

# the osteopath

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## Consulting on osteopathic standards



General  
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**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.

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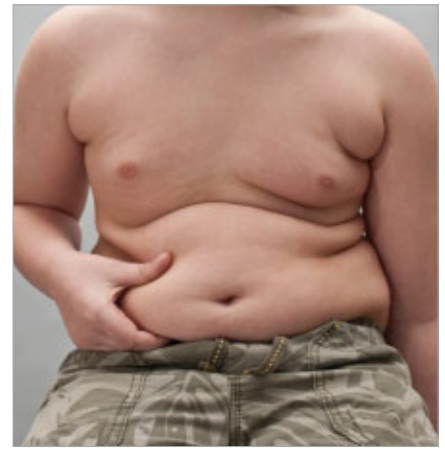
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# Combining the *Standard of Proficiency* and *Code of Practice*

Kellie Green, Regulation Manager

**In the February/March issue of *The Osteopath*, we announced plans to combine the *Standard of Proficiency* and the *Code of Practice*. This was in response to feedback received during last year's consultation on both documents – some of you highlighted an overlap of the issues identified in the first stage of the *Code of Practice* consultation and in the consultation on Osteopathic Practice Standards, with no clear delineation between matters that relate to the Code and the *Standard of Proficiency*.**

**We are now in the process of producing a newly combined *Standard of Proficiency* and *Code of Practice*, and plan to consult with the public, profession and other key stakeholders on the proposed new document from 1 September 2010.**

## Background

The *Standard of Proficiency* sets out the standards of competence and proficiency required for the safe practice of osteopathy. It was written in accordance with section 13 of the Osteopaths Act 1993 (the Act), and the current version is set out in *Standard 2000*. In 2009, we consulted on a revised version of this document – the Osteopathic Practice Standards. Although this was not published, the responses received during last year's consultation led to a further version being drafted and it is this new version that will be consulted on from September.

The *Code of Practice* sets out the standards of conduct and practice required of osteopaths and is written in accordance with section 19 of the Act. The current edition of the Code was published in May 2005. In preparation for its review, the GOsC sought feedback from the profession at last year's regional consultation events. The feedback received focused on the content of the Code, its practical application in

day-to-day practice and the presentation format. This feedback has been immensely valuable in developing the current draft *Code of Practice*.

Collectively, these two documents set out the overall standards required of osteopaths to ensure patient safety and confidence in the osteopathic profession. Having taken on board your comments from the consultation exercises last year, the GOsC Council has decided to publish these two documents as one. The new draft document brings together the standards set out in the *Standard of Proficiency* and in the *Code of Practice*, which are now produced under four categories:

- > Communication and patient partnership;
- > Knowledge, skills and performance;
- > Safety and quality in practice; and
- > Professionalism.

The draft document provides comprehensive guidance and suggestions on how to meet the standards required of osteopaths. Bringing the Code and *Standard*

*of Proficiency* together allows for more consistency and reduces the need for any repetition in the standards and guidance given. The intention is to support this newly combined document by providing links to other sources of advice as we well as producing supplementary guidance on some requirements of the law that relate to osteopathic practice. Keeping this specific guidance separate from the main document ensures that it can be kept up-to-date and relevant to the osteopathic profession.

## Next steps

At its meeting in July, the Council approved the draft document for publication. The consultation will open on 1 September and close on 30 November 2010. Full consultation documents will be available on the GOsC public website ([www.osteopathy.org.uk/about/our-work/consultations-events](http://www.osteopathy.org.uk/about/our-work/consultations-events)) and will be open to osteopaths, members of the public and other key stakeholders.





To carry out the consultation, we have appointed independent consultants Hewell Taylor Freed & Associates. As part of the consultation process, they will be contacting a selection of osteopaths to take part in telephone or face-to-face interviews. Focus groups will also be held across the UK and you may be invited to attend one of these. In addition, Hewell Taylor Freed & Associates will make direct contact with the British Osteopathic Association, undergraduate and postgraduate osteopathic education providers, patient representative groups and the osteopathic Regional Communications Network. Responses to the consultation will be specifically sought from osteopathic students and osteopaths with specific experience, such as those working part-time, within the NHS or involved in teaching or research.

We are using a variety of research methods during the consultation to

ensure that we receive as wide a response as possible. Combining the *Standard of Proficiency and Code of Practice* is a new initiative. Taking on board your comments from last year's consultation exercise, the language used in both documents has been adapted to bring them together in a coherent and easily accessible format. We believe that it clearly sets out the standards of practice, competence and conduct that osteopaths should meet in everyday practice, making it easy for members of the profession and the public to understand.

### Your feedback

Your feedback from this consultation will inform any further development of the document and will ensure that the final guidance is easily accessible to a diverse profession and public. Responses may also identify specific topics, such as record keeping and consent, which require additional

guidance beyond that which is already provided in the draft document.

The GOsC has taken a completely new approach to the format in which these standards are produced and the newly combined document is very different to what is currently available. Your feedback is therefore vital at this stage of the document's development and your input is greatly appreciated.

**Further information is available from either the Professional Standards Department on 020 7357 6655 ext 235 or [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk), or from the Regulation Department on 020 7357 6655 ext 224 or [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk).**

# In Council

Jane Quinnell, Governance Manager

13 July 2010 – 68th meeting of the General Osteopathic Council



## PUBLIC AND PATIENT INVOLVEMENT STRATEGY

The Council considered the fundamental principles of Patient and Public Involvement (PPI) in the context of osteopathic regulation and agreed these principles as a basis for developing the GOsC's engagement strategy with reference to the work outlined in the Corporate Plan 2010-2013.

## ENGAGING WITH THE PROFESSION ON REGULATORY ISSUES

The Council approved the establishment of a working group to advise on the development of a strategy for engagement with the osteopathic profession on the regulatory activities included in the Corporate Plan 2010-2013. The working group is required to make a final report to the Council in six months.

## ANNUAL REPORTS (2009-2010) FROM GOSC COMMITTEES

The Council was presented with annual reports on the activities of the Audit Committee, the Finance & General Purposes Committee and the Remuneration Committee during 2009-2010.

## FINANCIAL AUDIT 2009-2010

The Council received a report from the auditors who conducted the annual financial audit of the GOsC. The audited accounts will be featured in the Annual Report and Accounts 2009-2010, which will be submitted to Parliament at the beginning of October.

## REMUNERATION/EXPENSES FOR MEMBERS OF THE GOVERNANCE STRUCTURE

The Council considered a range of options put forward by the Remuneration Committee in relation to remuneration and expenses. An increase of 2% in annual fees was agreed by the Council, which is in line with the recommendation of the Senior Salaries Review Body – the benchmark chosen by the Council for this purpose. The increase takes effect from 1 April 2010.

The Council also agreed to amend the level of expenses as follows:

- > subsistence for an evening meal was increased by £10 to £30;
- > the allowance for staying with friends and family was reduced by £10 to £30;
- > the allowance for overnight accommodation within London was adjusted to read 'up to a maximum' of £150; and

- > members are required to provide a full justification for claiming first class rail travel and will be guided to buy tickets as far in advance as possible to achieve savings.

These changes take effect from 13 July 2010.

## CHRE PUBLISHES PERFORMANCE REVIEW REPORT

The Council noted the Council for Healthcare Regulatory Excellence's (CHRE) performance review report, *'Enhancing public protection through improved regulation – July 2010'*, which confirmed that the GOsC was meeting its statutory duties. It also highlighted a number of examples of good practice on the part of the GOsC (see page 11 for further details).

## INTERNATIONAL PROMOTION OF REGULATION

The Council received a presentation on the GOsC's international promotion of regulation and its key priorities over the next year, which include:

- > the development of European osteopathic standards; and
- > establishing reciprocal registration arrangements with Australia and New Zealand.



an overview of stakeholder engagement activities at each of its meetings and a copy of the report can be obtained from the GOSC's Communications Department on 020 7357 6655 ext 242 or by emailing [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).

## FITNESS TO PRACTISE COMMITTEES' REPORTS

The Council received reports from the Chairs of both the Investigating Committee and the Professional Conduct Committee. Copies of the reports are available on GOSC public website ([www.osteopathy.org.uk/uploads/ic\\_report\\_july\\_2010.pdf](http://www.osteopathy.org.uk/uploads/ic_report_july_2010.pdf) and [www.osteopathy.org.uk/uploads/pcc\\_report\\_july\\_2010.pdf](http://www.osteopathy.org.uk/uploads/pcc_report_july_2010.pdf) respectively).

## REVALIDATION

The Council noted the progress made in the development of the revalidation assessment criteria and other related matters for the proposed scheme. It also received an update on the progress of the evaluation and impact assessment of the scheme being carried out by KPMG (see pages 8 and 9 for further information).

## STANDARD OF PROFICIENCY AND CODE OF PRACTICE

The Council approved the publication of a consultation document which brings together a revised version of the *Standard of Proficiency* and the *Code of Practice* (see pages 4 and 5 for further information).

## STUDENT FITNESS TO PRACTISE

The Council noted a report on the first meeting of the Student Fitness to Practise Working Group and subsequent proposals for the development of a policy and guidance.

## ADVERSE EVENTS PROJECT

The Council received a presentation on a GOSC funded project entitled: *'Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints'*.

The report will now be considered by the Education Committee and Fitness to Practise committees and the findings will be prepared for publication (further details are available on pages 10 and 11).

## STAKEHOLDER ENGAGEMENT

As a statutory regulator, the GOSC has a specific duty to engage actively with all relevant stakeholders. This ensures the GOSC has proper regard for the interests of registrants and osteopathic patients. The GOSC is committed also to working with those concerned with the education, training and employment of osteopaths, and with the regulation of healthcare professions and provision of health services, in the interests of promoting patient safety and high standards of osteopathic practice. The Council receives

### Future Council meetings

- > 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).**



# Revalidation

## – developing the assessment criteria

Fiona Browne, Head of Professional Standards

**In the June/July issue of *The Osteopath* (pages 4 and 5), we introduced the team of experts charged with drafting the assessment criteria for the proposed revalidation scheme for osteopaths. We have since appointed two further members of the team, who will join Caitrian Guthrie (Team Leader), Simeon London and Judith Neaves in ensuring that the assessment criteria is clear and that the selection of assessors is transparent. These new members are:**

### Caroline Penn

Caroline is a practising osteopath working in a busy multidisciplinary clinic in Hatfield, Hertfordshire, having qualified from the British School of Osteopathy (BSO) in 1979. She immediately began postgraduate studies in cranial osteopathy and joined the BSO postgraduate faculty in 1982. Caroline completed a master's degree in osteopathy in 2003, undertaking research with infants under three months old with breathing difficulties.

Caroline has been involved in teaching osteopathy at undergraduate and postgraduate levels across the world, including countries such as Germany, France, Switzerland, Denmark, New Zealand, Australia and the USA. She is a qualified teacher and established an accredited teacher training programme specifically for osteopaths in 1993.

Caroline is a founder member of the Sutherland Cranial College and also a founder osteopath with the Osteopathic Centre for Children (now the Foundation for Paediatric Osteopathy).

She is an authority on problems in babies, having worked with infants in special care baby units in Hertfordshire and London. Caroline has also taken further study in areas including gestalt psychotherapy, traumatic and disc injuries, and neurodevelopmental and behavioural issues.

### John Patterson

Until retirement in September 2009, John was Associate Dean for Undergraduate Medical Studies and Head of Bachelor of Medicine and Bachelor of Surgery (MBBS) Assessment at Barts and the London School of Medicine and Dentistry. He was responsible for developing MBBS degree regulations, assessment strategy and academic aspects of all MBBS assessments.

Originally trained to PhD level as a zoologist and comparative neurobiologist, John became a teacher of human physiology shortly after joining the Medical College of St Bartholomew's Hospital in 1978, a role in which he continued for 30 years. In 1999, John was appointed Head of Undergraduate Medical Studies and helped to introduce an innovative medical curriculum and major revisions to the School's assessment profile, for which he was awarded a Queen Mary University of London Drapers' Prize for Excellence in Teaching in 2001.

John continues to teach and advise about medical education and assessment, and assists with three assessment training courses. He also acts as an external examiner for osteopathy programmes in Italy and Canada.

As well as developing the draft assessment criteria for the revalidation pilots, due to take place in 2011, the Assessment Expert Team is also developing guidance and advice on the templates to be used for submitting evidence, completed examples of templates, and grids to map the evidence to the standards.

This work is well underway and we hope to share the first drafts with a 'virtual' reference group online, which will include osteopaths with a broad spectrum of practice and experience, over the summer. The comments from the virtual reference group will be incorporated into the proposed revalidation scheme prior to the next Council meeting in October.

**For further information, contact Fiona Browne, Head of Professional Standards, on 020 7357 6655 ext 235 or email: [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk).**





# Revalidation – the next steps

**As part of their analysis of the costs, benefits, and financial and regulatory risks of the proposed revalidation scheme, the KPMG team is keen to find out more about how you practise. This information is vital as it will inform the impact assessment and post-pilot evaluation of the scheme.**

To provide a solid grounding for the revalidation impact assessment and evaluation, KPMG has been analysing existing data already held by the GOsC and has spoken to members of the Regional Communications Network, both at Osteopathy House in May, and more recently at regional group meetings. KPMG also plans to survey a representative sample of osteopaths in the autumn and hold a series of focus groups.

The survey will be posted to a selection of osteopaths and will also be available online. If you are selected to take part in the survey or focus groups, **please actively participate**. KPMG need as many osteopaths as possible to complete the survey; the results of both these activities will allow the KPMG team to establish a sound baseline and ensure that the evaluation and impact assessment of the proposed revalidation scheme is based upon current osteopathic practice.

Regular update reports will be given to the Revalidation Standards and Assessment Working Group, which will then be available to view on the GOsC public website ([www.osteopathy.org.uk/practice/standards-of-practice/revalidation](http://www.osteopathy.org.uk/practice/standards-of-practice/revalidation)) and **o zone**. All information collected by KPMG will be anonymous and will not be attributed to individual osteopaths.

## Pilots

A comprehensive pilot to test and evaluate the proposed revalidation scheme is due to take place in 2011, and we are delighted to have already heard from osteopaths who are interested in taking part. These pilots will put participating osteopaths at the heart of the development of the scheme; they will influence the impact analysis being undertaken by KPMG and shape the final scheme itself. If you are interested in taking part, please do get in touch.

We are currently developing plans to share our work on the proposed revalidation scheme to enable osteopaths to find out more about the draft assessment criteria and the benefits of taking part in the pilots.

**Further information on these plans and the recruitment process for the pilots will be available as soon as the details are finalised. Do keep checking the revalidation page on the public website ([www.osteopathy.org.uk/practice/standards-of-practice/revalidation](http://www.osteopathy.org.uk/practice/standards-of-practice/revalidation)) and the **o zone** for further updates. Alternatively, contact Fiona Browne, Head of Professional Standards, on 020 7357 6655 ext 235 or email: [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk).**

# Quality assuring standards of training

**The GOsC is in the process of reviewing the quality assurance procedures used to assess the standards of osteopathic training courses and course providers.**

We currently employ the Quality Assurance Agency for Higher Education (QAA) to undertake the management of our quality assurance reviews, and we have recently extended our contract with them until 2012. Over the next two years, we will be working closely with the QAA to develop our quality assurance processes to ensure they continue to be fit for purpose.

The Osteopathic Educational Institutions (OEI) have recently submitted their annual reports to the GOsC. These reports detail qualitative data on changes to their educational provisions, as well as quantitative data such as student numbers and progression rates.

The annual reports were reviewed by the QAA, on behalf of the GOsC, and feedback was provided to the Council and each OEI on general trends and areas of good practice within osteopathic education, plus specific issues relating to each Institution.

Feedback was also canvassed from both the OEIs and the QAA on the annual report process itself in terms of format, relevance and usability. This feedback has proved to be useful and will be used to refine the reporting process over the coming months to make sure we receive the information needed without creating unnecessary bureaucracy.

We will also shortly be looking at the QAA/GOsC course review guidance and evaluating the job descriptions, training and appointment of assessors used by the QAA to undertake course reviews on behalf of the GOsC.

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

# Insights into osteopathic practice

**Over the last few years, the GOSC has commissioned a series of research programmes that will help to enhance the quality and safety of osteopathic practice. We have been working in partnership with the National Council for Osteopathic Research (NCOR) to develop three research projects:**

- > **Adverse Events project** – a three-year programme of interrelated research projects assessing the safety of osteopathic care for patients through an evaluation of risk in osteopathic practice.
- > **Standardised Data Collection** – a three-year project, coordinated by NCOR and initiated in March 2007, to produce a national tool for use in osteopathic practice that will help osteopaths to monitor quality in the delivery of osteopathic care.
- > **Osteopathic Patient Expectations (OPEn) project** – a comprehensive study involving osteopathic practices across the UK, aimed at developing a clearer understanding of patients' perceptions and expectations of osteopathy.

Results are just now emerging from all three of these major projects and we will be sharing the results widely over the coming months. Below is an outline of each project and when we expect to have results.

## The Adverse Events studies

As health professionals, osteopaths recognise their obligation to assist patients' consent to treatment by outlining clearly the inherent benefits and risks. To build up a comprehensive understanding of risk associated with osteopathic treatment (which to date has been little researched), the GOSC commissioned four studies comprising a three-year programme of interlinked research projects. These are:

- > **Project One:** Adverse events associated with physical interventions in osteopathy and relevant manual therapy – a systematic review of the literature;
- > **Project Two:** Communicating risk and obtaining consent – good practice for osteopaths;
- > **Project Three:** Insurance claims trends and patient complaints to the GOSC – a baseline study of the frequency of complaints (2004-2008) and a qualitative exploration; and
- > **Project Four:** Clinical Risk, Osteopathy and Management (CROaM).

Project one, led by osteopath and researcher Dr Dawn Carnes, is complete and the findings have to date produced two publications in the research literature (*Manual Therapy*, February and December 2009). The study report will be available in the near future on the GOSC public website and we are working with the research team to develop guidance for osteopaths and information for patients.

Project Three was completed last month and the findings presented to the Council at its July meeting. This project investigated the frequency and nature of complaints made by patients to the GOSC and patient claims settled through osteopaths' professional indemnity insurers. The findings will help us better understand why and when patients complain, and how we can address those concerns and reduce the number of complaints made overall. The GOSC aims also to use this knowledge to develop training, guidance and information for osteopaths to encourage appropriate and efficient complaints handling.

Projects Two and Four are still ongoing, and we expect results of Project Two at the end of this year and, of Project 4, by the end of 2011.

## Standardised Data Collection

The aim of this project is to develop and pilot a 'standardised data collection' (SDC) tool for the collection of patient-based data within osteopathic private practice in the UK. Currently, very little is known – from a national perspective – about the day-to-day practice of osteopaths in the private sector in terms of the profile of patients who consult osteopaths or the outcomes of their care; this study was undertaken to generate good-quality data of relevance to all with an interest in osteopathic care.

It is hoped that the results of this project can be used nationally to characterise practice, establish clinical audit standards, help the profession more precisely describe osteopathic practice for the benefit of the public and patients, and assist NCOR, on behalf of the

profession, to identify meaningful research questions in order to target the limited funding resources.

The results of this project were presented to the GOsC Research Strategy Working Group in May and will be published in the near future.

## Osteopathic Patient Expectations (OPEN) project

In February last year, the University of Brighton launched a GOsC-commissioned research project to gain a deeper understanding of patients' expectations of osteopaths and osteopathic care, and the extent to which these expectations are met. Some of you will have participated in this study by distributing a questionnaire to a random selection of patients –

this was the largest nationwide survey of osteopathic patients to date, and we thank you for your time and cooperation.

The study has now been completed and the final report has been submitted to the GOsC OPEN Study Steering Group, who will meet in August with the research team to prepare the report for publication. It is expected the findings of this patient research will assist the profession to increase patient satisfaction and, ultimately, outcomes of treatment. The findings will also assist the GOsC to shape the information provided to patients by all concerned with osteopathic care.

**For further information on any of these research projects, contact the Communications Department on 020 7357 6655 ext 242 or email: [info@osteopathy.org.uk](mailto:info@osteopathy.org.uk).**

## CHRE publishes latest review of healthcare regulators

**The Council for Healthcare Regulatory Excellence (CHRE) – the body that oversees the work of all healthcare regulators – has recently published a performance review for the GOsC.**

Laid before Parliament on 1 July, the review concludes that the GOsC “continues to be a forward and outward looking regulator that retains a focus on improvement.” Some areas of work identified include improved access to information through an enhanced GOsC public website, the commissioning of independent research on patients' and the public's experience of osteopathic care, and changes to the Council's complaints handling procedures to enhance public protection.

In common with all the health professions regulators, the performance of the GOsC is reviewed annually by the CHRE to check that it is carrying out its legal

responsibilities and is promoting the health, safety and wellbeing of patients and other members of the public. All regulators' performance is measured against a set of standards that cover different areas of work including practice standards, professional registration, complaints handling, education and training, the governance of the regulator and external relations.

The full performance review report is available on the CHRE website (the GOsC's review can be found in section 13 on pages 52–56): [http://www.chre.org.uk/\\_img/pics/library/100701\\_Performance\\_review\\_report\\_2009-10.pdf](http://www.chre.org.uk/_img/pics/library/100701_Performance_review_report_2009-10.pdf).

## Update on the o zone redesign

We are currently redesigning the o zone to make the site easier to navigate and use, and to introduce a wider range of online services.

These services will include online renewal of registration and fee payment, and an improved events diary with online booking for GOsC events. The CPD online submissions facility is also being revamped to improve the processes of maintaining and submitting your CPD online.

Other areas of improvement include the introduction of a practice guidance section, gathering together all relevant guidance for easy reference; a section devoted to the development of our proposed revalidation scheme; information about managing complaints and the GOsC complaints handling process; and an updates and consultation section where we will be highlighting opportunities for you to get involved in the development of GOsC policy and initiatives.

From September, we will be looking for volunteers to test the site and feed back any thoughts or concerns. If you would like to be involved in the development of the o zone, contact Margot Pinder, Web Manager, at: [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk).



# Understanding osteopathic practice

Fiona Browne, Head of Professional Standards

**In order to understand the uniqueness and individuality of osteopathic practice and how best to regulate osteopathy effectively for the benefit of patients, we are planning to commission some research in the autumn which will look at two different areas: preparedness to practise and patterns of osteopathic practice.**

## Preparedness to practise

We currently hold no first-hand information about how prepared newly qualified osteopaths, or osteopaths practising in the UK for the first time, are. Getting this information from a variety of stakeholders will help us to understand the nature and effectiveness of support mechanisms for osteopaths going into practice for the first time and will help to identify areas where osteopaths may benefit from better support. This information may also assist in informing debate around the development of core curriculum content for osteopathy, as well as other key areas of policy development.

Research in other healthcare professions has looked carefully at the transition from student to practitioner and identified areas of practice where graduates have been more prepared than in others. This not only helps to focus the support provided for healthcare professionals practising in the workplace for the first time, but also provides useful insights for students and those involved in education about the depth and breadth of the curriculum prior to graduation.

We expect to publish in the osteopathic and academic press an invitation to research teams to tender for this work in the next few months.

## Patterns of osteopathic practice

Little verifiable information exists about how osteopaths practise. This includes the techniques you use, the patient populations and groups you treat and manage, the education and training you have undertaken, and the number of you undertaking research and/or teaching as part of your practice.

We have already commissioned a study which may well provide some of this information – the Standardised Data Collection project – and the final results are due imminently (see pages 10 and 11 for further information). The work being undertaken by KPMG on the proposed revalidation scheme may also provide



some useful information in relation to the range of practice (see pages 8 and 9 for further details).

However, we would like to further explore the patterns of osteopathic practice to help inform GOSc policy in areas such as the development of a pre-registration core curriculum content, as well as an osteopathic scope of practice. As such, we will be commissioning a new research project to investigate the variety, depth and nature of osteopathic practice undertaken by osteopaths in the UK, which will also help to develop a credible framework for describing osteopathy.

There has been some concern that the GOSc intends to develop a scope of practice for osteopathy that may potentially restrict the growth of the profession. In January 2010, the Council considered the responses to last year's Scope of Practice consultation and determined that, amongst other things, closer consideration needed to be given to the purpose and effect of a scope of practice for all our stakeholders before further development was undertaken. It was noted at this meeting that osteopathy must not be fixed – change, innovation, research and individual practice must be able to grow and develop over time.

The research proposed here is designed to inform this debate and we will continue to share our thinking with the British Osteopathic Association and other interested parties who also have made considerable strides in the development of an indicative scope of practice.

**For further information, contact Fiona Browne, Head of Professional Standards, on 020 7357 6655 ext 235 or email: [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk).**

# Enhancing osteopathic standards in Europe

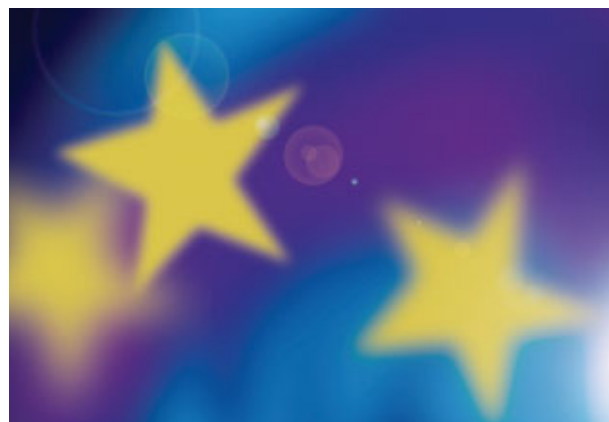
**Members of the European Federation of Osteopaths (EFO) and the Forum for Osteopathic Regulation in Europe (FORE) met in Brussels on 8 June to further discuss the development of pan-European osteopathic standards. The GOsC is a member of FORE and the British Osteopathic Association is a member of the EFO.**

The agenda included the establishment of a working group to explore the costs of developing a

European standard on osteopathy with the European Committee of Standardisation (CEN), in order to facilitate greater recognition and regulation of osteopathy as an autonomous healthcare profession. Whilst a CEN standard would not override existing legislation, such as the UK's Osteopaths Act 1993, it would provide a benchmark in those countries without any regulatory mechanisms. A formal decision by the EFO and FORE on whether to progress with a CEN standard will be made in the autumn.

Other issues on the agenda included an update on the development of a draft European Scope of Osteopathic Practice, soon

to be launched for consultation, as well as continued discussion on the potential merger of FORE and the EFO. These topics will be further developed at the 10th meeting of FORE in September.



## Directive on patients' rights

In June, the European Council – made up of the Governments of EU Member States – agreed new rules on the rights of patients in what is referred to as 'cross-border healthcare'<sup>1</sup>. In an ever closer European Union, healthcare providers are supplying services in other Member States (professional mobility), giving patients the choice to seek treatment from healthcare providers in another Member State (patient mobility).

This draft Directive aims to provide clarity about the rights of patients who seek healthcare in another Member State, and supplements existing patient rights within the EU through legislation coordinating social security schemes. Although there are some exceptions, in most cases patients will have the right to seek any healthcare that they would have received under their home health system in another EU Member

State and to be reimbursed up to the amount that their care would have cost their Member State to provide.

For UK osteopathy, this proposal is likely to promote the need for:

- > Greater consistency in standards of osteopathic care across Europe.
- > Increased cooperation between osteopathic organisations within Europe.
- > Consistent information for the public and patients on osteopathic care.

We are addressing and will continue to address these issues through our work with FORE and collaboration with the EFO.

<sup>1</sup> Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare. 9948/10.

## Malaysian Government looks into UK osteopathy

A representative from the Malaysian Health Ministry's Traditional Medicine division visited the GOsC on 9 July to find out more about osteopathic practice in the UK. Dr Maria Safura Mohammed is on an official UK tour during July and August to explore the education, training and regulation of osteopathy and chiropractic in order to help progress four pilot hospital programmes in Malaysia. We understand that Dr Mohammed will also be visiting some of the Osteopathic Educational Institution clinics and an acute back pain service that provides publicly funded osteopathy.

**For further information on any of these developments, contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email: [sarahe@osteopathy.org.uk](mailto:sarahe@osteopathy.org.uk).**

# Effectiveness of manual therapies: the UK evidence report

Carol Fawkes, NCOR Research Development Officer

**This report was commissioned by the General Chiropractic Council (GCC) to assist chiropractors' compliance with the law and the Advertising Standards Authority's (ASA) requirements on healthcare advertising, as set out in the British Code of Advertising, Sales Promotion and Direct Marketing (CAP Code). Chiropractors, like osteopaths, are required to base any advertised services on the best available research only. This report has attempted to review the best research evidence for known claims made by chiropractors in their advertisements across a wide range of conditions.**

The report was undertaken by a team of chiropractic researchers based in the USA and Canada. The conclusions of the report are based on the results of systematic reviews of randomised controlled trials (RCTs), widely accepted evidence-based guidelines in the UK and USA, and the results of any other RCTs which may not have appeared in either systematic reviews or guidelines. A total of 26 conditions were identified from 111 separate studies. A copy of the full report can be found on the GOsC public website ([www.osteopathy.org.uk/resources/research/](http://www.osteopathy.org.uk/resources/research/)) and on the **o** zone.

The reviewers created a table of their findings, which can be found

on page 106 of the report. The findings have been classified into different levels of evidence for headache, musculoskeletal and non-musculoskeletal disorders. The differences between high, moderate, and low quality evidence are described on page 3 of the report. For ease of reference, we have summarised the results of the report over the next two pages.

Additional comments on the review have been provided by Professor Scott Haldeman and Professor Martin Underwood, which are available at: <http://www.chiroandosteo.com/content/pdf/1746-1340-18-4.pdf>.





## Musculoskeletal symptoms – high and moderate quality evidence

High quality and moderate quality evidence has been defined as “supporting public favourable claims regarding effectiveness” and it supports advising patients that this is “an effective treatment choice”.

Musculoskeletal condition	Intervention(s) considered	Level of supporting evidence for interventions
Chronic low back pain (CLBP)	Lumbar spinal manipulation/mobilisation	High
Acute low back pain	Lumbar spinal manipulation/mobilisation	Moderate
CLBP	Massage	Moderate
Acute/subacute neck pain	Thoracic spinal manipulation/mobilisation	Moderate
Acute whiplash associated disorders	Mobilisation with exercise	Moderate
Chronic neck pain	Spinal manipulation/mobilisation with exercise	Moderate
Chronic neck pain	Massage	Moderate
Shoulder girdle pain/dysfunction	Manipulation/mobilisation	Moderate
Adhesive capsulitis	High grade mobilisation	Moderate
Lateral epicondylitis (Tennis Elbow)	Mobilisation with exercise	Moderate
Hip osteoarthritis	Manipulation/mobilisation	Moderate
Knee osteoarthritis	Manipulation/mobilisation with exercise	Moderate
Patellofemoral pain syndrome	Manipulation/mobilisation with exercise	Moderate
Plantar fasciitis	Manipulation/mobilisation with exercise	Moderate

## Headache – high quality and moderate quality evidence

Symptom	Intervention(s) considered	Level of supporting evidence for interventions
Migraine headache	Spinal manipulation	Moderate
Cervicogenic headache	Spinal manipulation	Moderate
Cervicogenic headache	Self-mobilising apophyseal glides	Moderate
Cervicogenic dizziness	Self-mobilising apophyseal glides	Moderate
Cervicogenic dizziness	Mobilisation	Moderate

## Musculoskeletal symptoms – inconclusive evidence

Inconclusive evidence has been sub-divided by the research team. Three slightly confusing definitions were provided:

- > Inconclusive but favourable – evidence does not support any public claims regarding effectiveness; effective alternatives should be recommended if available; and patients should be advised that this is a treatment option in the absence of an effective treatment.
- > Inconclusive and unclear direction of evidence – effective alternatives should be recommended if available and patients should be advised that the effectiveness of this treatment option has not been established.
- > Inconclusive but non-favourable – effective alternatives should be recommended if available, and patients should be advised that this treatment option is unlikely to be effective.

Musculoskeletal condition	Intervention(s) considered	Level of supporting evidence for interventions
Sciatica/radiating leg pain	Spinal manipulation/mobilisation	Favourable
Coccydynia	Spinal manipulation	Favourable
Mid back pain	Spinal manipulation	Favourable
Neck pain of any duration	Cervical spinal manipulation/mobilisation alone	Favourable
Rotator cuff pain	Manipulation/mobilisation	Favourable
Shoulder pain	Massage	Favourable
Tennis elbow	Manipulation	Non-favourable
Tennis elbow	Manual tender point therapy	Favourable
Carpal tunnel syndrome	Manipulation/mobilisation	Favourable
Rehabilitation following hip arthroplasty	Osteopathic manipulative therapy (OMT)	Non-favourable
Rehabilitation following knee arthroplasty	OMT	Non-favourable
Knee osteoarthritis	Massage	Favourable
Ankle sprains	Manipulation/mobilisation	Favourable
Morton's neuroma	Manipulation/mobilisation	Favourable
Hallux Limitus	Manipulation/mobilisation	Favourable
Hallux abducto valgus	Manipulation/mobilisation	Favourable

## Headache and other conditions – inconclusive evidence

Headache or other named condition	Intervention(s) considered	Level of supporting evidence for interventions
Migraine	Massage alone	Favourable
Tension type	Spinal manipulation	Unclear
Cervicogenic	Friction massage and trigger points	Non-favourable
Cervicogenic	Mobilisation	Unclear
Miscellaneous headache	Mobilisation	Favourable
Temporo-mandibular joint dysfunction	Mobilisation/massage	Favourable
Fibromyalgia	Massage	Favourable
Fibromyalgia	Spinal manipulation	Unclear
Fibromyalgia	Manual lymph drainage	Favourable
Myofascial pain syndrome	Massage	Favourable

## Non-musculoskeletal conditions – inconclusive evidence

Named condition	Intervention(s) considered	Level of supporting evidence for interventions
Asthma	OMT	Favourable
Asthma	Massage	Unclear
Colic	Cranial osteopathy	Favourable
Colic	Massage	Favourable
Hypertension	Instrument assisted spinal manipulation	Unclear
Nocturnal enuresis	Spinal manipulation	Favourable
Otitis media	OMT	Favourable
Pneumonia in older adults	OMT	Favourable
Premenstrual syndrome	Spinal manipulation	Unclear
Premenstrual syndrome	Massage	Favourable
Stage 1 Hypertension	Upper cervical spinal manipulation	Favourable

## Negative evidence

The review team suggest that patients should be advised against these interventions as treatment options, and effective alternatives should be recommended if available.

Symptom/condition	Intervention(s) considered	Level of supporting evidence for interventions
Ankle fracture rehabilitation	Mobilisation	Moderate
Asthma	Spinal manipulation	Moderate
Stage 1 hypertension	Spinal manipulation added to diet	Moderate
Colic	Spinal manipulation	Moderate
Dysmenorrhoea	Spinal manipulation	Moderate



Further information on the ASA requirements is available on the [o zone \(www.osteopathy.org.uk\)](http://www.osteopathy.org.uk). To check whether your advertising complies with the CAP Code, you can contact the CAP Copy Advice team on 020 7492 2100 or by email at: [advice@cap.org.uk](mailto:advice@cap.org.uk).

# Vetting and Barring Scheme put on hold

In June, the Government announced plans to halt the vetting process for people working with children and vulnerable adults in England, Wales and Northern Ireland, in response to concerns raised about the proportionality of the initial process.



The Vetting and Barring Scheme (VBS) has now been put on hold until a review is held and a new scheme can be worked out. As such, voluntary registration with the Independent Safeguarding Authority (ISA) for new employees and job-movers, which was due to start on 26 July, has been stopped. However, certain safeguarding regulations under the Scheme will still apply. These regulations state that:

- > a person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups;
- > an organisation which knowingly employs someone who is barred from working with those groups will also be breaking the law; and
- > if your organisation works with children or vulnerable adults and you dismiss a member of staff or a volunteer because they have harmed a child or vulnerable adult, or you would have done so if they had not left,

you must tell the Independent Safeguarding Authority.

The scope of the remodelling process – to be coordinated by the Home Office in partnership with the Department of Health and Department for Education – is currently being finalised and will be announced later in the year.

**Further information on the Vetting and Barring Scheme can be found on the DirectGov website ([www.direct.gov.uk/en/campaigns/Vetting/index.htm](http://www.direct.gov.uk/en/campaigns/Vetting/index.htm)).**

## Arrangements in Scotland

The Protecting Vulnerable Groups (PVG) Scheme in Scotland will continue, as initially proposed, and will be phased in over a four-year period. This Scheme is set to begin on 30 November 2010.

During the first year of the Scheme, you will only be able to register if:

- > you are joining the vulnerable groups' workforce for the first time;
- > you are moving posts; or
- > your employment circumstances have changed.

Thereafter, existing members of the vulnerable groups workforce will be phased in over a three-year period, which is likely to commence towards the end of 2011.

Guidance and training materials on the PVG Scheme for organisations, individuals and personal employers are available on the Disclosure Scotland website ([www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)).

**Further information on the Scheme is available at [www.scotland.gov.uk/pvglegislation](http://www.scotland.gov.uk/pvglegislation), or by contacting Disclosure Scotland on 0870 609 6006 or emailing: [pvg.enquiries@scotland.gsi.gov.uk](mailto:pvg.enquiries@scotland.gsi.gov.uk).**



# 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: 01273 643 457 (Monday–Thursday) or email: [c.a.fawkes@brighton.ac.uk](mailto:c.a.fawkes@brighton.ac.uk).



### > BRISTOL

**Thursday 23 September**  
7–9pm  
Looking at the evidence concerning the management of elbow symptoms.

### > HAYWARDS HEATH

**Sunday 8 August**  
10am–12pm  
Looking at statistical tests and ethics in research.

### > LEEDS

**Tuesday 28 September**  
7–9pm  
Looking at audit in clinical practice and osteopathic research related to the upper extremity.

### > EXETER

**Saturday 18 September**  
10am–12pm  
Further development of a study looking at career progression amongst osteopaths.

# Conference calendar

> 9 October 2010  
**7th Chiropractic, Osteopathy and Physiotherapy Research Conference, Bournemouth**

Further information can be found on page 22 or by visiting: [www.aecc.ac.uk/cop-conference-2010.aspx](http://www.aecc.ac.uk/cop-conference-2010.aspx).

> 9–12 November 2010  
**7th Interdisciplinary World Congress on Low Back and Pelvic Pain, Los Angeles**

Further information can be found at: <http://www.worldcongresslbp.com>.

> 12–13 November  
**The British Osteopathic Association Annual Convention, Warwickshire**

Further information can be found on page 22 or by visiting: [www.osteopathy.org](http://www.osteopathy.org).

> 20–23 June 2011  
**16th International World Physical Therapy Congress, Amsterdam**

Further information can be found at: <http://www.wcpt.org/congress>.

Carol Fawkes, NCOR Research Development Officer

## Osteopathic manipulation in the treatment of pneumonia

Noll et al note in their introduction to this study that pneumonia is the fourth most common hospital discharge diagnosis in the United States. Chest physiotherapy, early mobilisation and lateral rotational therapy have been investigated but have shown mixed results. The Multicentre Osteopathic Pneumonia Study in the Elderly (MOPSE), being undertaken by Noll et al, is a double blind randomised controlled trial designed to assess the efficacy of osteopathic manipulative treatment as an adjunctive treatment in elderly patients with pneumonia.

A total of 406 participants aged 50 years or over with pneumonia at seven community hospitals in the US were randomised to one of three groups. Group 1 received conventional care only, Group 2 received light touch, and Group 3 received osteopathic manipulative treatment (OMT). The OMT and light touch groups received treatment based on a specific protocol for 15 minutes, twice daily at six hours apart, beginning within 24 hours of admission to hospital. Treatment was delivered by 20 OMT specialists. The techniques in the OMT treatment protocol were delivered in the following sequence: 'thoracolumbar soft tissue, rib raising, doming of the diaphragm myofascial release, cervical spine soft tissue, suboccipital decompression, thoracic inlet myofascial release, thoracic lymphatic pump, and pedal pump'. Soft tissue technique consisted of massage, stretching, kneading and direct inhibitory pressure to relax the musculature. This continued until the participant's discharge from hospital, cessation of antibiotics, respiratory failure, death, or withdrawal from the study.

The study used a series of outcomes to evaluate progress, which included length of stay (LOS), time to clinical stability, and a symptomatic and functional recovery score. Clinical stability was defined as lowest systolic blood pressure  $\leq 90$  mm Hg, highest heart rate  $\leq 100$  beats per minute, highest respiratory rate of  $\leq 24$  breaths per minute, temperature  $\leq 38^{\circ}\text{C}$ , lowest oxygen saturation  $\leq 90\%$ , the ability to eat food by mouth or feeding tube, and mental status back to pre-pneumonia baseline.

Statistical analysis of the groups showed no significant differences between the groups at baseline. A reduction in the length of stay was found when the OMT group was compared with the group receiving conventional care only. This was not present when the OMT group was compared to the group receiving light touch. When looking at the secondary outcome measures, it was found that the duration of intravenous antibiotics, death and respiratory failure were lower for the OMT group compared with the conventional care only group, but again not when the OMT group was compared with the light touch group.

The results of this study are encouraging and the use of OMT as an adjunctive treatment in the care of patients with pneumonia merits further investigation.

Noll DR, Degenhardt BF, Morley TF et al. Efficacy of osteopathic manipulation as an adjunctive treatment for hospitalised patients with pneumonia: a randomised controlled trial. *Osteopathic Medicine and Primary Care*. 2010;4:2. <http://www.om-pc.com/content/pdf/1750-4732-4-2.pdf>.

## Changes in cutaneous paraspinal temperature after manipulation

Methods of measuring the physiological effects of spinal manipulation are frequently discussed and new approaches are sometimes advocated. In this study, Roy et al have investigated the use of thermometry principles to measure the paraspinal cutaneous temperature. Earlier studies have been undertaken to examine the effect of inter- and intra-rater reliability measuring cutaneous paraspinal temperature using a hand-held thermographic scanner; reliability was found to be high.

In this study, the research team randomly assigned 20 subjects to either a treatment group or to receive a sham intervention. The treatment group (N=10) underwent a period of acclimatisation for eight minutes; temperatures were then measured at two minutes before intervention, and at one, three, five and 10 minutes post-intervention. Participants in the treatment group then received a lumbar roll technique to try to manipulate L5 while in a side-lying position. The L5 level was chosen because the research team felt that anecdotally it was the level most frequently adjusted in cases of low back pain.

The participants in the sham group received five seconds of contact with the clinician's hand with no attempt being made to deliver a thrust technique. Participants were only told afterwards if they had been in the active or control group. The cutaneous temperatures were measured using an infrared camera, and values were measured in Fahrenheit. The study found that in the treatment group, cutaneous temperature rose by  $0.2^{\circ}\text{F}$  on the treatment side just after the intervention; this rose by  $0.6^{\circ}\text{F}$  at three minutes post-intervention. In the sham group, no significant temperature modifications were noted on either side.

The researchers concluded that changes in cutaneous paraspinal temperature are apparent after manipulation to the L5 segment but the meanings and mechanisms of action are still being investigated.

Roy RA, Boucher JP, Comtois AS. Paraspinal cutaneous temperature modification after spinal manipulation at L5. *Journal of Manipulative and Physiological Therapeutics*. 2010;33:308-14. <http://www.ncbi.nlm.nih.gov/pubmed/20534318>.

## What's new in musculoskeletal medicine?

**Pulse; June 2010**

A round-up of news from *Pulse* with CPD activity can be found at: [http://www.pulsetoday.co.uk/story.asp?storycode=4126391&cid=In-depth\\_2\\_060710](http://www.pulsetoday.co.uk/story.asp?storycode=4126391&cid=In-depth_2_060710).

## Strains present in the human vertebral artery during cervical spine manipulation

**This study attempted to measure the strains present in the human vertebral artery within the transverse foramina during cervical spine manipulation. The study undertakes mechanical loading of the segments and also assesses the effect of this on the artery.**

The authors used a cadaver for this work and sutured eight piezoelectric crystals into the lumen of the left and right vertebral artery. A series of 400 nanosecond ultrasound pulses

were sent between the crystals to measure the changes in distances between the crystals in the arteries at a frequency of 200 hertz. The strains to the vertebral arteries were then measured during the testing of cervical spine range of motion, chiropractic cervical spine manipulation, and vertebrobasilar insufficiency testing.

The readings from the measurements taken indicate the presence of complex and non-intuitive strain patterns within the transverse foramina of the artery. Elongation and shortening of the vertebral artery was detected during

cervical movement; this was consistent for two separate chiropractors and for three separate repeated measures, and cannot be explained within a simple model of neck movement.

It is hard to draw anything conclusive from this study, but it does suggest that some reconsideration of the textbook mechanics of the vertebral artery would be welcome. Vertebral artery strains may not be predictable from neck movement alone based on the findings of this study; the strains during cervical manipulation were found to be lower than those detected

during range of motion testing, suggesting that neck manipulation imparts stretches on the vertebral artery that are well within the normal physiological range. The findings of the study must therefore be treated with some caution. The investigation was undertaken on a cadaver and not living subjects; further research would need to be undertaken to support the suggestions from this study.

Wuest S, Symons B, Leonard T et al. Preliminary report: biomechanics of vertebral artery segments C1-C6 during cervical spinal manipulation. *Journal of Manipulative and Physiological Therapeutics*. 2010;33:273-8. <http://www.ncbi.nlm.nih.gov/sites/pubmed>

## Pelvic girdle pain, clinical tests and disability in late pregnancy

**There is an extensive body of literature that documents the changes to the body that occur during pregnancy, and musculoskeletal disorders figure prominently within such changes. Pelvic pain is a frequently reported disorder during pregnancy, although the degree of symptoms can vary widely.**

Robinson et al undertook a cross-sectional study to examine the associations between pain locations, responses to the posterior pelvic pain provocation test (P4), responses to the active straight leg raising test (ASLR), and disability in late pregnancy. A total of 283 women with a mean age of 31 years, 59% with their first pregnancy and at 30 weeks gestation, completed questionnaires. These involved pain drawing and the disability rating index (DRI). The pain drawing was used to try to discriminate between different pain locations that were present within the pelvic area, and to clearly distinguish between the presence of pelvic pain and low back pain. The disability rating index (DRI) consists of 12 visual analogue scales which measure the

ability to perform activities of daily living including dressing, climbing stairs, sitting and standing for long periods, lifting, and the ability to participate in exercise or sporting activity. A physiotherapist who was unconnected to the study assessed measures of ASLR tests and the P4 test.

The study found large variations in the disability rating index scores for each group of women who were affected by either pelvic girdle pain (PGP), low back pain (LBP), or had no pain. Women with PGP were more affected on the DRI than women with LBP, but the highest DRI score was found in women with symphysis and bilateral posterior pain. Women with statistically significant DRI scores for symphysis and

bilateral posterior pain were also found to have positive associations with ASLR tests.

The authors concluded that the use of pain location drawings combined with ratings for the disability rating index used in conjunction with the findings of P4 and ASLR tests are relevant when assessing pain in women affected by pelvic girdle pain during pregnancy.

Robinson HS, Mengshoel AM, Bjelland EK et al. Pelvic girdle pain, clinical tests and disability in late pregnancy. *Manual Therapy*. 2010;15(3):280-285. <http://www.ncbi.nlm.nih.gov/pubmed/20117040>.



## Why do spinal manipulation techniques take the form they do?

**This article is presented as a masterclass and investigates the reasons for spinal manipulative techniques taking the form they do. Dr David Evans, a practising osteopath and researcher, makes the very valid point that a growing body of literature has demonstrated the clinical effects of spinal manipulation but the theoretical underpinning of such techniques remains underdeveloped.**

The masterclass considers two specific factors in relation to spinal manipulation:

- > the action of forces upon the spinal vertebrae; and
- > the morphology of the spinal segments.

This article suggests that, at a basic level, spinal manipulation requires the action of a force applied externally to the skin to act on an intended spinal segment. Forces applied in this non-invasive manner must pass through substantial superficial tissue, which deforms as a result, producing negligible friction between the skin and connective tissue. This implies that forces will act significantly on internal structures only when applied perpendicularly (at 90°) to the skin surface, with a proportion of applied force being dissipated by superficial tissues.

Examination of laboratory-based studies suggests that if the vertebral motion produced by such directly applied force fails to produce cavitation, forces must be applied indirectly using remote parts of the body which could include, for example, the head or extremities. The masterclass discusses several hypotheses to explain how the morphology of spinal segments is exploited to induce cavitation; this includes the possibility that:

- > segmental motion opposes normal segmental coupling;
- > rotation occurs about a "blocked axis" parallel to zygapophyseal joint surfaces; and
- > migration occurs of the axis of rotation to the contralateral zygapophyseal joint.

This masterclass offers a very well-referenced attempt at constructing a general model to explain the actions of spinal manipulation. It is extensively based on available scientific data and draws attention to the fact that further studies in this area are sorely needed.

Evans DW. Why do spinal manipulation techniques take the form they do? Towards a general model of spinal manipulation. *Manual Therapy*. 2010;15(3):212-9. <http://www.ncbi.nlm.nih.gov/pubmed/19427809>.

## Obesity and low back pain in young adults

**Low back pain and obesity are extensively documented as serious and common public health concerns. The relationship between back pain and obesity does, however, remain controversial. This study, undertaken on young adults in Finland, attempted to investigate the associations between weight-related factors (including body mass index, waist circumference, hip circumference and waist to hip ratio) and the prevalence of low back pain. Additional measures were also made in the evaluation of low back pain; these included serum leptin, C-reactive protein, and adipopectin levels.**

In addition to mechanical load, it has been suggested that obesity may cause low back pain by a low grade systemic inflammation. It has been documented that adipose tissue is metabolically active and produces adipokines as well as pro- and anti-inflammatory cytokines. Leptin stimulates the synthesis of pro-inflammatory cytokines and nitric oxide and is directly linked to pain modulation. Additionally, an association between C-reactive protein (a marker of systemic inflammation) and sciatica has been shown in a few case studies; this is less common in association with low back pain.

The study found that higher levels of body mass index, waist circumference, hip circumference, waist to hip ratio, serum leptin and C-reactive protein were associated with an increased prevalence of low back pain in women only. Waist circumference was found to have the strongest association with low back pain in women. This association was independent of levels of serum leptin, C-reactive protein and adipopectin.

Shiri R, Solovieva S, Husgafvel-Pursiainen K et al. The association between obesity and the prevalence of low back pain in young adults. The cardiovascular risk in young Finns study. *American Journal of Epidemiology*. 2008;167(9):1110-1119. <http://aje.oxfordjournals.org/cgi/reprint/167/9/1110>.



# BOA Annual Convention & Trade Exhibition 2010

12–13 November 2010, Warwickshire

This two-day convention looks at all aspects of osteopathic practice, including advanced osteopathic techniques, paediatric assessment, trauma therapy, and functional awareness for practitioners.

Speakers include Oliver Gillie BSc PhD, former medical correspondent for the *Sunday Times* and former health editor at the *Independent*; Dr Nathan Hasson, consultant in general paediatrics and in paediatric rheumatology at Great Ormond Street Hospital; and Nancy Nunn BSc (Hons) DPO PgCert FHEA, Head of Education at the Foundation for Paediatric Osteopathy.

Delegates will have the opportunity to choose from a selection of workshops on Friday, followed by a set lecture programme on Saturday.

**The convention takes place at the Marriott Forest of Arden Hotel. For further information or to book your place at the event, visit [www.osteopathy.org](http://www.osteopathy.org) or call 01582 488 455.**

## Osteopathy and Sports Conference

2 October 2010, London

Hosted by the British School of Osteopathy in partnership with the Osteopathic Sports Care Association, this conference focuses on the role of osteopathy in sport, looking at acute/chronic injuries, sports psychology and rehabilitation.

Speakers include Professor Alison McGregor, professor of musculoskeletal biodynamics at Imperial College; Jonathan Beacon, orthopaedic surgeon; John Neal, sports psychologist; and osteopaths Jonathan Betser, Tom Hewetson and Fiona Hendry.

**For further information, email Gayda Arnold at: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk).**

## 7th Chiropractic, Osteopathy and Physiotherapy Research Conference

9 October 2010, Bournemouth

This one-day conference, 'Moving forward through research and practice', is being hosted by the Anglo-European College of Chiropractic and is organised in conjunction with the British School of Osteopathy.

The aim of the conference is to raise awareness of the purpose of scientific research by encouraging students of osteopathy, chiropractic and physiotherapy to share their research findings with fellow students, clinicians and teaching faculty. It not only provides inspiration for potential projects but also creates an opportunity to foster collaboration between the three professions and ultimately improve patient care.

The deadline for abstract submissions is 19 August 2010. The cost for the full-day conference is £10 for students and £30 for all other delegates.

**Further information on the programme and speakers is available at [www.aecc.ac.uk](http://www.aecc.ac.uk), or by contacting Jenny Langworthy on 01202 436 277 or emailing: [jlangworthy@aecc.ac.uk](mailto:jlangworthy@aecc.ac.uk).**



# Finding and appraising research in practice

## The Sutherland Cranial College

Brian McKenna BSc (Hons)

### We hear a lot about evidence-based healthcare (EBH) but what does it actually mean in practice and how do you start to find evidence to underpin your practice and build an evidence base for osteopathy?

Whilst many find the idea of EBH overwhelming, it can give enormous benefits. However, as with everything, it does need to be kept in context. Research and evidence does not have all the answers but it can shed light on many aspects of what we do.

Evidence-based clinical practice and decision-making will help us reassure the wider healthcare arena and the public of the validity and worth of our work, but there is a problem. For those clinicians who work independently and do not have access to an Osteopathic Educational Institution with its library facilities, accessing full text papers is often time consuming and financially costly.

This was the challenge that faced the Sutherland Cranial College (SCC) when it made the decision to set up a research sub-committee. Where do you start?

Following some exploration by the sub-committee, it was decided that a good way to start building our evidence base and inform others of what osteopathy can do, is to use material from what we do in our own practices and encourage clinicians to write and publish case studies. This led us to run a well-attended day-course, Digging for Gold – How to Write a Case Study, in December 2009. The feedback from attendees included requests for more help in gaining access to the main bibliographic databases and more training in searching the literature for evidence and in critical appraisal of studies.

In response, the SCC has teamed up with the Royal Society of Medicine (RSM) to offer SCC members and pathway students discounted membership to the RSM, which includes free online access to seven medical databases and nearly 1,000 full-text e-journals. These databases include Medline, Embase, CAB Global Health, DH-Data, AMED (Allied and Complementary Medicine) and the Cochrane Library.

The Royal Society of Medicine has also kindly agreed to provide specialist training courses for SCC members in literature searching and critical appraisal. The next Introduction to Literature Searching course will take place on Saturday 25 September 2010.



**For further information on joining the SCC or for more information on RSM membership, visit:**  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk) or call  
 01291 622 555.

# 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).

## October

### > 1–2 October & 1–2 November Osteopathic approach to internal medicine

Speakers: Liz Hayden & Clive Hayden  
Venue: Hawkwood College, Stroud  
tel: 01291 622 555  
website: [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

### > 1–3 Module 1 foundation

Speaker: Alison Brown  
Venue: Hawkwood College, Stroud  
tel: 01291 622 555  
website: [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

### > 1–3 Dynamic neuromuscular stabilisation – course A

Speakers: Petra Valouchova & Lucie Oplova  
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)

### > 2 Osteopathy and sports conference

Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
tel: 020 7089 5315  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

### > 2 Craniosacral therapy (two-year course) – start of full professional training

Speaker: Thomas Attlee  
Venue: London  
tel: 020 7483 0120  
e-mail: [info@ccst.co.uk](mailto:info@ccst.co.uk)  
website: [www.ccst.co.uk](http://www.ccst.co.uk)

### > 2–3 Osteopathic technique: Cervical spine, CD and UEX

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

### > 7–9 New global osteo-articular approach – part 2

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)

### > 9 Osteopathic treatment of whiplash-related injuries

Speaker: Bob Burge  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
tel: 020 7089 5315  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

### > 10–12 & 18–19 Preliminary course in osteopathy in the cranial field

Speaker: Nick Woodhead  
Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
tel: 020 7089 5315  
email: [g.arnold@bso.ac.uk](mailto:g.arnold@bso.ac.uk)

### > 20–24 Biodynamic craniosacral therapy (two-year practitioner training)

Venue: Skylight Centre 2, London N5  
tel: 07000 785 778  
email: [info@cranio.co.uk](mailto:info@cranio.co.uk)  
website: [www.cranio.co.uk](http://www.cranio.co.uk)

### > 23–24 Touch as a therapeutic intervention

Speaker: Tsafi 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)

### > 23–24 Management and rehabilitation of breathing pattern disorders

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)

### > 28 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](mailto:cpd@cpdo.net)

### > 28 How to treat: Whiplash injuries

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)

### > 28 Clinic reasoning 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](mailto:cpd@cpdo.net)

### > 28–31 Sports conference – therapy and medical monitoring of athletes

Venue: Aachen, Germany  
email: [info@ifaop.com](mailto:info@ifaop.com)  
website: [www.ifaop.com](http://www.ifaop.com)

&gt;28–31

**How bones breathe**

Speaker: Dr Michael Shea BA MA PhD BCST  
 Venue: Skylight Centre 2, London N5  
 tel: 07000 785 778  
 email: info@cranio.co.uk  
 website: www.cranio.co.uk

&gt;30

**Ergonomics and osteopathy**

Speaker: David Annett  
 Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
 tel: 020 7089 5315  
 email: g.arnold@bso.ac.uk

# November

&gt;5–7

**Pelvic viscera: Approaches and techniques**

Speaker: Richard Twining  
 Venue: Regency Park Hotel, Bowling Green Lane, Thatcham, Berks  
 tel: 07872 579 941  
 email: rtwining@mac.com

&gt;5–7

**Pregnancy care**

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

&gt;5–7

**Module 7: Spark in the motor**

Speaker: Kok Weng Lim  
 Venue: Columbia Hotel, London  
 tel: 01291 622 555  
 website: www.sutherlandcranialcollege.co.uk

&gt;19–21

**Harmonic technique**

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;19–22

**Advanced therapy course**

Speaker: John Gibbons  
 Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ  
 tel: 07850 176 600  
 email: j.gibbons@peaksport.co.uk  
 website: www.peaksport.co.uk

&gt;20

**Sports and ergonomics workshop – development focus group**

Speaker: Robin Lansman  
 Venue: Quantum House, 66 Church Way, London NW1 1LT  
 tel: 020 8969 0247  
 email: practice@bodybackup.co.uk  
 website: www.bbupcpd.eventbrite.com/

&gt;20

**The therapeutic relationship in manual therapy**

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

&gt;20

**Emergency first aid for osteopaths**

Speaker: Tony Bennison  
 Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
 tel: 020 7089 5315  
 email: g.arnold@bso.ac.uk

&gt;20–21

**Basic visceral: The thorax**

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

&gt;23

**Fascia research: What's new and relevant for manual therapists?**

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

&gt;25

**How to treat: Impingement syndrome of the 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;27–28

**Osteopathic technique: Lumbar and thoracic spine and ribs**

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

# December

&gt;4

**Introduction to Pilates and its inter-relationship with osteopathy**

Speaker: Richard Budd  
 Venue: The British School of Osteopathy, 275 Borough High Street, London SE1 1JE  
 tel: 020 7089 5315  
 email: g.arnold@bso.ac.uk

&gt;5

**Nourishing the inner space**

Speaker: Erwin van de Velde  
 Venue: Skylight Centre 2, London N5  
 tel: 07000 785 778  
 email: info@cranio.co.uk  
 website: www.cranio.co.uk

&gt;7

**Muscle testing and function**

Speaker: John Gibbons  
 Venue: Oxford University Sport, Jackdaw Lane, Oxford OX4 1EQ  
 tel: 07850 176 600  
 email: j.gibbons@peaksport.co.uk  
 website: www.peaksport.co.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**

**RECRUITMENT**

**Associate osteopath required** for a friendly, well-established multidisciplinary healthcare practice in Otley, West Yorkshire, to take over and develop an existing patient base. Must be enthusiastic, self-motivated and qualified to deal with a varied range of conditions, including sports injuries. Excellent communication skills are essential. Please send CV to Mrs Wendy Carswell, Principal, Physio Logic Ltd, 26 Westgate, Otley, West Yorkshire LS21 3AS or by email: wendy@physio-logic.co.uk.

**Cirencester: Experienced,** mature, structural osteopath required for multidisciplinary practice. Good communication skills essential. One day or two half-days initially, with opportunity to build, so ideal for osteopaths returning to work or those with other sources of work. Possible long-term opportunity. Experience of ergonomics useful. Please send CV to Debbie Richardson, The Complete Health Centre, Cirencester GL7 1QH or email: info@thecompletehealthcentre.com.

**Osteopath required** in London W2. Two+ days a week. Work includes large number of babies and children. Prefer five+ years' experience with IVM and biodynamics knowledge. Good in-practice support and training. Willingness to continue to dig on! Contact: jeremy@crisitagalli.co.uk

**Assistantship in Israel:** The post has excellent long-term prospects. Join a busy established osteopathic practice, with clinics in Tel Aviv and Jerusalem. Work with osteopaths with over 15 years' experience. For more information about the practice, visit: www.osteo.co.il. Contact Shanan Sher at the Israel Centre for Osteopathy +972 52 293 1002. Email: shanan@osteo.co.il.

**South Northants/north Bucks.** Replacement osteopath required for established therapy centre. Opportunity for two to four days' work per week, booking and reception facilities available. Contact Edna Troy on 01327 353 544 or etroy240@btinternet.com for further details.

**Covent Garden practice** goodwill for sale. Established over seven years. Turnover last year £85,000. Accounts available. Serious enquires only please. Reply to Box No. 113, The Osteopath, Wealden Advertiser Ltd, Cowden Close, Horns Road, Hawkhurst, Kent TN18 4QT.

**COMMERCIAL**

**Therapy room to let.** Sutton Sports Physio, Sutton, Surrey, is looking for an osteopath with a minimum of three years' experience and a proven interest in sports injuries to join our expanding team. If you are interested in renting space in our modern clinic, please contact: info@suttonsportsphysio.co.uk.

**Sussex.** Goodwill and long lease for sale in seaside town. Osteopathic practice established over 35 years. Large patient database, two equipped treatment rooms and waiting room. Patient car park. Contact: practice.manager37@yahoo.co.uk or phone 01323 639 615.

**Treatment rooms** available to rent. The perfect place to start your business in the M4 corridor. Thames Valley Athletics Centre is visited by 75,000 people every year, with comfortable reception area, flexible new rooms and free parking. So what are you waiting for? Call Tim Mattos on 01753 770 037.

**Crosby, Merseyside.** Opportunity to further develop a current osteopathy practice within a busy, well-established podiatry practice. Full-time reception cover. Negotiable terms. For further information, please call 01519 247 238.

**Goodwill and leasehold** interest for sale in a fast-growing, purpose-built three treatment room clinic, based in Gravesend, Kent. Sale due to relocation out of the area. Clinic sold fully equipped and operational with low overheads and an additional £1k per month received from non-osteopathic sources. Practice has a good reputation and or an hour a busy list with huge potential for further growth. Guide price £30K. For further details, please call Kiran on 07990 522 430.

who have already graduated from the OCA in the last 11 years and get two years' worth of CPD. For information, contact Stuart McGregor at the OCA on 01235 768 033 or e-mail: wantageclinic@msn.com.

**Fitness training programme.** 2-3 October 2010: An Introduction to Applied Cardiovascular-Respiratory (CVR). Physiology and Functional Biochemistry. 6-7 November 2010: Biomechanical Perspectives on the Development of the Athlete. 4-5 December 2010: Athlete's Feet. 15-16 January 2011: Joints - Levers - Muscles - Forces - Motions. 12-13 February 2011: The Arthrokinetic/Osteokinetic and Myokinetic Analysis of Adaptive Biomechanics for the Pelvis, Trunk and Spine. 12-13 March 2011: The Arthrokinetic/Osteokinetic and Myokinetic Analysis of Adaptive Biomechanics for the Shoulder Complex and Upper Extremities. 7-8 May 2011: Exercise and Pregnancy. 11-12 June 2011: Functional Kinetics for the Fitness and Rehabilitation Centre. Venue: Omega Teaching Centre, Thatcham, Berkshire. For information, contact Philly o: 01380 814 781 or philly@metabolics.co.uk. Visit: www.metabolics-seminars.com to watch a presentation about the course.

**Qigong for Bodyworkers** with Gordon Peck, 16 October 2010. Add a new dimension to your work. Qigong (Chi Kung) has augmented acupuncture and bodywork for two millennia. Simple yet powerful techniques can improve the effectiveness of your treatments and enhance your own health. Gordon has taught qigong clinical skills for three decades. Join the many osteopaths benefiting from his courses. CPD: six hours. £95 including notes. Near Tunbridge Wells, Kent. Visit: www.qiworks.co.uk for information on this and other courses. Enquiries@qiworks.co.uk or 01892 546 237 for queries and reservations. Gordon Peck BAC CAC (Chengdu) MBACC.

**GENERAL**

**For sale:** treatment plinth, Plinth Co. model, electric 305, three section, blue upholstery. Condition as new. £325 plus carriage. Saunders Cervical Hometrak cervical traction unit. As new in case £60. Also selection of osteopathic books. Contact 07944 066 729/ 01443 820 024 or noelandcaryle@hotmail.com.

**COURSES**

**Animal osteopathy.** Enrolling now. The next one-year course at the Osteopathic Centre for Animals will start in October 2010. Learn how to treat horses and dogs using traditional osteopathic techniques, without the use of sedation or anaesthetic. Join the 198 osteopaths

**Classifieds:**

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

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

**INSERTS:** A sample or draft artwork of all inserts must be provided for approval by the GOsC, prior to booking. The GOsC can accept no liability whatsoever for inserts which have been produced without prior approval.

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Inside		
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1/4 page	£155	£180
1/8 page	£100	£110

**Advertising sales contact:**

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Cowden Close  
Horns Road  
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Kent TN18 4QT  
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fax: 01580 754 104  
email: osteopath@wealdenad.co.uk



# CPDO

# 2010

Dates	Title	Lecturer	Cost	Deposit
11-12 Sept	<b>Visceral Osteopathy: the abdomen part 2 (new course)</b>	Joanna Crill-Dawson	£235	£125
2-3 Oct	<b>Osteopathic technique: Cervical spine, CD and UEX (fully booked)</b>	Prof Laurie Hartman	£255	£150
7-9 Oct	<b>The osteo-articular approach - part 2 (fully booked)</b>	Jean-Pierre Barral	<i>Fully booked</i>	
23-24 Oct	<b>Management and rehabilitation of breathing pattern disorders</b>	Leon Chaitow	£255	£150
23-24 Oct	<b>Touch as a therapeutic intervention</b>	Tsafi Lederman	£235	£125
5-6-7 Nov	<b>Pregnancy Care (start time 18.00 on Friday)</b>	Averille Morgan	£395	£200
20 Nov	<b>The therapeutic relationship in manual therapy</b>	Tsafi Lederman	£125	£125
19-20-21 Nov	<b>Harmonic technique (start time 18.00 on Friday)</b>	Prof. Eyal Lederman	£375	£200
20-21 Nov	<b>Basic visceral: The thorax</b>	Joanna Crill Dawson	£235	£125
27-28 Nov	<b>Integrative osteopathic technique: SI joints pelvis and LEX</b>	Prof Laurie Hartman	<i>Fully booked</i>	
<b>Evening workshops 19.00-22.00</b>		<b>50% discount for students on most courses</b>		
30 Sept	<b>How to treat: Tennis elbow</b>	Prof. Eyal Lederman	£40	£40
28 Oct	<b>Drop-in supervision</b>	Dr. Massud Wasel	£40	£40
23 Nov	<b>Fascia research: what's new and relevant for manual therapists?</b>	Dr. Robert Schleip	£40	£40
28 Oct	<b>How to treat: Whiplash injuries</b>	Prof. Eyal Lederman	£40	£40
25 Nov	<b>How to treat: Impingement syndrome of the shoulder</b>	Prof. Eyal Lederman	£40	£40

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

**Book on-line: [www.cpdo.net](http://www.cpdo.net)**

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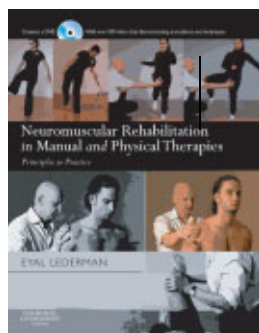
**All deposits and payments are non-refundable and non-transferable to other dates**

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 Harberton Road, London N19 3JS, UK**

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



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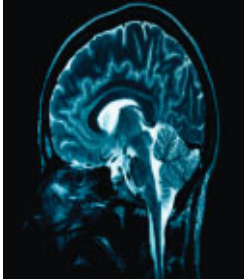


# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

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

### Preliminary Course in Osteopathy in the Cranial Field



The preliminary 5-day course is approved by the SCTF and includes the detailed anatomy and physiology specific to the involuntary approach, together with instruction in the basic principles of diagnosis and treatment procedures. Approximately half of the contact time is devoted to practical instruction in groups of 4 participants to 1 tutor giving intensive, participant-centred tuition in practical skills.

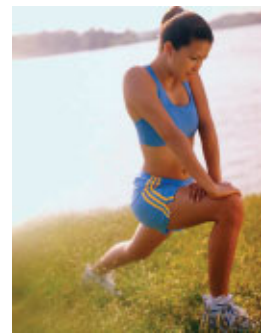
Dates: Friday 10th, Saturday 11th, Sunday 12th and Saturday 18th, Sunday 19th September 2010  
Course fee: £975.00, with discounts for new graduates (£100 deposit required with application)  
Deadline for applications and payment of full course fees: Friday 13th August 2010 (subject to availability). CPD: 40 hours

### Osteopathy and Sports Conference 2010

Join with colleagues from across the sector in an exciting day focused on the role of osteopathy in sport. Working in partnership with OSCA, the BSO has compiled an exciting programme with workshop streams that encompass acute/chronic injuries, sports psychology and rehabilitation. Participants will gain techniques and skills that they can use at once in practice. Experts from the field have agreed to present at this exciting event, including Professor Alison McGregor (Professor of Musculoskeletal Biodynamics at Imperial College), Jonathan Betser (Osteopath), Tom Hewetson (Osteopath), Jonathan Beacon (Orthopaedic Surgeon), Fiona Hendry (Osteopath) and John Neal (Sports Psychologist).

As well as CPD hours, participants will be credited with 10 CPD points from OSCA.

Date: Saturday 2nd October 2010 Course fee: £125 CPD: 7 hours



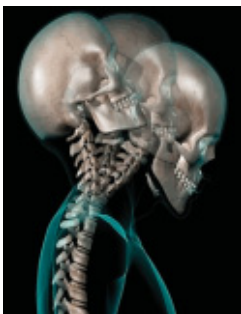
### Osteopathic Treatment of Whiplash Related Injuries

A one day course examining the osteopathic approach to the treatment of whiplash related injuries.

The course programme will look at a variety of contemporary approaches to definitions, diagnosis and treatments; along with a discussion of the subject of "Litigation Neurosis"

It will include in depth discussion around the Osteopathic approach to diagnosis and practice, along with a range of treatment modalities for the management of patients with whiplash related injuries and a dedicated practical session aimed at demonstrating osteopathic treatment of patients presenting with whiplash symptoms, representing an array of factors related heavily to key osteopathic concepts.

Date: Saturday 9th October Course fee: £125 CPD: 6 hours



### Ergonomics and Osteopathy

The Ergonomics course is a one day programme, linking the related disciplines of ergonomics and osteopathy. It covers an introduction to ergonomics, as well as applications relevant to osteopaths. Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling back in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

The course leader David Annett is a freelance Ergonomics Consultant with over 15 years' experience and an honours degree in Ergonomics, as well as a practising Osteopath.

Date: Saturday 30th October 2010 Course fee: £95 CPD: 6 hours



### Further courses in 2010

20th November - Emergency First Aid

4th December - Introduction to Pilates and its Inter-relationship with Osteopathy

All courses are held at the British School of Osteopathy, 275 Borough High Street, SE1 1JE.  
To apply or find out more, 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

## Postgraduate Courses - from December 2010

[www.bso.ac.uk](http://www.bso.ac.uk)

The BSO is currently enhancing its portfolio of postgraduate programmes designed to enable osteopaths and other health care practitioners to develop their competence in the areas of research, teaching and specialist clinical practice.

### **Professional Doctorate in Osteopathy**

This doctoral degree programme, offers the most advanced level of formal learning in osteopathy outside the USA. The course has taught elements, for those who are keen and able to engage with the challenges thrown up by doctoral level scholarship and in-depth enquiry into a topic relevant to your professional life.

**Start date:** January 2011 and October 2011

**Course Leader:** Professor Stephen Tyreman PhD

### **Postgraduate Certificate Research Methods**

This programme is designed to equip osteopaths and other manual therapists with the knowledge and skills required to evaluate practice; and to consider, design, propose and deliver research. It offers two modules: Advanced Research Methods and Design; and Statistics for Health Care Research. Each module will involve a four day course which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

**Start date:** December 2010 and October 2011

**Course Leader:** Jorge Esteves

**The Professional Doctorate in Osteopathy and Pg Cert Research Methods are both validated by the University of Bedfordshire**



### **MSc in Osteopathy**

Designed for practising osteopaths this stimulating, flexible programme includes opportunities to advance existing skills, acquire new knowledge, interact with peer group and fulfil CPD requirements by combining a choice of core and elective modules. This programme will provide osteopaths with opportunities to further develop their core capabilities, advance their professional practice and consider future specialisms in osteopathic care.

**Planned start date:** January 2011

**Course Leader:** Andrew Lay

### **Postgraduate Certificate in Academic and Clinical Education**

This programme is designed to equip osteopathic, chiropractic and physiotherapy educators with the knowledge and skills required to effectively support students in both classroom and clinic based settings. It offers two modules: Education for Academic Teaching; and 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 lectures, seminars and practical workshops, supported by assignments.

**Planned start date:** January 2011

**Course Leader:** Fiona Hendry

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

**For information on our postgraduate provision, please contact:**  
Jorge Esteves, Head of Postgraduate Studies and Student Research  
on 020 7089 5310 or [j.esteves@bso.ac.uk](mailto:j.esteves@bso.ac.uk)





# Sutherland Cranial College

## Join the S.C.C. training programme

We offer a 9-course programme in Involuntary Motion Studies from entry level to advanced level with a 1:4 tutor-student ratio.

- Module 1 Introduction to osteopathy in the cranial field
- Module 2-3 Osteopathy in the cranial field
- Module 4 Balanced Ligamentous Tension (BLT) techniques applied to the whole body
- Module 5 Reciprocal tension – membranes and principles
- Module 6 The dynamic basicranium
- Module 7 The CNS, fluids and the 'Spark in the Motor'
- Module 8 The functional face
- Module 9 Paediatrics



Our entry level (module 1) and basic courses (modules 2–3) provide a high standard of training in palpation of the Involuntary Mechanism (IVM) and a grounding in osteopathic treatment approaches.

Module 4 is a useful bridge between structural and cranial approaches, working on the joints with BLT principles.

Our Pathway Courses (modules 5–9) are aimed at practitioners wanting to refine and advance their IVM skills and knowledge. These can be taken in any order. See SCC website for more details or contact the SCC office.

## An introduction to Cranial Osteopathy

Module 1

| New 2-day Foundation Course; dates and location by arrangement. CPD: 16hrs | Fee: £275

## Osteopathy in the cranial field

Module 2/3

An exciting approach to cranial osteopathy, with a balance of theory and practical sessions. The course helps students to centre, palpate, and use the involuntary mechanism in practice to begin to diagnose and treat a wide range of patients.

*"Brilliant – really worth the money and effort to get here. Very high standard"*

September 13–17 2010 | London

CPD: 40hrs | Eligibility: Module 1 or equivalent | Fee: £1149 | New graduates: £999. Lunch included

**New Graduate scholarship.** The SCC is offering a limited number of scholarships to new graduates for Modules 1 and 2. Full details and application form available from the website or office.

## An osteopathic approach to internal medicine

**New course**

A stimulating new course developing osteopathic understanding and treatment of the visceral systems.

October 1–2 and November 1–2 2010 | Stroud Gloucestershire

CPD: 32hrs | Eligibility: Module 2 or equivalent and Module 4 is recommended | Fee: £895

## Spark in the motor

Module 7

An in-depth exploration of the nervous system and fluid management approaches.

November 10–12 2010 | London

CPD: 32hrs | Eligibility: Module 2 and Module 3 or equivalent | Fee: £799

## Rollin Becker Memorial Lecture 'Osteopathy beyond the realms of science'

November 10–12 2010 | Cavendish Conference Centre London

Guest Speaker: Peter Armitage DO MSCC | Starts 5pm

£27.50 per ticket and £15 undergraduate students booking before October 1 2010

See SCC website for more details or contact the course office. Telephone 01291 622555

[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk) email [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)

Deposit £100, stage payments available. Credit cards accepted

Sutherland Cranial College Stuart House The Back Chepstow NP16 5HH

# Thinking CPD ... think ESO

## Dynamic Neuromuscular Stabilization

Following an extremely well received introductory seminar held in January 2010, and in response to delegate demand, we are pleased to announce a series of Dynamic Neuromuscular Stabilization (DNS) courses:

### Course A - Friday 1 to Sunday 3 October 2010 (21hrs CPD)

Presented by Petra Valouchova, PT, PhD and Lucie Oplova, PT  
(members of Prof Kolar's DNS team)

Cost: £450 (inclusive of lunch and refreshments)

### Course B - Friday 28 to Sunday 30 January 2011 (21hrs CPD)

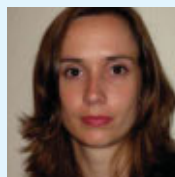
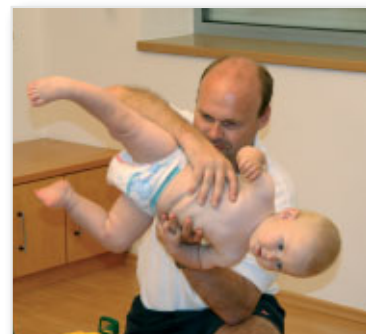
Presented by Prof Pavel Kolar, PaedDr, PhD and Dr Alena Kobesova, MD

Cost: £450 (inclusive of lunch and refreshments)

### Courses limited to 30 delegates

“The effects of Professor Kolar's techniques are dramatic and can easily be assimilated into osteopathic practice ... this knowledge will improve your results tenfold”  
Roger Kingston DO

“One of the most interesting courses I have been on and one which will add a major dimension to my practice. Thank you for finding Professor Kolar”  
Seminar feedback, January 2010



*in association with*





## **Exercise Physiology 1 (Theory) 11 September**

Theory of exercise physiology, including rehabilitative exercise programming and prescription.

## **Exercise Physiology 2 (Practice) various dates**

How to incorporate laboratory-based physiology assessment in clinical practice, including practical exercise work in BCOM's acclaimed Human Performance Laboratory.

## **Nutrition 9 October**

An introduction to giving nutritional advice for the various life stages, including pregnancy and weaning, childhood and adolescence, plus food intolerance and allergies.

## **Clinical Pharmacology for Osteopaths 20 November**

Understanding and working with pharmacology in osteopathic practice. Gastro-intestinal and osteoporosis medication and the side effects of medication.

## **Legal Aspects & Clinic Auditing 19 February**

Get ahead of the potential legal and auditing issues of the future - a must for osteopaths.

## **Future Events**

**Advanced Anatomy (Dissection Room)**

**Medical Imaging (MRI & X-Rays)**

**Designing & Conducting Research**

**The Effect of Diet on Inflammation & Tissue Repair**

**Animal Osteopathy**

# **British College of Osteopathic Medicine**

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Ask A Question: [cpd@bcom.ac.uk](mailto:cpd@bcom.ac.uk) or 020 7435 6464

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349 Green Lane, Haringey, London N4 1DZ

### UPCOMING COURSES

Saturday courses: 1.30pm - 5.30pm

Sunday courses: 10.00am - 4.00pm

LIGHT REFRESHMENTS PROVIDED

Date	Title	Lecturer	Cost
7th August	Clinical Diagnostics of Diabetes (Part 2)	Dr Obaro / Dr Oduwaiye	£50.00
14th August	Signs / Symptoms Types of Diabetes (Part1)	Dr Obaro / Dr Oduwaiye	£50.00
15th August	Spinal Junction Areas & Thoracic Spine & Ribs	David Lintonbon	£75.00
21st August	Clinical Diagnostics of Diabetes (Part 2)	Dr Obaro / Dr Oduwaiye	£50.00
28th August	Diagnostics of Stress and Natural Therapeutics	Marion Osaze	£50.00
4th September	The Full Blood Count & Basic Haematology	Dr Yvonne Daniel	£50.00
11th September	Digestive System the Medical Herbal Way	Marion Osaze	£50.00
12th September	Examination & Evaluation of Shoulder AC, SC and UEX	David Lintonbon	£75.00
18th September	Musculoskeletal System the Medical Herbal Way	Marion Osaze	£50.00
25th September	The Full Blood Count & Basic Haematology	Dr Yvonne Daniel	£50.00
26th September	Examination & Evaluation Manipulation Cervical Spine	David Lintonbon	£75.00
10th October	Examination, Evaluation & Manipulation of Lumbar Spine - Two-man Technique	David Lintonbon	£75.00
24th October	The Common Compensatory Pattern & Pelvic Manipulation	David Lintonbon	£75.00
14th November	Examination, Evaluation & Manipulation of Hip & Pelvis	David Lintonbon	£75.00
28th November	Osteopathic Approach to Treatment of Knee Tib/Fib Joints	David Lintonbon	£75.00
12th December	Examination, Evaluation of Foot	David Lintonbon	£75.00

Telephone 0208 809 1719 or email Toni at [twinkletp40@hotmail.com](mailto:twinkletp40@hotmail.com) for all bookings and enquiries.

Visa debit cards, cash and cheque accepted.



## PRACTITIONER DEVELOPMENT (FOUNDATION) COURSE

Traditional osteopathic teachings of J.M. Littlejohn and John Wernham.

Topics covered include body mechanics, osteopathic centres, vaso/viscero motion and body adjustment technique.

The Institute of Classical Osteopathy, Dorking, Surrey

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All enquiries [www.classical-osteopathy.org](http://www.classical-osteopathy.org)



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**The Rollin E. Becker Institute** is committed to delivering a high quality programme of courses, master-classes and seminars relevant to the challenges facing osteopaths in the 21st century. Visit [www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk) for more details.



**Rollin E Becker Institute**  
*Inspiration in practice*

## Train with the Rollin E. Becker Institute - 2010/2011

### Osteopathic Guide to Ophthalmology

**Date:** Sat 30/10/2010 **Venue:** LSO **Cost:** £135.00  
**Course Leader:** Nick Woodhead

Revise the detailed anatomy of the eye and its associated orbital contents. Then consider the common ophthalmic conditions that occur in everyday practice, and the signs and symptoms for red flag referrals.

Practice your clinical methods, including the use of ophthalmoscopes. Concludes with practical sessions led by Nick Woodhead on the mechanics of the orbit and its function from a clinical and treatment perspective.

### OCF 40-hour Foundation Course

**Dates (TBC):** late Jan/Feb 2011 **Cost:** £825  
**Course Leaders:** Carina Petter and Nick Woodhead

This SCTF (USA) approved 40-hour course will run over 3 weekends to minimise disruption to practice life.

Early booking & new graduate discounts will be available  
Please check the website for further details

### Tissue Quality - Explorations in Palpation

**Date:** Sun 05 /12/2010 **Venue:** FPO/OCC **Cost:** £135.00  
**Course Leaders:** Carol Plumridge and Carina Petter

An experiential day to explore and develop palpation skills where we will consider structure and function as it is expressed as tissue quality:

Looking at how we assess tissue quality and health, and then use the knowledge to inform our treatment and management; using palpation exercises to improve your understanding of how osteopathic intervention can change the health of the tissues.

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General  
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# New GOsC registration powers

Under new powers acquired by the GOsC, those who did not apply for registration in the initial two-year transition period (1998-2000) now have an opportunity, up to 31 December 2010, to join the Register.



UK-qualified individuals who, for various reasons, did not join the Register during this time may be considered for registration if they meet certain criteria.

To find out if you qualify, visit  
**[www.osteopathy.org.uk](http://www.osteopathy.org.uk)**  
or call 020 73576655 ext 229.