

# the osteopath

*The magazine for osteopaths*



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## Welcome to the new edition of *The Osteopath*

It's hard to believe we're fast approaching the year's halfway point and that it's been twelve months since Alison White became Chair of the GOsC – you can read our interview with Alison on page 11.

Those of you who renew your registration in May will already know about the fees reduction that takes effect from this date (see page 12 for more details). On pages 4 and 5, we report on our fitness to practise cases between April 2012 and March 2013, and we explain the processes involved, while page 7 evaluates the revalidation pilot and details our next steps.

The previous edition of *The Osteopath* outlined an agenda for the development of the profession – don't miss further information about this on page 8 and how we anticipate these projects going forward.

I hope you enjoy reading this edition.

**Suzanne Miller**

## the osteopath

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# Fitness to practise report

Resolving issues involving osteopaths' fitness to practise is an integral part of the GOSC's duty to regulate the profession, thereby ensuring public confidence in osteopathic care. This report of the GOSC fitness to practise committees, work covers the period from 1 April 2012 to 31 March 2013.

The fitness to practise committees responsible for handling complaints about osteopaths are: the Investigating Committee, Professional Conduct Committee and Health Committee.

## Investigating Committee

The Investigating Committee (IC) consists of osteopathic and lay members. When a formal complaint about an osteopath is received by the GOSC, it is the duty of the IC to examine the evidence and decide whether there is a case for the osteopath to answer. Allegations fall into four categories and it is not uncommon for one complaint to contain many allegations:

- > unacceptable professional conduct
- > professional incompetence
- > a relevant criminal offence (conviction)
- > ability to practise is seriously impaired due to a mental or physical condition (health).

From 1 April 2012 to 31 March 2013, the IC met on six occasions and considered 28 cases. The IC concluded that 18 of those cases should be heard by the Professional Conduct Committee. It reached the following decisions set out below (left).

## Professional Conduct Committee

The Professional Conduct Committee (PCC) also consists of osteopathic and lay members. It considers cases that are referred from the IC where there is a case to answer in relation to an osteopath's conduct, competence or conviction of a criminal offence. The PCC's role is to decide whether the allegations made are proved. This takes place at a public hearing, unless there is a good reason to hear the allegations in private. Both parties (the osteopath and the GOSC) are permitted to attend the hearing and present their case.

From 1 April 2012 to 31 March 2013, the PCC considered eight new cases and imposed the sanctions set out in the table below (right). The remaining 10 cases are still to be heard.

## Health Committee

The Health Committee (HC) also consists of osteopathic and lay members. It considers cases that are referred from the IC when an osteopath's ability to practise

may be seriously impaired by their mental or physical health. These hearings are not held in public. During the period of this report, the HC considered one case and concluded that the osteopath's ability to practise was not seriously impaired.

## Review hearings

When the PCC imposes a Conditions of Practice Order or suspends an osteopath from the Register (a Suspension Order), it may decide to review the case before the Order expires. During the period of this report, the PCC reviewed two Suspension Orders.

## Interim suspensions

The IC and PCC will, if it is necessary to protect the public, order the Registrar to immediately suspend an osteopath's registration. The suspension is likely to remain in place during the investigation of a complaint, unless there is a change in circumstances.

Interim suspension is used only in relation to the most serious allegations

### IC decisions 2012-13

| Allegation   | No case to answer | Case to answer |
|--|-------------------|----------------|
| Unacceptable professional conduct                                  | 2                 | 7              |
| Professional incompetence  | 2                 | 0              |
| Unacceptable professional conduct and/or professional incompetence | 2                 | 11             |
| Conviction   | 3                 | 0              |
| Health   | 1                 | 0              |
| <b>Total cases considered</b>                                      | <b>10</b>         | <b>18</b>      |

### PCC-imposed sanctions 2012-13

|                        | Unacceptable professional conduct |
|------------------------|-----------------------------------|
| Not proved             | 3                                 |
| Admonished             | 5                                 |
| Conditions of practice | 0                                 |
| Suspended              | 0                                 |
| Removed                | 0                                 |
| <b>Total</b>           | <b>8</b>                          |



and the PCC and IC did not exercise this power between 1 April 2012 and 31 March 2013.

## Appeals

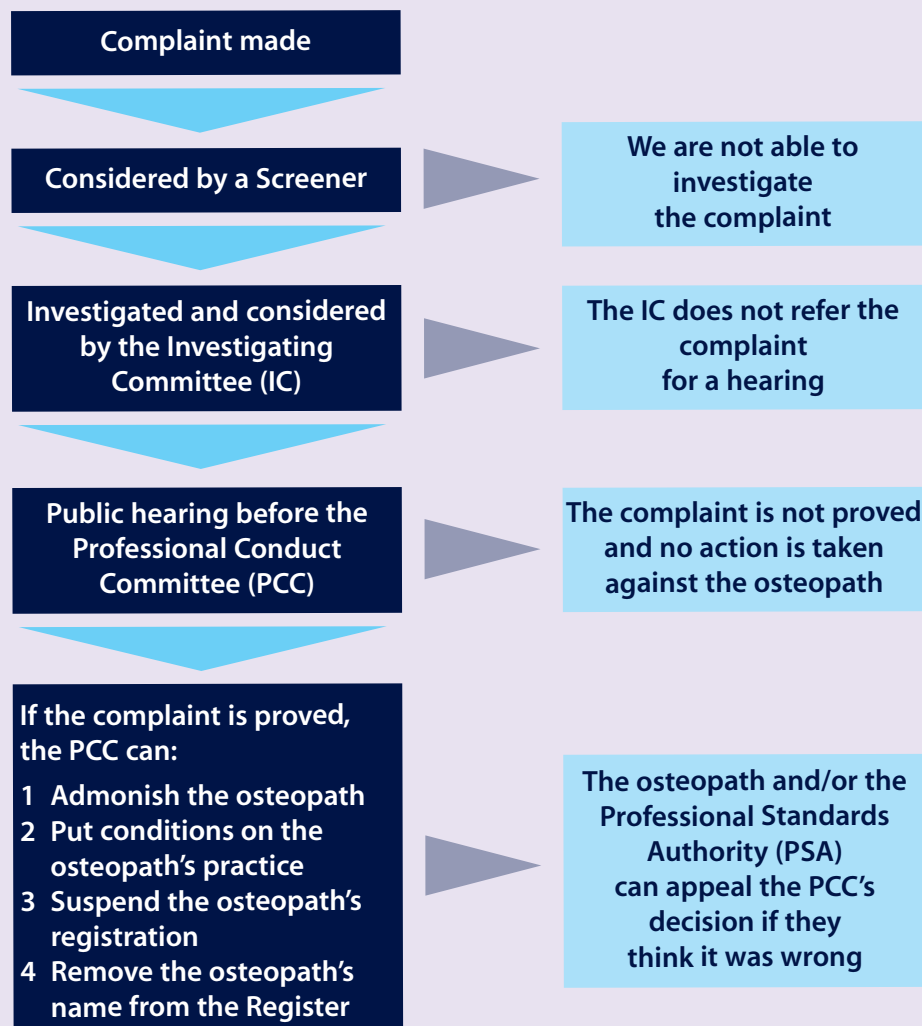
An osteopath and the Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) can both appeal a PCC decision. There was one

successful appeal made by an osteopath during the period of this report.

## What happens when a complaint is made?

The diagram below illustrates the procedures followed when a complaint is made about an osteopath.

### Complaints procedure



## Who makes complaints?

Anyone who has a concern about an osteopath's fitness to practise can bring this to the attention of the Regulation Department of the GOSc. The chart below shows the source of the 28 complaints considered by the IC between 1 April 2012 and 31 March 2013.

## How long does it take to consider a case?

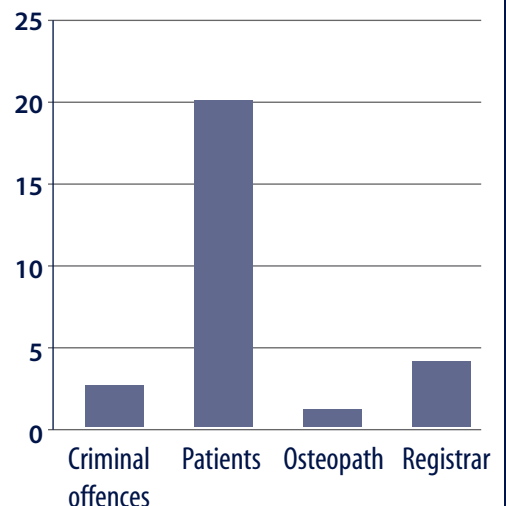
This will depend on the nature and the complexity of the case. The GOSc has targets for completion of the main stages of the fitness to practise process. These are:

- > Consideration by IC within 17 weeks (four months) of receipt of complaint
- > Hearing by PCC within 39 weeks (nine months) of referral by IC
- > Total time taken from receipt of complaint to conclusion – 56 weeks (13 months).

From receipt of complaint, it took an average of 18 weeks for cases to be considered by the IC. For the eight cases that were concluded by the PCC, it took an average of 46 weeks from the start of the case to its conclusion.

For further information go to [www.osteopathy.org.uk/information/complaints](http://www.osteopathy.org.uk/information/complaints) or contact our Regulation Department on 020 7357 6655 ext 236 or email [regulation@osteopathy.org.uk](mailto:regulation@osteopathy.org.uk)

### Sources of complaints



# Assessing applicants to the Register

Thank you to all who expressed an interest in becoming a registration assessor or return to practice reviewer. We are now processing the applications and look forward to making appointments at the end of April.

## What are registration assessors?

Registration assessors are osteopaths who help us to ensure that applicants applying to join the GOsC Register (who qualified outside the UK) meet the *Osteopathic Practice Standards (OPS)*. They assess the qualifications and skills of the applicant using a staged approach involving three categories of assessment:

- > A review of an applicant's qualification or experience to assess equivalency to UK qualifications
- > An assessment of a written submission outlining further evidence of the applicant's ability to practise and meet the OPS
- > A clinical assessment involving the management of two new patients in a clinical setting.

## What are return to practice reviewers?

An individual that has been off the Register or non-practising for a significant period of time may need support in returning to practice. The GOsC operates a return to practice process conducted by experienced practising osteopaths to support those who have been away for 24 months or more. It starts with a self-assessment submitted by the osteopath returning to practice, which may be followed by a discussion with the reviewers. A report is produced after each stage, with suggestions to the osteopath on areas for development, where they can gain support and what areas to focus on for CPD.

**For more information, contact Marcus Dye at: [mdye@osteopathy.org.uk](mailto:mdye@osteopathy.org.uk)**



## Applying sanctions – last chance to tell us your views

**You have until the end of May to tell us your views on proposed *Guidance on how and what sanctions are applied in fitness to practise cases involving osteopaths.***

The proposed *Indicative Sanctions Guidance* has been updated from 2007 to reflect changes in the law, the GOsC governance structure and the *Osteopathic Practice Standards*.

The draft *Conditions of Practice* guidance will assist the GOsC Professional Conduct Committee in deciding when and how to apply a Conditions of Practice Order.

**For more information or to take part, go to: [www.osteopathy.org.uk/ozone/get-involved/your-views/consultations/](http://www.osteopathy.org.uk/ozone/get-involved/your-views/consultations/)**

## Chiropractic revalidation – a clarification

In the last edition, we reported on the General Chiropractic Council's (GCC) proposed revalidation scheme for chiropractors, noting that the proposed scheme is to charge an additional fee to GCC registrants. We should clarify that the suggestion of charging an additional fee is the GCC Council's preferred option, but is one of three options, another of which is to not charge any additional fee.

The GCC also advises that the proposed scheme is not about simple narrow compliance but aims to assure the public and others of registrants' continuing fitness to practise.

**More information about the scheme is available from the GCC website at: [www.gcc-uk.org](http://www.gcc-uk.org)**

# Revalidation: evaluating the results

The public expects regulated health professionals to be able to demonstrate that they are up to date and fit to practise. To this end, a year-long pilot funded by the Department of Health took place to identify the proposed revalidation scheme's strengths and limitations. 263 osteopaths (1 in 18 of all registrants) completed the pilot. Their feedback, along with opinion from other stakeholders, informed an independent, cost-benefit analysis of the revalidation pilot conducted by KPMG for the GOSc, again funded by the Department of Health.

KPMG's report on the osteopathic revalidation pilot is published in full on the GOSc websites. The key findings were reviewed by the GOSc Council at its 20 March meeting and will be considered further over the coming months.

KPMG's analysis identified a number of positive benefits arising from the piloted scheme. These included:

- > Three quarters of all participants said that taking part in the pilot made them reflect more on areas of their clinical practice
- > 40% believed that taking part in the pilot has benefitted their patients
- > 79% of participants found that looking at how the *Osteopathic Practice Standards* applied to their own practice was beneficial
- > Many osteopaths indicated they will continue to use the revalidation tools in the future.

However, a number of problems were also identified. These included:

- > More than 80% found the pilot process complex and burdensome
- > Many participants struggled to demonstrate analysis and reflection
- > Participants and assessors sometimes disagreed on how the revalidation criteria should be demonstrated
- > Many needed considerable support to complete the pilot.

During the course of the revalidation pilot, all osteopaths were also consulted via a CPD Discussion Document about how the osteopathic CPD scheme could help osteopaths to show that they continue to

be up to date and fit to practise meeting the *Osteopathic Practice Standards*.

Findings included:

- > The aims and principles of CPD were broadly supported by respondents. Some felt that there should be more emphasis both on osteopathy, research and also relationships with other health professionals.
- > There was very limited support for a 'learning cycle' approach to CPD which would involve assessing current practice, identifying needs, developing and implementing an action plan, and reflecting and evaluating on progress. It was also evident that many respondents did not know what a learning cycle was.
- > Core CPD had a little more support – perhaps if it was restricted to areas such as communication or professionalism leaving plenty of scope within the rest of the scheme for osteopaths to direct their own CPD.
- > Two thirds of respondents indicated that more feedback about their CPD would be supported.
- > There was very limited support for quality assured CPD – perhaps more from other institutions than from GOSc.
- > When asked about how osteopaths know the effectiveness of their practice responses included patient feedback, clinical outcomes, I don't know, and clinical audit. But when asked how osteopaths should show GOSc the effectiveness of their practice, the preferred response was the existing hours based CPD scheme. Perhaps this indicates concerns about demonstrating reflection to a regulatory body.

The findings of both the KPMG revalidation pilot assessment and the CPD consultation were discussed by representatives of osteopathic regional groups along with the GOSc, BOA, NCOR, Osteopathic Alliance (OA) and Council of Osteopathic Educational Institutions (COEI) at the Regional Communications Network at Osteopathy House on 15 March 2013. Over the coming months, we will continue to study the extensive findings of the revalidation pilot and CPD consultation, which will help to develop and refine new proposals. We hope to publish these in Autumn 2013, when we will engage in a further round of consultation with the profession and other stakeholders. Please encourage your local and regional groups to invite the GOSc to your meetings in the latter part of this year, so that we can discuss with you the revised proposals when these emerge.

**Please contact Fiona Browne or Marcus Dye at: [revalidation@osteopathy.org.uk](mailto:revalidation@osteopathy.org.uk) if you have any thoughts about what you hope to see in the revised proposals.**

# Shaping osteopathic

Leading osteopathic organisations have together outlined a three-year programme of work to progress the development of the osteopathic profession in the UK in eight key areas. The GOSc, along with the BOA, NCOR, the Council for Osteopathic Educational Institutions (COEI) and the Osteopathic Alliance (OA), are now fleshing out a series of project plans, identifying development goals and the organisations who will lead the work in each area. This is new territory for the osteopathic profession, which this 'development group' sees evolving with each exploratory step, drawing on the experience and expertise that exists within the profession and building on new partnerships between them.

## What has happened to date?

- > **Early 2012:** GOSc and BOA produce discussion documents to promote thinking and discussion within the profession about how the profession should develop, what needs to be done to facilitate that development, and who should take the lead in different areas<sup>1,2</sup>.
- > **Spring and Summer 2012:** over 800 osteopaths attending GOSc regional conferences around the UK participate in facilitated debates about the future of osteopathic practice and priorities for development.
- > **Autumn and Winter 2012-3:** three further meetings of osteopathic partner organisations – GOSc, BOA, NCOR, COEI and OA – to review themes arising from the 2012 regional conferences, and formulate an agenda for development.
- > **February 2013:** osteopathic partner organisations issue a joint statement outlining 'A development agenda for UK osteopathy'.
- > **March 2013:** representatives of 28 regional osteopathic groups and the partner organisations meet at Osteopathy House to discuss the 'development agenda' and the role in this of the regional osteopathic societies.

Eight key development projects are now being taken forward

- > Evidence
- > Service standards
- > Advanced practice
- > Regional support

- > Mentoring
- > Career development
- > Leadership
- > International collaboration

Here we summarise early thinking around each individual project and anticipated output over the next three years, and identify which organisations have committed to leading these areas of work and coordinating wider osteopathic involvement and input.

## Evidence

Building on the positive experience of those practitioners who have collected patient feedback, we will develop the evidence base for osteopathy by systematically collecting Patient Reported Outcome Measures and Patient Reported Experience Measures (known as PROMs/PREMs) and creating a vehicle for anonymous reporting of adverse events. Initial work in this area is already underway led by NCOR.

### Project outcome/output

- > Validated Patient Reported Outcome Measures (PROMs): pilot application in osteopathic practice
- > Online research database, including relevant literature/reviews
- > Adverse event reporting mechanism
- > Data to support promotion of osteopathic healthcare and integration into wider public health provision

*Lead organisation:* NCOR  
*Partners:* BOA, GOSc, COEI, OA

## Service standards

Developing clear service quality standards for osteopathic service providers that would support those practitioners who wish to contract with the NHS or obtain a 'kite mark'.  
Outcome/output

- > Development of consensus on what constitutes quality practice
- > Kite mark scheme for use by osteopaths, including:
  - Scheme documentation
  - Self assessment tools/templates
  - Audit system

*Lead:* BOA

*Partners:* GOSc, COEI, OPRAA (OA member organisation)

## Advanced practice

Developing means of quality assuring and accrediting advanced clinical training (accredited specialist practice). The project would identify the most appropriate ways of assessing and recognising advanced practice for the benefit of patients and practitioners. This project might also embrace wider aspects of the quality assurance of CPD/post-graduate course provision.

### Outcome/output

- > Exploratory exercise to develop consensus about what is advanced practice and what is specialism, and to identify needs/requirements for quality assurance (QA) and accreditation
- > Subject to exploratory exercise above, development of common framework for QA/accreditation

*Leads:* OA and COEI

*Partner:* GOSc



# development

## Regional support

Working with the regional osteopathic societies to identify how they can grow their activities and membership to support the delivery of CPD and act as local community hubs.

### Outcome/output

- > Strengthened networks
- > Better geographical spread
- > Reduced practitioner isolation
- > Menu of support

*Leads:* BOA and GOSc

*Partners:* osteopathic regional societies and groups

## Mentoring

Providing the opportunity for new practitioners to access high-quality mentoring to ensure that recent graduates are able to develop and sustain themselves in practice and do not become isolated.

### Outcome/output

- > Mentoring scheme aimed primarily at early years of practice, including:
  - Mentor development/training
  - Handbook/personal development plans
  - Quality assurance mechanisms

*Leads:* BOA and COEI

*Partner:* GOSc

## Career development

Explore the potential for and the criteria required for an 'Osteopathic Fellowship' award which might comprise a number of pathways, including: accredited specialist practice; research; education; and clinical or professional leadership.

### Outcome/output

- > Award scheme with multiple recognised pathways, including education, research, practice etc

- > Framework setting out individual pathways
- > Single awarding body

*Lead:* BOA

*Partners:* OA, COEI, NCOR

## Leadership

Considering the potential for an osteopathic leadership academy that would support the development of leadership skills within the osteopathic profession.

### Outcome/output

- > Bespoke leadership programme for osteopaths
- > Development of generic leadership skills
- > Clear relationship to healthcare leadership framework

*Leads:* BOA and COEI

*Partners:* GOSc, OA

## International collaboration

Developing stronger international links and alliances to ensure that the UK profession shares best practice in promotional, clinical, educational and research activities with the osteopathic community around the world.

### Outcome/output

- > Making most effective use of current networks/alliances
- > Mechanisms, e.g. meetings/sharing of information, for pooling information from international arena to feed into UK development
- > Possible identification of opportunities to contribute to international agenda

*Lead:* GOSc

*Partners:* BOA, COEI, OA, NCOR

- 1 UK osteopathy: Ten questions for the next ten years. GOSc Discussion Document, 2 April 2012.
- 2 A Structure Fit for the Future of Osteopathy – core issues and key questions. BOA Discussion paper, 2012.

## Next steps

- > Project initiation meetings: by the end of June 2013, all project groups will have met to formulate individual project plans for the eight streams of work.
- > Timescales: all plans will aim for a three year completion target where possible.
- > Engagement: engagement with the profession as widely as possible will be a key principle for all projects. Feedback from osteopaths and other interested parties is welcomed and encouraged.
- > Progress reports: through the **o** zone and the pages of The Osteopath we intend to keep osteopaths abreast of these important developments.

## You can share your views directly with any of the organisations involved

### 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)

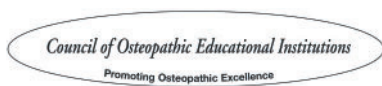
Email: [future@osteopathy.org.uk](mailto:future@osteopathy.org.uk)

### National Council for Osteopathic Research (NCOR)

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

### Osteopathic Alliance (OA)

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



# Improvements to GOSC governance structure

From 1 April the way in which the GOSC Council is supported in making and monitoring decisions is changing.

Council has undertaken a comprehensive review of its existing committee structure to improve the GOSC's ability to fulfil its statutory duties and meet the organisation's objectives.

## Changes to policy advisory committees

The review identified a number of gaps in the way in which policy development operates and proposed a restructure of the committees that advise Council.

Previously, the statutory Education Committee considered all matters relating to education policy and standards, and the Fitness to Practise Policy Committee considered matters relating to the GOSC's disciplinary processes.

From 1 April the Education Committee will extend its remit to include all matters

up to the point of registration, i.e. undergraduate education, and registration policy and assessments. To reflect this change it has been renamed the Education and Registration Standards Committee.

The Fitness to Practise Policy Committee is being replaced with a new Committee – the Osteopathic Practice Committee – which will consider all matters post-registration, including CPD and revalidation, as well as fitness to practise.

Meetings of both of these committees will be held in public and osteopaths are most welcome to attend.

## Overseeing appointment processes

Since the abolition of the Department of Health's Appointments Commission last

year, the GOSC has been given responsibility for direct recruitment of Council members. Therefore, the GOSC's Remuneration Committee has assumed an important new role overseeing appointment processes and has become the Remuneration and Appointments Committee. It will ensure that appointments processes for Council and committee members all meet the required standards.

## Other changes

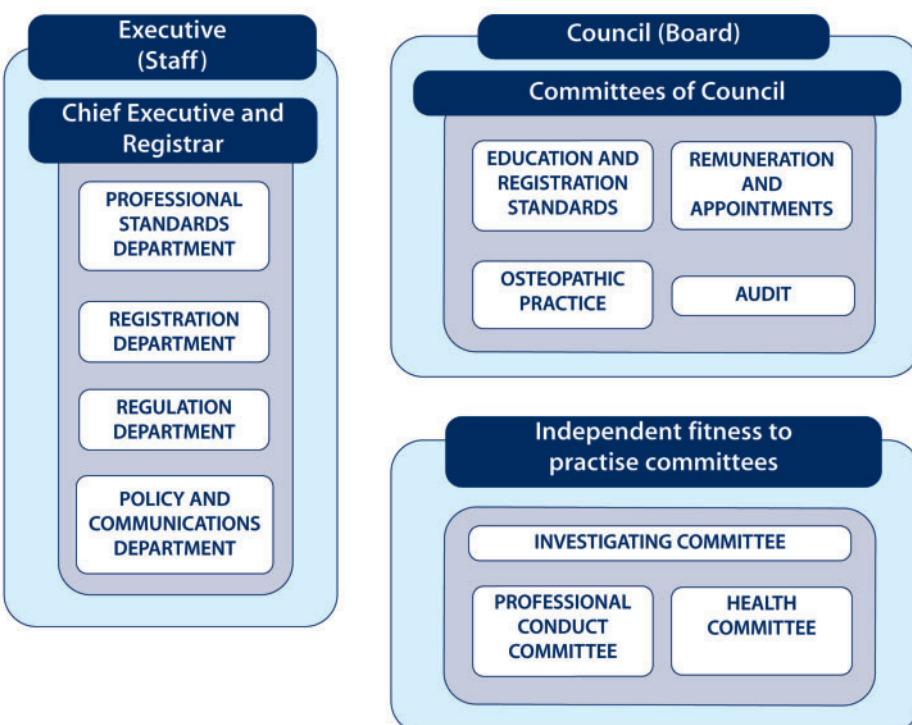
The GOSC's Audit Committee scrutinises the work of Council and the Executive, and ensures that the necessary systems and processes are in place for dealing with risk. No changes have been made to its remit but a requirement has been introduced that this committee is always chaired by an individual who is not a member of Council. The Committee has also been reduced from five to four members to give a balance of two external and two Council members.

Since it was established, the GOSC has had a Council member designated as 'Treasurer' who has also chaired the Finance and General Purposes Committee. The Governance review concluded that as the GOSC is not a large organisation and does not have a complex financial structure, it does not require a dedicated committee and Treasurer to supervise its financial arrangements. Instead, they will be dealt with largely by Council itself.

The Council will continue to keep under review the GOSC's governance arrangements to ensure these continue to be efficient and cost-effective.

**For more information about our governance and operating structure, see the 'About us' section of our website.**

## HOW WE WORK





# A word from our Chair

Alison White became Chair of the General Osteopathic Council in April 2012. One year on, we caught up with Alison to ask her views on the work of Council and the regulation of the osteopathic profession.

**Q** What are the Council's priorities for 2013-14?

**A** This is a challenging time for all healthcare regulators. There has undoubtedly been a loss of public confidence in healthcare professionals following the recent well-publicised problems in parts of the NHS and it is up to regulators to help restore this confidence. The challenge for Council is achieving the right balance between regulation and cost and there is still much to do in terms of developing the profession and raising standards.

**Q** What do you believe are the GOsC's biggest challenges and opportunities?

**A** As many in the profession will be aware, the Government has asked the Law Commission to review the current landscape of regulatory healthcare with the aim of implementing a single regulatory act for healthcare. Once this happens, the GOsC's current objectives will change, which leaves us with a narrow window of opportunity between now and then to fulfil our remit to develop (as well as regulate) the profession. Council has an important role in influencing this debate, and working with partners in the profession to supporting capacity building in areas such as research, regional development, professionalism, and the promotion of quality.

**Q** How will the profession develop going forward?

**A** That is for the profession itself to determine and there are many disparate views within osteopathy that can make it difficult to decide on a common goal. However, it's clear from the recent work done by the leading osteopathic bodies that we are stronger when we work together. I am enthusiastic about the GOsC playing its part in driving the development agenda forward.

**Q** Why is revalidation important for osteopathy?

**A** Poor care by any healthcare professional has the potential to further damage that profession as a whole. As a qualified accountant, I feel that my conduct does not just affect my clients but impacts on the whole accountancy profession. In the same way, I believe it is the responsibility of any healthcare professional to consistently be as good as they can be. This means never being satisfied that learning and development is complete. All professionals should challenge themselves to constantly improve and develop and to demonstrate in an open and transparent way that this is being done – for their own reputation as well as that of the profession.

**Q** How much contact have you had with osteopaths?

**A** I met many osteopaths at last year's GOsC regional conferences, and also at the Regional Communications Network meetings, which I chair. I've interviewed osteopaths for positions on the Council, and I meet many regularly on Council, committees and at other meetings I attend. I'm always encouraged by just how important patient care is to osteopaths. That seems to be a universal truth – in fact, I believe I would find that tattooed on to your soul!

**Q** What have you learned about osteopaths and osteopathy?

**A** Speaking as someone who takes sport and exercise very seriously, I would like the excellent osteopathic care that I have received in the past to be available much more widely. A development agenda has been set out by the leadership bodies, and I hope that this will find support in the profession, and we will start to see some progress.

I believe that if we make progress on developing the profession, that this is a realistic aspiration for the future.

# In Council – key decisions

## 20 March 2013 – 79th meeting of the General Osteopathic Council

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

### Appointments and reappointments

The following appointments to Council were noted:

- > New appointments: Professor Colin Coulson-Thomas and Mark Eames
- > Reappointments: Jonathan Hearsey, Kim Lavelly, Kenneth McLean, Julie Stone, Jenny White

All members will serve four years, with the exception of Jenny White whose term of office is three years.

Council members are appointed by the Privy Council.

The Council agreed the following Committee appointments/reappointments:

- > Jacqueline Pratt – Appointments Committee
- > Richard Davies – Chair of the Health Committee and a Panel Chair of the Professional Conduct Committee (PCC)
- > Philip Geering and Colette Neville – PCC
- > Miles Crook, Gillian Hawken, Yvonne McNiven, James Olorenshaw and Sarah Payne – Investigating Committee
- > Claire Cheetham – Investigating Committee (reappointment)
- > Jean Johns, Andrew Kerr, Rodney Varley and Nicholas Woodhead – PCC
- > David Plank – Chair of the PCC
- > Jane Fox and Liam Stapleton – Education and Registration Standards Committee

All members will serve four years, with the exception of Claire Cheetham who will serve one year, having been a member from 2006.

It was agreed that the Council should appoint the two external members of the Osteopathic Practice Committee.

### Equality and Diversity

An Equality and Diversity Action Plan for 2013-14 was approved by Council.

### Rule 8 Professional Conduct Committee Procedure Rules

Following last year's consultation, Council approved the renewed use of Rule 8 (consensual disposal) of the GOsC PCC Rules. Consensual disposal is when the PCC and the osteopath in question agree by mutual consent for a case to be concluded without the need for a full hearing to take place. This is as an alternative to a full hearing if the PCC has reviewed the evidence and considers the complaint should be dealt with by way of admonishment.

### Leeds Metropolitan University RQ

After considering the report from the Quality Assurance Agency for Higher Education, Council has awarded renewal of recognition to Leeds Metropolitan University for its Master of Osteopathy qualification from 1 August 2013 until 31 July 2018.

### Communications and Engagement Strategy 2013-16

A new GOsC Communications and Engagement Strategy was discussed and approved. This Strategy addresses the findings of an extensive survey of registrants last year and aims to promote the core work of the GOsC and support the achievement of the objectives and priorities set out in the GOsC's Corporate Strategy 2013-16.

### Future Council meetings

- > Thursday 20 June 2013
- > Thursday 17 October 2013
- > Wednesday 29 January 2014

Meetings begin at 10am at Osteopathy House. Agendas and papers for the public session are available seven to 10 days before the meeting at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)

**For further information, contact Marcia Scott on 020 7357 6655 ext 246 or email [mscott@osteopathy.org.uk](mailto:mscott@osteopathy.org.uk).**

# Fee reduction from May

The reduction in registration fees for all osteopaths will come into effect from 1 May 2013. When you renew your registration after this date, you will automatically qualify for the lower rate.

## As a reminder the reduction in fees are as follows:

Year 1 practising:  
from £375 to £340

Year 2 practising:  
from £500 to £455

Year 2 reduced rate:  
from £250 to £230

Year 3+ practising:  
from £675 to £610

Year 3+ reduced rate:  
from £375 to £340

The easiest way to renew your registration is online via the **o** zone. Simply log on to the **o** zone, click on the 'My Registration' tab and choose the 'Update my Details' option from the left-hand column.

**If you have any problems logging on, contact us on 020 7357 6655 or email: [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk)**

# Meeting the regions

**In March, the Regional Communications Network, representing regional osteopathic groups around the UK, came together for an all-day seminar at Osteopathy House.**

27 osteopaths from across the UK, along with representatives from the British Osteopathic Association (BOA), National Council for Osteopathic Research (NCOR), the Osteopathic Alliance (OA) and the Council of Osteopathic Educational Institutions (COEI), met with GOsC Chair Alison White, Chief Executive Tim Walker and senior staff, to discuss a range of topics relating to osteopathic practice, including:

- > The revalidation pilot evaluation and the CPD consultation
- > A new structure and strategy for NCOR
- > The development agenda for UK osteopathy.

A full afternoon workshop explored in depth the growing role of regional and local osteopathic communities in supporting the development of osteopathic practice. In terms of next steps, the GOsC and the BOA will look at how the suggestions raised during the discussions can be implemented to help the regional groups flourish, aid interaction and support the development of the profession. More information on this will be available soon.

We would like to thank everyone who attended the meeting.

To find your nearest regional osteopathic group, there is a directory of contacts on the **o** zone under 'Get Involved'.

**For more information about the Regional Communications Network, please contact Sarah Eldred, Communications Manager, on 020 7357 6655 ext 245 or email [seldred@osteopathy.org.uk](mailto:seldred@osteopathy.org.uk)**



## How effective is regulation?

**The GOsC is planning research to see how effective and efficient regulation is and we intend to explore the following questions:**

- > What do we want to achieve from osteopathic regulation?
- > What regulatory activities best support osteopaths to deliver those achievements?

This important piece of work will help us understand how we can support osteopaths to continue to comply with the *Osteopathic Practice Standards*.

More information about the progress of this research will be available soon. For more details, go to: <http://bit.ly/11JnLxt>

**If you have any questions about the research, please contact Fiona Browne at [fbrowne@osteopathy.org.uk](mailto:fbrowne@osteopathy.org.uk)**

## CPD courses and resources

**As well as the list of courses in each edition of *The Osteopath* (see page 26), there is an events diary and other CPD resources on the **o** zone.**

The events diary is on the **o** zone in the 'Get Involved' section. In addition to CPD course, it includes national and international conferences, regional society meetings, lectures and seminars, and GOsC meetings.

We introduced some enhancements to the diary last year to make it easier to use, as a result of feedback from osteopaths. These include the facility to search by type of event throughout the whole diary, instead of searching each month on its own.

You can contribute to the listings by submitting your own CPD courses or regional society meetings if you run them, or by letting us know about other events you may hear of.

There are additional CPD resources to be found on the **o** zone. In the 'My CPD' section (reached by the link at the top of each website page) there is a page of CPD resources. As well as a list of website resources, this page includes links to other areas of the website that contain relevant information, such as the listings for local osteopathic groups ('Get involved/Regional network') and the collection of resources to help you link your CPD to the *Osteopathic Practice Standards*, at 'Practice guidance/Osteopathic practice standards'.

**Comments and suggestions for additions are always welcome; email [webmanager@osteopathy.org.uk](mailto:webmanager@osteopathy.org.uk).**

## Backchat

This section is intended to provide a forum for professional debate. The views and opinions expressed here do not necessarily reflect those of the publishers.

### Any Qualified Provider

Dear Editor,

The Any Qualified Provider (AQP) MSK is indeed an important new development for osteopaths. The Forge Clinic signed its contract in October 2012 and in the last five months we've had 70 referrals from 13 different surgeries – 60% for physiotherapy and 40% for osteopathy. While this is far from the 42 referrals a month we were required to guarantee, it is already above our short-term expectations.

AQP is about quality of service and we have received feedback from the 39 patients we have discharged so far. Our patients are happy to have been seen within a couple of days of the referrals, and are overall very satisfied with the quality of service. The PROM questionnaire result is a 47.5/50 score, with 80% finding the service excellent and 15% very good. The overall results for the STart score and EQ 5D 5L show good outcomes and improvements.

All these numbers confirm that NHS AQP contracts are an important change in the osteopathic profession. They should be looked at as opportunities to be part of a wide change and an improvement in the quality of our clinics. The contract comes at the price of some paperwork and admin.

This April the NHS opens to the private sector and AQP should flourish. Keep an eye on supply2health and ask for assistance.

**Jerome Boisard**  
Osteopath, co-owner of The Forge Clinic in Richmond

#### Editor's response:

Thank you for sharing your experiences of AQP. It sounds very encouraging, and well done to you and your clinic. Please keep us updated.

We would welcome other osteopaths' views and experiences of AQP, so please feel free to contact us.

We continue to welcome your views and if you have a question to ask or views to share, please feel free to contact *The Osteopath* editor on 020 7357 6655 ext 222 or email [editor@osteopathy.org.uk](mailto:editor@osteopathy.org.uk).

# Make sure you're covered

**The Department of Health is currently consulting on a proposal to make professional indemnity insurance compulsory for all regulated healthcare professionals. As an osteopath, you are already required to have professional indemnity insurance with a minimum cover of £2.5 million in total in order to practise, but does your policy cover you at all times?**

If you are temporarily or permanently stopping practice for any reason, your policy should have adequate 'run-off' cover in case a claim is made against you retrospectively.

Before taking out a new policy or renewing an existing policy, you may wish to consider the following:

- > Does your policy meet or exceed the minimum cover of £2.5m? This is the amount to cover the risks as set out in the GOsC Professional Indemnity Insurance Rules 1998
- > Is the run-off cover sufficient for your requirements? If you have any doubts, talk to your insurer
- > Are there any exclusions stated in your chosen policy that could be in conflict with your practice as an osteopath? If so, you will need to discuss this with your insurer
- > Do you understand the definitions of terms in your policy?
- > From time to time, review your practice as it develops and discuss with your insurer

whether your policy also extends to anyone who works with/for you

- > Do you ever prescribe products either in the UK or abroad? Or are you involved in product design and manufacturing? If so, your policy needs to provide appropriate cover for product liability and your insurer can advise you on this
- > Are you registered with another healthcare body, e.g. the British Acupuncture Council? If so, your insurance for that profession may also cover you for osteopathy – check with your insurer.

If you have any questions or concerns you should speak directly with your professional indemnity insurance provider. More information on insurance, including a list of insurance intermediaries who provide insurance for osteopaths, is available from the **o** zone under 'My Registration > Registration'.

**The Department of Health consultation runs until 17 May 2013. For more information or to take part, go to: <http://bit.ly/12oyTTb>**

# Focus on acupuncture

**Acupuncture is an area of interest to many osteopaths. We asked Nick Pahl, CEO of the British Acupuncture Council (BAC), to tell us about recent developments in the acupuncture profession.**

The acupuncture profession received a boost this year when the BAC was one of only two organisations accredited by the Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence). This new accreditation tells the public that a high standard has been met in terms of the governance of the BAC, its management of the BAC register of acupuncturists and the quality of the education and training of its 3,000 registrants. While accreditation does not restrict other professions in their practice of acupuncture, it does offer an important signal that the acupuncture profession is continuing to develop and be recognised.

The profession has also seen a growth in its evidence base recently. Last year, the National Institute for Health and Clinical Excellence (NICE) recommended acupuncture as a treatment for headaches, building on its previous endorsement of acupuncture for treating lower back pain. In a trial of more than 18,000 patients, acupuncture was found to be better than sham procedures for chronic pain and the Scottish Intercollegiate Guidelines Network (SIGN) is carrying out a further review of this. Evidence shows that acupuncture is very safe, but the BAC continues to work with its members to review the practice. This year the BAC launched its adverse incident scheme, which allows the collection of data on 'near misses' (incidents that did not result in harm), and it is also working with clinics at teaching

institutions across the UK to share data from Measure your Medical Outcome Profile (MYMOP) questionnaires.

Future activity at the BAC is focused on a number of areas, including:

> **Education and Professional development:**

plans are in place to quality assure CPD courses and identify key issues in advanced practice for specific areas. A new network of professional development leads will help prevent practitioner isolation and encourage mentoring and career development of acupuncturists across the UK.

> **Reviewing the future vision of acupuncture:**

senior practitioners believe that there is a need to de-mystify misconceptions about the traditional Chinese medicine approach. As a result, new partnerships are being forged with like-minded associations, for example the recent acupuncture research resource centre symposium involved the Acupuncture Association of Chartered Physiotherapists, the Register of Chinese Herbal Medicine, the Association of Traditional Chinese Medicine and the BAC.

> **Informing the public:**

currently BAC members provide over 2.3 million treatments a year and demand is continuing to grow. However, patient needs are changing. For

instance, Acupuncture Awareness Week (held in February for the past two years), highlighted acupuncture's role in treating insomnia. BAC will also be carrying out a patient survey this year to compare changes in its patient profile from the previous survey in 2007/8.

> **NHS and care home activity:**

acupuncturists have been bidding under the NHS Any Qualified Provider Musculoskeletal contracting arrangements with mixed success. There has also been interest in offering acupuncture to older patients within care homes, supported by a BAC care homes toolkit.

> **International collaboration:**

BAC is a part of the European Traditional Chinese Medicine Association, which is actively making links within the European Union and in partnership with the World Health Organization.

Going forward, dialogue with professions such as osteopathy continues to be important, and in practice this occurs every day as many acupuncturists work with osteopaths in health centres. I am also pleased that the BAC Governing Board has an osteopath/acupuncturist practitioner member (Ron Bishop), and I am sure BAC regional groups would welcome osteopaths at their meetings. It would also be great to see GOS



registrants at the British Conference of Acupuncture and Oriental Medicine (21-22 September 2013 at Beaumont House Estate, Old Windsor: <http://www.acupuncture.org.uk/conference>).

Like osteopathy, acupuncture has certainly come of age as an independent profession in recent years. Scandals of poor quality care within the NHS, such as at Mid-Staffordshire, demonstrate more than ever that patients and the public deserve quality care. As election manifestos start to be written, it is my hope that professions such as acupuncture and osteopathy can stand together, making the case that what is special about our work is that the patient is at the centre of everything we do.

**For more information, see [www.acupuncture.org.uk](http://www.acupuncture.org.uk)**



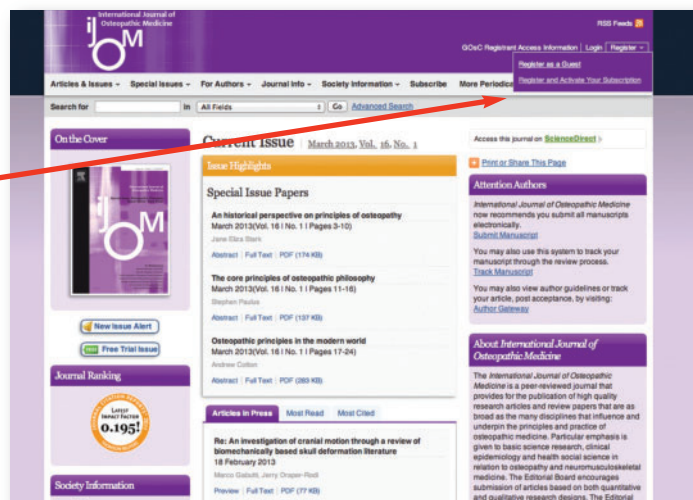
# IJOM on the move

As you may be aware, osteopaths and final-year students of osteopathy have access to the *International Journal of Osteopathic Medicine* (IJOM) and other research journals via the **o zone**. Elsevier – the publisher of IJOM – has now made two apps so you can read IJOM on your iPhone/iPad or Android mobile devices.

To download either of the apps, you will first need to register for an Elsevier account if you do not have one already, and enter a promotional code that you can find on the Research journals page of the **o zone**. Instructions for this are below.

## To register an account

- 1 Go to <http://www.journalofosteopathicmedicine.com> and click on the link **Register and Activate Your Subscription** in the banner at the top right.
- 2 Enter your email address, which will be your username, click **Register a New Account** and then **Continue**.
- 3 At the **Register a New Account** page, provide a password and all the requested profile information.
- 4 You can opt-in here to receive e-alerts of new issues. Select that you have read the terms of use and click **Register**.
- 5 Then follow the instructions below.



## Download the apps

To get the app for the iPhone/iPad, go to iTunes at: <http://itunes.apple.com/us/app/healthadvance-journals/id511876708?mt=8https://>

## To enter the promotional code

- 1 Log into your Elsevier account and click on the 'Claim' link at the top of the IJOM Plus page on the Elsevier website.
- 2 Then click on the option 'I received a special promotional offer'.
- 3 Two boxes will appear: in the Account box type the promotion code given on the **o zone**, and in the last name field type the word given on the **o zone** along with the promotion code. Then click on the green 'Claim' button.
- 4 On the next screen, click on the 'International Journal of Osteopathic Medicine' link or the 'Finish' button.
- 5 Both links take you to the journal home page. You can then download the appropriate app for your mobile or tablet device.





# Osteopathic principles

**Gary Fryer**, Associate Professor, Discipline of Osteopathic Medicine, College of Health & Biomedicine, Victoria University, Melbourne, Australia

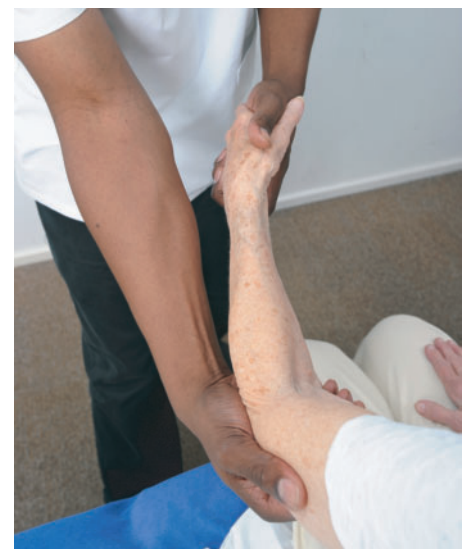
Osteopathic principles are generally considered to be the guiding principles for the clinical practice of osteopathy and osteopathic medicine, while also characterising and differentiating osteopathic practice from other manual therapy and medical disciplines. As noted in the *Call for Papers*<sup>1</sup> for this Special Issue and despite the importance of these principles claimed by authors and practitioners in the field, these commonly espoused principles are, arguably, vague and underdeveloped and do not clearly distinguish osteopathic practice from other health professions. Even more surprising, a reasoned discussion of the content, form, relevance and importance of these principles to current osteopathic practice has been absent from journals for many decades. This Special Issue therefore contributes to the profession's reflection on the importance of osteopathic principles and its professional scope and identity.

In the *Call for Papers*, many questions were posed about the relevance of osteopathic principles. Have modern principles condensed and simplified the original meaning of the principles proposed by AT Still and other authors in the previous century? Are holism and patient-centred care the defining features of osteopathy? Do these principles differ from country to country? Does osteopathy or osteopathic medicine have characteristic or unique features that differentiate it from other health professions? Is it important to define the principles underpinning osteopathic practice? Are traditional principles consistent with current research evidence? Has the influence of research and evidence-based medicine

altered our view of osteopathic principles and osteopathic practice? If not, should they? An attempt was made to canvass a wide range of well-articulated opinions on these questions for this Special Issue.

The first group of papers deals with the development of osteopathic principles and their continued importance in current practice. Jane Stark outlines the development of osteopathic principles over the last century, from the original to the traditional to the modern periods in *An Historical Perspective on Principles of Osteopathy*. Whereas in the traditional period authors made isolated efforts at formulating and justifying principles, the modern period involved reflection and attempts at consensus on a common

group of principles. In *The Core Principles of Osteopathy*, Stephen Paulus argues that to better experience the holism of osteopathy a detailed set of core principles is necessary to inform the practice of osteopathy. Paulus presents a set of osteopathic principles that the author believes accurately reflect the writings of AT Still, the founder of osteopathy, and express the distinctiveness of osteopathy within healthcare. In *Osteopathic Principles in the Modern World*, Andy Cotton argues that osteopathic principles are relevant, even essential, for current practice, a position which is contended by authors of articles later in this issue. Cotton says that osteopathic principles provide a point of reference for osteopaths, support the



practice of osteopathic manipulative treatment, provide a sense of identity for the profession, and define the distinctiveness of osteopathy. Without the principles, Cotton argues, osteopathy loses its distinctiveness and identity. This paper is likely to create lively discussion, particularly with supporters of evidence-based practice. Ben McChesney provides a further call for 'principles-driven osteopathy' in the letters section of this issue.

The second group of contributions examines osteopathic principles in light of modern themes of 'patient-centred' practice and the 'biopsychosocial' model of health. Oliver Thomson and coauthors in *Reconsidering the Patient-centeredness of Osteopathy* question the claim that a holistic, patient-centred approach is the distinguishing feature of osteopathy and osteopathic medicine. The authors draw attention to the patient-centred focus of other professions and outline the need for research into the clinical reasoning of osteopaths to better understand the characteristics of osteopathic practice. In *The Biopsychosocial Model: Redefining Osteopathic Philosophy*, Nicholas Penney argues that this model is largely consistent with a wider interpretation of osteopathic philosophy. Penney explains that it is both a philosophy of practice and a practical clinical guide, has good supporting evidence, and suggests it may be the best model on which to inform osteopathic care.

The last group of contributions is highly critical of traditional osteopathic principles. In *Re-evaluating 'Osteopathic Principles'*, Stephen Tyreman argues that the principles are vague and ambiguous,

lack academic credibility, and do not differentiate osteopathy from other health disciplines. Tyreman suggests that a study of professional values would provide a more meaningful account of osteopathy. David Evans also critiques osteopathic principles and finds them deficient in his contribution, *Osteopathic Principles: More Harm than Good?* Unsound principles may be harmful for the reputation of the profession as well as for clinical judgements made by practitioners, and Evans suggests that the profession treats further modifications of these principles as hypotheses to be tested using the scientific method. In the provocative contribution *From Distinct to Indistinct, the Life Cycle of a Medical Heresy. Is Osteopathic Distinctiveness an Anachronism?*, Christopher McGrath also questions the worth of osteopathic principles. McGrath argues that due to the widespread adoption of patient-centred biopsychosocial approaches, what was once distinct to osteopathy is no longer. Further, McGrath argues there is an urgent need to overcome a 'cultural torpidude' in order to submit all aspects of practice to robust scientific scrutiny and to relinquish those aspects that have assumed the dimensions of a 'bloated sacred cow'. Distinctiveness, McGrath says, lies in acknowledging a culturally distinct heritage, but this should not distract the profession from the primary need to engage with science and evidence for best practice. To pursue distinctiveness in favour of science, McGrath argues, is to risk twenty-first century irrelevance.

This Special Issue includes the first serious debate in an international journal on the value and relevance of

osteopathic principles. The content should be of keen interest to osteopaths and osteopathic physicians and will hopefully promote further discussion and debate. Readers are encouraged to consider papers that are written from a different philosophical position than they are accustomed to. Depending on one's viewpoint, some of these papers may provoke controversy or even hostility, particularly for those who cherish traditional concepts of osteopathic philosophy and practice.

We also invite readers to express their views in *Letters to the Editor* in subsequent issues of this journal in order to keep the discussion about osteopathic principles living, breathing and evolving. We hope these papers inspire thoughtful discussions on the relevance of osteopathic principles to current practice and help practitioners reflect on their practice, their patients, and the place of osteopathy in healthcare systems around the world. Although this discussion is relevant for practitioners, it is particularly useful for educators of osteopaths and osteopathic physicians, who are vital for progressing the philosophy, practice, scope and place of the profession throughout the world in the present and the future.

**To read this special edition of IJOM, go to the IJOM website.**

**Reference**

1 Fryer G. Call for papers: An invitation to contribute to a special issue on osteopathic principles. *Int J Osteopath Med.* 2011;14:79-80.



# IJOM Plus summaries

## Does knee alignment influence gait in patients with severe knee osteoarthritis?

Turcot K, Armand S, Lübbecke A, et al.  
*Clinical Biomechanics* 2013;28:34-39

Osteoarthritic (OA) changes of the knee joint represent one of the most predominant causes of pain, disability, and related functional decline in the elderly population. A range of risk factors have been identified for the progression of OA including limb alignment. This change in limb alignment can have a concomitant effect on compensation behaviour in affected patients.

In this study, the researchers investigated a range of different parameters including:

- > Assessment of pain and function using the Western Ontario and McMaster Universities Arthritis Index (WOMAC). On a scale of 0-100, patients recorded 100 if they experienced no pain or functional deficit, and lower scores depending on their degree of pain or functional impairment;
- > The hip-knee angle (HKA) identifying lower limb alignment when assessed using full limb radiography;
- > Gait evaluation using a 3D 12 camera motion-analysis system (Vicon) to capture patients' full body movement while walking on a treadmill.

Three separate groups of patients participated: one group acted as a control; the second group contained patients with a varus deformity, and the third group contained patients with a valgus deformity.

The data analysis demonstrated distinct patterns in the three groups. This showed:

- > Patients with varus knee alignment augmented their trunk movements in the sagittal and frontal planes compared with patients with valgus knee alignment;

- > Patients with a valgus knee demonstrated lower levels of pain and functional disability deficits compared to patients with a varus knee.

Further research has demonstrated that abnormal gait patterns can persist for a long period of time after total knee arthroplasty even though pain, hip-knee angle, and function usually improve. This information is helpful to clinicians in trying to rehabilitate patients who have undergone knee surgery but are still experiencing musculoskeletal symptoms acquired as compensation from the OA changes to their knee.

## Health, Social, and Economic Consequences of Neck Injuries.

Jennum P, Kjellberg J, Ibsen R, et al.  
*Spine Journal* 2013;38(5):449-457.

Neck pain represents a widespread and costly symptom; it has been reported to have a lifetime prevalence of 40%, with 10% of individuals reported to have pain lasting more than 30 days.

This study aimed to estimate the direct and indirect costs of neck symptoms excluding fractures. It examined data from a national sample of Danish patients who had been diagnosed with neck injuries, and data from their spouses/partners. Records were examined from the Danish National Patient Registry from 1998-2009. Patients identified from the Registry were compared with randomly chosen controls who were matched for age, sex, geographical region,

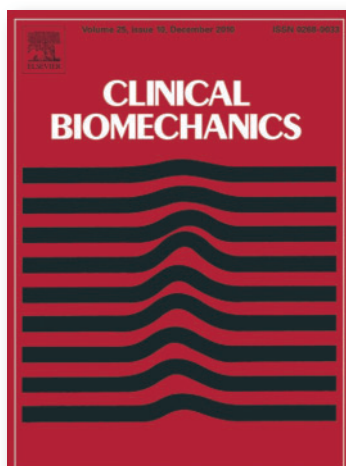
and civil status. The paper particularly considers the social impact of the symptoms e.g. their effect on work and the necessity for absence from work. In addition, the long term consequences in the form of depression, anxiety, reduced quality of life, and poorer coping are considered. Direct costs (the cost of medication, treatment and rehabilitation) and indirect costs (the loss of economic resources through disease-related work disability or premature mortality) were considered also.

The study examined the records of 94,224 patients identified with neck injuries, and matched them with 372,341 control subjects who weren't experiencing neck symptoms. The data demonstrated:

- > More patients and their spouses with neck pain were treated in primary care, secondary care, or received medication;
- > A greater proportion of neck patients and their spouses received help from social services than did the control subjects;
- > The sum of direct health costs after neck injury and indirect costs was €559 for neck patients, and €602 for control subjects.

The data analysis identifies the clear economic consequences associated with neck injury, especially in patients of working age. Both patients and their spouses/partners had considerably higher levels of contact with different aspects of healthcare provision compared with controls. Employed patients had lower income than employed control subjects. When compared with other patient populations, e.g. patients experiencing chronic neurological diseases, the differences were not as great between symptomatic neck patients and asymptomatic control subjects.

In their conclusion, the authors recommend further analysis of different sub groups of patients to identify high-risk groups for chronic disease development, and management to reduce the costs and consequences for patients, their spouses/partners, and society.



## Using social media to keep up to date with research, and promote your practice

**A Facebook page has been created, and a new Twitter feed will communicate up to date news relevant to clinical practice and research as it becomes available. The details for both resources are shown below.**

For the latest research information and evidence relevant to osteopathy, join us on Facebook and Twitter. If you are unfamiliar with Twitter, perhaps considering using it for your practice, and would like to learn more, Elena Ward has created a step-by-step guide which is available at: <http://bit.ly/12eQXPb> on the practice resources section of the website at <http://bit.ly/10qfSeR>

New material has been added recently to the NCOR website ([www.ncor.org.uk](http://www.ncor.org.uk)). One item of particular interest to osteopaths is the new framework created by the International

Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT) concerned with "examination of the cervical region for potential arterial dysfunction prior to orthopaedic manual therapy intervention." A summary is available at <http://bit.ly/Z83DqJ>, and the full document is available at <http://bit.ly/14NuNV8>.

**If you wish to contact NCOR, please email either Carol Fawkes ([c.fawkes@qmul.ac.uk](mailto:c.fawkes@qmul.ac.uk)) or Elena Ward ([elena.ward@qmul.ac.uk](mailto:elena.ward@qmul.ac.uk)). [www.facebook.com/NCORnews](http://www.facebook.com/NCORnews) [www.twitter.com/NCOR\\_uk](http://www.twitter.com/NCOR_uk)**

## NCOR research hub news

To encourage and facilitate widespread engagement in osteopathic research, NCOR developed a national network of research hubs.

Groups have so far been established in Exeter, Bristol, Leeds and Sussex (Haywards Heath).

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

### > BRISTOL

Thursday 13th June from 7-9pm

The group will be discussing the findings of a data collection project undertaken within their practices using a selection of outcome measures. Information concerning the Bristol hub including the meeting date, topic for discussion and papers is available at: <http://www.ncor.org.uk/getting-involved/hubs/>.

### > EXETER

Saturday 6 April from 10am-12 noon

Discussion of dissemination of findings of recently

completed project. In addition, some papers will be discussed also at the meeting and they can be found here: <http://bit.ly/10qhwwW>

### > HAYWARDS HEATH

Wednesday 8 May from 7pm-9pm

Continuing to review literature on knee replacement. The papers being discussed at the meeting can be found at: <http://bit.ly/Z85IIF>

### > LEEDS

Monday 29 April from 5.30-7.30pm

The group will be reviewing study protocols they have

contributed with a view to conducting a group project.

If you are unable to attend a hub meeting but would like to read the papers that are discussed, they can be found at: <http://www.ncor.org.uk/getting-involved/hubs/>. Some of the papers listed require access to journals via the IJOM plus package available through the o zone. Information about how to access journals through the IJOM Plus access package can be found here <http://bit.ly/17cWOoj>

## Conference calendar

> 6-7 June, ExCel London

**COPA Practice Growth 2013 Chiropractors, Osteopaths, Physiotherapists and Acupuncturists.**

Further information can be found at: <http://www.copa-show.co.uk/>

Free tickets can be ordered via <https://tickets.prysmgroup.co.uk/chp/75/>

> 27-31 October, in Dubai

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

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

> 8-10 November, in Surrey

**The Annual Convention of the British Osteopathic Association at the Runnymede-on-Thames Hotel, Windsor Road, Egham, Surrey, TW20 0AG**

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

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

# Beds and sleeping posture – a summary of selected papers

Members of the Bristol research hub have been reviewing a number of papers related to sleep. The papers summarised briefly below are concerned with studies involving beds. Patients in practice frequently ask advice about beds, but the research in this area is sorely limited.

## Effectiveness of a selected bedding system on quality of sleep, low back pain, shoulder pain, and spine stiffness.

Jacobsen BH, Gemmell HA, Hayes BM, et al. *Journal of Manipulative and Physiological Therapeutics* 2002;25:88-92.  
<http://www.ncbi.nlm.nih.gov/pubmed/11896375>.

This quasi-experimental field study used a single pretest-posttest design with participants serving as their own controls. The study population was a convenience sample of 22 participants (13 women and 9 men) recruited from two chiropractic clinics, and the Health and Human Performance Programme at Oklahoma State University. Participants were aged between 25 and 75 years, and reported symptoms of disturbed sleep, low back pain, chronic spine stiffness, and shoulder pain. The cause of these symptoms was diagnosed by a healthcare professional to exclude organic pathology. Participants had to have been woken by their symptoms for at least three mornings per week over a period of three months to be included in the study. Participants were required to complete four visual analogue scale (VAS) questionnaires to record four different variables including:

- > back pain;
- > back stiffness;
- > shoulder pain;
- > quality of sleep.

The study took place in two phases:

- > Phase I – Baseline data collection requiring each participant to rate each of the four variables on waking for 28 consecutive days on a VAS while sleeping in their own beds;
- > Phase II – This involved participants receiving one of three experimental bedding systems which were prescribed by a predetermined system based on the participants' weight and height. The three different bedding systems all included the Ameri-spring 664 construction manufactured by Lady Americana Inc. Participants were required once again to rate their pain, stiffness and sleep quality on a VAS for 28 consecutive days.

In total, 224 observations were recorded per subject. Each 28-days VAS was compressed to determine a pre-test and post-test baseline mean for each subject. Values were analysed for each dependent variable using paired t-tests. Separate t tests were used also to analyse two different groups according to weight classification i.e.  $\geq 190$  pounds, and body mass index (BMI) of  $\geq 30$ .

The researchers concluded from their analysis that the experimental bedding system reduced back pain by 57.21%, reduced shoulder pain by 60.83%, reduced back stiffness by 59.21%, and improved quality of sleep by 60.73%. Female subjects and those with lower body weight were more likely to improve significantly than heavier subjects.

The full text of this paper will be available via the IJOM Plus package available through the **o** zone. Information about how to access journals through the IJOM Plus access package can be found here <http://bit.ly/17cWOoj>

## Short-term outcomes of chronic back pain patients on an airbed vs. innerspring mattresses.

Monsein M, Corbin TP, Culliton PD, et al. *Medscape General Medicine*. 2000;2(3).

The goals of this study were:

- > to examine the differences in pain, sleep, and health status when participants slept on their own mattress compared with an air bed. Pain was measured using a visual analogue scale (VAS), sleep apnoea was measured using the Epworth Daytime Sleepiness Scale, sleep was measured using a VAS, and general health status using the Short Form 36 health status questionnaire;
- > to examine participants' preferences for either their own mattress or an air bed.

Participants were eligible for inclusion in the study if they had a self-reported diagnosis of chronic back pain, were receiving ongoing treatment for their back symptoms, and were available at home for 42 consecutive nights. Participants were ineligible for the study if they had a sleep disorder, e.g. obstructive sleep apnoea. Participants used their own mattress to act as a control while they could adjust the pressure of the airbed using a pump according to a scale of 0-100. Pain, sleep values, and the setting of the airbed was recorded daily. The participants were required also to complete the SF-36, and the Epworth scale on days 0, 28, and 42. Views on preferences for the mattress or airbed were collected also. Baseline data

(day 0) were collected while participants were sleeping on their own mattress; an airbed was installed for 28 days and finally participants' own beds were re-installed for a further 14 days.

A total of 30 participants were recruited from three separate centres. Data analysis showed a mean improvement in participants using the air bed; and a subsequent loss of improvement when returning to their own mattress. A mean decrease in pain of 32% was reported, and an increase in sleep quality of 75%. There was a variation in day-to-day values but 95% of participants recorded a decrease in pain, and nearly 88% an increase in their sleep quality. Data showed that when initially using the airbed, participants experimented with pressure for the first week, and then chose one pressure. The mean value for the pressure selected was 55, which is softer than the value for a firm mattress, which has been traditionally recommended for patients with low back pain.

After using the airbed and returning to their original mattress, 68% of participants reported a regression towards their initial pain level, and 78% reported poorer sleep.

<http://www.ncbi.nlm.nih.gov/pubmed/11104482>

## The resting spine: a conceptual approach to the avoidance of spinal reinjury during rest.

Gracovetsky SA. *Physical therapy* 1987;67:549-553.

This discussion paper examines the different patterns of stress exerted on the lumbar spine by the sleeping postures commonly adopted by the population. It includes also a rationale for choosing an optimal sleeping posture.

Gracovetsky asserts that during sleep and rest, muscle fibres are at rest generating a minimum amount of active force. When lying on a mattress, the mattress can alter the shape of the musculoskeletal system; e.g. when side-lying, the spine curves laterally while the hip and shoulder are in contact with the mattress. Lovett hypothesised that this curvature induced an axial torque.

The discussion then focusses on the mechanisms behind disc herniation. Different sequences are described which Gracovetsky asserts may be the cause of low back pain symptoms. One sequence includes central damage to the disc with end plate fractures of varying magnitudes, and peripheral damage occurring simultaneously to the disc and facet joints. This sequence must be considered in the light of newer studies on the mechanisms of disc damage and should be regarded as being of historical interest, e.g. Rodrigues et al, 2012; Orief et al, 2012; Walcott et al, 2011 and Modic and Ross, 2007).

The difficulties of sleeping with an injury are discussed, including compression injuries and torsion injuries. For a compression injury in its acute phase, Gracovetsky suggests simply adopting the most comfortable position for the individual; there is no clear rationale for adopting or avoiding any particular posture. For a torsion injury, Gracovetsky recommends avoiding positions which are likely to place additional compression on the facet joint structures. He suggests that by sleeping in the foetal position on either side with the pelvis rotated posteriorly and the knees against the chest, flexion will be introduced into the spine and the amount of torque induced into the spine will be minimal.

<http://ptjournal.apta.org/content/67/4/549.long>

## Physiological responses during rest on a sleep system at varied degrees of firmness in a normal population.

Lahm R, Iaizzo PA. *Ergonomics*. 2002;45(11):798-815.

This paper explores a hypothesis associated with the physiological responses associated with sleeping. It proposes that a high degree of sustained muscle activity which could be present with sub-optimal spinal orientation is associated with compromising an individual's ability to relax or initiate sleep.

The aim of the study were:

- > to study spinal alignment at different degrees of mattress firmness using video imaging analysis;

- > to study different physiological responses while lying on mattresses of different pressures;
- > to identify how interface pressure and area changes as levels of mattress firmness change.

A total of 22 subjects (15 males and seven females) aged between 20 and 51 years participated. EMG activity was measured for seven major muscles overlying the spine; stickers for each muscle site were attached, and a picture was taken of each participant's back to represent a neutral position. Participants were asked to adopt a foetal position while side-lying on their most comfortable side for 30 minutes on a mattress with three varying levels of firmness. Measures were recorded of participants' heart rate, blood pressure, subjective comfort levels, spinal alignment, and EMG activity for each level of mattress firmness. Digital images were taken of the participants' spine for 25 minutes during each of the three trials. At the end of the experiment participants were asked to give their subjective rating for each of the mattresses.

The video footage was analysed to examine participants' spinal alignment; this showed significant changes in spinal alignment with increased mattress pressure but had little physiological consequence. On analysis of the EMG data, changes in activity were noted throughout each session, but no trends were found when comparing the three inflation pressures. Heart rate and blood pressure were compared for each mattress but showed no significant trends. Subjective ranking was performed for each of the three mattresses, but no statistical trends were found for any mattress firmness.

Although the data from the study did not show any statistically significant changes for any of the physiological measures recorded, it does provide baseline data when comparing a symptomatic population in future studies.

<http://www.ncbi.nlm.nih.gov/pubmed/12487692>

# Osteopathy in the arts

Jennie Morton BSc (Hons) Osteopathy

UCL Honorary Lecturer, MSc Performing Arts Medicine (Division of Surgery & Interventional Science)



**Osteopathy has often been referred to as a blend of science and art. Our training is based on sound anatomical and physiological knowledge, while we have the freedom to be creative with treatment to ensure an individualised outcome for our patients. The comparison with the performing arts is clearly evident, with performers spending many years in focussed technical training to produce performances that are a unique and individual expressive experience every time. As a performer myself, I was always drawn to osteopathy and ultimately decided to train as an osteopath with a direct view to providing specialist treatment for performers.**

While sports medicine is universally recognised, performing arts medicine (PAM) remains relatively unknown. The British Association for Performing Arts Medicine (BAPAM) in the UK and the Performing Arts Medicine Association (PAMA) in the US have both worked tirelessly in this field for over 30 years but there is still much work to do for PAM to get the level of recognition and accessibility that it warrants.

So why is PAM such a well-kept secret? I think the answer is a social and cultural one. When watching a sports match, we accept that if a player is injured, the whole event will stop, a therapist will rush on and tend to them in full view of the crowd and, if necessary, stretcher them off. When watching a ballet and a dancer becomes injured, every means necessary will be taken to hide the event – you would not expect the music to stop and the dancer to receive treatment in full view of everyone! Among performers themselves, it is often deemed unacceptable to be injured, not least for those working on a freelance basis where time off represents money lost. Even within a major dance company or orchestra where free treatment is readily available, management knowing you are injured may mean the loss of a long-coveted role in an upcoming production. Therefore, 'injury-hiding' is widespread among this population and symptoms are often endured until they become unbearable.

PAM practitioners require specialist knowledge of the techniques involved in

playing particular musical instruments, issues of hypermobility and the extreme physical postures required for dance, vocal anatomy and physiology for voice and professionals etc., as well as the environmental factors faced by performers. This enables them to address the underlying causes behind symptoms and find a solution to prevent recurrences, another strong parallel to osteopathic principles.

To this end, in 2011 we created the world's first formal PAM qualification at University College London, an MSc programme providing specialist training for medics and health practitioners involved in the care of performing artists. I was invited to compile and lead the musculoskeletal module and lecture alongside a team of internationally-renowned PAM specialists, and I'm delighted to say that we have two osteopaths among our students!

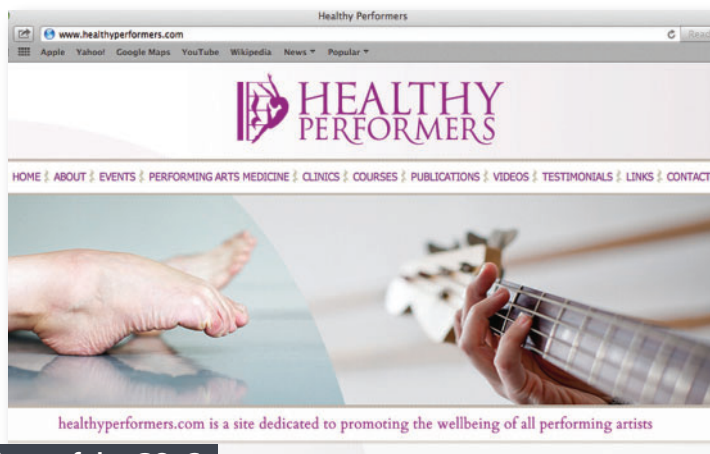
Without this in-depth technical knowledge, osteopaths can still go a long way when treating performers just by looking at the symptoms creatively and holistically. To be creative requires a degree of sensitivity which may also be reflected in performers' tolerance to pain, resulting in amplified responses to relatively small triggers. These

symptoms may become worse in times of high stress, often in parallel with performance schedules. Incorporating treatment for these autonomic responses is often a key factor in resolving any musculoskeletal symptoms, something that osteopaths are trained to recognise and address.

The negative attitude towards injury is gradually softening among performers, particularly the younger students, and there is an increased awareness of the benefits of seeking treatment due to better health education and perhaps a general cultural trend towards well-being.

So I encourage all of you to embrace your creative side and welcome more performers into your clinics so we can keep these talented people out on the stage where they belong.

**For more information, go to [www.healthyperformers.com](http://www.healthyperformers.com) or contact Jennie Morton on 07771 993565 or at: [info@healthyperformers.com](mailto:info@healthyperformers.com)**



Articles from contributors do not necessarily reflect the views of the GOsC

# Osteopathy at the heart of office health



Tim Hanwell, BSc OST

**In many office environments, where long spells of seating are the norm, it is hardly surprising that musculoskeletal problems (including back pain, neck pain and upper limb problems) are the number one cause of workplace absenteeism with 35 million days lost during 2011 alone\*.**

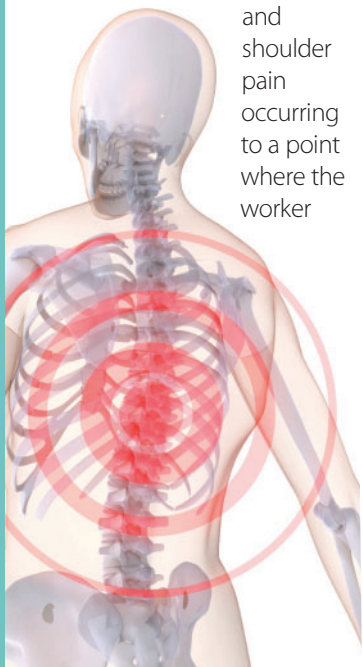
As practising osteopaths, this gives us a choice. When someone presents, we can use the range of tools available to us (soft tissue massage, joint articulation and manipulation, exercises and so on) or where circumstances permit, we can try to explore the root cause as well as the symptoms – helping patients who sit all day to better manage their seating habits.

## Sitting comfortably?

While running an on-site practice for a national institution several years ago, I noticed a pattern of employees reporting problems related to sitting down at work.

Typically patients came in after working multiple shifts over the course of several weeks, which required them to sit in the same position repeatedly. More often than not, this resulted in back

and shoulder pain occurring to a point where the worker



needed time off work. Over time, a repetitive cycle of overwork, pain symptoms and enforced rest became identifiable.

This root cause – overwork in short bursts or for sustained periods – is one that many businesses (including our own profession) can probably identify with, especially in the current financial climate.

## Prevention or cure?

It can be difficult to treat someone who will return to the workplace and then sit in exactly the same position and it is hard to radically change someone's lifestyle if they are in a sedentary job. I once knew a sports osteopath who used to go running with his patients to better understand the context behind their injury and aid diagnosis. Inspired by his approach, I decided to do the same for office-based patients – visiting them at their desk where the problem was occurring, rather than waiting for them to come to my clinic. If there are problems with office heating, lighting, poor seating or inadequate technology, all of these factors will contribute towards a patient's condition. Other factors such as shift patterns and other 'black flag' items may also play a part.

Watching people at work often exposes bad posture habits. Even patients with a working

knowledge of the Display Screen Equipment (DSE) regulations may not notice that their chair is too low, their screen too high, or their workflow causing frequent bending and stretching, for example.

By spending time with patients in their normal environment, I can help them identify potential risks and possible causes of pain, then take steps to adjust their space accordingly and trying to make offices healthier, more productive places.

## Typical presentations

### Forearm pain

If a patient reports forearm pain and their work involves regular data inputting, it is useful to watch them typing at their workstation to understand the mechanism of their symptoms. Ulna deviation is a common finding; ergonomic keyboards can help to solve this. It is also worth checking elbow height, chair positioning and making sure that the patient's workflow is not offset.

### Upper limb pain

Neck and upper limb pain often occurs because the individual is sitting poorly and isn't taking regular breaks. Making sure that they stand up, move around at regular intervals and vary their tasks can help remedy this.

It is also useful to remind people to look away from their computer – using the 20-20-20 rule can help here (looking 20 metres away from the desk for 20 seconds, every 20 minutes) to help prevent eye strain.

## Changing circumstances

In some cases, where employees' circumstances change (for example, during pregnancy or following a hip replacement), they may need to adjust their desk or seating, but do not do so because they are used to the default settings.

## Standard setting

By helping to create a healthy office environment covering heating, lighting, noise, humidity and so on, we can create a more holistic approach to office health – one that cuts absenteeism levels, increases productivity and aligns with professional guidelines. With osteopathy at the heart of this approach, I believe there is a chance to combine holistic healthcare with sound business practice.

**As well as a practising osteopath, Tim Hanwell is a partner at Officeworks ([www.officeworks.co.uk](http://www.officeworks.co.uk)), or more information, call 01442 875666 or email: [tim@officeworks.co.uk](mailto:tim@officeworks.co.uk)**

\* Office for National Statistics Labour Market Survey, April 2012.

Articles from contributors do not necessarily reflect the views of the GOsC



## Bookshelf

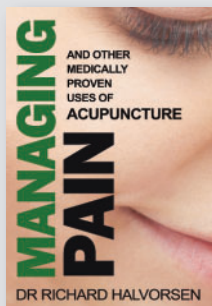
A selection of illustrated reference books for osteopaths

### Managing Pain and Other Medically Proven Uses of Acupuncture

Dr Richard Halvorsen

Gibson Square Books Ltd  
ISBN 978-1-908096-85-2  
160 pages

Increasingly, health practitioners look to acupuncture to manage pain and other conditions. This guide brings together all acupuncture treatments as well as the latest clinical medical research into their effectiveness. In addition, the author has included observations from his own practice.

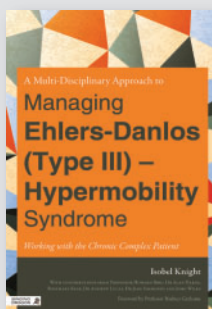


### A Multi-Disciplinary Approach to Managing Ehlers-Danlos (Type III)

Isobel Knight

Singing Dragon  
ISBN 978-1-848190-80-1  
360 pages

This book presents an overview of what it means to be a chronic complex patient, examining the wide range of physiological and psychological implications associated with EDS III and other conditions such as endometriosis and fibromyalgia. It explores the exercise and rehabilitation work involved in managing the condition effectively, considering a diverse range of medical treatments and complementary approaches.

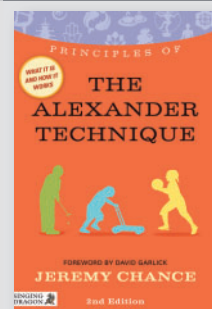


### Principles of the Alexander Technique

Jeremy Chance

Singing Dragon  
ISBN 978-1-84819-128-0  
200 pages

This introductory guide presents a definitive overview of the Alexander Technique. Encompassing everything from teaching lineages, to how the method works, to how to find a practitioner, this book provides all the key information on the topic. It also includes a chapter on how to practise the technique at home and a resources section.



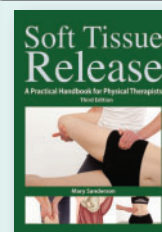
## Book reviews

### Soft Tissue Release: A Practical Handbook for Physical Therapists (Third Edition)

Mary Sanderson, Lotus Publishing (2012)  
ISBN 978-1-905367-37-5, 168 pages

Reviewed by Susan Feetham BSc (Hons) Ost

The book is divided into sections. The first section outlines the basic soft tissue dysfunctions found in the body and includes a small section on STR and research. It is clear and concise and there is a good section on how to administer the technique. While it is always nice to see some scientific evidence, this is a very small part of the section.



Further sections cover different areas of the body, and photos and simple drawings clearly show the muscle groups being worked on and how to perform the technique, while other sections are dedicated to special treatments for sports people, older people and pre/post natal ladies. It is nice to see pregnancy included in this book as I feel that this is an area that is often overlooked.

The final section of the book is about self-treatment, with useful ideas that your patients can take away with them and that you can also use on yourself – how many of us forget we are human and have bodies that go wrong as well!

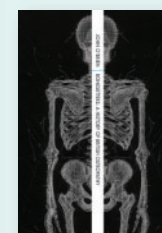
Overall, it is a clear and simple book to understand with many clear drawings and pictures to complement the clear text.

### Bonesetters: A History of British Osteopathy

John O'Brien  
Anshan Ltd (2012)  
ISBN 978-1-848290716  
138 pages

Reviewed by Robin Kirk, MSc DO,  
Principal of the London School of Osteopathy

John O'Brien attempts an outline at the beginning of each chapter followed by an overview of his subject and then applies an analysis as to the consequences as the history unfolds. He is fortunate that a treasure trove of material concerning the relationship between Andrew Taylor Still, J Martin Littlejohn and to a lesser extent William Smith was recently revealed in Kirksville and sheds considerable light on the genesis of osteopathy. Smith, like Littlejohn, was a Scot and together they helped to make Still's osteopathy accessible to a wider audience. One is also made to ponder where we may have been today if it had not been for the untimely death of Smith in 1912.



Are there any criticisms? I sometimes found it difficult to follow a timeline without some specific dates that may have enabled this. One is aware that history is always written from a particular perspective and one may quibble over some details, but if one is interested in why osteopathy may be in this particular place at this moment in time, this book is a must-read.

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

# Courses 2013

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

For a more comprehensive list of courses, visit the 'CPD resources' section of the **o zone** website – [www.osteopathy.org.uk/ozone](http://www.osteopathy.org.uk/ozone).

## May

> 11  
**Architecture of Balance**  
Course director: Kilian Draeger  
Day  
Venue: London  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

> 12  
**'E.N.T a Practical Approach' – treating ear, nose & throat disorders in children & teenagers**  
Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1 3BE  
tel: 07792 384592  
email: [osteokids@aol.com](mailto:osteokids@aol.com)  
[www.mumandbaby-at-home.com/CPD](http://www.mumandbaby-at-home.com/CPD)

> 12  
**Integrated Body Work: Day 3 of 8 - Complete Body Work Course**  
Speaker: Karen Harding  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 12  
**Homeopathy / Iridology in the Clinic**  
Speaker: Marion & Peter Joyce  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 12  
**Sticking your neck out - how to deal with dysfunction of the CSP & TOS using osteopathic and dry needling techniques**  
Speakers: David Lintonbon & Jean Barnard-Hadley  
Venue: London School of Osteopathy 12 Grange Road, London SE1 3BE  
tel: 07958 488 784  
email: [dlintonbon@hotmail.com](mailto:dlintonbon@hotmail.com)  
[www.theartofhvt.com](http://www.theartofhvt.com)

> 18-19  
**DNS Skills Weekend: Active exercise**  
Speaker: Prague Rehabilitation School DNS Team  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
Email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
[www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

> 19  
**Complete Clinical Competence Series - Signs and Symptoms**  
Speaker: Dr Graham Downing  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 19  
**Spinal Manipulation: Day 4 of 9 - Complete Manipulation Course**  
Speaker: Dr Eedy  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: [taoseminars@gmail.com](mailto:taoseminars@gmail.com)

> 23-27  
**Sutherland's Approach to the Body as a whole**  
Course director: Susan Turner  
Venue: Hawkwood College, Stroud  
email: [info@sutherlandcranialcollege.co.uk](mailto:info@sutherlandcranialcollege.co.uk)  
[www.sutherlandcranialcollege.co.uk](http://www.sutherlandcranialcollege.co.uk)

> 25-26  
**Trauma: recent advances in the understanding of trauma physiology; application to osteopathy.**  
Lecturers: Bevis Nathan and Christine Jensen  
Venue: Majorca, Spain  
tel: +34 93 480 25 15  
email: [m.orriols@advancedosteopathy.com](mailto:m.orriols@advancedosteopathy.com)

> 25-26  
**Breath of Life Conference - international conference for cranial practitioners**  
Speakers: Peter Levine, Dr. Dan Siegel, Dr Stephen Porges, Dr. Michael Shea, Lynne McTaggart, Emilie Conrad and Suzanne Scurlock-Durana.  
Venue: Russell Square, London, WC1  
tel: 01453-298859  
email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk)  
[www.breathoflifeconference.co.uk](http://www.breathoflifeconference.co.uk)

> 27  
**Clinical Applications of the Polyvagal Theory - The Transformative Power of Feeling Safe**  
Speaker: Dr. Stephen Porges  
Venue: The Rembrandt Hotel, London SW7  
tel: 01453-298859  
email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk)  
[www.breathoflifeconference.co.uk](http://www.breathoflifeconference.co.uk)

> 28-29  
**Emotional Self-Regulation, The Body and Change**  
Speaker: Peter Levine  
Venue: The Rembrandt Hotel, London SW7  
tel: 01453-298859  
email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk)  
[www.breathoflifeconference.co.uk](http://www.breathoflifeconference.co.uk)

> 31 May-2 June  
**Frontiers of Health with Continuum Movement**  
Speaker: Emilie Conrad  
Venue: The Rembrandt Hotel, London SW7  
tel: 01453-298859  
email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk)  
[www.breathoflifeconference.co.uk](http://www.breathoflifeconference.co.uk)

## June

> 1-2  
**Animal Osteopathy: Aspects affecting older animals / An introduction to treating cold blooded exotics**  
Speaker: Tony Nevin  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
email: [corinnejones@eso.ac.uk](mailto:corinnejones@eso.ac.uk)  
[www.eso.ac.uk/cpd-calendar.html](http://www.eso.ac.uk/cpd-calendar.html)

> 1-2  
**Foundation course in craniosacral therapy**  
Speaker: Joanna Crill Dawson  
Venue: London N19  
tel: 020 7263 8551  
email: [cpd@cpdo.net](mailto:cpd@cpdo.net)  
[www.cpdo.net](http://www.cpdo.net)

- > 1-2  
**Therapeutic stretching: towards a functional approach**  
Speaker: Prof. Eyal Lederman  
Venue: London, N19  
tel: 020 7263 8551  
email: cpd@cpdo.net  
www.cpdo.net
- > 8  
**Functional Active Release**  
Lecturers: Robin Lansman  
Venue: The British School of Osteopathy, London, SE1  
www.bso.ac.uk"
- > 8-9  
**Principles of Applied Functional Science & Gait Analysis**  
Lecturers: Chris Wilkes & Matt Harris  
Venue: 41-47 Threadneedle Street, London, EC2R 8AR  
tel: 07896175494  
email: melissa@thirst4function.com  
www.thirst4function.com
- > 9  
**Complete Clinical Competence Series - Emergency Procedures**  
Speaker: Dr Graham Downing  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: taoseminars@gmail.com
- > 9  
**Management of the Shoulder and Impingement Syndrome Sun 9th June 13**  
**Using osteopathic and dry needling techniques**  
Speakers: David Lintonbon & Jean Barnard-Hadley  
Venue: London School of Osteopathy 12 Grange Road, London SE1 3BE  
tel: 07958 488 784  
email: dlintonbon@hotmail.com  
www.theartofhvt.com
- > 9  
**An Introduction To Treating The Performing Artist**  
Course Leader: Jennie Morton  
Venue: The Conservatory, University of London International Hall, London WC1N 1AS  
tel: 07771 993565  
email: info@healthyperformers.com  
www.healthyperformers.com
- > 13  
**How to treat: Tennis elbow**  
Speaker: Prof. Eyal Lederman  
Venue: London, N19  
tel: 020 7263 8551  
email: cpd@cpdo.net  
www.cpdo.net
- > 13  
**The role of acupuncture in pain alleviation**  
Speaker: Jennie Longbottom  
Venue: London, N19  
tel: 020 7263 8551  
email: cpd@cpdo.net  
www.cpdo.net
- > 14-16  
**Paediatric Level Three – The maturing child**  
Course Director: Giles Cleghorn  
MApp Sc (Ost Paed), DO, DSH  
Venue: Edinburgh  
tel: 0117 974 5084  
www.integratedosteopathicstudies.com
- > 15  
**Verbal First Aid: New discoveries in compassionate communication, consciousness and the mind in healing**  
Speaker: Judith Simon Prager  
Venue: European School of Osteopathy, Maidstone, Kent  
Tel: 01622 671558  
email: corinnejones@eso.ac.uk  
www.eso.ac.uk/cpd-calendar.html
- > 15  
**The lower quadrant: integration of acupuncture within physical therapy management**  
Speaker: Jennie Longbottom  
Venue: London, N19  
tel: 020 7263 8551  
email: cpd@cpdo.net  
www.cpdo.net
- > 16  
**'The Miserable Baby' – Treating Feeding and Digestive Disorders in Babies**  
Speaker: Miranda Clayton  
Venue: London School of Osteopathy, London SE1 3BE  
tel: 07792 384592  
email: osteokids@aol.com  
www.mumandbaby-at-home.com/CPD
- > 16-20  
**Osteopathy in the Cranial Field – Module 2/3**  
Course Leader: Tim Marris  
Venue: Germany  
tel: 01291 622555  
email: enquiry@sutherlandcranialcollege.co.uk  
www.sutherlandcranialcollege.co.uk
- > 17-21  
**Mother and Baby – Obstetrics and Paediatrics Course**  
Venue: Manchester  
www.visceral-osteopathy.com.au
- > 21-23  
**Discovering Health with Trauma**  
Course director: Michael Harris  
Venue: Hawkwood College, Stroud  
email: info@sutherlandcranialcollege.co.uk  
www.sutherlandcranialcollege.co.uk
- > 22-23  
**Craniosacral Therapy Introductory Weekend**  
Speaker: Michael Kern DO, BCST, ND  
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT  
tel: 07000-785778  
email: info@cranio.co.uk  
www.cranio.co.uk
- > 23  
**Spinal Manipulation: Day 5 of 9 - Complete Manipulation Course**  
Speaker: Dr Eedy  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: taoseminars@gmail.com
- > 23  
**Integrated Body Work: Day 4 of 8 - Complete Body Work Course**  
Speaker: Karen Harding  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: taoseminars@gmail.com
- > 23  
**Complete Clinical Competence Series - Advanced Neurology**  
Speaker: Dr Graham Downing  
Venue: Warwick Hilton  
Warwickshire  
tel: 020 8504 1462  
email: taoseminars@gmail.com
- > 26-29  
**Immotion 1 – Introduction to the Role of Mind and Emotion in creating Somatic Dysfunction – the Clinical Reality**  
Speaker: Christine Conroy  
Venue: Mid Wales  
tel: 01654 702847  
email: christineconroydo@gmail.com

**CLASSIFIEDS**

**RECRUITMENT**

**Full-time associate osteopath required**

to join a highly motivated team within a very busy, expanding and well-established multi-therapy practice situated in the rural town of Nantwich, Cheshire. Full supporting administration staff is provided and there are excellent opportunities for professional development. There is also a large equine database and therefore opportunities for anyone interested in veterinary osteopathy. For further information, call Andrew Antoniou, Practice Manager – tel 01270 629933 or visit our website: [www.weaverhouse.com](http://www.weaverhouse.com)

**Associate osteopath required** to join principal osteopath in a friendly, well-regarded and long-established practice for two days a week initially. Central location, good transport links and beautiful setting. Please send CV to [backcop1@aol.com](mailto:backcop1@aol.com).

**Self-motivated and enthusiastic** structural osteopath required for three days a week in St Andrews, Scotland to take over an existing list. Good communication, patient management & clinical skills essential. Please email CV & covering letter to [hannah@standrewsosteopaths.co.uk](mailto:hannah@standrewsosteopaths.co.uk)

**Associate required** to take over part of female principal's list in busy multidisciplinary clinic in North West and Welsh borders. Osteopath should be looking for long term position with desire to be an integral part of thriving clinic. Accomplished structural techniques required. Good personal skills with a love of the job. Initially 2-3 days leading to full-time. Due to eventual full-time position, a sale may be considered. All enquiries to [n.w.andwalesclinic@gmail.com](mailto:n.w.andwalesclinic@gmail.com)

**Work in Canada**

Come and join our pioneering osteopathic team in Calgary, Alberta. We are looking for someone to help us inspire 'aha moment of health and wellness' in our clients. Good structural, visceral and cranial skills are needed as well as a desire to learn. We provide weekly mentoring on osteopathic skills, business skill and personal development. Salary: \$55,000 CDN (approx £35,600) For more information and to apply visit: <http://intrinsic.ca/what-we-offer/careers>

**Osteopath/Practising Homoeopath** of good heart and hands seeks dynamic UK practice with focus on healing. Interest in mentoring and developing practice, closer work with colleagues. BSO grad. 1993, f/t. practice 20 years, own practice 11 years, specialising cranial osteopathy;

obstetric/paediatric osteopathy incl. labour/postpartum, newborn and older child; developmental delay in children; special interest sports injury rehab. with dance medicine; post-neurosurgery and complex patients. Contact: Carolyn McGregor Ph: 01736 365948 M: 07766330489 E: [carolynhomoeopath@hotmail.co.uk](mailto:carolynhomoeopath@hotmail.co.uk)

**COMMERCIAL**

**Large room to let in Harley St, W1.**

Quiet light room with desk & electric couch, available 8am - 7pm, on Tuesdays and Fridays. Free Wi-fi access, in holistic medical practice. Suit established osteopath with own list. Phone Dr Alice Greene on 07815 763 570.

**Rooms available in central Richmond.**

We are looking for an osteopath to join us in our clinic. Visit our website to see if you might be interested in working alongside us as a valued member of the practice. We are based in the centre of town, we have been here since 1995 and we have good links both locally and in central London. Apply online and following your initial contact we can arrange an appointment for you to meet us and view the premises. [www.richmondphysio.co.uk](http://www.richmondphysio.co.uk)

**Rooms to rent in physiotherapy practice.**

Based in Northfield, Birmingham. Good location. Parking. Prices negotiable depending on contract/flexibility. Monthly, weekly, daily and hourly rates available. Please call Matt 07595692187. Or email [physiotherapydelivered@hotmail.co.uk](mailto:physiotherapydelivered@hotmail.co.uk) for more details.

**Worcester practice goodwill for sale**

(due to family commitments). 50/50 cranial/structural patients. Established 1998. Located near Worcester in 2-roomed, premises with disabled access, free parking, lease transferable. Contact: [osteopathworcester@yahoo.co.uk](mailto:osteopathworcester@yahoo.co.uk)

**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 send your details to [virginia.ss@gmail.com](mailto:virginia.ss@gmail.com)

**Derbyshire practice for sale.**

Multi therapy natural health centre with very busy osteopaths. Goodwill for sale either on its own or with one or both buildings that currently house our centre. Very well established practice for 20 years. Current owner willing to work part-time as an assistant if this is helpful. Please initially establish interest by emailing [info@osteopaths-derbyshire.co.uk](mailto:info@osteopaths-derbyshire.co.uk)

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

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Cowden Close  
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tel: 01580 753 322  
fax: 01580 754 104  
email: [osteopath@wealdenad.co.uk](mailto:osteopath@wealdenad.co.uk)

**Box number replies:**

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**SCC Research Conference**

**HIDDEN TREASURE**

**26 -27 October 2013**

**INTERNATIONAL SPEAKERS**

Innovative conference with theory and practicals



Graduate research that celebrates the scope of osteopathic practice

Dr Jane Stark from Canada will lead the line-up of 8 authors from Europe and the UK.

**LIMITED PLACES**

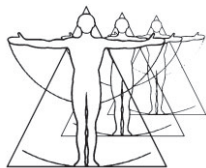
The 2 day conference price at the De Vere Conference Centre near Reading, includes all meals and accommodation from Friday evening to Sunday, plus use of the gym, swimming pool and other amenities.

[www.deverevenues.co.uk/locations/wokefield-park](http://www.deverevenues.co.uk/locations/wokefield-park)

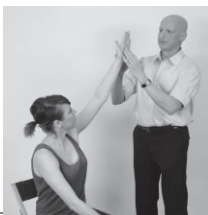
Fully residential with amenities, near Reading, Berkshire  
£375 Early bird booking, before 1st July 2013

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

01291 622555



| Dates  | Title  | Lecturer            | Cost         | Deposit | CPD hrs |
|--|--|---------------------|--------------|---------|---------|
| <b>Weekend courses 10.00-17.00</b>               |  |                     |              |         |         |
| 20 April   | <b>Yoga for management of back pain</b>  | Anna Semlyen        | £125         | £125    | 7       |
| 20-21 April                                      | <b>Contemporary Acupuncture in Women's Health</b>  | Jennie Longbottom   | £255         | £150    | 14      |
| 1-2 June   | <b>Foundation cranial course I</b>   | Joanna Crill Dawson | £235         | £150    | 14      |
| 1-2 June   | <b>Therapeutic stretching: towards a functional approach</b>   | Prof. Eyal Lederman | £235         | £150    | 14      |
| 15 June  | <b>The lower quadrant: integration of acupuncture within physical therapy management</b>                     | Jennie Longbottom   | £135         | £135    | 7       |
| 4-6 Sept   | <b>Advanced thorax and abdomen</b>   | Jean Pierre Barral  | Fully booked |         |         |
| 21 Sept  | <b>Managing shoulder conditions using a process approach</b>   | Prof. Eyal Lederman | £125         | £125    | 7       |
| 21-22 Sept, 28-29 Sept, 9-10 Nov                 | <b>Foundation course in dry needling (3 weekend certificate course)</b>                                      | Jennie Longbottom   | £665         | £350    | 42      |
| 5-6 Oct  | <b>Basic visceral: the thorax</b>  | Joanna Crill Dawson | £235         | £150    | 14      |
| 5-6 Oct  | <b>Positional release techniques in management of cervical, thoracic &amp; pelvic pain &amp; dysfunction</b> | Leon Chaitow        | £265         | £150    | 14      |
| 1-2-3 Nov  | <b>Harmonic technique</b>  | Prof. Eyal Lederman | £385         | £200    | 21      |
| <b>Evening courses and workshops 18.30-20.30</b> |  |                     |              |         |         |
| 18 April   | <b>How to treat: Frozen shoulder</b>   | Prof. Eyal Lederman | £35          | -       | 2       |
| 13 June  | <b>The role of acupuncture in pain alleviation</b>   | Jennie Longbottom   | £20          | -       | 2       |
| 13 June  | <b>How to treat: Tennis elbow</b>  | Prof. Eyal Lederman | £35          | -       | 2       |
| 4 Oct  | <b>Working with scoliosis from a fascia-oriented perspective</b>   | Dr. Robert Schleip  | £55          | -       | 2       |
| 24 Oct   | <b>Introduction to auricular acupuncture</b>   | Jennie Longbottom   | £45          | -       | 2       |
| 24 Oct   | <b>How to treat: Whiplash injuries</b>   | Prof. Eyal Lederman | £35          | -       | 2       |
| 21 Nov   | <b>Incorporating electro-acupuncture in manual and physical therapies</b>                                    | Jennie Longbottom   | £45          | -       | 2       |
| 21 Nov   | <b>How to treat: Impingement syndrome of the shoulder</b>  | Prof. Eyal Lederman | £35          | -       | 2       |

|  |  |                            |
|--|--|----------------------------|
|    | <h2>Therapeutic stretching<br/>Towards a functional approach</h2>  | <p>Prof. Eyal Lederman</p> |
|  | <p><i>Traditional stretching techniques, such as passive stretching and MET have limited contribution to recovery of movement range in many musculoskeletal conditions - Immediate: 3<sup>0</sup>, short-term: 1<sup>0</sup>, long-term: 0<sup>0</sup> (Cochrane Database, CD007455)</i></p> <p><b>Find out why and how it can be resolved</b></p> |                            |
| <p>Functional stretching is a new osteopathic approach that focuses on active restoration of range of movement (ROM), using task-specific, functional movement patterns. This approach is useful for recovering movement losses due to post-injury changes, immobilisation, surgery, frozen shoulder and central nervous system damage. Functional stretching has been developed over 10 years. It is informed by research in areas of tissue adaptation, motor control and cognitive-behavioural sciences.</p> <p><b>Outcome of course:</b></p> <ul style="list-style-type: none"> <li>• Understanding the biomechanical, biological, neurological and psychological-behavioural processes associated with loss of movement range</li> <li>• Understanding the processes associated with long-term length adaptation and recovery of movement range</li> <li>• Ability to identify the indications for therapeutic stretching</li> <li>• Understand the role of pain and sensitization in ROM loss and recovery</li> <li>• Understanding the differences between therapeutic and recreational stretching</li> <li>• Review of various stretching approaches</li> <li>• Learning new functional stretching techniques to optimise therapeutic outcome in various musculoskeletal conditions</li> </ul> |  |                            |
| <p>1-2 June 13, 14 hr CPD / For more information and booking see <a href="http://www.cpdo.net">www.cpdo.net</a></p>  |  |                            |

**Venue:**

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

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

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

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

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## Foundation in Osteopathy in the Cranial Field

Is Cranial osteopathy right for you? Host a two day course in your area.

Dates and location by arrangement

CPD 14 hours | non-residential £275

**MODULE 1**

## Architecture of Balance **NEW** 11 May 2013

Understanding the 'Architecture' of balance is a core principal for osteopaths and patients that can help us in our understanding and treatment.

Course Director: Kilian Draeger DO MD PhD MSCC

CPD 7 hours | London | £179



## Balanced Ligamentous Tension Approach to the Whole Body **23-27 May 2013**

**MODULE 4**

No Experience Necessary! Using the principle of Balanced Ligamentous Tension, this course offers a safe and precise method of realigning any joint in the body. This is an ideal course for helping to integrate Sutherland's approach into a structural practice.

*'A really useful approach, Fantastic relationship to anatomy.'*

Course Director: Susan Turner MA PGCE DO MSCC CPD 32 hours | Stroud | residential £1195

## Discovering Health within Trauma **21-23 June 2013**

Develop practical skills to help patients process the physical, emotional and psychological impacts of trauma.

*'Very exciting and unique course. Excellent content and pace of presentation.'*

Course Director: Michael Harris DO MSCC

CPD 24 hours | Stroud | residential £795

## Module 2/3 - Refresher Day **29 June 2013**

Course Director: Tim Marris DO MSCC

CPD 7 hours | London | £165

## Osteopathy in the Cranial Field **16-20 September 2013**

**MODULE 2/3**

This course presents Sutherland's 'Cranial Osteopathy' hypothesis, exploring all five parts of his model, and then integrating them clinically. Aspects of diagnosis and treatment are explored, so that you leave the course with a solid grounding of this approach, which can be included in your Osteopathy from the next day in practice. The lecturers and tutors selected for September 2013 have between them hundreds of hours experience teaching this module, with students giving the highest grades for course feedback, quality of content, supportive learning environment and tutor skills.

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

*'High quality teaching. Relaxed learning environment. Very relevant to practice.'*

Course Director: Ana Bennett DO MSCC

CPD 40 hours | London | non-residential £1225

**New graduate discount & flexible payment scheme available. Contact us now for details.**



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

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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) or book online at [www.bit.ly/bso\\_cpd](http://www.bit.ly/bso_cpd)

### Visceral Osteopathy—Pelvis

During the workshop participants will explore the principles and concepts of visceral osteopathy, including the relationship between the viscera and the musculoskeletal system in the pelvic cavity, the location of organs and their ligamentous connections.

Delegates will learn a varied selection of suitable visceral techniques for participants who have a more structural and biomechanical approach to treatment. Group discussions will develop the understanding of the visceral- structural approach.

All the techniques to be demonstrated will be external techniques.

**Saturday & Sunday 18 & 19 May**

**Course fee: £250 CPD: 14 hours**



### Contact

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

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

### Pain and Pharmacology

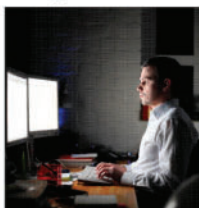


Most osteopathic patients will be taking, or have taken painkillers—less than half safely and appropriately. Most have unanswered questions about affects, side affects and safe usage. This course will give delegates the opportunity to increase their knowledge and confidence of pharmacology and pain control medication. The course will discuss assessing and treating patients with poorly controlled pain, with advice and education on safe and effective pain control medication selection. Course leader, Dave Baker is a qualified Non-medical Prescriber.

**Saturday 18 May**

**Course fee: £125 CPD: 7 hours**

### Ergonomics for Manual Therapists



Our ergonomics course is accredited by the Institute of Ergonomics and Human Factors, and is a very popular course that books up early. The course links the related disciplines of ergonomics and osteopathy, covering an introduction to ergonomics as well as applications relevant to osteopaths.

Attendees leave with the ability to evaluate and train patients in relation to computer workstations and manual handling back in their practices. The aim is to provide knowledge and skills to give support to patients with injuries or problems related to their workplace environment.

**Saturday 1 June**

**Course fee: £125 CPD: 7 hours**

### Obstetrics and Osteopathy

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

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

**Saturday & Sunday 6 & 7 July**

**Course fee: £250 CPD: 14 hours**



### Courses Coming Up

**Sat 20 April**

Education Conference

**Sat 18 May**

First Aid

Pain & Pharmacology

Business Conference

**Sat & Sun 18 & 19 May**

Visceral Osteopathy

**Sat 1 June**

Adv Spinal Manipulation

Ergonomics

Paediatrics 1

**Sun 2 June**

Paediatrics 2

**Fri 8 Jun**

Functional Active Release

**Sat & Sun 29 & 30 June**

Osteopathic Refresher

**Sat 6 July**

Advanced Ergonomics

**Sat & Sun 6 & 7 July**

Obstetrics and Osteopathy

### Discounts

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

### Mailing List

To keep up to date with the latest CPD courses and special offers, sign up to our mailing list :  
[bit.ly/BSO\\_mail](http://bit.ly/BSO_mail)  
or like us on Facebook:  
[www.facebook.com/TheBSO](http://www.facebook.com/TheBSO)

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 path to quality training

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

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



## Rollin E Becker Institute

*Inspiration in practice*

### OCF 40-hour Foundation Courses

Course 1: 30th May - 3rd June  
Course 2: 29th-30th June, 1st July, 13th-14th July  
Venue: Oxford Brookes University Cost: £825

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

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

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

### Ear, Nose and Throat

Date: 27th April 2013  
Venue: London School Of Osteopathy  
Cost: £140

Run by Nick Woodhead alongside an invited ENT specialist, this one-day course aims to enhance clinical competence in the management and treatment of ENT conditions in both children and adults.

There will be sessions addressing ENT conditions commonly encountered in osteopathic practice, such as anosmia, sinusitis, otitis media, tinnitus, vertigo and the causes of hearing loss to include clinical pathology, differential diagnosis and red flags, and will explain current medical and surgical approaches. Time will also be allocated to tutored practice of consulting room examination of the ear, nose and throat.



Call 0845 5193 493  
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for updated course information and booking.



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# Looking for a course?

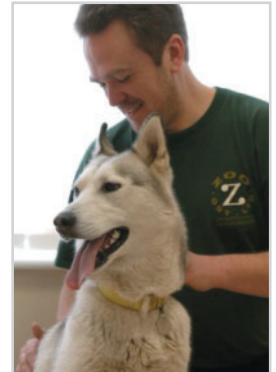
## Animal Osteopathy: Aspects affecting older animals plus An introduction to treating cold blooded exotics

Saturday 1 and Sunday 2 June 2013

Presented by Tony Nevin

Cost: £270 (inclusive of lunch and refreshments)

Popular lecturer Tony Nevin returns to the ESO for this two-day course. Day one will focus on aspects affecting the older animals in our care, as well as adding some spice in the form of some cold blooded exotics to really open up the minds of those attending and demonstrate some of the scope of osteopathy in animal practice. Day two will focus on the horse, including practical observation, palpation and treatment using mild sedation (with assistance from a veterinary surgeon).



## Verbal First Aid: New discoveries in compassionate communication, consciousness, and the mind in healing

Saturday 15 June 2013

Presented by Judith Simon Prager PhD

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

We are delighted to announce that Judith Simon Prager PhD will be presenting at the ESO when she returns to the UK in 2013; feedback from previous courses has been extremely positive and we recommend early booking to avoid disappointment. Delegates attending this one-day course will learn:

- Quick and valuable ways to gain and build rapport necessary for patients to accept healing suggestions
- What kinds of suggestions are best for what kind of patients
- Techniques for giving therapeutic suggestions; words and how to say them
- Words to promote pain relief
- Words for speaking with children to change their inner voice from awfulizing to a lifetime trajectory of believing "my body knows how to heal itself. It always has."
- How we are hard-wired for compassion, and how compassionate communication is healing to both the patient and the practitioner (with the latest videos on the subject)



## Functional pain disorders - the same but different?

Saturday 14 September 2013

Presented by Phil Austin

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

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

General aims:

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



**Places are limited - book now to avoid disappointment**

## STEP UP YOUR CAREER - PART-TIME PROGRAMMES AT THE AECC

Applications are now being accepted until 16 August 2013 for the following programmes.

### PgCert, PgDip or MSc Advanced Professional Practice

Including areas of study in:

- Paediatric Musculoskeletal Health
- Sports and Rehabilitation
- Musculoskeletal Rehabilitation
- Orthopaedics
- Clinical Sciences

### PgCert, PgDip or MSc Medical Ultrasound\*

This innovative part-time programme has been designed by a team of musculoskeletal ultrasound experts to help you diagnose musculoskeletal conditions. Supervised clinical placements available at The Centre for Ultrasound Studies, Bournemouth, England.

Including areas of study in:

- Musculoskeletal Ultrasound Upper and Lower Limb
- Musculoskeletal Ultrasound Hip and Groin
- Musculoskeletal Ultrasound Soft Tissues

\* Subject to revalidation and accreditation by Bournemouth University and CASE (Consortium for the Accreditation of Sonographic Education).

### PgCert, PgDip or MSc Professional Development (Health)

**PICK AND MIX:** Try just one single unit from a wide range of subjects. Single unit students enjoy access to all Bournemouth University and AECC library resources. After completing three single units you will have sufficient credits to receive a PgCert award.

### Upcoming CPD seminars at AECC

|  |               |
|--|---------------|
| Motion Palpation Institute - Lower Quadrant Functional Assessment & Treatment with Dr Brett Winchester | 27 - 28 April |
| Musculoskeletal Health in the School-aged Child  | 27 - 28 April |
| Cervicogenic Dizziness and Vestibular Rehabilitation   | 1 - 2 June    |
| Paediatric Orthopaedics with Dr Heiner Biedermann  | 8 June        |
| Introduction to Dry Needling   | 8 - 9 June    |
| Motion Palpation Institute - Whiplash Associated Disorders   | 22 - 23 June  |
| Lumbar Spine MRI Awareness   | 29 June       |
| Benign Paroxysmal Positional Vertigo   | 3 August      |

For details of all postgraduate opportunities please visit [www.aecc.ac.uk/cpd](http://www.aecc.ac.uk/cpd)

For more information  
[msc@aecc.ac.uk](mailto:msc@aecc.ac.uk)  
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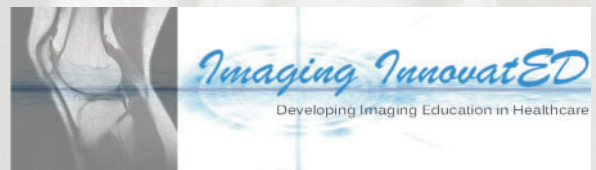
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### Study Days

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**Specifically Targeted Learning Outcomes will assist in:**

- Requesting of suitable imaging for the patient facilitating access to the appropriate speciality.
- Turning a working diagnosis into a more definitive diagnosis.
- Treatment being earlier and more appropriate.
- Best use of available funding.

**First Event -Tuesday 18th June 2013. Hatfield. North London**  
Price. £140

Further dates to be announced shortly. To reserve your place, please visit : [www.imaginginnovated.co.uk/online-booking](http://www.imaginginnovated.co.uk/online-booking)



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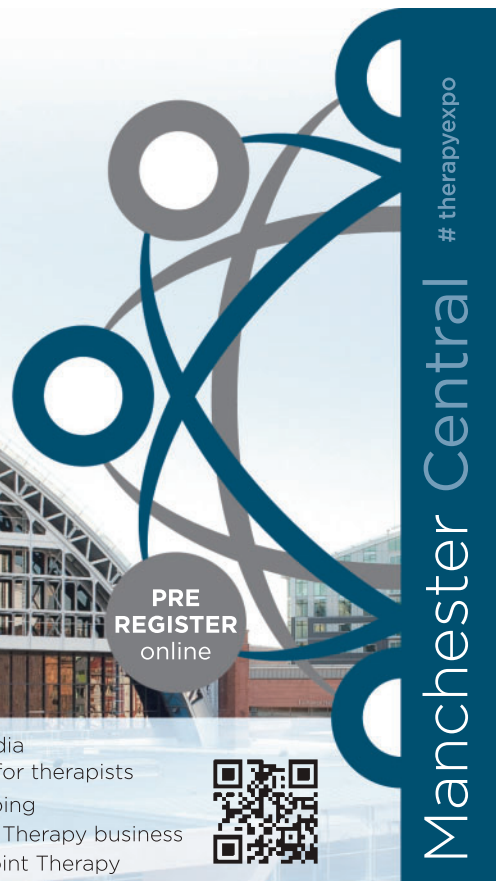
- Pilates and Pregnancy • Pilates and Small Equipment • Muscle Testing and Function • A series of courses relating to understanding Joint Anatomy, Injury and Rehabilitation, Hip, Knee, Sacro-iliac and Shoulder Joint
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13th & 14th September 2013



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| • Clinical Massage Techniques                | • Respiratory Muscle Training               | • Starting a Therapy business           |
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**2013 Intake**



**Applications are being accepted for The Foundation for Paediatric Osteopathy's Diploma programme. The course provides an opportunity to work with leading practitioners in the field of paediatric osteopathy in a unique clinical environment.**

This two-year course is designed to provide the necessary experiences, knowledge and skills to manage a wide variety of paediatric clinical presentations. Working within the Osteopathic Centre for Children will expose students to a diverse group of patients with conditions, from commonly presenting colicky babies to obscure genetic syndromes, as parents seek help from a clinic which is recognised internationally by families for its expertise in this field. The clinical work also includes the opportunity to treat very sick and premature infants in a hospital neonatal intensive care unit. Tutorials and seminars support clinical teaching.

At the end of this course, the Foundation expects that every DPO graduate will be both confident and competent to treat and manage the full range of paediatric presentations.

A prospectus and details of the application process are online at [www.occ.uk.com](http://www.occ.uk.com).

Closing date : 24th June, 2013.



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