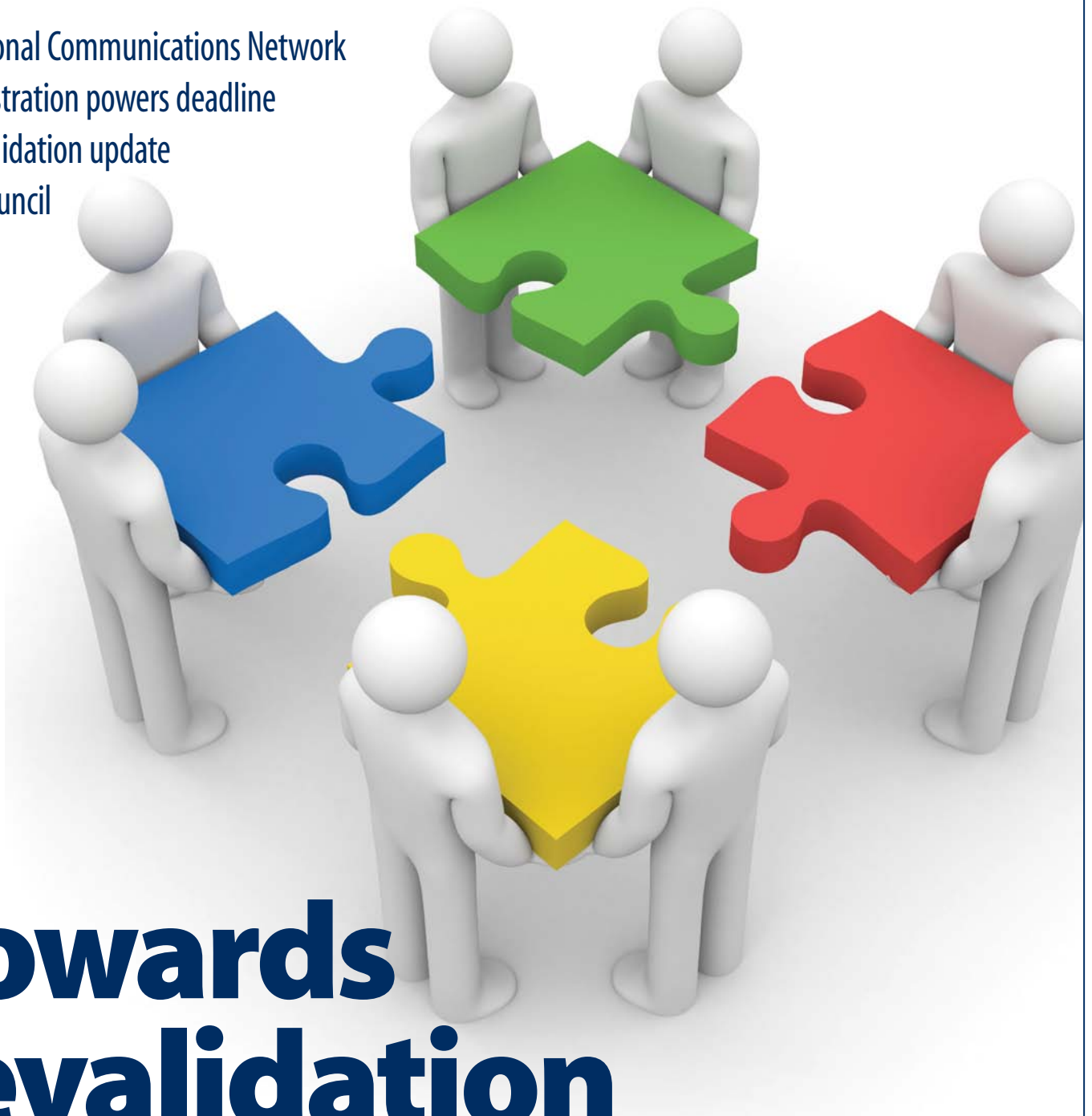


# the osteopath

*International Journal of Osteopathic Medicine enclosed*

## inside

- > Regional Communications Network
- > Registration powers deadline
- > Revalidation update
- > In Council



## Towards revalidation



General  
Osteopathic  
Council



General  
Osteopathic  
Council

**The General Osteopathic Council**  
Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU  
tel | 020 7357 6655  
fax | 020 7357 0011  
email | [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk)  
[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

Chairman of Council: **Professor Adrian Eddleston**  
Chief Executive & Registrar: **Evlynne Gilvarry**

## Key GOsC services

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

**Communications & Osteopathic  
Information Service** **ext 242 / 222 / 228**

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

**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 231**

**Enquiries about** registration fees, VAT, payments.

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

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

**Registration** **ext 229 / 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 / 236**

**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, Governance.

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

## GOsC staff contacts

**Monika Bojczuk (ext 235)**  
Professional Standards Assistant  
[monikab@osteopathy.org.uk](mailto:monikab@osteopathy.org.uk)

**Fiona Browne (ext 239)**  
Head of Professional Standards  
[fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk)

**Brenda Buckingham (ext 256)**  
Senior Registration Officer  
[brendab@osteopathy.org.uk](mailto:brendab@osteopathy.org.uk)

**Alan Currie (ext 233)**  
Head of Registration  
[alanc@osteopathy.org.uk](mailto:alanc@osteopathy.org.uk)

**Marcus Dye (ext 240)**  
Professional Standards Manager  
[marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk)

**Sarah Eldred (ext 245)**  
Communications Manager  
[sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk)

**Kellie Green (ext 236)**  
Regulation Manager  
[kellieg@osteopathy.org.uk](mailto:kellieg@osteopathy.org.uk)

**Sonia van Heerden (ext 242)**  
Information Officer  
[soniavh@osteopathy.org.uk](mailto:soniavh@osteopathy.org.uk)

**Margot Pinder (ext 228)**  
Web Manager  
[margotp@osteopathy.org.uk](mailto:margotp@osteopathy.org.uk)

**Priya Popat (ext 249)**  
Regulation officer  
[ppopat@osteopathy.org.uk](mailto:ppopat@osteopathy.org.uk)

**Jane Quinnell (01580 720 213)**  
Governance Manager  
[janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk)

**Matthew Redford (ext 231)**  
Head of Finance & Administration  
[matthewr@osteopathy.org.uk](mailto:matthewr@osteopathy.org.uk)

**Anna Ripley (ext 224)**  
Regulation Assistant  
[annar@osteopathy.org.uk](mailto:annar@osteopathy.org.uk)

**Abdul Saadeddin (ext 251)**  
Facilities Manager  
[abduls@osteopathy.org.uk](mailto:abduls@osteopathy.org.uk)

**Marcia Scott (ext 246)**  
Assistant to Chief Executive & Registrar  
[marcias@osteopathy.org.uk](mailto:marcias@osteopathy.org.uk)

**Kelly Smith (ext 229)**  
Registration Assistant  
[ksmith@osteopathy.org.uk](mailto:ksmith@osteopathy.org.uk)

**Velia Soames (ext 248)**  
Head of Regulation  
[velias@osteopathy.org.uk](mailto:velias@osteopathy.org.uk)

**Brigid Tucker (ext 247)**  
Head of Policy & Communications  
[brigidt@osteopathy.org.uk](mailto:brigidt@osteopathy.org.uk)

**Jodie Ward (ext 222)**  
Senior Communications Officer  
[jward@osteopathy.org.uk](mailto:jward@osteopathy.org.uk)

**Joy Winyard (ext 238)**  
Professional Standards Officer  
[joyw@osteopathy.org.uk](mailto:joyw@osteopathy.org.uk)



## 4 GOsC news

- > Revalidation consultation – we are listening
- > In Council, November 2009
- > Countdown to registration deadline
- > Regional Communications Network
- > GOsC responds to consultation on regulation of acupuncture, herbal medicine and TCM
- > A global view of osteopathy
- > Changes to your registration number
- > What counts as an adverse event?
- > The **o** zone: your feedback
- > Improving the GOsC Equality Scheme
- > GOsC performance review underway
- > Fitness to practise e-bulletin
- > New GOsC Regulation Officer

## 22 in practice

- > Reviewing your CPD Record Folder
- > Self-management of persistent pain

### CPD resources

- > Health and Wellbeing at Work
- > 6th Evidence Based Physical Therapy Conference & Exhibition
- > Primary Care 2010
- > Osteopathy & White Nights

### Courses 2010

## 28 marketplace

## 16 health matters

### UK

- > Changes to criteria for AXA PPP recognition
- > Work Foundation encourages early intervention in musculoskeletal disorders

## the osteopath

Volume 12 | Issue 6 | Dec 09/Jan 10

*The Osteopath* is the official journal of the General Osteopathic Council.

**Editor:** Jodie Ward

Email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)

*The Osteopath* is published by the General Osteopathic Council. Editorial contributions are welcome, but opinions expressed by contributors or advertisers do not necessarily reflect the views of the publishers. *The Osteopath* is the copyright of the General Osteopathic Council and no part of this journal may be reproduced in any form without permission from the publishers.

**Design:** Axiom Partners

**Send editorial to:**  
General Osteopathic Council  
Osteopathy House  
176 Tower Bridge Road  
London SE1 3LU

Email: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)  
Tel: 020 7357 6655  
Fax: 020 7357 0011

The publishers reserve the right to refuse any editorial contributions or advertisements without explanation, and copy may be edited for length and clarity.

**Advertising sales only:**  
The Advertisement Manager  
Wealden Printing  
Cowden Close  
Horns Road  
Hawkhurst  
Kent TN18 4QT

Tel: 01580 753 322  
Fax: 01580 754 104  
Email: [osteopath@wealdenad.co.uk](mailto:osteopath@wealdenad.co.uk)

## 17 research

### General

- > IJOM: NICE guidelines, HIV-infection, body-mind theory and more

### NCOR

- > Research hub news
- > Conference calendar
- > Osteopathy in the cranial field – current evidence

# Revalidation consultation – we are listening

Fiona Browne, Head of Professional Standards

The GOsC draft revalidation scheme was launched for formal consultation in March 2009 and closed on 12 July 2009. The consultation comprised:

- > a consultation pack mailed to all registrants in February, which was also distributed to a wide range of stakeholders including patient groups;
- > six regional events at which there was an opportunity for osteopaths to discuss revalidation; and
- > completion of a questionnaire online or in hard copy.

The six regional events provided an opportunity for GOsC staff to listen to the views of around 1,000 osteopaths on the revalidation proposals. These events were held across the UK in Birmingham, Glasgow, Gatwick, Taunton, Stansted and Manchester.

In addition to the rich range of comments expressed at the regional meetings, we also received 360 completed consultation questionnaires (including 69 received electronically).

## What did we learn?

The questionnaires, as well as written notes and recordings from the consultation meetings, were sent directly to Abi Masterson, an independent consultant who analysed the feedback. A report has been produced on the analysis of the consultation and is available on the GOsC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) and on the **o zone**.

The main findings of the consultation indicated that:

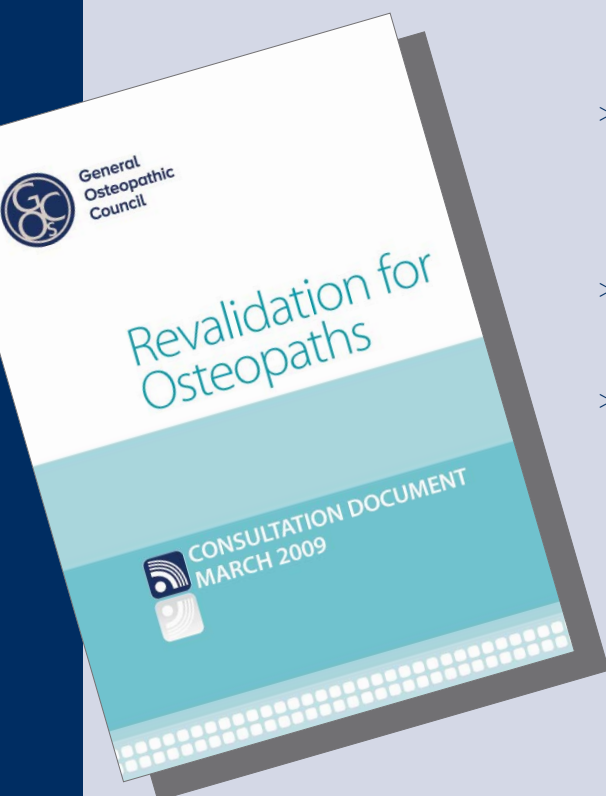
- > **90%** of respondents thought the overall purpose of the revalidation proposals was clearly described
- > **72%** concluded that the proposals seemed fair
- > **83%** reported that the proposals were unlikely to unfairly discriminate against osteopaths because of their gender, race, age, disability, religion, belief or sexual orientation
- > **68%** said the proposals were unlikely to unfairly discriminate against osteopaths because of their area of practice e.g. educator, researcher etc.
- > **75%** agreed that the proposals were unlikely to unfairly discriminate against osteopaths if they are on more than one professional register e.g. GOsC and General Medical Council
- > **73%** thought that the proposals were unlikely to unfairly discriminate against osteopaths who work part-time
- > **77%** thought the four-stage model as described (osteopaths having to submit a self-assessment every five years) appeared to offer a feasible process for the revalidation of osteopaths and is likely to meet the needs of both the profession and the public

- > **84%** thought the guidance notes were clear, **78%** agreed they were sufficiently comprehensive and **79%** said they made it clear what osteopaths will need to do
- > **82%** thought the self-assessment form was clear, **86%** found it comprehensive, **69%** said it was relevant and **65%** agreed it was appropriate
- > Over **70%** thought the suggested examples of evidence osteopaths would be expected to provide to support their assessments were relevant, appropriate and sufficient and **60%** agreed that such evidence would be feasible to collect
- > **29%** thought that the GOsC should amend the existing CPD arrangements to support revalidation.

## Further feedback

As well as the headline figures, general feedback provided by osteopaths in their responses highlighted some important issues which are likely to have an impact on the implementation of revalidation. These included:

- > A possible in-built bias in the types of evidence required, such as complaints policies and audits, against those who are associates rather than principals, and those who are sole practitioners or locums
- > Potential challenges for those involved in full-time education and/or research in demonstrating their clinical skills, as well as those not in clinical practice, for example osteopaths on maternity or sick leave. These challenges were also envisaged for those working less than part-time, e.g. fewer than eight hours a week, who may find it difficult to generate the evidence required
- > The possibility of a greater impact on the earnings of those who work part-time







- > The need for the self-assessment form to be succinct and focused, and supported with very clear guidance regarding content and length of responses
- > Clarity about what constitutes a special interest and whether having a special interest poses different types of risk with respect to revalidation; whether osteopaths with a special interest should always apportion part of their CPD to that interest; and what the balance between specialist and generalist practice should be, i.e. if a minimum number of hours should be spent in general osteopathic practice
- > The possibility of CPD forms and revalidation forms being similar so that one system enhances and supports the other
- > The need for further work to be undertaken to ensure that the requirements meet the needs of those with a disability
- > The need for all materials to be produced in disability-friendly formats, including the possibility of producing responses in alternative formats, e.g. audio-taped
- > Careful consideration needs to be given as to how the model generally, and particularly the initial self-assessment, might be improved
- > More thought required on the feasibility of evidence-collection for osteopaths and the impact on costs for patients
- > The possibility of publishing the assessment criteria
- > The importance of the careful selection of assessors and the possibility that they will require reimbursement for undertaking this role
- > The need for GOSC investment in increasing the availability of particular types of CPD programmes across the UK, e.g. clinical audit, first aid and clinical updates. This may reduce anxiety in the profession and smooth implementation
- > Further consideration needs to be given on how to ensure the process aids the development of osteopaths and the availability of appropriate support for remediation
- > The need for safeguards to be put in place to guard against plagiarism etc.
- > Discussions should take place with the other regulators regarding the potential for mutual recognition of CPD and ensuring processes are in place to meet the needs of those with dual registration whilst ensuring the protection of the public
- > Clarity is required about the costs and benefits of the process
- > More thought needs to be given to the quality assurance of the entire process.

## Next steps

At its meeting in July 2009, Council noted that it would continue to receive reports on revalidation at every meeting and that appropriate working groups would oversee its further development. Council also noted that more detailed work needed to be undertaken, including obtaining further patient and public input, developing assessment criteria, appointing and training assessors, and tailoring the scheme to specific groups.

A detailed project plan has been developed to oversee the further development of these areas and the development of standards, guidance and evidence, the process and the model (including quality assurance and appeals processes), evaluation, equality and diversity issues, research, governance, legislation and communications.

A dedicated issues log has been created to capture all of the comments from the formal consultation. We will now reflect on your feedback and use it to help inform the development of revalidation. This will involve finalising the draft scheme and preparing a comprehensive pilot to test and evaluate the proposals during 2011.

**For further information on revalidation, contact Marcus Dye, Professional Standards Manager, on 020 7357 6655 ext 240 or email: [marcusd@osteopathy.org.uk](mailto:marcusd@osteopathy.org.uk).**



# In Council

Jane Quinnell, Clerk to Council

18 November 2009 – 65th meeting of the General Osteopathic Council

## CORPORATE PLAN 2010–2013

The Council considered and approved a Corporate Plan setting out the key priorities for GOSC activity from April 2010 to April 2013.

The plan aims to achieve the following five strategic objectives:

- > To ensure patient and public safety through effectively targeted regulation
- > To promote high standards of osteopathic healthcare
- > To maintain and enhance the integrity of the Register
- > To engage effectively with osteopaths, patients, the wider public, educators, and other key stakeholders to ensure our policies and processes are informed
- > To keep our activities and use of resources under review, making changes where necessary to ensure optimum performance and cost-effectiveness.

There are a number of key activities to be undertaken in the next three years, including:

- > Measures to protect vulnerable groups through CRB checks and integration of the Independent Safeguarding Authority's requirements within GOSC registration procedures
- > Review of advanced or specialised practice and available post-graduate training for osteopaths
- > Development of an appropriate research strategy to inform and underpin policy development and to determine the extent of the GOSC's role

in supporting research aimed at broadening the evidence base for osteopathy

- > Review of the continuing professional development (CPD) scheme to ensure it is fit for purpose and complements the emerging scheme of revalidation and, in parallel, to review the need for CPD quality assurance
- > Review of quality assurance of education and training
- > Support the osteopathic educational institutions (OELs) in making fair and consistent student fitness to practise decisions, ensuring that only those students who are fit to practise are awarded a recognised qualification
- > To develop a comprehensive Patient and Public Involvement strategy, building on the activities already undertaken in this area and expanding the range of involvement techniques used to ensure maximum effectiveness
- > Engagement with the profession on key regulatory issues including ways of reaching a larger proportion of the profession
- > Enhancement of e-communications and online activity and development of online services.

The Corporate Plan 2010–2013 will be published on the GOSC public website and the **o** zone in December.

## REVALIDATION

The Council considered a report on the outcome of the first round of the revalidation consultation with the osteopathic profession. The consultation findings, which have been independently

analysed, arose from written responses submitted by osteopaths and recordings of the six meetings held across the UK from March to June 2009. The key findings are set out in a report on pages 4 and 5.

The Council also considered a plan for the next steps in the revalidation programme, which will include the development of an assessment process and preparation of a comprehensive pilot to test and evaluate the draft revalidation scheme. It was reported to the Council that the GOSC would receive a grant of £235,000 from the Department of Health in 2009/2010 to go towards the costs of developing the revalidation scheme.

## APPRAISAL OF MEMBERS OF THE GOSC GOVERNANCE STRUCTURE

The performance of all members of the GOSC Council and committees will be appraised annually in accordance with a new scheme developed for the GOSC by an external agency. The Council received a presentation on how the appraisal scheme would work and how it could be used further to develop the skills of the GOSC's non-executive members.

## PATIENT RESEARCH

The Council was informed that the timetable for undertaking the Osteopathic Patient Expectations (OPEN) project had changed. A final report will now be made in April 2010 rather than December 2009 as originally predicted. The study findings will equip the GOSC with a better understanding of patient expectations and experience of osteopathic care, which will be used to inform and shape its policies and procedures. The findings will be published in due course.



## FITNESS TO PRACTISE COMMITTEES' REPORTS

### Investigating Committee

The Council noted that it was too early, since the establishment of the new committee, to identify trends in the types of cases being considered, but that the numbers of formal complaints received appeared consistent with previous years. Cases considered since the last Council meeting in July involved issues of patient confidentiality, trust, communication, overcharging, practising without insurance and the health of the osteopath.

### Professional Conduct Committee (PCC)

The Council noted that the Regulation Department was taking steps to increase the number of

hearings taking place in 2010 to ensure that cases are dealt with in a timely manner.

The Chair of the PCC identified several matters that may improve procedures and these are currently under consideration.

### Health Committee

The Council noted a request by the Chair of the Health Committee for further training of committee members on the implications of the Disability Discrimination Act for cases involving health issues. It was decided that this training will be provided.

There were no notable equality and diversity issues arising from any of the committees' work.

## Future Council meetings

- > 19 January 2010
- > 14 April 2010
- > 13 July 2010
- > 14 October 2010
- > 18 January 2011
- > 12 April 2011

Meetings begin at 10am at Osteopathy House and agendas for the public session are available on the GOSC public website ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) or from Jane Quinnell, approximately 7 to 10 days before the meeting. Public sessions of Council meetings are open to members of the public, including osteopaths..

**For further information, contact Jane Quinnell on 01580 720 213 or email: [janeq@osteopathy.org.uk](mailto:janeq@osteopathy.org.uk).**

# Countdown to deadline: 12 months to register under new powers

Individuals who did not apply for registration with the GOSC in the initial two-year transition period (1998–2000) now have just 12 months to join the Register. Applications will be accepted until **31 December 2010**.

Under new powers sought 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.

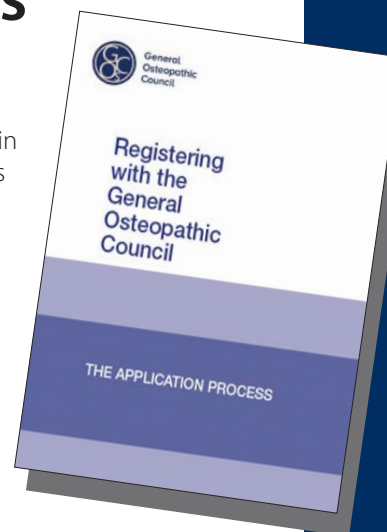
Each application for registration will be assessed in three stages. The applicant must:

- > provide evidence that they have gained an osteopathic qualification in the UK;
- > submit written evidence of practice, detailing past experience and strategies for dealing with specific situations; and
- > demonstrate the management of two new patients in a clinical setting.

The GOSC aims to complete the application process within four months. However, this is dependent on how long it takes for an applicant to submit all of the required information.

Applications must be received by 31 December 2010, but the processing of applications may continue until an outcome is reached.

**For further information on how to apply, or to download an application form, visit: [www.osteopathy.org.uk/practice/how-to-register-uk/qualified-9-may-2009/](http://www.osteopathy.org.uk/practice/how-to-register-uk/qualified-9-may-2009/).**





# Regional Communications Network

Representatives from the Regional Osteopathic Societies attended a meeting at Osteopathy House on Friday 6 November to exchange views, ideas and information on key issues affecting osteopathic practice.

The Regional Communications Network meeting provided an invaluable forum for the GOsC to feed back the views expressed at the consultation events held earlier this year, and discuss the next steps in each area, exploring how these plans could work in practice. This enables the Council to engage with the profession at an early stage in future policy development.

The representatives heard from Fiona Browne, Head of Professional Standards, on the development of the revalidation scheme for osteopaths and the preparation of a comprehensive pilot to test and evaluate the proposals during 2011 (see pages 4 and 5 for further details). Updates were also given on revisions to the *Code of Practice* and Osteopathic Practice Standards, and the development of a scope of practice.

Other discussion topics included the responsibilities of osteopaths to comply with advertising standards rules, the Vetting and Barring Scheme and its implications for osteopaths, and changes to individual registration numbers (see page 11).

Briefing papers on all of the substantive items on the agenda (items 1–5) are available on the **o zone** ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)). Representatives who attended the meeting are encouraged to report back to members of regional groups to inform discussion at local osteopathic meetings and generate feedback to the GOsC. If you are currently not a member of a Regional Society, you can find more information on how to join by visiting the **o zone**.

**For further information on the briefing papers or any of the issues discussed at the meeting, contact us at [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk) or call 020 7537 6655 ext 242.**

Friday 6 November  
2009

## AGENDA

- 1 Developing professional standards: building on the 2009 regional consultation events**
  - > Exploring feedback on the Osteopathic Practice Standards and scope of practice
  - > Revalidation – what we've learned so far and the next steps
  - > CPD accreditation
- 2 Code of Practice 2010 – next steps**
- 3 Advertising standards – guidance for osteopaths**
- 4 Safeguarding vulnerable groups – the Vetting & Barring Scheme**
- 5 E-GOsC: enhancing your online services**
- 6 Issues update**
  - > New GOsC registration powers
  - > Legislative changes sought by the GOsC
  - > Blood donor certificates
  - > Annual Report 2008–09





# GOSc responds to consultation on future regulation of acupuncture, herbal medicine and Traditional Chinese Medicine

**In November, the GOSc submitted its response to a UK-wide Government consultation on the future regulation of acupuncture, herbal medicine and Traditional Chinese Medicine (TCM). This three-month consultation, which has now closed, sought the views of stakeholders to identify the risks posed by these disciplines and whether these risks could best be managed through statutory regulation or some other means of regulation.**

Basing our response on our knowledge and experience of the statutory regulation of osteopaths, we argued that the nature of the treatment involved in acupuncture and the potential risks associated with some herbal medicines justified statutory regulation. This is in spite of our understanding that the Government is not keen to bring these complementary therapies under statutory regulation. Whilst it is right that statutory regulation should be avoided where it is unnecessary, we argued that healthcare should never be the first port of call for a Government in 'de-regulatory mode'. In our view, only statutory regulation, including protection of title, would establish the standards required for practitioners and provide a means of redress for patients who believe they have suffered harm as a result of the treatment.

In the light of recent media coverage highlighting the dangers of healthcare professionals working in the UK with insufficient English skills, we also argued that an appropriate level for English language should be set. Like osteopaths, acupuncturists, herbalists and TCM practitioners do not work in isolation, but increasingly in multi-disciplinary clinics. An ability to communicate effectively with patients, other healthcare professionals and the emergency services is crucial.

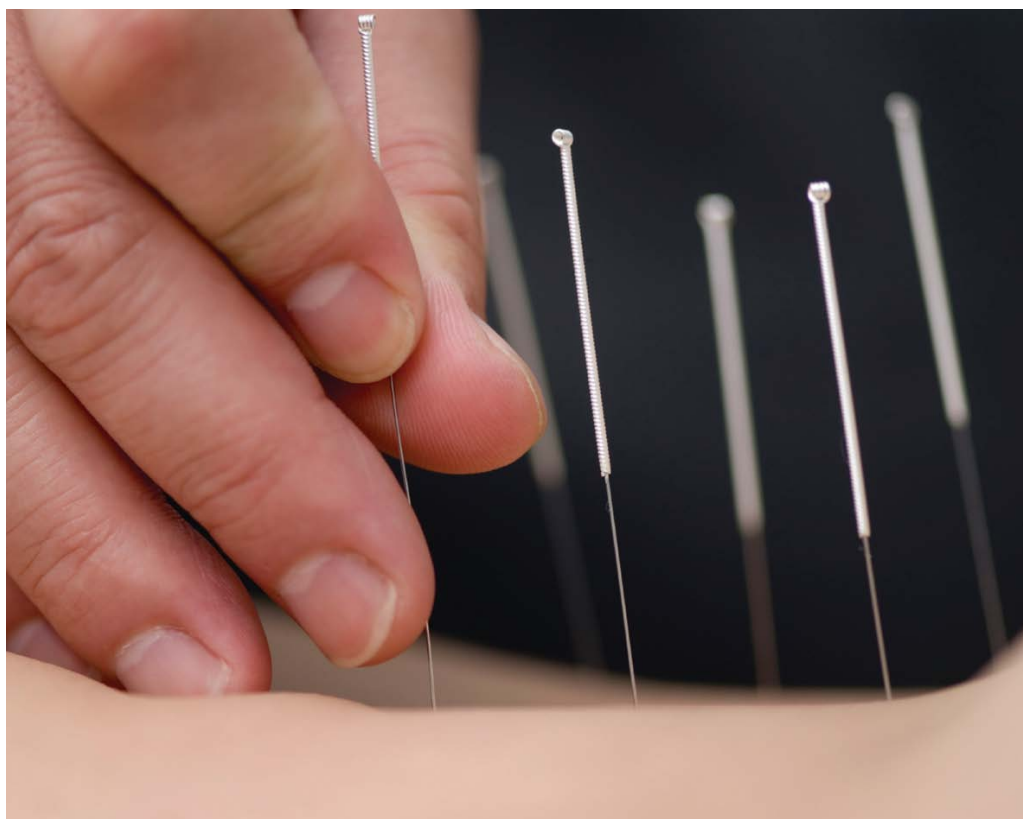
As the Government does not favour practitioners of more than one discipline having to register with each regulator under 'dual registration', the individual may have

the opportunity to decide which body is to be his/her principal regulator by means of a 'distributed model' of regulation. This could have implications for the GOSc and osteopaths in terms of potential resignations, as osteopaths also practise acupuncture, herbal medicine and TCM. Clarification would be needed regarding fitness to practise proceedings as it is our understanding that the principal regulator would be responsible for dealing with complaints involving a registrant's 'secondary profession'. This would require the development of memoranda of understanding between the respective principal and secondary regulators on disclosure of information, and on the handling of fitness to practise cases,

with resource implications. Careful consideration would also need to be given to how regulators could implement continuing professional development and revalidation requirements on practitioners who have chosen another body as their principal regulator.

The Government is now compiling its response, which will set out its position as to whether acupuncture, herbal medicine and/or TCM will be regulated and how.

**A copy of the GOSc's response to this consultation is available via the GOSc public website, the o zone and/or on request at: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk).**



# A global view of osteopathy

Evlynne Gilvarry, Chief Executive & Registrar



**International gatherings of professionals invariably highlight interesting differences between the same profession in different countries. But usually more striking still is the similarity of the issues facing members of the same profession around the world. And so it was at the most recent annual forum of the Osteopathic International Alliance (OIA)\*, where the common themes were: lack of prominence of osteopathy; competition from other professions/disciplines; the need to drive up educational standards; lack of an evidence base for osteopathy; and scarcity of osteopaths.**

## Lack of prominence of osteopathy

This was a thread that ran through many of the discussions at the forum. It is a particular problem in Australia, Germany and Canada, where the profile of osteopathy is perceived to be unsatisfactorily low in comparison with, say, physiotherapy. In the US, where osteopathy may only be practised by osteopath physicians, there is evidence that only a very small minority of osteopath physicians, who number 67,000, practise manual therapies. Research reported at the forum showed that less than 5% of osteopath physicians practised manual medicine, which was cited as a factor in the lack of growth of the profile of osteopathy in the US. The general conclusion at the forum was that bodies representing osteopaths needed to redouble their efforts to enhance the profile of osteopathy and avoid losing out to others who may be less qualified.

## Competition from other professions/disciplines

This was cited as a growing problem by Australian osteopaths, who are increasingly facing competition from myotherapists (offering a form of manipulative therapy and whose training mirrors that of osteopaths in many respects) and physiotherapists. Elsewhere in the world, the principal competition was seen to come from physiotherapists and sports massage therapists.

## Educational standards

A dominant theme of the forum was the need to improve the standard of education and training to make it more relevant to practice. French delegates reported that the training offered by fewer than 1 in 3 of the 40 or so osteopathic schools could be considered to be of an acceptable standard. For countries like the UK, Australia, New Zealand and Germany, the debate focussed more on how to ensure new graduates were properly equipped to practise effectively in the osteopathic world. There was general agreement that the focus should switch to outcomes of training rather than the content of curricula, although the two were obviously related. A number of countries – among them Australia and New Zealand, where training lasts five years – reported that their undergraduate training regimes were under review to address weaknesses perceived by students, tutors and employers.

## Lack of an evidence base for osteopathy

This was a recurring theme throughout the three days of the forum and, whilst it was acknowledged that there was some useful research being conducted in parts of the world, there was a sense of frustration that a shortage of funds was standing in the way of more



Photograph courtesy of the BSO

widespread and deeper research. Even in the US, where funds for research have traditionally been easier to access, osteopathy was seen not to be achieving its fair share. The reason offered was that most osteopath physicians run very busy, private general practices and do not have the time to press the case for research funds. Also, they are mostly not linked to universities where research is conducted.

## Scarcity of osteopaths

This was identified as a serious problem in Australia, where there are only 1,600 osteopaths in the whole of the country. However, several European countries (with the possible exception of France, which has over 12,000 osteopaths) also reported a shortage. The scarcity was seen to impede the aim of increasing the prominence of the profession. The numbers in Australia are unlikely to grow significantly in the short-term through reliance on home-produced osteopaths, as universities are struggling to attract students. Osteopathic training courses in Australia are five years long and students increasingly struggle to find the funds. Therefore, the Australian regulator of osteopaths and the professional

body are keen to encourage immigration of osteopaths from other countries deemed to offer a similarly high standard of education and training.

## Solutions

None of the problematic issues raised at the OIA forum lend themselves to quick or easy solutions. Building a greater profile for osteopathy will take years of continual, well-argued and sophisticated campaigning. Similarly, the achievement of sufficient funds to broaden the evidence base for osteopathy will take time and dedication. But the fact that there is a global debate on these themes, and that individual countries are making real improvement steps (e.g. significant moves towards regulation of osteopathy in Germany, Italy, Portugal and Ireland), bodes well for the eventual resolution of what are now regarded as the biggest problems.

\* The OIA is an organisation composed of osteopath and osteopath/physician bodies around the world and whose main objective is to "advance the philosophy and practice of osteopathic medicine and osteopathy throughout the world". The OIA was established in 2007 and the General Osteopathic Council is allocated a seat on the Board.

# Changes to your registration number

**The GOSC has recently introduced a new registrant database in an effort to streamline our services and improve efficiency. The new system will allow the Council to introduce more online processes for osteopaths, such as completing your renewal of registration via the o zone.**

The format of the new system means that individual registration numbers are displayed differently, only listing your unique identification number. When contacting the GOSC, you will need to quote the middle digits unique to your personal registration details, which will be between one and four digits long. For example, the registration number '13/1234/F' will now be displayed as '1234'.

The new database also has the capacity to record future registration details from the Independent Safeguarding Authority (ISA), established as part of the Government's Vetting and Barring Scheme. Osteopaths will be issued with a 16-digit registration number which they are required to pass on to the GOSC once they have registered with the ISA.

If you would like further information on the change to your registration number, please contact the Registration Team on 020 7357 6655 ext 229 or email: [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk). Information on the Vetting and Barring Scheme was published in the October/November issue of *The Osteopath* (pages 20 and 21). Further details can be found at [www.isa-gov.org.uk](http://www.isa-gov.org.uk) or by calling 0300 123 1111.



# What counts as an adverse event in osteopathy and what should we tell our patients?

Steven Vogel, Vice Principal (Research and Quality), Principal Investigator, The British School of Osteopathy, and Thomas Mars, Research Fellow, The British School of Osteopathy

## Background

From time to time, the general media and the specialist medical press raise concerns about the risk to patients of harm resulting from manipulation as practised by manual therapists, including osteopaths and chiropractors. Much of the debate about serious adverse effects has focussed on the association between cervical manipulation and stroke.

At the heart of this is the patient's right to be made as fully aware as possible of any known risks associated with a medical intervention, before consenting to treatment. Clause 20 of our own *Code of Practice for Osteopaths*, along with other associated clauses, relate to information exchange between patients and practitioners and expectations associated with consent procedures.

Many osteopaths, however, have expressed concern about communicating risk that is not yet well understood or qualified and, as a result, they do not feel confident about being able to clearly express the information to their patients.

To gain a better understanding of any potential risk that may be associated with osteopathic care, four interlinked research projects have been funded by the GOS. This systematic investigation of adverse events associated with osteopathic care aims to inform and guide osteopaths' practice and enhance patient safety.

For the first time, we as practitioners will have information synthesised specifically for osteopaths, and we will have real data about osteopathy and about patients treated osteopathically. Currently, almost all the information available to us has been based on chiropractic or physiotherapy research.

The "Adverse Events" project provides an excellent means for the profession to demonstrate good practice by tackling difficult issues and media concern head on.

## The "Adverse Events" studies

To build up a comprehensive knowledge of risk associated with osteopathic treatment, four studies are currently underway:

1. Adverse events associated with physical interventions in osteopathy and relevant manual therapies;
2. Communicating risk and obtaining consent – good practice for osteopaths;
3. Insurance claim trends and patient complaints to the regulator; and
4. Clinical Risk, Osteopathy and Management (CROaM).

Project One, which has included a systematic review of adverse events in manual therapy, was led by osteopath Dr Dawn Carnes and is largely complete, with the results due shortly for publication. The combined evidence of these four studies will, in due course, provide osteopaths with invaluable information, which we can share with confidence with our patients. Patients will benefit by a clearer expectation of treatment and how they are likely to respond.

## The CROaM project – how you can help

Project Four – the largest of the four "adverse events" projects – is due to begin data collection in February 2010 and we will need the professions'



help and support to complete the project. We have titled this project CROaM – Clinical Risk, Osteopathy and Management.

The CROaM study team is made up of experienced researchers from different professions and institutions. The team includes:

- > Steven Vogel (Principal Investigator), The British School of Osteopathy
- > Thomas Mars (Research Fellow), The British School of Osteopathy
- > Dr Tamar Pincus (Co-applicant), Royal Holloway, University of London
- > Professor Sandra Eldridge (Co-applicant), Barts and The London School of Medicine and Dentistry
- > Professor Martin Underwood (Co-applicant), Warwick Medical School.

In conducting this project, we have the following primary aims:

- > To describe osteopaths' reported risk assessment and management behaviour
- > To describe patients' reported experience of risk assessment and management, and the frequency and character of treatment reactions
- > To assess patient outcomes, focussing on short-term, global, patient-centred outcomes
- > To explore the definition and interpretation of treatment reactions from patient and practitioner perspectives
- > To develop a robust framework and taxonomy of treatment reactions.

## What's involved and why we need help!

The project will use a mix of surveys and interviews to gather information from osteopaths and patients. Exploring adverse events in healthcare is highly sensitive and the study team, through ethical review and approval, and monitored by an independent



steering committee, will ensure the highest standards of confidentiality and data protection.

We will be asking osteopaths to tell us about their practice, how they assess and manage risk, and to share any experience they have of serious adverse events.

Importantly, we will be inviting osteopaths to indicate their willingness to contribute to further parts of the study. For those who remain involved beyond the initial survey, participation will involve giving questionnaires out to patients.

Patients will be asked about their current health, as well as about some aspects of their medical history, including documenting pain and symptom levels. We will follow patients up at six weeks and assess global outcomes, including additional symptoms associated with manual therapy treatment. This is the first time this data has been collected from osteopathic patients in the UK.

We will use interviews to explore responses to treatment and their implications. We need to do this because some authors have described fatigue or a local, short-lived increase in pain as an adverse reaction to manual therapy. Through this study, we will have the opportunity to interpret treatment reactions such as these from the perspective of both patients and practitioners.

## And finally ...

In anticipation – we would like to thank all those members of the profession who do take time to read the research participant information sheets that are landing on your front door mats and inboxes with increasing regularity. Your interest and participation is the most important contributing factor to us successfully building the solid evidence base our profession and practice urgently needs.



# The o zone: your feedback

As part of our plans for improving the o zone, we conducted a survey of osteopaths' views on the website and the proposed future content.

The survey was available on the o zone from 9 October to 4 November. We received some very interesting and helpful feedback, so many thanks to all of you who sent in your views.

## Content

We asked you whether you would use any of the following sections of the website:

- > Updates on the progress of GOSc initiatives and developments in healthcare regulation
- > Online registration and fee payment services; the facility to amend your practice details online
- > Practice guidance and management
- > Maintaining and submitting your CPD record online
- > Revalidation
- > Managing complaints
- > GOSc research and surveys and NCOR developments
- > Events diary and online booking
- > GOSc Regional Communications Network and local groups
- > Osteopathy worldwide – international updates, and key contacts
- > GOSc contacts and useful external links.

The vast majority (ranging from 70% to 96% per section) of respondents said they would use these content areas. The most popular sections included: updates on the progress of GOSc initiatives; online registration; practice guidance; CPD maintenance; revalidation; research and surveys; and managing complaints. More than 92% of respondents envisaged utilising these sections.

## Frequency of use

Most respondents saw themselves using the o zone fairly often (37%) or sometimes (44%). In response to our question "What would encourage you to use the o zone more regularly?", two answers came up most often:

- > email notification of important new additions to the site; and
- > a site that is more concise and easier to navigate.

One of our aims in improving the website is to make it much easier for osteopaths to use, so this was encouraging to hear. We are also investigating the use of email updates.

## The regulator's role

Some respondents questioned whether content such as events and practice management were really the role of the GOSc, and it was welcome to find that awareness expressed.

The events section will include GOSc events with online booking facilities, and CPD courses run by regional groups or osteopathic providers, similar to that featured on the current site. However, it will bring all of this information together in one place, rather than in three separate locations currently. As CPD is mandatory, we believe it is right to provide information about available CPD courses.

The emphasis in the practice management section will be on aspects that support osteopaths in meeting the Code and standards of practice, and in providing high standards of patient care, which is within the regulator's remit.

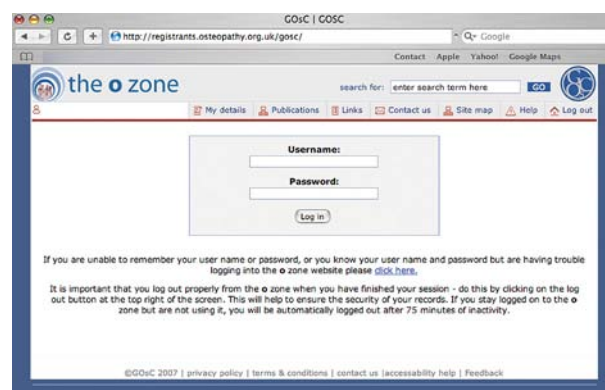
However, some suggestions we received on additional content and services are beyond our remit, such as job opportunities, publicity material and engagement with the NHS.

There was also a view – although not expressed widely – that there should be less regulatory emphasis and more information relating to clinical and practice matters. While we acknowledge that information about regulation can be dry and hard to engage with, we do aim to present it in ways which are as accessible as possible. Practice matters, other than those supporting you in meeting the Code and standards of practice, and clinical content are the role of a professional association, not the GOSc.

## Next steps

Aided by your feedback, we will continue to plan and redevelop the o zone to make it easier for you to use and more relevant.

Updates on the development of the o zone will be available in future issues of *The Osteopath*.





# Improving the GOSc Equality Scheme

As part of an exercise to revise and improve the GOSc's Equality Scheme, the Council hosted two disability involvement fora in November for representatives from the profession, students of osteopathy and patients.

Participants were encouraged to discuss the openness of osteopathy as a profession for disabled people, the practical support available for disabled people studying and practising osteopathy, and patients' experiences of osteopathy and obstacles to receiving treatment.

Discussions from the patient group mainly focused on the accessibility of osteopathy from a practical point of view. Suggestions for overcoming obstacles to treatment included the use of symbols on websites to notate onsite

parking and wheelchair access, and the introduction of alternative methods for booking appointments, such as text or email. Participants also stressed how important it was for receptionists to be fully informed on matters such as nearby parking facilities and the accessibility of premises.

Issues raised by osteopaths and students of osteopathy included communication difficulties with the GOSc and the disparity between the osteopathic educational institutions in terms of resources and facilities for disabled students.

We are extremely grateful to all those who attended these groups for sharing their experiences, which will inform the work of the Council on equality.

# GOSc performance review underway for 2009

**In common with all healthcare regulators, the performance of the GOSc is reviewed annually by the Council for Healthcare Regulatory Excellence (CHRE) to ensure we remain fit for purpose and perform our duties fully and to a good standard.**

The CHRE, an independent statutory body established by Parliament to ensure consistency and good practice in healthcare regulation, launched its annual performance review of the regulators in October.

The Council's performance will be assessed against 17 standards spanning five regulatory functions: standards and guidance; registration; fitness to practise; education and training; and governance and external relations. These standards form the basis of the performance review process and describe what the public should expect from regulators.

Along with other regulators, the GOSc is required by 17 December to submit evidence on our performance over the preceding eight months. The CHRE will then assess our performance and publish its appraisal in summer 2010.

**The performance review for 2008 is available on the CHRE website:**  
[www.chre.org.uk](http://www.chre.org.uk).

# Fitness to practise e-bulletin

In the August/September issue of *The Osteopath* (page 10), we introduced a forthcoming fitness to practise e-bulletin, which will feature case studies and learning points, along with information on related subjects.

As the bulletin will be emailed directly to osteopaths, we asked you to provide

us with an up-to-date email address. The response so far has been good, but to make sure we reach as many of you as possible, please contact our Registration Team now with your updated details. Email: [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk).

# New GOSc Regulation Officer

The GOSc is pleased to announce the appointment of **Priya Popat** (right) as Regulation Officer. Priya comes to the GOSc from the Legal Complaints Service where, as a caseworker, she investigated complaints about inadequate professional services provided by solicitors.

Priya took up her post on 2 November 2009 and is responsible for dealing with complaints about osteopaths and their fitness to practise.



# Changes to criteria for AXA PPP recognition

If you wish to be recognised as a service provider for AXA PPP Healthcare policy holders, osteopaths must now have been fully registered with the GOsC for at least one year immediately prior to applying or re-applying for recognition.

Initially, the requirement was GOsC registration for at least one year, but this did not specify the timeline of the registration period. The reasoning behind this decision was to address concerns that practitioners were being recognised as they fulfilled the one year registration requirement, but they had been non-practising or subject to fitness to practise proceedings within the year prior to applying or re-applying for recognition.

We understand that this change is immediate and also affects chiropractors.

For purposes of clarification, AXA PPP Healthcare recognition requirements are as follows:

- > A minimum of one year full registration with the GOsC immediately prior to applying or re-applying for recognition with AXA PPP Healthcare;
- > Whose practice is not subject to any special conditions, restrictions or a requirement for supervision or further training; and

- > Who retains current professional indemnity insurance for the treatments they provide.

**For further information, contact the Specialist Recognition Team at AXA PPP Healthcare:**  
**1st Floor Priplan House, Crescent Road, Tunbridge Wells, Kent TN1 2PL**

**Email:** [specialist.recognition@axa-ppp.co.uk](mailto:specialist.recognition@axa-ppp.co.uk)  
**Tel:** 01892 772 216  
**Fax:** 01892 772 407

## Work Foundation report encourages early intervention in musculoskeletal disorders



**A new study conducted by UK-based research organisation, The Work Foundation, has suggested that early detection of, and intervention in, musculoskeletal disorders (MSDs) ultimately reduces the burden on governments' health and disability budgets, and measurably improves the lives of European citizens.**

The Fit for Work study, conducted across 25 European countries, found that MSDs account for nearly half (49%) of all absences from work and 60% of permanent work incapacity in the European Union.

The report suggests that early intervention is a key factor in allowing people with MSDs to remain in work and recommends a new and more inclusive method to evaluate the cost-effectiveness of treating MSDs.

The report was welcomed by the Trades Union Congress (TUC), which argued that a national occupational health service was needed to identify and treat muscle and back conditions at the earliest opportunity.

Responding to the report, TUC General Secretary Brendan Barber said: "This report highlights what trade unions have been demanding for many years, which is access to early rehabilitation for those with muscle and back problems."

**For more information on the report, visit [www.fitforworkeurope.eu](http://www.fitforworkeurope.eu) or contact Jenny Taylor on 020 7976 3519 or [jtaylor@theworkfoundation.com](mailto:jtaylor@theworkfoundation.com).**

# NICE guidelines, HIV-infection, body-mind theory and much more in the latest IJOM

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

**The editorial in the latest issue of the Journal was prepared by IJOM's UK editor, Steve Vogel, who was a member of the Guideline Development Group for the NICE guidelines on the treatment of low back pain. The guidelines are based on best available research evidence and expert consensus, offering guidance on treatments that have been shown to be effective and providing a common pathway for care that allows for more consistent access to evidence-based treatment for patients.**



The editorial provides an easy-to-read introduction to the guidance, including its scope, the process surrounding its development and a brief overview of the main recommendations. These recommendations are of great relevance to osteopaths and Steve suggests that as primary care organisations evaluate their services and align them with the guidelines, there may be opportunities for osteopaths to become further involved in the delivery of care for this patient group. Even if you haven't had a chance to fully digest the guidance (look out for the online links in the editorial), be sure to read this succinct overview.

The 'Masterclass' in this issue, 'HIV-infection and osteopathy', was contributed by Paul Blanchard. It provides a useful summary of the points of interface where HIV-infection affects the neuromusculoskeletal system, including types of pain in HIV-infection, changes in physical performance, lipodystrophy, and bone pathology such as osteoporosis and osteonecrosis that may complicate everyday presentations and their clinical management by osteopaths and other manual therapists.

Although the details of the pathophysiology of HIV-infection, drug therapy and medical management of the infection itself are beyond the scope of the paper, a range of online resources where such information can usefully be located is included. In addition to being a useful review for practitioners, the article will also be of interest to osteopathy students preparing for clinical assessments.

The Journal has recently appointed osteopath David Evans to oversee the 'Masterclass' section and support its ongoing development. David will be looking to enhance the usefulness of the Journal to practitioners and commissioning contributors for this popular section. If you have suggestions for topics you'd like to see covered in a 'Masterclass', please contact us by email: [osteopathicmedicine@elsevier.com](mailto:osteopathicmedicine@elsevier.com).

Also in this issue, we're pleased to publish our first conference review. Dennis Donnelly provides an insightful and thorough review of the four-day congress, 'Body/Mind – Feel, think, treat', organised by the Osteopathie Schule Deutschland. The congress brought together some

of the leading European and international practitioners, academics and researchers in the fields of body-mind theory, emergent osteopathic body-mind practice, and energy medicine research. Although the congress was organised around investigating the phenomenological experience of touching and being touched within the context of osteopathic care, there was much more to explore; for example, expositions of foetal and infant development from a mind-body perspective; the measurement of subtle energetic changes in the body during physical therapy; psychosomatic medicine; developing therapeutic presence and working with energetic awareness; and encouraging engagement with concepts and the understanding of the body-mind connection from other cultures and academic and therapeutic disciplines. If these issues are of interest to you, we suggest you find a quiet spot and enjoy the detailed and critical review of this interesting event.





# NCOR research hub news



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

## Hub meetings

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



### > BRISTOL

Thursday 11 March 2010  
7–9pm  
Reviewing the evidence for the management of scoliosis.

### > EXETER

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

### > HAYWARDS HEATH

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

### > LEEDS

Tuesday 12 January 2010  
7–9pm  
Adverse events and spinal manipulation.

### > EPSOM

See [www.ncor.org.uk](http://www.ncor.org.uk) for next meeting date.

# Conference calendar

## > 17 April 2010

### 6th Evidence Based Physical Therapy Conference & Exhibition, Coventry

Further information can be found on page 25 or by visiting the 'Courses' section of the Health Education Seminars website: [www.heseminars.com](http://www.heseminars.com).

## > 23–25 April 2010

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

Further details can be found at: <http://www.bcom.ac.uk/research/icaor/icaor8>.

# Osteopathy in the cranial field – a brief summary of current evidence

Carol Fawkes, NCOR Research Development Officer

**Osteopathy in the cranial field (OCF) has a long history of practice, and work is progressively being published to document its application to practice and outcomes. A review of the published research is currently being undertaken and this article highlights some of the more recent studies that have been disseminated.**

## Searching the literature

An extensive literature search was undertaken utilising subscription and free-to-access databases. Searches were also made of designated osteopathic research sites, professional websites, and hard copies of journals.

Search terms were created from examining a number of existing literature sources and input from osteopaths with expertise in this area of practice. Search terms included: "osteopathy in the cranial field"; "craniosacral"; "cranial bones"; "cerebrospinal fluid"; "cerebrospinal pulse"; and "cranial impulse". This list is not complete and further information concerning the entire list of search terms will be available in a more extensive report on this topic. Duplicated papers were removed and papers were then classified based on their methodological approach.

## What literature is available?

A total of 506 relevant papers were examined. The literature looking at OCF covers a wide range of methodological approaches. The largest number of studies can be classified as opinion pieces, largely unreferenced and not published in peer-reviewed journals. A small number of case studies exist, as do editorials and hypotheses. Some clinical trials have been published, including a small number of literature reviews and one systematic review.

The literature available in this area is predominantly viewed as lower-grade evidence in terms of the hierarchy of research. However, the case study should not be undervalued; it is frequently the most interesting type of study to many clinicians.

## How is OCF defined in the literature?

A selection of definitions appear in the literature. The definition used by Greenman and McPartand is:

"...a structured diagnostic process that evaluates the mobility of the osseous cranium, the related mobility of the skull and sacrum and the palpation of the craniosacral rhythm impulse (CRI) throughout the body. Craniosacral osteopathic manipulative techniques attempt to restore motion to restrictions within individual sutures of the skull, the skull as a total entity, and the skull in relation to the sacrum, and apply inherent force to the articulations of the vertebral axis, rib cage and extremity."

In 1999, Green et al undertook a systematic review looking at studies relating to OCF, and this paper is one of the most widely quoted<sup>2</sup>. It employed a three-dimensional framework for evaluating studies:

- > Craniosacral interventions and health outcomes
- > Validity of cranial assessment
- > Pathophysiology of the craniosacral system.

The systematic review identified 33 studies providing primary research data on 'craniosacral therapy'. The findings of the review can be summarised:

- > Nine studies were identified as reporting on mobility or fusion at cranial sutures in

adults. The quality of the studies was variable, as were the designs, but although incomplete, the research supported the theory that the adult cranium is not always solidly fused

- > 11 studies reported primary data on the motion of cerebrospinal fluid (CSF). The studies were essentially undertaken to provide neurosurgeons with data on pathophysiology relating to CSF motion for diagnostic, treatment and brain monitoring purposes
- > Seven studies were identified as looking at the effectiveness of craniosacral therapy in altering health outcomes. The studies were classified as being of low grade and poor quality
- > Three studies directly examined the potential association between health and craniosacral mobility restrictions. Two of the studies were cross-sectional studies allowing the craniosacral system and health outcomes to be measured at the same point in time. The studies were judged to be of poor quality since the health states were subjectively determined. The third study was observational. The validity and reliability of the cross-sectional studies were regarded as problematic, undermining their credibility and quality in the opinion of the reviewers.

The reviewers concluded that insufficient evidence had been found to support craniosacral



therapy, although they qualified this with the statement that research methods that could evaluate effectiveness had not been applied to date.

Subsequent to the systematic review, a small number of clinical trials have taken place. A prospective controlled trial was undertaken by Hayden et al<sup>3</sup>. This pilot study involved 28 infants with colic. The outcomes assessed were hours of 'colicky' crying within a 24-hour period, and hours of sleeping within a 24-hour period. The key results of the study identified that the difference between the infants who received treatment and those that did not was a mean reduction in crying time of 1 hour (95% CI 0.14 to 2.19). The difference in mean increase in sleep between infants who received treatment and those who didn't was 1.17 hours (95% CI 0.29 to 2.27). This well-conducted trial is frequently cited as good-quality evidence by many sources<sup>4</sup>.

A variety of other symptoms treated using OCF have been investigated. Adults with asthma, lateral epicondylitis and chronic epicondylopathy humeri radialis underwent treatment and their outcomes have been documented in a series of studies<sup>5,6,7</sup>.

## Physiological investigations and inter-rater reliability

Inter-rater and intra-rater reliability has been investigated for all aspects of osteopathic care. Moran and Gibbons (2001) and Rogers et al (1998) investigated reliability for palpation of the cranial rhythmic impulse but findings were not encouraging<sup>8,9</sup>. Wirth-Patullo et al (1994) and Nelson et al (2006) investigated craniosacral rate measurements and the relationship to subjects' and examiners' heart and respiratory measurements,



and the rate of the cranial rhythmic impulse respectively<sup>10,11</sup>. They found a direct correlation between the palpated rate and a physiological pulse. This physiological pulse is termed the Traube Hering Meyer (THM) oscillation rate; it has been measured using Laser Doppler Flow<sup>12,13</sup>.

## Case studies

A small number of case studies have been published that document the use of OCF in the care of patients. Gillespie describes the treatment of a nine-year-old boy with asthma using craniosacral therapy, and a boy of 27 months for extreme hyperactive behaviour<sup>14,15</sup>. Lancaster and Crow describe their treatment of a 26-year-old woman with Bell's palsy, and Leach describes the role of both cranial and manual treatment in supporting a 66-year-old patient recovering from gastric cancer<sup>16,17</sup>.

## Adverse events associated with treatment

One study undertaken by Greenman and McPartland involved the treatment of patients with traumatic brain

syndrome. The authors noted some adverse effects of the treatment; this is a new departure for OCF, which hasn't previously reported any adverse events<sup>1</sup>.

## Dissenting voices

Cranial osteopathy is not without its critics, who question its scientific plausibility, its place within osteopathic medicine, and its lack of evidence of effectiveness<sup>18,19,20</sup>. The growth of good-quality clinic trials and scientific investigation will act as a rebuttal to such critics.

## Update on the Standardised Data Collection Project

A large number of osteopaths participated in the data collection project run by NCOR earlier in the year. A total of 1,603 data collection forms were returned and will be analysed by February 2010. A report on the findings of the data collection project will be made available after this date. We would like to extend a tremendous "thank you" to everyone who participated in this project.

## References:

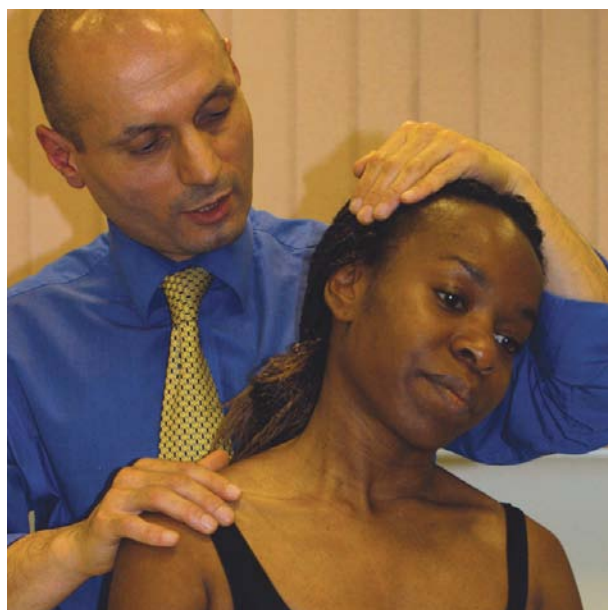
1. Greenman PE, McPartland JM. Cranial findings and iatrogenesis from craniosacral manipulation in patients with traumatic brain syndrome. *J Am Osteopath Assoc*. 1995;95(3):182-188. <http://www.jaoa.org/cgi/content/abstract/95/3/182?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=greenman%2C&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>
2. Green C, Martin CW, Bassett K, Kazanjian A (1999). "A systematic review of craniosacral therapy: biological plausibility, assessment reliability and clinical effectiveness". *Complement Ther Med* 7 (4): 201-7. doi: 10.1016/S0965-2299(99)80002-8. PMID 10709302. An earlier version of the paper is available without a subscription: Green C, Martin CW, Bassett K, Kazanjian A (1999) (PDF). A systematic review and critical appraisal of the scientific evidence on craniosacral therapy. BCOHTA 99:1J. British Columbia Office of Health Technology Assessment. [http://chspr.ubc.ca/files/publications/1999/bco99-01J\\_cranio.pdf](http://chspr.ubc.ca/files/publications/1999/bco99-01J_cranio.pdf) Retrieved 2007-10-08.
3. Hayden C, Mullinger B. A preliminary assessment of the impact of cranial osteopathy for the relief of infantile colic. *Complementary Therapies in Clinical Practice*. 2006;12:83-90. [http://www.ncbi.nlm.nih.gov/pubmed/19880081?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=1](http://www.ncbi.nlm.nih.gov/pubmed/19880081?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=1)
4. Phillips B. Towards evidence based medicine for paediatricians. *Arch Dis Child*. 2009;94(7):555. <http://adc.bmj.com/cgi/content/full/94/7/555?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Phillips&searchid=1&FIRSTINDEX=0&volume=94&issue=7&resourcetype=HWCIT>



5. Mehl-Madrona L, Kligler B, Silverman S et al. The impact of acupuncture and craniosacral therapy interventions on clinical outcomes in adults with asthma. *Explore* (NY). 2007;3:28-36. [http://www.ncbi.nlm.nih.gov/pubmed/17234566?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=5](http://www.ncbi.nlm.nih.gov/pubmed/17234566?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=5)
6. Nourbakhsh MR, Fearon FJ. The effect of oscillating energy manual therapy and the effect of lateral epicondylitis: a randomised placebo-controlled double-blinded study. *J Hand Ther*. 2008;21:4-13; quiz 14. [http://www.ncbi.nlm.nih.gov/pubmed/18215746?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=11](http://www.ncbi.nlm.nih.gov/pubmed/18215746?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=11)
7. Geldschlager S. Osteopathic versus orthopaedic treatment for chronic epicondylitis humeri radialis: a randomised controlled trial. *Forsch Komplementarmed Klass Naturheilkd*. 2004;11:93-7. <http://content.karger.com/ProduktEDB/produkte.asp?Aktion=ShowAbstract&ArtikelNr=78230&Ausgabe=230087&ProduktNr=224242>
8. Moran RW, Gibbons P. Intraexaminer and interexaminer reliability for palpation of the cranial rhythmic impulse at the head and sacrum. *J Manipulative Physiol Ther*. 2001;24:183-90. [http://www.ncbi.nlm.nih.gov/pubmed/11313614?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=3](http://www.ncbi.nlm.nih.gov/pubmed/11313614?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=3)
9. Rogers JS, Witt PL, Gross MT et al. Simultaneous palpation of the craniosacral rate at the head and feet: intrarater and interrater reliability and rate comparisons. *Phys Ther*. 1998;78(11):1175-1185. [http://www.ncbi.nlm.nih.gov/pubmed/9243408?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum&ordinalpos=9](http://www.ncbi.nlm.nih.gov/pubmed/9243408?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=9)
10. Wirth-Patullo V, Hayes KW. Interrater reliability of craniosacral rate measurements and their relationship with subjects' and examiners' heart and respiratory rate measurements. *Phys Ther*. 1994;74:908-16. <http://www.ptjournal.org/cgi/reprint/74/10/908>
11. Nelson KE, Segueef N, Glonek T. Recording the rate of cranial rhythmic impulse. *J Am Osteopath Assoc*. 2006;106:337-41. <http://www.jaoa.org/cgi/content/full/106/6/337>
12. Chapman Nelson KE, Segueef N, Lipinski CM, AR et al. Cranial rhythmic impulse related to Traube-Hering-Mayer oscillation: comparing laser-Doppler flowmetry and palpation. *J Am Osteopath Assoc*. 2001;101:163-73. <http://www.jaoa.org/cgi/reprint/101/3/163>
13. Sergueef N, Nelson KE, Glonek T. The effect of cranial manipulation on the Traube-Hering-Mayer oscillation as measured by laser-Doppler flowmetry. *Altern Ther Health Med*. 2002;8(6):74-6. [http://www.ncbi.nlm.nih.gov/pubmed/12440842?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_SingleItemSuppl.Pubmed\\_Discovery\\_RA&linkpos=1&log\\$=relatedarticles&logdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/12440842?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_SingleItemSuppl.Pubmed_Discovery_RA&linkpos=1&log$=relatedarticles&logdbfrom=pubmed)
14. Gillespie BR. Case study in paediatric asthma: the corrective aspect of craniosacral fascial therapy. *Explore* (NY). 2008;4:48-51.
15. Gillespie BR. Case study in attention-deficit/hyperactivity disorder: the corrective aspect of craniosacral fascial therapy. *Explore* (NY). 2009;5:296-8.
16. Lancaster DG, Crow WT. Osteopathic manipulative treatment of a 26 year old woman with Bell's palsy. *J Am Osteopath Assoc*. 2006;106:285-9. <http://www.jaoa.org/cgi/content/full/106/5/285>
17. Leach J. Osteopathic support for a survivor of gastric cancer: A case report. *International Journal of Osteopathic Medicine*. 2008;11:106-11.
18. Hartman SE, Norton JM. Craniosacral therapy is not medicine. *Phys Ther*. 2002;82:1146-7. <http://www.ptjournal.org/cgi/content/full/82/11/1146>
19. Hartman SE. Should osteopathic licensing examinations test for knowledge of cranial osteopathy? *International Journal of Osteopathic Medicine*. 2005;8:153-154.
20. Hartman SE. Cranial osteopathy: its fate seems clear. *Chiropr Osteopat*. 2006;8(14):10. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564028/?tool=pubmed>

## Help capture a picture of the treatment of cervical neck in osteopathic practice

The National Council for Osteopathic Research (NCOR), in collaboration with practising osteopaths, is building on its previous data collection work. The data collection tool used in the last data collection exercise has been revised to make it suitable to focus solely on the cervical spine. The project will begin at the end of January 2010.



### What information will the SDC tool capture?

- Early analysis of data from the previous data collection exercise has indicated that 30% of patients seen by osteopaths have neck symptoms. We don't know enough about this area of practice; we need your help to collect data to:
- > Demonstrate the effectiveness of osteopathic care of neck symptoms
  - > Help osteopaths to market their skills and practice
  - > Contribute to evidence on treatment responses.

### What will it involve?

We are looking for 300 osteopaths to collect data on 10 new patients with neck symptoms for a period of three months. Completed paper data collection sheets will then be returned to NCOR.

## Taking part

If you are interested in participating in this project or have any questions, please contact Liz Lance, NCOR Research Officer, on: 01273 643 457 (Monday to Wednesday) or email: [l.lance@brighton.ac.uk](mailto:l.lance@brighton.ac.uk).

# Reviewing your CPD Record Folder

Joy Winyard, Professional Standards Officer

**As part of the quality assurance of continuing professional development (CPD), each year the GOsC samples up to 5% of the professions' CPD Record Folders to verify whether the claimed activities have actually been completed.**

**This folder should contain all of the evidence relating to the completion of your CPD activities, as stated on your CPD Annual Summary form(s). The folder can be maintained either electronically or in a paper format, and should be available for submission to the GOsC if requested.**

## Format of folder

The evidence in your CPD Record Folder should be presented in the same order as the activities recorded on the CPD Annual Summary form(s). Each activity claimed must have a corresponding form of evidence, which is clearly labelled and identifiable. The evidence submitted must also be consistent with the number of hours claimed.

Your CPD Record Folder must be maintained in chronological order and you should keep the evidence for a minimum of five years after completion, as the GOsC may request to review this at any time during that period.

The evidence must be easily identifiable with the activities listed on the CPD Annual Summary form(s) you have previously submitted. It is useful to annotate the evidence to help us identify which piece of evidence corresponds with which activity. Please see the table on the following page for examples of CPD evidence that are acceptable.

## Reviewing the evidence

Your folder will be reviewed by a member of the GOsC Professional Standards team, who will be looking to match your CPD Annual Summary form(s) to the evidence submitted in the record folder.



## Types of evidence

It is important to remember that for every activity you are claiming hours for, you must be able to provide evidence of its completion. This applies equally to discussions held with other healthcare professionals and formal courses or lectures.

Where no formal certificate can be obtained, you must provide some other form of written evidence. For example, if claiming hours for reading or internet research, you can provide evidence of that activity by making notes from the book or article read, or listing the website you visited.

## Requests for evidence

If you receive a letter from the GOsC requesting to review your folder, you will first need to select the evidence for the relevant CPD period(s). You can submit the evidence electronically by scanning the documents, or post copies of paper documents to us. Please note that you should retain your original copies.

Evidence must be submitted for every activity listed on your CPD Annual Summary form(s). The onus is on you to provide us with the evidence. The GOsC will not make further investigations on your behalf.

We will notify you once your folder has been received, and again once it has been successfully reviewed. If further information is required during the review, we will write to inform you of this.

It is important to remember that maintaining your CPD Record Folder is part of the CPD requirements and, as such, is a condition of your continued registration with the GOsC.

**For further information, contact the Professional Standards Department on 020 7357 6655 ext 238 or email: [cpd@osteopathy.org.uk](mailto:cpd@osteopathy.org.uk).**

## Different types of CPD evidence that are acceptable

CPD activity	Description	Learning category	Examples of evidence for your CPD Record Folder
Structured osteopathic training courses	Osteopathic training that benefits your professional practice	With others	Certificate or other proof of attendance, study notes
Structured non-osteopathic training courses	Training in non-osteopathic subjects that will advance your professional work as an osteopath	With others	Certificate or other proof of attendance, study notes
Lectures	Attending lectures related to your professional work as an osteopath	With others	Proof of attendance, lecture notes
Group or practice meetings	Discussion focused on a specific area of practise	With others	Signed declaration of attendance or meeting notes
Higher education	Further qualifications such as BSc, MSc, PhD or Post-graduate Diploma	With others or by oneself	You need to indicate how specific sections of your course of study advance your professional work as an osteopath. Study notes, research and other material produced in relation to this course should be included in your CPD Record Folder
Teaching/mentoring/tutorials	Production of educational materials, such as lesson plans and lecture notes, which have advanced your own professional work as an osteopath; group discussions	By oneself or with others	Copy of educational materials produced. Record of discussions
Publishing	Production of a publication in relation to your professional work as an osteopath	By oneself or with others	Copy of article, paper, journal, book
Distance learning	Learning delivered using means such as correspondence, television, telephone, email etc.	By oneself or with others	Certificate or other proof of completion, study notes
Reading and reviewing publications	Reading and reviewing articles, papers, journals and books in relation to your professional work as an osteopath	By oneself	Review of text, summary notes or evidence of practical application
Internet search	Research conducted via the Internet in relation to your professional work as an osteopath	By oneself	Review of text, summary notes or evidence of practical application



# Self-management of persistent pain

Dr Dawn Carnes, Barts and The London School of Medicine and Dentistry

## Do you have patients who have long-term pain, have become dependent on treatment but do not seem to respond well to physical therapy?

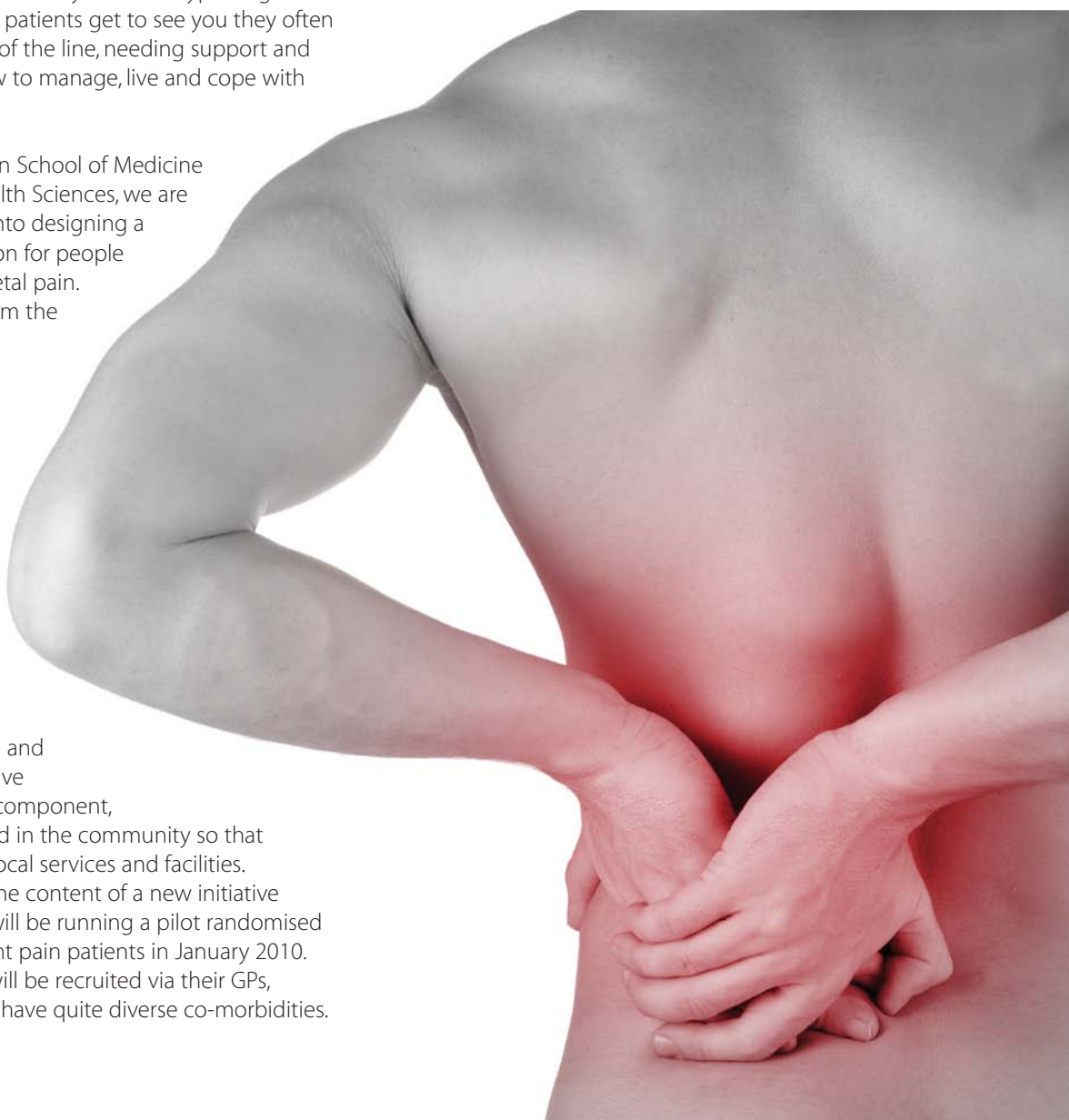
Persistent or chronic pain patients make up about 5% of GP consultations and we estimate that this figure is much greater in the field of manual therapy. Persistent pain patients are those who typically repeat consult without improving to any great extent. Their pain is entrenched physiologically and in their psyche and behaviour. Many persistent pain patients have 'tried everything' and have pin-balled through secondary care services, such as orthopaedics, neurology, rheumatology and pain clinics, undergoing repeated and unnecessary tests that keep coming back negative. These patients are very interesting to researchers as there is no serious pathological reason for their pain, such as growths or tissue damage, but their nervous systems are hypersensitised and they become hyper-vigilant to their pain. By the time these patients get to see you they often feel that they are at the end of the line, needing support and the opportunity to learn how to manage, live and cope with their pain.

Here at Barts and The London School of Medicine and Dentistry, Centre for Health Sciences, we are conducting some research into designing a self-management intervention for people with persistent musculoskeletal pain. We have received a grant from the National Institute for Health Research to explore this field of 'care'. The new approach we are working on involves persistent pain patients attending a group-based, seven-week course, learning how to manage their pain better and improve their quality of life. Our research has shown that effective self-management initiatives have an element of exercise included (movement, stretch and posture), have a large cognitive behavioural (psychological) component, are group-based and are held in the community so that participants have access to local services and facilities. We are currently preparing the content of a new initiative based on our research and will be running a pilot randomised controlled trial with persistent pain patients in January 2010. All patients for the courses will be recruited via their GPs, will vary in severity and may have quite diverse co-morbidities.

We are keen to involve physical/manual therapists in order to facilitate these courses and feel that osteopaths, chiropractors and physiotherapists have a uniquely relevant background, training and skills base to do this. All volunteering registered professionals will be trained in cognitive behavioural approaches to facilitate and run these courses, which will initially be trialled in London and, pending the pilot phase, will then be run in other areas in the South East and Midlands.

If you are interested in becoming involved in this state-of-the-art research, please contact Dr Dawn Carnes BSc (Hons) Ost PhD, COPERS Study Manager, at [d.carnes@qmul.ac.uk](mailto:d.carnes@qmul.ac.uk) or call 020 7882 2546.

**If you require further information and clarification about the project, visit:**  
<http://www.ihse.qmul.ac.uk/chsgppc/coper/index.html>.



# Health and Wellbeing at Work

9–10 March 2010, Birmingham

'Health and Wellbeing at Work' is the UK's largest event for professionals responsible for the environment, health and wellbeing of work-aged people. With 40 million days lost annually due to ill-health and injury, the conference provides ideas on how to reduce sickness absence and ensure employees return to work quicker after illness or injury.

The conference programme includes sessions on musculoskeletal disorders, health promotion, vocational rehabilitation, and case management. Delegates can attend any of the sessions, either in full or in part.

Further information is available at [www.healthatwork2010.co.uk](http://www.healthatwork2010.co.uk) or by calling 0151 709 8979.

# 6th Evidence Based Physical Therapy Conference & Exhibition

17 April 2010,  
University of Warwick

This one-day conference is a multi-disciplinary event particularly targeted at physiotherapists, osteopaths and chiropractors. It covers all aspects of physical therapy, from managing non-specific chronic low back pain, to using laser therapy for musculoskeletal pathologies and assessing and treating whiplash to maximise recovery.

The conference brings together expert clinicians and researchers from around the world to present the latest evidence-based lectures that are pertinent and relevant to all clinicians working in the area of musculoskeletal health.

A Friday evening lecture and two post-conference courses will also take place to maximise CPD opportunities for delegates.

For further information, visit [www.heseminars.co.uk/courses](http://www.heseminars.co.uk/courses), phone 01202 568 898 or email [info@heseminars.co.uk](mailto:info@heseminars.co.uk).



# Primary Care 2010

5–6 May 2010, Birmingham

'Primary Care' is the largest national conference of its kind in Europe and addresses the latest developments, innovations and opportunities within this ever-changing market. Delegates will have the opportunity to update their skills and expand their knowledge, explore new research, treatments and initiatives, and network with colleagues from across the primary and community care spectrum.



The conference will feature 15 different programmes, combining practical ideas from professionals working on the frontline with presentations by those responsible for designing and delivering innovative patient care. The full programme will be available in January 2010. As usual, there will also be a large exhibition showcasing a wide range of products, services and patient organisations.

To book your free place at the conference, visit [www.primarycare2010.co.uk](http://www.primarycare2010.co.uk) or call 0151 709 8979.

# Osteopathy & White Nights

7–11 May 2010, Russia

This year's conference, 'The art of osteopathy', has been organised by the Russian Academy of Osteopathic Medicine, the Institute of Osteopathic Medicine, the United National Register of Osteopaths, the European School of Osteopathy and the John Wernham College of Classical Osteopathy.

The five-day event will feature key osteopaths and scientists from around the world, including Zachary Comeaux (USA), Bruno Dacoux (France), Thomas Esser (Germany) and Renzo Molinari (UK).

Those wishing to participate in the conference are invited to submit a presentation summary before 30 December 2009. Further information can be found on the website, [www.osteopathic-conference.org](http://www.osteopathic-conference.org).

If you would like to book your place at the conference, contact Galina Abeleva on 007 812 515 0068.

# Courses 2010

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](http://www.osteopathy.org.uk).

## February

### >4 Osteopathic technique masterclass: Upper body

Speaker: David Tatton  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >4–7 A visionary approach to craniosacral work

Speaker: Hugh Milne  
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

### >5–7 Neuromuscular rehabilitation

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >6 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  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >11 Dermatology

Speaker: Dr Phil Preston  
Venue: Holiday Inn Express, Droitwich, Worcestershire (Juntion 5, M5)  
tel: 01905 831 495  
email: [clinic@suebrazier.com](mailto:clinic@suebrazier.com)

### >18 How to treat: Chronic lower back pain

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >18 Nutrition and inflammation

Speaker: Dr Adam Cunliffe  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >18–20 The osteo-articular approach – part 1

Speaker: Jean Pierre Barral  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >20–21 Craniosacral therapy introductory weekend

Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

### >25 Rhythms within rhythms – an exploration of biodynamic practice

Speaker: Michael Kern  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >25 The fall of the structural model – what's next?

Speaker: Professor Eyal Lederman  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

## March

### >6–7 Muscle energy: Management of thoracic and pelvic pain and dysfunction

Speaker: Leon Chaitow  
Venue: Middlesex University, Archway Campus, Holborn Union Building, Highgate Hill, London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)

### >6–7 Cranial nerves from a functional point of view

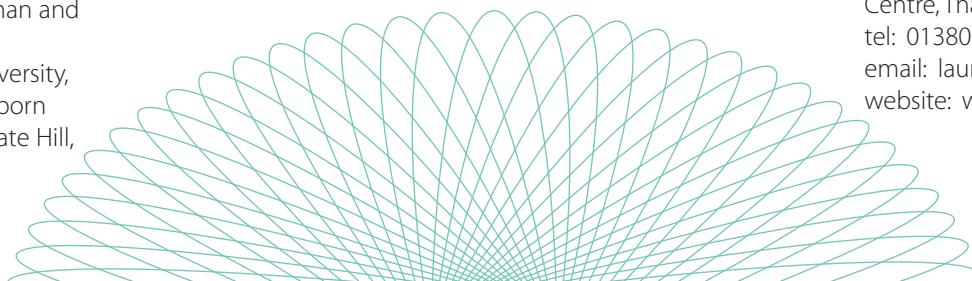
Speaker: Professor Frank Willard  
Venue: European School of Osteopathy, Maidstone, Kent  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
website: [www.eso.ac.uk](http://www.eso.ac.uk)

### >11–14 Embryology in practice – advanced craniosacral workshop

Speaker: Katherine Ukleja  
Venue: Skylight Centre, Unit 8, 9–15 Elthorne Road, London N19  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

### >13 Nutritional management of common conditions dealt with by osteopaths

Speaker: Dr Chris Astill-Smith  
Venue: Omega Teaching Centre, Thatcham, Berkshire  
tel: 01380 814 783  
email: [laura@metabolics.co.uk](mailto:laura@metabolics.co.uk)  
website: [www.metabolics.com](http://www.metabolics.com)





&gt; 13

### Plagiocephaly in infants and the use of helmets

Speakers: Caroline Penn and Nick Handoll  
Venue: Puckrup Hotel, Tewkesbury  
tel: 01905 831 495  
email: clinic@suebarzier.com

&gt; 18

### How to treat: Trapezius myalgia and chronic neck pain

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

&gt; 18

### Nutrition and exercise – optimising performance

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

&gt; 20–22

### Care of mother and baby

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

&gt; 21

### The osteopathic treatment of the sick infant or child

Speakers: Mervyn Waldman and Chris Batten  
Venue: Denbies Vineyard, Dorking, Surrey, RH5 6AA  
tel: 01403 272 788  
website: www.classical-osteopathy.org

&gt; 27

### Technique and surface anatomy review

Speaker: Terry Alldridge  
Venue: Puckrup Hotel, Tewkesbury  
tel: 01905 831 495  
email: clinic@suebarzier.com

April

&gt; 10

### Craniosacral therapy – introductory day

Speaker: Thomas Attlee  
Venue: London  
tel: 020 7483 0120  
email: info@ccst.co.uk  
website: www.ccst.co.uk

&gt; 15

### Is back pain diagnosable?

Speaker: Barry Jacobs  
Venue: London  
tel: 020 7483 0120  
email: info@ccst.co.uk  
website: www.ccst.co.uk

&gt; 17

### Pilates: An introduction for manual and physical therapists

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

&gt; 24

### The throat and respiratory system

Speaker: Kelston Chorley  
Venue: Puckrup Hotel, Tewkesbury  
tel: 01905 831 495  
email: clinic@suebarzier.com

May

&gt; 8–9

### Osteopathic technique: Lumber and thoracic spine and ribs

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

&gt; 8–9

### Exercise prescription for common sports injuries

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

&gt; 13

### Drop-in supervision using case scenarios

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

&gt; 13

### How to treat: Frozen shoulder

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

&gt; 20

### Osteopathic technique masterclass: Lower body

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

&gt; 22

### How to attract more patients to your practice and how to keep them – an exclusive workshop for osteopaths

Speaker: Simon Jordan  
Venue: European School of Osteopathy, Maidstone, Kent  
email: corinnejones@eso.ac.uk  
website: www.eso.ac.uk

&gt; 29–30

### Meditation, emotion and the eight transverse diaphragms

Speaker: Andrew Stones  
Venue: London  
tel: 020 7483 0120  
email: info@ccst.co.uk  
website: www.ccst.co.uk

June

&gt; 5–6

### Stillpoints revisited

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

&gt; 5–6

### Animal osteopathy

Speaker: Tony Nevin DO  
Venue: European School of Osteopathy, Maidstone, Kent  
email: corinnejones@eso.ac.uk  
website: www.eso.ac.uk

## Attention osteopaths:

To advertise your course in the free course listing in *The Osteopath* and on the o zone, email details to the editor: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk).

The resource is open to all osteopaths running courses for their colleagues.

## Classifieds:

Up to 40 words – £40 + VAT,  
thereafter 20p per word.  
Please email, fax or post your copy to:

Rebecca Quinn  
Wealden Printing  
Cowden Close  
Horns Road  
Hawkhurst  
Kent TN18 4QT  
tel: 01580 753 322  
fax: 01580 754 104  
email: osteopath@wealdenad.co.uk

## Box number replies:

£7.50 + VAT per box number per issue.  
Please contact Rebecca Quinn on the  
above details.

The publishers reserve the right to  
refuse any editorial contributions  
or advertisements without  
explanation, and copy may be edited  
for length and clarity.

## Marketplace display advertisement rates:

	Mono or 2 colour	Full colour
Inside		
back cover	N/A	£370
Full page	£275	£330
1/2 page	£220	£240
1/4 page	£155	£180
1/8 page	£100	£110

## Advertising sales contact:

The Advertisement Manager  
Wealden Printing  
Cowden Close  
Horns Road  
Hawkhurst  
Kent TN18 4QT  
tel: 01580 753 322  
fax: 01580 754 104  
email: osteopath@wealdenad.co.uk

## CLASSIFIEDS

### RECRUITMENT

**Cranial osteopath required** for our  
expanding natural fertility clinic and general  
practice in Co Cork, Ireland. Experience is  
essential. For more information, please contact  
us on +353 21 481 2222 or email:  
info@robinhillclinic.com  
Website: www.robinhillclinic.com or  
www.corknaturalfertility.com.

**Locum required** in east Dorset. Two days per  
week for approximately eight months, from  
Feb/March 2010. Reliable practitioner with  
excellent patient care and some experience of  
cranial work required. Please send your CV and  
covering letter to rona@wimborne-  
osteopath.co.uk. Telephone: 01202 888 439.

**Associate required** in central London W1 and  
SW1. We are looking for an experienced  
osteopath (five years' minimum experience) for  
at least two sessions. You must have  
experience with pregnancy and newborn  
babies, as well as good musculoskeletal skills.  
Please contact Simone on 07976 843 836.

**Associate required** to join a friendly clinic in  
west Wiltshire, to take over from existing  
associate (10 years) up to two days a week.  
Cranial and paediatric experience essential.  
Scope for growth. Long-term position to start  
in January 2010. Contact Jon Penny on  
01725 512 869 (home) or email:  
jon.penny@talktalk.net.

**Busy multidisciplinary** complementary  
health centre on Portobello Road seeks  
osteopath/s to establish osteopathic clinic  
within centre. Lovely, spacious, light room.  
Fantastic opportunity for the right person.  
Would suit one osteopath full-time or a  
group working part-time. Call Helen on  
07989 404 270.

**Glasgow area.** Osteopath with 15 years'  
experience, looking for work, two days per  
week. Very experienced general osteopathy,  
cranial and dry needling. Please contact  
Davy at info@glasgowosteopath.com or  
01419 466 115 / 07877 946 626.

**Locum position available** in south west  
Ireland. Four to six months with possible  
associate position. Accommodation available.  
Good structural skills and two years' experience  
required. Please contact Breffni on 00 353 876  
210 421 or breffnifreyne@hotmail.com.

### COMMERCIAL

**Excellent opportunity** in beautiful Scotland.  
Forres. Purpose-built practice with separate  
entrance in domestic  
property. Goodwill and  
domestic property  
preferably sold together,  
but will consider selling  
goodwill on its own.  
Osteopathy, cranial and  
applied kinesiology.  
Established for nine years,  
excellent reputation. Very  
low overheads and ability  
to expand. Three days a  
week = £64,000 turnover,  
£54,000 net profit.  
Very good price.  
Phone: 01309 675 279.

**Goodwill/practice for sale** in Northampton.  
Opportunity to buy a reputable osteopathic  
clinic, established for over 70 years. The  
practice comprises reception, kitchen and  
seven fully-furnished treatment rooms – some  
used by other therapists providing extra rental  
income. There is still a huge potential for  
development. Living accommodation is  
available with an additional rentable flat or  
there could be two rentable flats. Freehold is  
for sale but would consider leasehold. Current  
owner of 25 years is moving abroad. Please  
reply to Box No. 111, The Osteopath, Wealden  
Advertiser Ltd, Cowden Close, Horns Road,  
Hawkhurst, Kent TN18 4QT.

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

### COURSES

**Developing palpation osteopathy** in the  
cranial field, with Ian Wright. This series of  
courses has been designed for us to grow into  
the far-reaching potential of osteopathy in the  
cranial field. We develop our perception and our  
relationship with primary respiration. On the  
journey, we will learn extreme anatomical and  
physiological precision and will become  
confident in treating a wide variety of cases,  
both in children and adults. These courses are  
in small, intimate groups, in a beautiful location in  
the Galtee Mountains, Ireland. Part 1: 5-7 March  
2010. Price: £650 including food and  
accommodation. Places limited to 12 so book  
early by calling 00 353 526 138 800 or  
email: clonmelosteopaths@eircom.net.


**Nutritional management** of common  
conditions dealt with by osteopaths.  
Chris Astill-Smith presents a workshop using  
functional and neurological tests to identify  
nutritional needs of patients, covering:  
soft tissue repair on collagen and elastin as it  
applies to muscle, ligament and intervertebral  
disc lesions; one density/repair; degenerative  
joint disease; and inflammatory arthritis.  
Dates: 23 January and 13 March 2010.  
Venue: Omega Teaching Centre, Thatcham,  
Berkshire. For details, call 01380 814 783,  
email: laura@metabolics.co.uk or visit our  
website: www.metabolics.com.

### GENERAL

**Musculoskeletal ultrasound imaging** in  
your practice. A new and innovative bespoke  
service of musculoskeletal ultrasound imaging  
(MSK) for osteopaths, delivered at your practice.  
Gain clinical insight into problematic  
conditions (shoulders, elbow, knee, etc.). Clarify  
diagnoses from complex differentials. Provide  
more information to patients. Manage patients  
more effectively. No waiting for GP referral.  
Total osteopathic clinical circle. Six to eight  
patients can be seen in a session, and patients  
from several practices can be seen in a single  
location with prior arrangement. Cost per  
patient will depend on distance and total  
numbers (approximately £35 per patient plus  
travel). For further information: Lance Bird  
DCR(r) BSc Bio UCL MPhil (Orthopaedics.  
Stanmore). 07737 363 370 or 01843 594 253.  
www.allstreamimaging.webs.com.

Find out why the world chooses **POLESTAR®**

New Pilates teacher training  
courses for Rehabilitation,  
Mat and Studio  
booking now  
020 7688 6687  
www.polestarpilates.co.uk



UPON 2000 HOURS OF PRACTICE, YOU WILL BE AN INTERNATIONAL TEACHER  
IN 24 COUNTRIES AND 6 DIFFERENT LANGUAGES



## **The British School of Osteopathy**

275 Borough High Street SE1 1JE

### **Continuing Professional Development**

#### **Stretching Exercises and 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.

**Course date:** Saturday 23 January 2010      **Course fee:** £95      **CPD:** 6 hours

**Course Leader:** Robin Lansman DO, Tutor in the Sports Injury Clinic at the BSO

#### **Free afternoon event: NICE Clinical Guidelines, Adverse event in manual therapy**

This afternoon event will consist of two presentations and the opportunity to hear more about the "Clinical Risk, Osteopathy and Management (CROaM)" study funded by the GOsC. The first presentation will address the development, content and implications for osteopaths of the NICE Clinical Guidelines for the treatment of persistent non specific back pain. It will be given by Steven Vogel who was part of the Guideline Development Group. In the second presentation, Tom Mars will cover the results of a recent systematic review that he and colleagues have completed. The review covered adverse events and manual therapy. (Early booking advised 110 places maximum)

**Course date:** Saturday 23 January 2010      **Course fee:** N/A      **CPD:** 3 hours

**Course Leader:** Steven Vogel, Vice Principal, BSO. Tom Mars, Research Fellow, BSO.

#### **Emergency First Aid for Osteopaths**

This course offers the minimum level of first aid certification recommended by the Health and Safety Executive. It is essential not only to meet the statutory Health and Safety obligations of your practice but also for professional registration and indemnity requirements. As an Osteopath and clinician, it is expected that you would know what to do if confronted with a medical emergency. With all evidence continuing to show how quickly your emergent skills deteriorate, you should be aware of the medical, legal and professional implications of getting it wrong. It is a common complaint that traditional first aid training does not address the needs of the Healthcare Professional: in this course, delegates are encouraged to re-evaluate their emergent skills and knowledge and discuss their own experiences and concerns amongst their peers, based on actual scenarios and case studies.

Delegates receive training in a range of first aid subjects, including:

Legalities of First Aid: Duty and Standard of Care, professional obligation and scope of practice

The Primary Survey: AcBCDE

Basic Life Support: Resuscitation Council Guidelines 2005, Adult and Paeds algorithms; AED usage

Early recognition of Acute Coronary Syndromes such as AMI, HCM, reference to Sudden Cardiac Death, etc

Management of the unconscious casualty: GCS vs AVPU – emergent neurological assessment

Management of trauma, medical and environmental scenarios: case studies and open forum

On completion of the course delegates receive the nationally-recognised 'Emergency First Aid' certificate, valid for 3 years.

**Course date:** Saturday 6 February 2010      **Course fee:** £60      **CPD:** 4 hours

#### **Osteopathic Philosophy and Principles of Practice**

The foundations of osteopathic philosophy have their roots in Pragmatism and Transcendentalism. North American philosophy was influenced by the works of Johann Wolfgang von Goethe and Immanuel Kant placing experience at the centre of the science rather than the theory or method. As an experience rather than experiment based science osteopathy in its modern form would be placed in the philosophy of phenomenology. History shows that a Goethean-Stillian approach is more powerful than the present day dominant medical Cartesian philosophy. This one day course covers the application of osteopathic philosophy in clinical practice.

**Course date:** Saturday 13 February 2010      **Course fee:** £95      **CPD:** 6 hours

**Course Leader:** Walter McKone DO, Tutor in the Clinic at the BSO

**To apply or register your interest, please contact Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)**





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

### Postgraduate Courses anticipated to commence 2010

#### **Integrated Master of Osteopathy Course** via Accreditation of Prior Certificated Learning (AP(C)L)

For registered osteopaths with a first degree or a DO qualification, this course allows you to gain entry to the BSO's Master of Osteopathy course and bring your skills and qualifications right up to date. It provides opportunities to develop the research and critical appraisal skills needed for practice in today's health care arena, and to contextualise CPD in line with increasing regulation demands. Starting 8th January 2010, this 18 month course will also allow you to evaluate your current practice in a structured and reflective environment.

This route through the MSc course does not offer eligibility for registration with the GOSc.

**Course fee: £2,750**

**Course Leader:** Rebecca Morrison

#### **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.

**Course Leader:** Andrew Lay

To register your interest for further information when available, please contact: Gayda Arnold on 020 7089 5315 or [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

## Learn-BY-Doing 1 Day Workshop



### Enhance your skills

Available throughout UK

Taping & Strapping  
Ultrasound Therapy  
Core Stability & GymBall  
Muscle Energy Techniques  
Functional Rehabilitation

Courses  
£82.88 +vat

Continuing Professional  
Development (CPD)



Order our latest catalogue  
sports health care products for professionals

Telephone 02392 471346  
[www.physique.co.uk](http://www.physique.co.uk)





# CPDO

# 2010

## 10% discount for all courses booked before 1 January 2010

Dates	Title	Lecturer	Cost	Deposit
16 Jan	Functional Stretching	Prof. Eyal Lederman	£125	£125
16 Jan	Practical clinical nutrition	Dr. Adam Cunliffe	£125	£125
16-17 Jan	Basic visceral: The abdomen	Joanna Crill Dawson	£235	£125
23 Jan	Simplifying the management of shoulder conditions	Prof. Eyal Lederman	£125	£125
23 Jan	The visceral-structural transitional curves	Valeria Ferreira	£125	£125
5-6-7 Feb	Neuromuscular Re-Abilitation	Prof. Eyal Lederman	£375	£200
6 Feb	Introduction to counselling skills for manual and physical therapists	Tsafi Lederman Jenny Stacey	£125	£125
18 19 20 Feb	The osteo-articular approach - part 1	Jean Pierre Barral	Fully booked	
6-7 March	Muscle energy: Management of thoracic & pelvic pain & dysfunction	Leon Chaitow	£255	£150
20-22 March	Care of mother and baby: A family approach	Avenille Morgan	£235	£125
17 April	Pilates: An introduction for manual and physical therapists	Susie Locomber	£125	£125
8-9 May	Osteopathic technique: Lumbar & thoracic spine and ribs	David Tatton	£235	£125
8-9 May	Exercise prescription for common sports injuries	Chris Boynes	£235	£125
5-6 June	Stillpoints revisited	Michael Kern	£235	£125
2-3 Oct	Osteopathic technique: Cervical spine, CD and UEX	Prof Laurie Hartman	£255	£150
7 9 Oct	The osteo-articular approach - part 2	Jean Pierre Barral	Fully booked	
23-24 Oct	Management and rehabilitation of breathing pattern disorders	Leon Chaitow	£255	£150
23-24 Oct	Touch as a therapeutic intervention	Tsafi Lederman	£235	£125
5-6-7 Nov	Pregnancy Care	Avenille Morgan	£375	£200
19-20-21 Nov	Harmonic technique	Prof. Eyal Lederman	£375	£200
20-21 Nov	Basic visceral: The thorax	Joanna Crill Dawson	£235	£125

### Evening workshops 19.00-22.00

### 50% discount for students on most courses

21 Jan	How to treat: Acute disc / lower back pain	Prof. Eyal Lederman	£40	£40
4 Feb	Osteopathic technique masterclass: Upper body	David Tatton	£40	£40
18 Feb	How to treat: Chronic lower back pain	Prof. Eyal Lederman	£40	£40
25 Feb	Rhythms within rhythms - an exploration of biodynamic practice	Michael Kern	£40	£40
18 March	How to treat: Trapezius myalgia and chronic neck pain	Prof. Eyal Lederman	£40	£40
13 May	Drop-in supervision	Dr. Massud Wasel	£40	£40
13 May	How to treat: Frozen shoulder	Prof. Eyal Lederman	£40	£40
20 May	Osteopathic technique masterclass: Lower body	David Tatton	£40	£40
30 Sept	How to treat: Tennis elbow	Prof. Eyal Lederman	£40	£40
30 Sept	The therapeutic relationship in manual therapy	Tsafi Lederman	£40	£40
28 Oct	Drop-in supervision	Dr. Massud Wasel	£40	£40
28 Oct	How to treat: Whiplash injuries	Prof. Eyal Lederman	£40	£40
25 Nov	How to treat: Impingement syndrome of the shoulder	Prof. Eyal Lederman	£40	£40

### Evening lectures 19.00-21.00

### For further information and bookings: [www.cpdo.net](http://www.cpdo.net)

21 Jan	Nutrition and tissue repair after injury	Dr. Adam Cunliffe	£20	£20
28 Jan	Update on muscle injury and repair - implications for physical therapists	Prof. Mark Lewis	£20	£20
18 Feb	Nutrition and Inflammation	Dr. Adam Cunliffe	£20	£20
25 Feb	The fall of the structural-postural model - what's next?	Prof. Eyal Lederman	£20	£20
18 March	Nutrition and exercise - optimising performance	Dr. Adam Cunliffe	£20	£20
15 April	Is back pain diagnosable?	Barry Jacobs	£20	£20

Venue for courses: 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

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

**CPDO Ltd. 15 Harborton Road, London N19 3JS, UK**

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



# Neuromuscular Re-Abilitation

A functional approach Prof. Eyal Lederman DO PhD



Find out how to:

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

*Neuromuscular rehabilitation is straightforward – learn to use it clinically in three days*

The aim of this workshop is to provide the theoretical and practical basis for rehabilitation of movement by focusing on motor control. It is predominantly hands-on Workshop mixed with some theoretical sessions.



**A functional approach:** In the workshop the participants will explore a functional rehabilitation approach, defined as *the process of helping a person to recover their movement capacity by using their own movement repertoire.*

The functional approach has several advantages:

- The patient does not have to learn any new movement pattern, treatment uses what the patient already knows
- No need for special movement education – no need for PNF, core stability, muscle chains and muscle-by-muscle rehabilitation
- No need for resistance bands, wobble board, Swiss balls or any other equipment
- The patients and even their carers can learn the principles of this approach in a single session
- Learn to rehabilitate movement control effectively within a short time – no need for complex and protracted training

**For a demonstration and description of Neuromuscular Re-abilitation see [www.cpdo.net](http://www.cpdo.net)**

Prof. Eyal Lederman graduated from the British School of Osteopathy and has been in practice for over two decades. He completed his PhD. in Physiotherapy at King's College, London, 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 and physical therapies and the development of Neuromuscular Re-Abilitation.

Prof. Lederman has been teaching manual technique and the physiological basis of manual therapy internationally to different disciplines of physical therapists. He has published articles in the area of manual therapy and is the author of the books "Harmonic Technique", "The Science and Practice of Manual Therapy" and "Neuromuscular Rehabilitation in Manual and Physical Therapies". He is currently writing his fourth book titled "Functional Stretching".

Dates: 5-6-7 Feb 2010 (Friday-Sunday)

Venue: Middlesex University, Archway Campus, London N19

Cost: £375.00 (£337.00 for booking before 1 Jan 2010)

Students: £185.00



To book a place please send a non-refundable deposit of £200.00 (students £100.00), made to:  
CPDO Ltd.,  
15 Harberton Road,  
London N19 3JS  
[cpd@cpdo.net](mailto:cpd@cpdo.net)  
**0207 263 8551**





# Sutherland Cranial College

## More courses on the SCC's Pathway to Learning

The SCC is an independent post-graduate teaching organisation founded in 1993 with a commitment to promoting the principles of osteopathy as conceived by Andrew Taylor Still and developed by William Garner Sutherland. The SCC's Pathway to Learning leads to a post-graduate qualification in Osteopathy in the Cranial Field.



### In reciprocal tension

Module 5

Course Director: Peter Cockhill BA (Hons) DO MSCC  
5-7 March 2010 | Hawkewood College, Stroud, Gloucestershire  
Fee: £830 | CPD: 24hrs | Eligibility: Module 2 and Module 3 or equivalent

#### A three-day residential Pathway Course

- Do you have difficulty using the involuntary mechanism approach throughout the whole body?
- Do you struggle to understand the significance of the various forces, stresses and strains you palpate?

On this course we will learn how to 'treat the spaces, not the structures', and will develop an understanding of reciprocal tension as it is demonstrated throughout the body and the world around us, to extend your skills of diagnosis and treatment.

*'A real boost to my confidence, great feedback and a lot of fun'*



### Osteopathy in the cranial field

Modules 2/3

Course Director: Carl Sunidge DO MSCC  
27 April - 1 May 2010 | Hinsley Hall, Leeds  
Fee: £1,380 | New graduates: £1,150 | CPD: 40hrs | Eligibility: Module 1 or equivalent

#### A five-day residential Pathway Course, SCTF approved

Module 2 offers practitioners the opportunity to learn about WG Sutherland's specific diagnosis and treatment principles using the Involuntary Mechanism to deepen anatomical knowledge and to develop palpatory skills with expert support.

Module 3 follows on from Module 2 and assumes an understanding of the Involuntary Mechanism. Practitioners will be able to share clinical problems and benefit from feedback from models and tutors as they refine their practical skills and work on identified areas of difficulty. By the end of the course practitioners should feel confident in treating a wide range of patients using the Involuntary Mechanism and in applying the principles to the whole body.

Includes free Pathway membership for a year. Book now and receive a money-off voucher towards your next course.

*'Brilliant - really worth the money and effort to get here. Very high standard'*



### WG Sutherland's approach to the body as a whole (BLT)

Module 4

Course Director: Susan Turner DO MSCC  
13-17 May 2010 | Hawkewood College, Stroud, Gloucestershire  
Fee: £1,095 | CPD: 32hrs | Eligibility: Module 1 or equivalent

#### A four-day (plus preparatory evening) residential Pathway course

Dr William Sutherland is best known as a pioneer of Osteopathy in the Cranial Field, but less well-known for his precise and effective approach to the whole body, which he learned under Dr AT Still. On this course we explore Sutherland's ingenious methods for engaging the innate self-corrective forces in all the joints of the body, using the principle of Balanced Ligamentous Tension. This approach has proved invaluable to many osteopaths, providing a gentle and extremely effective approach to many complex axial and peripheral joint problems.

*'This has revolutionised my treatment of the shoulder'*

All courses have a student-tutor ratio of 4:1, which provides expert support for students to develop their palpation skills. Stage payments available. Credit cards accepted.

For more details or to enrol call 01291 689908 or email [info@sc-osteopathy.co.uk](mailto:info@sc-osteopathy.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)  
Sutherland Cranial College, PO Box 91, Chepstow NP16 7ZS



For  
the first  
time in the UK

## Dynamic Neuromuscular Stabilization

Presented by Professor Pavel Kolar, PaedDr, PhD

Saturday 30th - Sunday 31st January 2010

£300 including lunch and refreshments

16 hours CPD

A two-day introduction to an innovative and increasingly popular approach to restoring functional stability to the spine

Professor Kolar is the Director of the Rehabilitation Department, University Hospital Motol in Prague and is renowned for his work in rehabilitation. He has been appointed team clinician for the Czech Olympic, soccer, Davis Cup tennis and national ice hockey teams.

In recognition of the profound influence of DNS to rehabilitation in the Czech Republic, Professor Kolar was awarded the prestigious "Presidential Award for Professional Excellence" by Czech President Vaclav Klaus in 2007.

*"The effects of Professor Kolar's techniques are dramatic and can easily be assimilated into osteopathic practice. If you treat babies, children or adults then this knowledge will improve your results tenfold"*

Roger Kingston DO



## Cranial Nerves from a Functional Point of View

Presented by Professor Frank Willard (USA), PhD, DO(Hons)

Saturday 6th - Sunday 7th March 2010

£270 including lunch and refreshments

16 hours CPD

Professor Frank Willard from the University of New England Department of Anatomy is a popular and world-renowned lecturer and conference speaker. He has written many papers that apply to Osteopaths and is the only neuro-anatomist that looks at his work from an Osteopathic point of view.

*"An excellent, high quality course - Professor Willard is unbeatable"*

*"The lectures were superb and engaging. It seems that the most difficult and complicated anatomy can be traversed, understood and journeyed upon and there were many fascinating insights into connections not known before"*

Feedback provided by delegates attending Professor Willard's 2009 postgraduate course at the ESO

**Places going fast - BOOK NOW to avoid disappointment  
visit [www.eso.ac.uk](http://www.eso.ac.uk)**

For further information please contact:  
Corinne Jones, European School of Osteopathy,  
Boxley House, Maidstone, Kent, ME14 3DZ  
Tel: +44 (0)1622 671558 or E-mail: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)



European School  
of Osteopathy



# Could you cope without income?

## If illness strikes what would you give up first?

Without income, your life would have to change no matter what goes first!

DG Mutual works to remove this worry...

The economy is worrying a lot of people, but how would you cope if you lost your income? How could you pay for all your daily living costs such as food, clothing, and general household bills?

Many people don't like to think of this situation and assume that their bills will be paid in the event of illness or injury, but how will this be done if your income has disappeared?

We insure our cars, our houses, our lives, even our pets but not our income - the one thing that enables us to pay for all of these.

Many people choose to insure their mortgage with an accident, sickness and unemployment policy, however this only pays for a maximum of one or two years and only pays your mortgage. What about all the other things you need to pay?

DG Mutual Income Protection, will pay out up to 66% of your income tax free\* from the first day of illness or injury and you decide what you want to spend the money on. DG Mutual will pay you for practically any illness or injury that stops you from working. This could be anything from short term illnesses such as coughs, colds, stomach upsets etc to long term illnesses where it looks like you will be unable to ever work again. DG Mutual will pay out until the end of the policy (typically aged 60.)

Take away the worry and do the smart thing, contact DG Mutual

## Who pays all the bills while you are ill?

You can create a specialised Income Protection package to replace your income

- Benefit up to 66% of taxable income
- Up to £1,200 benefit tax free per week \*
- Benefit payable from day one or deferred by 4, 13, 26 or 52 weeks
- A tax free lump sum on retirement \*
- An option to increase your lump sum
- No penalty for frequent claims or limit on the amount of claims.

\* per current tax regulations

t: 0121 452 1066 c: [info@dengen.co.uk](mailto:info@dengen.co.uk)

w: [www.dengen.co.uk](http://www.dengen.co.uk)



DG Mutual are specialist Income Protection Providers — we are a mutual friendly society established in 1927 to help our members and share our profits with them.

The Dentists' & General Mutual Benefit Society Ltd,  
St James Court,  
20 Calthorpe Road,  
Edgbaston,  
Birmingham B15 1RP

Authorised and Regulated by the Financial Services Authority



## 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@arthriticassociation.org.uk](mailto:ian@arthriticassociation.org.uk)

Web: [www.arthriticassociation.org.uk](http://www.arthriticassociation.org.uk) or [www.arthritisuk.org](http://www.arthritisuk.org)



One Upperton Gardens, Eastbourne, East Sussex BN21 2AA  
Registered Charity 292569



# Able2

## Harley complete care SYSTEMS

### Harley Pillow Range

- Designer Range - moulded Visco Elastic Memory Foam
- Original Range - moulded Cold Cast Polyurethane
- Variety of Sizes
- All pillows are individually moulded for comfort and support



THE PROFESSIONALS FAVOURITE CHOICE



TEL: 01254 619000

Able2 UK Ltd, Moorgrate Street,  
Blackburn, Lancashire, BB2 4PB  
Fax: 01254 619001  
Email: [enquiries@able2.co.uk](mailto:enquiries@able2.co.uk)  
Web: [www.able2.co.uk](http://www.able2.co.uk)

Embroidered... In administration?  
Exasperated... by lack of statistics?  
Eager... to improve your practice?

Then look no further!



## Freehand Clinic Manager

### Makes Practice Perfect!

- Gives you more time to treat patients
- Improves cash-flow and financial control
- Helps you analyse and market your practice
- Handles all patient and practice administration

You can...

- ...buy it for your own PCs
- ...sign on to our internet service
- ...even put your diary on the internet!

Try the demonstration on our web site  
[www.sensible-people.co.uk](http://www.sensible-people.co.uk)

**SENSIBLE PEOPLE**

Tel: 0870 080 2346

Email: [freehand@sensible-people.co.uk](mailto:freehand@sensible-people.co.uk)



# Love your bones

## Are you getting enough calcium & vitamin D?

Vitamin D is known as the sunshine vitamin and as well as being important for bone health, it also helps maintain the health of your heart, immune system and overall wellbeing.

Osteocare's expert formula contains D3, the preferred form of vitamin D, plus the full RDA of calcium, along with magnesium, zinc and other essential co-factors, so you can give your bones the support they deserve.

Osteocare® supports



Developed with  
Prof. A. H. Beckley  
CMB, PhD, DSc  
Professor Biomedical  
University of London



# Osteocare

THE SCIENCE OF STRONG BONES



Osteocare® Tablets

Osteocare® Chewable

Osteocare® Liquid

Osteocare® Plus & Omega-3

Osteocare® Fizz

Osteocare® is especially recommended for:

- Throughout pregnancy & breast-feeding
- During & after the menopause
- Elderly men & women



UK's  
**No.1**  
BONE HEALTH  
FORMULA

**VITABIOTICS**  
WHERE NATURE MEETS SCIENCE



Building healthy  
supplements  
for a peaceful life

The Osteocare® supplement range is available from Boots, Superdrug, supermarkets, chemists, Holland & Barrett, GNC, pharmacies, health stores and [www.osteocare.com](http://www.osteocare.com)



# Plinth 2000



For more details on the Plinth 2000 range of plinths, couplers & poultry plinths, please contact us at:

**Plinth 2000 Ltd.**

Wetheringsett Manor  
Wetheringsett  
Stowmarket  
Suffolk IP14 5PP  
United Kingdom

t +44 (0)1449 767887  
f +44 (0)1449 766122  
e [sales@plinth2000.com](mailto:sales@plinth2000.com)

[www.plinth2000.com](http://www.plinth2000.com)

# MADE IN ENGLAND

**Designed and Built by Plinth 2000 Ltd in England**







# BALENS

*Specialist Insurance Brokers*

## *Osteopaths Block Insurance Scheme*

*Premiums from £220 (or less) for registered practitioners & discounted rates for newly qualified Osteopaths and Students*

*Balens have for around 20 years been insuring a significant number of Osteopaths in the UK & Ireland and have been working behind the scenes for Osteopathy whenever opportunities have arisen; we are grateful for the support of Osteopaths across the UK & Ireland, who have helped make our new scheme so successful. We have always striven to provide the best cover, service and support to all our clients, have an ethical commitment to the Natural Medicine Movement and will continue to evolve these in the future.*

### *Significant Features & Benefits Include...*

- £5million Malpractice any one claim
- Professional Indemnity, Public & Products Liability as standard
- A Hybrid Policy that uniquely provides unrivalled protection
- Unlimited Cover for previous work performed
- Generous cover, easy to understand with the minimum of exclusions
- Criminal Defence extension plus Legal & Tax Protection, Disciplinary and Pre-Disciplinary Hearings cover. Various Help lines
- Loss of Reputation cover
- Widest definition of Health Professionals and their activities
- Unique No Claims Bonus Feature, Premium Guarantee feature
- Acting as agent, multi-osteopath environments catered for
- No uncertainty about what happens when you stop the policy - cover continues and is upgradeable - no ifs, no buts, no maybes!
- Multi-Therapy Cover. Flexible underwriting
- Quick Turnover of documents and Queries
- Online renewal system for your convenience
- Direct Debit payment system if required

### *Additional policies and covers available...*

- Home Insurance - includes seeing your clients from home
  - Multi-Therapy Clinics
  - Training schools
  - Therapy Room Contents / Surgeries Package
  - Practice Expenses and Income Cover
  - Charities, Not-for-Profit Organisations, Trustees Liability & Associations Cover
  - Commercial Legal Expenses & Tax Package
  - Health Maintenance Schemes customised for your own practice
  - Private Medical Insurance
  - Accident or accident & Illness Schemes for UK & Ireland
  - Cover for Europe-based Health Professionals
  - And many more...
  - All Policies can be tailor-made to suit your needs...
- Independent Financial Advice, mortgages and business loans through our sister firm, H & I Balen

**For more information on Balens, please visit our website**

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

**Telephone:** 01684 893006 **Fax:** 01684 893416 **Email:** [info@balen.co.uk](mailto:info@balen.co.uk)

2 Minrod House, Sandy's Road, Malvern, WR14 1JJ


*Balens... often copied, never bettered...*

File No: 145 - File & Co. - A Farnham & B. Ltd. by the Financial Services Authority



General  
Osteopathic  
Council

# Join a Regional Society today



Would you like to be part of a Regional Osteopathic Society? Would you like to benefit from attending regular meetings with osteopaths in your area?

There are currently 34 Regional Societies across the UK. Each of these groups plays an invaluable role in exchanging information and ideas with the GOsC, and providing feedback on current work programmes affecting osteopathic practice.

If you would like to be part of one these groups, visit the o zone ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)) for more information on locations and how to join.