in healthcare planning / delivery. Jane has served in a voluntary capacity on two charity trust boards.

Professor Bernardette Griffin is a director and Professor of Law at the College of Law, Chair of the Education and Training Committee at Birmingham Law Society, a member of the Legal Services Commission's Training Grants Committee and a trustee of the Midland Legal Trust. She has for a number of years been a reporting assessor for the Solicitors Regulation Authority and has extensive experience of external examining on professional and academic courses. A lawyer with extensive regulatory experience, she has been Chief Education and Training Officer at the Law Society, where she was responsible for the regulation and development of legal education for England and Wales.

Liam Stapleton is a registered pharmacist whose career reflects his professional interest in education and training in the pharmacy sector. He has held roles within the Bradford School of Pharmacy, and as training manager within large pharmacy chains. He has also been Head of Education and Training at the National Pharmacy Association. Currently, he is a director at Metaphor Development, a consultancy that works extensively within the pharmacy sector and pharmaceutical industry. Liam has sat on various committees and working groups with the Royal Pharmaceutical Society of Great Britain, supporting the development and implementation of regulation, especially in respect to training and education.

Council members

The GOsC Education Committee also comprises five Council members. They are:

Osteopaths

Paula Cook
Nick Hounsfield

Lay members

Professor Adrian Eddleston
Professor Ian Hughes (Chair)
Professor Julie Stone

Biographies of the five members of Council who sit on the Education Committee can be found on the GOsC website (www.osteopathy.org.uk/about/the-organisation/council) or in the April/May issue of *The Osteopath*.

Consulting the profession: you spoke, we listened



To ensure the work undertaken by the GOsC is transparent, inclusive and responsive, and represents best practice, we regularly consult stakeholders – osteopaths, patients, policy makers, other health professionals, etc. – on our major policies and activities.

We have recently been seeking your views on four key developments facing the osteopathic profession: the introduction of revalidation; revisions to the osteopathic *Code of Practice* and standards of practice; and the development of an Osteopathic Practice Framework – an attempt to define the scope of osteopathic practice.

On all of these issues there are many opportunities for you to provide us with your feedback, from completing a questionnaire online via the **o** zone to attending one of six regional consultation meetings held across the UK.

Written consultations

Over the past seven months, we have launched three major consultations – on revalidation, the practice framework and practice standards. These consultations came to a close on 30 June 2009. However, this was merely the first stage in an ongoing consultation exercise on revalidation and the development of an Osteopathic Practice Framework. We have also been seeking your views on a revision of the *Code of Practice*, one of the first steps in developing a new Code for introduction in 2010.

Here we highlight the reasons behind the consultations and outline the next steps.

Developing an Osteopathic Practice Framework

There has been a considerable lack of clarity about what constitutes osteopathic practice, which raises questions for us as a regulator, and has the potential to cause confusion amongst the public. In order to begin the debate on what is essentially a very complex issue, we drafted a discussion document (Framework of Osteopathic Practice).

This early draft framework was designed to set out general principles of the osteopathic perspective on healthcare and indicate the various approaches to clinical practice that patients and the public more widely may encounter. Our aim was to canvass the widest possible spectrum of views on whether osteopathy would benefit from a more clearly defined scope of practice and where parameters of osteopathic practice should be drawn.

What next?

Your feedback to date will be the first step in what is expected to be a lengthy consultation exercise. Your input is being collated and coordinated by an independent assessor who will produce a report later in the year. Please keep an eye on the website (www.osteopathy.org.uk) for further updates and opportunities to feed into this important development.

Revalidation for osteopaths

Under Government proposals for revalidation, all statutorily regulated health professionals will be required to undergo regular assessments to assure the public that they are fit to continue practising. We began developing a proposal for revalidation in January 2008, seeking input from the osteopathic educational institutions, the British Osteopathic Association and representatives from regional osteopathic societies.

The proposals we sent to you at the beginning of the year were just that – suggestions for a scheme that is still in the early stages of development. Your views and feedback are vital in helping to shape a final scheme that is practical, proportionate and cost-effective.

What next?

Between July and December, your feedback will be collated and evaluated by independent consultant Abi Masterson Consulting Ltd. The results will be used to refine the process and prepare for a pilot of the proposals during 2010.





Reviewing osteopathic practice standards

We are committed to ensuring the standards that apply to osteopaths are kept under review and are updated when necessary. These standards need to remain relevant and appropriate to osteopathic practice in today's healthcare and educational environment; they should continue to offer adequate protection to the public and be as clear as possible to follow.

A revised Osteopathic Practice Standards (formerly the *Standard of Proficiency*) was subsequently produced to outline the requirements for safe and competent osteopathic practice. We have invited your views on the language used, standards that you would expect to see and those you would remove.

What next?

Your feedback will be reviewed over the summer with a view to developing further the revised standards. We aim to publish this later in the year.

Revising the Code of Practice

As the UK regulator, we have a legal duty to publish, and keep under review, a *Code of Practice for Osteopaths*. The Code contains advice on the practice of osteopathy and the principles of personal and professional conduct. We are in the

early stages of a project to identify - and update where necessary - areas of the current *Code of Practice*, which was issued in 2005. To ensure the Code remains relevant to current practice, we are keen to gain feedback on areas that you think no longer reflect modern practice and need updating.

What next?

We still need your feedback on the Code, so please visit the website (www.osteopathy.org.uk) and tell us what you think. We will analyse responses with a view to further consultation on a revised Code early next year; Council aims to approve and publish a new *Code of Practice for Osteopaths* in the autumn of 2010.

Regional consultation meetings 2009

Over the past three months, we travelled to Birmingham, Glasgow, Gatwick, Taunton, Stansted and Manchester to gain feedback on these four key developments. Many hundreds of you have attended these meetings, providing invaluable feedback on how our plans could be improved. You have voiced concerns about what this could mean for you individually and for the wider profession and you have raised important issues regarding other areas of osteopathy, for which we are very grateful.

Professor Adrian Eddleston, Chairman of the GOSC and Chair of the meetings, commented: "Over the course of six regional events, I have had the opportunity to hear directly from some 1,000 osteopaths. I have really enjoyed meeting so many of you, observing at first-hand how enthusiastic you are about osteopathy, and how much you care about its future. The wealth of feedback we have received leaves us in a much better position to shape key policies, such as revalidation, in a way that will ensure they are adapted to the realities of daily practice. We are immensely grateful for the time given by all of you to contribute to this work."

During each of the sessions, your feedback was recorded to ensure we didn't miss any of your comments. Although there is much work to be done in evaluating the feedback, we found that similar issues were raised at many of these meetings.

Your concerns regarding revalidation mainly centred around the cost of introducing a scheme, the requirements specified in the self-assessment form and the appointment of the assessors.

Views expressed on the *Code of Practice* seemed to reinforce what we had already suspected: two key elements of the Code – explaining risks of treatment and patient modesty – need to be reviewed.

Much of the feedback we received on the Practice Standards related to the wording of the document; some of you thought it could be more clear.

In relation to the Osteopathic Practice Framework, opinions were divided: some raised concerns that the framework may restrict osteopathic practice and would not benefit the profession; others thought a framework would offer the public a clear understanding of what osteopathy is and promote the profession to a wider audience. Many of those attending felt there should be a clear distinction between osteopathy on the one hand and adjunctive therapies, offered by osteopaths, on the other.

All of these concerns will be taken into consideration and will have a direct impact on the further development in each of these areas of work.

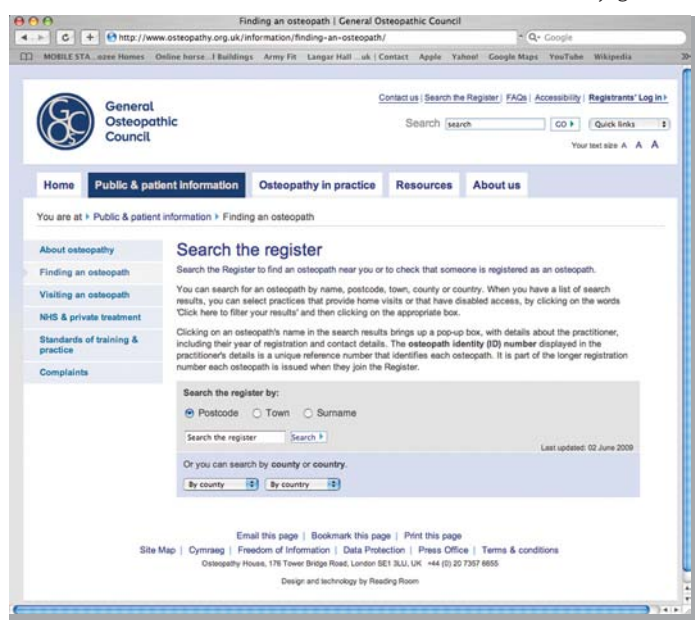


New public website goes live

The GOSC's new public website went live on 24 April and has been well-received. Most users who comment are finding it very easy to navigate the site and find the information they are seeking. Most tellingly, on each visit, users are looking at an average of eight pages, twice the page average of visitors to the former public website.



Our aim in building this new site was to make information much more accessible and relevant to all our stakeholders, and feedback suggests this has been largely successful.



The Register of osteopaths

The online Register, which allows users to find an osteopath, is one of the most popular and well-used sections of the website.

You can now search the Register of osteopaths by name, county, town and postcode and, when you have a list of search results, you can filter them to find osteopaths who do home visits and who have disabled access in their practices. The maps on each page of the search results show all the practices listed, so you can see where these practices are, relative to each other and to your own address.

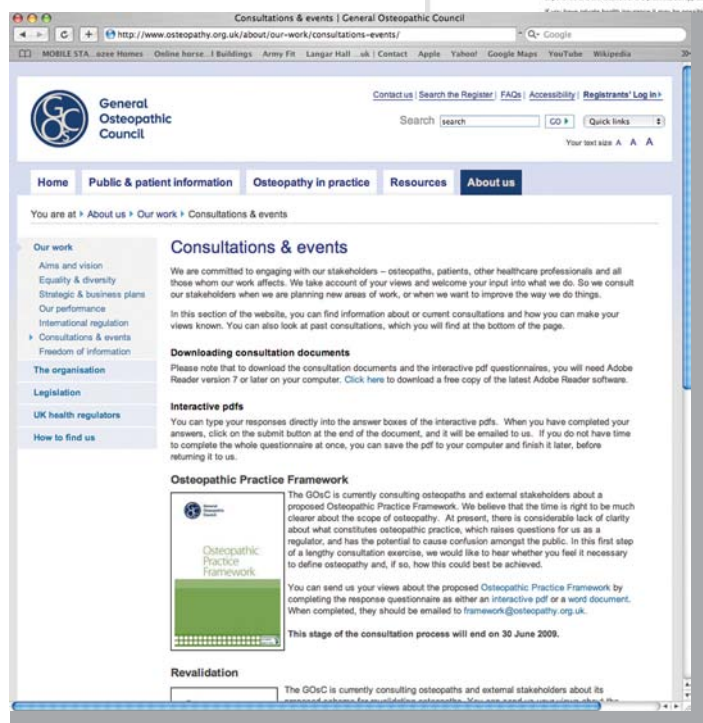
Developing the Register was the most complex part of building the new website and, despite exhaustive testing pre-launch, there are still adjustments to be made to ensure the site serves the needs of users as efficiently as possible. Comments from those who have already visited the site, including osteopaths, have helped this process immensely and we are extremely grateful to all who have

taken the time to send us their views.

Consulting you

We were very keen that this new website should offer all our stakeholders a number of ways to engage with us and feed back their views about both the website and our work. The consultations section allows people to respond to our current consultations and view closed consultations. This is also one of the most used sections of the website.

The 'Contact us' page, which includes a form that can be used to email us comments, has also been well used since the launch of the website. In addition there are email addresses for all the key functions of the GOSC, enabling website users to contact the relevant teams directly.



We are still keen to know what you think of the website, so we can carry on improving it. You can do this by visiting the 'Surveys and statistics' pages in the 'Resources' section, at <http://www.osteopathy.org.uk/resources/surveys-statistics/>. If you haven't yet had the chance, we would be grateful if you could take a little time to complete the survey.

What else are people viewing?

Among the other most viewed sections of the new website are 'About osteopathy'; 'Osteopathy in practice'; 'Becoming an osteopath' and training courses; 'FAQs' (frequently asked questions);

'Visiting an osteopath'; 'NHS and private treatment'; and 'News'.

The most frequently downloaded document currently is the GOSC press release about the new NICE guidance on low back pain (see page 15 for more information). Other popular downloads include the *Code of Practice and Standard 2000*; *The Osteopath for April/May*; the three

current consultation documents – the Osteopathic Practice Standards, Revalidation and the Osteopathic Practice Framework; and the CPD guidelines.

The o zone

You can still log on to the o zone as usual from the public website, in the top right-hand corner of every page.

Now that the public website is launched, in addition to keeping it under review and measuring its use, we will be turning our attention to improving the o zone. As a first step we will be conducting a survey amongst osteopaths to seek your views on the o zone and how you use the site. There will be further information about this in the August/September issue of *The Osteopath*.

New registration opportunities for UK-qualified osteopaths

On 30 June, the General Osteopathic Council began inviting applications for registration from UK-qualified individuals who, for various reasons, did not join the Register in the initial two-year transition period (1998–2000).

Under new powers acquired by the GOSc, those who would like to be considered for registration must meet the following criteria.

The individual must:

- > have obtained a qualification in osteopathy in the United Kingdom before 9 May 2000;
- > have practised as an osteopath before 9 May 2000;
- > have not practised as an osteopath in the United Kingdom on or after 9 May 2000;
- > have a good reason for not having made a successful application for registration during the transition period; and
- > be capable of the competent and safe practice of osteopathy.

The new powers extend until 31 December 2010 and applications will be accepted up to that date. As part of the registration process, applicants will be assessed to ensure they meet the required standards for osteopathic practice in force at the time. The current requirements are outlined in the GOSc's *Standard of Proficiency* and *Code of Practice*, which are available on our website (www.osteopathy.org.uk/practice/standards-of-practice). It is anticipated that some applicants who qualify to apply for registration under these powers may have to undergo a period of training in order to satisfy the registration requirements.

In a bid to alert all those who may qualify to apply under the new powers, we are embarking on a targeted communications campaign using the website, direct mail and a range of networks in the UK and abroad. Osteopaths who know of individuals who may qualify to apply under the new powers are encouraged to pass on the details in this article.

Further information on all GOSc registration processes can be found on our website (www.osteopathy.org.uk).

European Union (EU)-based osteopaths

Osteopaths who have been working for at least two years out of the last 10 in an EU country other than the UK may apply for registration under the EU Directive on mutual recognition of qualifications (Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications). Registration by this route is not limited to the transition period created by the new powers, which expires on 31 December 2010.

Professional assessors sought

The GOSc is seeking to recruit assessors to evaluate applications for registration under the new powers set out above and from osteopaths based in the EU. The role entails the evaluation of written submissions detailing the clinical knowledge and experience of an applicant. For further details, contact Marcus Dye at marcusd@osteopathy.org.uk.

Health watchdog launches guidance on low back pain

Sarah Eldred, Public & International Affairs Manager

Patients will benefit from an innovative new approach to low back pain treatment, according to new guidelines published in May by the National Institute for Health and Clinical Excellence (NICE).

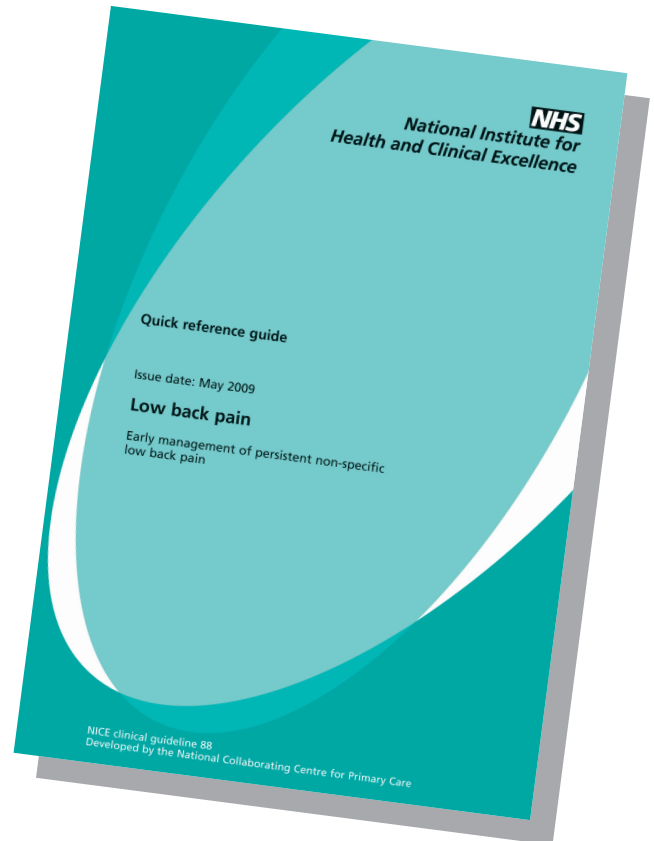
Manual therapy, as practised by osteopaths, which includes spinal manipulation, mobilisation and massage, is recommended by NICE to assist clinicians to improve the early management of persistent non-specific low back pain. *Low back pain: Early management of persistent non-specific low back pain* focuses on patients who "have been in pain for longer than six weeks but less than one year, where pain may be linked to structures in the back such as joints, muscles and ligaments."

NICE guidelines are relevant particularly to those who work in or use the NHS in England and Wales, and form part of the standards by which NHS organisations are assessed. For this reason, the inclusion of osteopathy is an important development in terms of helping to embed osteopathy within wider clinical practice, thereby helping to facilitate referrals between osteopaths and other healthcare professionals, particularly GPs, within both public and private sectors.

In the GOSc's press statement GOSc Chief Executive & Registrar, Evlynn Gilvarry, said: "The GOSc welcomes recommendations that will improve patient access to sound, evidence-based care for a health problem that causes 2.5 million people each year to seek help from their GP. Osteopaths are playing an increasingly central role in tackling this costly and debilitating condition. These recommendations will help health professionals work together to provide each patient with effective care best suited to their needs. NICE has provided the clear and consistent advice much needed by patients and practitioners."

Osteopath Charles Peers – as an Expert Peer Reviewer – along with the British Osteopathic Association, National Council for Osteopathic Research and General Osteopathic Council – as stakeholders – all fed into consultations on the guideline from 2007. Particular recognition should be given, however, to the valuable work carried out by Guideline Development Group member and osteopath Steve Vogel in helping to ensure that osteopathy was included as part of the guideline's recommendations.

The challenge now is to make sure the guidelines are implemented effectively. Guidance for Commissioners is currently being developed. For further information, visit: <http://www.nice.org.uk/CG88>.



A complimentary copy of the quick reference guide to this guideline has been sent to all osteopaths as an insert with this issue of *The Osteopath*.

Treating women during pregnancy

Velia Soames, Head of Regulation

Many women seek osteopathic treatment during their pregnancies, and value the treatment and help which they receive. However, concerns have been raised by some registrants about whether treating pregnant patients is lawful. The GOsC therefore asked for a legal opinion on the subject from Nigel Giffin QC, a barrister with particular expertise in the interpretation of legislation. The advice we received, which is summarised below, should reassure registrants that they can continue to treat pregnant patients. We also asked Mr Giffin to advise us on osteopathic care for women in childbirth.

The legislation in question is Article 45 (1) of the Nursing and Midwifery Order 2001 (SI 2002 No 253), which provides:

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

There are exceptions for attention given in a case of "sudden or urgent necessity" and in certain cases where a trainee doctor or midwife attends a woman in childbirth as part of professional training. However, contravention of Article 45 (1) is an offence punishable by a fine.

To find out whether it is lawful for osteopaths to treat women during pregnancy and/or childbirth, we asked Mr Giffin to look at the scope and effect of Article 45 (1). There were two particular issues of interpretation: what is meant by "a woman in childbirth", and what is meant by the word "attend" in this context?

What is meant by "a woman in childbirth"?

The advice we have been given on this is clear: "childbirth" should be given its natural meaning. It does not encompass pregnancy or infancy. It means the process of giving birth to the child. Thus a woman is not in childbirth until she goes into labour (or an operation to deliver the baby by Caesarean section begins), and she ceases to be in childbirth shortly after the baby and placenta have been delivered. Although this may be very obvious to some readers, there has, in fact, been a question mark over what "childbirth" means, because of a definition contained in legislation which post-dates the 2001 Order, namely the Nursing and Midwifery Council (Midwives) Rules Order of Council 2004 (SI 2004 No 1764). Rule 2 of the 2004 Order provides that childbirth is to include "the antenatal, intranatal and postnatal periods". However, we can be reassured by our legal advice on this, which is that the definition in the 2004 Order cannot be used to extend the meaning of "childbirth" as it appears in the 2001 Order.

Registrants should also be aware that there is no legal definition of the precise moment at which childbirth starts or finishes – we can't, for example, say that childbirth ends once a certain number of hours have elapsed since the baby was born. Childbirth has to be given its natural meaning, and its duration will therefore vary according to each patient.

What is meant by "attend a woman"?

The advice we have been given is that the mere presence of a person such as husband, mother, friend – or osteopath – at the birth is quite lawful, where the birth itself is being supervised by a midwife or doctor. There is a grey area, however, where the osteopath is not assuming responsibility for the birth but has been asked to provide care and advice during labour. On balance, such care and advice is not unlawful where there is a midwife or doctor present at the delivery and in charge of the woman's care. However, our legal advisor cautions that if it were unlawful to provide osteopathic care and treatment during childbirth, it is likely that Article 45 would then catch and prohibit all types of treatment being offered, including attempts to relieve pain during labour.

The interpretation of Article 45 is ultimately for the courts, but based on our expert legal opinion, we can say that:

- > the treatment of pregnant patients is lawful at times other than childbirth;
- > at childbirth, the **presence** of an osteopath is lawful under the supervision of a midwife or doctor; and
- > **treatment** given during childbirth, even under the supervision of a midwife or doctor, may or may not be legal – the position is not clear.



Don't forget also that treatment and care offered to pregnant women is subject to the *Code of Practice and Standard of Proficiency*.

Note that the legislation applies in Scotland and Northern Ireland, as well as England and Wales.

My daughter has asked me to be present when she gives birth. Can I apply osteopathic techniques to help relieve her pain?

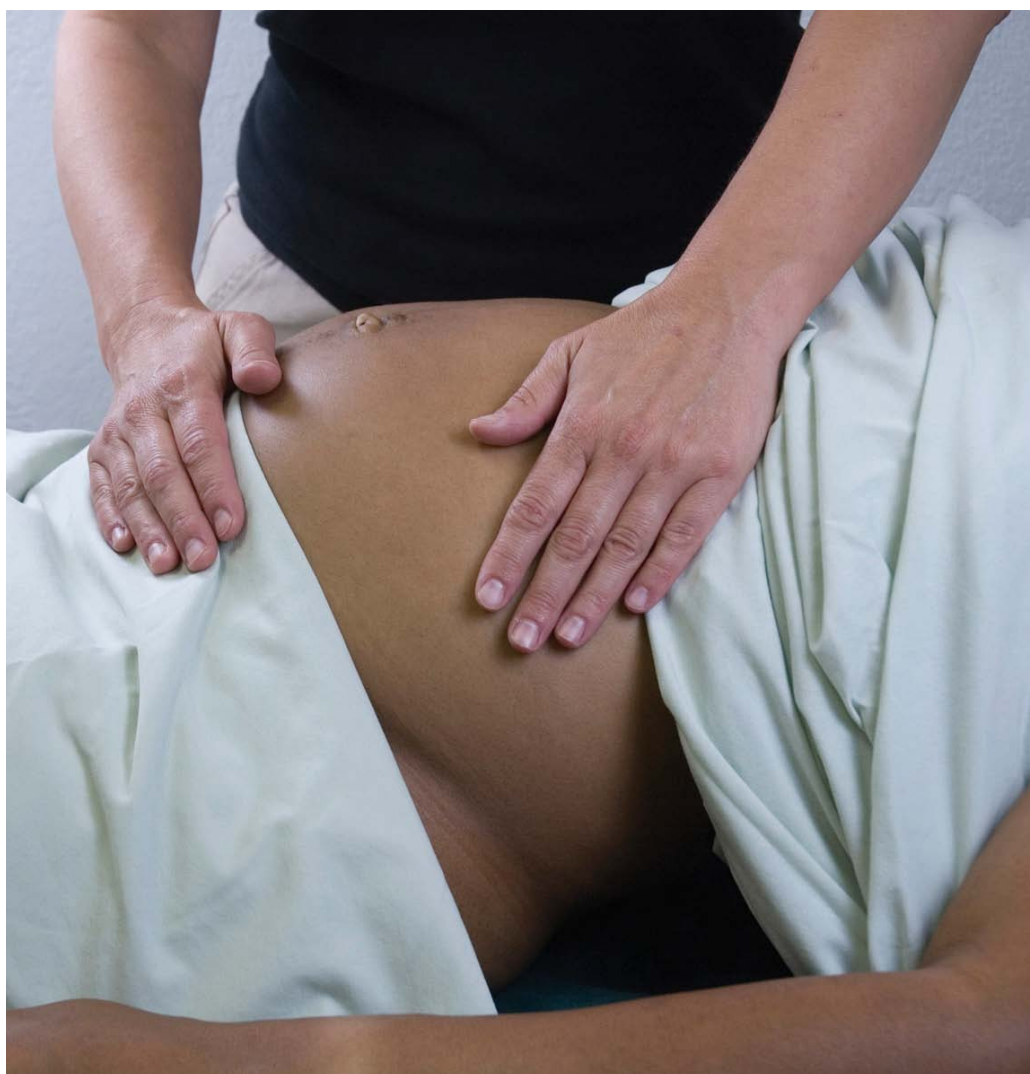
Whether you are attending as a mother or an osteopath, your presence at the birth is not prohibited by Article 45 (1). It is unlikely that osteopathic treatment given by you would be in contravention of the Article, but this falls into the grey area described earlier, and so the position is not certain. The fact that you are giving treatment in your capacity as a mother (rather than as an osteopath) is unlikely to make any difference to the legal position.

I was treating a pregnant woman and she went into labour during the appointment. Am I in breach of Article 45 (1)?

If her appointment with you was a routine one and not intended to form part of the childbirth process, you should not be in breach of Article 45 (1). And if the onset of labour was sudden and unexpected, it may very well be possible to continue to attend the woman and to rely on the "sudden or urgent necessity" exception, certainly for so long as it took medical help to arrive. If, however, the treatment given during the appointment was in some way intended to induce labour, that might be considered to be a breach, as you might be said to have been attending your patient during childbirth (in both the senses of assuming responsibility for the delivery and simply providing osteopathic care).

A patient is planning a home birth and has asked me to be present. What treatment may I carry out to assist the birth?

The fact that your patient will have a home birth makes no difference to the effect of Article 45 (1).



This means that treatment to assist the birth is in the grey area described earlier. It may or may not be lawful to provide osteopathic care and treatment, in exactly the same way as for a hospital delivery. If no midwife or doctor is present at the birth, and you assume responsibility for the home birth, you will be in breach of Article 45 (1).

My patient's midwife has said that she is quite happy for me to provide osteopathic treatment to my patient during her labour. Can I stop worrying about Article 45 (1)?

Not necessarily. The legislation continues to apply even if consent to treatment is given by the patient, relatives, doctor or midwife. In practical terms, if a doctor or midwife indicates they are happy for an osteopath to give treatment which a patient has requested, there is less likely to be a subsequent complaint about the osteopath's intervention. However,

consent to your attendance by a member of the medical team does not necessarily mean that no offence has been committed.

I believe that I am able to turn babies in the womb, to facilitate labour. Can I carry on giving this treatment?

Such treatment, if carried out before the onset of labour, is lawful in terms of Article 45 (1), but may not be during childbirth – even where it is carried out at the request of the patient or with the consent of the midwife. However, osteopaths remain subject to the *Code of Practice and Standards of Proficiency* in all care and treatment they administer, and this procedure is no exception.

Can I treat my patient's newborn baby?

Yes; once the baby is born, it is a different entity and the provisions of Article 45 (1) do not apply to it.

BUPA announces tender process for physiotherapy

Earlier this year, BUPA – the UK's largest private medical insurer – announced plans to introduce a tender process for its physiotherapist services. Physiotherapy providers currently registered with BUPA were invited to take part in a blind tender to compete against each other in order to continue to treat BUPA patients. This process involved an online questionnaire, based on quality criteria, and with

benchmark prices for assessments and follow-up treatments. This initiative, which has raised concerns within the physiotherapy profession, reflects the nature of the marketplace today as BUPA seeks to measure the quality, performance and value for money of the services it provides. Those unsuccessful in the tender process do not belong to the new BUPA network of physiotherapy providers, launched on 18 May 2009.

The British Osteopathic Association and General Osteopathic Council are seeking a meeting with BUPA representatives to explore what plans exist to extend this tender process to other professionals.

BUPA publishes report on workplace health



Healthy Work Challenges and Opportunities to 2030

Helen Vaughan-Jones and Leola Barham



BUPA has launched a report analysing the opportunities and challenges ahead for healthcare in the workplace over the next 20 years.

Healthy Work – Challenges and Opportunities to 2030 is the result of an 18-month project in collaboration with The Work Foundation, RAND Europe and the Oxford Health Alliance. Key findings in the report listed the following factors affecting future workplace health:

- > Changing demography of the UK – an ageing workforce with long-term conditions, and greater caring responsibilities for others
- > UK economy – an expected economic downturn restricting investment in workplace health and a growing demand for, but lack of capacity of, highly-skilled workers
- > Changing nature of work – a shift to 'good quality work' to ensure that organisation culture, work practices and job design promote health and wellbeing
- > Disease trends and the costs of

ill-health – musculoskeletal disorders are the most prevalent diseases of the UK working population, leaving the Government, employers and society to foot the bill of absenteeism, but also 'presenteeism' (when employees are in work but not working productively because of ill-health)

- > Disease trends and impact of lifestyle – currently a third of the cause of UK disease and disability is down to lifestyle choices, such as smoking, alcohol consumption and obesity. This proportion is likely to increase. Interventions in the workplace can help employees lead healthier lives, improving employee productivity and reduce levels of absence.

For more information, visit: http://www.bupa.co.uk/about/html/reports/health_at_work.html.

A second BUPA report, currently in development, will look at the effectiveness and cost-effectiveness of current occupational health schemes, and will make recommendations on how employers, Government and healthcare providers can improve employee health.

European bodies meet to agree common strategy

Sarah Eldred, Public & International Affairs Manager



Representatives from the European Federation of Osteopaths (EFO) and Forum for Osteopathic Regulation in Europe (FORE) met in Brussels on 20 May. The third event of its kind, this gathering sought to ensure that both bodies were aware of the other's activities and to identify opportunities for joint activity to promote osteopathic standards at a European level.

Originally established in 1992 as the European Register of Osteopaths, the EFO is the EU-level professional body for osteopaths, whilst the focus of FORE is on regulatory matters, in particular the:

- > promotion of osteopathic standards;
- > routine exchange of information between registering bodies across Europe; and
- > spread of regulation of osteopathy as an autonomous healthcare profession.

Key items on the agenda included the proposed launch of standards agreed by FORE and the EFO on osteopathic education, training and practice* in November 2009 and the development of a European scope of osteopathic practice.

Launch reception

This high-level political event, to be held in London or Brussels, will target national and EU policy makers, patients and professional representatives with the aim of sharing information about current osteopathic care in Europe, promoting European standards of osteopathy and encouraging and assisting in the development of regulation of the profession across Europe.

European scope of osteopathic practice

A paper (based on the British Osteopathic Association's Common Language Project, the Quality Assurance Agency's Osteopathy Benchmark Statement and GOsC's draft Osteopathic Practice Framework) was presented by the EFO to debate the worth of a scope of practice at a European level, particularly in light of challenges made by other professions seeking osteopathic practice rights in some European countries. It was agreed there was a need to have a clear understanding of what osteopathy was but that this would need to reflect different approaches and accommodate the needs of

different target audiences.

A working group of representatives from the Netherlands, Sweden, Finland, Belgium, France, Ireland and the UK was appointed to take this project forward.

The next joint meeting between the EFO and FORE will take place in London in September 2009.

* European Framework for Codes of Osteopathic Practice, FORE 2007. European Framework for Standards of Osteopathic Practice, FORE 2007. European Framework for Standards of Osteopathic Education and Training, FORE 2008.



Inside *IJOM*: emerging data about adverse events

Robert Moran MHSc (Osteo), Department of Health Science, Unitec New Zealand and New Zealand editor of *IJOM*

Editor Robert Moran selects some highlights from the June issue of the *International Journal of Osteopathic Medicine*, enclosed with this magazine.

In this issue, Nicholas Penney provides a discussion of the European and Australian clinical guidelines for the treatment of acute non-specific low back pain. He explains how each guideline is structured differently in terms of how the evidence for each recommendation is rated, and points out specific areas of agreement and disagreement between the two different guidelines. Penney also highlights those areas in which agreement between the two guidelines occurs and reminds us all about the key messages we can take home and apply in the clinic from guidelines such as these.

Also in this issue, Thomson and colleagues report on the effect of spinal high velocity low amplitude thrust technique (HVLAT) on the pressure pain thresholds of lumbar spinous processes. Comparing mobilisation with HVLAT is an obvious target for lumbar spine research, and its use in asymptomatic subjects sparked some debate between the editors, reviewers and editorial board during the peer review of this article. The main debate centred around the definition of spinal manipulation and whether a technique could be called spinal manipulation if no specific osteopathic spinal lesion (somatic dysfunction) was identified and corrected by the manoeuvre.

The principle of *nonmaleficence* is fundamental to ethical health practice and directly relates to risk-benefit analysis. In terms of research in osteopathy, the focus

has largely been on investigating the beneficial side of the equation, with little attention on harms. Of course, we're all familiar with the potential for harms associated with high velocity low amplitude (HVLA) thrust manipulation and although more work is required, the topic of HVLA and adverse events receives at least some attention in the osteopathy literature. Leaving aside HVLA, there is sparse literature about adverse events associated with other osteopathic techniques. It's very apparent that good-quality data about both benefit and harm associated with osteopathic treatment is necessary if well-informed decisions are to be made about treatment. The notable absence of research in the area of adverse events has recently started to attract more attention by investigators in manual medicine. In the UK, the General Osteopathic Council is currently funding four projects investigating issues related to risk and adverse events. We're looking forward to reading the findings from these studies as they start to emerge over the next year. As a 'warm up' to the findings that will emerge from the GOSc-funded studies, we're particularly pleased to be able to publish a pilot study by Rajendran et al, who conducted a prospective pilot study into monitoring of adverse events occurring in a student teaching clinic. As Rajendran et al highlight, the study is of limited generalisability, however, it does provide valuable data in preparation for further work, and other researchers interested in

this area will find it useful in undertaking larger-scale studies.

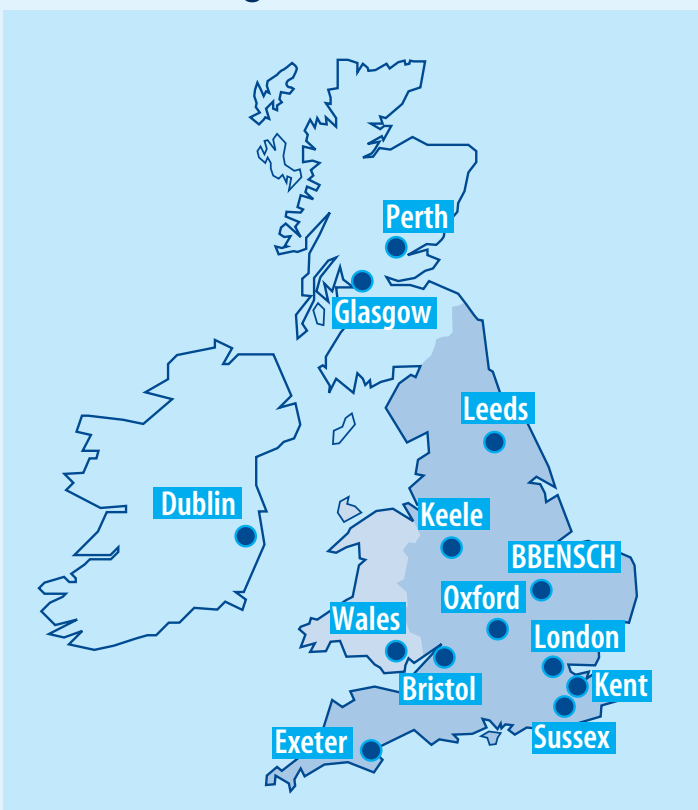
Finally, in this issue we publish a letter by Richard Blacklaw-Jones who contributes to the ongoing correspondence surrounding 'cranial osteopathy'. We've published a number of articles and letters on this topic in recent years. What interested us in publishing yet another 'cranial debate letter' was that Blacklaw-Jones proposes a couple of genuinely interesting and testable ideas about possible underlying mechanisms.



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 (Monday – Thursday) or email: c.a.fawkes@brighton.ac.uk.

www.ncor.org.uk



> EXETER

Saturday 4 July, 2009
10am–12pm

Looking at literature
examining osteopathic
research in the management
of low back pain

> HAYWARDS HEATH

Sunday 19 July, 2009
10am–12pm

Looking at outcome
measures and the literature
underpinning their use in
clinical practice

> LEEDS

Tuesday 15 September, 2009
7–9pm

The audit cycle and
conducting an audit in
clinical practice

> LONDON

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

> OXFORD

Wednesday 9 September,
2009

7–9pm

Discussion of two research
papers

Conference calendar

> 13–14 July 09

**The Alternative and
Complementary Health
Research Network
(AGHRN): Promoting
Excellence in Qualitative
Research**

ACHRN is holding its
annual conference at
the University of York.
Key speakers have yet to
be announced; further
details can be found at
<http://achrn.moondrop.co.uk>.

> 9–12 September 09

**10th Congress of the
European Federation for
Research in Rehabilitation,
Riga, Latvia**

Further information can be
found at www.efrr-riga09.com.

> 12 September 09

**European School of
Osteopathy 6th
International Conference**

The programme includes a
series of workshops and will
be followed by a gala dinner
at Leeds Castle. Further
information can be found at
www.eso.ac.uk/international-conference.html or by
contacting Corinne Jones
on 01622 671558.

> 27–30 October 09

**2nd International Fascia
Research Congress, Vrije
University, Amsterdam**

Further information
can be found at
www.fasciacongress.org/2009.

> 30 October– 1 November 09

**3rd International
Conference on Movement
Dysfunction, Edinburgh**

The event is being held at the
Edinburgh International
Conference Centre. Further
information can be found at
www.kcmacp09.com.

> 9–12 November 09

**7th Interdisciplinary World
Congress on Low Back and
Pelvic Pain, Los Angeles,
USA**

Further information
can be found at
www.worldcongresslbp.com.

> April 2010

**8th International
Conference on Advances in
Osteopathic Research,
Milan**

Further details will follow.

Viscosupplementation in the treatment of knee joint osteoarthritis – a summary

Carol Fawkes, NCOR Research Development Officer

Around 25% of people over the age of 55 complain of chronic knee pain; this is usually diagnosed as osteoarthritis (OA)¹. For 10% of that group, the pain is disabling². The changes within a joint can produce a range of symptoms in patients, many of which are seen in osteopathic practice.

Knee joint replacement is regarded as a successful treatment intervention, but the age at which this procedure is first offered to patients remains from 60 to 80³ years, except in unusual circumstances. Many patients are therefore left to manage their pain with a variety of other approaches. Information from the General Osteopathic Council snapshot survey of 2001 highlighted that 6% of all osteopathic consultations related to knee pain⁴, and physical treatments without pharmacological interventions are regarded as the recommended first line of treatment for osteoarthritis⁵.

Osteopathic literature addressing the management of knee pain has been largely based in America and therefore includes pharmacological and surgical interventions^{6,7}. Supporting advice and the role of weight and exercise in the management of OA knee joints has also been investigated by American osteopaths⁸.

The actual changes to the joint surfaces can be seen in the image below.

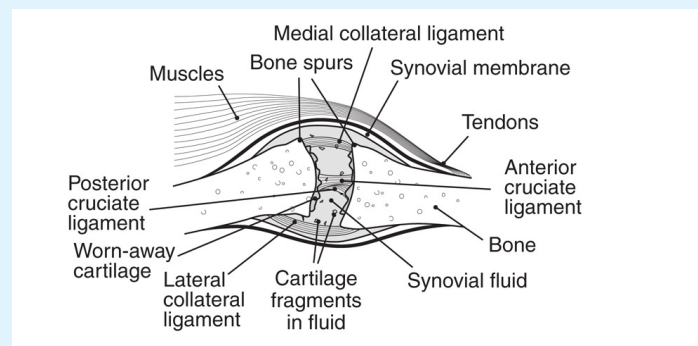


Image provided by the National Institute of Arthritis and Musculoskeletal and Skin Diseases

As pain and disability increase, additional alternative options are offered to patients in secondary care. One such option is viscosupplementation, which is becoming increasingly common.

Osteoarthritis and the knee

Clinically, osteoarthritis of the knee is characterised by focal areas of damage to the cartilaginous surfaces. Clinical features including pain, bony tenderness and crepitus are frequently accompanied by swelling and instability of the joint, which combined commonly result in disability⁹. Radiographic changes are not commonly associated with levels of disability¹⁰, or the clinical progression of symptoms¹¹. Osteoarthritis of the knee is commonly defined radiographically as the presence of joint space narrowing with osteophyte or cyst formation, sclerosis, or attrition. A variety of sub-classifications of radiographic changes of the knee have been proposed, mainly according to radiographic patterns of compartmental disease¹².

Viscosupplementation

Viscosupplementation has become a more popular intervention to relieve knee pain and improve function. It refers to the intra-articular injection of hyaluronic acid (HA) in the form of a hyaluronate which is produced from rooster combs. Hyaluronic acid is the major constituent of a 1–2 μm layer on the surface of articular cartilage and is a constituent of synovial fluid. It has many properties including exerting an anti-inflammatory effect as it acts as a lubricant when movements in the joint are slow, and as a shock absorber when movements are fast. The molecular weight of HA is reduced in arthritis as it is diluted by the exudative properties occurring in inflammation. Arthritis therefore reduces the viscosity and elasticity of synovial fluid producing a fall in its lubrication and shock-absorbing properties and making articular cartilage more vulnerable¹³. Four preparations are available: Orthovisc; Supatrz; Hyalgan; and Synvisc¹⁴.

Mechanism for intra-articular viscosupplementation

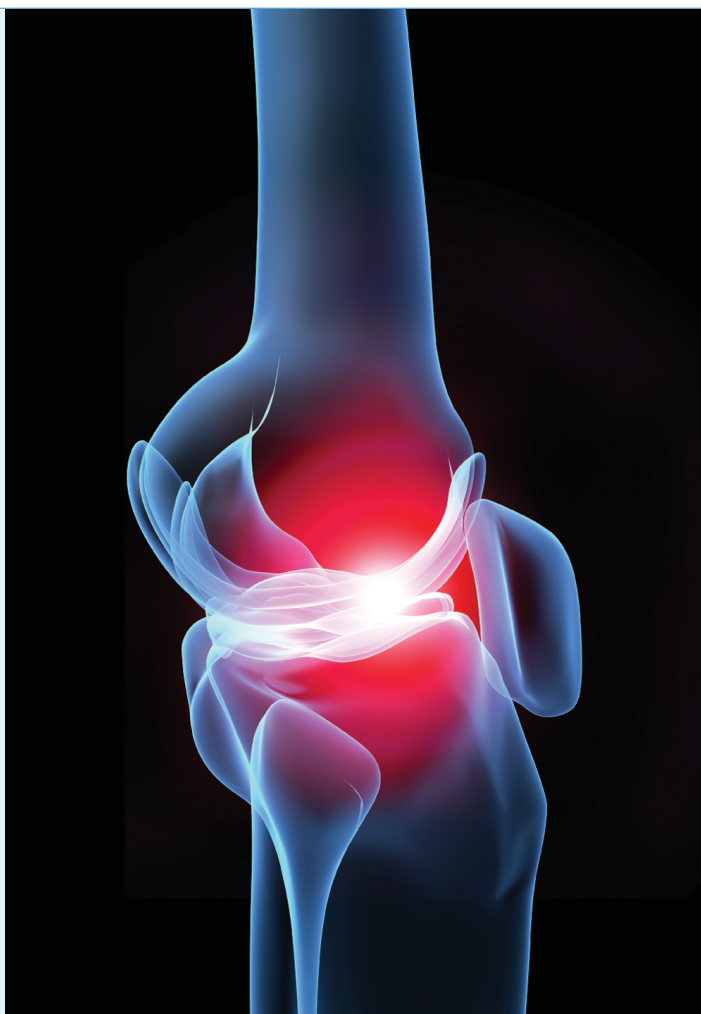
Viscosupplementation as a procedure has been proposed to reverse the changes described, re-establish the normal properties of synovial fluid and produce an anti-inflammatory reaction^{15,16}. Intra-articular injections are known to produce a large placebo effect which will also contribute to any therapeutic benefit.

A number of different types of intra-articular therapies exist in addition to viscosupplementation, the commonest of which is glucocorticoids. A large number of case series exist concerning the use of glucocorticoids, but relatively few randomised studies have been published on which to base judgments for efficacy. A working group report concluded that any benefit from intra-articular injections of glucocorticoids for OA is transient and merely underpins the successful actions of other therapies¹⁷.

Many compounds have been used historically for intra-articular injections to give symptomatic relief to patients with OA. Corticosteroids, for example, represent a very potent anti-inflammatory agent but their injection is thought to suppress cartilage proteoglycan synthesis, worsen cartilage lesion, or even cause degenerative lesions in normal cartilage¹⁸.

Biochemical changes

A number of studies have been conducted to try to identify biochemical changes as a result of OA changes and to discriminate between early and end-stage disease to act as parameters to measure disease severity. Honsawek et al identified that plasma levels of bone morphogenic protein-7 significantly correlated with disease severity¹⁹. In further studies



The Cochrane Collaboration undertook a systematic review of the evidence for viscosupplementation in 2005²⁹. A total of 63 randomised controlled trials were examined and the authors concluded that for patients with osteoarthritis of the knee, viscosupplementation with either hyaluronan or hylan products reduces pain and improves function for up to 26 weeks.

Factors affecting clinical effectiveness

A number of preparations of HA exist which have different concentrations and molecular weights. Synvisc, one particular form of HA, differs in that it contains cross-linked hyaluronans which are intended to enhance the lubrication and shock-absorbing powers, and should also promote a longer retention time in the synovial space. The need for a series of weekly injections is one of the disadvantages of HA, as most treatment protocols recommend a series of five or more injections. This can affect tolerability for patients. Synvisc, by comparison, uses only three injections, which will benefit tolerability¹³.

The dilution of the viscosupplementation has also been investigated to promote outcome. Waddell and Marino found that interpatient variation was not affected by the difference in hyaluronan product injected³⁰. They stressed that the presence of joint effusion produced dilution of the injected product, and pre-injection aspiration could improve functional outcome. Conrozier et al examined multiple factors affecting outcome. They concluded that moderate effusion, injection lateral to the patella, joint space loss in a single compartment, and radiological meniscal calcinosis were all associated with good outcome³¹.

Cost-effectiveness

Study data to allow pharmaco-economic evaluation aren't currently available. The presence of a large placebo effect is an important factor in attempting to produce cost-effectiveness data. Only one study currently exists that compares the effect of intra-articular therapy with placebo, viscosupplementation and glucocorticoids. This tentatively concluded that HA may have a slightly longer period of benefit than glucocorticoids; however, the study has the disadvantage of a high drop-out rate in its long-term follow-up²⁷.

they found that osteopontin in both plasma and synovial fluid is related to progressive OA joint damage²⁰. Scanzello et al found that Interlekin-15 (IL-15) is elevated in early OA of the knee suggesting the activation of an innate immune response in the synovial membrane²¹.

Evidence for effectiveness

A small number of placebo-controlled trials have taken place and a summary of their findings is given in the table below.

Placebo-controlled trials – test results

Authors	Sample size	Comparator	Blinding	Outcome measure	Outcome	Time when benefit measured
Grecomoro et al, 1987 ²²	40 knees	Placebo	Yes	Pain score	HA better from 3 weeks	3–8 weeks
Dixon et al, 1988 ²³	63 subjects	Weaker form of HA	Yes	Change in pain score	Stronger form of HA better than placebo	5–23 weeks
Puhl et al, 1993 ²⁴	209	Weaker form of HA	Yes	Change in pain	Stronger form of HA better than placebo	9–13 weeks
Henderson et al, 1994 ²⁵	91	Saline	Yes	Not disclosed	No difference, return to baseline scores at 5 months	5 weeks to 5 months
Menkes, 1994 ²⁶		Methylprednisolone		Pain	HA better	5 and 8 weeks
Jones et al, 1995 ²⁷	63	Triamcinolone hexacetonamide		Pain and joint effusion	HA better than triamcinolone hexacetonamide	6 months
Leardini et al, 1987 ²⁸		Methylprednisolone		Pain	No difference	45 days

Adverse reactions and contraindications

Contraindications for injection of intra-articular HA are the same as those for any joint injection and others particular to HA, including:

- > infection in the overlying skin
- > allergies to avian products

Adams et al found that the commonest adverse reaction was joint infection, which was rare and directly dependent on the number of injections³². One case of a systemic reaction has been reported by Rees and Wojtulewski¹⁴, and Bellamy et al found that the studies they examined detected no safety issues, but the sample sizes for the study precluded any definitive comments on safety²⁹. This suggestion has been supported by Espallargues and Pons³³, and Wobig³⁴.

Conclusion

Although the evidence for viscosupplementation is limited compared to other interventions in the management of osteoarthritis of the knee joint, available evidence, when reviewed systematically, suggests that when administered with hyaluronan or hylan products, it reduces pain and improves function for up to 26 weeks²⁹.

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BOA Convention and Trade Exhibition 2009

13–15 November, Birmingham



British Osteopathic
Association

This three-day convention looks at all aspects of osteopathic practice, and includes workshops and lectures on advanced osteopathic techniques, expanding reach within the community and the treatment of fascial layers.

Speakers at the convention include Professor Martin Underwood, a GP in central Coventry. Professor Underwood's lecture will review what is known about the influence of patients' beliefs and expectations on the management of chronic pain and how this information might be used to improve patient experience in routine practice.

Jane Stark, a faculty member, Chair of Research and Board Member of the Canadian College of Osteopathy, presents an overview of 500 years of fascial thought. Stark will explore the

ideas of three linchpins of osteopathy – Still, Littlejohn and Sutherland – providing a fluidic approach to the treatment of fascial layers.

Other speakers include John Neil, a psycho-physiologist specialising in exercise physiology and sports psychology at Middlesex Cricket Club, Daryl Herbert, a lecturer at the British School of Osteopathy, and Mr Colin Natalie MBBS BSc (Hons) FRCS FRCS (Orth), a specialist in trauma and orthopaedic surgery.

This three-day convention takes place at the Marriott Forest of Arden Hotel. For further information or to book your place at the convention, visit www.osteopathy.org or call 01582 488 455.

The British Conference of Acupuncture and Oriental Medicine

12–13 September, Egham, Surrey

This conference, now in its 14th year, provides a platform for cutting-edge debate and dialogue and is one of the largest acupuncture and TCM events in Europe.

Top international speakers will offer the latest findings and ideas on pregnancy, IVF, stress, treating teenagers, knee pain, adrenal fatigue and the richness and relevance of studying the classics. Delegates will have the opportunity to consider the nature of acupuncture by attending workshops on how to choose the best time for a treatment, surviving the business jungle and developing viable research strategies.



The two-day conference takes place at Royal Holloway, University of London. For further information contact Nigel Kay, Conference Manager, on 020 8735 1216 or email nigel@acupuncture.org.uk.

The Complex Patient: An Integrated Approach

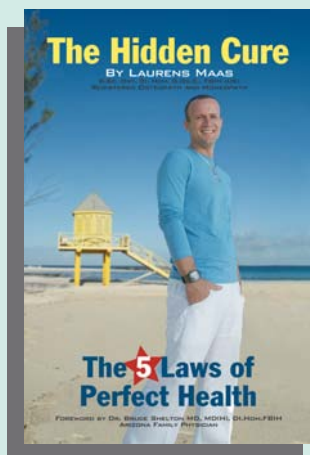
26–27 September, Buckinghamshire

Dr Brian Roet MBBS and Gerry Gajadharsingh DO explore the evaluation and treatment of the anxious patient in this two-day lecture and workshop. With over 65 years of clinical / teaching experience between them, both lecturers share a passion for the practice of a more integrated approach to medicine. Over the course of the weekend they will share their knowledge and experience of this type of practice and in particular dealing with the anxious patient.

The package price of £425 includes Saturday evening accommodation and meals at Missenden Abbey Conference Centre, Buckinghamshire. To reserve a place, visit www.thehealthequation.co.uk or call 020 7631 1414.

Bookshelf

a selection of illustrated reference books for the osteopathic bookshelf



The Hidden Cure: The 5 Laws of Perfect Health

Laurens Maas

Published by: Wheatmark
ISBN: 978-1-60494-202-6

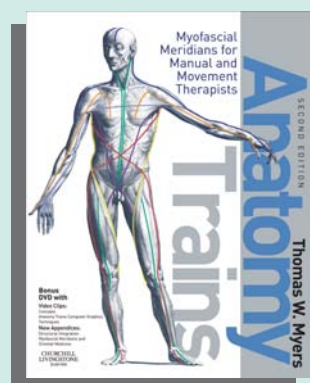
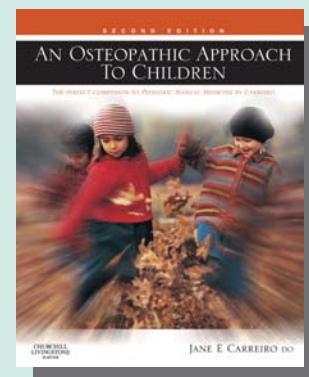
This book explores the five laws of perfect health – a healthy lifestyle plan formulated by Laurens Maas, an osteopath and homeopath. The research is based on clinical observations from a selection of medical doctors, physicists, and other scientists in the past and present, along with similar professional clinical observations made by Maas himself.

An Osteopathic Approach to Children (Second edition)

Jane E Carreiro

Published by: Churchill Livingstone Elsevier
ISBN: 978-0-443-06738-9

This comprehensive textbook and reference source deals specifically with the osteopathic treatment of children. The new edition is updated with the latest developments in the field, with expanded chapters and more dissection photos and diagrams. New chapters covering the musculoskeletal and cardiovascular systems have also been added.



Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists (Second edition)

Thomas W Myers

Published by: Churchill Livingstone Elsevier
ISBN: 978-0-443-10283-7

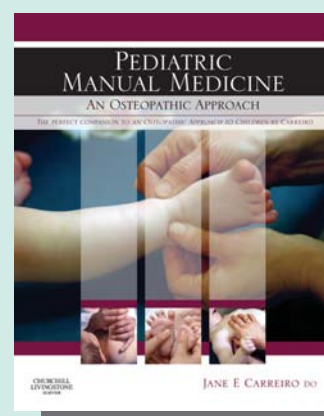
This book presents a 'whole systems' view of myofascial / locomotor anatomy, especially the body-wide connections among the muscles within the fascial net. It details how patterns of strain communicate through the myofascial 'webbing', contributing to both movement stability and postural compensation, and is suitable for all levels – from the student, athlete or client, to the most experienced therapist. Key features include full-colour illustrations of 12 myofascial meridians and the rules for constructing other meridians, and numerous charts and drawings detailing the muscular and fascial structures involved in the meridians.

Pediatric Manual Medicine: An Osteopathic Approach

Jane E Carreiro

Published by: Churchill Livingstone Elsevier
ISBN: 978-0-443-10308-7

This book gives step-by-step guidelines for practitioners treating children and infants with osteopathic techniques. It features easy-to-follow procedures for osteopathic treatment illustrated by drawings and photographs showing how to replicate the methods described. Techniques include balanced ligamentous technique, cranial, counterstrain, myofascial trigger points and muscle energy. The book also includes overviews of diagnosis, functional anatomy, and treatment of common pediatric problems, ranging from colic, plagiocephaly and headache to scoliosis.



If you would like to review any of the books featured here – in exchange for a free copy – contact *The Osteopath* 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.

Book review

The Physiology of the Joints

Vol 3: The Spinal Column, Pelvic Girdle and Head (Sixth edition)

A I Kapandji
Published by: Churchill
Livingstone Elsevier
ISBN: 978-0-7020-2959-2
Price: £26.99

Reviewed by
Donald Scott ND DO

I remember buying the very first edition of this book, now in its sixth reprint. Previously, anatomy students had the standard texts to choose from, including Gray's, Last's, Basmajian's and Cunningham's, written in the traditional style. Then came Kapandji, offering students an entirely new way of learning and appreciating the subject. What's more, in the foreword to earlier editions of the book it states its aim to appeal to "orthopaedists, physiotherapists, medical students, osteopaths...even musicians and top level athletes."

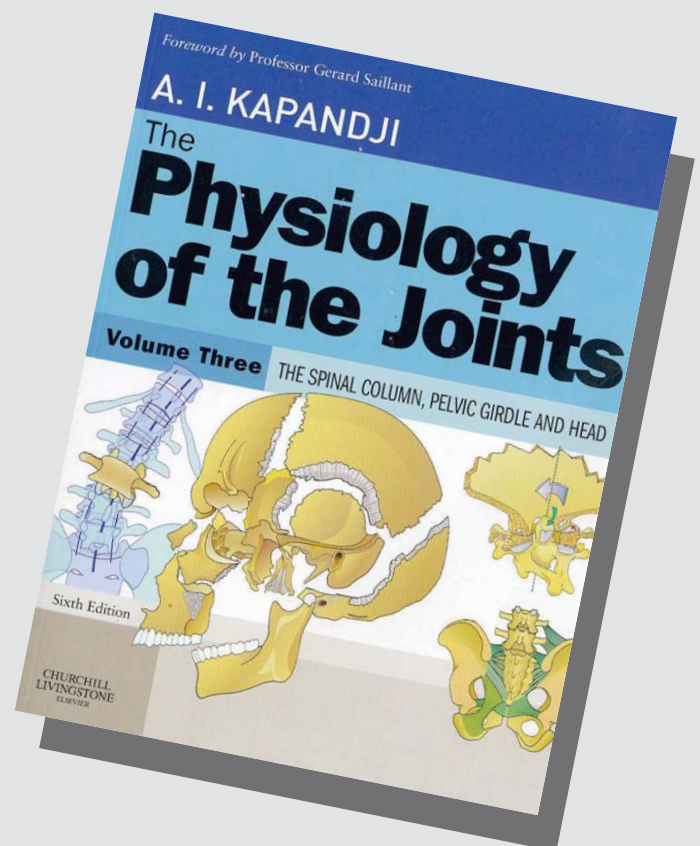
Why not include dancers and sculptors as well, such is the transformation in the visual presentation of the subject? Open the pages and look at the sheer size of the drawings. The traditional portrayal was like a Rembrandt portrait, whereas Kapandji's view on biomechanics was like a Georgia O'Keefe.

For those unfamiliar with the early format of his book, it consists of over 500 original drawings by the author, a former surgeon. He illustrates much of the subject with three-dimensional section views and line drawings. The intention of these drawings is not just to show the general composition and anatomy of the various sections of the human body, but to try to teach the way these parts interrelate biomechanically as part of a composite whole.

An example of the importance the author places in function over form is clearly illustrated in the description of the oculomotor muscles and their effect on the orbit. The diagrams using both arrows and a three-dimensional view of the parts help the reader grasp the intricacies of facial expression. He even uses a reference to a painting by Greuze housed in the Louvre to ensure that the text can appeal to all interested in discovering the fascinating subject of human anatomy, and not exclusively medics.

The author forgoes the detail found in the traditional anatomy textbook but instead emphasises the scope for movement within the tissues. Many of the illustrations use exploded sections to good effect, rather like an engineer produces a line drawing to relate the object under design. Arrows are used to indicate the range of movement of the spine, pelvis or soft tissues being studied, with the key anatomical details being highlighted for the purposes in the accompanying text.

This unique volume is not attempting to replace the conventional anatomy textbook. There is not sufficient detail within its pages to cover standard medical examinations which doctors, osteopaths, chiropractors or physiotherapists are likely to face during their training. It does however introduce the subject of body mechanics and functionality in an innovative way. The recent addition of colour to the diagrams assists in ensuring that the text will be understood in the context of how the living body works rather than what it looks like under examination on the dissection table.



Courses 2009

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

For a more comprehensive list of courses, visit the CPD resources section of the **o** zone website – www.osteopathy.org.uk.

August

> 18

Detailed knee examination and ligament issues and hip pain in the young adult

Speakers: Micke McNicholas and Hammy Malik.
Venue: Spire Cheshire Hospital.
tel: 07807 356 485
email: oscasecretary@hotmail.co.uk
website: www.osca.org.uk

September

> 4–6

The speech of the embryo

Speaker: Prof. Jaap van der Wal.
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 12–13

Sports rehabilitation – managing lower limb injuries

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

> 24

How to treat: Whiplash injuries

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

> 25–27

Harmonic technique

Speaker: Prof. Eyal Lederman.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
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> 26

Introduction to visceral osteopathy: The thorax

Speaker: Joanna Crill Dawson.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
email: cpd@cpdo.net

October

> 8

Weight control: What we should be telling our patients

Speaker: Dr Adam Cunliffe.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
tel: 020 7263 8551
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> 15–18

The spiral of life

Speaker: Dr Michael Shea.
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 16–18

Developing palpation osteopathy in the cranial field part 1

Tutor: Ian Wright.
Venue: Tig Roy Retreat Centre, Co Tipperary.
tel: 00353 523 8800
email: clonmelosteopaths@eircom.net

> 17–18

Muscle energy techniques

Course leader: Leon Chaitow.
Venue: Bangor Hospital, Castle Street, Bangor.
tel: 08453 70 22 70
email: enquiries@welbeing-cpd.co.uk

> 18–19

The spiral of life

Speaker: Dr Michael Shea.
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19.
tel: 07000 785 778
email: info@cranio.co.uk
website: www.cranio.co.uk

> 22

How to treat: Impingement syndrome of the shoulder

Speaker: Prof. Eyal Lederman.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
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> 22

The cervical spine and shoulder

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website: www.osca.org.uk

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November

>5

Osteopathic integration II: Lower back pain and endometriosis

Speaker: Valeria Ferreira.
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>5

Therapists, shamans and charlatans: What are the differences?

Speaker: Paul Grant.
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>6–8

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Speakers: Averille Morgan and Sue Baxter.
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>7

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>8

Weight control: What we should be telling our patients

Speaker: Dr Adam Cunliffe.
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>18–21

Immotion – the role of the psyche and emotions in the manifestation of somatic dysfunction

Speaker: Christine Conroy.
Venue: TynyCornel Hotel, Talyllyn, Snowdonia National Park.
tel: 01654 761 435
email: info@immotion.org.uk
website: www.immotion.org.uk

>19

How to treat: Plantar fasciitis

Speaker: Prof. Eyal Lederman.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
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>21

Introduction to counselling skills for manual and physical therapists

Speakers: Tsafi Lederman and Jenny Stacy.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
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>21–22

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>26

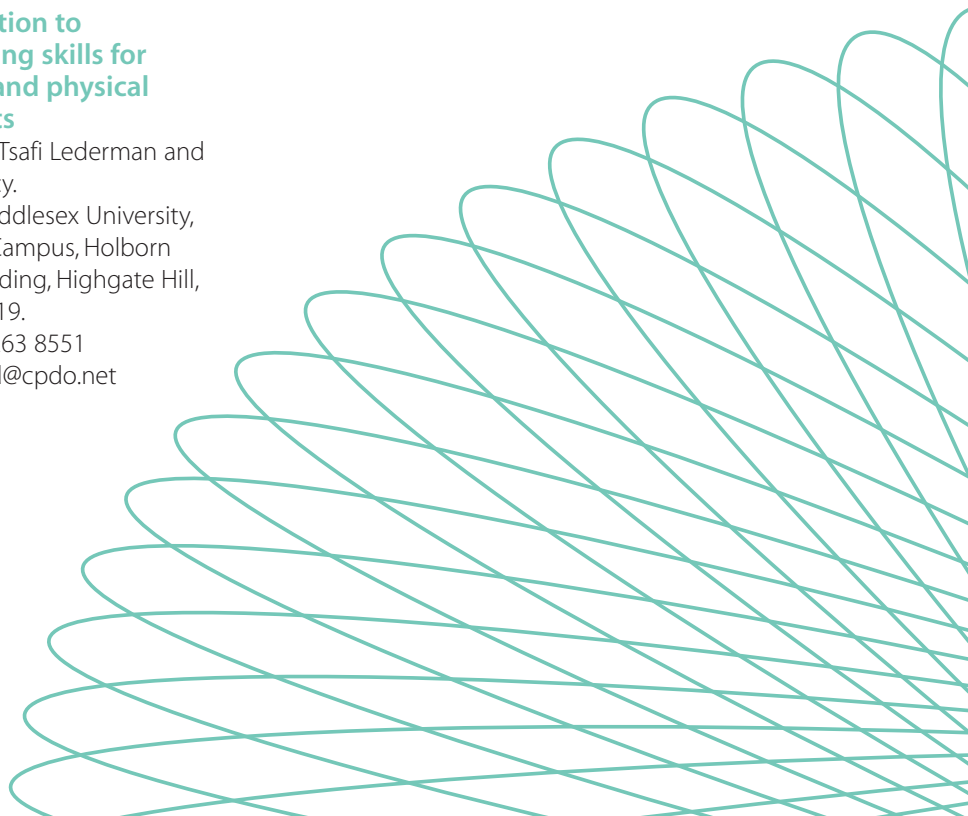
Perfecting placebo

Speaker: Prof. Eyal Lederman.
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19.
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>26–28

Vascular visceral manipulation

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Goodwill for sale, osteopathic clinic established 30 years in Hertfordshire. Average turnover in the last three years £83,000, average pre-tax profit £50,000. Asking price £75,000, no time-wasters. If you are interested, please send your name and contact details to clinic4545@yahoo.co.uk.

Excellent opportunity in beautiful Scotland. Forres, north Scotland. Purpose-built practice with separate entrance, in domestic property. Goodwill and domestic premise sold together. Osteopathy, cranial and applied kinesiology. Established for eight and a half years, excellent reputation. Very low overheads and ability to expand. May consider selling goodwill on its own. Sale due to overseas move. Phone: 01309 675 279.

Winchester. Due to relocation, brand new, modern, fully-fitted treatment room, available for let on a sessional basis, in busy city centre professional practice. To apply / request further information, please contact Dr Brenda Macmillan. Email: Kenneth.w.macmillan@talk21.com. Tel: 01635 203 291. Mobile: 07884 105 655.

Spain (Calpe, near Alicante). Practice for sale. Two beautiful treatment rooms. Large reception, kitchen, two bathrooms. Low rent / bills. Two minutes from beach! Large client base. Good contacts with local doctors, etc. Great opportunity. Contact: toniasheriff@gmail.com.

Osteopathic practice for sale, located 40 yards from Darlington train station. Extremely low overheads. Good network of recommendation; little advertising needed. Established 1991. 180+ patients p/m. Contract with local business. Ground floor accommodation with parking. Current owner relocating. Sale date negotiable. Sensible price. Contact Anna on 07834 039 665 or email info@civicclinic.com.

Gatwick Airport: Modern fully-fitted treatment room available for two days a week rental. Fully serviced with parking facilities. Excellent potential. Phone Khalid on 01293 897 189. Firstpointosteopaths.

Camden town NW1 - Small self-contained ground floor surgery, lease for rent or sale. Low outgoings, D1 use (osteopathy and acupuncture). Treatment room, reception, dispensary and toilet. Available now due to relocation. Close to tube and parking. Email stella.maris@mac.com or ring 07773 770 359.

Goodwill / practice for sale in a busy market town in Cheshire (five minutes from M6 Junction). Opportunity to acquire a reputable osteopathic clinic, established for over 25 years. Three modern treatment rooms, kitchen and reception in a central town location. There are also other therapists who work to provide extra rental income. For sale due to personal circumstances. This practice has a very well-established list but has potential to expand easily. 07974 184 885.

COURSES

Manual Therapy International presents: Graduate diploma in short lever adjusting technique. A one, two, three or five day programme for the full spine and pelvis, using techniques based on diversified chiropractic, the main method of chiropractic, plus Thompson Drop table techniques and J tech mechanical methods similar to an Activator. Specific upper cervical techniques for atlas, axis and condyles, Gonstead and SOT method introduced. Short lever adjustments for disc problems. See www.manualtherapyinternational.com or email robphysio-osteopath@hotmail.co.uk. For Kirkby David Lloyd on 10-14 June, contact: tphilip@live.co.uk or 0151 546 7405 (after 6pm). For Essex on 24-28 June, contact petermcintyre@hotmail.com or 01268 552 682. For Bristol on 20-25 July, contact kellyclements@btinternet.com or 07912 448 510. Seminar fee is £1,000 for five days. For courses in Thailand in December, please see the website.

Osteopathy for animals. The next one-year course at the Osteopathic Centre for Animals starts on 15 October and ends in July 2010. Learn how to treat horses and dogs using traditional osteopathic techniques, without the use of sedation or anaesthetic. For further information, please contact Stuart McGregor at the OCA on 01235 768 033. Email: wantageclinic@msn.com.

Stretching GB - The Aaron Mattes Four Day Active Isolated Stretching and Strengthening Seminar at the Renaissance Hotel, Heathrow, from 15 - 18 October 2009. Active isolated stretching (AIS) should be of interest to every practitioner who deals with the musculoskeletal system. Apart from treating common and sports-related injuries, AIS is also used to treat muscular and neurological diseases. This will be Aaron's first ever UK seminar. This is cutting edge information, available to a limited number of participants and will be the only presentation in the UK and Europe in 2009. More information regarding Aaron Mattes and the content of the seminar can be found at www.stretchingusa.com. Registration details can be found at www.stretchinggb.com. Email: info@stretchinggb.com, or telephone: 020 8897 0377/ 07984 005366. Cost: £450.00.

GENERAL

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Easing joints for better movement

THE ARTHRITIC ASSOCIATION was founded in 1942 by osteopath Charles de Coti-Marsh to enable its members to regain freedom from pain, flexibility in their limbs and to lead full and active lives. **The charity pursues its founder's pioneering work today convinced that the onset of arthritis manifests itself in the gut and can be caused by an old spinal injury.** The turning points lie in nutrition and, crucially, the assessment of patients - investigating trapped nerves, muscle spasms, pelvic distortion etc.

Qualified osteopaths - including graduates - with an interest in nutrition are invited to express interest in being paid to study de Coti-Marsh and thereby becoming Scholars of his works. As Scholars, you can apply to join a nationwide consulting group that benefits from: Association-backed Mentoring; charitable funding for the assessments and treatments of arthritic patients.

Telephone: 0800 652 3188 or
01323 416550 (ask for Ian Sketchley)

Email: ian@arthritisassociation.org.uk

Web: www.arthritisassociation.org.uk or www.arthritisuk.org



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The British School of Osteopathy
275 Borough High Street SE1 1JE

Postgraduate Courses

Master of Osteopathy Conversion Course

This course is aimed at people who are registered osteopaths and already have a first degree or Diploma in Osteopathy and who wish to convert this into a Master of Osteopathy qualification. The conversion course does **not** offer eligibility for registration with the GOsC. It offers opportunities to develop research and critical appraisal skills suitable to the modern practitioner and to contextualise continuing professional development in line with increasing demands of the regulator. In addition you will have the opportunity to evaluate your current practice in a structured and reflective context. The anticipated start for the course is September 2009.

MSc 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 expert teaching from BSO faculty members plus external lecturers specialising in fields including dental and paediatric osteopathy. The anticipated start for the course is September 2009.
Course leader: Nick Woodhead (who has teaching experience with SCTF in the USA and Australia)

Professional Doctorate in Osteopathy

This doctoral degree programme, offers the most advanced level of formal learning in osteopathy outside the USA. The course has taught elements, for those who are keen and able to engage with the challenges thrown up by doctoral level scholarship and in-depth enquiry into your profession. Planned start date of September 2009
Course Leader: Professor Stephen Tyreman PhD

Postgraduate Courses anticipated to commence January 2010

MSc Paediatric Osteopathy

Following on from the end of the partnership with the Foundation for Paediatric Osteopathy the BSO will continue delivering an MSc In Paediatric Osteopathy.

Postgraduate Certificate Research Methods

This is flexible programme to support the health care professional to consider, design, propose and complete research in their chosen field of research or project work covering the research methodology and analytical techniques used in both quantitative and qualitative areas of research.

Postgraduate Certificate in Osteopathic Education

This programme offers two modules. The first explores Osteopathic academic teaching including adult learning styles, student centred teaching strategies, models of assessment and feedback and critical reflective thinking in education, the second considers education for clinical supervision and teaching technical skills. Each module will involve a four day course which will utilise a variety of teaching approaches including seminars and practical workshops, supported by assignments.

Course Leader: Fiona Hendry

MSc Osteopathy

Designed for practising osteopaths this stimulating, flexible programme includes opportunities to advance existing skills, acquire new knowledge and fulfil CPD requirements by allowing a choice of elective modules. The core modules aim to consider the influence and importance of neurology in supporting osteopathic practice and the current developments in patient management and professionalism in osteopathy.

To register your interest for further information when available, please contact:

Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk

www.bso.ac.uk/cpd



British School of Osteopathy Continuing Professional Development



Sports injuries and rehabilitation

Robin Lansman BSO sports clinic tutor leads this one day workshop looking at an osteopathic assessment of sports injuries. Topics covered include a specialized Muscle Chain assessment system, enhancing active palpation skills, muscle global balance tests and facibility. Managing chronic injury, outcome goal setting, cross training issues and sports specific acute injuries skills.

Date: Friday 7 July 2009

Course fee: £95

CPD: 6 hours

Functional Active Release in Osteopathy

This course introduces the application and theory of this useful, remedial myo-fascial technique. There will be 12 different techniques practised through the day. Participants will see how functional active release can be applied in a clinical setting, and use biomechanical evaluation to identify patients that could benefit. Functional active release is ideal for deep muscular dysfunction anywhere in the body and is useful for enhancing performance in sports patients. The course leader is Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Saturday 18th July 2009

Cost: £95

CPD: 6 hours



Preliminary Course in Osteopathy in the Cranial Field

The preliminary 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the 'nervous' 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 fee: £975.00

CPD: 35 hours

Dates: Friday 4th, Saturday 5th, Sunday 6th and Saturday 12th, Sunday 13th September 2009

Stretching Exercises & Application to Osteopathic Care

This intensive one-day course focuses on sixteen tailor-made remedial stretches and strengthening exercises, which can form part of your patient management plan. The day will examine ways to modify stretches for individuals, contra-indications and muscle physiology. The course will be largely practical, to allow participants to experience both performing and teaching stretches. The course leader is Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO.

Dates: Friday 11th September 09

Cost: £95

CPD: 6 hours



Advanced & Applied Ergonomics for Osteopathic Treatment

David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice, ensuring that participants can support their patients effectively in their work environments.

Date: Sat 17th October 2009

Cost: £95

CPD: 6 hours

All courses are held at the British School of Osteopathy in central London.

To apply or find out more, please contact Gayda Arnold on 020 7089 5315 or g.arnold@bso.ac.uk

The Institute of Classical Osteopathy Practitioner Development Foundation Course

10 weekends once a month September-June

Osteopathic Principles in depth
Applied Mechanics of the spine and pelvis
Principles of disease treatment
Body adjustment & Long-lever technique



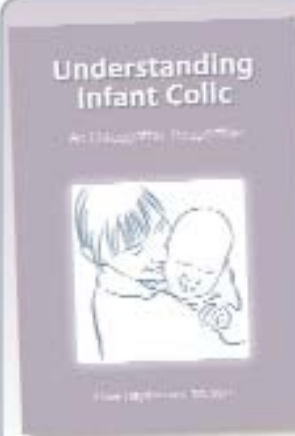
For more information and booking details call

01403 272788 or go to:

www.classical-osteopathy.org

Have a look at the new DVD and book sales while you're there!

Places still available for the 2009-10 Class



Understanding Infant Colic
An osteopathic perspective
By Clive Hayden MSc, DO MSc, C.

This 28pp A5 booklet explains the different causes and management for reflux, infant gut irritability, lactose intolerance and allergy. It is aimed at parents trying to help their child with colic, but would also be a useful reference book for osteopaths, midwives and health visitors.

£3.50 plus £1 p&p. Discount for large orders.
Available from:
Churchdown Osteopaths, 102 Churchdown Drive,
Churchdown, Gloucester GL3 2QU
Tel: 01452 714511
www.churchdownosteopaths.co.uk
A range of practice information leaflets is also available



CPDO 2009

Date	Title	Tutor / lecturer	Cost	Deposit
Weekend courses		For booking and information – www.cpdo.net		
12-13 Sept	Sports Rehabilitation – managing lower limb injuries	Chris Hoyne	£220.00	£150.00
– 25-27 Sept	Harmonic technique (3 days)	Prof. Eyal Lederman	£355.00	£250.00
26 Sept	Introduction to visceral osteopathy: the thorax	Joanna Cull Dawson	£125.00	Pay in full
6-8 Nov	Pregnancy care (3 days)	Avonilo Morgan	£200.00	£200.00
– 7 Nov	Trunk / spinal movement rehabilitation	Prof. Eyal Lederman	£115.00	Pay in full
– 21-22 Nov	Osteopathic technique: Cervical spine, CD and UEX	David Talbot	£220.00	£150.00
– 21 Nov	Introduction to counselling skills for manual and physical therapists	Jan Lederman Jenny Stecy	£120.00	Pay in full
26-28 Nov	Vascular visceral manipulation (3 days) Full	Jean-Pierre Barral	£400.00	£300.00
Evening courses (19.00-22.00)		www.cpdo.net		
– 24 Sept	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40.00	Pay in full
– 22 Oct	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40.00	Pay in full
– 5 Nov	Osteopathic Integration II: Lower back pain and endometriosis	Valeria Ferreira	£40.00	Pay in full
19 Nov	How to treat: Plantar fasciitis	Prof. Eyal Lederman	£40.00	Pay in full
Evening lectures (19.00-21.00)		Courses open to all manual and physical therapists		
– 8 Oct	Weight Control: What we should be telling our patients	Dr Adam Cunliffe	£20.00	Pay in full
26 Nov	Perfecting placebo	Prof. Eyal Lederman	£20.00	Pay in full

Venue: Middlesex University, Archway Campus, Highgate Hill, London N19

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.

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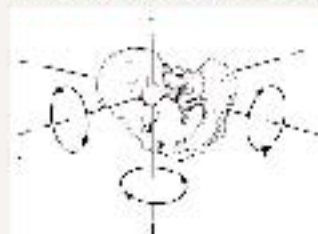
Harmonic Technique

Prof. Eyal Lederman DO, PhD

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

Rhythmic passive movement is the essence of Harmonic Technique

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



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

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

Prof. Lederman has been teaching manual therapy and the scientific basis of manual therapy in different schools in the UK and abroad. He has published articles in the area of manual therapy and is the author of the books "Harmonic Technique", "Fundamentals of Manual Therapy", "The Science and Practice of Manual Therapy" and "Neuromuscular Rehabilitation in Manual and Physical Therapy".

Dates: 25-27 Sept 09 (three days)

Venue: Middlesex University, Archway Campus,
London N19

Cost: £355.00

Deposit: £250.00

Students: half price (limited places available)

www.cpdo.net

To book a place please send a non-refundable deposit of £250.00 made to:

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15 Harberton Road,
London N19 3JS, UK

Tel: 0207 263 8551/

e-mail: cpd@cpdo.net





SUTHERLAND Cranial College

OSTEOPATHY IN THE CRANIAL FIELD

MODULE 2/3

Course Director: Michael Harris DO MSCC

8-12 September 2009 Fee: £1149 CPD: 40hrs

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

*Non-residential Pathway Course
- SCTF approved*

An in-depth exploration of the principles and practice of Osteopathy in the cranial field, following the inspiration of Dr W.G. Sutherland. The course helps expand observation and palpation skills and the participant is encouraged to develop an integrated view of the whole body and the relationships of the different structures. The principles of diagnosis and treatment are explored allowing easy integration into practice life. The high ratio of 1 tutor to 4 students provides an optimum learning environment to meet each individual student's needs.

Eligibility: Module 1 or equivalent undergraduate training

"Quality of teaching was high standard. Brilliant - really worth money and effort to get here. Very high standard! Brilliant variety of anatomy and concept overviews as well as new ideas."

AN OSTEOPATHIC APPROACH TO THE FACE

MODULE 8

Course Director: Dharna Harvey-Kummer DO MSCC

2-4 October 2009 Fee: £830 CPD: 24hrs

Hawthood College, Stroud, Gloucestershire

Residential Pathway Course

The course aims to review the anatomy, physiology and embryology of the face and to use this knowledge to think osteopathically about common viscerocranial problems that we encounter in practice and to facilitate communication with other professionals (opticians, orthodontists, ENT specialists etc).

We will use small group workshops to increase our understanding of the intricate bony relationships of the face, their impact on healthy involuntary motion and on the special senses. A tutor-student ratio of 1:4 will enable us to deepen our palpatory understanding of the forces at work

in the area, and the relationships with the rest of the body. Specific techniques will be taught to facilitate diagnosis and treatment.

Eligibility: Module 2 and 3 or equivalent

Follow-on 2 day advanced osteopathic approach to the face course in February 2010 for the complete dental experience in practice, not to be missed. CD: Cherry Harris MSc (Dist Med), DO MSCC

"The face course was wonderful, I enjoyed it and learned so much. It's another fabulous course, thank you. The course was pitched at the right level... brilliant! Incredible, wonderful, sublime! Thanks again for getting me on to the course - it was well worth it!"

DEVELOPING PAEDIATRIC OSTEOPATHY

Course Director: Susan Turner MA PGCE DO MSCC

6-8 November 2009 Fee: £830 CPD: 24hrs

Hawthood College, Stroud, Gloucestershire

Residential Post Pathway Course

On this course we will explore some of the more difficult or unusual problems that we may encounter in practice. The topics to be explored are:

- Shock: its influence on behaviour and aiding its resolution
- Approaching congenital conditions, e.g. achondroplasia and Down Syndrome
- Diagnosis and management of allergies
- Supporting recovery from intrauterine intoxication, in babies born of drug-addicted mothers
- Learning difficulties, ADD, autism and Aspergers
- Relationship of the primitive reflexes to the development of postural stability
- The vaccination question and particular features of the childhood immune system
- Working with childhood and adolescent orthopaedic problems
- Supporting therapeutic potential in children with cerebral palsy and epilepsy

Eligibility: Module 9 or equivalent

"Fantastic having such a wealth of knowledge from the tutor. I heard a lot of new things and I am confronted with the 'holes' in my knowledge. Good motivation to go on."

SOC Administration, PO Box 91, NP16 7ZS

Telephone 01291 680055/ Fax 01291 680056

Email: info or admin@soc-osteopathy.co.uk www.sutherlandcranialcollege.co.uk



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- ▶ **Fore-Foot:** Pes cavus, pes planus, calluses, bunions, cramping, metatarsal pain and neuromas.
- ▶ **Rear-Foot:** Heel pain/spurs, growing pains, Achilles tendonitis and plantar fasciitis.
- ▶ **Gait:** Knee, hip, pelvic and lower back pain, diabetes, arthritis and poor posture.

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Professor Laurie Hartman
Osteopath

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Saturday 12th September 2009

CPD Event at the ESO, Boxley

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Tony Nevin DO
- "Pelvic balance and urogenital problems"
Prof Renzo Molinari DO
- "Integration of osteopathic concepts and approaches"
Jean Marie Beuvels DO, MSc

Translation will be available in French where requested

Gala Dinner at Leeds Castle

Champagne reception followed by 3-course dinner and live band

Price: £200 inclusive of Gala Dinner / £150 Workshops only (limited to 150 places)

For further information visit www.eso.ac.uk or call +44 (0)1922 671558

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Royal National Orthopaedic Hospital



NHS Trust

In association with the Institute of Orthopaedics and Musculoskeletal Sciences, University College London

Radiology of Bones & Joints

7th-9th September 2009

This 3-day course is primarily designed for specialist registrars in radiology preparing for their final FRCR examination. It will also be relevant to Consultant Radiologists who want to brush up on their knowledge of orthopaedic imaging. Osteopaths, orthopaedic and rheumatology registrars would also benefit from the mix of topics and lecture/tutorial combination.

The programme consists of comprehensive lectures with each day divided into a half day lectures and half day tutorials. The tutorial sessions allow quick revision of topics covered in the lectures.

Lecture Topics include

Benign Bone Lesions; Malignant Bone Tumours; Arthritis & Spondyloarthropathy; Bone & Joint Infection; Important Skeletal Lesions; Scintigraphy in Musculoskeletal System; The Paediatric Hip; Stress Lesions of Bones; Metabolic Bone Disease; Imaging of Prosthesis; Tumours & Infection of Spine; Spinal Trauma; Osteochondritis & Osteonecrosis; Spinal Degenerative Disorders; Skeletal Metastases & Myeloma & Soft Tissue Tumours.

Tutorial Sessions include

Paediatrics; Trauma; Tumours; Scintigraphy; Soft Tissue Tumours; Spinal and General topics

Registration Fee - £450 Fee inclusive of all course material, lunch & refreshments

Venue - Sir Herbert Secklon Teaching Centre, RNOH NHS Trust, Stanmore

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Osteopathic - Pelvic, Respiratory and Abdominal Association

With the development of "scope of practice" there is now more than ever a need to ensure that those practitioners using visceral techniques, or who have a special interest (SI), have a voice and a place to register their interest. OPRAA will help ensure the breadth of osteopathic care is maintained.

OPRAA is being founded to provide a platform for those who wish to register a "special interest" in the treatment and management of patients with Pelvic, Respiratory and Abdominal problems including obstetrics.

OPRAA - Aims

- Membership of an osteopathic special interest group for those treating Pelvic, Respiratory or Abdominal conditions
- Maintain a register of all members and in which areas they have a particular interest
- Website for professional and public information along with 'Find a practitioner'
- CPD courses in relevant areas
- Web based resources and information leaflets
- Annual event for members
- Encourage all osteopathic schools to address basic training at under graduate level

OPRAA - Benefits

- A voice for osteopaths working in these areas
- Keep up to date with issues relating to this area of work
- Working with the BOA and GOSc to ensure the breadth of osteopathic care is maintained
- Access to advice and resources
- Public access to osteopaths with a special interest

Membership is open to:

- Members of the former V&O society
- All osteopaths who work in this field and can show they have undergone training in visceral manipulation or techniques and who currently treat patients
- Any osteopath who completes our upcoming programme (free on completion)
- Please note the fees are to help towards maintaining the association running costs only.
Membership fees are £15
- You may also register to express an interest and we will inform you of future courses

To join please submit your details to: **OPRAA Secretary Helen Wither, 13 Conway Close, Knutsford, Cheshire WA16 9DH**
email: opraainfo@gmail.com

Cheques payable to: OPRAA

Name

Address

..... Post Code

Contact telephone number

* Courses attended and/or any relevant training; please enclose details

Current contact email

Area of interest – please circle 1 or more: Pelvic – Obstetric – Respiratory – Abdominal

* Please note once membership is accepted communication will be via email so please ensure you use your current active email address.

- Courses to be started Autumn 2009
- Website to be launched Autumn 2009 – www.opraa.org



General
Osteopathic
Council

Reviewing the ***Code of Practice***

**The GOsC will be revising the Code for 2010 –
the first review in five years.**

To ensure the Code remains relevant to current practice, we are keen to gain feedback on areas that you think need updating.

If you would like to share your views with us,
please email
regulation@osteopathy.org.uk
or phone
020 7357 6655 ext 224.

