

# the osteopath

*The magazine for osteopaths*

## The Francis Report:

What can the profession learn? p4

The Mid Staffordshire NHS  
Foundation Trust Inquiry

Independent Inquiry into care provided by  
Mid Staffordshire NHS Foundation Trust  
January 2005 - March 2009  
Volume I  
Chaired by Robert Francis QC

HC375-1

> The impact  
of CPD  
p14

> Starting out  
in practice  
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Cheng (BOA)  
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## 4 Welcome to the new edition of *The Osteopath*

We're halfway through the year now and as well as looking ahead, it seems like the ideal time to look back and reflect.

The Francis Report published earlier this year has had repercussions far and wide for all healthcare professionals. On page 4 we look at how the findings from the Report could affect osteopaths, while on page 7 we consider the related question of what we understand by professional behaviour.

Page 14 continues the theme of learning from others, looking at how CPD is viewed by other healthcare professionals, and you can read the results of our own CPD audit on page 8.

Finally, on page 12, the new Chief Executive of the BOA, Maurice Cheng, shares his views on the future of the osteopathic profession.

I hope you enjoy reading this edition.

**Suzanne Miller**

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## the osteopath

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# The Francis Report – what does it mean for osteopathy?

The publication earlier this year of the report by Robert Francis QC on the failings at Mid Staffs hospital, is seen by many commentators as a 'line in the sand' with regards to how health services and health professions are regulated and managed.

The Francis report is largely about the failings of the NHS, secondary care, and doctors and nurses, so what is its relevance to the osteopathic profession?

Put simply, Francis found that large numbers of individual professionals failed to meet the standards expected of them, particularly in relation to the obligation of all healthcare professionals to report concerns about poor standards of practice. In other words, staff just 'looked the other way' when things were going wrong. There were many factors that contributed to these failings, but the overall effect has been the same: further erosion in the public's confidence in the health professionals they rely on when they are at their most vulnerable.

Recommendation 1 of the Francis Report says: 'All regulatory organisations in healthcare [this includes the GOSC] should consider the findings and recommendations of this report' and also report annually on progress.

The report itself has over 1800 pages and contains 290 separate recommendations. While many of the recommendations are not relevant to osteopathy, there are a number that need to be considered by us as a profession, particularly around education and training, handling complaints, reporting concerns and the 'culture' of healthcare.

There is insufficient space to consider all of these in this article – a paper on the June GOSC Council agenda will go into more detail – but here are a few thoughts about what needs to be done.

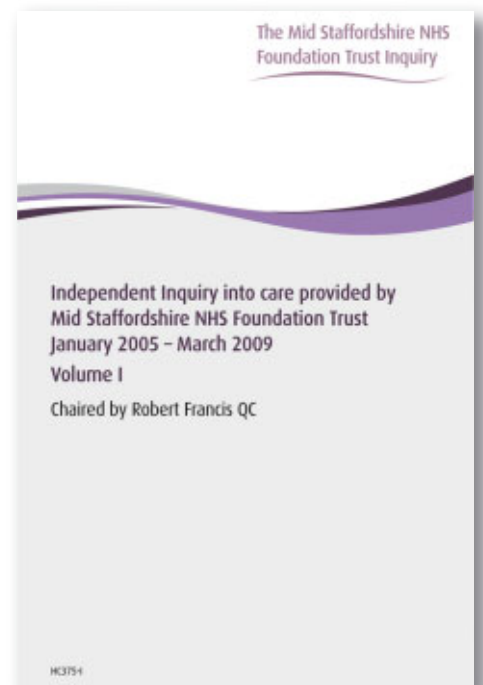
**1 Individual osteopaths, professional groups and the regulator** all need to ensure that

when patients want to make a complaint, they always know how to do so, whether at a practice level or to the GOSC. This is not to say that the GOSC is fishing for complaints to investigate (we are not) but that between us we ensure that patients' fundamental rights are acknowledged and supported.

**2 Osteopathic organisations** also need to ensure that the patient is at the heart of everything the profession does. This is particularly important with respect to the training of new osteopaths, as well as practising osteopaths, and we will be continuing to work with all the osteopathic educational institutions to ensure that there is effective patient input to osteopathic education.

**3 Patients** want to be assured that their osteopath is meeting the standards expected of them. This doesn't necessarily mean revalidation in the form that it applies to doctors (or as Francis recommends should also apply to nurses), but certainly an approach that is much more robust than our current CPD scheme.

**4 The profession** as a whole needs to consider whether it has 'a shared culture in which the patient is the priority', and 'a common set of core values and standards'. It is sobering to note that last year's survey of registrants showed that, while 30% of osteopaths have at some time identified concerns about a colleague, half of them didn't take any action (even speaking to the person in question). As a profession that prides itself



on quality of care and patient-centredness, this would suggest we need to think more about the appropriate attitudes and actions when patients are not receiving the care they should.

We will be returning to many of these issues over the coming months and discussing them with the British Osteopathic Association, the Council of Osteopathic Educational Institutions and with you. But we would also welcome your thoughts – in letters, via Facebook or Twitter – about how the osteopathic profession meets the Francis challenge.

You can read the Francis Report at: <http://tinyurl.com/6j47g6z>

# Let's hear from your patients

Your patients can provide feedback and views that can be invaluable to the GOsC, and to you, in helping us to enhance services, and improve the quality of osteopathic practice and care.

Our Patient Partnership Group is seeking osteopathic patients from any part of the UK and all backgrounds, although participants must be at least 18 years of age. Please help to ensure we have good representation of all types of practice by encouraging willing patients to join our osteopathic Patient Partnership Group.

## How the Group works

The Group is mainly 'virtual', exchanging views with us via email and online, but those who do not have access to the Internet are able to participate over the phone or by post. We try not to take up too much of your patients' time, and patients can join in as much or as little as they choose.

Your patients would:

- > provide a patient and public perspective that informs the work of the GOsC
- > help us ensure that patients and the public have the information they need about osteopathic practice
- > assist in the development of GOsC communication materials.

If any of your patients would like to join the Patient Partnership Group, please

encourage them to visit the GOsC website where there is further information: <http://tinyurl.com/lnzqhj4>, or call 020 7357 6655 x245.

To make patients aware of the osteopathic Patient Partnership Group, we have a promotional poster that you can display in your practice. Download a copy here: <http://tinyurl.com/k68oguo>

For more information, please contact the GOsC Communications Manager on 020 7357 6655 x245 or via email at: [seldred@osteopathy.org.uk](mailto:seldred@osteopathy.org.uk). Please feel free to give your patients these contact details.



## Attending meetings

The next GOsC Council meeting will take place at Osteopathy House on **Thursday, 20 June 2013** and osteopaths and members of the public are welcome to attend. Agendas will be available nearer the time from the GOsC website at: [www.osteopathy.org.uk/about/the-organisation/meetings](http://www.osteopathy.org.uk/about/the-organisation/meetings)

A summary of the main decisions of June Council will be published in the next issue of *The Osteopath* magazine.

Agendas and all associated Council meeting papers are available on the website at the above address.

## Committee meetings

Osteopaths are also welcome to attend meetings of the Osteopathic Practice Committee and the Education and Registration Standards Committee. Papers from the most recent meeting (14 May) are available on the website.

As with Council meetings, minutes will be published on the website after they have been confirmed at the next meeting.

If you plan to attend the Council meeting, or would like more information about upcoming Committee meetings, please contact the Council and Executive Support Officer, Marcia Scott, at: [mscott@osteopathy.org.uk](mailto:mscott@osteopathy.org.uk) or call 020 7357 6655 x246.

# Helping you meet your CPD requirement

Have you considered using the free resources available on the GOSc website as part of your CPD? Testing your familiarity with the *Osteopathic Practice Standards* can count towards your annual CPD requirement.

The *Osteopathic Practice Standards* (OPS) section on the **o** zone website aims to help osteopaths learn more about the OPS, and how the standards apply in real practice situations. This can be found here: [www.osteopathy.org.uk/practice/standards-of-practice](http://www.osteopathy.org.uk/practice/standards-of-practice) providing an overview of the OPS and a short test with feedback, which you can complete **anonymously**, to help reassure yourself of the content of the OPS.

Under each of the four themes of the OPS, we offer links to learning resources that are specific to the standards around these areas of practice:

## 1 Communications and Patient Partnership

### Video presentations from our 2012 regional conferences programme:

- > Risks and benefits: adverse events and outcomes in UK osteopathy – Steven Vogel
- > Communicating benefits and risks effectively to patients – Pippa Bark.

### Articles:

- > Communicating with new patients
- > Information for new patients
- > Valid consent and shared decision-making.

### Relevant research:

- > Investigating osteopathic patients' expectations of osteopathic care
- > Complaints and claims against osteopaths
- > Communicating risks of treatment and informed consent in osteopathic practice.

### External resources:

- > General Medical Council (GMC) interactive learning on clinical scenarios exploring patient interactions which could be applied to osteopathic practice
- > GMC learning disabilities website interactive learning exploring the needs of patients with learning disabilities.

## 2 Knowledge, Skills and Performance

### Articles:

- > How to evaluate your practice
- > Conducting peer reviews
- > Measuring your own performance
- > Does your CPD address your real learning needs?
- > Improving quality in your practice.

Links to current research relevant to osteopathy and manual therapy, through access to the following journals:

- > *International Journal of Osteopathic Medicine* (IJOM)
- > *Clinical Biomechanics*
- > *Journal of Bodywork and Movement Therapies*
- > *Journal of Manipulative and Physiological Therapeutics*
- > *Manual Therapy*
- > *Medicine*
- > *Spine Journal*.



The National Council for Osteopathic Research, via its website –

[www.ncor.org.uk](http://www.ncor.org.uk), offers osteopaths further invaluable CPD resources, including research and audit skills tutorials, podcasts and presentations, and summaries of current published research findings relevant to osteopathic clinical practice.

## 3 Safety and Quality in Practice

### Articles:

- > Patient record requirements
- > Raising concerns about patient safety.

### External resources:

- > An Introduction to Clinical Audit for Practising Osteopaths produced by NCOR
- > The Nursing and Midwifery Council safeguarding patients interactive learning which includes video and training resources
- > The General Medical Council 'Raising Concerns' Guidance – what to do if you have a concern about patient safety. The basic principles are helpful for osteopaths.

## 4 Professionalism

### Articles:

- > Handling patient complaints
- > Research into what patients complain about
- > Making comments about colleagues or other healthcare professionals
- > Avoiding the pitfalls of a digital age
- > Maintaining your own health
- > Equality and diversity.

### External resources:

Guidance on advertising your practice – issued by the Advertising Standards Agency.

General Medical Council (GMC) interactive learning on clinical scenarios which could be applied to osteopathic practice, including:

- > raising concerns about colleagues; supporting self-care; and advertising.
- > maintaining professional boundaries with former patients; child protection concerns; and raising concerns about patient safety.
- > confidentiality and consent.
- > obtaining consent, confidentiality and the disclosure of information in the public interest.

## Revalidation Pilot resources

Resources developed to support the GOSc revalidation pilot may also be useful in helping you to meet your CPD requirement. Osteopaths involved in the pilot found collecting feedback from patients particularly useful, and on the **o** zone you can find templates for obtaining feedback from your patients. Taking action based on your analysis of this feedback could count towards your CPD. Also on the **o** zone you can find templates to support structured self-reflection and case-based discussion with colleagues. Recording the learning from case-based discussion with colleagues counts as 'learning with others' CPD. Further information can be found by visiting: [www.osteopathy.org.uk/ozone/revalidation](http://www.osteopathy.org.uk/ozone/revalidation).

**For further CPD guidance, contact Gina Baidoo or Marcus Dye on 020 7357 6655 x238 or 240.**

# Professionalism in practice

## What does professionalism mean? Is our understanding of 'professional behaviour' the same as our osteopathic colleagues, and do we share the same understanding as that of other health professionals?

Professional behaviours have been under close scrutiny since the events that led to the Francis Inquiries into Mid Staffordshire Hospital – why did health professionals who were aware of patient care going wrong fail to take appropriate action? In reality, it can be difficult to act to protect patients when one is not directly responsible for those patients, or always to know the best course of action or where to turn for advice. One source of information on professional expectations is the *Osteopathic Practice Standards (OPS)*.

The GOsC is working with educationalist Sue Roff, to develop e-learning modules for osteopaths and students that explore applying the OPS in challenging ethical scenarios.

These modules also collect **anonymous** data, potentially to gain a better understanding of the professional values of the osteopathic community as a whole, and where these mirror or diverge from the values of peers in osteopathy and other healthcare professions, as well as external audiences such as patients. Data from this research may help to develop further e-learning resources that promote professionalism in osteopathy education and practice, where necessary. The process can be seen in the diagram below.

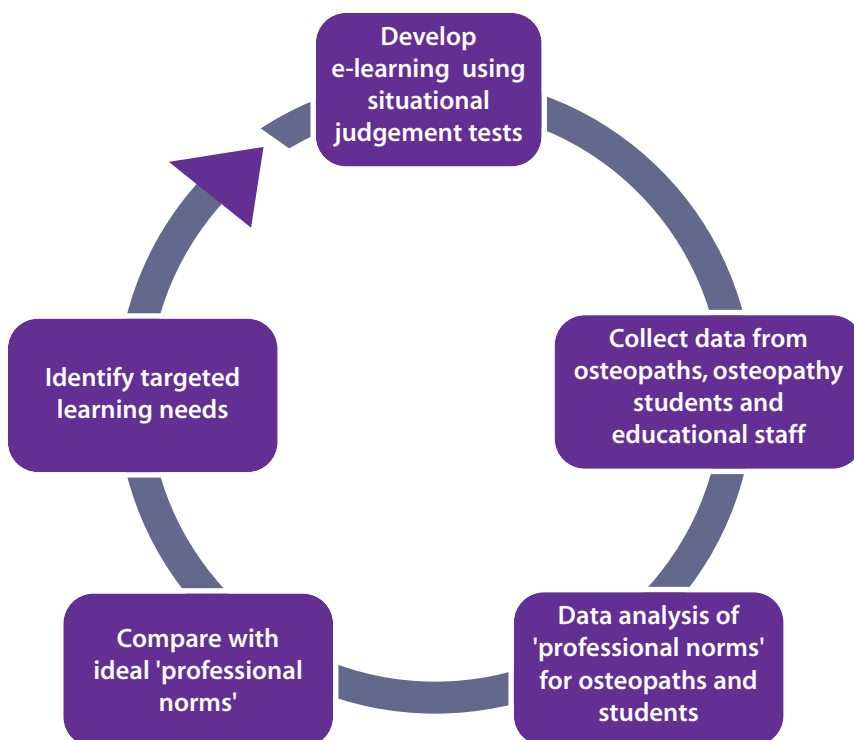
**For osteopaths** we are developing scenarios posing ethical dilemmas that you may face in practice, i.e. appropriate methods of consent. Osteopaths will be asked to identify the relevant sections of the OPS that apply to the scenario to reinforce understanding and are then invited to rate the seriousness of the situation presented.

**For students**, an ethical scenario is provided in the educational setting. For example – a student falsifying research data. Students are invited to respond, **anonymously**, to the following questions:

- > How wrong is the behaviour?
- > What action should a student take when they become aware of that behaviour?
- > Does this behaviour occur in students?
- > How frequently does this behaviour / attitude occur among qualified osteopaths?

To date, this research initiative has been presented at the British School of Osteopathy International Education Conference and has been accepted for poster presentations at two forthcoming medical education conferences, hosted by the Association for the Study of Medical Education and the Association for Medical Education in Europe.

**For more information, contact the Professional Standards Manager, Marcus Dye on 020 7357 6655 x240 or [mdye@osteopathy.org.uk](mailto:mdye@osteopathy.org.uk)**



If you are faced with an ethical dilemma in practice, you can always see advice from:

- > The General Osteopathic Council (GOsC)
- > The British Osteopathic Association
- > Osteopathic special interest groups and societies
- > Local and regional osteopathy groups

# Auditing your CPD

All osteopaths who have been registered for more than one year must complete an annual summary form of their CPD activities, and keep a CPD folder of evidence to support these activities, e.g. notes from a lecture, a copy of an article/journal etc. This is a condition of your registration and you must keep the evidence for up to five years.



Every year, the GOSc carries out a random audit of two percent of all CPD folders to check that the evidence within corresponds with the annual summary form, and to demonstrate to the public that osteopaths comply with CPD requirements.

While the overwhelming majority of osteopaths audited in 2012-13 were able to provide acceptable evidence, reasons for non-compliance included:

- > osteopaths not providing **sufficient** evidence for activities stated on their annual summary form. For instance, where an osteopath had provided a receipt or a copy of the agenda as evidence of attending a course, this

did not prove that the osteopath had actually attended. Acceptable evidence would be a signed certificate or written confirmation from the course provider, or notes taken during the meeting

- > osteopaths not being able to offer evidence for **all** the activities stated on their annual summary form.

**If you need help to provide evidence for your CPD, page 15 of the CPD Guidelines provides a table of activities with examples of acceptable evidence. You can also call us on 020 7357 6655 x238 or email [psadmin@osteopathy.org.uk](mailto:psadmin@osteopathy.org.uk) and we will be happy to assist.**

## Fitness to Practise Annual Report

In the last edition of *The Osteopath*, we reported on the number of cases that had been considered by the Fitness to Practise Committees in 2012-13. We will shortly be publishing on the GOSc website our full annual Fitness to Practise Report, which provides a summary of the cases that were considered and found proved by the Professional Conduct Committee over the same period.

**If you have any questions about the report or the Fitness to Practise process, please contact 020 7357 6655 or email: [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk)**

## Osteopath removed for claims to cure cancer

**The GOSc Professional Conduct Committee has ordered that the name of Mr Dick Wyatt (5032) should be removed from the Register of osteopaths.**

The decision arose from a complaint to the GOSc that Mr Wyatt had made a number of inaccurate claims online about his ability to cure life-threatening diseases, such as cancer, Parkinson's Disease and Motor Neurone Disease. He also invited readers to contact him if they were desperate and the NHS could not assist.

The Committee concluded that Mr Wyatt's behaviour was fundamentally incompatible with being an osteopath, displaying serious breaches of the profession's standards of practice. The Committee was concerned that this

conduct amounted to 'cynical attempts to prey on vulnerable and desperate people', and that such claims damage public trust and confidence in the osteopathic profession.

Mr Wyatt was found guilty of Unacceptable Professional Conduct. Mr Wyatt has the right to appeal this decision and his removal from the Register.

**More details about this case can be found at: <http://tinyurl.com/panmtc7>**





# Obtaining consent consultation

At the end of last year, we asked for your views on draft guidance we had written about the complex law on consent. The guidance, a supplement to information about consent in the *Osteopathic Practice Standards (OPS)*, explains to osteopaths how the law works for each of the four UK countries regarding obtaining permission from patients, and the procedures for treating patients who lack the capacity to give consent.

The consultation closed at the end of January and all responses have now been evaluated. In response to the consultation, we expect to revise the guidance to make it more user-friendly. Later this year, the Osteopathic Practice Committee and Council will be asked to consider a revised draft of the guidance before a final version is published.

**In the meantime, if you have any questions about obtaining consent, OPS or the consultation process, please email [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk)**

## Sanctions guidance – thank you for your feedback

**Thank you to everyone who responded to our consultations on new guidance on how and what sanctions are applied in fitness to practise cases involving osteopaths.**

These draft guidance documents on *Indicative Sanctions* and *Conditions of Practice* were developed to assist the GOSc Professional Conduct Committee (PCC) to make clear and consistent decisions when considering what sanctions to apply, if an osteopath's fitness to practise has been impaired.

**We will shortly be publishing a report about the consultation which ran from 1 March until 31 May and the responses we received. This report and further versions of the documents will be considered by the Council in the autumn. In the meantime, if you have any questions about either of these consultations, please contact us on 020 7357 6655.**



# And the FOSCA goes to ...

**Congratulations to the first recipients of the newly created Fellowship of the Osteopathic Sports Care Association (FOSCA). The Osteopathic Sports Care Association (OSCA) UK is a membership group for those involved or interested in the treatment of people participating in sport.**

The first OSCA Fellowships have been awarded to:

- > Jonathan Betser (posthumous) – former President of OSCA
- > Tom Hewetson
- > Simeon Milton – Chairman of OSCA
- > David Millard

The four worthy recipients have been recognised for their determined efforts that saw osteopaths for the very first time work as part of the core medical team at the London 2012 Olympic and Paralympic Games – an achievement that raised significantly the profile of osteopathy in sports care both in the UK and internationally.

The Fellowships are designed to raise the profile of OSCA and the valuable role of osteopaths in treating sportsmen and women. The awards are endorsed by Northampton University, which helped to formulate the requirement, selection and nomination process for prospective candidates, as well as provide an independent selection panel to scrutinise and ratify any award given. To be nominated as a Fellow, osteopaths have to be recommended by colleagues.



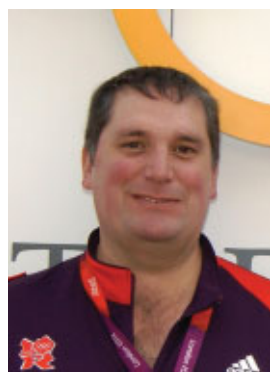
The late Jonathan Betser



Tom Hewetson



David Millard



Simeon Milton

**Further information about OSCA is available at: [www.osca.org.uk](http://www.osca.org.uk)**



## HRH The Prince of Wales steps down as Patron

**His Royal Highness The Prince of Wales has been Patron of the General Osteopathic Council since its establishment nearly 16 years ago. The term of the Patronage has now come to an end.**

His Royal Highness has actively supported and encouraged the development of regulated osteopathic practice in the UK, and for this we are most grateful to him. It is the decision of the Council not to seek a new Patron for the GOSC.

## Ask the GOSC – online forum

**We have added a new feature to the o zone: a forum for you to ask us questions and to enable discussions between osteopaths. This is something that a number of you told us you would like to see.**

All questions asked in the forum will be responded to directly as quickly as possible. The forum will be trialled for a year and, if successful, will become permanent.

You can access the forum through the 'Get involved' section of the o zone. There is also a direct link to the forum on the home page of the o zone.

**We look forward to hearing from you.**

# Frequently Asked Questions

We receive calls and emails every day from osteopaths, patients and members of the public and we are always keen to assist.

Here we share just some of the most recent queries and how we responded.

**Q** A patient has asked for a copy of their notes. Can I charge them for this and, if so, how much?

**A** According to the Data Protection Act 1998, you may charge a maximum of £50 for this but what you charge should be based on the cost of copying the patient records and needs to be justifiable.

**Q** I've recommended to a patient that they see a GP. Can I charge the patient for providing a referral letter?

**A** We would not regard it appropriate to charge a patient for a referral letter. This would fall within your duty of care to your patient.

**Q** I'm considering moving overseas. Can I still practise osteopathy?

**A** Osteopathy is regulated in a number of countries outside the United Kingdom, including Australia, New Zealand, South Africa, France, Switzerland, Finland, Iceland and Malta. However, this is not the case in many other parts of the world, where osteopathy is not always formally recognised.

Be sure to carefully research the legal status of osteopathy locally before setting up practice abroad. And make contact with local osteopathic bodies for advice – be aware, though, that in some countries you may find osteopathy represented by several organisations. You can find a list of contacts on the **o** zone for countries in Africa, Asia, Australasia, Europe, North and South Americas (see [www.osteopathy.org.uk/ozone/resources/osteopathy-worldwide](http://www.osteopathy.org.uk/ozone/resources/osteopathy-worldwide)).

If you do decide to live and practise outside the UK, you can choose to either resign from the GOsC Register or remain on the Register, as an 'overseas registrant'. More information about this is available on the **o** zone via the link above.

**You are always welcome to contact us on 020 7357 6655 if you have a question or would like more information.**

## Your online resources

Your registration gives you access to a whole range of online support and assistance from the GOsC.

For instance, you can:

- > Renew your registration and pay your fees online
- > Update your personal details on the Register
- > Complete and submit online your CPD Annual Summary Form
- > Find a range of options for your CPD activities, including:
  - a calendar of courses and other events happening in the UK and further afield
  - selected articles from IJOM to read and download via the **o** zone
  - links to sources of research, education and training, along with other osteopathic associations, e.g. NCOR, The Sutherland Society
  - details of all osteopathic regional groups
- > Review Practice guidance aimed at helping you to meet the *Osteopathic Practice Standards*, improve your practice and comply with relevant legislation
- > Visit our online shop to buy information leaflets and posters to use in your practice and tell your patients about osteopathy and regulation
- > If you are a final year student, learn what the process is for joining the Register and what information there is on the **o** zone that may be useful to you.

**This is just a small selection of the resources available on the GOsC websites so if you haven't already, please do take the time to explore these. You can also tell us what you think of the **o** zone by completing our online survey here:**

[https://www.osteopathy.org.uk/uploads/the\\_o\\_zone\\_tell\\_us\\_what\\_you\\_think.pdf](https://www.osteopathy.org.uk/uploads/the_o_zone_tell_us_what_you_think.pdf)

# My views on the future of the

Maurice Cheng, CEO, the British Osteopathic Association (BOA)

## Maurice Cheng formally moved into the role of CEO of the BOA in May. We invited him to share some of his thoughts on the future of the osteopathic profession in the UK

'I should perhaps introduce myself. I started my career in international market research, setting up a small practice focussed on market entry strategies, before moving into professional education marketing, dealing variously with accountancy, sales and management training and coaching. In 2000 I joined the Chartered Institute of Management Accountants as Director of Member Services, and have been committed to the challenges of building professions ever since.

'I have also led the Institute of Healthcare Management (the professional body for health managers), and the Institute of Payroll Professionals (which, I am very proud to say, achieved chartered status within five years), before being appointed to the BOA.

'In my two months at the BOA, I've had the chance to meet members and other practitioners, the Councils and

staff of both the BOA and the GOsC, principals of the osteopathic educational institutions, regional society representatives, and NCOR, which is rapidly becoming the evidence gathering centre of excellence to support osteopathy. So what have I learned? Here are some of my early (working) conclusions:

**'First conclusion:** osteopathy works. We may not (yet) have the double blind clinical trials that prove every facet of the profession but not only is the evidence base building, patient feedback is solid, and patient advocacy is – still – our main promotional channel. The opportunities for osteopathy to benefit the public (and be rewarded for it) I believe are immense, but we need to get on and do something about it.

**'Second conclusion:** we need to do more about, and get better at, promoting the profession. Despite high patient advocacy, there is not enough

public knowledge about the efficacy and benefits of osteopathy. There is not enough understanding of how osteopathy properly fits within the broad scope of patient care among fellow health professionals, despite some outstanding successes such as the Osteopathic Fellowship at the spinal surgery unit at Queens Medical Centre in Nottingham. I appreciate that it is frustrating having to tiptoe around Advertising Standards Authority definitions regarding osteopathy, but I believe we believe in what we do, and that we must find effective strategies of communicating and convincing.

**'Third conclusion:** we need to find better ways of answering (to patients and fellow health professionals) the key question, 'what makes a better osteopath?'. When you qualify, you already have the skills and the experience to look after patients well, and safely. Later on in your career, with years of

experience of learning from patients, how can you be recognised for that increased skill? In many other professions, there are recognisable career and competency ladders you can climb; in UK osteopathy, as a substantially self-employed, entrepreneurial profession, these structures aren't there. Why do we need this? Because professions develop and grow along with the needs of society and patients, and our ability to define and communicate how we do this is critical to how we will be regarded as a profession.

**'Fourth conclusion:** sound evidence is key to our future, and the gathering of it to support our case is critical. GPs, for example, have become increasingly important as the gatekeeper to health referrals and now NHS commissioning, and we need the sort of hard evidence that NCOR and other osteopathic institutions are gathering to be able to make our case convincingly, whether we are providing osteopathic



# osteopathic profession



treatments privately or through publicly funded routes. However, with limited resources we all need to take care to be very clear about what the evidence we are gathering is for, and how we are going to use it. It is critical that we help GPs to understand osteopathy so that they are gatekeepers and not guard dogs.

**'Fifth conclusion:** we have made amazing strides over the last few years in that the key organisations within osteopathy – the BOA, GOsC, the osteopathic educational institutions through COEI, the postgraduate institutions through the Osteopathic Alliance, and NCOR – have started to work together constructively and transparently, and there is yet more that we need to do. If the profession is to develop, it is vital that the membership association works alongside the regulator, the educators, and the research centres – but I believe we need better and stronger links with the members of the BOA, the practitioners who haven't yet participated, and the regional societies where a high proportion of practitioners already gather.

'But, if I may be so bold, engagement with practitioners is most effective when it's a two-way street. Therefore, I'd like to make a quick plea: if the concept of advancing the osteopathic profession in terms of its visibility, professional respect, public relevance and indeed its earning potential is of interest to you, please participate and contribute your ideas and enthusiasm to the range of working groups that need you – the regional

societies, the regional communications network meetings, the NCOR research hubs, membership of BOA Council and working groups are but a few examples. Osteopathy is a broad church, and there is no one-size-fits-all strategy for development; joining in will help to ensure that we build the range of career options and support that we all need.

'I have a bunch more working hypotheses but that's for another day. I believe osteopathy has a real opportunity to be a larger, even more successful profession, helping more and more patients each year, working alongside and with other health professions as an accepted and integral part of UK health. Delivering that, I think, means working together better, and focussing our efforts outwards as much as inwards.

**'If I'm wrong, please tell me. If you believe in this sort of vision of the future too, please pitch in. Get in touch at: [maurice@osteopathy.org](mailto:maurice@osteopathy.org)**

**'I look forward to working with you soon.'**

"It is critical that we help GPs to understand osteopathy so that they are gatekeepers and not guard dogs."



# The impact of CPD on patients and professionals

The GOsC spent the last year discussing with the profession and others, how the current CPD scheme could be improved and the problems that osteopaths face in keeping up to date.

A recent report produced for the General Medical Council on continuing professional development for doctors shows that many of the issues of concern to osteopaths are also common to other professions.

The report was undertaken by the Academic Unit of Primary Medical Care, University of Sheffield, and consisted of 60 in-depth interviews across a range of individuals and organisations involved in CPD activities.<sup>1</sup>

The report's annex contains many case studies of how different groups have implemented CPD with real benefit to practice and to patients. Examples of effective CPD included:

- > Practice-based small group learning;
- > Reflective practice sessions for independent/isolated practitioners;

- > Role play around a 'patient journey'.

The first area that the study looked at was the impact and benefits of CPD where most of the evidence was anecdotal in nature. However, there was a general acceptance that CPD was beneficial to practice. One area that was highlighted was the benefit of working through clinical scenarios, reflecting on challenging cases and significant events with others in the same situation.

Many respondents reported that time was a barrier both to undertaking CPD itself but also in terms of finding time to reflect and to implement learning. Similarly to what we know of osteopaths, GPs indicated that they found it difficult to take time out of practice because of the direct financial impact and consequences for patient care. They also reported problems with finding (and funding) locum cover.

There was also a view expressed by a number of respondents that there was a focus on collecting CPD points rather than on actually developing and implementing new skills.

One of the findings from the GOsC's revalidation pilot, was that some osteopaths found it more challenging than others to demonstrate reflection on their practice. The study of doctors had a similar finding, with a suggestion that some doctors also found reflection to be a challenge.

There was a clear message that CPD requirements needed to be relatively simple and not overly time-consuming. Learning with peers – which already forms part of the GOsC's current CPD scheme – was deemed to be 'of crucial importance'. There was also concern expressed that CPD courses often attracted people who already had an interest in a particular subject rather than those who might benefit the most from learning new skills or updating their knowledge.

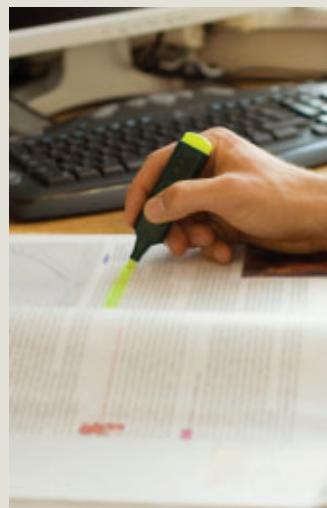
The GOsC is currently reviewing the findings from the revalidation pilot and responses to our CPD Discussion Document consultation and will be producing a consultation document later this year on a scheme for 'continuing fitness to practise'. This is the term now generally being used to refer to a

combination of CPD and revalidation – in the osteopathic context, this means supporting osteopaths to demonstrate that they practise in accordance with the *Osteopathic Practice Standards*.

We will be using the valuable feedback we have already received from osteopaths – reported in the April/May issue of *The Osteopath* – along with learning from other professions, such as the study described above.

**You can also find more information about our work in this area on our website.**

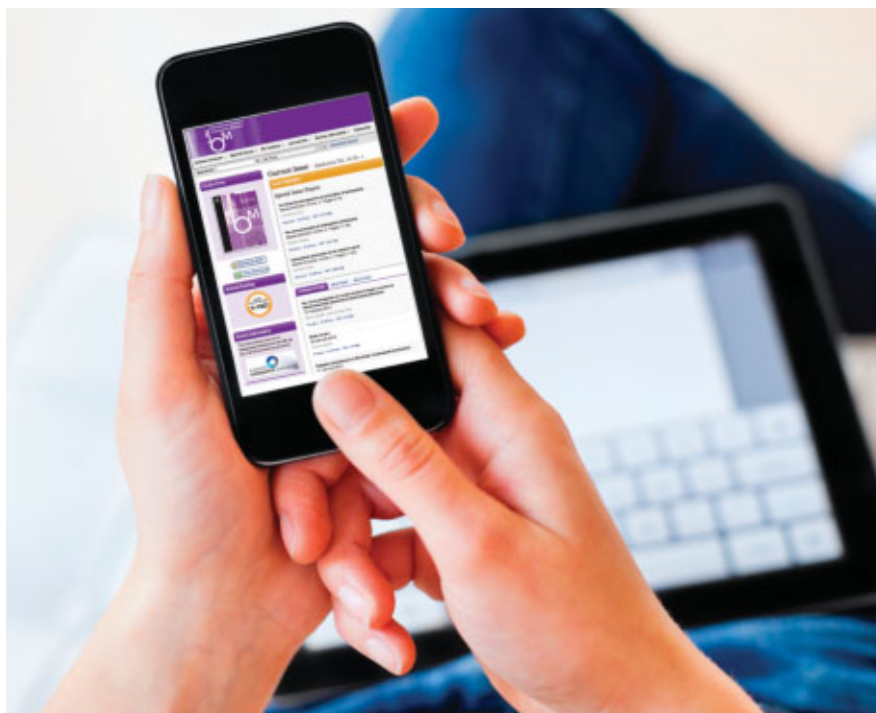
<sup>1</sup> Assessing the impact of continuing professional development (CPD) on doctors' performance and patient/service outcomes <http://www.gmc-uk.org/about/research/21743.asp>



# IJOM – call for papers

The *International Journal of Osteopathic Medicine* (IJOM) is a highly regarded, peer-reviewed journal, and an authority on research and discussion relating to osteopathic medicine and practice. It is looking for contributions – such as articles, reports of original research, review papers and case reports – and is asking osteopaths to get in touch.

Papers from academics involved in the teaching of students in the classroom, and from clinical staff involved in the education and training of osteopaths in practice, are particularly welcome for a new section of the journal on osteopathic education.



## Why contribute?

By having your article/contribution published in IJOM, you can:

- > contribute to the current learning on a particular subject
- > raise your profile as an author in your chosen subject area
- > develop your writing and research skills
- > increase your author 'presence' in practice and/or academia
- > tell your peers what you have been doing.

## What makes a good article?

You can increase your chances of being published if your article/contribution:

- > has a clear, useful, and relevant message
- > is presented and constructed in a logical manner
- > has a meaning that reviewers and editors (and ultimately readers) will easily grasp.

## What form should my article take?

You should choose the method that you feel best conveys your research/message, for example:

- > conference papers
- > full articles/original articles
- > short communications/letters
- > review papers/perspectives
- > case studies.

Further guidance on formatting is available from IJOM's Guide for Authors at: <http://tinyurl.com/lxzwmm3>. The Guide will tell you how to prepare your manuscript to IJOM's format, including:

- > the types of papers the journal will consider and word counts
- > guidance on ethics and ethical considerations
- > how to prepare and format your article
- > how to compile your references
- > how to submit figures, tables and video material
- > the publisher's policies, including: author rights; offprints; language editing services; funding body agreements and Open Access policies.

## How do I submit my article?

Go to <http://ees.elsevier.com/ijom/> where you will be guided through the following process of uploading your manuscript and other documents:

1. If it is the first time you have submitted an article, you will need to register as a new user
2. Select paper type
3. Enter the title of your manuscript
4. Enter your details
5. Type the abstract in the text box provided
6. Type the keywords that best define the areas covered in your article to enhance the searchability
7. Select classifications from the online system – options will be given – to enable the Editors to find expert reviewers in the subject area for your article
8. Suggest potential reviewers who may assist the Editors in reviewing your manuscript (the Editors are not required to use the suggested reviewers)

Continued >

## IJOM – call for papers continued

9. Attach the following files:
  - > Covering letter (to the Editorial Office)
  - > Author contribution statement
  - > Title page – including author(s) details
  - > Manuscript – this should not include any author details and every effort should be made to remove all material that might identify the author(s).

### What happens next?

Once you have submitted your article, the Editorial Office will check that you have completed and enclosed all the necessary information. Your article will then be sent to the Editor who will decide if the article meets IJOM's aims and scope, and adds sufficient information to the body of knowledge already known on a topic.

The Editor may:

- > reject the article if it does not meet the journal's criteria after consultation with other editorial team members
- > return to you for some revision prior to being sent for peer review
- > send the article for peer review.

### Peer-review

The IJOM employs a double blind peer review process. This means that your identity is not revealed to the reviewer and vice-versa, and that at least two reviewers review the article. The reviewers assess the article and submit a review report to the Editor. The Editor makes a decision to accept or reject the article, or invites the author to make revisions following the reviewers' guidance and then resubmit the article for further consideration.

**For more information, including writing and submission tips and author services, see [www.elsevier.com/authors](http://www.elsevier.com/authors)**

# NEWS

## What's new on the NCOR website?

**New information is continually being added to the NCOR website and is announced via the site's Twitter feed. If you have not used Twitter before and would like to follow us, a step-by-step guide is available at: <http://tinyurl.com/cpsxzok>**

**Some recent papers which have been added to the site include:**

### Osteopathic intervention in chronic non-specific low back pain: a systematic review.

Orrock PJ, Myers SP. BMC Musculoskeletal Disord. 2013 Apr 9;14(1):129. A PDF of the full text of this study can be found here: <http://tinyurl.com/br7d6q5>

### Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain: a double-blinded randomized controlled trial in comparison with diclofenac and placebo.

von Heymann WJ, Schloemer P, Timm J, Muehlbauer B. Spine (Phila Pa 1976). 2013 Apr 1;38(7):540-8. A link to this study can be found here: <http://www.ncbi.nlm.nih.gov/pubmed/23026869>

### Immediate Effects of Region-Specific and Non-Region-Specific Spinal Manipulative Therapy in Patients With Chronic Low Back Pain: A Randomized Controlled Trial.

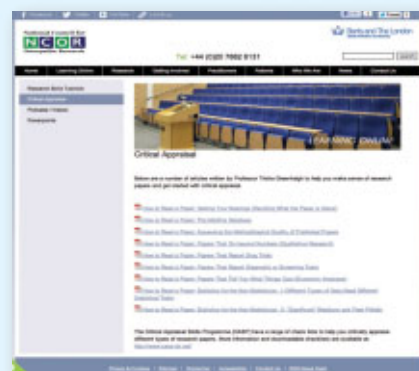
de Oliveira RF, Liebano RE, Costa LD, Rissato LL, Costa LO. Phys Ther. 2013 Mar 21. A link to this study can be found here: <http://www.ncbi.nlm.nih.gov/pubmed/23431209>



### Osteopathic manual treatment and ultrasound therapy for chronic low back pain: a randomized controlled trial.

Licciardone JC, Minotti DE, Gatchel RJ, Kearns CM, Singh KP. Ann Fam Med. 2013 Mar;11(2):122-9. A link to this study can be found here <http://www.ncbi.nlm.nih.gov/pubmed/23508598>

**Need some help making sense of the papers? Visit: <http://www.ncor.org.uk/learning-online/critical-appraisal/>**



## Contacting the NCOR office

**If you wish to contact NCOR, please email either Carol Fawkes ([c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk)) or Elena Ward ([elena.ward@qmul.ac.uk](mailto:elena.ward@qmul.ac.uk)).**



# New online learning platforms

An online learning platform – the **Patient Incident Learning and Reporting System (PILARS)** – is being developed to enable osteopaths to anonymously share and discuss experiences relating to patient safety, adverse events associated with osteopathic care and practice-related incidents. Many osteopaths work in isolation and it can be helpful at times to learn how colleagues dealt with incidents that can occur in practice. PILARS allows osteopaths to share experiences and learn from others.

A sample of osteopaths helped to pilot the system and provided valuable feedback. Further information about PILARS will be available on the NCOR website and via the osteopathic press.

It can be difficult to obtain patients' experiences of care, and although some studies have been conducted looking at patients' expectations and experiences (see: <http://tinyurl.com/q3zfc5h> and <http://tinyurl.com/bt9epu9>), no facility exists outside of these finite study periods to gather this type of data on an ongoing basis. To address this, an online platform – Patient Reported Experiences of Osteopathic Services (PREOS) –

is being developed to allow patients to anonymously feedback their experiences of osteopathic care. The information is being collected purely for research purposes, and collecting patients' feedback on their experiences of osteopathic care in this central way can help the profession gain a clearer understanding of the type of service being delivered, why practice incidents may arise, how often they happen, and how they can be avoided in future.

**Further information will be available on the NCOR website and via the osteopathic press.**



> 27-31 October, in Dubai

**International Federation of Orthopaedic and Manipulative Physical Therapists (IFOMPT). Congress on low back and pelvic pain.**

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

## NCOR research hub news

Information concerning the hubs and the full text papers being discussed at the meetings can be found at: <http://www.ncor.org.uk/getting-involved/hubs/>

### > BRISTOL

**Thursday 13 June from 7-9pm**

The group will be looking at output from a data collection period using the Bournemouth questionnaires. These questionnaires can be found at: <http://tinyurl.com/cmzf3yo> (under references 4 and 5).

### > EXETER

**Saturday 6 July, 10am to 12 noon**

Discussion of activities and selected papers associated with the Any Qualified Provider (AQP) process. The papers for discussion are those remaining from the previous meeting, and can be found at: <http://tinyurl.com/c2cqg2p>

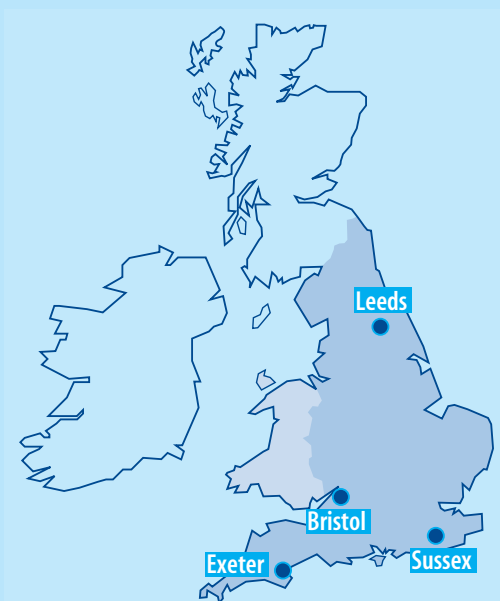
### > HAYWARDS HEATH

Further information can be found at: <http://www.ncor.org.uk/getting-involved/hubs/>

### > LEEDS

**Monday 24 June, 5.30–7.30pm**

Discussion of research protocols produced by hub members.



> 8-10 November, in Surrey

**The Annual Convention of the British Osteopathic Association at the Runnymede-on-Thames Hotel, Egham, Surrey.**

More information will be available in due course via *Osteopathy Today*, and the BOA website [www.osteopathy.org](http://www.osteopathy.org)

The conference section of the NCOR website will be updated regularly as information becomes available. It can be found at: <http://www.ncor.org.uk/getting-involved/conferences/>

# Using lumbar belts and supports during pregnancy

At the last meeting of the Bristol hub, the research topic for review was evidence for the use of lumbar belts and supports. A limited amount of literature is available on this topic which is research based rather than commentary based. A summary of one well-conducted systematic review is presented here.

## Effectiveness of maternity support belts in reducing low back pain during pregnancy: a review.

Ho SM, Yu WWM, Chow DHK, et al. *Journal of Clinical Nursing* 2009;18:1523-1532.

<http://www.ncbi.nlm.nih.gov/pubmed/19490291>

The authors of this paper make reference to the fact that low back pain during pregnancy is often thought to be a normal and inevitable part of the process. While 50-70% of women are affected by musculoskeletal pain during pregnancy, it can also affect the back or pelvis (Heckman and Sassard, 1994; Wang et al, 2004; Mogren and Phjahen, 2005). The use of maternity support belts is part of a long list of strategies recommended for women to help with pregnancy-related back or pelvic pain. This is a strategy that relates back to the 12th century in Asia, but is becoming more common in other cultures e.g. in Europe and America. This paper provides a critical review of the literature looking at maternity support garments. A range of databases were examined for publications until 2006. Databases included CINAHL, MEDLINE, the Cochrane Library; related articles were identified through PubMed and Google, and databases for European, USA, Japanese and Chinese patents were searched also to explore the various types and uses of support garments.

Inclusion criteria for the review consisted of original research and reviews related to treatment and prevention of maternity-related low back and pelvic pain. Case studies and discussion articles were excluded from the review. The search identified 115 references; following a screening and quality appraisal process, a total of ten were included in the review. The review identified that maternity support garments can be categorised into four main types:

- > Belts
- > Briefs

- > Cradles
- > Torso supports.

Among these categories, the maternity support belts are the most commonly used and were also described as pelvic supports, pelvic belts, sacroiliac or trochanteric support belts, binders or braces. Support belts were usually described as having a wide panel designed to be worn under the abdomen and around the waist. Side panels extended from the abdominal panel which could be secured at the waist and were of varying length.

A summary of the trials in the review is provided on the next page.

## Biomechanical effects of maternity support belts

The various research studies reviewed identified that wearers wanted something that provided support but also was easy to wear, adjust, and remove when necessary. Modern fibres facilitate this, and allow easy garment care. The suitability of some of the fabrics for use by pregnant women has been questioned, however, due to problems of poor moisture absorption in the event of excessive perspiration.

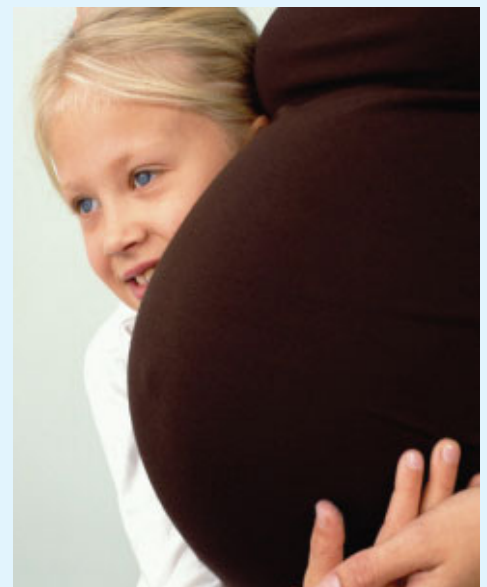
One hypothesis has been proposed for the presumed mechanism by which maternity belts provide symptomatic relief. This suggests that the use of a support belt improves lumbo-pelvic stability either by pressing the articular surfaces of the sacroiliac joint together, or by placing the sacroiliac joint in an extreme position (Vleeming et al, 1992; Snijders et al, 1993;

Richardson et al, 2002) – addressing the ligamentous strain that is thought to contribute to low back or pelvic pain.

## Adverse effects reported

Only one study included in the review reported reactions associated with wearing a maternity support belt. Carr et al, 2003 found skin irritation from the fastenings, and discomfort from buckling of the garment's back panel when sitting.

The review concludes that despite growing interest in this area of research, methodological issues exist in many studies. The reviewers recommend a range of future studies to address the efficacy and effectiveness of use of this type of garment, and further investigation relating to effects on different physiological parameters.



## A summary of the trials in the review

Author and year	Study design	Symptoms of study population	Timeframe for symptoms	Number of participants	Intervention	Findings
Ostgaard et al, 1994	Quasi-randomised controlled trial	Pregnant women with or without pain	Prior to week 18	407	Three groups: 1. Control 2. Group education, exercise, leaflets, and two classes of modified back school education; 3. Individualised education, exercises for longer periods, exercises at home, leaflets, and two classes of modified back school education.	Group 3 had significantly lower pain intensity and less sick leave than Group 1.
Noren et al, 1997	Controlled trial (CT)	Low back pain (LBP) and/or posterior pelvic pain (PPP)	11-36 weeks	135	Two groups: Group 1: control; Group 2: individualised physiotherapy.	Group 2 had significant pain decrease and less sick leave.
Mens et al, 2000	Randomised controlled trial (RCT)	Persistent pelvic pain	6 weeks to 6 months postpartum	44	Three groups: Group 1: control which ceased exercise; Group 2: placebo which undertook training of longitudinal trunk muscle exercises; Group 3: diagonal trunk muscle exercises, given video tape with information, ergonomic advice, and instruction on how to use a pelvic belt.	No significant change in VAS pain score from baseline, or in physical mobility.
Wedenberg et al, 2000	RCT	LBP	Before week 32	60	Two groups: Group 1: group physiotherapy Group 2: acupuncture Both groups: pelvic support belt, massage, warmth, and soft tissue mobilisation.	Group 2 reported significantly lower mean pain scores and better functional status.
Carr, 2003	CT	LBP	Before week 20	40	Two groups: Group 1: control with no back support Group 2: branded back support.	Group 1 had significant reduction in mean pain scores, and effect of pain on daily exercises.
Kvorning et al, 2004	RCT	Pelvic or LBP	Week 24-37	72	Two groups: Group 1: Control with no sham stimulation Group 2: acupuncture Both groups: sacroiliac belt, TENS and physiotherapy were provided if needed.	Decreased pain intensity among 60% of population in acupuncture group, and 14% in control group.
Depledge et al, 2005	RCT	Symphysis pubis dysfunction	None given	87	Three groups: Group 1: control receiving exercise and advice Group 2: exercise, advice, and a non-rigid pelvic support belt (Smiley belt) Group 3: exercise, advice, and a rigid pelvic belt (pubic belt).	All groups had significant improvement in pain and functional status, but no between group differences were identified.
Elden et al, 2005	RCT	Pelvic girdle pain	Week 12-31	386	Three groups: Group 1: control Group 2: acupuncture Group 3: individualised stabilising exercises All groups: standard treatment was delivered including education, a pelvic belt, and a home exercise programme.	Groups 2 and 3 reported less pain than Group 1. Group 2 reported less pain than Group 3.
Nilsson-Wikmar et al, 2005	RCT	Pelvic girdle pain	Week 2-30	118	Three groups: Group 1: control Group 2: a home exercise programme Group 3: a clinic-based exercise programme All groups: information and a non-elastic sacroiliac belt.	No significant difference in pain or activity capability at week 38, or at three months postpartum.
Haugland et al, 2006	RCT	Pelvic pain	Week 18-32	560	Two groups: Group 1: control with no treatment offered Group 2: information, ergonomic exercises, and pelvic belt/crutches.	No significant differences between groups for mean pain (VAS) scores.

# Starting out in practice

We are keen to know if there is anything more that the GOsC can do to help osteopaths who are new to practice and support them on their journey.

We asked a recent graduate, Katherine Bagley, about her experiences of starting out as a new osteopath working in Leeds.

I graduated from Leeds Metropolitan University and started working at the end of June last year. I was fortunate to already have a job – my tutor had offered me a part-time place at their practice and I was able to secure another part-time role at a practice nearby.

'With the current economic downturn, it can be a difficult time to be graduating. The first year in particular can be hard when you're still finding your feet and starting to build up your patient list. I think new osteopaths need to be doing all they can to make themselves known in their local area, and it was recommended to me that I join the Northern Counties Society of Osteopaths in order to meet and interact with other osteopaths in my region. I'm lucky enough to be working alongside a total of 15

osteopaths across two practices, but I know that there are a lot of self-employed osteopaths working largely in isolation that lack this support network, and for whom a Regional Group can be particularly helpful. There are also opportunities for CPD this way, and while graduates are not obliged to do CPD during their first year, I chose to in order to keep up to date with the latest developments and research. Details of all the Regional Groups along with other CPD resources are on the **o zone**.

'You might imagine that those in practice for several years would not be welcoming to new osteopaths, seeing them as business rivals. This has not been my experience and there have been times when I have referred patients to other osteopaths if, say, there is one closer to where they live.

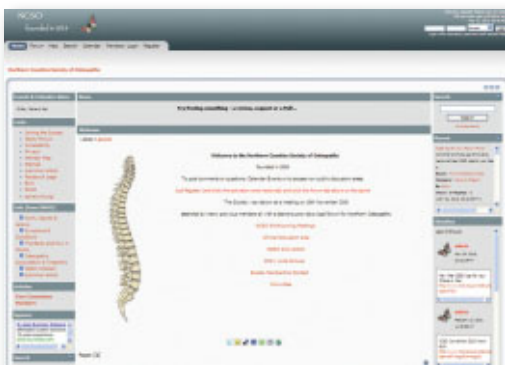
Everyone I've met so far has been happy to discuss and share

experiences, and to offer advice where needed which has been incredibly useful to me. In fact, I've been trying to return the favour. My previous Degree in Business Studies means that I have been able to assist other osteopaths with the business side of their practice such as managing their accounts. In addition, having had some experience of working with websites in my previous career, I offered to update the Northern Counties Society of Osteopaths website to help make it more appealing and accessible to osteopaths. I've also been using Facebook to help recruit more members to the Group, and have been in touch with future graduates to get them on board.

'Perhaps there is rivalry in more densely populated areas, but at the end of the day this is a caring profession and certainly with the osteopaths that I have spoken to, it has always felt that we are in this together and that we all have a role to play in trying to promote osteopathy to the wider community.



**'You might imagine that those in practice for several years might see new osteopaths as business rivals. This has not been my experience.'**



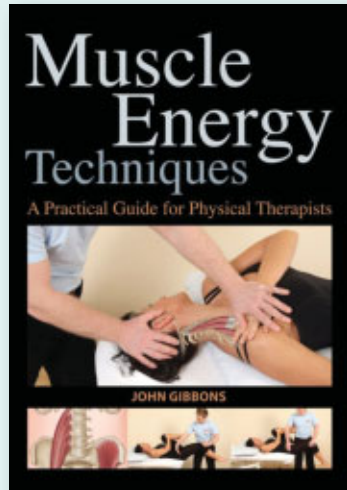
**Katherine is based at the The Guiseley Osteopathic Centre and the Good Health Centre Limited, both in Leeds.**

**For your nearest Regional Group, log on to the **o zone** to see: <https://www.osteopathy.org.uk/ozone/get-involved/regional-network/>**

# Book reviews

## Muscle Energy Techniques

John Gibbons  
Published by Lotus Publishing  
ISBN 978 1 905367 23 8  
192 pages



### Reviewed by Sue Feetham BSc (Hons) Ost

This book is written by an osteopath who specialises in sports-related injuries and describes how and why Muscle Energy Technique (MET) works. It is written in simple terms so that students and experienced practitioners alike will understand the concept.

There are good descriptions of muscle imbalances and how to identify and address the problem, the section on core muscle relationships is particularly well illustrated and the book also has a good explanation of the pain spasm cycle.

Overall, this is a clear and concise book with good pictures and text, a very useful learning tool for students and a great memory jogger for the experienced therapist.

### Reviewed by Luc Woods

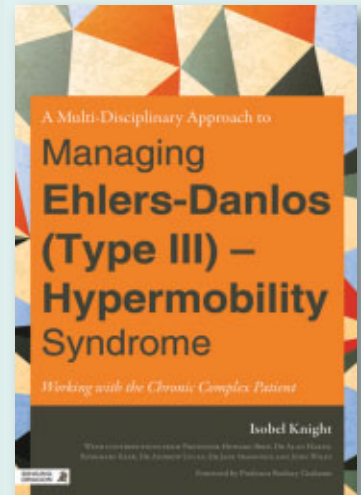
John Gibbons is an enthusiastic champion of the potential of MET for the benefit of patients. The book is written in uncomplicated language supported by a generous number of colour illustrations and photographs, and at 191 pages it is a short book.

The stand out chapter for me was 'Core Muscle Relationships', which presents essential information for osteopaths about pelvic mechanics and posture (although the book omits to discuss the importance of the respiratory diaphragm and pelvic floor muscles).

I felt that the book could benefit from better editing as occasional incorrect language and grammar, unnecessary repetition, inconsistent and sometimes incorrect referencing and instructions for performing techniques result in a lack of clarity. However, I would still recommend this book as a useful guide to using MET in osteopathic practice.

## A Multidisciplinary Approach To Managing Ehlers-Danlos (Type III) – Hypermobility Syndrome

Isobel Knight  
Published by Singing Dragon  
ISBN 978 1 848190 80 1  
360 pages



### Reviewed by Belinda Eyers DO

The author points out from the start that this book is an autobiographic account of her experience as a patient with Ehlers-Danlos Hypermobility Syndrome (EDS), and how the different disciplines both within the NHS and private health sector dealt with her. It is not an overview of a 'Multidisciplinary Approach' to dealing with these patients.

There is only one very brief mention of the author's unsuccessful treatment by an osteopath for backache and this was several years before her diagnosis of EDS. It is really about her experience with physiotherapists, Bowen therapy, and different NHS departments not communicating with each other.

In parts, the book is quite informative and there are some helpful observations as to how to assist patients but it is also very repetitive.

A well-written book but not quite what it says on the title.

### Reviewed by Pam Sayer

HMS/EDSIII is not widely understood and as an HMS patient myself, I had hoped this book would enable me to help clinicians better understand both myself and the condition. Yet, Knight fails to explain that HMS affects each person very differently and that her experience is not representative of all HMS patients.

While there are some useful passages in the book for both patients and medics alike (including what information and advice should be given to pre-operative nurses and anaesthetists), all in all, I found this book to be enormously disappointing, particularly after the almost life-changing read of Knight's first book which told me more about my condition than any medic in the seven years since my own diagnosis.

Had more care been taken to give the reader a more rounded view of the complexity of the condition and the presenting patients, this book would be far more useful and appropriate to its title.

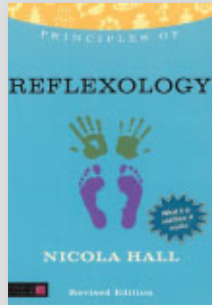
# Bookshelf

A selection of illustrated reference books for osteopaths

## Principles of Reflexology

Nicola Hall

Published by Singing Dragon  
ISBN 978 1 84819 137 2  
144 pages



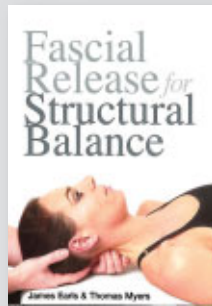
This revised edition includes:

- > The theory, history and principles of practice on which reflexology is based
- > How treatment works and how it is given
- > A guide to the reflex areas and their relationship to the rest of the body
- > Effective reflexology treatments and case studies
- > Reflexology as a preventative therapy
- > How to find a reliable reflexologist

## Fascial Release for Structural Balance

James Earls & Thomas Myers

Published by Lotus Publishing  
ISBN 978 1 905367 18 4  
287 pages

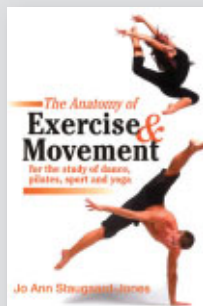


A manual for any bodywork practitioner using manual therapy, this work combines manual therapy skills with the new field of structural therapy. The authors bring together an introduction to fascially informed structural anatomy with a method for postural analysis and detailed techniques.

## The Anatomy of Exercise & Movement

Jo Ann Staugaard-Jones

Published by Lotus Publishing  
ISBN 978 1 905367 17 7  
192 pages



The author's background in movement sciences has led to a deep interest in the ability of the body to care for and/or heal itself, specifically through knowledge of muscles and what they can do. A bridge between biomechanics and exercise.

If you would like to review any of the titles featured (in exchange for a free copy), contact the editor at: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)

# Courses 2013

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

## July

> 3

### Kinesiology Taping for the Athlete Masterclass

Speaker: John Gibbons  
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ  
tel: 07850 176600  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

> 4

### Spinal Manipulation and Mobilisation Technique Masterclass

Speaker: John Gibbons  
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ  
tel: 07850 176600  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

> 7

### Spinal Manipulation: Day 6 of 9 - Complete Manipulation Course

Speaker: Dr Eedy  
Venue: Warwick Hilton, Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 7

### Management of the Sporting Elbow and Wrist inc RSI of the UEX using osteopathic and dry needling techniques

Speakers: David Lintonbon & Jean Barnard-Hadley  
Venue: London School of Osteopathy 12 Grange Road, London SE1 3BE

tel: 07958 488 784  
email: [dlintonbon@hotmail.com](mailto:dlintonbon@hotmail.com)  
[www.theartofhvt.com](http://www.theartofhvt.com)

> 7

### Integrated Body Work: Day 5 of 8 - Complete Body Work Course

Speaker: Karen Harding  
Venue: Warwick Hilton, Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 9-10

### Advanced Soft Tissue Techniques Masterclass

Speaker: John Gibbons  
Venue: Oxford University Sport, Jackdaw Lane, Oxford, OX4 1EQ  
tel: 07850 176600  
[www.johngibbonsbodymaster.co.uk](http://www.johngibbonsbodymaster.co.uk)

> 13-18

### Cranio-Sacral Therapy – Stage A (Introductory) Course - Start of full professional training

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

> 14

### 'Postpartum Mum' – Treating the Postnatal Patient

Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1 3BE  
tel: 07792 384592  
email: [osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

&gt; 17

**Cervical Spine Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 18

**Shoulder Joint Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 28

**Complete Clinical Competence Series - Defensive Note Taking**

Speaker: Dr Graham Downing  
 Venue: Warwick Hilton,  
 Warwickshire  
 tel: 020 8504 1462  
 email: taoseminars@gmail.com

&gt; 28

**Neuromuscular Treatment (NMT) Cervicals & Thoracics**

Speaker: David Lintonbon  
 Venue: Warwick Hilton,  
 Warwickshire  
 tel: 020 8504 1462  
 email: taoseminars@gmail.com

## August

**> 30-1 September  
Advanced Therapy Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

## September

&gt; 3

**Spinal Manipulation and Mobilisation Technique Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 4

**Management of Asthma: Unlocking the Thoracic Cage and how to improve the Breath of Life. Using osteopathic and dry needling techniques**

Speakers: David Lintonbon &  
 Jean Barnard-Hadley  
 Venue: London School of  
 Osteopathy 12 Grange Road,  
 London SE1 3BE  
 tel: 07958 488 784  
 email: dlintonbon  
 @hotmail.com  
 www.theartofhvt.com

&gt; 5-6

**Spine Course for Osteopaths**

Venue: The Nottingham  
 Conference Centre,  
 Nottingham  
 tel: 0800 0 43 20 60  
 email: info@nspine.co.uk  
 www.nspine.co.uk/spine-  
 course-for-osteopaths/spinal-  
 course-osteopaths.php

&gt; 7

**Acupuncture in the management of tendinopathies**

Speaker: Brad Neal  
 Venue: London, N19  
 tel: 020 7263 8551  
 email: cpd@cpdo.net  
 www.cpdo.net

&gt; 7-8

**Functional Stretching**

Speaker: Prof. Eyal Lederman  
 Venue: London, N19  
 tel: 020 7263 8551  
 email: cpd@cpdo.net  
 www.cpdo.net

&gt; 8

**Complete Clinical Competence Series – Total Abdomen Examination**

Speaker: Dr Graham Downing  
 Venue: Warwick Hilton,  
 Warwickshire  
 tel: 020 8504 1462  
 email: taoseminars@gmail.com

&gt; 8

**Management of Low back pain and associated dysfunction using osteopathic and dry needling techniques**

Speakers: David Lintonbon &  
 Jean Barnard-Hadley  
 Venue: London School of  
 Osteopathy 12 Grange Road,  
 London SE1 3BE  
 tel: 07958 488 784  
 email: dlintonbon  
 @hotmail.com  
 www.theartofhvt.com

&gt; 10

**Knee Joint Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 11

**Hip Joint Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 12

**Kinesiology Taping for the Athlete Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 14

**Functional pain disorders: The same but different?**

Speaker: Phil Austin  
 Venue: European School of  
 Osteopathy, Maidstone, Kent  
 Tel: 01622 671558  
 email: corinnejones@eso.ac.uk  
 website: www.eso.ac.uk/cpd-  
 calendar.html

&gt; 16-20

**SCC Osteopathy in the Cranial Field**

Speaker: Ana Bennett  
 Venue: London  
 email: info@sutherlandcranial  
 college.co.uk  
 www.sutherlandcranial  
 college.co.uk

&gt; 17-18

**Advanced Soft Tissue Techniques Masterclass**

Speaker: John Gibbons  
 Venue: Oxford University Sport,  
 Jackdaw Lane, Oxford, OX4 1EQ  
 tel: 07850 176600  
 www.johngibbons  
 bodymaster.co.uk

&gt; 21

**Managing shoulder conditions using a process approach**

Speaker: Prof. Eyal Lederman  
 Venue: London, N19  
 tel: 020 7263 8551  
 email: cpd@cpdo.net  
 www.cpdo.net

&gt; 21-22

**Craniosacral Therapy Introductory Weekend**

Speaker: Michael Kern DO,  
 BCST, ND  
 Venue: Skylight Centre, 49  
 Corsica Street, London N5 1JT  
 tel: 07000-785778  
 email: info@cranio.co.uk  
 www.cranio.co.uk

**CLASSIFIEDS**

**RECRUITMENT**

**Penn Clinic in Hayes Middlesex** has been established for over 43 years with ten practitioners, and now requires an osteopath for Saturdays with good scope for expansion into the week. Please send your CV to [penclinic@yahoo.co.uk](mailto:penclinic@yahoo.co.uk)

**CHESHIRE – associate wanted** half day/week for 12 months in small friendly practice with broad patient base. We need a colleague with conscientious patient care, good communication and skilled structural technique. CVs please to [info@congletonosteopaths.co.uk](mailto:info@congletonosteopaths.co.uk)

**Associate osteopath required** to join well-established practice in Nottingham, for one to two days per week. Good communication, patient management and clinical skills essential. Please email CV and covering letter to [w.dove958@btinternet.com](mailto:w.dove958@btinternet.com)

**Osteopath/Practising Homoeopath** of good heart and hands seeks dynamic UK practice with focus on healing. Seeking part time post. Interest in mentoring and developing practice, closer work with colleagues. BSO grad. 1993, f/t. practice 20 years, own practice 11 years, specialising cranial osteopathy; obstetric/paediatric osteopathy incl. labour/postpartum, newborn and older child; developmental delay in children; special interest sports injury rehab. with dance medicine; post-neurosurgery and complex patients. Contact: Carolyn McGregor Ph: 01736 365948 M: 07766330489 E: [carolynhomoeopath@hotmail.co.uk](mailto:carolynhomoeopath@hotmail.co.uk)

**COMMERCIAL**

**Established multidisciplinary clinic for sale** in central London: excellent reputation, ideal location, established clientele, website, fixtures and fittings, potential for growth. Lease over five years can be extended. Contact [osteopath111@gmail.com](mailto:osteopath111@gmail.com)

**Goodwill for sale** in Windsor town centre practice. Good location. Open for 12 years, sale due to relocation abroad. For more information please call Thomas on: 07715 270577 or email [thomasibar@hotmail.com](mailto:thomasibar@hotmail.com)

**GENERAL**

**Personalised number plate for sale: A1 05TEO (A105 TEO).** Serious and sensible offers to David on 07884 434160. Buyer to pay transfer fee of £80 charged by DVLA. Thank you for your interest.

**COURSES**

**Masters Degree in Neuromuscular Therapy**, 2 year p/t course in Dublin starts September 2013. Accredited by University of Chester. Ideal applicants include osteopaths. Modules taught on Fri, Sat & Sun every eight weeks (six taught modules) plus dissertation. For more details visit [www.ntc.ie](http://www.ntc.ie) or phone: 0035318827777.

**MSc/Postgraduate Diploma in Sports and Exercise Medicine.** The longest established course in Sports and Exercise Medicine in the UK. Lectures delivered by national experts including Dr Dawn Carnes, Director, NCOR. Suitable for physiotherapists, osteopaths and doctors. Short standalone courses also available in: Football Medicine and Science; Dance Medicine; Sports Injury Treatment; Sports Injury Rehabilitation. Research: Wide range of themes supported, although students are encouraged to pursue any area of interest. Graduates: many graduates hold pivotal positions in sports medicine across the UK and internationally, including the CMO to the British Olympic Association and London 2012, and the MD to the English Institute of Sport. For full information [www.qmul.ac.uk/sportsmed](http://www.qmul.ac.uk/sportsmed) email: [s.hemmings@qmul.ac.uk](mailto:s.hemmings@qmul.ac.uk) tel: +44 (0)20 8223 8839

**Advanced CPD course in Neuromuscular Therapy.** One w/e per month for six months including human anatomy cadaver studies. Venue: Kings College, London, starts September 28th, 2013. This CPD course is ideal for osteopaths, physiotherapists, chiropractors, sports massage therapists and other healthcare professionals involved in treatment for pain and injury. For more details, visit [www.ntc.ie](http://www.ntc.ie) or phone 0035318827777.

**JEMS Movement ART (Analysis, Treatment and Rehabilitation)**  
**Part 1:** Understanding and Interpreting Functional Movement in Clinical Practice. September 7-8, 2013 (Burton-upon-Trent) OR October 12-13, 2013 (London). For more information: [http://www.jemsmovement.com/Rehabilitation\\_Professionals1](http://www.jemsmovement.com/Rehabilitation_Professionals1) "This has been a game changer for me in how I treat, observe and advise patients." Registered osteopath. Contact: [info@jemsmovement.com](mailto:info@jemsmovement.com)

**Classifieds:**

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

Donna Booker  
 The Wealden Group  
 Cowden Close  
 Horns Road, Hawkhurst  
 Kent TN18 4QT  
 tel: 01580 753 322  
 fax: 01580 754 104  
 email: [osteopath@wealdenad.co.uk](mailto:osteopath@wealdenad.co.uk)

**Box number replies:**

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 email: [osteopath@wealdenad.co.uk](mailto:osteopath@wealdenad.co.uk)



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spinal PRODUCTS online





Dates	Title	Lecturer	Cost	Deposit	CPD hrs
<b>Weekend courses 10.00-17.00</b>					
15 June	<b>The lower quadrant: integration of acupuncture within physical therapy management</b>	Jennie Longbottom	£135	£135	7
4-6 Sept	<b>Advanced thorax and abdomen</b>	Jean Pierre Barral	Fully booked		
7-8 Sept	<b>Functional stretching</b>	Prof. Eyal Lederman	£235	£150	14
21 Sept	<b>Managing shoulder conditions using a process approach</b>	Prof. Eyal Lederman	£125	£125	7
21-22 Sept, 28-29 Sept, 9-10 Nov	<b>Foundation course in dry needling (3 weekend certificate course)</b>	Jennie Longbottom	£665	£350	42
5-6 Oct	<b>Basic visceral: the thorax</b>	Joanna Crill Dawson	£235	£150	14
5-6 Oct	<b>Positional release techniques in management of cervical, thoracic &amp; pelvic pain &amp; dysfunction</b>	Leon Chaitow	£265	£150	14
1-2-3 Nov	<b>Harmonic technique</b>	Prof. Eyal Lederman	£385	£200	21
<b>Evening courses and workshops 18.30-20.30</b>					
13 June	<b>The role of acupuncture in pain alleviation</b>	Jennie Longbottom	£20	-	2
13 June	<b>How to treat: Tennis elbow</b>	Prof. Eyal Lederman	£35	-	2
4 Oct	<b>Working with scoliosis from a fascia-oriented perspective</b>	Dr. Robert Schleip	£55	-	2
24 Oct	<b>Introduction to auricular acupuncture</b>	Jennie Longbottom	£45	-	2
24 Oct	<b>How to treat: Whiplash injuries</b>	Prof. Eyal Lederman	£35	-	2
21 Nov	<b>Incorporating electro-acupuncture in manual and physical therapies</b>	Jennie Longbottom	£45	-	2
21 Nov	<b>How to treat: Impingement syndrome of the shoulder</b>	Prof. Eyal Lederman	£35	-	2

	<h2>Functional stretching</h2> <h3>Towards a functional approach</h3>	Prof. Eyal Lederman
	<p><i>Traditional stretching techniques, such as passive stretching and MET have limited contribution to recovery of movement range in many musculoskeletal conditions - Immediate: 3<sup>0</sup>, short-term: 1<sup>0</sup>, long-term: 0<sup>0</sup> (Cochrane Database, CD007455)</i></p> <p><b>Find out why and how it can be resolved</b></p>	
<p>Functional stretching is a new osteopathic approach that focuses on active restoration of range of movement (ROM), using task-specific, functional movement patterns. This approach is useful for recovering movement losses due to post-injury changes, immobilisation, surgery, frozen shoulder and central nervous system damage. Functional stretching has been developed over 10 years. It is informed by research in areas of tissue adaptation, motor control and cognitive-behavioural sciences.</p> <p><b>Outcome of course:</b></p> <ul style="list-style-type: none"> <li>• Understanding the biomechanical, biological, neurological and psychological-behavioural processes associated with loss of movement range</li> <li>• Understanding the processes associated with long-term length adaptation and recovery of movement range</li> <li>• Ability to identify the indications for therapeutic stretching</li> <li>• Understand the role of pain and sensitization in ROM loss and recovery</li> <li>• Understanding the differences between therapeutic and recreational stretching</li> <li>• Review of various stretching approaches</li> <li>• Learning new functional stretching techniques to optimise therapeutic outcome in various musculoskeletal conditions</li> </ul>		
<p>7-8 Sept 13, 14 hr CPD / For more information and booking see <a href="http://www.cpdo.net">www.cpdo.net</a></p>		

**Venue:**

**Whittington Education Centre, Whittington Hospital,  
Gordon Close off Highgate Hill, London N19\***

**For more information, updates and booking: [www.cpdo.net](http://www.cpdo.net)**

CPDO Ltd. 15 Harberton Road, London N19 3JS, UK / 0044 (0) 207 263 8551 / e-mail: [cpd@cpdo.net](mailto:cpd@cpdo.net)  
**50% discount** available to **students** on most courses (see [www.cpdo.net](http://www.cpdo.net) for further details)

\*(Except for Barral's courses which are held at the Skylight Centre, 49 Corsica Street, London N5 1JT)

## Osteopathy in the Cranial Field

16-20 September 2013

MODULE 2/3

This course presents Sutherland's 'Cranial Osteopathy' hypothesis, exploring all five parts of his model, and then integrating them clinically. Aspects of diagnosis and treatment are explored, so that you leave the course with a solid grounding of this approach, which can be included in your Osteopathy from the next day in practice.

The lecturers and tutors selected for September 2013 have between them hundreds of hours experience teaching this module, with students giving the highest grades for course feedback, quality of content, supportive learning environment and tutor skills.

If you like learning in a relaxed environment, this non-residential five day course is taught at the highest level you will find in Europe. Come and join us with our 1:4 teaching ratio and we will explore Osteopathy in a supportive and subtle way.

CPD 40 hours | London | non-residential £1225\*



Ana Bennett DO MScC

## The Dynamic Basicranium

1-3 November 2013

MODULE 6

What are bones but a different form of fluid? W G Sutherland

Bones are an essential component of the dynamic tension support system of the body and when considered as specialised connective tissues bones come alive under our hands.

This course will help you treat complex physical trauma patterns in the whole body more effectively. It will explore the anatomy, physiology, function and clinical relevance of bones of the neurocranium and the sacrum and pelvis.

Our experienced tutors are experts at meeting individual needs and gently opening up awareness to new concepts and experiences. A highly clinically relevant course.

CPD 24 hours | Stroud | residential £895



Course Director  
Liz Hayden DO MScC

## Rollin Becker Memorial Lecture

### 'The Heart of (the) Matter'

Michael Burruano DO USA

Regents College, London

5pm on Saturday, 30 November 2013

£30 per ticket or £20 undergraduate students  
if purchased before 31 October 2013



Michael Burruano  
DO USA

\* New graduate discount, scholarships & flexible payment schemes available



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

01291 622555





# THE BRITISH SCHOOL OF OSTEOPATHY

## Continuing Professional Development

For the full course list visit: [www.bso.ac.uk/cpd](http://www.bso.ac.uk/cpd) or book online at [www.bit.ly/bso\\_cpd](http://www.bit.ly/bso_cpd)

### Osteopathy in the Cranial Field



Osteopathy in the Cranial Field courses have been held annually at the BSO since 1974 in association with the Sutherland Cranial Teaching Foundation (USA), the organisation originally established by Dr. Sutherland to develop and promote high quality teaching in the involuntary mechanism approach. Approximately half of the contact time is devoted to practical instruction in groups of four participants to one tutor, giving intensive, participant-centred tuition in practical skills.

**Saturday 7 - Monday 9 & Saturday 14 - Sunday 15 September**

**Course fee: £975 with discounts for 2013 graduates & ex-BSO students**

**Book and pay in full by 28 June and get 10% extra off the course fee**

### Advanced Ergonomics

Following on from our Ergonomics for Manual Therapists course, David Annett leads this advanced course in ergonomics for osteopathic treatment, building on skills developed through CPD courses and practical experience. The emphasis will be on applied practice, ensuring that participants can support their patients effectively in their work environments. Course leader David Annett is a freelance ergonomics consultant with a degree in this discipline and over 15 years' experience, as well as being a practicing osteopath.



**Saturday 6 July**

**Course fee: £125 CPD: 7 hours**

### Visceral Osteopathy (Thorax)



During this interactive workshop participants will explore: The principles and concepts of visceral osteopathy; the relationship between the viscera and the musculoskeletal system in the thoracic cavity; the location of organs and the ligamentous connections and a varied selection of visceral techniques that are suitable for participants with a more structural and biomechanical approach to treatment. The visceral techniques will include assessment and mobilisation of thorax and anterior cervical compartment. The day will also include a short case presentation. A group discussion will follow with a view to developing the understanding of the visceral- structural approach

**Saturday & Sunday 6 & 7 July**

**Course fee: £250 CPD: 14 hours**

### Obstetrics and Osteopathy

Dr Stephen Sandler is the leading osteopath working in the obstetric field. In this course, he brings together years of practical experience with his doctoral research into physiological changes in pregnancy, and ways that these can be supported.

The course introduces participants to the changes in maternal physiology during pregnancy, and the potential to use these changes to better effect in osteopathic practice. The ventilatory and cardiovascular systems are examined, and practical sessions used to develop techniques and treatments for the ribs, diaphragm and mediastinum, and associated muscles of respiration.

**Saturday & Sunday 6 & 7 July**

**Course fee: £250 CPD: 14 hours**



### Contact

To register your interest or for further information on any of the CPD courses, please contact:

Katie Elford on 020 7089 5352 or [cpd@bso.ac.uk](mailto:cpd@bso.ac.uk).

### Courses Coming Up

**Fri 8 June**

Functional Active Release

**Sat & Sun 29 & 30 June**

Osteopathic Refresher

**Sat 6 July**

Advanced Ergonomics

**Sat & Sun 6 & 7 July**

Obstetrics and Osteopathy

Visceral Osteopathy

(Thorax)

**September**

Osteopathy in the Cranial

Field

**Sat & Sun 12 & 13 October**

Paediatric Osteopathy 1 & 2

**Sat 12 October**

Cervico Thoracic Junction

**Sat & Sun 9 & 10**

**November**

Osteopathic Refresher

**Sat 7 December**

Paediatric Refresher Day

Functional Active Release

### Discounts

**Ex-BSO students receive a 10% discount on all course fees**

### Mailing List

To keep up to date with the latest CPD courses and special offers, sign up to our mailing list :

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The BSO also offers room hire. Whether you need a board room for your meeting, a lecture room for your talk or a technique room for a course, the BSO can help. Call 020 7089 5352 or visit: [www.bso.ac.uk/about-the-bso/room-hire-rates-and-information/](http://www.bso.ac.uk/about-the-bso/room-hire-rates-and-information/)



# THE BRITISH SCHOOL OF OSTEOPATHY

## Postgraduate Courses

For more information visit: [www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/](http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/)

### **MSc Osteopathy** *Achieving the next level*



This flexible programme is designed to develop your professional capability in clinical practice, education and research. It gives you the opportunity to develop and critically apply your knowledge and skills in the areas of business, practice management and professional leadership.

The course is structured to allow you to complete specific units of learning as CPD or undertake the full course of

study.

Each module will run one Saturday a month over four months, which will utilise a variety of teaching approaches including lectures, seminars and practical workshops, supported by assignments.

**Start date: September 2013**  
**Course Leader: Shireen Ismail**  
**Duration: 3 years (2 units per year)**  
**Course fee: £1,100 per 30 credit unit**

### **Post Graduate Certificate in Academic and Clinical Education**

This unique programme is designed to equip you with the knowledge and skills to effectively support students in classroom and clinic-based settings.

The two modules; Education for Academic Teaching and, Education for Clinical Supervision and Teaching Technical Skills have a strong clinical and practical skill focus.

Each module involves a four-day course of lectures, seminars and practical workshops which are supported by assignments.



**Start date: September 2013**  
**Course Leader: Dr Jorge Esteves**  
**Course fee: £2,200**

### **Professional Doctorate in Osteopathy** *A new level of osteopathic scholarship*



This programme, the first of its kind, blends teaching and self-motivated investigation that will allow you to make use of a range of specialists who are experts in a variety of disciplines.

You will be introduced to highly relevant, but not normally associated, subjects and will have the opportunity to work at the cutting edge of osteopathic theory and practice. The emphasis will be not just on understanding a theoretical body of knowledge, but on the nature of practice itself.

The course gives you the opportunity to investigate some of the key challenges facing the osteopathic profession today and develop the skills and knowledge to pursue the best interpretation, enhancing osteopathy's body of knowledge and skill.



**Start date: September 2013**  
**Course Leader: Professor Stephen Tyreman**  
**Course fee: £3,900**

To register your interest or for further information on any of the Postgraduate courses, please contact:

Shanaz Rahman on 020 7089 5357 or [s.rahman@bso.ac.uk](mailto:s.rahman@bso.ac.uk)

Or visit our website:

<http://www.bso.ac.uk/cpd-postgraduates/postgraduate-courses/>

# Looking for a course?

## Functional pain disorders - the same but different?

Saturday 14 September 2013

Presented by Phil Austin

Cost: £135 (inclusive of lunch and refreshments) - 7hrs CPD

This course introduces the basic neuroscience of musculoskeletal and visceral pain, and the inter-relationship between psychological, physiological and environmental processes in pain. General aims:

- Develop your understanding about the basic neuroscience of pain and the inter-relationship between psychological, physiological and environmental processes in pain;
- Explore current understanding of the biological processes involved in the perception of pain;
- Explore current understanding of the psychological processes in the perception and expression of pain.



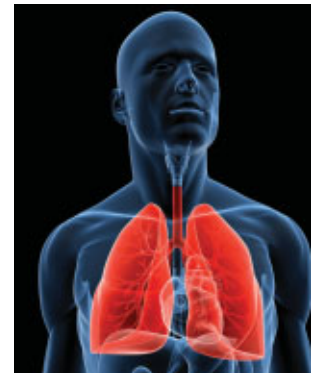
## Chronic Hidden Hyperventilation - the 21st Century epidemic

Saturday 5 October 2013

Presented by Michael Lingard

Cost: £135 (inclusive of lunch and refreshments) - 7hrs CPD

Chronic Hidden Hyperventilation (CHH) affects up to 90% of the population in the West and is associated with, or the underlying cause of, over 100 diseases. However, it is rarely diagnosed by doctors and even when diagnosed rarely treated. CHH will be met by every osteopath every day and this workshop will give participants diagnostic tools and basic advice for patients as to how they may help themselves improve their breathing.



## Psycho-emotional aspects of osteopathic practice - helping you establish and maintain a healthy work-life balance

Saturday 16 to Sunday 17 November 2013

Presented by Robert Shaw PhD

Cost: £270 (inclusive of lunch and refreshments) - 14hrs CPD

Have you ever felt challenged by the demands of difficult patients, or exhausted after a day of dealing with patients' emotional needs? This course will help practitioners better understand the psychological aspects of osteopathic practice and some of the difficult interactions that can sometimes occur. It will provide some psychological tools that will help practitioners protect themselves emotionally, and aid the management of therapeutic relationships, helping to establish and maintain a healthy work-life balance.

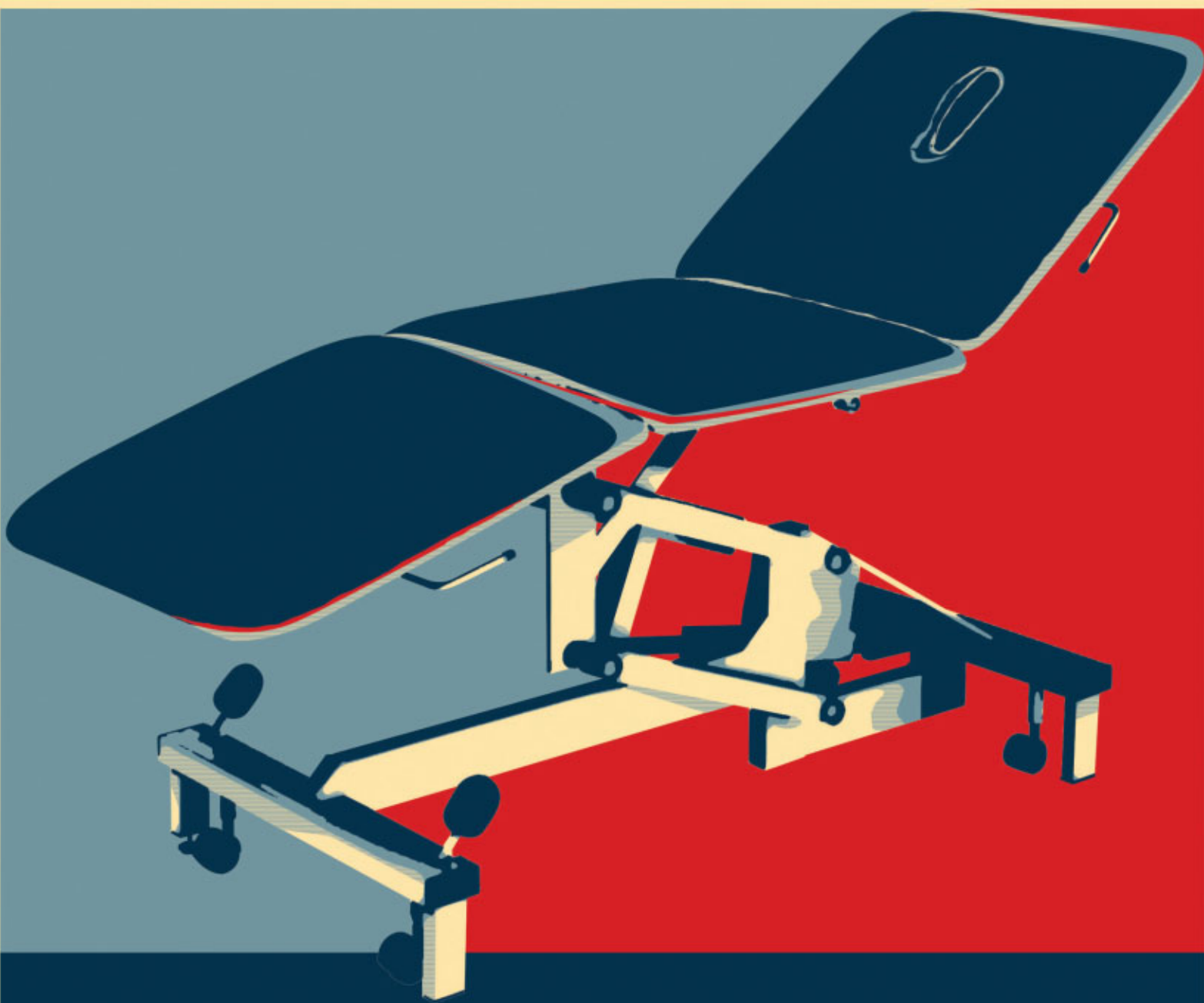


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\* Discount applies to the second course only. Both courses must be listed within the ESO's 2013-14 Post-graduate Event Programme



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- ⚙ Intrinsic Biomechanics for Rehabilitation of the whole body - Martin Haines
- ⚙ How Kinesiology Taping can enhance your practice - Paul Coker
- ⚙ Recognising and Treating the Stiff Shoulder - Adam Meakins
- ⚙ Understanding Trigger Points - Richard Johnson
- ⚙ Encouraging a returning and referring culture in your practice - Celia Champion
- ⚙ 3 Inspirational Approaches to Marketing your Business - Susan Findlay
- ⚙ Is Forefoot running flawed? - Martin Haines
- ⚙ Active Isolated Stretching - Stan Mavridis
- ⚙ An overview of Dry Needling & Treatment options - Craig Smith

- ⚙ Treatment of Acute Low Back Pain - Cameron Reid
- ⚙ Grow your Practice with Social Media - Hugh Griffiths
- ⚙ Fascia, how it's 3D matrix creates system wide pain & dysfunction - Ruth Duncan

## Workshop Sessions include

- ⚙ Myofascial Release: Turning Dysfunction into Function, a hands on workshop - Ruth Duncan
- ⚙ Effective Transverse Soft Tissue Release Techniques - Susan Findlay
- ⚙ Treatment of General Health Problems for Manual Therapists - Cameron Reid
- ⚙ Anatomy Trains and Movement Assessment - James Earls
- ⚙ Unlocking the Psoas - Paula Clayton
- ⚙ Kinesiology Taping in Sport - Rob Madden

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## Paediatric & Obstetric CPD 2013

A series of one day practical workshops **Cost £110 each**  
**Venue:** London School Osteopathy, London SE1 3BE

Sun 16th June or Sat 12th October 2013

**'The Miserable Baby' PART 1**  
 Treating feeding & digestive disorders in babies

Sun 14th July or Sat 23rd November 2013

**'Postpartum Mum'**  
 Manual approach to treating the postnatal patient

Sat 28th September 2013

**'ENT - a practical approach'**  
 Treating ENT disorders in children & teenagers

Sat 9th November 2013

**'The Miserable Baby' PART 2**  
 Further approaches to the unsettled baby

Sat 7th December 2013

**'Let's Breathe'**  
 Treating respiratory disorders in infants & children

For further details and bookings:

[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)  
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\* based on survey of 40 clinics November 2012

This product genuinely has the potential to revolutionise sleep quality for our patients. After only a week of trying one for myself, symptoms from a chronic shoulder problem had completely resolved. I have subsequently received amazing feedback from patients who have switched to the Goldilocks Measuring System. David Probert BSc (Hons)(Ost) FHEA FRSH

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# The path to quality training

**The Rollin E. Becker Institute** is a **Sutherland Cranial Teaching Foundation-approved** organisation providing education, practical skills and development with osteopathy in the cranial field (OCF). Established by an existing team of highly educated, motivated and experienced teacher-practitioners in OCF, the Rollin E. Becker Institute blends philosophical traditions with developments in knowledge in the cranial concept. We aim to inspire newcomers to OCF, as well as those already practising, by delivering essential and expert knowledge, invigorating the way you work.

**The Rollin E. Becker Institute** is committed to delivering a high-quality programme of courses, masterclasses 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*

### OCF 40-hour Foundation Course

Date: 29th-30th June, 1st July, 13th-14th July

Venue: Cirencester Cost: £825

Course Leader: Carina Petter DO DPO MSCC PgDip (OCrF)

This SCTF-approved 40-hour course will examine the detailed anatomy and function of the involuntary mechanism, including diagnostic and therapeutic interventions using the involuntary mechanism approach.

With the emphasis on application of OCF in everyday osteopathic practice, the course will also provide extensive guided practical instruction with a participant to tutor ratio of 4:1 to maximise development of practical skills.

We highly recommend taking this foundation course at least twice in order to maximise your understanding of the various concepts. Additionally, your practical skills will be consolidated and further enhanced.

### Later in 2013...

Please check website for full details

**The Eye/Clinical Methods** with Nick Woodhead DO

Cost: £150 Venue: London School Of Osteopathy Date: TBC

### Balanced Ligamentous Tension

Date: 13th October 2013

Venue: London School Of Osteopathy Cost: £95

Course Leader: Carole Meredith DO

This one-day workshop led by Carole Meredith is aimed at the Undergraduate student who wishes to develop primary skills in this area. The aim of this practical-based day is to improve palpation skills and help participants to understand palpatory findings.

Balanced Ligamentous Tension (BLT) principles will be introduced to ensure that the fundamentals are understood, before exploring tools and techniques which can be integrated straight away into the treatment of peripheral joints.

As always, senior tutors from our team will maintain a student to tutor ratio of 4:1.

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We have been unearthing recent and interesting graduate osteopathic research studies- on **endometriosis, sleep apnoea, dysmenorrhoea, feeding difficulties in infants, Dr Still's fascia** to name but a few.

But... it is the structure of the conference that is different as well.



Dr Jane Stark

The delegates will be able to **listen** to recent studies; to **learn** how these studies were constructed; to **study** and **practise** some of the techniques and approaches; to **discuss** with the authors how their study has benefitted their practice and how these studies can be improved, and to **enrich** their own practice. And there will be quality time to spend with your other interested colleagues.

**Dr Jane Stark** from Canada will lead the line-up of **8** authors from Europe and the UK. The 2 day conference price at the De Vere Conference Centre near Reading, includes all meals and accommodation from Friday evening to Sunday, plus use of the gym, swimming pool and other amenities.

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# Got a query?

## Whatever your query, there are a range of ways that you can get in touch with us:

- > **By phone on 020 7357 6655 x242** – for all queries
- > **By email at: [contactus@osteopathy.org.uk](mailto:contactus@osteopathy.org.uk)** – for most general and personal queries. To change personal details – such as your address – on your record, you will need to confirm this in writing so email is best for this at: [registration@osteopathy.org.uk](mailto:registration@osteopathy.org.uk)
- > **Write to us at General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU** – for most general and personal queries
- > **On the o zone via our discussion forum** – for general queries relating to the GOsC, regulation and osteopathic practice. For Data Protection reasons, we don't recommend that you share personal details with us via this method
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**We look forward to hearing from you**