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PAEDIATRIC  
CHARTERED  
PHYSIOTHERAPISTS**

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The Editorial Board does not necessarily agree with opinions expressed in articles and correspondence,  
and does not necessarily endorse courses advertised

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## EDITORIAL

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Time seems to move on quickly and once again we have almost come to the end of another year. APCP has been busy as usual, with an excellent conference in Sheffield back in April and the launch of its evidenced based summaries for Obstetric Brachial Plexus Palsy and Hip Subluxation and Dislocation in Children with Cerebral Palsy. Work has also continued with the evidence based summary for Developmental Co-Ordination Disorder which will hopefully be completed soon. The Introduction to Paediatrics Course took place in Wales and was well supported; and many people worked hard with the paediatric module of the MSc course taking place at Queen Margaret College in Edinburgh.

Recently the National Committee had a working weekend where a considerable amount of work was done towards extending the evidence based summaries, because as we all know, underpinning our practice with evidence is becoming an increasing demand on all our professional lives, but it is not always easy to know where to find it, if indeed it actually exists, and finding the time to do it in a day or week which is already packed with clinical commitments is another matter entirely. This information should be ready to share with you all soon.

However, don't forget, you can all help to share information. Sarah Crombie has revived the APCP Research Group Register (a registration form can always be found at the end of this journal). She is anxious to hear from everyone who is doing any projects, however small, in order to co-ordinate just what is being done and give her the possibility to link together people who are doing similar work to allow them the opportunity to communicate and support one another. We have got to get away from the idea that what we are doing is insignificant and valueless. There is a great deal of excellent work being done out there and nobody knows about it. Please share it with your colleagues. Contact Sarah or write it up for this journal. The letters section is a good forum for asking others to contribute information which may help you to forward your own work.

I think this editorial has turned into a trailer for the AGM and Study Day in Cambridge in April 2002 'Involving Children in Research – Getting Started'. This is your opportunity to develop your research skills, book the date in your diary now.

As we look forward to a new year, I would like to take this opportunity of wishing you all a very peaceful and successful 2002 – may your evidence based practice and continued professional development prosper and flourish, but seriously best wishes to you all.

Sally Braithwaite  
Editor

Copy for the  
**MARCH 2002 JOURNAL**  
must be with the editor by  
**1<sup>st</sup> FEBRUARY 2002**

The editorial board reserve the right to edit all material submitted

## LETTERS

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Di Coggings  
Chair of APCP

Dear Sally

Through this Journal I would like to say a very big "Thank you" to all members of the National Committee who gave up their weekend at the beginning of October, to spend it working in Newcastle. Readers may like to know that we split into three groups and worked for two solid days on producing further leaflets and fact sheets on Hips in CP, Obstetrical Brachial Plexus Palsy and Standards in Paediatric Physiotherapy. These will be launched as publications at our Study Day and AGM in April 2002 at Cambridge.

May I take this opportunity to wish everyone a very Merry Christmas and Happy New Year for 2002.

Fiona Brown  
Senior PT  
Springwater School  
High Street  
Starbeck  
Harrogate

Dear Editor

I am a Paediatric Physiotherapist working in special schools. I am presently carrying out a project on equipment for loan locally or regionally. With increasing constraints on the budget I am looking into the possibility of either a regional store based in premises somewhere for specialised equipment for children/adults or a regional computer database.

I would be interested to know if anyone has started or contributed to a similar system elsewhere in the country. I would be very grateful if anyone could give me any advice or information.

Yours faithfully

Fiona Brown

Teleri Robinson  
Physiotherapy Department  
Pinderfields & Pontefract  
Hospitals NHS Trust  
Wakefield

Dear Sally

I have recently retired as Membership Secretary for APCP and felt I wanted to say a few words about the experience.

I joined APCP in 1983 as a new therapist to paediatrics. I found the courses and seminars invaluable in developing my skills as a paediatric therapist and the newsletter, even in those days, was of far more use to me than other journals.

Being quite a shy person initially, I eventually plucked up the courage to put myself forward as a nominee for the regional committee and was voted on. What a revelation; I learned so much from the other committee members and from being more in the hub of things by networking with other therapists and professionals.

I eventually became the Regional Representative. This meant four meetings a year with the National Committee who, despite my fears, were very friendly, approachable and not a bit scary. There was not a twin set or pearls in sight and, as they say, my learning curve continued to soar. After a year I became Membership Secretary which, despite being a huge responsibility and quite time consuming, was one of the most enjoyable times of my working career. I have now passed the computer on to Sian

## LETTERS

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Howells and I know she will capably continue to develop the role. No mean task as the membership continues to rise.

My reason, then, for writing this letter is to encourage all you Paediatric Physiotherapists out there to join your Regional Committees not only because your input is invaluable in enabling APCP to go from strength to strength but also for your own personal development and career satisfaction.

With every best wish

Teleri Robinson.

Sarah Trezise-Hardinge  
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Paediatric Physiotherapist  
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Dear Editor

I have come across an exercise being promoted in our local primary schools as part of the "Persil Funfit Reward Scheme". This scheme was produced in association with The British Amateur Gymnastics Association and The British Council of Physical Education several years ago, but has been recently revised.

I am concerned that children from 5 years old are being asked to balance, supine in a "dish shape" (section 3 part 5.1) which includes a double straight-leg raise. As the majority of my experience is treating children with neurodevelopmental problems, I wonder if anyone with sports injury rehabilitation experience with young gymnasts could contact me to discuss this matter further.

Thank you for your help

Yours faithfully

Sarah Trezise-Hardinge

# HYDROTHERAPY - DEVELOPING A HEALTH AND SAFETY POLICY FOR A SPECIAL SCHOOL

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## Stages in the Evolution of a Policy

### Introduction

The following article is based on the author's experience of developing a hydrotherapy health and safety policy and involves the responses obtained to a request made for information in the September 2000 A.P.C.P. Journal, and other correspondence received on the topic.

Firstly, it goes without saying that a policy must be in place, as the hydrotherapy pool is a potentially hazardous place and all staff need to understand their roles and responsibilities when it comes to health and safety. At present, according to the DfEE and Department of Health, there are no national guidelines issued for hydrotherapy pools in special schools, but the DfEE did suggest the use of guidelines outlined in the document 'Hygiene for Hydrotherapy Pools' (referenced at the end of this article).

#### 1. Information gathering of raw material:

- This involved obtaining copies of policies being used in other local special schools and liaising with them.
- The advice of professional, national bodies and special interest groups, namely C.S.P. and H.A.C.P. (Hydrotherapy special interest group) was sought, in terms of good practice guidelines and protocols.
- Texts, which are recognized in the field were considered, eg 'Hygiene for Hydrotherapy Pools' and 'Pool water treatment guide'.
- The advice of other national bodies was sought, eg DfEE, Department of Health, local Health Authority, to see if any national operating guidelines existed.
- Correspondence was undertaken with experts in the field, eg Helen Whitelock at the Royal National Hospital for Rheumatic Diseases in Bath.

#### 2. Refining the raw material into a draft policy.

At this stage it was important to consider who will be using the pool and to tailor the policy accordingly. In a special school, the pool is owned and operated by the education authority, but it is used by health staff; also the school may allocate sessions within the school day which are run by education staff, with no physiotherapists present; and finally, schools may opt to open their pools to after-school activity by parents (an informal letting), or to voluntary groups/private physiotherapists (formal lettings). The goal was to find a policy where 'one size fits all'.

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### 3. Subjecting the draft policy to peer review.

Once a draft policy existed, it was circulated to a group of interested Senior Is and was then discussed line by line, with revisions and changes made as required.

### 4. Subjecting the revised draft policy to multi-professional review.

It was only at this point that the headteachers and health and safety officers of both health and education were involved; it was hoped that the majority of obvious faults were ironed out by this stage to make best use of time. (The policies were circulated prior to the meeting.)

### 5. Implementing the policy.

The policy was provisionally accepted, and operated with an agreement to review at the end of the first year at least, if not before. Only by operating the policy does its efficacy or not become truly apparent, and disseminating the policy to all staff is a crucial part of this.

## The Content of the Policy

The main components of the policy focused on key areas:

- Legal lines of responsibility - the head teacher is ultimately responsible for health and safety, because these are education premises. However, the practical day to day matters usually involve close liaison between the head teachers and physiotherapy staff.
- Risk assessment, screening and consent - this must be carried out for all pupils using the pool for the sake of manual handling, hygiene and health issues, eg a list of common conditions encountered and their implications for hydrotherapy was included in the policy.
- Supervision and safety issues - these included security of the pool area, staff/student ratios, emergency and resuscitation procedures (including implications for staff training and testing of emergency bells).
- Staff issues - the maximum number of hours spent in the pool per day by staff is stated, also arrangements for rest periods and drinks. Staff must follow the school's intimate care policy when undressing and dressing students.
- Notation/recording issues - arrangements for recording accidents and incidents and procedures for general note taking of treatments.
- Manual handling policy and procedure - this begins with a risk assessment of the patient to ascertain the appropriate manual handling required. It includes the care and use of hoists and circumstances where normal procedures might be waived, eg cardiac arrest.



# HYDROTHERAPY - DEVELOPING A HEALTH AND SAFETY POLICY FOR A SPECIAL SCHOOL

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- Emergency procedures - described in detail, so that staff understand their roles in the event of a collapse or fire alarm. The emergency resuscitation policy is posted on the pool wall.
- Optional outside lettings section - contains conditions of use and sample contract. The main issues here are making users aware of the health and safety policy and their responsibility to screen and risk assess users. The rules on number of users and carers is clear, as is the responsibility for damaged equipment, security, insurance and payment arrangements.
- Environment issues:
  - i. Pool water testing arrangements
  - ii. Hygiene measures, eg no food or drink in clean area; procedures in event of bowel evacuation.
  - iii. Humidity and air temperature parameters.
  - iv. Care of equipment and arrangements for reporting defective equipment.
  - v. Housekeeping of pool surrounds; mopping up excess water and laundry arrangements.
  - vi. Showers - maintaining a safe temperature and use to maintain good hygiene.
- The process does take time and in a sense it never comes to an end because your policy should be reviewed regularly.
- The effective and thorough preparation of a draft document really does pay dividends at the group discussion stage and will save you time.
- Pay heed to the fact that this is a joint venture - health and education working together, have an attitude of including everyone involved.
- Be prepared to take a firm stand later with staff who are not applying the policy and be consistent even in little things. Although you may make yourself unpopular initially, eventually the good habits should be established. The job is easier if your pool is new, but harder if you are seeking to change old habits in an existing facility.
- Despite the lack of national operating guidelines, there seems to be a good measure of consensus on the main principles of good practice amongst those formulating these health and safety policies.
- Outside lettings can be somewhat of a minefield and thought needs to be given to the drafting of this section. Some of my best advice came from Helen Whitelock and her team at the Royal National Hospital for

## Some closing thoughts

# HYDROTHERAPY - DEVELOPING A HEALTH AND SAFETY POLICY FOR A SPECIAL SCHOOL

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Rheumatic Diseases, Bath (R.N.H.R.D.) who do undertake numerous lettings to voluntary self-help groups and know the pitfalls. Any private physiotherapists using your pool should be members of the C.S.P. and carry professional indemnity.

- Hygiene and maintenance - Helen Whitelock of R.N.H.R.D. drew an interesting comparison between standards in hospitals and those in special schools and noted that special schools were often lacking, because there was little or no input from the physiotherapists that use them. Her advice was to urge physiotherapists to become more involved in establishing their requirements for cleanliness and maintenance locally.
- Bather load and water chemistry/pool routines - there is a maximum bather load available depending upon the size of the pool and specification of chlorine disinfection plant in situ. As this maximum is approached, pool chemistry becomes more crucial and any failings in routines will be made manifest. The maxim of this is that if your pool is operated consistently to its limits, then your pool chemistry routines must be beyond reproach.

## Acknowledgements

Tara Davison - Lisanally Special School, Armagh

Delamere Special School

Jane Lyon-Maris - Mordaunt School, Southampton

Sandra Rhodes - Leonard Cheshire Home, Swadlincote, Derbyshire

Helen Whitelock and team at R.N.H.R.D., Upper Borough Walls, Bath, BA1 1RL.

## Useful references

Chartered Society of Physiotherapy (1997) *'Guidance on Good Practice on Hydrotherapy'*. Information paper number PA39

Hydrotherapy Association of Chartered Physiotherapists (1998) *'Hydrotherapy Standards for Good Practice'*. Supplement Sept. 1998.

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Public Health Laboratory Service (1999) *'Hygiene for hydrotherapy pools'*. ISBN 0 901144 460. PHLS Publications, 61 Colindale Ave, London. NW9 5DF.

# DEVELOPMENT OF SERVICES FOR CHILDREN WITH CO-ORDINATION DIFFICULTIES IN MAIDSTONE MAINSTREAM SCHOOLS

ANNE FINLAYSON &  
DIANNE RICKARD

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This report describes the introduction of **BEAM**, (**B**alance, **E**ducation, **A**nd **M**ovement) an initiative developed for use in Mainstream Primary Schools in Maidstone to address, through a schools based programme, the difficulties of children with co-ordination and planning difficulties. **BEAM** is a progression from a Pilot Gross Motor Skills Project which was run in a small number of Primary Schools in Maidstone. The Pilot Project was an attempt by Physiotherapists to tackle an increased number of referrals and very lengthy waiting list, of children with co-ordination problems.

The Paediatric Physiotherapy Service in Maidstone, Kent is spread across four Multi-disciplinary Therapy teams - Early Intervention and Pre-school, Child Development Centre, Special Schools, and Mainstream Schools Teams. These teams are comprised of Physiotherapists, Occupational Therapists, Speech and Language Therapists, Technical Instructors, Assistants and Nursery Nurses. The Service Manager and Team leaders come from a variety of Therapies.

The Mainstream Therapy Team provide therapy support to children in Mainstream schools mainly in the school setting. The Physiotherapist members of the team manage a mixed caseload of 200 children with long term neurological / degenerative / orthopaedic conditions. Staffing consists of one whole-time equivalent term time only. The majority of referrals are for children within Primary School. Referrals at Secondary School level tend to be children who have moved into the area or have newly diagnosed conditions. Cover within Secondary Schools is restricted to children with identified handicap, degenerative disorders or acute conditions. The Service operates a policy of open referral from involved professionals (other therapies, School Nurses, School Medical Officers, GPs, Consultants, Podiatrists, Educational Psychologists, School Staff, etc.). This policy ensures early identification and facilitates early referrals to other relevant professionals.

As indicated in Figure 1, there was a marked increase in the rate of referral of children with co-ordination and planning difficulties between 1993 and 1997. The reasons for this increase were examined. It was concluded that these conditions had received a higher profile in the media and professional publications and that similar increases were apparent nationally. Children were also entering school younger. Despite the increase in referrals the Service has maintained a policy of open referral. During the period studied, the caseload of children with identified handicaps, within Mainstream Schools in Maidstone remained fairly constant (see Figure 2)

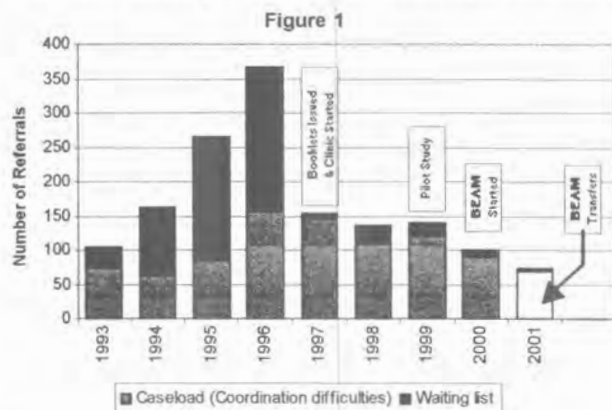


Figure 1 Results showing variation in the number of referrals of children with co-ordination difficulties over the period of study.

## DEVELOPMENT OF SERVICES FOR CHILDREN WITH CO-ORDINATION DIFFICULTIES IN MAIDSTONE MAINSTREAM SCHOOLS

Local Priorities for intervention have been developed by agreement between Physiotherapists and the West Kent HA. (Paediatric Physiotherapy Service Specification 1999-2000). All referrals are classified according to written information provided by the referrer. These categories are :-

- 1) Urgent - acute in-patient - should be seen within 24 hours.
- 2) Urgent - community - (e.g. neonatal conditions, surgical discharge etc.) - should be seen within 3 working days.
- 3) Priority - (e.g. newly diagnosed neurological / neuromuscular disorders, chest conditions) - 80% to be seen within 10 working days
- 4) Non urgent - (co-ordination difficulties, minor orthopaedic problems) 80 % to be seen within 13 weeks.

As a result of applying these priorities, a waiting list in excess of 200 children rapidly developed. Service resources were sufficient to offer a Physiotherapy service to children in categories 1, 2, and 3. Service provision to children in group 4 needed careful consideration.

Figure 2

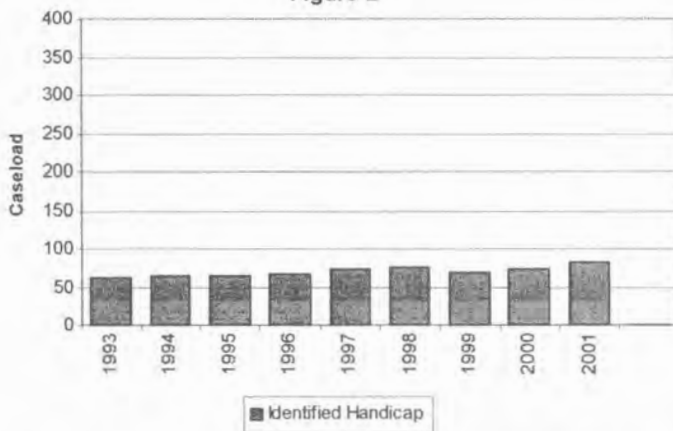


Figure 2 Results showing caseload consistency of children with identified handicaps over the study period.

Before deciding a course of action it was decided to investigate Physiotherapy service provision elsewhere in the country. Literature searches, although clinically informative, offered little advice on the logistics of offering Physiotherapy support to this group of children. Enquiry letters were submitted to "Frontline" and the ACP Journal. Several replies described Physiotherapy input in other parts of Britain, but many were seeking help with identical waiting list problems.

The Physiotherapists were contacted by Michele Lee, a Physiotherapist who has specialised in Paediatrics and in particular Dyspraxia. Michele now works in Private Practice and has lectured widely on Dyspraxia and the establishment of services for children with Dyspraxia. She runs courses on Dyspraxia for Therapists and has produced booklets on the subject. Michelle's work has shown reliable improvements achieved through 8 weeks of progressed gross motor activities, alongside a home programme, and clearly defined outcome measures. Michele gave full permission to the Physiotherapists to use all her material. The Physiotherapists were invited to observe her clinic sessions and discuss the management of this group of children. This was followed up by attending one of her courses.

Delivery of Physiotherapy to individual children with co-ordination and planning difficulties (WKHA category 4) in Maidstone was felt impractical with existing resources, but the Physiotherapists decided that an eight-

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week programme could be adapted in order to provide a Physiotherapy service for this group of children locally.

A two-pronged approach was initiated during 1997 with the writing and production of an Advice Booklet and the introduction of a regular out-patient Physiotherapy Assessment clinic.

The short advice booklet was devised by the Physiotherapists for distribution to parents, carers and school staff of children with movement and co-ordination difficulties. The booklet was also made available from Paediatricians, School Doctors and Nurses. It contained information, advice, strategies and guidance for an 8 week exercise programme covering core stability, body awareness, hand-eye co-ordination, sequencing, spatial and directional awareness.

Two hundred booklets were sent to the families of children on the Physiotherapy waiting list with co-ordination and planning difficulties, who from information given in the referral letter, appeared to have the least severe difficulties. A telephone help-line was established for parents who required further advice and information. Comments were invited on the use of the booklet as a means of giving Physiotherapy advice to the families of these children. Uptake of these facilities was less than 2%. At this stage the waiting list had been reduced from over 200 to 10.

For these remaining ten children within category 4 (WKHA priorities) with apparently more severe difficulties (from the referral information) fortnightly outpatient clinics were set up. All were offered appointments within one school term. These Physiotherapy Outpatient clinics covered assessment, advice on strategies, and implementation of an 8 week home / school programme based on Michelle Lee's approach.

Although constant new referrals were still being received, with the waiting list at a manageable level (within the WKHA agreed 13 week standard for Category 4 children) the Physiotherapists were able to take an overview of the whole Category 4 service provision within the Maidstone school population. Research suggested that nationally 6% of children experience co-ordination / planning difficulties which affect their ability to reach their full potential (2001 APCP DCD guidelines - awaiting publication). Based on the school entry population of Maidstone there were potentially over 150 children each year presenting with these difficulties. This translated into a projected shortfall of assistance for this group, of 2-3 children in every school class.

Children were now entering school at 4+ years and the National Curriculum stated expected abilities in the school setting. Some school staff began identifying children who were not previously known to Therapy Services, but who were experiencing motor planning difficulties which impinged upon their ability to access the National Curriculum. Concerns were raised with Physiotherapists who were already supporting children with identified handicaps within these schools.

The Physiotherapists decided that these difficulties should be addressed in the school setting, and seen as a developmental and educational issue. Initially, in 1998, while still continuing with the Booklet and Outpatient Clinic, an 8 week Gross Motor Programme for individual children was introduced into two Primary Schools. Programmes were carried out by Learning Support Assistants following instruction by the Physiotherapists.

Informal feedback from these individual programmes was very encouraging and they were developed into mixed-aged Gross Motor Groups of 6 - 8 children. Children included in the groups were identified by the school staff as having noticeable difficulties in tasks requiring co-ordination or balance. The Physiotherapists

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monitored the activities included in the groups which were run as rolling programmes, with different children leaving and joining the groups as deemed appropriate by the school staff. Teaching staff were enthusiastic in their support as it became evident to them that the children's listening skills and the ability to sit still, eye tracking and fine motor skills had improved following participation in the groups.

School entry offered the first realistic opportunity to screen all children for co-ordination difficulties and it was felt that if the approach was to be extended to enable these children to be identified at school entry, a documented study would be needed. In the Autumn of 1999 a Pilot Study was undertaken in 9 Primary Schools within Maidstone. The schools were selected to give as much variety as possible: size of school and socio-economic intake. The Physiotherapists instructed the School staff: Teachers, Special Needs Co-ordinators, and Learning Support Assistants in the delivery of identical 8 week programmes, with Individual Child Checklists to be carried out at the beginning and end of the eight weeks in order to measure outcomes. This checklist consisted of ten core stability activities, illustrated diagrammatically. The programme was split into four sections of two weeks each. Children included varied in age and were identified by the school staff. Results from the Pilot Study were collated by the Maidstone and Tunbridge Wells NHS Trust Clinical Audit Department during 2000. The schools not included in the project formed the control group for the study. Results have not yet been collated from this group.

In presenting the scheme to school staff the relationship between the level of development of the children's core stability and function in the classroom was emphasised. The understanding of the link between physical skills and educational progress was key to schools being willing to participate in the pilot study. The impact of poor head control on a child's ability to eye-track, copy from the board, take in peripheral information, and concentrate was explained to participating school staff. The need for shoulder stability as a prerequisite for the acquisition of fine motor skills, and pelvic stability for sitting balance were discussed. These skills are vital to a child's ability to access all areas of the National Curriculum (Wright S. [1991] - Physiotherapy for Dyspraxic Children).

Audited results of the study showed improvements across all participating school groups. Ten schools were originally invited to take part in the pilot study. One school had already undertaken individual gross motor programmes with the children, and for that reason was not included in the final results. One school dropped out before beginning the groups, and results from two schools were not available at the time of audit. Figures 3 and 4 illustrate the range of results from the six audited schools, taken from the Individual Child Checklists of the lowest achieving group to highest achieving group, before and after completing the 8 week programme. Figure 5 illustrates the Mean improvement achieved across these groups. Only tasks 1 - 7 are tabulated due to some misinterpretation and therefore inconsistencies in the results of tasks 8, 9 and 10.

School staff were enthusiastic about the improvements noted in the children - comments included "co-ordination of all improved", "noticeable difference in PE lessons", "much better understanding and joining in, this has also improved in class", "(the children are) switched on to getting ready", "after exercises children were missing it as part of their routine, asking when next to be done. Accepted it and obviously enjoyed it."

In order that the programme could be used as a screening tool at school entry the project was extended to 6 primary schools in Autumn 2000. Participating schools were asked to run the first 6 weeks of pilot package (BEAM) as in Autumn 1999 but this time for the entire Reception class. Results from the 1999 Pilot suggested that weeks 7 and 8 progressed too quickly for this age group. If school staff identified children within their groups with co-ordination difficulties, they were encouraged to run additional small group sessions for these

# DEVELOPMENT OF SERVICES FOR CHILDREN WITH CO-ORDINATION DIFFICULTIES IN MAIDSTONE MAINSTREAM SCHOOLS

Figure 3

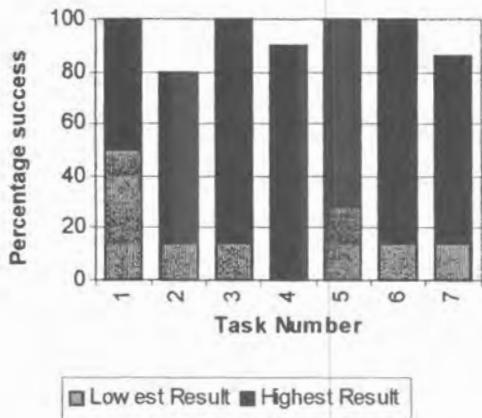


Figure 1 Results of Individual Child Checklists prior to 8 week programme

Figure 2 Outcome Results of Individual Child Checklists following 8 week programme

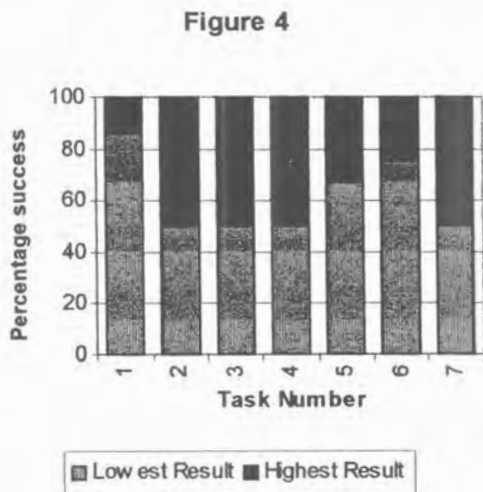


Figure 5

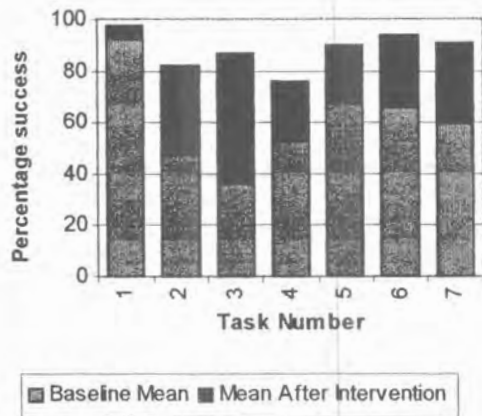


Figure 3 Indicating Mean Improvement across all school groups

pupils. None of these children had previously diagnosed conditions or were known to Therapists. Throughout 2000, 2001, **BEAM** (with its distinctive "Lighthouse" logo and connotations of "balance" and "confident smiles") has been established in increasing numbers of local schools.

The Physiotherapy Outpatient Clinic continues to be held for children in non-participating schools, as well as for any children who give concern to school staff and parents, despite inclusion in school follow-up groups. A protocol for referral of children who do not make the expected progress forms part of the **BEAM** package.

# DEVELOPMENT OF SERVICES FOR CHILDREN WITH CO-ORDINATION DIFFICULTIES IN MAIDSTONE MAINSTREAM SCHOOLS

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The total package of Booklet and In-school Programme and proposed Training Video - **BEAM** (Balance Education And Movement) is to be presented to the Education Authority with the view to the scheme being used within the Baseline Assessment at school entry, in all Primary schools throughout the Mid-Kent Education Authority. It is hoped that a stage could be reached whereby every child has received an initial screening at school, prior to referral for Therapy.

Early impressions of the effect of **BEAM** on the pattern of referrals to Physiotherapy show a reduction in the number coming from the schools participating in the project.

## OUTCOMES

Outcomes experienced since the study include:-

- There is equity of access for Physiotherapy in all categories within WKHA Priorities.
- Children referred have more complex difficulties requiring assessment and management by experienced Paediatric Physiotherapists.
- More effective inclusion of children with co-ordination and planning difficulties.
- Physiotherapists are able to target support more effectively to remaining children on the caseload.

## CONCLUSION

It was concluded from this study that, by the introduction of **BEAM**, children with co-ordination and planning difficulties could be identified within their first term in the Reception Class. They were able to make significant progress in their delayed Gross Motor Skills, allowing greater access to the National Curriculum. Children with more complex difficulties could be referred more quickly for Physiotherapy assessment and management programmes ensuring more effective inclusion.

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# DEVELOPMENT OF SERVICES FOR CHILDREN WITH CO-ORDINATION DIFFICULTIES IN MAIDSTONE MAINSTREAM SCHOOLS

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# TECHNOLOGY DEPENDANT CHILDREN

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## PAM BLAND

Senior I Paediatric  
Physiotherapist,  
Paediatric Home Care Team.

Blackburn is a region that has the highest number of technology dependant children. We have a team headed by a consultant consisting of nurses, a physiotherapist, an occupational therapist (not yet recruited) and trained care assistants. The children that the team are responsible for fit into three basic categories:

- Undiagnosed neuromuscular conditions requiring partial or full ventilation.
- Severe spasms including the trachea that has required a permanent tracheostomy and extra support i.e. humidification, oxygen etc.
- Rare syndromes causing frequent long episodes of apnoea

In the year 2000 two posts were advertised for 0.5 Physiotherapist and 0.5 Occupational Therapist. I started in post as the Physiotherapist in December of 2000; unfortunately we have not been able to recruit an Occupational Therapist.

As part of the new post I set up new protocols and training for physiotherapists, nurses and care assistants who were to be involved in caring for technology dependant children in the community. This involved liaising with other centres nationally who deal with these types of children and performing a literature search to ascertain research based best practice and solutions to problems related specifically to this group of children.

I wrote draft policies for chest clearance and suction, which were reviewed by doctors, nurses and physiotherapists at both the local hospital and regional centre. I then reviewed the policy taking into account the responses made. The policy was then used as a basis for all staff training on chest clearance.

I ran a course for staff involved with technology dependant children within the Trust. The speakers included the Consultant who co-ordinates the team, Physiotherapists from the Regional Centre and a Representative from a company which sells humidification equipment. The course covered topics relating to the child and chest clearance and there were practical workshops.

The training is now done every three months as a 1½-hour workshop so that all physiotherapists, nurses and care assistants can be updated yearly. The policies will be reviewed every year following a literature search of new research and feedback from the staff.

I am also involved in the children's other physiotherapeutic requirements as necessary i.e. mobility, statements/annual reviews.

## Recommendations

I had many problems in reviewing the literature as very little research is directly related to this area of interest. I had to find the most relevant literature that included respiratory care for the acutely ill adult or manual inflation for paediatric resuscitation for example. Research needs to take

## TECHNOLOGY DEPENDANT CHILDREN

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place on a national scale otherwise it can only be anecdotal. When discussing technology dependant children with other therapists I found that departments were having similar problems only finding anecdotal or historical solutions.

Initially it was very hard to change the practice of the care assistants who had not had any formal training with regards to chest clearance but who had been "performing" it for months. It was easier to change the practice of staff once there was a written document, with evidence based guidelines, which was provided with suitable training. I also had to change the name of "chest physiotherapy" to "chest clearance" to highlight the point that any trained person carer, parent or nurse could perform chest clearance and it was the physiotherapist's role to monitor and advise on the procedure.

Nationally we need to liaise more both as community teams and with Regional Centres looking at research and pooling of ideas. We have had sharing days with those community teams whose children are linked to Royal Manchester Children's Hospital's Trust. These have proved to be helpful especially for community teams who are about to take over the care of a technology dependent child.

I am keen to hear from anyone who has a similar caseload to share ideas. Please contact me at: Physiotherapy Children's Out-patients, Queens Park Hospital, Haslingden Road, Blackburn, BB2 3HH. Email [pam.bland@btinternet.com](mailto:pam.bland@btinternet.com)

## COURSE REVIEWS

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### Feedback from survey carried out at 'Tiddly Feet' Study Day run by APCP (NW) on 12th June 2001.

Number of participants:	42 - plus 2 organisers (44)
Number of physiotherapists:	41 - 33 APCP members 8 non-members (physiotherapists) 3 Podiatrists

A total of 19 replies were collected at the end of the day. Three further were posted back later. The results are based on these 22 replies. Four, however, indicated they had no involvement with children with CTEV or CTCV but it is possible that a service is provided from elsewhere eg local hospital physiotherapy. Two replies indicated that they came from the same unit so were taken as one.

Thus the results are based on 17 replies. The aim of the survey was to look at similarities and differences in the physiotherapy management of CTEV and CTCV, newborn to 18 months. A distinction was made between positional and structural 'deformities'. There is no standardised system for categorising structural deformity so all babies with "bony and/or subcutaneous soft tissue restriction with limitation to full passive range of movement" were considered together.

#### Positional

Type of deformity	17/17 saw CTEV 14/17 saw CTCV
Age of first contact	14/17 either at birth or within 5 days 2 replies stated within 2 weeks 1 reply stated 2 - 6 months.
Treatment	17/17 used passive movements and active assisted techniques 8/17 used strapping of whom 3 specified only occasionally
Average number of contacts, range was 1 - 10 contacts	11 indicated 1 - 4 contacts 2 indicated 6 - 8 contacts 2 indicated 8 - 10 contacts 1 indicated 10 contacts 1 reported 'variable'
Age at discharge	7 replies indicated 2 - 4 weeks 6 replies indicated 1 - 3 months 2 replies indicated 4 - 6 months.

#### Other comments

1 reply did not identify a discharge time scale. 3 replies indicated babies could be followed up until walking or 'on feet'. 2 replies reported 'varies'.

# COURSE REVIEWS

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## Structural

Results based on the same 17 replies. 3 replies indicated no input with structural CTEV (in addition to 4 with no involvement at all).

Therefore 14 replies are used for these results.

## Pre-operatively

- 13 indicated passive stretchings
- 8 indicated strapping was used
- 8 indicated involvement in plastering
- 6 indicated use of some sort of splinting.

## Age of first surgery

- 1, 3 - 4 months
- 2, 6 - 8 months
- 3, 8 - 9 months
- 2, 9 - 12 months
- 3, 6 - 12 months
- 1, variable - depends on the outcome of conservative management
- 2 indicated no surgery had been required for the past 18 months 'however severe the deformity'.
- 3 did not indicate any age.

## Post-operative management

8 replies indicated there was some form of post-operative stretching/mobilisation but especially the role of parental training and advice.

## Frequency of input (post-op)

- |   |   |
|---|---|
| Use of strapping (clearly defined in 9 replies)   | 6 - 2 x weekly                                  |
|   | 1 - 1 x weekly                                  |
|   | 2 - 3 x weekly                                  |
| Use of stretching (clearly defined in 11 replies) | 5 - 1 x weekly                                  |
|   | 1 - 1-2 x weekly                                |
|   | 5 - 2 x weekly                                  |
| Plastering (defined in 11 replies)                | 8 - 1 x weekly                                  |
|   | 2 - daily, 6 months                             |
|   | 1 - done by orthopaedic conservative management |

## Appliances used Post-Operatively

- 1 - special boots (type not specified but done by Orthotist)
- 1 - straight laste shoes
- 2 - CLUBAX

## COURSE REVIEWS

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- 3 - BEBAX
- 1 - DENNIS BROWN
- 3 - PIEDROS later
- 4 - AFOs
- 3 - Night splints
- 2 - splints on boots (type not specified)

Note the 22 replies represents 53% return rate from physiotherapists attending the study day. However, many of the course attendees came with a colleague from the same unit so it likely that only one reply per service was submitted. If this is true, only 31 replies from the 41 physiotherapists would be expected, giving a return rate of 76%.

From this snapshot based mainly on north west services there is considerable time and effort directed to the management of both positional and structural foot problems in the baby and infant.

I would welcome discussion particularly around the management of positional talipes in order to ensure that all children who benefit from physiotherapy involvement have access to it.

Lesley Turner  
Supt. Paediatric Physiotherapist  
Queens Park Hospital  
Blackburn, BB2 3HH

# COURSE REVIEWS

Copy of the questionnaire used to obtain the information used in this Study Day.

## PHYSIOTHERAPY MANAGEMENT OF CONGENITAL TALIPES EQUINO VARUS AND CONGENITAL TALIPES CALCANEAL VALGUM

### AIM

To look at similarities and variations in the physiotherapy management of CTEV and CTCV in the age range **newborn to 18 months**.

### MEANS

A survey of current practice as identified by paediatric physiotherapists attending APCP study day (North West region) on 12th June 2001.

### PLEASE TICK ALL APPROPRIATE BOXES

#### Positional Definition

Full passive range of movement is possible only with apparent skin 'tightness'.

Type of 'deformity'

CTEV

CTCV

Age of 1st contact

.....

#### Type of input

#### How often seen

Passive movement

.....

Active assisted techniques

.....

eg skin stroking

.....

Strapping

Average/approximate number of contacts

.....

Average age at discharge

.....

#### Structural definition

Bony and/or subcutaneous soft tissue restriction with limitation to full passive range of movement.

Type of deformity

CTEV

Other (please specify)

.....

.....

Is involvement:

Pre-operative

Approximate age of 1st surgery

.....

Conservative management

#### Type of input

#### How often seen

Passive stretching

.....

Strapping

.....

# COURSE REVIEWS

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## Type of input

Plastering

Splinting

## How often seen

.....

.....

Post operative

Type of input

.....

Use of appliances (please specify types)

Splints

.....

Special boots

.....

## COMMENTS

Thank you for your help

L J Turner

Although this survey is anonymous, if you would like feedback, please complete the information section below and the results will be sent to you.

Name .....

Address .....

.....

..... Post Code .....

Trust Name .....

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## COURSE REVIEWS

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### The Bath Hydrotherapy Course 2001

The Bath Hydrotherapy course has been running for many years now and has acquired a reputation as the gold standard for hydrotherapists, being regarded in much the same way as the Bobath course in the neurological domain. The city of Bath provides a very apt setting for a course in hydrotherapy, as it is a kind of spiritual home for the modality, with a heritage stretching back to AD44 and the arrival of the Romans. A visit to the Roman baths was included in the course and the participants had a sense of being the latest in a long line of water-based practitioners!

The course was run this year with 10 enthusiastic participants from varying clinical specialities, beginning in March and lasting through to the end of September. It involved a commitment to:

- A reflective diary, which was completed over the whole period
- Pre-course reading pack, to be completed before the residential course
- A residential course of 5 weeks and 2 days in Bath during May and June, with a typical day consisting of a mixture of lectures and 2 practical pool sessions.
- A practical assessment of skills using an unseen, patient model in the last week of the residential placement.
- Written assignments to be submitted approximately 3 months after the end of the residential placement, consisting of the reflective diary, a patient case study and a critical literature review on a topic chosen by the student.

The goal, by the conclusion of the course, was to provide participants with a thorough and wide-ranging guide to hydrotherapy in all its many different facets, covering everything from water-based assessment to notation, from health and safety to running a service, and from research to pool chemistry. The theoretical foundation was established first with lectures and practical sessions on hydrostatics and hydrodynamics, contraindications and physiological effects of immersion. Later, the different conditions encountered were covered widely and, for the most part, thoroughly although participants did request more on orthopaedics. Topics included paediatrics, osteo and rheumatoid arthritis, sports injuries and conditioning, aqua natal, neurology, ankylosing spondylitis, low back pain, osteoporosis and fibromyalgia. Treatment techniques were also addressed with heavy emphasis on Bad Ragaz, also Halliwick, passive oscillatory techniques, stabilisation of muscle imbalance, passive stretches and balance/gait re-education techniques.

The participants were also encouraged to reflect on their own learning through their diaries, as well as by sharing knowledge and by treating patients on a series of 4 placement days at local hospitals. The ultimate assessment of their progress came first with their practical patient assessment and later with the written assignment!

The lecturers were largely enthusiastic exponents of hydrotherapy and very approachable, joining in with social events, and none more so than Helen Whitelock, who formerly led the course and retired this year.

The course organisers also had a goal in mind to promote more research into hydrotherapy-related topics; to provide the tools to run external courses in people's localities; and to generally advance the cause of hydrotherapy within the NHS, by running successful services...which is not always an easy task, it being a relatively expensive modality. In the future it is proposed that the course will count as credits towards a MSc. Evaluation sheets were used extensively and there was a visit from an external assessor, Alison Skinner, at the conclusion of the

## COURSE REVIEWS

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course, to permit more feedback to be given by participants.

In conclusion, the author does now feel much better equipped in the principles and practice of hydrotherapy than was formerly the case. The course does represent a commitment to the modality and attending is a sign that the modality will figure large in your career in the future, so in this respect it is merely a stepping-off point, as learning is a life-long thing. The actual configuration of participants was significant also, as it was refreshing to take a wider view of hydrotherapy among the many different specialities represented; the sharing of ideas from other clinical areas opened up more avenues for discussion than would have been the case on a paediatric hydrotherapy course.

For more information on the Bath Hydrotherapy Course, contact:

Chris Washbrook or Sue Gray,  
Royal National Hospital for Rheumatic Diseases,  
Upper Borough Walls,  
Bath, BA1 1RL

The author would like to thank once again the N.W. branch of A.P.C.P. who generously provided a study bursary for the course; and also Wrightington, Wigan and Leigh NHS Trust, who also assisted with funding and study leave.

Susan Booth  
Senior Paediatric Physiotherapist  
Wrightington, Wigan and Leigh NHS Trust  
c/o Mere Oaks School  
Boars Head  
Wigan  
WN1 2RF  
Tel. 01942 826818

# APCP MATTERS

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## Information on the Private Practitioners' Register

One of the roles of the Vice-Chair of APCP is to be responsible for keeping an up-to-date list of those paediatric physiotherapists willing to carry out private work. Many requests are received by members of the National Committee asking for details of paediatric physiotherapists willing to provide private treatment and these are passed on to the Vice-Chair. The requests may be from parents, physiotherapists, paediatricians, nurse managers or other professionals.

Following a request for the private practitioners' register, the Vice-Chair sends out the complete list of names along with a covering letter explaining how members volunteer themselves for listing and that their inclusion does not constitute a recommendation from APCP (see Appendix 1).

APCP members on the private practitioners' list can now choose to have contact telephone numbers and e-mail addresses included with their details.

The National Committee often receives queries on what fees are charged for private physiotherapy and this prompted us to look at this question.

I contacted the CSP in May 2001 and spoke to Gwyn Owen, Professional Advisor, who sent me an OCPPP Regions Map-Analysis of Fee Levels, and a list of Clinical Interest and Occupational Groups.

I wrote to all the groups to ask what they recommend to their members on charges for private physiotherapy.

The main findings were:

- some groups suggest members should contact the CSP or OCPPP for guidance;
- OCPPP does not advise members or publish any recommendation of fees to members following legal advice to conform to the requirements of the Competition Act. To do so we would be in breach of the Act;
- prices vary in the regions eg more expensive in London, ranging from £40 for a home visit to £60 or £70 if the patient has private health insurance. Other examples include £30 for an initial visit of 45 minutes and £35 for those with insurance. Longer treatments eg 1 hour, may cost £45.

I wrote also to the National Association of Paediatric Occupational Therapists but did not get a reply and only had one response from six Private Insurance companies.

The Private Insurance company that replied pays up to the customary level of fees. For physiotherapists they pay up to £35 for an initial treatment (which includes the patient assessment) and £30 for a standard treatment.

Other information on private physiotherapy includes:

Thinking of Private Practice? Information Paper. Number PA7 - available from the CSP

Private Practitioners details can be found at [www.physiofirst.org.uk](http://www.physiofirst.org.uk)

Members of APCP willing to provide private treatment - list held by Vice-Chair. (See Journal for details)

# APCP MATTERS

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*Example of standard letter sent in response to a request for information from the APCP Private Practitioners Register.*



ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

8 Ballyloughan Avenue,  
Ballymena BT43 5HN,  
Northern Ireland.  
Date.

Mrs. S. Smith,  
4, No Street,  
Newtown,  
Anywhere,  
BT43 5HN.

Dear Mrs. Smith,

Thank you for requesting the list of our members who are willing to treat private patients and I have pleasure in enclosing an up to date list.

You should be aware that members volunteer themselves for listing, and that their inclusion does not constitute a recommendation from APCP.

Paediatric Physiotherapy is a very broad field, and different Physiotherapists will have different expertise and experience. You should ensure that the Physiotherapist of your choice has the skills you require.

If there is not a Physiotherapist listed from your area, you may like to contact the APCP regional representative for your region, who may be able to provide additional names.

Her name is:-

Yours sincerely,

ADARE BRADY  
Vice Chair APCP.

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Appendix 1

A clinical interest group of  
THE CHARTERED SOCIETY OF PHYSIOTHERAPY



# APCP MATTERS

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## THE APCP JOURNAL

ISSN 1368-7360

## GENERAL INFORMATION FOR CONTRIBUTORS

### ARTICLES and FEATURES

We are unable to offer any remuneration for articles printed

Articles should be submitted typed, double-spaced on one side of the paper and the pages must be numbered consecutively. Photographs and diagrams are desirable as they add interest to an article and attract the reader.

Manuscripts should clearly show the Title, Name(s) of author(s) and an address for correspondence. A small photograph and thumbnail sketch or mini CV of the author(s) is also useful.

For further advice see the inside back cover of any APCP Journal.

Please send a printed copy and, if possible a disc in word 6 format

### ADVERTISEMENTS

Study Days and Courses – Free for all APCP regional and national events

All other study days and courses along with recruitment and advertisements placed by any other interested parties will be charged as follows:-

Full Page	19cms X 15cms	£200
Half Page	9cms X 15cms	£100
Quarter Page		£50

Currently a full mailing of the membership with single A4 flyers inserted into each journal will be charged at £500. Costings for larger inserts will need to be negotiated with the editorial board.

It is preferable that copy for advertisements is submitted complete with typesetting and artwork. The printers will typeset from text if necessary.

### COPY DATES

Distribution date	Copy to be with the editor by
The second week of March	1 <sup>st</sup> February
June	1 <sup>st</sup> May
September	1 <sup>st</sup> August
December	1 <sup>st</sup> November

The Editorial Board reserve the right to edit all material submitted

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# RESEARCH

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## APCP Research Study Day

A reminder of the research study day, which is being organised for April 12 2002 at Homerton College in Cambridge. We have some excellent speakers talking on this day, on ethical considerations in paediatrics, thinking about methodologies, and the process of setting up a project. There will be a free paper session during the afternoon. I am hoping that we will be able to encourage many of you to share your findings whether you have completed a small paediatric project for a MSc, or have been involved in larger projects. This is the first time that the APCP have included a free paper session in a national study day and I am sure we should be able to make it really exciting. I know that there are many interesting projects going on all around the country. If you are not able to present on this day, please do consider a poster presentation of your project. Please do come and support this day. Details and application form are in this journal.

## CSP Research Priorities

The CSP is currently running a project to establish priorities for research in physiotherapy in the UK. This should enable the Society to more effectively influence the targeting of funding, and possibly guide distribution of its own research funds. They are aiming to come up with a priority list of up to 30 research questions.

Anyone can submit as many questions as they wish. Please do give the CSP ideas for paediatric questions as we need to be informing them of areas most needing research. Questions can be sent 'on line' under What's New on [www.csp.org.uk](http://www.csp.org.uk). Alternatively contact Marion Attew at the CSP (Tel: 020 7306 6617).

## Useful Websites

RDInfo: This database is now funded by the DoH and is available on [www.rdinfo.org.uk](http://www.rdinfo.org.uk). It is easily searched to find over 800 funding sources for healthcare research in the UK. This covers 1700 different awards totaling over £45m. Well worth a look.

RDAnnounce: This new web-based NHS R&D alert facility carries details of the most recent announcements from the DH?NHS R&D. It includes funding calls, key publications and other developments such as policies. It is found on [www.doh.gov.uk/research/rdannounce.htm](http://www.doh.gov.uk/research/rdannounce.htm)

PEDRO: <http://ptwww.cchs.usyd.edu.au/pedro/> This is a database of abstracts of randomized controlled trials of physiotherapy topics

NICE database: [http://.nice.org.uk/database/db\\_ind.htm](http://.nice.org.uk/database/db_ind.htm)

Current controlled trials:

[http://controlled-trials.com/ligin.cfm?form&returnto=home\\_page.cfm](http://controlled-trials.com/ligin.cfm?form&returnto=home_page.cfm)

## RESEARCH

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[www.ex.ac.uk/stloyes/schhom.htm](http://www.ex.ac.uk/stloyes/schhom.htm) Electronic distance learning module: the University of Exeter have produced a module to introduce principles and application of evidence based practice

Chartered Society of Physiotherapy: [www.csp.org.uk](http://www.csp.org.uk)

### **Additional web-sites to visit**

CIRRIE is the Centre for International Rehabilitation Research Information and Exchange. They have a free database for international research on rehabilitation. It also has a directory of international research centres and conferences. <http://cirrie.buffalo.edu/search>

(PIER) Paediatric Information and Education Resource

This is a free web site developed by the Sheffield Children's Hospital to encourage communication between health professionals involved in the care of children. The site contains many national and local guidelines for paediatric care, examples of patient leaflets, educational material and research findings. <http://www.pier.org.uk>

Username: PIER Visitor, Password: Browse

Sarah Crombie  
Research Liaison Officer

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## REGIONAL REPORTS

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### EAST ANGLIA

You should have all received your renewal forms by now together with a newsletter outlining proposed study days for 2002. Unfortunately, plans for a study day this Autumn were not fulfilled as we were not able to schedule speakers. But as you will have seen from the newsletter we have a full programme already organised for next year to include the AGM in March at Addenbrookes Hospital. For further details for this please see the COURSES section!

We should shortly be in contact with the CSP to begin looking at plans for Congress 2002 at which East Anglia will be organising the APCP programme – further details will be available in March's journal. Also don't forget that the National AGM is to be held in our region this year (in Cambridge) and will be held in conjunction with a study day on the topic of research – if you haven't been to a National AGM before, why not take this opportunity?

You will also be aware that we now have a book/video library set up. We will be looking to expand this as funds permit and would welcome recommendations from members. Work is also underway to launch our website on which you will be able to access information regarding future courses, book lists etc.

If anyone out there is interested in becoming more involved with APCP, there will be a couple of vacancies on the Regional Committee and we would welcome nominations – please contact me for further information.

FIONA DOWN

### SOUTH WEST

Unfortunately the Respiratory Study Day scheduled for October in Winchester had to be cancelled – this will now run early next year. Please check 'Frontline' for details. There have been no afternoon workshops recently – is there anyone out there willing to organise one please?

By now you should all have had your membership renewal reminders. Please return them promptly and encourage work colleagues to join too.

PAM EVANS

### WEST MIDLANDS

The committee are pleased to be running a study day on Neuroplasticity with speaker Dr M Mayston (Director of Bobath Centre).

This is to be held on Friday 1st March 2002 in the Education Centre at Birmingham Children's Hospital.

Cost is £25 (APCP members), £35 (non-members).

For an application form, send a stamped envelope to: Helen Copestake, 2 Upper Clifton Rd, Sutton Coldfield, West Midlands, B76 6AL (Tel. 0121 255 4129)

Closing date for applications is 1st February 2002.

We think this will be a great study day, so book early to avoid disappointment.

FIONA NICHOLSON

### SCOTLAND

Dear Paediatric Physios North of the Border

At the end of October I posted the Direct Debit Membership Renewal forms to all those of you who are currently or were members of APCP in 2000.

Please share this with colleagues and other contacts in your area and hopefully in 2002 the membership will continue to rise.

At the time of writing the Botulinum Toxin Study Day in Edinburgh is 10 days away and I know I will see many of you at the Engine Shed. The committee will meet then to finalise the detail for the MIXED BAG in the spring so watch this space and renew your membership and update your details for information to come directly.

All APCP conferences in the foreseeable future are in England, mostly quite South of England, and I know this is expensive both financially and in terms of time, so please if possible support Scottish Study Days.

Kind Regards

LESLEY SMITH

## REGIONAL REPORTS

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### WALES

We commenced our Autumn programme with a dinner to say farewell finally to five long-standing members of our committee who were to leave us. A wonderful choice of meal awaited us, ranging from wild boar through to shark with a side look at ostrich! Your correspondent stuck to the mushroom stroganoff but got very excited by the cheesecake.

Our new committee got off to a flying start with a prompt organisation of the Autumn programme, starting off with an afternoon talk from Diane Rogers M.C.S.P. on Paediatric Respiratory Problems in the Community. This was well attended and, as usual, Diane gave a superlative delivery.

October found us running another afternoon lecture with Liz Atter M.C.S.P., who talked us through her work on Developmental Co-ordination Disorder and left us wishing that a whole day had been set aside – there was so much to learn.

On November 28th we are holding a Cerebral Palsy Problem Sharing Day – led by Jenny Carroll M.C.S.P., Director of Bobath Cymru, who will help us with problems that we may have within our caseload. Jenny will be working with three or four patients on the day.

We hope to receive plenty of membership feedback on ideas for study days in the New Year, and would ask you all to get in touch.

We have also started a video lending library, which is being run by Caroline Grey at Trinity Fields School, Ystrad Mynach, and she would be very pleased to hear about videos that you recommend us to buy.

We are most pleased to announce the arrival of [www.apcp-wales.org.uk](http://www.apcp-wales.org.uk). Yes, we have a website! which will be fully operational by the end of November. We have acquired our domain, and we are now composing the content. A website will give us great professional potential for communication, training, growth and exchange of ideas – within Wales, nationally and internationally, so we invite you all to log on!

You may have noticed that your regional rep. has changed. Sian has moved on to be membership

secretary on the national committee, but thankfully remains on our local committee, as we would be lost without her in many ways. May I take this opportunity to thank her for being such a positive and effective rep. without losing that essential “Sian-ness” that we all enjoy.

I am not a Welsh speaker, but I would still like to carry on Sian’s tradition and conclude with - Hwyl!

JILL WILLIAMS

### NORTH WEST

The Sharing Day on 22<sup>nd</sup> October was a success and created a lot of interest not just from physiotherapists. The committee would like to thank Karen Leslie for all her hard work in organising a venue and speakers.

The next course will be on 2<sup>nd</sup> March, 2002 at Warrington General Hospital preceded by the NW APCP AGM. The speaker will be Chris Barber who will talk on hypertonicity. Further information will be sent to members in the New Year.

In 2004 the NW APCP will be holding National Conference. If any of you are interested in helping to run conference or have any ideas for topics or speakers please contact me before the AGM.

We continue to have bursaries available for NW members. Please contact Lesley Turner, Physiotherapy, Queens Park Hospital, Haslingden Road, Blackburn, BB2 3HH, if you would like financial support with courses, study days etc.

Please remember to renew your membership and encourage your colleagues to take up the benefits of being a member, lets be the first region to have a membership of over 200!

The committee wish you all a Happy Christmas and all the best in the New Year, see you at the AGM 2002!

PAM BLAND

## REGIONAL REPORTS

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### NORTH EAST

The 'soft foot orthoses' study day in York was fully subscribed to and very successful with good to excellent feedback from the evaluation forms. The half-day was positively received as it allowed participants the opportunity to afternoon shop in York. This will certainly be considered again by the committee when planning future study days.

The next study day will be with the AGM on Saturday 9<sup>th</sup> March 2002 in Leeds. The day will be on Manual Handling facilitated by Julia Graham, author of the APCP Paediatric Manual Handling publication. This day will be free of charge to members. A flier to remind you and with more detail will follow early in the New Year.

By now you will have received your renewal forms for 2002 subscription to APCP. It will help greatly if these can be dealt with promptly by those of you who do not pay by direct debit. This last year has seen the biggest membership ever for the NE – 191!! It would be great to top 200 – get working on those colleagues who are not members.

Greetings for the festive season and may you all have a wonderful 2002.

MARY HARRISON

### LONDON

There was an excellent turn out in October for Miss Min Mehta's evening lecture on 'the non-operative approach to the treatment of scoliosis'. Min is a Consultant Orthopaedic Surgeon who, until her retirement, practised orthopaedic medicine. Her innovative work in getting the spine in idiopathic scoliosis to 'grow straight' gave for a very interesting and thought provoking evening, particularly as early recognition of spinal asymmetry is amenable to physiotherapy (advice on positioning, stretching, massage etc). Hopefully Min's work will be continued as there was certainly much enthusiasm and interest from the audience.

During the evening several people suggested topics for study evenings/days. Please keep your ideas

coming in. We would much prefer to provide talks on what *you* want so if you have any burning desires please ring Kate Beattie (020 8444 3355) and we'll see what we can do!

With Christmas bearing down on us with alarming rapidity your committee would like to wish everyone a really Happy Christmas and a Peaceful New Year

JEANNE HARTLEY

### SOUTH EAST

I would like to introduce myself to you all as your SE Representative. I was appointed at the AGM held in March 2001 at Goldie Leigh, Lodge Hill to replace Sarah Crombie who has been appointed to the National Committee as Research and Development Officer. On behalf of the regional committee and the members of the branch, I would like to express our sincere thanks to Sarah for all her hard work and wish her every success in her new role.

The regional committee has organised two very successful courses in 2001. The first was held on the same day as the AGM in March. This was run in a workshop format and proved very successful with 25 members attending. Subject matters, chaired by members of the committee, for discussion included:

- Moving and Handling in Special Schools
- Hemiplegia in Mainstream Schools
- Prioritising of children in secondary school, primary school and pre-school
- Outcome Measures in Paediatrics.

This really proved a valuable, enjoyable and informative day and members commented on the relaxed sharing experience with good interaction which was well facilitated. Copies of the main points discussed in each individual workshop will be circulated with the next newsletter.

The most recent day was held at Queen Elizabeth Hospital, Woolwich on 15th June 2001. The subject matter was "Cerebral Palsy - an overview of the CNS, aspects of tone, spasticity and pathophysiology"

## REGIONAL REPORTS

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conducted Dr Margaret Mayston, Director of Bobath Centre. The meeting was very well supported with over 160 people attending. This proved an excellent day. Comments from participants included "stimulating", "thought provoking", "more please!" Well done one and all!

Following this day, the committee is trying to arrange further study days in 2002, to be run in smaller groups in possibly four areas of the region. These will aim to allow us to explore the practical application of the most recent theories surrounding aspects of tone and spasticity. Watch this space for further info.

We always welcome ideas for future study days so if you have any suggestions please let your committee know.

The next study day will be held on Saturday 9th March 2002 at Goldie Leigh, Abbey Wood, SE2 0AY. It will again be conducted in a workshop format focusing on the topic "Children with physical disabilities in main stream school". Cost will be free for members, £5 for non-members. Numbers will be restricted to 45. Please contact Sonya Bartola, Senior Physiotherapist at Goldie Leigh for further information. Further details will also be published in 'Frontline'. This day will also include the 2002 AGM.

The SE Region funded four bursaries this past year towards members attending various courses including the Paediatric Bobath Course, APCP conference in Sheffield and a MSc in Management of Childhood Disability. Please apply to Holly Garwell or to Carol Dooley, Chairperson, to request an application form. You never know, you may be successful!

Please do not hesitate to contact me (Tel. 01227 783042) or write to me if you have any matters you would like me to take forward for you all to National Committee.

PETA SMITH

### NORTHERN IRELAND

The N.I.A.P.C.P committee would like to thank Yvonne McKeown for a very enjoyable and informative meeting in September on Paediatric C.P.R.; Yvonne is a Resuscitation Trainer for United Hospitals Trust.

The next meeting will be in November when we are having an update on the neuromuscular stimulation study for children with cerebral palsy.

At the end of November we are looking forward to the practical manual handling course, and we are delighted to have Julia Graham back as the course tutor.

Finally I would like to wish all the N.I.A.P.C.P. members a very merry Christmas and a happy New Year!

JUDITH MCARTHUR

### TRENT

Trent has a Hydrotherapy and Floatation day planned for the 10th November.

The next Trent meeting will be held at Chesterfield Royal Hospital, Calow on Tuesday 11th December at 5 p.m. All Trent APCP members welcome, as we are continuing to have poor attendance at meetings.

Any ideas for further courses please contact me on 01142 267 890

CLAIRE HILL

# APPLICATIONS FORM FOR APCP PUBLICATIONS – 2001

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## 2001 Publications:

### **Evidence Based Practice in Paediatrics:**

- Management of Obsteretic Brachial Plexus Palsy ..... £3.00
- Hip Subluxation and Dislocation in Children with Cerebral Palsy ..... £3.00
- OR ..... £5.00 for the pair - (**Postage & Packing included in price**)

- 
- 
- Paediatric Manual Handling - Guidelines for Paediatric Physiotherapist ..... £10 (Postage & Packing included in the price)
  - Human Postural Reactions - Lessons from Purdon Martin by Dr. John Foley ..... £5 (Postage & Packing included in the price)

### **P & P not included in the following prices:**

- Tests & Measures Resources Pack (2<sup>nd</sup> edition) ..... £3.50
- Haemophilia Booklet ..... £3.50
- Baby Massage ..... £1.00
- The Children Act 1989 "A synopsis for Physiotherapists" ..... £2.50
- Standards of practice ..... (update due April 2002)
- Statutory Assessment of Children with Special Educational Needs ..... (to be updated)
- Guidelines for Calculating Caseloads ..... (to be updated)

TOTAL BOOK ORDER    £  
\*UK POST & PACKING    £

\* POST & PACKING COSTS (UK Only)

Single copies: £0.50  
2 - 5 copies £1.00  
6-10 copies £2.50

**MORE THAN 10 COPIES OR FOR POSTING TO OUTSIDE UK - POSTAGE UPON REQUEST PLEASE**

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### **TERMS : \*\*STRICTLY CASH WITH ORDER\*\***

\*\*Cheques & postal orders or Money Orders made payable to "APCP Publications" & included with order

### **SEND ORDER WITH PAYMENT to:**

Eileen Kinley, Supt. Physiotherapist, CDC, Royal Liverpool Children's NHS Trust,  
Eaton Road, Liverpool L12 2AP Tel: 0151 228 4811 ext 2660

Name & Address for delivery: .....

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## HERE AND THERE

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As many of you will know The Code of Practice for Special Educational Needs is about to be re-visited in parliament. The following statement has been issued by Gwyn Owen at CSP Headquarters and is accompanied by information made available from the DfES News Centre which may be of interest to those working within the field of education.

### **Special Educational Needs**

Readers may be aware that the Code of Practice for Special Educational Needs is being revised. The Code was withdrawn from parliament during the last session as Ministers listened to particular concerns.

Feedback from the civil servant involved would suggest that the Code will be laid before parliament during this session. Once the Code has been finalised, the revised SEN guidance will be published.

Implementation of the revised Code is likely to mean that physiotherapists will be required to specify the amount of input needed in a child's statement of SEN.

Once the Code and guidance has been published, the Society will publish a policy briefing paper to inform members of the changes and how these relate the wider policy agenda.

Contact Gwyn Owen @ CSP for further information

020 7306 6615

oweng@csphysio.org.uk

Oct 2001.

### **£91 MILLION FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS: ASHTON PRESS RELEASE FROM DEPARTMENT FOR EDUCATION AND SKILLS**

**29 October 2001**

Pupils with special educational needs in mainstream and special schools across the country will benefit from £91 million of funding in 2002-03, Schools Minister Catherine Ashton announced today. This marks a five fold increase in the special educational needs Standards Fund since 1997-98.

The funding will help schools and local education authorities:

- train teachers of pupils with special educational needs (SEN);
- be flexible in how they prioritise their SEN spending;
- build up partnerships with health and social services;
- improve therapy services for children with special needs and disabilities;
- promote high quality education for children and young people who cannot attend school because of medical needs; and
- raise the educational attainment of children and young people in public care.

Catherine Ashton said:

"The Government is committed to ensuring that all children, whatever their circumstances, have the opportunity to develop their full potential and play an active role in society. We are continuing the drive to raise standards

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of education for all children, including those with special educational needs.

"That is why, for the fifth consecutive year, we have increased funding for SEN from the Standards Fund. It will have grown from £17 million in 1997-98 to £91 million by next year – a five fold increase. The fund is a key source of funding for training teachers and other staff involved in teaching pupils with SEN, and helping pupils with disabilities.

"The extra funding for SEN next year will play an important role in helping schools prepare for the revised SEN Code of Practice, which, subject to Parliamentary approval, will be implemented in January 2002. It can also be used to help schools and local educational authorities prepare for their responsibilities under the SEN and Disability Act 2001 which secures improved rights for disabled children."

Catherine Ashton also announced the creation of a new working group to advise on ways of delivering practical improvements in SEN provision, particularly through partnerships between education, health, social services and the voluntary sector. The group includes teachers, SEN Co-ordinators, health experts, local education authorities, OFSTED and voluntary groups working for children and parents. Its first meeting will be in November.

Catherine Ashton said:

"This new group will play a key role in helping us get the implementation of the SEN elements of the White Paper right. Through its high level expertise and wide range of participants it will provide a comprehensive source of advice and information on the most effective ways of helping children with SEN. I look forward to working with the group and very much appreciate its members' commitment to this vital work."

### Editors Notes

This Press Notice applies to England.

1. The £91 million available through the Standards Fund in 2002-03 compares to £82 million in the current year (2001-02), £55 million in 2000-01 and £35 million in 1999-2000. Information on the Standards Fund is available on the web at [www.dfes.gov.uk/standardsfund](http://www.dfes.gov.uk/standardsfund) The guidance "Standards Fund 2002-03" is also available from DFES Publications on 0845 60 222 60 ref DFES/LEA/054/2001.

2. The SEN element of the Standards Fund is part of the Inclusion block whose main aim is to remove barriers to progress, address special educational needs and promote social inclusion. The key SEN areas identified for support are: SEN and disability training for teachers, learning support assistants and others; inclusion (including for pupils with emotional and behavioural difficulties); therapies; early intervention structures; preparation for implementation of SEN and Disability Act 2001; children in public care; and children unable to attend school due to illness or injury.

3. The draft SEN Code of Practice gives practical guidance to LEAs, schools and others on identifying, assessing and making provision for children with special educational needs. The current Code of Practice has been in place since 1994. Consultation on a revised draft took place last year and an amended draft was placed before Parliament for approval in June but was withdrawn in the light of concerns about the guidance on

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quantifying provision in children's statements of SEN. A revised draft, addressing those concerns, was placed before Parliament for approval on 23 October. Subject to Parliament's approval, it will come into force in January 2002.

4. The full title of the SEN Working Group is the 'Ministerial Special Educational Needs Implementation Working Group'. It will be chaired by Catherine Ashton. Members are as follows: Andrew Baxter, Director of Education, Cambridgeshire LEA; HMI Kathie Bull, OFSTED; Denise Duffin, SEN Co-ordinator (SENCO), Selhurst High school, Croydon; Professor Alan Dyson, Special Needs Research Centre, Newcastle Upon Tyne; Paul Ennals, Chief Executive, National Children's Bureau; Professor David Hall, President Royal College of Paediatricians; Madeleine Henley, Head of Children's Services; Elizabeth Marshall, SENCO, Almondbury Infants and Nursery School, Kirklees; Dr Philippa Russell CBE, Director, Council for Disabled Children; Kathy Scruton, headteacher, Bernards Heath Infant School, Hertfordshire; Dame Dela Smith, headteacher Beaumont Hill Special School, Darlington; Alan Steer, headteacher, Seven Kings High School, Essex, Mike Taylor, Assistant Head, Swinton Comprehensive School, Rotherham; Professor Panos Vostanis, Greenwood Institute, Leicester University; Christine Walker, Head of Portage, Bromley; Mike Wilson, Assistant Director Pupil Services, West Sussex.

### Contact Details

Public Enquiries 0870 000 2288, [info@dfes.gsi.gov.uk](mailto:info@dfes.gsi.gov.uk)

Press Notice 2001/0366

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Glasgow G33 3SW

Email [marina.m@ntlworld.com](mailto:marina.m@ntlworld.com)

### PAM's NEUROMUSCULAR SYMPOSIUM: 21<sup>st</sup> MARCH 2002

The first Scottish Neuromuscular symposium aimed specifically at professionals allied to medicine is due to take place in Glasgow next spring. This meeting aims to bring together all those working with neuromuscular diseases or those professionals who have an interest in this area, to share knowledge and experiences. The speakers for this first PAM's meeting have conveyed a great deal of enthusiasm and it is hoped that this meeting will be a valuable forum for therapists who are involved in research, to disseminate their work and for those with unique experience in this area, to present their work.

The need for such an opportunity was expressed at the highly successful Scottish Muscle Network Meeting, which took place in September this year. Dr. Alison Wilcox is the co coordinator for the Scottish Muscle Network and those of you who are interested in the forthcoming meeting or the Scottish Muscle Network should contact Dr. Alison Wilcox at the Institute of Medical Genetics, Yorkhill NHS Trust, Glasgow G3 8SJ ( [A.Wilcox@clinmed.gla.ac.uk](mailto:A.Wilcox@clinmed.gla.ac.uk) ) or myself at the above address. Look forward to seeing you all.

Marina Morrow  
Senior Physiotherapist



# HERE AND THERE

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## Equipment Review THE MOBI-FUN GAIT TRAINER

The Mobi-Fun Gait Trainer was designed in Germany by an Engineer and a Physiotherapist. It is intended to be used as an aid to mobility by children who are unable to maintain independent standing or walking ability due to muscle tone or co-ordination difficulties and whose upper limbs do not support their body weight adequately for them to use a walking frame, crutches, or other hand held mobility aid.

It comprises two main components;

- 1) A pelvic band with integral bi-lateral long leg callipers. These are hinged at the trochanter and knee joints to allow reciprocal leg movements but can also be "locked" in the extended position for periods of static standing.
- 2) An "out rigger" frame, resembling a tricycle frame, with two wheels front and back. A set of handlebars sits at the front section, multi-adjustable in height and angle and with a choice of two cross bar types to suit hand control ability.

A vertical bar (the spike) rises from the rear section and this serves to attach the child in the callipers by anchoring the pelvic band onto the spike and therefore the wheeled base frame. The child is then ready in the standing position for moving off.

Once the child, wearing their callipers, is attached to the base frame they are then free to "walk" independently propelling the modi-fun by reciprocal leg movements and steering by turning the handlebars.

The device will also propel by leg movements alone and is designed to be used either way, so is beneficial to children with limited arm or hand function.

There are optional attachments to assist reciprocal leg movement. To minimise adduction problems a cord can be looped through clips at the ankles and as it passes around the frame will help propulsion.

The unique feature of the Mobi-Fun is a gas strut situated at the rear of the wheeled frame. It acts to boost the effect of the child's own hip and pelvic extensor activity so the slightest effort by the child to extend the hips and take their weight prior to stepping is re-inforced by the strut. It can be adjusted to each child's needs to offer minimal through to maximal assistance.

Should the child "relax" or sit back, the base of the strut acts as a brake as its rubber tip grips the floor and prevents the frame rolling backwards. Each wheel has its own manually controlled brake to ensure safety when assisting the child in and out.

**The obvious benefits of such a device are :**

- The physiological effects of weight bearing on bone density, muscle extensibility, and lessening the likelihood of contractures.
- Gait re-education in a situation where effort is minimised and function is maximised (vital in children with Cerebral Palsy).
- Promotion of independent mobility and ability to exercise choice and experience freedom of movement.
- Frequency of the activity i.e. several walks in a given period, not timed to the Therapist's availability.
- Improved co-ordination and muscle function.
- Improved postural control and less risk of scoliosis or other spinal problems.
- Increased spatial awareness, directional sense and an understanding of force and grading needed to affect speed and direction.
- An improved cardiovascular output.
- Improved digestion and functioning of the urinary tract.
- The psychological boost to the self-esteem of being upright, mobile and independent amongst their peer group.

From a Therapist's and carer's perspective the moving and handling implications are minimised as the child can be placed or assisted into the callipers by a combination of rolling side to side and being helped up to sitting.

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## HERE AND THERE

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Then by having a plinth or bench at the same height as the wheeled frame the child is moved forward on to the frame ready for "the off".

The other benefit of this device is that the lockable hinges on the callipers transform it into a standing frame so that the child can switch from being mobile to standing in seconds without the need to transfer to another item of equipment.

The design of the Mobi-Fun would allow two or three children, for example, to have their own set of callipers and to "share" in the use of the wheeled frame. This would work well in an environment such as a special school where several children are likely to benefit from such a device. It is also a cost saving solution as the equipment can be purchased as such.

The other cost and time saving feature is that once purchased, any alterations to the callipers for growth etc. and adjustments to the frame for height, arm or hand function or for the gas strut action can be carried out by the Therapist with a simple Allen key and spanner. The callipers come adjusted on their smallest setting to allow for a reasonable amount of growth and once outgrown can be re-prescribed to another child.

The Mobi-Fun has been used on trial for three weeks at Parkes Field Primary, a school for Physical Disability, in Salford. The three children who took part were all classed as being unable to stand or take their own weight unless fully supported. One of the children could initiate a reciprocal leg movement when upright but only if given maximum support around the trunk. The other two were severely limited by increased muscle tone and co-ordination difficulties.

All three children, when placed in the mobi-fun, were able to stand up and initiate hip extension and reciprocal leg movements. They all experienced independent mobility for the first time and showed a marked improvement in their abilities over the three weeks.

Two of the children discovered "running" was possible and developed their own system of "steering and braking" to accommodate their newly discovered freedom.

Parents were invited into school to observe the activities and both families and school staff were impressed and spoke favourably of this equipment becoming a part of their child's Therapy management.

The Moving and Handling Advisor for Salford Primary Care Trust also came to observe the children in the equipment and was impressed by the minimal risks to both child and Therapist from the aspect of back care and the minimal lifting needed to manoeuvre and transfer the child in and out.

The Mobi-Fun is available from Smirthwaite. It is the only system of its kind currently available in the U.K. which offers a combination of prescribed (personally adapted) support to key points and a mobility system, plus incorporating the opportunity for static standing. It is also "child friendly", resembling a brightly coloured tricycle rather than an item of orthotic equipment.

Having used the Mobi-Fun for three weeks, the following suggestions were made by the Therapy and school staff:-

- Once the pelvic band is placed on to the rear spike it would be preferable to have a "locking" facility e.g. cross bolt or bar to prevent the child being accidentally "lifted" off the spike when adjusting body or leg alignment.
- The central spike is calibrated to allow adjustments in height etc. to be recorded. We ran out of numbered lines and still had room to grow. Further markings would help.
- The adjustment for the gas strut is situated near floor level and is tricky to move if the child is in the frame. Turning a spanner with very little space between frame and floor is not easy.

### **Sue Walmsley**

Clinical Specialist Paediatric Physiotherapist

Salford Primary Care Trust, Walkden Clinic, Bridgewater Road, Walkden, M28 3JE

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## INTRODUCTION TO PAEDIATRICS

18<sup>th</sup> - 22<sup>nd</sup> November 2002

Harrogate

run by the

**Association Of Paediatric Chartered Physiotherapists**

Just starting out in paediatric physiotherapy and want to learn more about all aspects of working with children?

This 5 day course offers the opportunity to find out more about normal development, clinical conditions and treatment of neurological, respiratory and orthopaedics.

It will also explore other areas of working with children including play, ethical issues and consent, manual handling and working across multiple agencies.

Full course programme and application form will appear in the March journal.

Cost for:	Full residency	£550 non- members £525 APCP members
	Non resident	£275 non members and £250 APCP members

For information or to reserve a place contact: Terry Pountney,  
Chailey Heritage Clinical Services, North Chailey, East Sussex BN8 4JN  
or email [Teresa.Pountney@southdowns.nhs.uk](mailto:Teresa.Pountney@southdowns.nhs.uk)

## COURSES

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### **Involving Children in Research - Getting Started**



Friday April 12th 2002

Homerton College, Cambridge



#### **Programme**

- 9.00am Registration
- 9.30am 'Ethical Considerations in Paediatric Research'  
Speaker: Terry Poutney, Research Physiotherapist  
Chailey Heritage
- 10.15am 'Methodologies in paediatric physiotherapy research'  
Speaker: Eva Bower, Senior Lecturer, Southampton University
- 11.00am Coffee
- 11.20am APCP AGM
- 12.15pm Lunch
- 1.15pm Launch of new APCP publications  
Free paper session
- 2.45pm Tea
- 3.10pm 'Setting up a Project'  
Speaker: Anna Simpson, Research Fellow, Sheffield University
- 4.00pm Plenary
- 4.30pm Close

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'Tiddly Feet' Study Day  
Lesley Turner

The Bath Hydrotherapy Course 2001  
Susan Booth

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**ROYAL LIVERPOOL CHILDREN'S NHS TRUST - ALDER HEY  
COMMUNITY AND MENTAL HEALTH DIRECTORATE**

**SENIOR I PHYSIOTHERAPIST X 2 POSTS**

**POST NO. 1**

**SENIOR I - ACUTE PAEDIATRIC NEUROLOGY**

The post holder will work as the Senior Physiotherapist with the experienced regional and multidisciplinary Head Injury Rehabilitation Team (HIRT).

In addition, he/she will provide inpatient assessment/advice for children with neurodevelopmental problems.

There are many areas of specialist work within the neurology physiotherapy team, including the development of a spasticity service.

**POST NO. 2**

**SENIOR I - COMMUNITY**

The post holder will join an established Community Physiotherapy team.

The caseload comprises a mixture of work in mainstream and Special Schools.

Senior II training post considered, depending upon experience.

Car driver essential.

The departmental structure consists of 3 Acute and 3 Community teams each managed by a Superintendent III and we therefore offer a combined Acute and Community Paediatric Service.

The applicants should have experience in paediatric physiotherapy and a special interest in neurological conditions.

Enthusiasm, good communication skills and a commitment to multi agency working are essential qualities for these posts.

There is a regular in-service training programme and the post holder will have the opportunity to work alongside Bobath trained therapists.

Informal discussions are welcomed.

Please contact: Eileen Kinley, Superintendent Physiotherapist, Child Development Centre - 0151 228 4811 ext 2660

## THE APCP RESEARCH GROUP REGISTER

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If you would like to be a member of the APCP research group, please fill in the form below and return it to Sarah Crombie, Research Officer, 10a Record Road, Emsworth, PO10 7NS.

This information will be used to inform you of research study days and help us to learn more about our members' research interest.

Name

Contact  
Address

Post Code

Tel. No.

Fax No.

E-Mail:

What are your research interests?

Are you undertaking any type of research project small or large? **YES/NO**

If so please give a brief summary . . .

Would you be happy for other physiotherapists with similar research interests to be put in touch with you? **YES/NO**

***Thank you for completing this form.***

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## Notes for Contributors

The Editorial Board welcomes research material; referenced articles and evaluations of physiotherapy practice; informal articles.

Manuscripts should be sent to Mrs Sally Braithwaite, 531 Church Road, Yardley, Birmingham, B33 8PG.

Copy to be submitted should be typed on one side of the paper, double spaced and with ample margins. All pages should be numbered consecutively.

**Manuscripts** should provide the title of the article and the author(s) name(s) and full postal address for correspondence.

**References** should be given in the Harvard System.

In text Author(s) name and initials followed by the date of publication. Use a,b, to indicate more than one publication in the same year. Where there are 3 or more authors use first name followed by et al.

For books Laszlo, J. & Bairstow, P. (1985) *Perpetual Motor Behaviour* (Rinehart and Winston)

For chapters within books

Morley, T.R. (1992) Spinal deformity in the physically handicapped child, in : G.T. McCarthy (Ed). *Physical Disability in Childhood* (Churchill Livingstone)

For articles Scott O.M., Hyde S.A., Goddard C.M., Dubowitz V., (1981a) Prevention of deformity in Duchenne muscular dystrophy. *Physiotherapy* 67(6), 177-80.

## Tables and Figures

The approximate position of the tables and figures should be indicated in the manuscript.

Keys to symbols should be included.

Tables should be numbered by Roman numerals and figures by Arabic numerals.

Figures should be supplied in a finished form, suitable for reproduction. Figures will not normally be redrawn.

Proofs will be sent to authors if major alterations have been made to the text.

The Editorial Board reserves the right to edit material submitted for publication.

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**Course Reviews**

