

# the osteopath

The magazine for osteopaths | Dec 2013/Jan 2014 | Volume 16 | Issue 6

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## Should osteopaths review peers?

Proposals for continuing fitness to practise p6

Fees under review p5

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General  
Osteopathic  
Council



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**x242**

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*the osteopath* magazine, e-bulletins.  
**x222**

### Enquiries about:

GOsC website (including the online Register) and o zone, social media.  
**x228**

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the media, consultations, regional groups, national healthcare policy, parliamentary and international affairs, osteopathic regulation overseas.  
**x245**

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**x247**

### Standards

**Enquiries about:** *Osteopathic Practice Standards*, continuing professional development, continuing fitness to practise (including revalidation), osteopathic education.  
**x235**

## the osteopath

*the osteopath* is the official journal of the General Osteopathic Council.

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# Welcome to the new edition of the osteopath



How do you like our new look? We have taken on board your feedback from the opinion survey last year and we hope you like what you see. As always, we welcome your feedback so please tell us what you think by emailing me at:

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

We are nearing the end of another year at the GOsC but there is plenty in the pipeline already for 2014, including plans to further reduce registration fees (see page 5).

Emerging from the revalidation pilot, the continuing fitness to practise framework is now taking shape and, on page 6, we discuss how it could look and the role that osteopaths and osteopathic groups may play.

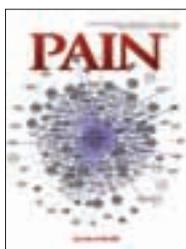
We discuss how your feedback is helping us make policies and procedures more effective (see page 4) and, on page 5, you can learn how to give your feedback on what the rules and requirements should be for professional indemnity insurance cover.

On page 7, read about our new online learning resources that will assist you with applying the *Osteopathic Practice Standards* to scenarios that you may face in everyday practice.

Finally, your online CPD resources just got even better with the addition of *The Lancet* and *Pain* journals to the IJOM Plus package (see page 18).

**Suzanne Miller**

**The Lancet and Pain journals - now available to osteopaths on the o zone, p18**



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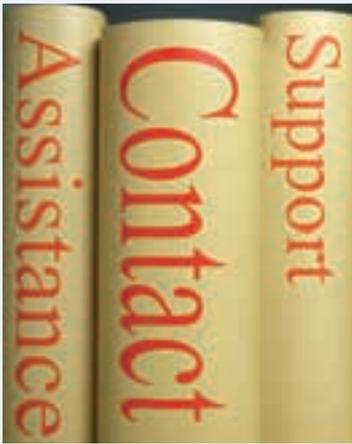
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## Understanding the complaints process

We have new guidance on our websites relating to our fitness to practise processes for dealing with complaints about osteopaths:

### Deciding a case without a hearing

Our rules set out a procedure under which our Professional Conduct Committee (PCC) can consider and decide certain types of complaint against an osteopath, without the need to hold a hearing. We call this the 'Rule 8 Procedure'.

Having considered your views in a consultation conducted in the autumn, we have now developed criteria which the PCC can use to decide what cases it will consider under the Rule 8 Procedure. This procedure allows for the views of the complainant and the registrant to be taken into account by the PCC, and balances fairness to the registrant with the need for transparency.

● You can read the Rule 8 guidance at: <http://tinyurl.com/p5jonzz>

### Preparing for PCC hearings

Views have also been sought on the information we provide all parties to help them prepare for a hearing.

● The Practice Note – Preparing for PCC hearings is available here <http://tinyurl.com/o7p4c9j>

# Latest guide to law on consent across the UK

We have published new guidance for osteopaths setting out clearly the differing legal requirements in England and Wales, Northern Ireland and Scotland regarding a patient's capacity to consent to examination and treatment.

The guidance supplements the *Osteopathic Practice Standards*. Developed in consultation with osteopaths and patients, it provides a quick access guide to the law as it relates to this complex area of practice in different jurisdictions.

Be sure to take time to read the relevant guide for your region.



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- Obtaining consent: England and Wales - <http://tinyurl.com/pzddkwb>
- Obtaining consent:

- Northern Ireland - <http://tinyurl.com/pkycspl>
- Obtaining consent: Scotland - <http://tinyurl.com/ohcwaar>

## Our new fitness to practise publication policy

Following consultation with osteopaths, patients and the public, the GOsC has revised the length of time that fitness to practise decisions appear next to an osteopath's name on the GOsC website, taking into account the patients' right to know and the osteopath's right to privacy. This issue generated a wide range of opinions from osteopaths and the

public. We took account also of the views of the Professional Standards Authority and the practice of other healthcare regulators. We have sought to adopt a balanced and proportionate approach, in which the seriousness of the sanction is reflected in the length of time for which decisions are published.

The revised policy is as follows:

| Sanction                      | Previously  | Now                                  |
|-------------------------------|---|--------------------------------------|
| Admonishment                  | 28 days   | Six months                           |
| Conditions of practice orders | Duration of the order (which is imposed for a maximum of three years) | Duration of the order plus one year  |
| Suspension                    | Duration of the order (which is imposed for a maximum of three years) | Duration of the order plus two years |
| Removal                       | 10 months   | Five years                           |



SHUTTERSTOCK/ARKA38

## Have your say on indemnity insurance

In the last edition, we told you we would be seeking your feedback on possible changes to professional indemnity insurance rules and requirements.

The consultation is now open and you can take part here [www.osteopathy.org.uk/about/our-work/consultations-events](http://www.osteopathy.org.uk/about/our-work/consultations-events)

While osteopaths must have professional indemnity insurance, this is not currently a condition of practice for all healthcare professions.

Now, the government wants to make sure that all patients are protected, but to what

extent should regulators like the GOsC be responsible for making sure that practitioners are covered, and how much cover is needed?

To give your views on this and related questions, go to the link above.

The consultation closes on Friday 24 January 2014, and we would welcome as many responses as possible during this time.

- If you have any questions, please contact **Matthew Redford, Head of Registration and Resources**, on 020 7357 6655 x231 or email [mredford@osteopathy.org.uk](mailto:mredford@osteopathy.org.uk)

## Interviewees needed for regulation study

Interested in being part of a study into the effectiveness of osteopathic regulation?

We have commissioned a team from Warwick, Nottingham and Oxford Universities to carry out independent research, and to interview osteopaths about their attitudes towards – and experiences of – complying with osteopathic standards. The aim of the research is to improve regulation in practice.

Interviews will take place during January and May 2014, with representatives from a range of organisations, including regional groups, the Osteopathic Alliance, educational institutions, the British Osteopathic Association, and others.

If you would like to take part, get in touch with **Professor Gerry McGovern of the University of Warwick** at:

[Gerry.McGovern@wbs.ac.uk](mailto:Gerry.McGovern@wbs.ac.uk)

All osteopaths will have the chance to contribute to this study, during the spring and summer of 2014, via an electronic survey. Further information will be in the next edition of *the osteopath*.

- For more information about the research project, see <http://tinyurl.com/o3739bb>

## Registration fee reduction – last chance to give your views

For the third year running, we are lowering registration fees. You have until Friday 13 December to give your feedback on how the savings should be passed on to osteopaths.

The GOsC is the only healthcare regulator in the UK to have reduced – rather than increased – its fees in each of the last three years. This is

thanks to careful budgeting, which has seen the headline cost of registration fall from £750 to £610 between 2011 and 2013, and we are now proposing a reduction to £570 from May 2014.

The consultation is open now and we are asking you to tell us:

- Whether cost savings should be passed to osteopaths via a fee reduction

|                           | 2012 | 2013 | 2014 |
|---------------------------|------|------|------|
| Headline registration fee | £750 | £610 | £570 |

- Whether the fee reduction should apply across the board.

To take part in the discussion, go to <http://tinyurl.com/pfq6ubj>

- For more information about the fee levels, contact **Matthew Redford** on 020 7357 6655 x231 or email [mredford@osteopathy.org.uk](mailto:mredford@osteopathy.org.uk)

# Should osteopaths assess each other?

The GOsC is exploring the role that osteopathic organisations and regional groups could play in supporting osteopaths to demonstrate their continuing fitness to practise



WAVEBRAIN/MEDIA / SHUTTERSTOCK

**B**uilding on last year's revalidation pilot, the revised scheme now taking shape proposes that organisations other than the GOsC could play a role in appraising osteopaths' CPD and development needs. New proposals might see regional osteopathic groups, osteopathic educational institutions or employers taking on this

supportive role for osteopaths, facilitating a structured peer review system which osteopaths can use when they are required by the GOsC to periodically demonstrate their continuing fitness to practise.

Representatives of osteopathic regional groups attending a GOsC meeting in November were the first to discuss how such a peer review

system might work in practice. It is widely felt that this approach could help reduce practitioner isolation, encouraging osteopaths to share knowledge and support colleagues.

## What is the proposed continuing fitness to practise framework?

Taking account of the feedback generated by our recent

consultation on the CPD system and the findings of the revalidation pilot, a new scheme for ensuring osteopaths' continuing fitness to practise is emerging, and this promises to be simpler and less burdensome than the revalidation scheme piloted last year.

Under the proposed new scheme, CPD will still be primarily self-directed by the osteopath, but places greater emphasis on communication skills, obtaining consent, patient feedback, reflection and analysis, and peer discussion reviews, planned and undertaken over a three-year cycle.

At the end of each three-year cycle, an osteopath will be expected to engage in a structured peer review, in which their CPD record for the past three years is reviewed by another osteopath, taking into account how CPD activities have contributed to:

- The breadth and depth of practice
- The benefit to patients, and
- Enhancing quality of care through reflection and analysis.

The peer review may be conducted by:

- A professional colleague (an osteopath or another healthcare professional)
- Organisations with appropriate arrangements, such as:
  - A regional society or group

- Osteopathic Alliance member organisations or other postgraduate CPD provider organisations
- An osteopathic educational institution
- An employer
- The GOsC.

### The role of the regional groups

A GOsC meeting with regional osteopathic groups in November provided an opportunity for regional representatives to role play and discuss the peer review procedure. This provided a valuable first opportunity to discuss together how this might be conducted within regional groups, to help local osteopaths meet the requirements of the proposed new continuing fitness to practise scheme. Representatives explored the practical challenges and the potential benefits to patients, osteopaths and the profession.

Discussion focused on the role that regional groups might play in:

- Mapping the CPD offered by regional groups to the *Osteopathic Practice Standards*
- Making use of and sharing available resources relating to communication skills and consent issues
- Supporting osteopaths to gather data (by means including patient feedback, clinical audit, case-based discussion, and peer review) and to use analysis and reflection to enhance the quality of care
- Overseeing on behalf of individual osteopaths their three-year peer review and sign off.

### Points to consider

Some points for consideration include:

- The effectiveness of the proposed continuing fitness to practise framework and its considerable potential benefit

to the profession relies on osteopaths embracing and actively engaging in a process that will steadily enhance the quality of osteopathic care and ensure patient safety

- Regional groups and other organisations potentially have a crucial and influential role to play in supporting individual clinicians and developing their practice
- Any continuing fitness to practise scheme for osteopaths will need to evolve continually as the profession develops
- A better understanding is needed of the support the GOsC could provide to organisations to implement and maintain an effective continuing fitness to practise scheme together.

### What's next?

The GOsC is now entering a period of engagement with osteopaths and others

in the further development of the scheme. We will be working closely with a variety of organisations over the next nine months, including the osteopathic educational institutions and CPD providers, establishing what role these organisations might play and exploring issues such as quality assurance. For example, if these organisations are to conduct and manage peer reviews, signing off osteopaths' fitness to practise evidence, how will they demonstrate that this was fair and consistent? How might an audit of this process work?

These discussions will enable the GOsC to develop a refined framework and detailed guidance in preparation for a formal public consultation in late 2014.

- For more information, contact **Fiona Browne**, on 020 7357 6655 x239 or at: **fbrowne@osteopathy.org.uk**

# Practice makes perfect with our OPS e-learning module

Earlier this year, we told you we were developing some e-learning resources to help osteopaths apply the *Osteopathic Practice Standards* (OPS) to real-life scenarios in practice.

The first e-learning module, *Exploring ethical dilemmas in practice – part one* is now available on the OPS support pages at: [www.osteopathy.org.uk/resources/publications/standards-of-practice](http://www.osteopathy.org.uk/resources/publications/standards-of-practice)

The module is designed to ask a series of questions related to a scenario that may occur in practice. You are asked to identify the relevant parts of the OPS that may apply and you will receive feedback on this. You will also be asked to give your professional opinion on how serious you think the actions of the osteopath were in that scenario. This will help us to understand better the



professional values of the osteopathic community as a whole, and how these compare with other healthcare professions, as well as with patients' expectations.

All data is collected anonymously.

Other modules will be added over the next two months, and we encourage you to use these to check your knowledge of the OPS and its application to practice.

When the OPS was first launched in September 2012, we created a quick e-learning revision quiz to help people familiarise themselves with the content. Some 159 of you have used this resource, and almost all found it useful and easy to use.

We can also use feedback to help us identify any further e-learning tools needed.

- For more information, contact the **Professional Standards Manager, Marcus Dye**, on 020 7357 6655 x240 or **mdye@osteopathy.org.uk**

## Putting shared knowledge into practice

About 30 representatives from the osteopathic educational institutions met in November to discuss the implications of the many recent reports (including the Francis Inquiry) about culture in healthcare. The seminar involved difficult topics such as 'what is professionalism?' and 'how can we encourage a culture of honesty when things go wrong?'

Participants heard from Professor Stephen Tyreman, an expert in values and ethics and Dean of Osteopathic Education and Development at the British School of Osteopathy. He gave his thoughts – and those of patients and others – on the meaning of professionalism and the role of osteopathic education in encouraging students to demonstrate professional behaviour.

This was followed by an insightful talk by Hilary Jones, Associate Dean at Staffordshire University and witness to the Francis Inquiry, about some of the real challenges in nursing and midwifery education, and her active involvement in addressing some of these difficult issues in practice.

Participants also took part in interactive workshops to explore how learning might translate into osteopathic education, and to share experiences with each other to enhance the osteopathic educational community.

The seminar was a great opportunity to learn from others and, through Hilary's presence and the action plans arising from the discussion, to raise the profile of osteopathy among other health professions as well as the Professional Standards Authority. It also demonstrated that osteopathy is engaging with the issues that matter to patients, government and other health professionals.

- For more information, contact Fiona Browne on 020 7357 6655 x239 or email [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk)



THE GENERAL OSTEOPATHIC COUNCIL

# Are graduates prepared to go it alone?

It can take some time for newly registered osteopaths to adjust from a teaching to a clinic environment.

The GOsC plans to consult with osteopaths and key stakeholders in Spring 2014 on guidance that ensures new graduates can apply the *Osteopathic Practice Standards* (OPS) from their first day in practice, and have access to support as and when they need it.

### What are we doing?

To produce the guidance, the GOsC worked with representatives from the osteopathic educational institutions (OELs) – the Guidance for

Osteopathic Pre-Registration Education (GOPRE)

Working Group – on what and how students need to demonstrate before graduation, including that:

- They meet the OPS
- They are fully aware of the demands of setting up practice, and
- They can set up a business safely and effectively.

Failure to do so could affect the quality of patient care during an osteopath's first years of practice. It is also for this reason that new osteopaths should seek advice at the beginning and throughout their careers. This could include:

- Introducing oneself to established osteopaths and other healthcare practitioners in the area
- Joining a local regional group, and
- Keeping in touch with fellow students.

### What happens next?

We will ask key stakeholders – including osteopaths, patients, the BOA and the Osteopathic Alliance – for their views.

Once finalised, the guidance will describe exactly what the GOsC expects OELs and students to deliver.

We will publish more information in due course.

# Converting research into practice



ANTON GVOZDIKOV / SHUTTERSTOCK

The 10th annual chiropractic, osteopathy and physiotherapy research conference was held on 9 November 2013 at the Anglo-European College of Chiropractic in Bournemouth.

The conference is a forum for students either about to graduate - or having recently graduated - as osteopaths, chiropractors or physiotherapists, to disseminate their research work to their peers and professional colleagues.

It provides opportunities for interprofessional learning and collaboration, enabling attendees to hear about the latest research and further develop their critical

appraisal and evidence-informed practice capabilities.

Speakers included Dr Felicity Bishop, a clinical and health psychologist from the University of Southampton, whose presentation centred on research that explored the National Institute for Health and Clinical Excellence (NICE) recommended treatment and management options for low back pain. The conclusion was that when patients had a 'proper' diagnosis, they had symptomatic relief.

The prize for best presentation was awarded to Hannah Karisi-Martino of the European School of Osteopathy (ESO) for: *Osteopaths' views and definitions of osteopathic principles*. The second prize was shared by Siobhan Quirke of the British School of Osteopathy (BSO) for: *Trait emotional intelligence amongst BSO students*, and Catherine Feier from the AECC, for: *A survey of equestrians' attitudes towards equine chiropractic*.

Katie Johnston from the ESO received special mention for her work on: *TMJ dysfunction and perceived dysfunction*. The best abstracts will be published shortly in *Manual Therapy* journal.

Next year's COP conference will be held at the British School of Osteopathy.

## Leeds Metropolitan closes course

Following the intake of students in September 2013, Leeds Metropolitan University has decided it will not be accepting any further students onto its Master of Osteopathy course.

Staff and students have been informed of the decision, which was formally communicated to the GOsC by Dean and Pro Vice-Chancellor, Professor Ieuan Ellis, who said: "We are saddened to have to make this decision, particularly after working for the last decade with the support of the GOsC to establish and deliver a high quality osteopathy training course in the North of England.

"I wish to emphasise that the decision to discontinue further intakes to the course is based on the fall in demand, rather than on any concerns over the quality of the course, and that we remain totally committed to ensuring that delivery of the course continues to be of high quality over the next four academic years."

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

## Resources for final year students

The ● zone is now available to final year students, offering help and guidance about the registration process, and access to a range of research journals to assist you in your studies.

If you are a final year student, you should have received an email from our Web Manager with your log-in details.

The ● zone also gives you access to the full range of GOsC resources, including support to help you understand and become familiar with the *Osteopathic Practice Standards*.

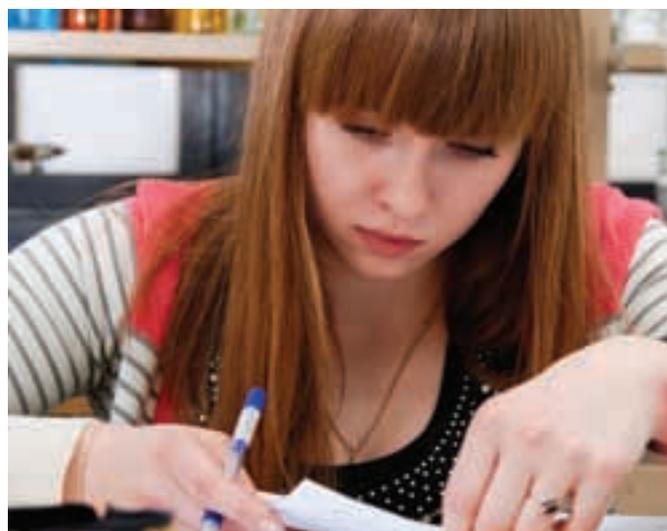
When you visit the ● zone,

you will find - in the section for final year students - a website survey.

We would be grateful if you would use this survey to send us feedback.

Your input will help us to make improvements in the future.

● If you have any problems using the ● zone, please contact Margot Pinder, Web Manager, on 020 7357 6655 x228 or email [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk)



SHUTTERSTOCK/VADIM IVANOV

# In Council – key decisions



THE GENERAL OSTEOPATHIC COUNCIL

## Outcomes from the 81st meeting of the General Osteopathic Council meeting held on 17 October 2013:

The agenda and all papers can be found at: [www.osteopathy.org.uk/about/the-organisation/meetings](http://www.osteopathy.org.uk/about/the-organisation/meetings)

### Temporary registration

Council has approved a form of words to define temporary and occasional registration,

who can apply, and how applications are assessed. Under EU law, an osteopath who is an EU/EEA or Swiss national and wants to practise occasionally in the UK over a short period, can apply for temporary registration and not have to pay a fee.

### Notification of fitness to practise investigations and outcomes

Council agreed that when a complaint about an osteopath has been referred to

the Professional Conduct Committee, the GOsC will notify: their employer; any person with whom they have an arrangement to provide services; and any other healthcare regulator with whom the osteopath is registered. Previously, the GOsC only notified these at the conclusion of the hearing, and if sanctions had been imposed on the osteopath.

In line with best practice – and the emphasis on early information sharing set out in the Francis Report – it was agreed that, following the investigation stage, the GOsC should share information.

### Other decisions

Council agreed to the consultations on the reduced registration fee and professional indemnity insurance (see page 5), and the updates to the various guidance documents (see page 4).

### Future Council meetings

■ Wednesday 29 January 2014

■ Thursday 1 May 2014

■ Wednesday 23 July 2014

Meetings take place at 10am at Osteopathy House and osteopaths are welcome to attend.

Agendas and papers are available before the meeting at:

[www.osteopathy.org.uk/about/the-organisation/meetings](http://www.osteopathy.org.uk/about/the-organisation/meetings)

## Frequently asked questions...

**Q: A patient is aggressive and angry and I feel threatened by their behaviour. Am I allowed to give up treating them?**

**A:** D4.4 of the *Osteopathic Practice Standards* states that you can stop treating a patient if they become aggressive, and either refer them to another osteopath or advise them to contact the GOsC for a list of other osteopaths in their area. Record the reasons for your decision in the patient notes. Remain polite and considerate

when explaining this to the patient. The aggression could be due to an underlying health issue, and you could encourage the patient to see their GP (or offer to communicate with him/her yourself).

If you need legal advice, your insurance company may be able to help, or you can contact the BOA on 01582 488 455 or at: [boa@osteopathy.org](mailto:boa@osteopathy.org)

**Q: Can you send me an example of a consent form?**

**A:** The GOsC no longer

provides template consent forms. The key issue about consent is not the means by which it is obtained (which does not require a form), but rather, whether the consent can be considered 'valid'. A patient's consent will only be valid if: it has been given voluntarily; if the patient has been informed about the nature, purpose and risks of the examination or treatment proposed; and the patient has the capacity to understand this information. Consent may be obtained verbally, but it is good

practice to document that consent in the patient's records, and written consent should always be obtained if you intend to treat intimate areas. See A4 of the *Osteopathic Practice Standards* and the Obtaining Consent guidance for more information.

● You are always welcome to contact us on 020 7357 6655 if you have a question or would like more information. You can also post your question on the [zone forum](#).

# How do you use the o zone?

We are always seeking ways to improve the o zone – the GOsC website for osteopaths – and feedback from users is a key part of this process. There is a user satisfaction survey on the o zone in the 'Get involved' section, and a link to this is on the home page.

We are currently making some enhancements to the o zone, so your feedback would be particularly useful just now. We would be grateful if you could fill out the survey on your next visit to the o zone, or even make a special visit to do so, so that we can use your feedback to improve the site.

## What you told us

The latest results show that most osteopaths are visiting



PRESSMASTER / SHUTTERSTOCK

the o zone to complete their CPD annual summary form, and to renew their registration. Others are reading news items and research articles.

Sixty per cent of visitors found the information they were seeking, with 50 per cent finding it easy or very easy to locate. Overall, users found the CPD online service functioned better than

renewal of registration, and this feedback has helped us plan some improvements to that service, which will take effect in early 2014.

In terms of overall satisfaction with their visit to the o zone, 37.5 per cent were satisfied or very satisfied; 31.3 per cent were dissatisfied or very dissatisfied, while another 31.3 per cent were neither satisfied nor dissatisfied. We are keen to see satisfaction levels increase as a result of current developments, and your feedback will help us to do this.

## Join the o zone user group

The o zone user group helps us test out new developments and provides feedback. The group is also informed of forthcoming improvements. By completing the survey, you have the opportunity to join the group, but you can also apply to join by emailing Margot Pinder at: [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk) and new members are always welcome.



GRANT GLENNING / SHUTTERSTOCK

## Glasgow hosts regulation conference

**The sixth Annual Regulation Conference was held in Glasgow on 27 November 2013 and saw more than 300 delegates from healthcare organisations, patient representatives and professionals attend.**

**This event, organised by the Scottish Government Health Directorates in partnership with the UK healthcare professions, including the GOsC, focused on the changes and challenges for healthcare regulation.**

**GOsC Chief Executive and Registrar Tim Walker shared the platform with the Nursing and Midwifery Council in a seminar on continuing fitness to practise. Fiona Browne, GOsC Head of Professional Standards, also ran a seminar with the General Pharmaceutical Council on the regulator's role in promoting professionalism.**

**In addition, staff from the GOsC were in attendance with an exhibition stand to speak to and answer questions from delegates.**

- For more information about the programme for this event, visit <http://tinyurl.com/qzlevk2>

## Did you know?



MIRMICHAELANGELO / SHUTTERSTOCK

Have you ever wondered how many osteopaths with UK registration practise abroad and in the countries where they live?

If so, it might interest you to know that there are 388 such osteopaths living abroad.

### Where in the world?

Although the majority (70) live in the Republic of Ireland, France (39) and Canada (38), it is extraordinary to see that there are UK-registered osteopaths worldwide, including Tunisia, Trinidad and the United Arab Emirates.

### Their ages

They range in ages. The youngest is 23 and the oldest 75. The most popular age range is 31-40 and 141 osteopaths are in this age bracket.

# Eight priorities for a flourishing future

The Osteopathic Development Group (ODG) has been working steadily over the summer to convert the Osteopathy Development Agenda into eight fully-fledged project plans.

Mentorship, leadership, career development, advanced practice, service standards, regional support, international collaboration, and strengthening the osteopathic evidence base – eight development priorities for a profession intent on a flourishing future.

**“I am delighted to have the opportunity to use my skills and experience to make a positive contribution to the development of the profession”**

The ODG was conceived in spring 2012 when consultation with osteopaths at regional meetings across the UK highlighted the widely held view that a consolidated, coordinated development agenda was essential to the future of osteopathy. The group represents the GOsC, the BOA, NCOR, the Council of Osteopathic Educational Institutions (COEI), and the affiliation of post-graduate education providers – the Osteopathic Alliance (OA). It combines the skills, expertise and energy of the osteopathic organisations responsible for promoting quality and development in osteopathic clinical practice, training, scholarship, research and inter-professional relations.

Our article on ‘Shaping osteopathic development’, published in the April/ May issue of *The Osteopath* (pages 8-9), outlined each of the eight important areas of development. These project work streams are now taking shape, with a nominated lead organisation (sometimes two, where close collaboration is key), and ODG agreement

around individual project methodology, intended outcomes in two to three years, timescales, funding and resources, consultation, communication and progress reporting.

Given the enthusiasm and appetite of osteopaths for progress in this arena, the ODG is keen to keep the profession abreast of developments and engaged where your input can help bring projects more quickly to fruition. All eight project plans are published on the BOA and GOsC websites – along with regular project updates – and feedback to any of the Osteopathic Development organisations is encouraged and welcomed. On Friday 22 November, representatives of osteopathic regional groups around the UK and ODG members came together at a Regional Communications Network meeting at Osteopathy House to discuss the Development agenda, and to explore the opportunities in this for regional communities of osteopaths. However, that was just the start. In the months ahead, it is envisaged the ODG will continue to consult the profession (by means including the BOA practice census planned for the new year) in order to be alive and responsive to the needs of practising osteopaths across the UK.

With development under way on so many fronts, co-ordination is key. To take charge of this, the BOA (acting as the ODG Secretariat) has appointed a Project Development Manager – Matthew Rogers – to assist the ODG in the timely completion of these eight complex projects.

Since qualifying as an osteopath in 2002, Matthew has worked as a clinician in a variety of private and NHS settings.

He has been a BOA Council Member and has worked with the GOsC as a revalidation pilot assessor. He has also been responsible for project managing service development changes across healthcare as operational lead for Central London Community Healthcare.

On his appointment, Matthew said: “I am delighted to have the opportunity to work with some of the leading stakeholders in osteopathy, and to use my skills and experience to make a positive personal contribution to the development of the profession.”

## Who is the Osteopathic Development Group?

Find out more about the eight development projects or share your views by contacting any ODG member organisation:

**British Osteopathic Association (BOA)**

Email: [boa@osteopathy.org](mailto:boa@osteopathy.org)

**Council of Osteopathic Educational Institutions (COEI)**

Email: [adrianbarnes@eso.ac.uk](mailto:adrianbarnes@eso.ac.uk)

**General Osteopathic Council (GOsC)**

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

**National Council for Osteopathic Research (NCOR)**

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

**Osteopathic Alliance (OA)**

Email: [enquiries@osteopathicalliance.org](mailto:enquiries@osteopathicalliance.org)



Matthew Rogers



# Giving injections – what the law says you can do



SHUTTERSTOCK/DGRILLA

No osteopath is permitted to give injections (including Botox) to any patients, at any time, without the specific permission of an appropriate practitioner (usually a doctor).

If you have been practising since at least 11 February 1982, you used to be covered by a provision of the *Medicines Act 1968* that said you could 'administer parenteral (injectable) medicines if [you] are, and were at 11 February 1982, doing so in the course of a business in the field of osteopathy, naturopathy or other similar field except chiropody'. Please note, this right no longer applies.

The Human Medicines Regulations 2012 replaced much of the *Medicines Act 1968*, including the above provision, and it may be a criminal offence under Regulation 255 for osteopaths to administer injectable prescription medicines, other than in accordance with a direction from an appropriate practitioner.

If a doctor, or other health practitioner with prescribing

rights, had authorised you to inject a particular patient with a particular drug (this is known as 'Patient Specific Direction'), then you could do this, but this is not a general permission to inject a number of patients and, as an osteopath, you are not allowed to make the decision to inject independently.

If you choose to undertake injections in accordance with a Patient Specific Direction, you must make sure that you are complying with the requirements of the *Osteopathic Practice Standards*; for example, acting within your training and competence, relevant health and safety legislation and in possession of adequate insurance. You should also be aware of the risks and requirements around the care and disposal of sharps, safe storage of medicines and risks associated with injecting into the wrong site.

● For more information, see the following websites:

The Human Medicines Regulations 2012 <http://tinyurl.com/olxe9g4>;  
Medicines and Healthcare Products Regulatory Agency: <http://tinyurl.com/p6btyc4>  
Information about Botox injections: <http://tinyurl.com/qhb2d38>

## Unpaid tax? Watch out!

You have until the end of the year to tell HM Revenue and Customs (HMRC) if you think you owe tax and want to avoid a high penalty or even criminal prosecution.

The HMRC Health and Wellbeing Tax Plan gives health professionals – including osteopaths, chiropractors and physiotherapists – a time-limited opportunity to tell the HMRC if they have a taxable income

that they have not previously declared.

If you would like to take advantage of this scheme, you need to let HMRC know by 31 December. You will then have until 6 April 2014 to get your tax affairs in order and pay what you owe.

After 31 December, HMRC will take a much closer look at the tax affairs of health professionals. By using this

scheme, and coming forward voluntarily, any penalty you might have to pay will be lower than if HMRC comes to you first.

The HMRC Health and Wellbeing Tax Plan is not intended for doctors and dentists, who were targeted in a similar way in 2010.

● For more details, help and support, visit the HMRC website at: <http://tinyurl.com/nmzfkf7>

# Minister opens Malta osteopathy forum

The Hon Evarist Bartolo MP, Maltese Minister for Education and Employment, formally opened the latest gathering of the Forum for Osteopathic Regulation in Europe (FORE) in Malta in October. The presence of the minister meant FORE appeared on Maltese television news.



National Research Center in Complementary and Alternative Medicine at the Arctic University in Norway. Solveig presented on her work with the pan-European research project CAMbrella, which looked at the complex legal status and regulation of professions across Europe, including osteopathy.

FORE brings together organisations, such as the GOsC, with an interest in developing standards of osteopathy across Europe, not only to protect patients, but also to make it easier for osteopaths to move across borders.

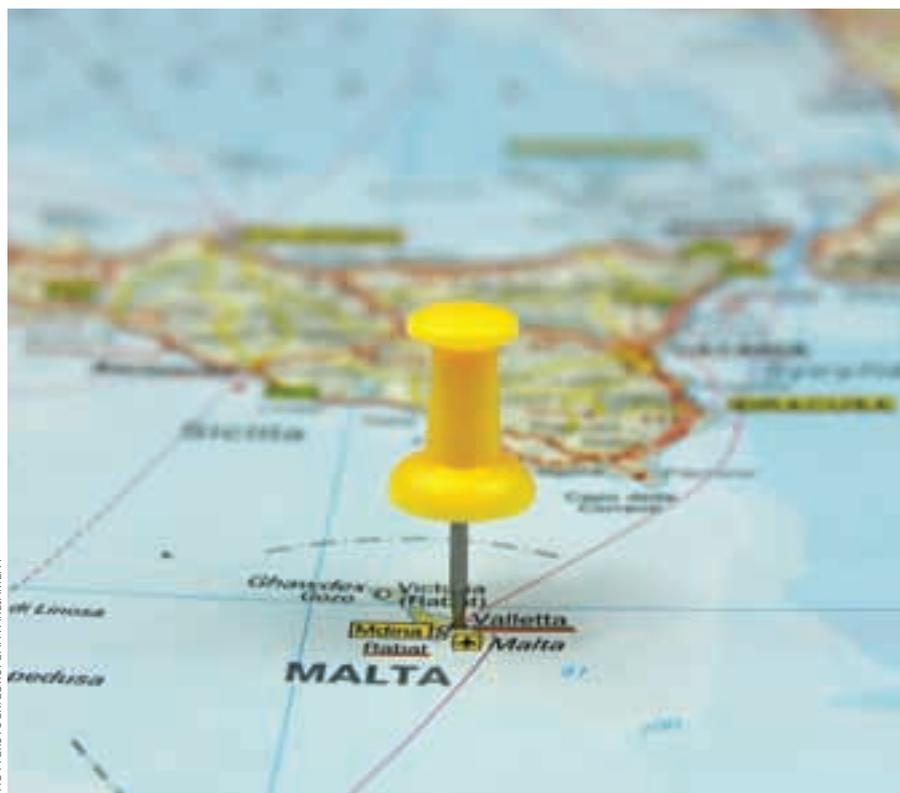
Along with updates on regulatory developments in Belgium, France, Italy, Norway, Portugal and the UK, FORE members discussed the ongoing project – in collaboration with the European Federation of Osteopaths – to formalise standards of osteopathy in Europe with the European Committee for Standardisation (see adjacent article).

External speakers included:

Gillian Mifsud, Registrar of the Maltese Council for the Professions Complementary to Medicine (CPCM) who spoke about the work of the CPCM regulating 16 professions, including osteopathy.

Solveig Wiesener, Senior Adviser at the

● For more information about the work of FORE visit [www.forewards.eu](http://www.forewards.eu)



SHUTTERSTOCK/MARIDAV

## European Standard out for consultation

**The draft *European Standard on Osteopathic Healthcare Provision*, developed to formalise standards of osteopathy across Europe, is now out for consultation.**

**This draft standard has been created over the past two years by national standardisation agencies, which make up the European Committee for Standardisation ([www.cen.eu](http://www.cen.eu)). The GOsC, British Osteopathic Association and the Council of Osteopathic Educational Institutions have been feeding into this work on behalf of the UK's national standardisation body, the British Standards Institute (BSI).**

**Although this standard won't impact on countries with existing legislation, such as the UK, it should provide a benchmark for education, training and practice in those countries with no regulatory mechanisms.**

**Everyone with an interest in this standard, including osteopaths, osteopathic educational institutions, other healthcare professions, public authorities, and patients may comment on this draft. The draft standard can be accessed by visiting the BSI's website at: [www.drafts.bsigroup.com](http://www.drafts.bsigroup.com)**

**The deadline for all comments is 7 April 2014.**

SHUTTERSTOCK/EUROPEAN PARLIAMENT

# A guide to pain medications

Many patients who undergo osteopathic treatment also take medication to help relieve symptoms such as pain. It is important to understand how these drugs work and the effects they may have. NCOR's **Carol Fawkes**, **Dawn Carnes** and **Elena Ward**, report

**W**hether it be prior to, or during treatment, it is critical for us to recognise how different drugs may affect patients undergoing osteopathic care.

This can help us to learn the nature of their pain, identify adverse reactions to drugs that require referral back to their GP, and communicate more effectively with patients about pharmacological approaches to their symptom management.

It is not within our remit – unless we have specific training – to prescribe or review patients' medicines but we can encourage our patients to speak to their GPs about their concerns. Here we provide some background on clinical drug development and an overview of the types of drugs used for analgesia.

## Clinical drug development – background information

Developing and testing drugs is a lengthy and rigorous process – they have to be assessed for effectiveness as well as safety. The role of clinical trials is well-established in the pharmaceutical world, but there are a number of steps involved before drug trials can begin.

Drug development begins (pre-clinical phase) with the identification of new clinical entities (NCEs) targeted at a specific patient population or area of disease; they are examined for their physicochemical properties and developed into a form for administration such as tablets or capsules. The NCEs then go through a number of testing phases.

Phase I normally involves small groups of healthy volunteers to

determine the safety and dosage. Phase II investigates safety and dosage further to allow a much larger population to be studied in phase III. Phase III may also involve the comparison of the new drug with existing treatments for the condition of interest. Once these phases have been completed, the drug can be licensed for marketing purposes. Phase IV then allows data relating to efficacy and side effects to be collected from a larger population, which is important for identifying rare side effects<sup>1</sup>.

The clinical drug development process is subject to a strict process. The Medicines and Healthcare Regulatory Agency (MHRA) is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe<sup>2</sup>.

## Drugs used in pain management

There are a number of pharmacological approaches to alleviating pain; different drugs act on different pain mechanisms within the body. The table (overleaf) gives an overview of the types of drugs commonly used for analgesia, along with some examples of drugs, their generic and brand names. Many prescription drugs have two names:

- The **brand name** given by the pharmaceutical company which develops the preparation
- The **generic, or scientific name**, which is the name of the active ingredient of the drug, is decided upon by an expert committee<sup>3</sup>.

GPs will normally prescribe the generic version of a drug whenever possible as it helps to avoid confusion and is often cheaper for the NHS<sup>4</sup>.

## Overview of drugs: Non-steroidal anti-inflammatory (NSAIDs)

These drugs have analgesic, anti-inflammatory and anti-pyretic actions, depending on the drug. They are widely prescribed and bought over the counter (OTC). Aspirin (acetylsalicylic acid) is classed as an NSAID and has an analgesic effect lasting about four hours.

Paracetamol, although classed as an NSAID by some, has weak anti-inflammatory effects, but it is widely used as an analgesic when pain has no inflammatory component.

NSAIDs work by inhibiting the fatty acid cyclooxygenase (COX) enzyme, which inhibits the production of prostaglandins and thromboxanes<sup>5</sup>. Prostaglandins sensitise nociceptors to inflammatory mediators. Inhibiting prostaglandin production is one of the ways in which NSAIDs have an analgesic effect<sup>6</sup>. There is also a central action, possibly in the spinal cord, because prostaglandin release causes facilitation of transmission from afferent pain fibres to relay neurons in the dorsal horn, allowing pain messages to reach the brain.

Adverse events are common with these drugs because they are often taken at high doses over long periods. They can cause gastrointestinal problems (ulceration of the mucosal tissues) and kidney dysfunction.

## Rubefacients and other topical anti-rheumatics

Topical NSAIDs can be used to treat musculoskeletal pain, as well as oral NSAIDs. They work by locally inhibiting the production of COX enzymes once

| CLASS  | GENERIC NAME                    | BRAND NAME EXAMPLES          |          |
|--|---------------------------------|------------------------------|----------|
| Non-steroidal anti inflammatory drugs (NSAIDs) | Aspirin                         |                              |          |
|  | Ibuprofen                       | Brufen, Nurofen              |          |
|  | Naproxen                        | Naprosyn                     |          |
|  | Fenbufen                        |                              |          |
|  | Fenoprofen                      | Fenopron                     |          |
|  | Flurbiprofen                    | Froben                       |          |
|  | Ketoprofen                      | Ketocid, Ketovail            |          |
|  | Dexketoprofen                   | Keral                        |          |
|  | Tiaprofenic acid                | Surgam                       |          |
|  | Diclofenac                      | Voltarol, Motifene, Defanac  |          |
|  | Aceclofenac                     | Preservex                    |          |
|  | Diffunisal                      |                              |          |
|  | Etodolac                        | Eccoxolac, Etopan XL, Lodine |          |
|  | Indometacin                     | Pardelprin                   |          |
|  | Mefenamic acid                  | Ponstan                      |          |
|  | Meloxicam                       |                              |          |
|  | Nabumetone                      | Relifex                      |          |
|  | Piroxicam                       | Brexidol, Feldene            |          |
|  |                                 | Etoricoxib                   | Arcoxia  |
|  |                                 | Celecoxib                    | Celebrex |
|  | Paracetamol                     | Panadol                      |          |
| Rubefaciants and other topical anti-rheumatics | Ibuprofen                       | Ibugel, Fenbid Gel           |          |
|  | Diclofenac                      | Volterol, Pennsaid           |          |
|  | Capsaicin                       | Axsain, Balmosa              |          |
|  | Salicylate                      | Transvasin, Movelat          |          |
| Skeletal muscle relaxants                      | Baclofen                        |                              |          |
|  | Dantrolene sodium               | Dantrium                     |          |
|  | Diazepam                        | Diazemuls, Stesolid          |          |
|  | Quinine                         |                              |          |
| Opioids – strong                               | Morphine                        | Oramorph, Zomorph            |          |
|  | Diamorphine                     |                              |          |
|  | Phenazocine                     |                              |          |
|  | Pethidine                       |                              |          |
|  | Buprenorphine                   | BuTrans (patch), Temgesic    |          |
|  | Nalbuphine                      |                              |          |
| Opioids – weak                                 | Pentazocine                     |                              |          |
|  | Meptazinol                      | Meptid                       |          |
|  | Codeine                         |                              |          |
|  | Dihydrocodeine                  |                              |          |
|  | Dextropropoxyphene              |                              |          |
| Hypnotics, anxiolytics and antidepressants     | Nitrazepam                      |                              |          |
|  | Flurazepam                      |                              |          |
|  | Diazepam                        | Valium                       |          |
|  | Loprazolam                      |                              |          |
|  | Lormetazepam                    |                              |          |
|  | Temazepam                       |                              |          |
|  | Zaleplon                        | Sonata                       |          |
|  | Zolpidem Tartrate               | Stilnoct                     |          |
|  | Zopiclone                       | Zimofane                     |          |
|  |                                 | Amitriptyline                |          |
|  | Nortriptyline                   |                              |          |
| Anti-epileptics                                | Gabapentin                      | Neurontin                    |          |
|  | Pregablin                       | Lyrica                       |          |
| Compound preparations                          | Paracetamol + codeine phosphate | Co-codamol                   |          |
|  | Aspirin + codeine phosphate     | Co-codaprin                  |          |
|  | Paracetamol + buclizine         | Migraleve                    |          |
|  | Aspirin + metoclopramide        | Migramax                     |          |

▶ they have been absorbed by the skin<sup>5</sup>. Using topical NSAIDs is more appealing to many patients because of their reduced association with serious systemic adverse events<sup>7</sup>.

Cochrane reviews found that topical NSAIDs provide good pain relief in acute and chronic musculoskeletal pain, with fewer gastrointestinal side effects<sup>5,7</sup>. Furthermore, a diclofenac solution was demonstrated to be as effective as oral NSAIDs for pain relief in hand and knee osteoarthritis<sup>5</sup>. The use of topical ibuprofen was also found to be equally effective as oral NSAIDs in a randomised controlled trial of chronic knee pain in older people<sup>8</sup>. Topical rubefacients work by irritating the skin; as well as acting as a 'counter-irritant' such as off-setting the pain from muscles and joints, they also provide a feeling of warmth due to dilation of blood vessels in the area of irritated skin<sup>9</sup>. However, their indication for use is not as well supported by evidence as topical NSAIDs<sup>9</sup>.

### Opioid analgesics

The term opioid is used to describe a synthetic or endogenous substance that produces morphine-like repetition. They produce analgesia, respiratory depression, euphoria and sedation effects. They often cause nausea and vomiting and antiemetics (anti-sickness) may be required. Continuous treatment with opioids can result in tolerance and dependence.

Opioid analgesics are normally prescribed for moderate to severe pain. Although they can be effective for most types of acute and chronic pain, they are not as effective for neuropathic pain<sup>6</sup>. Opioids can induce a sense of euphoria, which is an important part of its pain relieving effect, as it can reduce feelings of agitation and anxiety associated with some painful illnesses<sup>6</sup>. Opioids are blocked by antagonists, such as naloxone<sup>6</sup>.

### Skeletal muscle relaxants

These drugs inhibit neural transmission at the spinal cord; they inhibit monosynaptic and polysynaptic activation of motor neurons<sup>6,11</sup>. For example, Dantrolene sodium diminishes actin-myosin interaction, which results in muscle relaxation. This drug is used

for 'chronic severe' spasticity<sup>11</sup>.

Baclofen is also used in cases of severe muscle spasm, for example in multiple sclerosis<sup>6</sup>. Diazepam's analgesic effect is non-specific and may be partly derived from its sedative effects. It may also have a suppressive effect on nociceptive output<sup>11</sup>. Quinine is used for the treatment of nocturnal cramp<sup>6</sup>.

### Anti-convulsant drugs

Anti-convulsant drugs, such as gabapentin, are generally used for the relief of neuropathic pain, rather than nociceptive pain<sup>12</sup>. Gabapentin and pregabalin both inhibit voltage-gated calcium channel function, which in turn inhibits glutamate release, and therefore reduces neuronal hyperexcitability<sup>13</sup>.

### Hypnotics, anxiolytics and anti-depressants

Hypnotics are generally used in the treatment of sleep disorders, which are not uncommon in those with chronic pain. Anxiolytics are primarily used to reduce anxiety levels.

Hypnotic drugs can be divided into subgroups:

- **Benzodiazepines** (anxiolytic and hypnotic)
- **Buspirone** (anxiolytic but not very sedative)
- **Zolpidem** (similar to benzodiazepines but not as anxiolytic)
- **Barbiturates** (mostly confined to anaesthesia)

Benzodiazepines can be used in conditions to help reduce anxiety, induce sleep and reduce muscle tone<sup>6</sup>.

### Tricyclic anti-depressants

Anti-depressants used at a low dose have been found to have an effect on pain perception.

Tricyclic anti-depressant drugs are effective in reducing neuropathic pain by acting centrally. They inhibit noradrenaline reuptake<sup>6</sup>. The exact mechanism of action on pain is still not well understood<sup>14</sup>.

### Compound preparations

Compound preparations, such as co-codamol, for pain relief are believed to be helpful because they suppress more than one pain mechanism simultaneously. Utilising favourable additive or synergistic effects of combining drugs may also help to reduce unwanted side effects<sup>15</sup>.

In summary, there are a vast number of drugs that can be used in managing painful conditions. Understanding how they work in different conditions can help when discussing pharmacological pain management with your patients.

- Further information can be found at: [www.mims.co.uk](http://www.mims.co.uk) and the British National Formulary website [www.bnf.org](http://www.bnf.org)

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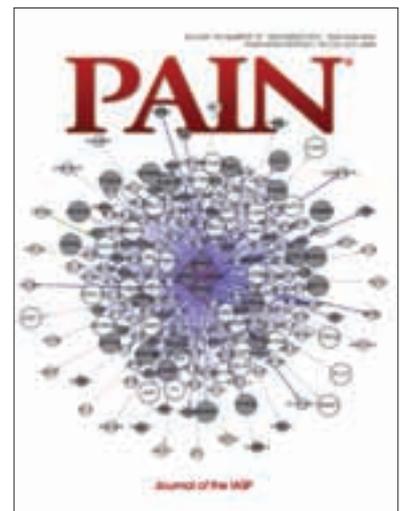
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*The Lancet and Pain journals*

## IJOM Plus – a summary of selected papers

Here NCOR Research Development Officer, Carol Fawkes, identifies some articles that may interest you.

### Asthma.

Martinez, FS and Vercelli, D. *The Lancet* 2013, 382, 1360-1372.

This article is one of *The Lancet's* Seminar series. It recognises that asthma is a heterogeneous group of conditions with a number of risk

factors for the onset of symptoms of recurrent bronchial obstruction. Covering a wide range of information, the article includes epidemiological data, the natural history of asthma, its genetic components, and the effects of environmental factors including those of bacteria, viruses, and fungi.

The pathogenesis of the condition is considered, noting how the understanding of asthma



The IJOM Plus package includes the titles above

pathogenesis has undergone a significant shift during the past decade. Different strategies for prevention are explored, highlighting that no single strategy for prevention of primary asthma has yet been established.

The various treatment regimes that allopathic medicine offers to asthma sufferers are presented, including treatment strategies for mild and moderate asthma, and the development of targeted drugs on the horizon for individuals with severe asthma.

Although the article does not explore the role of manual therapy approaches in the support of patients with asthma, nonetheless it represents a very thorough summary of current allopathic management underpinned by best available evidence.

### Objective evidence that small-fibre polyneuropathy underlies some illnesses currently labelled as fibromyalgia.

Oaklander, AL; Herzog, ZD; Downs, HM *et al. Pain* 2013, 154, 2310-2316

Many osteopaths in practice are consulted by patients who have been given a diagnosis of fibromyalgia. This debilitating condition includes symptoms of common widespread pain with additional diverse symptoms. Due to the wide-ranging nature of fibromyalgia symptoms, the identification of causes and application of appropriate treatment(s) can be difficult for patients to obtain. This research

team led by Anne Louise Oaklander explores the hypothesis that some patients who have been labelled with fibromyalgia may actually have unrecognised small-fibre polyneuropathy (SFPN). This is a disorder caused by dysfunction and degeneration of peripheral small fibre neurons; it has established causes and is treatable.

This case control study involved the examination of SFPN symptoms, neurological examination, pathological markers, and physiological markers in 27 cases, and 30 matched controls. Skin biopsies were taken in addition to autonomic function testing (AFT). The research team found that 41 per cent of skin biopsies from fibromyalgia patients were diagnostic for SFPN in comparison to three per cent of biopsies from controls. Abnormal AFTs were also identified in fibromyalgia patients in addition to the findings from other outcome measures. The study findings suggest that some patients with chronic pain who have been diagnosed with fibromyalgia may have unrecognised SFPN: this could make a considerable difference to both the diagnosis and management of their symptoms.

### Cognitive and affective reassurance and patient outcomes in primary care: a systematic review.

Pincus, T; Holt, N; Vogel, S, *et al. Pain* 2013, 154, 2407-2416

For many osteopaths in practice, patients presenting with non-specific pain conditions where no

clearly identifiable cause can be identified is commonplace. Delivering cognitive reassurance (providing explanations and education) and affective reassurance (creating rapport, and showing empathy) to such patients is advised by many guidelines. However, the specific impact of these different components of clinical practice has not been studied in relation to outcomes of care.

In this review by Pincus *et al* (2013), measures of affective and cognitive reassurance in consultations, and their associations with exit measures and outcomes, were identified following an extensive literature search.

A total of 16 relevant studies were identified from the search: eight of these were of high methodological quality. On examination of the studies, affective reassurance showed inconsistent findings with outcomes: three studies demonstrated an association between affective reassurance and higher symptom burden and less improvement at follow up. In contrast, reduced patient concerns, higher satisfaction and sense of enablement at the end of a consultation were associated with cognitive reassurance in eight studies.

While recognising the limitations of some of the literature, the authors suggest that the studies identified support the idea that cognitive reassurance is more beneficial to patients than affective reassurance in clinical practice.

# Baby talk

**Mark Wilson**, osteopath and Trustee of Sutherland Cranial College of Osteopathy, looks at the pitfalls of treating infants

**T**reating babies osteopathically is challenging and stimulating and brings great reward. However, it can also bring frustration and a whole lot more.

Neonates and babies have many anatomical features that are different from those of an older child or adult. For instance, babies' heads are proportionally large and their faces are relatively tiny. The relationship of the cranial bones – many in two to four 'parts' at birth to allow manoeuvrability and support, and to accommodate the stresses of inter-uterine growth and labour – may become distorted. A whole host of strains may manifest themselves from this. Should we worry? It is, after all, part of a natural biological event – we are all born.

From an engineering perspective, mechanical efficiency may have been compromised and, as we know, the body has a wonderful way of accommodating and compensating. Many babies treated by osteopaths present with plagiocephaly and its variants. Again, is this a problem? Potentially, it may skew cranial development, predisposing to cranial dysfunction, and thereby potential



**Mark Wilson**

neurological deficits including: autonomic dysfunction; developmental/learning and behavioural problems; seizure activity; and so much more. Also, plagiocephaly might influence the relative position of the body suspended from the head with ensuing axial mal-alignment. This may lead to postural problems – scoliosis or not – and we have all treated people who appear to be functioning well and report good health, despite all manner of twists and bends.

The above is only an example, and babies come with all kinds of complaints or parental concerns: sleeping; feeding difficulties, such as

colic or reflux; preferential lie; torticollis; inconsolable crying; respiratory problems – the list is endless.

Until last year, I had worked one day a week for 15 years in neonatal units, including intensive care, high dependency and special care units at two North London hospitals. When asked by some of the junior doctors for evidence that osteopathy was beneficial, I would offer them a brief osteopathic principles lecture and suggest that, as I had been there for a substantial time and in such a fragile environment, would the consultant paediatricians invite me to treat those under their care?

There came a point where we (I was teaching then for the Osteopathic Centre for Children) opened an acute paediatrics clinic and a 'troubleshooting' clinic for children who did not appear to respond to medical treatments – with generally favourable results. I did an audit at one hospital for three years that showed no apparent adverse reaction to treatment.

But, the junior doctors' concerns were valid. There are many pathologies and physiologies that are peculiar to babies and, with many parents bringing their children to us as their primary carers, we need to be safe and know if, and when, to refer a child.

You can glean any amount of information from books, but training alongside colleagues is paramount and there are many courses available.

● You can contact Mark Wilson on [markwilson132@yahoo.co.uk](mailto:markwilson132@yahoo.co.uk) [www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

## Look who's Tweeting?

Here are just some of the topics that the osteopathic community have been talking about on Twitter.\*

**#osteopaths** All are extensively trained and registered with the @gosc\_uk

**#osteopath** jill shooter @jillosteopath Well that's me registered to practise for another year! Cannot imagine being anything else, very proud.

**#research** NCOR@NCOR\_UK Our article on how research can help you promote your practice is in this month's @gosc\_uk The Osteopath magazine: [www.osteopathy.org.uk/uploads/the\\_osteopath\\_oct\\_nov\\_2013.pdf](http://www.osteopathy.org.uk/uploads/the_osteopath_oct_nov_2013.pdf)

**#regulation** Good healthcare regulators are looking at improving CPD across the professions.

**#osteopathy** Lewis Hamilton: "I pulled something in my back... I had to go and see an osteopath. It was fascinating." <http://bbc.in/151SpjF>

**#osteopathy** OCNZ@OsteoRegulation Osteopathy is

on the #NZ shortage occupation list. <http://www.osteopathiccouncil.org.nz/registered-overseas>

**#backcare** Simplyhealth@SimplyhealthUK If you're visiting an osteopath make sure they are registered with the @gosc\_uk

● Follow the GOsC at: [www.twitter.com/gosc\\_uk](http://www.twitter.com/gosc_uk)

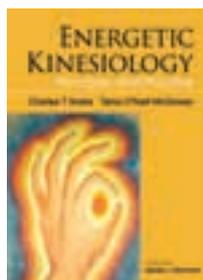
\* The views and opinions expressed here do not necessarily reflect those of the General Osteopathic Council.

# Bookshelf

A selection of illustrated reference books for osteopaths

## Energetic Kinesiology: Principles and Practice

Charles Krebs and  
Tania O'Neill McGowan  
Handspring Publishing (2009)  
ISBN 978-1-909141-03-2 380 pages



This fully referenced textbook describes the field of energetic kinesiology and explains the techniques upon which it is built.

## The Reflexology Bible

Louise Keet  
Sterling Publishing (2009)  
ISBN 978-1-4027-6621-3  
400 pages



techniques for working the reflex points.

This book presents zone maps of the hands and feet, followed by information on preparing for a reflexology session, and

## Stability, Sport and Performance Movement: Practical Biomechanics and Systematic Training for Movement Efficiency and Injury Prevention

Joanne Elphinston  
Lotus Publishing (2013)  
ISBN 978-1-905367-42-9  
384 pages



*Stability, Sport and Performance Movement* provides the tools for understanding and working with movement in simple but

effective ways, to uncover physical barriers and unlock the potential for healthy, fluent, effortless movement at any age.

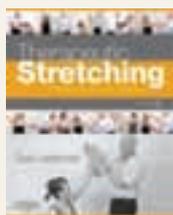
● If you would like to review any of these titles (in exchange for a free copy) contact the Editor at: [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk)

## Book reviews

### Therapeutic Stretching: Towards a Functional Approach

Eyal Lederman, Churchill  
Livingstone Elsevier (2013)  
ISBN 978-0-7020-4318-5,  
300 pages

Reviewed by  
Chris Wilson, DO ND



**This book considers whether current practices, which have remained**

**unchanged for decades, are still relevant. It examines the most recent research and focuses clinically on new methods to aid patients who have lost range of movement.**

Chapters one and two distinguish between recreational and functional stretching; the physiological need to stretch and what classifies a normal range of movement, while chapter three looks at what conditions can cause a loss of

**movement and the stretching techniques that are effective. Later chapters address mechanotransduction and the adaptive biological processes, which cause loss of range and also stimulate recovery, along with the parameters of successful stretching, patient behaviour and motor control. Neurology, patient experience and psychological elements are also discussed. The chapters provide practical functional stretching examples that can be integrated into daily practice.**

**Functional stretching focuses on a patient with reduced movement yet does not cover overuse syndromes.**

**The book logically builds upon the author's theories and conclusions of the current research base. It is well-illustrated and referenced.**

**Reading this book has made me evaluate the stretching advice and rehabilitation challenges I set my patients. In the current**

**environment of evidence-based practice, it is an essential read.**

### At the Still Point of the Turning World: The Art and Philosophy of Osteopathy

Robert Lever, Handspring  
Publishing (2013)  
ISBN 978-1-909141-05-6,  
185 pages

Reviewed by Yassien Latif, BSc  
(Hons) OstMed



**The familiar image on the cover of Robert Lever's book – a prism splitting a beam of white light into a full spectrum – is evocative and appropriate; for in *At the Still Point of the Turning World*, Lever discusses every strand of the art, philosophy, and indeed the science of osteopathy, and brings it all together admirably.**

**His focus meanders from the professional to the personal and even to the spiritual; a tendency, along with his**

**somewhat florid style, that some may find frustrating but which I found engaging, and wholly appropriate to the breadth of the subject.**

**Beginning with osteopathic principles, he considers the mainstream and cranial fields as a continuum rather than a sharp divide. His section on the art of osteopathy tends toward the language of the cranial field, but is of relevance to every branch of our profession.**

**His discussion of science puts the modern focus on evidence-gathering politely, but firmly, in its place, giving much more attention to subjects such as biotensegrity and the significance of fascia.**

**His final section on philosophy is perhaps the most expansive, connecting the practice of healthcare to religion, spirituality and philos in the broadest sense.**

**To conclude, this is a challenging – but immensely rewarding – book that belongs on every osteopath's shelf.**



GENERAL OSTEOPATHIC COUNCIL

# Courses 2014

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

## January

### 11 Clinical rehabilitation – principles in practice for osteopaths

Speaker: Phil Bright  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
[corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
[www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

### 18-19 From technique to osteopathic therapy – synthesis of the holistic concept

Speaker: Philippe Bolet  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
[corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
[www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

### 25 SCC osteopathy in the crania field, refresher day

Speaker: Tim Marris  
Venue: London  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

### 25-26 Visceral osteopathy in a nutshell: the front of your patient (Part 1 of a four-weekend programme)

Speaker: Philippe Bolet  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
[corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
[www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

### 25-26 Orthopaedic assessment for massage therapists

Speaker: CPDO-Jing Collaboration  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

## February

### 1 Module 2/3 refresher day

Speaker: Tim Marris  
Venue: London  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

### 1 Integrative myofascial release

Speaker: Rachel Fairweather and Meghan Mari  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

### 1 Managing shoulder conditions using a process approach

Speaker: Dr Eyal Lederman  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

### 2 'The miserable baby' part one – treating feeding and digestive disorders in babies

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

### 8 Counselling skills for physical therapists

Speaker: Tsafi Lederman and Jenny Stacey  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

### 8-9 Dentistry and the cranio-sacral system

Speaker: Dr. Granville Langley-Smith  
Venue: London  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

### 9 Supporting patients in the process of change

Speaker: Tsafi Lederman and Jenny Stacey  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

**15**  
**Chronic pain - suppress, manage or cure?**

Speaker: Georgie Oldfield  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

**15-19**  
**Midwinter introductory course in osteopathy in the cranial field**

Course director: Zina Pelkey  
Venue: Holiday Inn, Lake Buena Vista, Florida  
Tel: 001 (317) 581 0411  
[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

**21-23**  
**Key elements in effective osteopathic practice**

Course director: Rachel Brooks  
Venue: Holiday Inn, Lake Buena Vista, Florida  
Tel: 001 (317) 581 0411  
[info@cranialacademy.org](mailto:info@cranialacademy.org)  
[www.cranialacademy.org](http://www.cranialacademy.org)

**28 February, 1-2 March**  
**Functional neuromuscular re-abilitation**

Speaker: Dr Eyal Lederman  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

## March

**1**  
**Pain theory for therapists: the biopsychosocial model**

Speaker: Alan Smith  
Hilton Garden Inn Hotel, Luton  
Tel: 01332 853777  
[info@ebmseminars.co.uk](mailto:info@ebmseminars.co.uk)  
[www.ebmseminars.co.uk](http://www.ebmseminars.co.uk)

**1-2**  
**Orthopaedic assessment for massage therapists**

Speaker: CPDO-Jing Collaboration  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

**2**  
**'The miserable baby' part 2 - further treatment approaches to the unsettled baby**

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

**3**  
**The transverse diaphragms revisited: the S.T.A.I.R.S. protocol**

Speaker: Andrew Stones  
Venue: London  
Tel: 020 7483 0120  
[info@ccst.co.uk](mailto:info@ccst.co.uk)  
[www.ccst.co.uk](http://www.ccst.co.uk)

**4-6**  
**Foundation in advanced clinical massage techniques**

Speaker: CPDO-Jing Collaboration  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

**5-7**  
**Barral's advanced manipulative approach to the joints**

Speaker: Jean-Pierre Barral  
Venue: Whittington Education Centre, London  
[www.cpdaonline.com](http://www.cpdaonline.com)

**6-8**  
**SCC the functional face**

Speaker: Dianna Harvey Kummer  
Venue: Stroud  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

**9**  
**SCC the functional face - dental workshop**

Speaker: Cherry Harris  
Venue: Stroud  
[info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

## VERBIER, SWITZERLAND

10 hours CPD

January 25th-1st February 2014



### COURSE FEE £250

Speakers to include:

Khalid Lateif BMSc(hons) MBChB MRCP(UK) FRCR  
Consultant Radiologist Nottingham City Hospital  
Ultrasound diagnosis | Spinal MRI presentations

Jasper Nissim D.O  
Operating an NHS contract

5 Star catered chalet accommodation with Ski Armadillo  
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[jasper.n@ntlworld.com](mailto:jasper.n@ntlworld.com) or **01636 611644**

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or call 020 7377 5959



# Visceral Osteopathy

## – A new dimension to your practice?

Enhance your diagnostic and therapeutic skills to offer your patients a truly integrative approach to Osteopathic healthcare.

As osteopaths, we are mindful of the complex interactions of the human body and its systems. Many practitioners limit their approach as far as the viscera are concerned: perhaps because of a lack of experience at undergraduate level, or because they lack confidence in their application of visceral diagnosis and techniques.

Engaging with this approach could enhance the effectiveness of your treatments; broaden your skill set, and enable you to help a wider array of patients.

*“Visceral Osteopathy is an art and science that allows osteopaths to treat visceral dysfunction and viscerosomatic relationships.”*

If you would like to develop your knowledge, experience and skills in this fascinating approach to osteopathy, then this four part programme provides an ideal pathway. Over a series of four weekends, you will review relevant functional anatomy, physiology and relationships of the viscera before moving onto osteopathic practical sessions.



## Fundamentals of Visceral Osteopathy

Presented by Jean-Marie Beuckels



The programme will be presented over a series of four weekends. Plenty of time will be assigned to diagnostic testing, application and supervised practise of techniques - coupled with case analyses, to help develop your clinical thinking.

### Weekend content:

#### Part 1

Introduction to Visceral Osteopathy and its application in the regions of the stomach and liver  
25 and 26 January 2014

#### Part 2

Osteopathic visceral techniques for the duodenum, pancreas, spleen and small and large intestine  
15 and 16 March 2014

#### Part 3

Osteopathic visceral techniques for the bladder, rectum and kidney  
17 and 18 May 2014

#### Part 4

Osteopathic visceral techniques for the supra diaphragm region (mediastinum, heart and lungs)  
27 and 28 September 2014

### Cost

Full course: £999\*

### Location

Boxley (nr Maidstone), Kent

\* £1080 if paid for on a per weekend basis.  
Flexible payment options available to help spread the cost. See ESO website for details.

For further information  
visit [www.eso.ac.uk](http://www.eso.ac.uk)  
or call +44(0)1622 671558

Jean-Marie Beuckels is lecturer of Osteopathic Medicine and head of the Department of Osteopathy, Osteoscopy, Osteopathic Medicine and Research at the Center for Integrative Medicine, Witten/Herdecke University, (Germany). He teaches the Visceral Osteopathy course at the European School of Osteopathy, and lectures in Europe, America and Russia. As well as his academic work, he practices osteopathy in Belgium, where he is based. His skilled and supportive approach to teaching will ensure you go away feeling confident about the techniques and able to offer safe and effective visceral treatments to your patients.

*“Jean Marie gave me the confidence I needed to diagnose and treat viscerosomatic patterns. Now, I can offer a truly integrated approach to Osteopathic healthcare. It's been a fascinating journey and one I'm so glad to have entered into.”*



European School  
of Osteopathy

# CPD Events 2014

## Clinical Rehabilitation: principles in practice for osteopaths

Presented by Phil Bright  
Saturday 11th January 2014

£135 (inclusive of lunch and refreshments)

Geared at the osteopath with an interest in current approaches towards rehabilitation and exercise therapy in standard practice. Attendees will learn how to:

- Describe the principles of rehabilitation
- Determine different approaches in exercise - therapeutic versus conditioning
- Revisit the principles of training and conditioning
- Evaluate the evidence behind rehabilitation protocols
- Plan and execute rehabilitation programmes for lumbar spine, cervical spine, shoulders/thoracic spine, knee and ankle



## From Technique to Osteopathic therapy ... Synthesis of the holistic concept

Presented by Philippe Bolet  
Saturday 18th to Sunday 19th January 2014  
£270 (inclusive of lunch and refreshments)

This course aims to enable delegates to enhance their diagnostic skills and osteopathic management of patients. By integrating information from the patient's narrative with biomechanical and tissue findings, and with dietary and emotional elements, a more holistic treatment may be developed. Using the continuity of fascia, Philippe will help you to visualise the links between anatomical structures, and to explore these, alongside physiological and pathological processes. Phillippe's approach has been developed through more than twenty years of clinical work and teaching, with a particular interest in the relationships between the internal and external environments on the human organism, and the impact of these on osteopathic management.



## Fundamentals of Visceral Osteopathy - A new dimension to your practice

Presented by Jean Marie Beuckels  
Part 1: Saturday 25th to Sunday 26th January 2014  
Course fee: £999\* (inclusive of lunch and refreshments)

The programme will be presented over a series of four weekends, during which time delegates will review relevant functional anatomy, physiology and relationships of the viscera before moving onto osteopathic practical sessions. Plenty of time will be assigned to diagnostic testing, application and supervised practice of techniques - coupled with case analyses, to help develop your clinical thinking. By the end of the programme delegates will feel confident about the techniques and able to offer safe and effective visceral treatments to patients.



\* £1080 if paid for on a per weekend basis. Flexible payment options available to help spread the cost. See the ESO website for details.

## Also coming up ...

### Medicine for Osteopaths - A Pharmaceutical Utopia?

Trevor Campbell  
Saturday 1st February 2014

This course forms Part 1 of a three part series designed to cover the main groups of medicines encountered by the working osteopath. Each workshop may be attended independently and covers a different aspect of modern prescribing.

### Head Trauma and Brain Injury

Presented by Prof Frank Willard  
Saturday 8th to Sunday 9th March 2014  
Including the effects of impact sports and their ongoing implications. Full course details to follow.

### Pain Management & Electrotherapy

Presented by Prof Tim Watson  
Saturday 12th April 2014

The aim of this course is to consider some key issues and concepts in pain physiology and then to consider the two most widely employed electrotherapy modalities, which influence the perception of clinical pain. A brief consideration of other electrotherapy modalities will conclude the session. Participants should be able to use immediately the information considered.

### Balanced Ligamentous Tension

Presented by Piers Chandler & Sue Turner  
Saturday 26th to Sunday 27th April 2014  
Full course details to follow.

For further information visit  
[www.eso.ac.uk](http://www.eso.ac.uk)

**10% off when you book a second course\***

Book a second CPD event and qualify for a 10% discount\* Visit our website for further details

\* Both courses must be listed within the ESO's 2013-14 CPD Programme. Terms and conditions apply



# CPDO 2014

| Date               | Topic  | Lecturer                         | Cost | Deposit | CPD points |
|--------------------|--|----------------------------------|------|---------|------------|
| 18 Jan             | How to design individualised and condition specific exercise programme             | Dr. Eyal Lederman                | £125 | £125    | 7          |
| 1 Feb              | Integrative myofascial release   | Rachel Fairweather & Meghan Mari | £125 | £125    | 7          |
| 1 Feb              | Managing shoulder conditions using a process approach                              | Dr. Eyal Lederman                | £125 | £125    | 7          |
| 8 Feb              | Counselling skills for physical therapists   | Tsafi Lederman & Jenny Stacey    | £125 | £125    | 7          |
| 9 Feb              | Supporting patients in the process of change                                       | Tsafi Lederman & Jenny Stacey    | £125 | £125    | 7          |
| 15 Feb             | Chronic pains – suppress, manage or cure?  | Georgie Oldfield                 | £125 | £125    | 7          |
| 28 Feb & 1-2 March | Functional neuromuscular Re-Abilitation (Starts Friday 17.00-20.00)                | Dr. Eyal Lederman                | £385 | £200    | 20         |
| 5-6-7 March        | Barral's advanced manipulative approach to the joints                              | Jean Pierre Barral               | £625 | £375    | 20         |
| 29-30 March        | Hartman's master class in manipulative techniques: upper body                      | Prof. Laurie Hartman             | £295 | £200    | 14         |
| 5-6 April          | Muscle Energy Techniques in management of spinal, respiratory & pelvic dysfunction | Leon Chaitow                     | £275 | £150    | 14         |
| 7-8 June           | Clinical visceral: management of persistent abdominal pain                         | Jo Crill Dawson                  | £245 | £150    | 14         |
| 14 June            | Sensitisation: how to identify and manage it                                       | Philip Moulaert                  | £125 | £125    | 7          |
| 20-21 Sept         | Functional stretching  | Dr. Eyal Lederman                | £265 | £150    | 15         |
| 11-12 Oct          | Hartman's master class in manipulative techniques: lower body                      | Prof. Laurie Hartman             | £295 | £200    | 14         |
| 31 Oct & 1-2 Nov   | Harmonic Technique (Starts Friday 17.00-20.00)                                     | Dr. Eyal Lederman                | £385 | £200    | 20         |
| 25-26 Oct          | Fascia-related pain and dysfunction: research to practice                          | Leon Chaitow                     | £275 | £150    | 14         |
| 1-2 Nov            | Clinical visceral: management of persistent back pain                              | Jo Crill Dawson                  | £245 | £150    | 14         |
| 12-13-14 Nov       | Advanced thorax, neck and diaphragm  | Jean Pierre Barral               | £625 | £375    | 20         |
| 14-15 Nov          | Pilates & Yoga exercises in management of upper and lower limb conditions          | Susie Lecomber                   | £265 | £150    | 14         |
| 13-14 Dec          | Hartman's master class in manipulative techniques: upper body                      | Prof. Laurie Hartman             | £295 | £200    | 14         |

For our extensive range of acupuncture courses see [www.cpdaonline.com](http://www.cpdaonline.com)

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)



# Rollin E Becker Institute

*Inspiration in practice*

## 2014: 40-hour Foundation Course in Osteopathy in the Cranial Field

**Date:** 1st-2nd Feb, 15th-16th Feb, and 1st-2nd Mar 2014  
**Venue:** Osteopathic Centre for Children, London  
**Cost:** £895

Approved by the Sutherland Cranial Teaching Foundation (USA), the course will explore the detailed anatomy and function of the involuntary mechanism, as well as teach fundamental practical skills to apply in practise.

There is a participant:tutor ratio of 4:1 to maximise development of practical skills and an eclectic range of tutors and lecturers to help you develop your abilities.

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 as your understanding of the concepts of OCF deepens with intervening practice.

### 10% Discount if Paying Before 1 Dec 2013!

- Tutoring by highly experienced, practicing Osteopaths
- Delegate/Tutor ratio 4:1
- Enthusiastic practical guidance
- Deepens palpatory ability, enhancing your existing skills
- Principles and techniques that you can start applying straight away in practice
- Provides another tool to assess patients who aren't making the progress you expect
- Friendly and relaxed atmosphere

Call 0845 5193 493  
[www.rollinbeckerinstitute.co.uk](http://www.rollinbeckerinstitute.co.uk)  
for updated course information and booking.

## 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.



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# 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)

### Ergonomics For Manual Therapists

Ergonomics is fast becoming a key area for all manual therapists - with this course you have the chance to get on board. You will leave this course with the ability to evaluate and train your patients in relation to computer workstations and manual handling. Also, you'll be equipped with the knowledge and skills support your patients with injuries or problems related to their workplace.



**Saturday 11 January**  
Course fee: £125 CPD: 7 hours



### Stretching Prescription Workshop

Stretching is a vital part of an active lifestyle - and you can learn how to incorporate it into your patient management plan. You will be introduced to sixteen tailor-made remedial stretches and strengthening exercises, as well as how to modify these stretches to suit the individual. The course is largely practical, so you gain experience in both performing and teaching stretches which translate directly into practice.

**Saturday 11 January**  
Course fee: £125 CPD: 7 hours

### Whiplash and Osteopathic Treatment

What is whiplash? Academic writings often use conflicting definitions, so this course will give you the chance to discuss what this condition truly encompasses. You will examine various definitions, diagnosis and treatments as well as the subject of 'litigation neurosis'. There will be information on how you can use a range of treatment modalities for managing patients with whiplash related problems.



**Sunday 12 January**  
Course fee: £125 CPD: 7 hours



### Still Technique 1

Go back to the birth of osteopathy with this one day course based on the written fragments of Andrew Taylor Still. You will learn about this osteopathic system of diagnosis and treatment that aspires to recreate his manipulations. The technique is a cross between structural and functional, so it can be used as an alternative or supplement to HVT release techniques when such approaches are ineffective. It is also applicable to every area of the body and suitable for a wide range of patients, meaning it's likely to be very relevant to you in practice.

**Sunday 12 January**  
Course fee: £125 CPD: 7 hours

### Nutrition in Practice

Your diet is one of the most important aspects for maintaining good health. This course will show you how to describe and discuss the macro and micro nutrients required in healthy diet, and teach you how to calculate the daily energy requirements of an individual. You will understand how to assess the nutritional status and dietary intake of your individual patients, even if they have specific problems or circumstances, such as osteoporosis, CVD, diabetes or cancer.



**Saturday 25 & Sunday 26 January**  
Course fee: £250 CPD: 15 hours

### Contact

For a full list of all our CPD courses or to book your place **today**, contact Sarah McLaughlin on 020 7089 5352 or [cpd@bso.ac.uk](mailto:cpd@bso.ac.uk).

### Courses

#### Coming soon...

#### Sat 11 January

- Ergonomics for Manual Therapists
- Stretching Prescription Workshop

#### Sunday 12 January

- Whiplash and Osteopathy
- Still Technique 1 **NEW DATE**

#### Sat 25 January

- Emergency First Aid

#### Sat 25 & Sun 26 January

- Nutrition in Practice
- Visceral - Abdomen 1 **NEW DATE**

#### Sat 8 & Sun 9 February

- Osteopathic Refresher

#### Sat 22 February

- Functional Active Release
- NLP & Osteopathy
- Pilates and Osteopathy

#### Sun 23 February

- Still Technique 2 **NEW DATE**

#### Sat 8 March

- Advanced Spinal Manipulation

#### Sat 22 March

- 3D Sports Biomechanics and Muscle Chains

#### Sat 22 & Sun 23 March

- Paediatric Osteopathy

### Follow Us

Our brand new Twitter account is the quickest and easiest way to keep up to date with new courses and fantastic offers:  
**@BSO\_CPD**

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 2014**  
**Course Leader: Shireen Ismail**  
**Duration: 3 years (2 units per year)**  
**Course fee: £1,150 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 2014**  
**Course Leader: Dr Jorge Esteves**  
**Course fee: £2,300**

## — MSc Osteopathy Open Day - Saturday 7th December 2013 —

### **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: February 2014**  
**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/>

## February 2014

### MODULE 2 REFRESHER DAY

**Course Leader:** Tim Marris DO FSCCO  
**Fee:** £165  
**CPD:** 7 hours  
**Date:** 15 February  
**Location:** London

#### Course Summary

This refresher day is designed to review and refresh your knowledge and the practical skills that you learned on the 5 day Cranial Course.

#### Eligibility

All osteopaths who have attended one or more approved 5 day Cranial Course(s) e.g. SCC module 2/3, or equivalent 5 day course run by the Rollin Becker Institute, BSO or the SCTF within the last 3 years or two within the last 6 years.

## March 2014

### MODULE 8 FUNCTIONAL FACE

**Course Director:** Dianna Harvey DO FSCCO.  
**Guest Speaker:** Dr Helen Jones  
**Fee:** £895 or flexible stage payment scheme.  
**Deposit:** £200 non-refundable  
**CPD:** 32 hours  
**Dates:** 7-9 March  
**Location:** Hawkwood College, Painswick Old Road, Stroud, Gloucestershire, GL6 7QW

#### Course Summary

A three day residential course

#### Eligibility

2 x Module 2/3 or equivalent 40 hour Osteopathy in the Cranial Field course (BSO, Rollin Becker Institute, SCTF)

### DENTAL WORKSHOP

**Course Leader:** Dr Helen Jones  
**Fee:** £55  
**CPD:** 2.5 hours  
**Date:** 9 March  
**Location:** Stroud

#### Course summary

Non-residential

#### Eligibility

Open to any osteopath

### MODULE 2 OSTEOPATHY IN THE CRANIAL FIELD

**Course Director:** David Douglas-Mort DO BA PGDip CrO MSCC  
**Fee:** £1225 or flexible stage payment scheme.  
**Deposit:** £200 non-refundable  
**CPD:** 40 hours  
**Date:** 29 March - 2 April  
**Location:** Hinsley Hall, 62 Headingley Lane, Leeds LS6 2BX.

#### Course Summary

A five day residential course

#### Eligibility

Module 1 course or equivalent.

## May 2014

### MODULE 5 IN RECIPROCAL TENSION

**Course Leader:** Michael Harris DO FSCCO  
**Fee:** £1,050  
**Deposit:** £200  
**CPD:** 24 hours  
**Date:** 5 - 7 May  
**Location:** Germany

#### Course Summary

Sutherland advised us to "treat the spaces not the structures". What did he mean by this? Develop your palpatory awareness of whole body interconnectedness, discover the secrets of the body's structural integrity and explore how this may influence treatment of your patients.

### MODULE 6 REFRESHER DAY

Neurocranium and Sacrum: Living bone (previously called The Dynamic Basicranium)

**Course Leader:** Liz Hayden DO FSCCO  
**Fee:** £135  
**Deposit:** No - pay in full only

**CPD:** 7 hours

**Date:** 10 May

**Location:** London

#### Course Summary

A chance to revitalize and refine your approach to the treatment of living bones. Bring along your questions, difficulties, and clinical cases for discussion.

#### Eligibility

Previously attended Module 6

### MODULE 4 WG SUTHERLAND'S APPROACH TO THE BODY AS A WHOLE

**Course Leader:** Susan Turner MA PGCE DO FSCCO

**Fee:** £1,195

**Deposit:** £200

**CPD:** 34 hours

**Date:** 15 - 19 May

**Location:** Stroud

#### Course Summary

This course is an excellent way to introduce working with the involuntary mechanism into your clinical practice. You will learn W. G Sutherland's gentle, precise and effective approach to treatment of joints in the whole body using the therapeutic principle of Balanced Ligamentous Tension.

### MODULE 3 OSTEOPATHIC MEDICINE: ORGANS AND SYSTEMS

**Course Leader:** Clive Hayden DO MSc Ost FSCCO and Liz Hayden DO FSCCO  
**Fee:** £995  
**Deposit:** £200  
**CPD:** 32 hours  
**Date:** 31 May - 1 June  
**Location:** Stroud

#### Course Summary

Discover the world of the internal organs. This course will give you the confidence to treat many primarily visceral problems, and to understand the influence of the organ systems on whole body health.

#### Eligibility

You must have attended Module 2 Osteopathy in the Cranial Field or equivalent course with another provider.

# Classifieds

## Therapy and Life Centre

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Associate osteopath required to join principal osteopath in a friendly, well-established practice for three days a week - Cork

(two days) and Kerry (one day). The patient list covers structural, cranial, and paediatric osteopathy.

A flexible, friendly disposition with excellent interpersonal skills required. Car essential for the commute between the two practices.

Ideal candidate would be available to commence at the beginning of January. Email CV and covering letter to [info@mallowosteopaths.com](mailto:info@mallowosteopaths.com) or phone Judith O'Sullivan on +353 86 1063491.

## Treatment room

Bright, well-equipped treatment room for rent on Tuesdays and Thursdays at £40 per day in established osteopathic practice.

It is situated above a busy health shop in Crystal Palace. Please call Virginia: 07719 432 025 or email [virginia.ss@gmail.com](mailto:virginia.ss@gmail.com) for more details.

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Cambridge CB5 8JE  
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A sample or draft artwork of all inserts must be provided for approval by the GOsC, prior to booking. The GOsC can accept no liability whatsoever for inserts that have been produced without prior approval.

### Classifieds /course display advertisement rates:

|            | Mono or<br>2 colour | Full<br>colour |
|------------|---------------------|----------------|
| inside     |                     |                |
| back cover | N/A                 | £370           |
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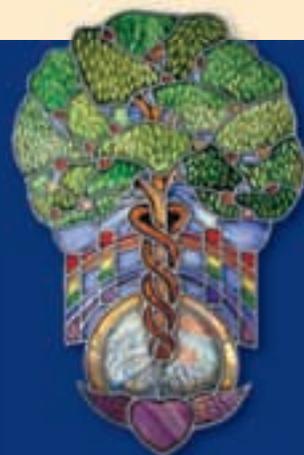
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