

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



FEBRUARY 2012

ISSUE
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As Christmas approaches, I take this opportunity to reflect on the activities over the past year and look forward to what is to come in 2012.

The APCP annual conference in November was the largest I have seen for some years and shows that paediatric therapists are still keen to attend, even in a recession. My thanks go to East Anglia for putting on a great programme which was so attractive that many had to be turned away. Book early for 2012 to avoid disappointment!

In April I represented APCP at the paediatric sub group (IOPTP) meeting. This is held every four years as part of the World Confederation of Physical Therapists (WCPT) and was held in Amsterdam. The meeting was the first one since its inauguration 4 years ago. The UK is the second largest country to be represented after the USA. The purposes are to promote paediatric therapy in the organisation, promote content within the conference and to encourage the sharing of paediatric physiotherapy information around the world. There were a couple of poster presentations from APCP members which was encouraging, although the conference programme was overwhelmingly adult orientated. We hope to see an increase in the paediatric content as it develops.

The professional networks and alliance meetings have taken up quite a bit of my time over the past few months and an affiliation agreement sets out what the roles of the CSP and the networks and alliances are. Just to remind you, APCP is within the "client group" alliance along with 9 other networks.

The changes will not make any significant difference to our constitution. The alliance's next job is to elect a chairman who will then sit on the Alliance Chairs group. The chairmanship role will rotate between the networks in that alliance. This reorganisation will replace the role of CIG liaison committee.

APCP had a stand at CSP Congress in Liverpool. Enquiries were mainly from students, although a couple of paediatric physios came to say hello. The new information leaflets were a source of interest, particularly for members of other networks who may occasionally come in contact with children.

APCP has a proposal for the Annual Representatives Conference (ARC) to be held in February. It comes as the result of several members' experiences of poor accuracy when articles are printed in Frontline and altered by their journalistic staff after a conversation or written submission by the therapist. The wording of the proposal is: "APCP ask the CSP to change the process of interviews prior to publication of Frontline, so that those interviewed can comment on the accuracy of draft articles".

We look forward to your continued support as we endeavour to support your practice in paediatrics. Please encourage your colleagues to join or renew their membership.

Heather Angilley
APCP Chair



Challenging Clinical Practice

over the course of the two days, not only due to the venue, which was easy for those flying in from Ireland, Scotland and also for those commuting from London with excellent access via the motor way or trains, but also due to the excellent programme.

This years theme was challenging clinical practice. The first day started with a parallel programme. After manically getting everyone through registration and into the correct lecture theatres, conference was opened.

APCP National Conference 2011

This years APCP conference was hosted by the East Anglia committee and was located at the Raddisson Blu hotel at Stansted airport. We had a record breaking turnout with over 400 delegates



East Anglia regional committee



Therapy debate, chaired by Eva Bower



Day 1 we ran out of cakes at tea break!

Main Programme

The main morning programme was chaired by Eva Bower, who started with a quick introduction to cerebral palsy. The morning then progressed with speakers on the Bobath concept, conductive education, MOVE and strengthen programmes. Eva then cleverly steered a debate and discussion about each individual treatment strategy. The afternoon continued with feedback on the National CP survey from Sue Coombe, with a discussion which highlighted nationally how much time children with CP are currently receiving in the NHS. It was emphasized that the survey does not tell us how much time each individual child should be receiving.

Di Coggins gave a talk on PPIMS and the impact of the currently NHS climate on managers and staff. The PPIMS Group is for managers to support one another, and to problem solve service development issues. She would actively encourage all those members of the group to attend the meetings when possible. The current aims is to find a clinical auditing tools, and also revamp the outcome measures booklet for APCP.



Sue Coombe

Day One – Musculoskeletal Programme

It was a fast paced day for those attending the musculoskeletal day. The team were happy with the programme and there was a lively discussion amongst delegates whenever they were given the opportunity. All the speakers were noted to be in deep in discussion with a number of individuals during the breaks.

Day Two

The day started with a talk about maintaining equipment and the importance of monitoring it for wear and tear.

The next debate began with a speech from Mrs Hutchinson and Elaine Owen on the use of orthotics in cerebral palsy and the evidence to support this from a surgical and physiotherapy perspective respectively. This was a lively topic allowing people to think about what they are currently doing in their own localities and what they could be aiming for with orthotic provision.

We then had 4 free paper presentations followed by Luke Watson's extensive knowledge about apophysitis. The day was rounded up with a wonderful insight into music therapy for gait training.

We would like to thank everyone who spoke and attended. We look forward to seeing everyone again next year in London.

**By Simone Philpott,
East Anglia Committee Member**

Members' feedback

Orthotics debate very interesting and thought provoking

Loved Eva Bowers style discussion, what an inspiration!

Overall conference was very good

The pilates talk was fabulous

Pitched at varying levels

Good variety of topics

Conference and accommodation on the same site worked really well for members travelling

Some disappointment over the speed of the speakers, but the content was good



DMO Orthotics was the main sponsor of the event this year.



Dave's bag packing; 1 of over 400 bags the committee spent 3-4 hours preparing



Mrs Hutchinson above, Elaine Owen below



APCP Conference

Conference Dinner

Conference dinner was held at the Radisson Blu Hotel on Friday 4th November 2011. Delegates are usually given the option of attending or not but I would heartily recommend it especially if you are staying for both days!

This year DMO, the main conference sponsor kindly provided a champagne reception before the dinner in the rather unique Tower Bar. There is a large wine storage tower in the middle of the bar where 'Wine Angels' perform amazing gymnastic acts whilst suspended from wires!

Dinner was in the main conference room, where hotel staff had seamlessly removed a few hundred chairs and laid up a dozen large tables (and put all the chairs back again while we were all asleep!) There were 180 for dinner this year out of 400 delegates.

The pre-dinner speakers were an engaging couple called Andrew and Antonia Kennedy who came to tell the story of their journey from their son's birth, through a diagnosis of cerebral palsy to the current day. As clinicians it is always enlightening to hear a parent's perspective on the care and services they receive and reminds us not to forget how daunting many of the things we take for granted can be for a family to deal with. We are very honoured they chose to share their story.

We were entertained throughout dinner by a 'pub quiz' and the very able quiz master Trevor Fisher. Some questions were read out; we had other rounds to complete by naming famous brand logos and children's TV characters on sheets of paper on the tables. The best round was saved for last when each table was given a basket of anonymous foil wrapped chocolates to identify (and eat!)

A DJ provided music after dinner until late and people had a chance to dance, drink, chat to old friends and make new friends. If you've never attended conference dinner before I do recommend you give it a try, it's not at all as formal as some people may think and it's a great time during conference to 'network'!





Conference Dinner 2011



'A Flavour of Conference'- selected summaries

Congenital knee hyper extension, sublaxation and dislocation- Jennifer Armstrong

Basis of talk:

There was a brief topic overview of the condition which occurs in 1:100,000 births. It can be primary (orthogryposis) or secondary (position in utero) muscle imbalance. It can be associated with other conditions eg: talipes, Ehlers-Danlos, Larsen syndrome, neuromuscular conditions, breech presentation and spina bifida.

Summary:

The prevalence of the condition was discussed and its associated conditions. Investigations done were also presented which include x-ray, ultrasound, muscle power and joint range. Various interventions were outlined and two case histories presented.

Key Findings:

This can be found as a spectrum of severity and responds well to conservative management if started early.

Implications for Practice:

Early intervention is crucial. Serial casting can be done weekly and surgery would be recommended if non-invasive interventions are not successful. It is not uncommon to have possible pressure sore problems so you may need to allow time between casts for healing. Close communication within the team managing the condition is important with ongoing management for their other associated conditions.

The use of dynamic elastomeric fabric orthoses in the management of childhood scoliosis- Martin Matthews

Basis of talk:

The presentation consisted of a comprehensive literature review, overview of the provision of dynamic elastomeric fabric orthoses for scoliosis along the guideline 'Is the future rigid?' There was an explanation of casting techniques and a discussion about 'are we doing our best for our patients?'

Summary:

There was a review of long term aims of spinal management of children with scoliosis, looking at typical presentations. Evidence was reviewed, including evidence for improved proprioceptive input, provision of exoskeleton for weaker muscles, guiding rather than forcing positional change via low level continual pressure, retains gross motor skills via neural plasticity. Very interesting, clear, presentation well evidenced.

Key findings:

Literature supports that there is a big difference between rigid and elastomeric fabric orthoses. Evidence shows they provide postural stability by giving a stable base, improved alignment of hip and shoulder girdles and proximal stability. There is a question over how you can measure proprioceptive feedback. Compliance with these orthoses has been found to be 60%. Positive changes to speech have been noted, improved sitting ability and reduced hyperextension at the knees; it can also drop body temperature particularly in athetoid children who may have to work less hard on stability.

Implications for practice:

Implications for practice:

Early intervention gives the best outcome and it may decrease pain due to better proprioceptive input. Long term it shows reduced Cobb angle and increased balance. Long term evidence is slowly being built up. In the future fewer children may have to go through spinal surgery, may have a better quality of life and it is possible fewer may become wheelchair dependent.

Free paper on optimum physiotherapy management of pre-term infants on discharge from the in-patient setting- Laura Eldridge**Basis of talk:**

This was a free paper discussing the optimum physiotherapy management of pre-term infants on discharge from the in-patient setting. A literature review showed very little evidence so a Delphi survey was carried out.

General summary:

Delphi study was done to gain consensus about physiotherapy follow-up currently on offer. A survey was posted or emailed to all members of the neonatal group and a request made on iCSP for interested parties to join the study. A literature search to identify whether follow up is evidenced in pre-term infants was inconclusive so further evidence was sought. The first round questionnaire asked three questions, which infants do you follow-up, what age is optimum follow-up and when should the infant be discharged. These results were then sent round again for further consensus to be reached and then the results sent round a further two times, each time narrowing the parameters.

Key findings:

Which factors influence decision for follow-up, what is the optimum practice? We know these are high-risk infants and have a higher chance of long-term impairment and we need to target our limited resources to those most at risk. To do this we also need to define 'at risk'. Early intervention is thought to be beneficial but is also not well evidenced due to the ethical problems in denying care to children. Statements that achieved consensus were then explored. Babies of gestation less than 30/40, less than 1.2kg birth weight, IVH grade III and IV, HIE grade II and III, IUGR of <2nd percentile, CLD, persistent neurological signs or discharged home on oxygen should all be followed up.

Consensus was reached that babies should be seen every 3-4 months up to the age of 12 months (corrected) and then again at 2. Follow-up should ideally be by physio, occupational therapy and speech and language therapists. The outcome measurement was agreed to be the Bayley III and children should be discharged when walking independently after the age of 2 with a normal Bayley score. It was also agreed that open access to services up to school age would be preferable.

Implications for practice:

There were many concerns about caseload size if all these children are kept on for 2 years.

The Delphi proved suitable for collecting this kind of information and had a high completion rate; it also showed physiotherapists questioned were up to date with current evidence and research. It raised several questions: are the department of health guidelines good enough, do we need additional clinical guidelines specifically for physiotherapy follow-up and should all our follow-up be multi-disciplinary? As always, more research is needed.

Recognition and management of joint hyper-mobility syndrome in children**Dr Jane Simmonds****Basis of Talk:**

Epidemiology was presented, evidence based assessment and the difference between hypermobility and BH syndrome. The Beighton scale has limitations, but is a good starting point for assessment. The Brighton criterion is not validated for children less than 11 years of age. Reasons for treatment were discussed.

General Summary:

Joint hypermobility syndrome was first described in 1967 by Kirk et al. The description of a hereditary disorder of connective tissue was described in 1998 which fits with Marfans, Ehlers Danlos, joint

hypermobility syndrome and osteogenesis imperfecta. In 2011 genetic links have been found.
Key findings/conclusions:

Children are susceptible to trauma and overuse injuries, pain, fatigue, skin changes, gastrointestinal dysmotility and osteoporosis. Also demonstrated is scarring of skin and latent (after activity) fatigue. The Brighton major and minor criteria are both subjective and objective, but take into consideration a range of other difficulties.

Implications for practice:

We must be able to look at patients holistically and also familial similarities. We should work with multidisciplinary colleagues such as podiatry to manage feet. Remember proprioception and dynamic testing to assess control and power across joints. We could consider screening and working with schools and families. Physiotherapy has a place to help but sometimes there is too much input or too little or not holistic enough. Some evidence to read would be in 2000 by A Kerr –‘Physiotherapy for children with hypermobility syndrome; 3 year randomised control trial’ and Sue Kemp et al in 2010 ‘A randomised comparative trial of generalised versus targeted physiotherapy in the management of childhood hypermobility’

Other comments:

Both studies cited above show activity makes a difference and empower the child to be active. Education is very important for the patient, family, school and other professionals. Strategies are needed to manage pain, orthotics and strengthening. The child must also maintain health and well being by activities suitable for the child, cardiovascular activity, workouts, graded exercises and support. Psychological support is as important to manage anger, anxiety, depression, fear, avoidance, low self efficacy, helping the patient to achieve within their limits with small gains and motivational interviewing

Evidence for the use of orthotics in CP from a surgical perspective- Rachel Hutchinson

Basis of talk:

A surgical perspective on the use of orthotics in cerebral palsy,

General summary:

There is very limited evidence to support the use of orthotics for a child with cerebral palsy at all. Only 4 trials were found which were small, biased and not comparing like for like. This was a discussion about orthotics from a surgical perspective which may be different from a physiotherapy perspective.

Key Findings/Conclusions:

There are different issues for walkers (GMFCS I,II,III) than for non-walkers (IV & V).

Both need assessment for spasticity/contractures, strength, motor control and compliance and understanding.

Non-walkers need control of spasticity and to minimise contractures as strength will be weak and difficult to improve on.

Walkers need to emphasise strength and control which will improve with time.

Implications for practice:

The importance of MDT working for CP children to include orthopaedics, paediatrics, physio and orthotist was highlighted. It is important to listen to parents, if they are not happy with orthotics or do not understand the benefit, they are unlikely to use them.

Further research is needed to assess efficacy of orthotic use.

What is apophysitis? An Evidence Based Approach- Luke Watson

Basis of talk:

A review of the evidence in apophysitis, using the PICO method (patient, population, problem/Intervention/Comparison/Outcome) to search for articles. This was limited to articles from 1996 onwards with inclusion and exclusion criteria. The areas looked at were Osgood Schlatters disease, Sinding-Larsen Johansson disease and Severs Disease.

General summary

A review of the literature in this area shows a weak level of evidence. The areas looked at included pathophysiology, aetiology, epidemiology, incidence, prognosis, treatment and differential diagnosis.

Key findings

The treatment techniques identified within the literature for the three identified conditions are based on opinion rather than research or evidence to support the intervention and as such is purely anecdotal. More investigation and research is required. Compromise agreement is required on the management of these conditions until the strength of evidence is improved

Implications for Practice

Luke has developed a flow chart for assessment, differential diagnosis and possible treatments for each of the three conditions. Compliance with treatment is important, empowering parents and children to become confident in you as the clinician.

Many of the speakers at conference have kindly given us their presentations to be available free to download for members from the website.

**Please go to APCP Annual Conference on the left hand side of the Home Page
www.apcp.org.uk**

**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS MINUTES OF 38th ANNUAL
GENERAL MEETING
SATURDAY 5th NOVEMBER 2011
RADISSON BLU HOTEL, STANSTED**

The Meeting opened at 1245hrs – the APCP secretary reminded those present that the meeting was for members only.

1. Apologies for absence:

Apologies were received from: Jane Reid (Education Committee member) and Jeanne Hartley (National Committee member)

2. Minutes of the last meeting:

The minutes of the 37th Annual General Meeting held at The Techno Centre in Coventry had been placed on the APCP website for perusal.

The minutes were approved and electronically signed accordingly.

Proposer: Sally Braithwaite

Seconded: Sue Coombe.

3. Matters arising:

There were no matters arising.

4. Chairman's report – Heather Angilley

Welcome to the AGM. Thank you for coming. I will attempt to describe what we have been doing to provide support for you, our members over the past year and I will try to be brief. Please forgive me if I fail to mention something you think I should have included.

Most of the Regions are active and run courses regularly. These can be seen in the newsletter, on the website and in Frontline. At present the Trent region is joined with North East until they feel able to re-form a committee. Northern Ireland is also in need of volunteers to form a committee. Volunteers for either of these regions would be very welcome and we can support you in the role. It's not as difficult as you might think.

The journal has taken a huge leap forward under the leadership of Eva Bower with the aim of becoming indexed. This has involved a significant amount of extra work but raised the quality of the content. Her leadership is much appreciated with her wealth of knowledge and research experience. I want to thank her for coming and contributing to conference after the recent death of John, her husband. Eva, you are amazing!

Over the past year we have published several additional items. The neonatal competencies have been a huge piece of work undertaken by members of the neonatal group and completed in spite of serious illness of one of the authors. The updated OBPP is ready to go to print, with the update of the Working with Children document not far behind next year. Some information leaflets designed for a range of readers are available for download on the APCP website. For those who have not yet seen them they cover Plagiocephaly, footwear, baby walkers, in-toeing gait and flat feet. A booklet on postural care is available for purchase, reproduced by kind permission of Canterbury Christchurch University and Kent County Council. There are also some attractive posters to promote paediatric physiotherapy and one by the neonatal group promoting good positioning.

Each year we have a working weekend when 2 days are spent working on larger projects including reviewing and updating publications. This year we started work on learning outcomes for the Introduction to Paediatrics course. This is now in a standardised format to be used by APCP members in the regions. There will be further work on other courses in the coming year.

APCP continues to work with other organisations where opportunities arise. This year these have included BLISS, STEPS, Hemi-Help, Meningitis Research Foundation, RCPCH, BACD, and we have widened our input as stakeholders into NICE guidance. Two recent service reviews by the D of H on cardiac services and neurosurgical services and the SEN green paper have included advice from APCP.

APCP is currently a member of the paediatric group of the WCPT and I attended the Congress in Amsterdam earlier in the year to represent APCP. After discussion at national committee it has been decided not to renew our membership in January: the cost is £900, this is because we have quite a lot of work to do within APCP and feel we don't have the resources to support additional work. We will review our membership each year. We need to remember that the CSP is a WCPT member so there will be some links through them.

The biggest challenge this year has been in the CSP's move from CIGS to Professional Networks and Alliances. I have explained the changes in the newsletter and the full impact is yet to become known. It will certainly mean more work for the chairs of the alliances. Our Alliance is called "Client Group" and includes Bobath, Mental Health, Learning Disabilities, Women's Health, Palliative Care, Therapeutic Riding, Amputees, Older People, Community, Continence and the International group ADAPT. It has meant an alteration to our constitution which was agreed by the National Committee and will appear on the website shortly.

The development of special interest groups continues at the pace of one each year. In the current year we have initiated a respiratory group with future groups for neurodevelopment, private practice and acquired brain injury. If you are interested in any of these or have further ideas for groups please let Fiona our Virtual (and indispensable) Administrator know via the web site.

In closing I would like to thank the National, Regional and Specialist groups for their tireless work, some taking annual leave to attend meetings. I also want to thank the current conference committee for organising this magnificent conference in such a great setting and stimulating programme.

Please join me in thanking them all.

We look forward to seeing you in London next year.

Thank you.

Proposer: Helen Chamberlain

Seconded: Terry Pountney

5. Treasurer's report – Siobhan Goldstraw

The current account has remained in the black this year. Expenditure has been on printing and posting. The 2010 accounts have been audited and I have a copy of the audit report if anyone would like to see it. The Summary will be printed in the Newsletter.

Proposer: Nicola Burnett

Seconded: Liz Gray

6. Adoption of the Auditors

Nicklin Partnership of the West Midlands remains the adopted auditor.

Proposer: Fiona Price

Seconded: Linda New

7. Media and Information report – Kerry McGarrity, Publications Officer

Well I can't believe it's a whole year since I stood here to tell you all about the media and information group which had only just been formed. We had a vast amount of things to do then and I'm pleased to say we have made some progress this year!

Unfortunately the public relations officer post on committee has remained vacant and I think this group would work much better with someone in that role so if any of you sitting out there fancy a change and want to volunteer please speak to one of the committee afterwards and we can let you see a role specification before you commit yourself.

This year we have printed the 'tummy time' leaflet, produced by a working party from the APCP Neonatal Group, which was very well received and we had many requests to make it available to other health professionals, especially health visitors so the publication is now downloadable from the APCP website without having to be a member. We have also had requests to print them larger in A3 size and you will find them on the APCP stand so please go and take a look.

The Neonatal Group published a huge piece of work 'A Competence Framework and Evidence Based Practice Guidance for the Physiotherapist Working in the Neonatal Intensive Care and Special Care Unit in the United Kingdom'. This was developed as part of the APCP's competence project by a working party from the APCP Neonatal Group. It was developed by a panel of specialist neonatal and paediatric physiotherapists from clinical, research and academic settings to enable delivery of safe, standardised, competent family-focussed care to neonates. It is available to purchase or to download from the website.

The APCP has also printed this year an 'A-Z of Postural Care' which was originally written by Canterbury Christchurch University who have given us permission to reprint under the APCP brand. These little booklets are about 48 pages long, and available to purchase from the website or I believe you may have all been given a copy in your conference bags. They are great for providing to older children, parents of mobility impaired children or especially to schools to explain why postural care is important.

There are also five condition specific leaflets now available for download from the website, Plagiocephaly and head turning preference, in toeing gait, flat feet, safety advice for baby walkers and choosing children's shoes. Thank you to all of those who contributed to writing them or who proof-read them and offered helpful comments and criticisms. We do intend to continue to publish new ones regularly so please keep an eye on the website. Also I would love to hear from any of you who have suggestions for leaflets we should publish or who would be interested in helping contribute to new leaflets, have any of you written condition specific leaflets you are able to share with the APCP with a view to publishing a national variation? I would also appreciate any comments or criticisms of the leaflets we have done. It's all a work in progress and we don't pretend to know everything!

We now have separate editors for the journal and newsletter and I hope you are finding the two publications helpful and informative. We constantly need articles for the newsletter which will be published in winter and summer. If any of you have work practices you would like to share, been overseas to do voluntary work or to a course, run any workshops, children's groups, charity events or pretty much anything in fact, please send them in. We intend the newsletter to be informal, you don't need to be academic, just let us know what you've been up to! Again, any comments or criticisms of the newsletter would be appreciated.

Early next year we expect to be publishing the updated guidelines for OBPP so keep a look out for that one, some more condition specific leaflets including hypermobility and hopefully some parent information sheets from the Neonatal Group. To finish by repeating myself, please tell us what you want, what you want to see in the journal and newsletter or what leaflets you would like. My email address is on the inside cover of the newsletter.

Thank you

8. Research and Education Report – Lesley Katchburian

I am the Research Officer and form part of the Education and Research Committee.

Journal

We are delighted that with Dr. Eva Bower's direction the change of format of the APCP Journal in 2011 has been well received. As you are aware, the aim is to produce an index linked journal on a health data base. The journal should consist of original work, relevant to the field of paediatric physiotherapy. This can take the form of research; systematic reviews; case reviews; clinical areas; management; policy articles and technical evaluation (see the back cover of the journal for further guidance).

We are at the start of the journey in this process and rely on the membership to submit work to the journal. Currently there is enough material to publish the journal twice a year- Spring and Autumn, but your articles are needed to maintain sufficient copy. We would also like to invite letters to the editor about any published work or controversial issues affecting paediatric physiotherapy.

Eva has agreed to continue as editor of the Journal and reinforced that the Journal stands and falls with what the members send in, so any articles should be sent to the virtual administrator at va@apcp.org.uk

Courses

The Education and Research team have worked together on updating the "Introduction to Paediatrics" course which will be held in Scotland in the late Summer/Autumn of 2012 – please check the website for further details as they are finalised. We are assisting with updating Learning Outcomes and advising on feedback forms, looking to standardise documentation for CPD. We are also helping the regional groups setting study days and identifying learning outcomes.

Research

The Research team would like to thank all those who contributed to the posters and free papers at Conference. These provided further evidence that it is possible to combine clinical work and meaningful patient centred research. We hope these stimulated many of you to consider submitting abstracts for London APCP Conference, November 2012.

(The call for abstracts will be in the Winter Newsletter, so please look out for details).

Research bursaries are available from APCP for 2012, details on the APCP website.

Please do not hesitate to contact a member of the Education and Research for advice on submitting a proposal. Details on APCP website or contact va@apcp.org.uk and your query will be directed to the committee member most able to help.

9. Election of committee members

There is one vacancy on national Committee

PRO: Post vacant – a possible candidate is due to be approached.

Proposer:

Seconded:

11. Honorary Members

No nominations have been received for honorary membership of the Association.

12. Any Other Business

No other business issues were raised.

13. The next AGM will be on Saturday 10th November 2012 at the Conference in London at approximately 1230hrs.

We look forward to seeing you there.

Meeting closed at 1320hrs.

Julie Burslem
Secretary to the National Committee.

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
39th ANNUAL GENERAL MEETING

SATURDAY 10th NOVEMBER 2012

TOWER HOTEL, LONDON

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

National Account

Income and Expenditure Account for the Year Ended 31 December 2010

	2010		2009	
	£	£	£	£
INCOME				
Courses	4,402		£5,690	
Capitation Fees	-		3,102	
Subscriptions	65,010		77,211	
Publications	1,327		2,247	
Bank Interest Received	26		86	
Confrence Income	10,775		23,080	
Neo-natal Group	5,772		1,640	
MSK	660		-	
	<u> </u>	97,422	<u> </u>	117,692
EXPENDITURE				
Catering and Accommodation	9,695		10,543	
Committee Travel and Subsistence	8,703		9,403	
Honorarium	3,968		1,050	
Postage, Sytationery and Telephone	10,476		6,885	
Accountance Fees	-		1,840	
Course Fees	4,273		7,629	
Publications	3		14,490	
Administration Costs	17,425		16,163	
Conference Expenditure	16,342		27,653	
North West	440		-	
MSK Group	-		236	
Neonatal Group	7,864		701	
Neuromuscular	485		-	
Website Design	754		445	
Subscriptions	320		-	
Corporation Tax Paid	661		-	
	<u> </u>	81,409	<u> </u>	97,038
Surplus/(Deficit) for the year		<u>16,013</u>		<u>20,654</u>

Impressions of Conference 2011

This was my first time at the APCP conference and as I left for Stansted in the dark and torrential rain I didn't know what to expect. I certainly did not imagine hours later I would be standing next to a 12 foot wine tower watching an aerial dancer cascading down the side, only pausing mid-air to display her hypermobile joints, in all their glory. It was a surreal experience, having previously listened to Dr Jane Simmonds discuss effective treatment approaches and management of children with joint hypermobility.

From a PDP perspective the conference was a great opportunity to learn directly from passionate paediatric physiotherapists about their field of work. It was motivating to observe how even the most experienced practitioners were still excited to learn and refine their practise. As a technical Instructor I was concerned that many of the talks would be pitched at a level that I might not be able to understand or irrelevant to my role but actually this was not the case. It was good to be able to speak to reps and have a play with equipment without having the pressure of a family, school staff or child present. I would certainly encourage other support colleagues to attend the conference as it was such a valuable and fun learning experience!

The conference dinner was also an interesting highlight of the weekend and a great chance to meet people and network. The guess the chocolate quiz was a great ice breaker and my table soon bonded over attempts to distinguish between a picnic and a lion bar. Feeling like a charlatan on my table, I honestly disclosed to my neighbour that I was an assistant who had been lucky enough to win a bursary to attend the conference. Her response was so supportive and as she was seated within a group of her work colleagues, like a game of Chinese whispers this news quickly went around the table. All thought it was fantastic that I had come on my own and had wanted to come in the first place! Together we shared work based experiences but also had fun, trying to answer some tricky general knowledge quiz questions before descending onto the dance floor.

I am extremely grateful to my own work colleagues who were not able to get tickets to attend themselves this year and who, repeatedly had sent me emails to persuade me to apply for the bursary in the first place. I hope I have collated enough leaflets, catalogues, tape measures and pens to keep us going until next year. I would like to thank APCP South East for funding my package. I would also like to thank all involved in the organisation of the conference; it was a well-oiled machine that ran smoothly, in fantastic surroundings at the Radisson Blu hotel. My community team intend to get organised and order tickets early for APCP 2012 and I will be keen to join them.

Claire Woodward
Conference Package funded by APCP South East

It has been some time since I attended conference so driving down to Stansted was a mixture of excitement at meeting both old faces and new but nervousness at having to concentrate for two whole days! The conference had the heading Challenging Clinical Practice and I was looking forward to hearing all the evidence that was out there. There were two concurrent programmes on the first day, one on MSK and the other on treatment approaches for children with Cerebral Palsy. I decided on the latter and here we looked at different approaches from Conductive Education and Bobath to Move. Much debate followed.

It was good to see what other regions are doing and to look at research. It was interesting and disconcerting to find out there is still very little hard evidence for the effectiveness of what we do! After a night sharing a room with my colleague, we had an early start for the second day.

The first talk was on Medical Devices and was very eye opening and thought provoking. This was followed by evidence for orthotics from an Orthopaedic Consultant, a Physiotherapist and an Orthotist.

By the end of the weekend as we drove back up north the conversation centred on the merits of what we had learned and how we would use the information. There was full agreement that the conference had proved to be very informative and many topics covered will be points of discussion in our next staff meeting.

Jo Bax
Conference Package supported by APCP North East



APCP Annual Conference

London 9-10 November, 2012

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Submission Deadline: June 22nd 2012

GUIDANCE FOR SUBMITTING ABSTRACTS FOR APCP CONFERENCE

Please read carefully before beginning the submission process.

- Abstracts should be submitted by 1st July 2012 in the required format by email to the APCP Administrator (Fiona Moore) – va@apcp.org.uk.
- Abstracts must be relevant to the field of paediatric physiotherapy.
- Abstracts will be selected by peer review for inclusion in the conference, either in poster form or for presentation as a free paper, according to the 'Guidance for Submitting Abstracts' that is available on the APCP website.
- The author submitting the abstract must ensure that he/she or one of the named authors will personally attend the conference and present the poster/free paper if accepted.
- All expenses associated with submission and presentation of the abstract including conference registration fees, are the responsibility of the presenter.
- Successful abstracts will be published in the APCP Journal – submission of an abstract constitutes permission to publish the abstract. **PROOF READING YOUR ABSTRACT CAREFULLY IS YOUR RESPONSIBILITY** – if accepted, the abstract will be published exactly as it is submitted

Abstract Submission Format APCP Conference 2012

Title

Author(s)

Contact details (main author)

The main body of the abstract should be a maximum of 250 words – the headings below are for guidance only:

Background

Objective

Method

Results

Conclusions/Implications for practice

References

A Competence Framework and Evidenced-based Practice Guidance for the Physiotherapist working in the Neonatal Intensive Care and Special Care Unit in the United Kingdom

written by Adare Brady, Clinical Specialist Neonatal Physiotherapist, Lead Clinical Specialist Physiotherapist in Paediatrics Northern Health and Social Care Trust and Peta Smith, Consultant Neonatal Physiotherapist, Eastern and Coastal Kent NHS PCT & East Kent Hospitals University NHS Foundation Trust

On behalf of Neonatal Group Association of Paediatric Chartered Physiotherapists, APCP

Background

Physiotherapy is a science based profession, committed to extending applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery.

Physiotherapy takes an individual and holistic approach to human movement and function in order to maximise potential; how this is achieved varies according to the setting in which physiotherapy is delivered. Physiotherapy uses holistic assessment and a variety of physical, cognitive and interventional approaches to appropriately diagnose, promote, maintain and restore physical, psychological and social well being

The Association of Paediatric Chartered Physiotherapists is the clinical interest group of the Chartered Society of Physiotherapy for those working with children or who have an interest in children and their physiotherapy. It is one of the largest recognized clinical interest groups (1800 members) of the Chartered Society of Physiotherapy. Membership consists of Chartered Physiotherapists and Paediatric Physiotherapy Service managers working throughout England, Scotland, Wales and Northern Ireland. The Association also has specialist groups which have a specific interest in specialist fields of paediatrics.

Further details on the association can be found on this website. www.apcp.org.uk.

Our aim as a specialist group of the CSP is to promote the paediatric physiotherapy profession's role in evaluation of practise, providing peer support and review, development of ways of delivering care and raising awareness with members, the wider profession, our users, provision partners, planners and legislators and ensure and promote equality and equity of service provision across the UK.

In 2002 the Neonatal Specialist Group of APCP had been involved in developing and field-testing national occupational standards in Maternity Care of the Newborn, working with the government-recognised standards-setting body, Skills for Health. These standards, describing competence and good practice, set out the skills and competence framework for neonatal healthcare workers and applied to all countries of the UK and to all staff groups. They are intended to work in parallel with the National Service Frameworks for Maternity and Newborn Care.

Contributing to the frameworks was very good experience for us. This early work enabled APCP to direct colleagues and managers of neonatal services to use the framework when developing neonatal physiotherapy services and creating neonatal physiotherapy posts. It also set out a pathway for paediatric physiotherapists to achieve a standardised level of competence and enabled the identification of the learning needs required to ensure a certain level of competence was met by physiotherapists working in this highly specialised area of practice, with high-risk, vulnerable infants.

We soon came to realize that although these national standards were a good starting point they were generic across the neonatal workforce and did not fully reflect the level of expert practice that was required by specialist physiotherapists working in this field. A small working party of the membership was set up to start to look at and develop a more 'profession specific' Competence Framework for physiotherapists working in neonatal care across the UK in 2008.

This competence based framework was developed as part of the Association of Paediatric Chartered Physiotherapists (APCP) competence project.

The project was partly driven to bring us in line with our neonatal physiotherapy colleagues in the United States of America, who had first published a Practice Framework and Evidence-Based Practice Guidelines for paediatric physiotherapists working in the Neonatal Intensive Care Unit in the United States of America,

namely Professor Jane Sweeney, PT, PhD, PCS, FAPTA, Carolyn Heriza, PT, EdD, FAPTA, Yvette Blanchard, PT, ScD, Shirley Scull, MS, PT, Johanna Deitz, MS PT and Stacey Dusing PT, PhD. This guidance was originally developed and published by the Pediatric Section of the American Physical Therapy Association in 1999 and has recently been updated and published in 2010.

The authors, Adare Brady and Peta Smith, would like to express their very sincere thanks to these American colleagues, particularly Professor Jane Sweeney of the Doctoral Studies in Pediatric Science of Rocky Mountain University of Health Professions, Provo, Utah, for her contribution and support in finalising this document.

Advances in technology and health care expertise have led to increasing survival rates of very premature babies over the last 20 years.

Babies need neonatal care because they are born prematurely, have a low birth weight or suffer from an illness or certain conditions, such as a heart defect. The trend in low birth weight babies is increasing in the UK and other developed countries. Survival rates for premature or low birth weight babies have improved dramatically in the past twenty years.

Long-term studies of outcomes of premature children, such as the EPICure studies, suggest that prematurity can have a wide range of physical and cognitive effects.

The Parliamentary Select Committee Report on staffing structures of maternity care teams acknowledged neonatal physiotherapy as an advanced practice sub-speciality area within physiotherapy in June 2003.

The neonatal physiotherapist must possess advanced clinical competences to manage vulnerable infants, with complex medical, physiological, and behavioural conditions, who may inadvertently be harmed through examination and intervention procedures.

The neonatal physiotherapist must acquire the comprehensive knowledge and clinical competencies in neonatal care to participate as equal partners with the team of neonatal nurses and neonatologists who have completed subspecialty neonatal training and certification in their respective disciplines.

Physiotherapy standards need to be developed in tandem with multidisciplinary care standards and the Neonatal Group of APCP has been involved with the development and consultation process of the standards of the role of physiotherapists working in neonatal intensive care in the following published projects

- The British Association of Perinatal Medicine BAPM is a professional organisation, which aims to improve the standard of perinatal care in the British Isles. BAPM's

“Service Standards for hospitals providing neonatal intensive and high dependency care 3rd Edition, guidance was published in August, 2010.

These are professional guidelines, endorsed by the Council of the Royal College of Paediatrics and Child Health. The Neonatal Group APCP were consulted and contributed to this publication which include standards for Allied Health Professionals including Occupational Therapy and Physiotherapy.

- National Institute for Health and Clinical Excellence Quality Standards programme on Specialist Neonatal Care, October 2010, which addresses care provided for babies in need of specialist neonatal services. These standards state that Specialist Neonatal Services should have a skilled multi-disciplinary healthcare workforce that are competent for their roles and responsibilities by accessing appropriate training, and the providers ensure specialist neonatal services are staffed in line with recommendations in the DH toolkit and BAPM guidance. Commissioners should ensure that specialist neonatal services assess the staffing levels, composition and competency of their workforce as well as ensuring that adequate education programmes are commissioned and that parents of babies receiving specialist neonatal care can expect care to be provided by a skilled and competent multi-disciplinary workforce.
- Department of Health (DH) ‘Toolkit for high quality neonatal services’ Published 4th November 2009 which states that markers for good service for staffing of neonatal services include that an adequate and appropriate workforce, with the leadership, skill mix and competencies to provide excellent care at the

point of delivery, is available in neonatal services. It states that all units caring for babies requiring intensive care and providing a chest clearance service have access to a paediatric respiratory physiotherapist with experience in assessing and treating premature and sick newborn babies, and that Specialist neonatal physiotherapy services should be available across a network and accessible to all units for neuro-developmental assessment and intervention, and for follow-up after discharge.

The essential competencies were developed by a panel of specialist neonatal and paediatric physiotherapists from clinical, research, and academic settings whose goal was to establish the basis by which to prepare the paediatric physiotherapy workforce to deliver safe, quality, standardised, competent, family focused care to neonates within the Neonatal Intensive Care, High Dependency and Special Care setting (referred to as Neonatal Unit NNU throughout the document unless otherwise specified) and in follow-up in the Community following discharge.

List of those involved in consultation process

- National Committee and members of Neonatal Group, APCP, specialist interest group of the Chartered Society of Physiotherapy (CSP)
- National Committee of APCP
- Members of Paediatric Physiotherapists in Management Support (PPIMS) a sub group of APCP
- Chartered Society of Physiotherapy (CSP)
- British Association of Perinatal Medicine (BAPM) we are grateful for their input and support and we are especially pleased for the framework to be forwarded by Professor David Field, Professor of Neonatal Medicine and President of British Association of Perinatal Medicine
- Perinatal and Newborn Networks throughout England
- Neonatal Nurses Association
- Public comment from the neonatal and paediatric physiotherapy community at large
- Bliss – which provides vital support and care to premature and sick babies and their families in the UK

The authors would particularly like to thank to the neonatal physiotherapists who contributed to the development of this framework and to the neonatal specialists, Neonatal Consultants, Specialist Registrars, Neonatal Nurses and Allied Health Professionals and parents. Their opinions were extremely valuable to the project and the feedback was constructive, positive and complimentary. Appropriate amendments and changes were made to the document to meet identified needs and deficits after each consultation.

The overall aim of this framework is to provide neonatal physiotherapists with clear guidelines about their expected role, standards and levels of performance, and the knowledge and skills required to achieve quality care in this specialist field of physiotherapy practice and has been designed to encourage neonatal physiotherapists to work towards a standardised model of consistent, good and safe practice.

It links the Association's objectives with personal objectives of post holders and makes it clear to employers and other professional members of the neonatal team how neonatal physiotherapists are expected to perform their jobs.

It is hoped that the Framework can help to break down traditional professional boundaries, enabling links to be established between different professionals who share similar competences, to enable more efficient and effective working across professional boundaries but also defining the unique skills that each profession brings to the wider neonatal team.

It is also intended to guide managers and educators in the design and implementation of learning experiences that can help practicing physiotherapists achieve these competences.

These competences are not intended to replace other standards but are intended to be used in conjunction with:

- Information to Guide Good Practice for Physiotherapists - Working with Children APCP 2007
- Core standards of Physiotherapy Practice, The Chartered Society of Physiotherapy (CSP) 2005
- Chartered Society of Physiotherapy Rules of Professional Conduct
- Standards of Proficiency for Physiotherapists Health Professions Council 20079
- National Service Framework for Children Young People and Maternity Services: Core Standards 2007 0
- Non-statutory guidance paper Common Core of Skills and Knowledge for the Children's Workforce 2010
- Skills for Health Maternity Care of the Newborn, and the Children's National Workforce Competence Framework; 2006, updated 2010
- Modernising Allied Health Professions (AHP) careers: a competence based career framework 2008

The document defines the difference between Competence and Competencies and how a competence framework differs from competency.

It defines the role of a neonatal Physiotherapist.

Clear guidance is given on how the Framework is intended to be used as a tool designed to enable neonatal physiotherapists to build on their existing strengths, skills and knowledge and to identify and acquire the expert level of competence this role demands.

It should be used in conjunction with the more generic competencies outlined in the appropriate level of the 6 core competencies of the NHS KSF for the role to which are added a number of critical specific dimensions for the post.

The framework also outlines the knowledge, skill and experience base required, and addresses the continuing education needs of neonatal physiotherapists with some suggested learning strategies, as well as identifying specific competences, clinical proficiencies and knowledge areas for the role.

There is a tremendous need and challenge within paediatric physiotherapy to develop the advanced practitioner roles of Clinical Specialist or Consultant practitioners and to determine the appropriate management support structures for them.

Continuing education programmes that focus specifically on the care of the neonate are essential. The framework can be used to help to identify training needs, curriculum design and development of specialist training packages.

It is proposed the Framework can assist management to be able to prepare a business case for the development of specialist neonatal post for their service, enabling workforce development and succession planning by identifying the requirements for the job and how staff can develop to be able to fulfil the role.

It can also help to target scarce training and development resources more effectively and encourages individuals to take more responsibility for their own development.

It is hoped individuals will be able to incorporate the framework into the existing processes within their organisations. Individuals will be responsible to develop their own portfolio of evidence to demonstrate that they have reached the defined knowledge, skill and experience to perform their role.

It is envisaged these competences will develop and change over time and will be reviewed on a regular basis

Peta Smith
Consultant Neonatal Physiotherapist
July 2011

EAST ANGLIA

The committee has been extremely busy over the last year organising the national conference, and for those of you who did attend we hope you all enjoyed yourselves and went away with something to think about in your day to day clinical practice.

For the committee, we are all glad it is over and glad of a break, but also sad as we all enjoyed the experience and felt it brought the committee closer together. Well done everyone!!

We are now planning courses for the next year and will let everyone know once things are finalised.

Simone Philpott
simone.philpott@nnuh.nhs.uk

LONDON

Well, we have had a very busy time as usual and have continued at the rate of organizing one lecture a month. Thank you for continuing to support our efforts by attending. We are finding we need to continuously look for bigger venues as we are consistently oversubscribed!

There is still a problem with people putting their names down to attend and then not coming, which is very disappointing. When you do that you are not allowing your colleagues on the reserve list the opportunity to have a place. So please, please make sure you cancel your place should you be unable to attend! I will get off my soap box now...

The New Year lectures are well under way with pretty concrete plans for the first 6 months of the year. We will be kicking off with Erb's Palsy, Sarcoma and Gait for January, February and March. All the lectures we are in the process of organizing have been based on your feedback so do please continue to tell us what you would like to hear about otherwise we will run out of steam!

We plan to tail off our regular lecture series towards the end of the year, as we will be busy with the other big agenda for 2012 which is that London will be hosting APCP National Conference. We are busily finalizing the venue and programme content and fingers crossed this will be in place by the time this Newsletter hits your letterboxes. We have had many offers of help and people joining the Conference Committee, it is a big commitment so thank you to

everyone who is generously giving their time. We hope to make the Conference something really great that we can all be very proud of! So make sure you get your places booked early, it is shaping up to be a very interesting and dynamic programme.

Sinead Barkey
barkes@gosh.nhs.uk

NORTH WEST

A Happy New Year to all North West APCP members for 2012, I hope everyone is well and enjoyed the Christmas festivities.

To start the year we have very positive feedback from our twilight session on the Management of "Hypermobility and Chronic Fatigue in Adolescents", speakers for both subjects were Sue Kemp and Jo McCaughrean respectively.

Feedback identified that overall the location was good, content of the presentations was relevant and transferable to clinical practice, gave reassurance that clinicians are doing the right things and an excellent opportunity to network with fellow professionals to share best practice, discuss case studies and meet friends. On the negative side, individuals did identify that time spent on each topic was too short and that the content could have been more comprehensive on certain aspects. Ideas for future twilight sessions included chronic pain, respiratory distress syndrome, MSK/Sports injuries, JIA and many more. Any other suggestions for future sessions, revision of timings or alteration to how the content is presented, please forward to the committee for consideration. Your input is needed and much appreciated.

KidzUpNorth was an excellent day, good seminars, exhibitors and an excellent chance to network with parents, colleagues and friends. The APCP stand was not inundated with enquiries but did have a constant line of people (clinical and non-clinical) asking various questions, which were either answered on the day or made a note of for further investigation. A big thank you to all those who helped out, especially to Sue Booth for setting up and taking down the stand.

Coming up early in March 2012 a study day is being planned on Selective Dorsal Rhizotomy. We have had confirmation that Kristina Aquilina (not the singer) Consultant Neurosurgeon at Frenchay Hospital in Bristol will be presenting on the day. More details will be made available in the near future.

The APCP Newsletter is still looking for articles for inclusion in forthcoming publications. Any paediatric input would be welcomed and it certainly does not have to up to Journal standards. Let's face it, if I can have something published any one can! Lastly, as always we are continually looking for new members for the North West Committee, don't be shy. Remember it always looks good on your KSF!

Hopefully see you at the next study day or twilight session

Tara

Harry Harrison
mark.harrison@cumbriapct.nhs.uk

NORTH EAST

The Dubowitz Neurological Assessment and positioning of the neonate study day was well attended in September (in fact we were extremely over-subscribed with people turned away) and it was very well received judging by those who took the time to complete the feedback forms. The Ryegate Centre at Sheffield was picked to try to offer an opportunity for those members in the Trent region to come along and hopefully bring about some interest in trying to get the Trent region active again.

The region would like to offer the chance for regional members to apply for funding to attend the 2012 conference in London. Anyone interested should email their name and contact number to me at the email address shown below. All names received by 30th April will be collated and the VA will be asked to select the lucky regional member(s). Details of those lucky enough to be selected will be posted on the website following confirmation from the individuals involved.

Please keep checking the website and icsp for future regional courses; we are working away at present on the autumn course which will cover issues around palliative care. At the last committee meeting of 2011 we also started the planning for the courses which we plan to run in 2013, based on the ideas which people have put forward on the feedback forms from recent events. If there is a topic or area you feel that would be worthwhile covering please get in touch and let us know.

We still have vacancies on the committee if anyone fancy's a new challenge in 2012. At the moment we are a small group and still only seem to cover the Yorkshire region.

Helen Chamberlain
helen.chamberlain@humber.nhs.uk

SCOTLAND

I am writing this report with a thought that it will be read sometime into the New Year, when the frantic hassles of Christmas shopping, gale Force winds and festive on call rotas are a dim distant memory...

We held our very successful Study Day in November at Queen Margaret University in Musselburgh, the topic was "Outcome Measures for Children with Cerebral Palsy" with Virginia Knox from The Bobath Centre. It was excellent with both paediatric physiotherapists and occupational therapists attending the full day covering a number of different outcome measures with time for workshops and discussion. We were heavily over subscribed and had to turn away over 20 applicants, but still managed to have 60 attendees so clearly a very popular subject.

We held our AGM the same day and I am pleased to report we have a number of new Office Bearers to replace those Committee members who have now left the Scottish Committee at the end of their term of office. We would like to again thank Julie Burslem, Arlene Smilie & Anne Kendall for all their hard work over the years. Jenny Lunan has taken over as Treasurer, Kaye Gray as Secretary and I as Chair. We have a couple of vacancies on the committee and would be delighted to welcome anyone interested in joining us! (It is actually rather good fun!)

In 2012 we are planning to run the APCP Introduction to Paediatrics Course in the late summer/autumn. This will be a 3 day course and we will be advertising it both on the website and via the APCP bulletins in due course - so please keep an eye out and pass on the information to any non APCP members."

Liz Gray
elizabeth.gray@nhs.net

SOUTH EAST REGION

We held our AGM and Study Evening in October at Valence School, which meant that we had achieved our goal of three study evenings for 2011. The October study evening was as usual well supported. Our speakers were Nicky Wood, Consultant Psychologist from Canterbury on the role of psychology in Pain Management and Kathie Drinan on Transition not Transfer and the service that has been set up in Walsall.

We had hoped to hold a fourth study evening and surpass our goal of three study evenings, but unfortunately due to illness this was cancelled from December and we hope to reschedule this for early in

the New Year. It will still be held at Crawley Hospital there will be a talk on the legal aspects of equipment loan as well as a talk from Angela Black on hip surveillance and the research she has done on parent's attitudes to standing frames. We will advertise the new date as soon as we have one confirmed.

At the AGM we said thank you to Janine Pommer and Jane Swann who have both stepped down from the committee due to new babies. Janine had a baby girl and Jane a boy, mothers and babies are all doing well. We also said goodbye to Hilary Whitwell who has taken up a new post in London and Jill Larkins who has left due to other commitments, thank you and Good Luck. As we didn't recruit any new members at the committee meeting we are now a little depleted in numbers, if you would like to join the very welcoming committee then please let me know, it would be good to have some new people along. We don't have too many meetings and some of the meetings are now done on Skype. It is a great way of meeting new and very friendly people and finding out what is going on and helping choose topics for study evenings that interest you, not mention great for your CPD, so what's stopping you?

Our next committee meeting will be in January and we will then hopefully set our study evenings for the next year.

This year the committee decided this year to purchase an APCP conference package, to be offered to Band 5 and 6 physiotherapists and assistants. We asked entrants to submit 300 words on why they would like to attend conference and the lucky winner was Claire Woodward from Guildford. I met Claire at conference and she was certainly very appreciative of the opportunity to attend.

The committee also now has a sub group looking at Hypermobility and we hope to have some more information from this group later in the year. If you are interested in being involved please contact Jenny Seggie at jenny.seggie@nhs.net

That is all for now, but if you would like to contact me about joining the committee, topics for study evenings or offers of venues please do, and I look forward to hearing from you.

Nicola Burnett
nburnett@valence.kent.sch.uk

SOUTH WEST

The South West held its AGM and study day on the paediatric upper limb on 17th October 2011 which

was well attended, and feedback was very positive. Whilst 2012 has just begun, the South West APCP group is looking towards 2013 already, when we will be hosting the APCP National Conference.

We want to organise something that we can proud of in the South West, but to do so we will need a 'conference committee' – in addition to those of us that already sit on the SW APCP group.

If you are ready for a challenge and full of ideas (even just the 1!) then please get in touch: charlotte.karmy@poole.nhs.uk. Just think of evidence you could put in your CPD too.....

I hope everyone had a lovely Christmas and here is to a happy and healthy 2012!

Charlotte Taylor
charlotte.karmy@poole.nhs.uk

WEST MIDLANDS

We would like to thank all who attended the Postural Care Forum at Wilson Stuart School in September, for completing the pre-course questionnaire, for your participation on the day and for some very encouraging comments on the evaluation forms. We are using that feedback to plan our next study day. Make sure that Fiona Moore has your current e-mail address so that we can invite you!

The Postural Care event was well attended, with over 50 delegates from as far afield as Norwich and Bedfordshire. We heard a summary of current practice learnt from the questionnaires completed before the day, and details of the Postural Care Pathway that is running in Birmingham. We also had presentations of equipment by different companies, and a look at a Birmingham pathway audit and other research into postural care, followed by some case studies. It was a stimulating day, with many people contributing to thought-provoking discussions and feeling that there are things that they can implement in their own practice.

The Regional AGM took place at the Postural Care Forum. We welcomed Laura Reynolds onto the committee, and are always looking for people to get more involved in running events for the region.

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

We held our Annual Celtic Kids Equipment Exhibition event again in Merthyr Tydfil. It was less well attended but the income from it helps us through the year. The effort and time involved in organizing and manning this event has resulted in a

decision to have a break in 2012 and plan for the next one in the autumn holiday week in 2013.

We have received a request for the APCP to look at walkers in particular, and produce a general consensus of the types of equipment out there and who they are suitable for as there are some walkers that are much cheaper than others but may not last as long. Paediatric managers are scrutinizing equipment types and cost effectiveness and therapists need to know the differences and price implications when they advise equipment. Has somebody already done this type of comparison in other parts of the country?

Wales APCP has been able to offer 2 free places to attend the 2011 APCP conference. This was put in place because there appeared to be a lack of interest last year and the committee felt it was worth encouraging colleagues and hearing their feed-back post conference.

Cerebral Palsy meetings SWCP have resumed and they will address problem solving and clinical reasoning in spasticity management. It is thought that Swansea is developing into a centre of excellence regarding Botox.

Bobath Wales have received Lottery funding to run their 8 week Bobath course in 2012. This is very exciting and will benefit children with CP in Wales as well as develop professional skills.

APCP Physiotherapists continue to meet regularly informally to discuss professional concerns and interests. These Studious Suppers are an excellent way of reflecting on practice away from the workplace with colleagues who work in different settings with all levels of experience.

The APCP Christmas Lecture was held in Cardiff by Anne Baldwin on the Role of Paediatric Physiotherapy in Oncology.

Another GMFM Course will be running early in the year at Bobath Cymru.

A Spasticity Management afternoon is still to be confirmed

The Wales APCP AGM 2012 is due to take place on March 27th at the LC2 leisure centre in Swansea. Jenny Carroll from Bobath Cymru will speak on the Goal Attainment Scale and we look forward to hearing from the sponsored conference attendees.

Gabriela Todd
gabrielatodd@btinternet.com

NORTHERN IRELAND

Good News! We are planning a re-launch of the APCP (NI) group in 2012. There are plans for the formation of a new regional committee in the New Year with representation from each of the Trusts. We will survey members as to what YOU would like us to organise. Please encourage your colleagues to join APCP, as significant membership gives us a stronger voice when we liaise with the Trusts regarding training needs and how APCP can help. I hope to see you all during this exciting year ahead.

Sheila McNeill
ffsphysio@yahoo.co.uk

NEONATAL GROUP

Since the last report in July the document "A competence framework and evidence based practise guidance for the physiotherapist working in the neonatal intensive care and special care unit in the United Kingdom" has been printed and a hard copy sent to all those that contributed. It is available on the APCP website to download or available to order as a hard copy. The neonatal group is indebted to Peta Smith and Adare Brady for the hard work and commitment they have shown in completing this project.

The tummy time poster which was circulated with the journal earlier this year has been made available for non-members to download from the website as the original aim was for as wide a circulation amongst parents and health care professionals as possible. It is also now available in a larger size due to many requests from our members. I would like to acknowledge and thank Helen Robinson, Sally Jary, Sian Howells and the SW regional neonatal group for the work that they have done leading this project. It is hoped to build on this work and produce more parent information to be available through the website.

The group continue to work on the respiratory objectives and on the draft business plan.

Following the successful 2 day course run in Birmingham in June we are hoping to re-run the course in Spring next year and possibly run it alongside a respiratory study day where we can work on respiratory objectives.

In the last few months we have lost 2 members of the committee. We wish both Sian Howells and Allie Carter well in their new ventures. We will be looking to recruit new physiotherapists to the committee and investigate ways we can widen the pool of physiotherapists available for consultation and project work.

As with the other specialist groups meeting as a committee is a challenge especially since the constitution changed and there is no mandate for an AGM. We are looking at ways we can efficiently and effectively engage all committee members and work as a committee on behalf of neonatal physiotherapists.

Fiona Price
Chair of the Neonatal Group

PPIMS

Since my last report 22 members met again for the day on 17 October 2011 in Birmingham. The group discussed the work on outcome measures initiated at the last meeting. The group had been each given a few measures and it appeared that one particular format was easy to use. A decision was made to use this format as it appeared to capture everything that was required. A long discussion was had about the difference between a standardised assessment tool and an outcome measure. We have decided to call the new publication "Standardised Assessment Tools and Outcome Measures". It will also include patient and carer reported outcomes. We will continue to work on this and hope to have it published ready for 2012 Conference.

The work on the Caseload Management tools has been less successful as it seems there really is nothing out there. Two tools have been identified (each measures something different) and I will be sending these out for pilot.

John Smith from "Civil Eyes" gave a presentation on the benchmarking project that they have been commissioned to do on behalf of 14 Children's Units throughout the UK.

Dave Threlfall gave some very useful feedback on a CSP run course he had attended called "Survival Guide for Managers".

Dave, after 6 very long years, has retired as secretary and Carol Kerry kindly offered to take over. I would like to give a very big thank you to Dave for all the work he has done for PPIMS.

Juliet Goodban was appointed Vice Chair.

Our next meeting is on 14 May 2012 in Birmingham

Di Coggings
Chair of PPIMS

MSK GROUP

We have had a busy year arranging the Normal Variant day that we have had very positive feedback from and we all enjoyed - once done!!

There have been a number of changes on the committee, most recently Jen Armstrong leaving us as she is relocating back to Oz. There are a number of new committee members that we are looking forward to sharing ideas with and planning future events with.

We are meeting via Skype early in 2012 with a face to face yearly planning meeting in the Spring.

We have a number of study days that have been put forward to us on the committee from APCP members but please don't hesitate to contact us if there is an area of paediatric MSK that you'd like us to arrange a sharing practice and study day for.

The work compiling all the information from the hip study day and follow up questionnaire and work still continues and we hope to be able to bring this to you this year as a completed piece

We will continue to place "sound bites" on APCP website after our Skype and other meetings to keep you all informed of our plans and progress

Rachel Harrington
MSK Rep

NEUROMUSCULAR

The neuromuscular group continue to work on the competencies project started last year. We are still hoping to find more volunteers to assist with this; you do not need lots of neuromuscular experience but an interest in one of the following areas: respiratory, orthotics and splinting, posture management, exercise activity and fatigue, mobility, assessment, community issues, competencies for physiotherapy assistants and assistants in schools, and transition. Please contact Marion Main as soon as possible.

The neuromuscular group are running the parallel programme at APCP Conference this year on the 9th/10th November 2012. The working title is 'Coming off the Bend' and to fit in with the London Olympics we hope to have topics on laxity, contractures and deformity and the effect on performance. We are also trying to organise talks on MRI imaging and correlation with contractures and growing rods for scoliosis, the management of contractures with a look at the evidence and implications for surgical management, the effects of laxity and the effects of exercise.

The group will be meeting early in February and we hope to confirm the programme very soon, keep an eye on the APCP website for details.

Marion Main
NM Rep

Research and Education Report

Journal

We are delighted that with Dr. Eva Bower's direction the change of format of the APCP Journal in 2011 has been well received. As you are aware, the aim is to produce an index linked journal on a health data base. The journal should consist of original work, relevant to the field of paediatric physiotherapy. This can take the form of research; systematic reviews; case reviews; clinical areas; management; policy articles and technical evaluation (see the back cover of the journal for further guidance).

We are at the start of the journey in this process and rely on the membership to submit work to the journal. Currently there is enough material to publish the journal twice a year- Spring and Autumn, but your articles are needed to maintain sufficient copy. We would also like to invite letters to the editor about any published work or controversial issues affecting paediatric physiotherapy.

Eva has agreed to continue as editor of the Journal and reinforced that the Journal stands and falls with what the members send in, so any articles should be sent to the virtual administrator at va@apcp.org.uk

Courses

The Education and Research team have worked together on updating the "Introduction to Paediatrics" course which will be held in Scotland in the late Summer/Autumn of 2012 – please check the website for further details as they are finalised. We are assisting with updating Learning Outcomes and advising on feedback forms, looking to standardise documentation for CPD. We are also helping the regional groups setting study days and identifying learning outcomes.

Research

The Research team would like to thank all those who contributed to the posters and free papers at Conference. These provided further evidence that it is possible to combine clinical work and meaningful patient centred research. We hope these stimulated many of you to consider submitting abstracts for London APCP Conference, November 2012. Please see the submission form for abstracts in this newsletter.

Research bursaries are available from APCP for 2012, details on the APCP website.

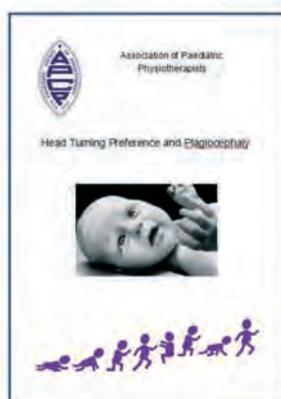
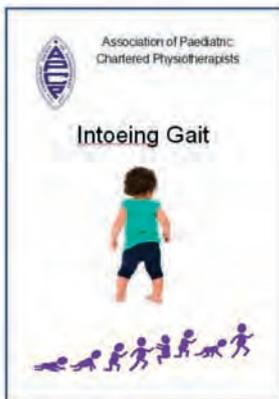
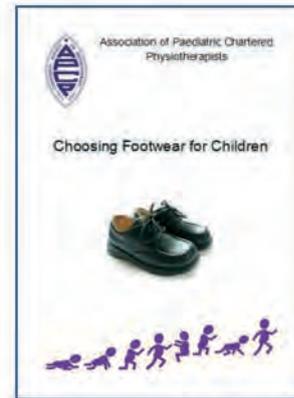
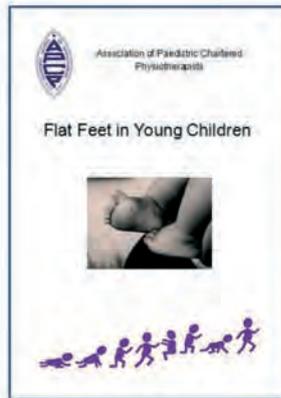
Please do not hesitate to contact a member of the Education and Research for advice on submitting a proposal. Details on APCP website or contact va@apcp.org.uk and your query will be directed to the committee member most able to help.

Lesley Katchburian
Research Officer

NEW for 2012

Parent Information Leaflets

Free to download for members from the website



**Association of Paediatric
Chartered Physiotherapists**

www.apcp.org.uk



The Media and Information Group have been very busy over the past year. In response to several discussions on iCSP about leaflets, APCP recognise that many paediatric physiotherapists are constantly trying to reinvent the wheel and produce local condition-specific leaflets. We decided it would be helpful to publish a range of these under the APCP logo and have been flooded with requests for different conditions. We have published our first group of information specific leaflets which are available free to download from the website for APCP members. They will be reviewed and updated on a regular basis.

We have several more leaflets lined up to publish soon including parent information for selective dorsal rhizotomy, parent information for premature babies, hypermobility, Perthe's disease, chronic fatigue, use of standing frames and adapted activities for disabled children. Obviously this all takes considerable amounts of work for a small group of people to do. If anyone would like to help with this in some way, share your own leaflets, share any evidence you may have for any of these subjects or proof read for us, please contact me at the address below. All help gratefully received!

APCP have recently been updating the 'Guide for Management of OBPP' (obstetric brachial plexus palsy) and hope to have this published early in the New Year. We are just starting a review of the now out-of-date 'Hip Subluxation and Dislocation in Children with Cerebral Palsy' and will keep you updated as to when this will be published. We also plan to review and re-publish the 'Working with Children' document this year. Last year saw the publication of the 'Neonatal Competence Framework' document and I would like to thank Adare Brady and Peta Smith for all their hard work to bring this to fruition.

Finally, this is the first edition of the Newsletter I have been Editor for. I hope you find it useful and readable. We can only publish this twice a year (February and August) if we have articles and information from you, the members. Please let me know what you all are doing, have you attended a course you could review for us, worked abroad perhaps, run a study day or training event? Have you recently set up a new therapy group or way of working in your Trust, had some good feedback from a parent you would like to share, attended a professional trade show/ exhibition? I would like to hear from any of you and also to hear any feedback on what you think of the newsletter or how it could be improved.

Best wishes for 2012

Kerry McGarrity (kerry.mcgarrrity@btinternet.com)
Publications Officer

APCP Here and There

A Parent's Perspective of Erb's Palsy (OBPP)

Casper was born in December 2007 and during a difficult delivery he sustained an injury to all 5 Brachial Plexus nerves. We were told, unhelpfully, by the paediatrician at the time that his limp arm would be fine as the fingers were moving! The following morning we were visited on the ward by Kerry and Rachel from the physio team who gave us some advice on how to look after Casper's floppy arm and asked us to return in two weeks. When we did return the physio gave us some new exercises.

We had been referred to the hospital paediatrician shortly after birth and returned to see him again when Casper was about 12 weeks old. On this return visit it was then apparent that Casper's injury was worse than suspected and we got referred to the PNI (peripheral nerve injury) unit of RNOH (Royal National Orthopaedic Hospital). We were then sent back to the physio team for more intensive therapy. They were again full of support and gave us more exercises to do on Casper, they also told us about the Erbs Palsy support group, who by chance we had just got in touch with.

Casper had his first surgery at just under 6 months old at the Portland Hospital under Mr Sinisi's team. He had a shoulder relocation because there was no growth around the shoulder and it had slipped out, they also did a little nerve work but not graft. During surgery they found that Casper had injury to all 5 nerves, 3 had made some recovery but 2 were permanently damaged and may or may not recover a little but not fully. This took some getting used to and filled me with much anger and feelings of powerlessness.

Great determination meant a much more successful recovery from surgery than without the physio. We also had some fantastic little splints made by the Occupational Therapy team. Over time Casper's newly structured arm began to bend outwards (lateral rotation at the shoulder) and with a strong biceps muscle his hand was sticking out, meaning hazards walking through doorways where he kept getting his arm stuck. Casper's brain decided that as he couldn't reach the hand he didn't need it. So at aged 2 1/2 he went back to the surgical team for an inwards rotational osteotomy, and a titanium plate with 5 screws. I will spare you the emotion it took as a mother to get to that point, but I thank Kerry for her practical and level headed advice.

Once out of his tiny body cast we began working with the physio team once again and they were fantastic to us. We attended every week at first then every two weeks. It was very strange each week watching the post natal group babies doing new things and Casper not doing them, but because he had a different start in life it affected his mobility in every way. All the natural things babies do in sequence he didn't such as roll onto his tummy, push up onto his arms, shuffle backwards, crawl etc, he would just shunt round in a circle on his back and his muscles were weak.

But soon we were teaching him to do things he needed but in a different way, I remember hilarious sessions in physio as the therapist and I lay on the floor trying to work out how to sequence backwards then breaking the steps down into physio exercise repetitions. We literally had to teach him to stand up in the reverse sequence!



Post recovery we were carried on our work with the physio, but were gradually able to drop the visits to monthly. Putting the arm in the new position was the best decision ever. Casper now engages his hand and arm well and the tiny hand that was half the size of the other one has really grown and there is some improved function in it. We tend to find with each growth spurt comes a new trick or two!

Casper is now 4 years old and thriving. He still has limitations but is fantastic at problem solving and is fiercely independent. He has animal names for his 4 main exercises and these come complete with noises and when he is a good boy Kerry gives him a sticker and on a really good day, he gives her a hug! As well as the wonderful support of Kerry and the

department we have been supported all the way by the Erbs Palsy Support Group.

Each year the Erbs Palsy support group have an annual family fun day and give an award for achievement to children in 3 age categories, this year Casper won the award for under 5 year olds because of the great advancements he had made and the bravery he showed over the last 18 months after his surgery.

Many years ago the group contributed about £1000 to the APCP to help with the cost of publishing their first ever guidelines. The group have a wealth of information to hand and can signpost families to get the support they need. There are many fact sheets and they use professionals to deliver training to Obstetric staff and midwives every year on how to avoid injury to an unborn baby with shoulder dystocia. The group also have an online chat room for parents who are able to share experiences and vent their fears and pain and the little joys and victories.

The physio team and the Erbs Palsy Support group have been fantastic in meeting my son's needs but also helping me to understand the professional elements which can baffle and cause such worry in decision making; so we thank them all from the bottom of our hearts.

Penelope Searle



Recent improvements to the paediatric interactiveCSP (iCSP) network

Since the launch of the new CSP website in April, interactiveCSP, which was integrated into the new site, has been playing catch-up. Integration brought many benefits but also created a number of issues for iCSP and users, not least from the paediatric community, who were rightly quick to point these out.

A rolling programme of improvements has, in response, been taking place and will continue in the weeks and months ahead. By way of reporting back we have summarised a few of these improvements:

- Pages load more quickly – site performance has dramatically improved since launch and is now delivering a similar speed to the old site
- Downtime has reduced – the site is now stable and outages are now related to changes being added to the site
- Bulletins have more content – in addition to looking more attractive and being easier to read, your paediatric bulletin includes relevant Frontline and Journal articles, video clips and more.
- It easier to keep up with what's popular – the homepage now lists discussions and resources that get the most views and contributions so you can quickly see what others are looking at.
- No more duplicates - users can no longer, inadvertently create duplicate copies of content.
- Latest courses are on the homepage – so you can quickly see the new courses that have been added to the network.

What's in the queue for 2012?

In addition to continuing to respond to user feedback, we have also scheduled further performance improvements, more images and video and more journal links among many other developments.

If you have feedback, questions or further improvements to suggest do please email us. We cannot promise to do everything requested but we are very keen to understand your experience of the site and your thoughts on how that can be improved. Our email address is website@csp.org.uk

Nigel Senior,
Online Communications Manager, CSP.

West Midlands Region of APCP forum on “Posture....The 24/7 Challenge” held on September 20th 2011.
by Claire Sower , Katie Roberts and Michelle Baylis

With thanks to our sponsors SOS, Jenx, JCM, Symmetrikit, Peacocks and Leckey

We again had an excellent turnout of regional members, some non members and others from further afield to join us in some good discussions and sharing of clinical practice, in the use of 24 hour postural care, sleep systems, and postural care pathways.

The event began with the feedback we had from the pre-course questionnaires put together by The West Midlands Committee and answered by attendees. This was in the form of an audit used to gather information regarding Postural Management in our region, to identify trends and general issues. The results were presented by Physiotherapists and committee members Claire Sower and Nicola Brown from Birmingham Children’s Hospital, followed by the opportunity for discussion.

Questionnaires were sent out via email to all West Midland APCP members and we received 30 completed questionnaires. If you are a West Midland APCP member and did not receive a questionnaire please update your email address by emailing va@apcp.co.uk.

The questionnaire consisted of 12 questions looking at therapists knowledge and confidence, guidelines including criteria, outcome measures, equipment, training and follow-up for families, transition between acute and community, funding and barriers to implementing postural care.

The results of the questionnaire are taken from a convenience sample to highlight areas for further discussion. The results are not presented as representative of practice in the West Midlands.

There were a large variety of relevant courses highlighted in addition to in-service training and training provided by company reps.

Fourteen respondents had written departmental guidelines for Postural care. Six respondents did not know if there were any departmental guidelines. The remaining 10 respondents did not have guidelines but 2 were in the process of writing some.

There was a large variation in inclusion and exclusion criteria for identifying patients for postural care with a large variety of use of terminology.

A variety of training was provided for families including workshops, use of pathways and competency documents, 1:1 training and accessing the symmetrikit course. 10 respondents indicated that they provide ongoing follow-up review and 3 of these specified that they ask parents back to a sleep system clinic for review.

12 different outcome measures were reported for postural care. These were photos, ROM, XRAY, Goldsmith Index, Pain Scales, Chailey, frequency of waking at night, GMFC and Proximat.

The GMFC and Chailey outcome measures were also used by a few respondents for setting inclusion and exclusion criteria.

Respondents were asked to rate different types of equipment and give reasons for and negatives against using the equipment. Areas raised were cost, ease of use and adjusting, comfort, portability, noise, flexibility, assessment provided by company, age of patient, and diagnosis of patient, position achieved, and cleaning issues.

The experiences reported of acute to community settings varied with communication highlighted as key.

The top 5 barriers identified for implementing postural care were:

1. Compliance of family
2. Environment Issues
3. Time constraints of family
4. Complexity of equipment for family
5. Sleep issues

Common themes identified were:

- Need for more specific and standardised criteria and objective outcome measures.
- Importance of follow-up with families.
- Importance of systems and funding for reusing and maintaining equipment.
- Unclear future with staffing and funding cuts.

The main question that rose from the questionnaire and presentation was how can we share and develop best practice in our region?

The attendees then had the chance to find out about the range of night time positioning equipment that could be available to them from SOS, Jenx, Symmetrikit, JCM, Peacocks, and Leckey with a short presentation from each of the companies. This was followed by the well earned lunch break with plenty of fine food provided by our sponsors, as listed above.

Michelle Baylis then gave a presentation on the practice carried out in the city of Birmingham by the therapists in the Birmingham Community Healthcare Trust (BCHC). This is the use of the Symmetrikit postural care pathway adapted for local use. This was first introduced across the city 10 years ago. It is now standard practice for therapists to invite families to workshops across the city to educate them on postural care and sleep, so empowering them to take on the challenges they face with each child's postural care needs. Funding for the equipment is also linked to the families being on the pathway and engaging in the process. Natalie Storey, also a physiotherapist from BCHC, presented findings from an audit she has carried out across the service over a 12 month period. This piece of work reflects favourably on the use of sleep systems and 24 hour postural care, and the use of the current pathway as being an effective tool for the families involved. However, the outcome measures are all subjective so the future plans are to try and get together more objective measures to repeat the audit.

Some discussion and debate was then raised during the talk from Michelle Baylis on up to date evidence for the use of postural care, and the use of a care pathway to change practice across a team.

The session was rounded up with 2 case studies from Julian Brown, physiotherapist at BCHC and Emma Foulerton of the Birmingham Children's Hospital. They both presented children from different scenarios, one of which was a child that transitioned from the acute setting to the community with successful use of postural care equipment and good working practices around transition.

There was quite a bit of discussion brought up in the group throughout the day. The first discussion time centred on issues of compliance with sleep systems, following a question from the floor about the best age to start introducing one. The general consensus was that starting early improves outcomes, but that this is not always easy because parents can find it difficult to accept initially. There were many suggestions for improving compliance, including developing a package of training for groups of carers, parents, education staff and teenage patients, using photos, x-rays and parental feedback. Other ideas were to use Lycra contour shorts, try using the sleep system for only part of the night at first and to use the school IEP process to introduce physio postural management goals into the daily curriculum.

There was less debate about the results of the Birmingham Postural Care Pathway audit. Most delegates agreed that it is a gradual process to introduce postural care principles to families, and that their preference for equipment and its ease of use can be key to securing their compliance. It was also suggested that the results of the audit may be skewed by the families' improved understanding of posture, and perhaps more critical eye as the study progressed.

The summary of recent research evidence provoked several comments from the floor. One of the delegates had actually heard directly from Martin Gough, whose review article from *Developmental Medicine and Child Neurology* in 2009 is potentially controversial. However, she clarified that he is not against postural care per se, but against causing any pain. As there is little evidence to support the benefits, it is important to avoid harm, and therefore avoid any painful interventions. The Norwich team helpfully shared at this point, that they have used the Paediatric Pain Profile to assist parents in understanding what is and isn't pain. Other comments related to the difficulty in analysing the impact of postural care in under 5s, when they have more intense active therapy, and that other outcomes need to be considered, such as interaction with the community and the effect on the 'whole child' and the life of the family.

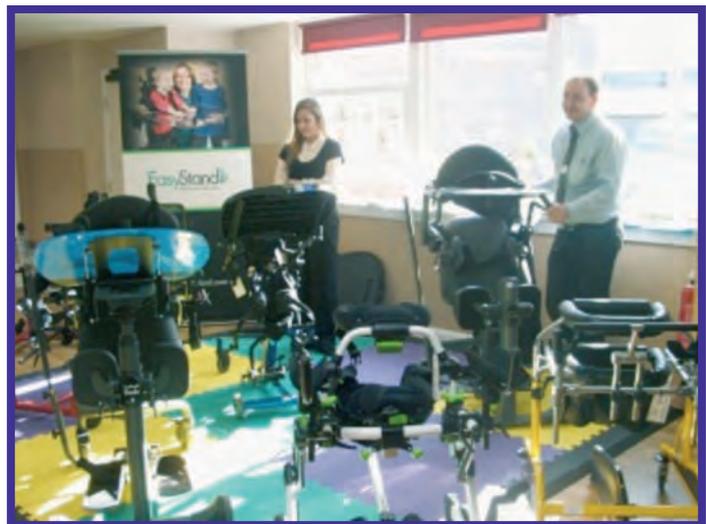
The difference in equipment provision across the region was highlighted following the case study presentations.

The majority of feedback about the content and organisation of the day was overwhelmingly positive. 44 out of 52 delegates completed evaluation forms with many people commenting that they found the day useful, thought provoking and stimulated them to look at their own practice. There many helpful suggestions for future courses.

Thank you to all those that attended to make it a successful event and to all the West Midland Committee members who worked hard to make it happen.

Open Day at Valence School for Allied Health Professionals on 19th October 2011 to celebrate Valence Schools 60 years (Diamond Jubilee)

Hidden from the A25 and in the top North West corner of Kent is Valence School, a Kent County Council maintained school for children with physical disabilities. The school has its own Health Team who are employed by KCHT, the team is made up of nurses, physiotherapists, occupational therapists, speech and language therapists and a dietitian as well as having other visiting health professionals like the community paediatrician, podiatrist, and dentist.



The idea of the open day was to show other health professionals how we work in the school and how we integrate health services with education. Although many people have heard of Valence, they are not aware of the services we offer or the types of students that attend the school.

The day was well attended and we had over 40 staff visiting. Guests also included health team managers as well as a large number of physiotherapists, occupational therapists and speech and language therapists from a variety of organisations including community services, other schools both special and mainstream and hospitals.



There were a range of presentations from all the different health staff working at Valence, Teaching staff also gave presentations on education and sports facilities at the school. We were pleased that Mr Gooding,

Headmaster, was also able to speak about the special 60th anniversary the school is celebrating and he spoke about the many changes that have happened since the school first opened.

This was followed by organised tours of the school for our visitors: to help with this a group of students from primary, lower and upper school took part in the tours. This was much appreciated by the guests many of whom commented on the helpful way the students were able to give them information on what it was like to be at school at Valence. Many of the visitors were surprised to see the state of the art facilities, the modern classrooms, sports hall and new fitness suite, the residential living accommodation and the extensive grounds, and just how far they had to walk.



Finally a range of special equipment companies attended to demonstrate their equipment to staff. The event ended with a lunch for everyone which had been sponsored by the equipment companies. The health team enjoyed organising and running the open day as it was a good opportunity to demonstrate the work we do in school and how health and education staff work closely together with our students. We also had some very positive feedback from many of the visitors who came to the day.

Retirement

Having recently retired, I found myself reflecting on a paediatric career spanning the better part of 35 years. I thought as things have changed beyond recognition in that time, it might be fun to share some of the interesting and more bizarre incidents that I met with working in a large multi-cultural city, as many had their funny side and others we might not even contemplate in today's clinical practice.

I started my working life in East Anglia and the move to a big city was quite a culture shock. I learnt very quickly that

- It was usually safer to use the stairs in tower blocks – even if you had to climb 14 floors – the lifts often held unwanted surprises
- When using these stairs never use the hand rails – they often had needles taped to their underside to slow down the police in a chase with the local youth
- People needed to put their big dogs outside when I was seeing their child, especially if they had three rottweilers
- It was not a good idea to treat a child on the floor if there was a five foot iguana loose somewhere in the house and nobody seemed to know exactly where
- In many families it was considered very rude to refuse hospitality. However, I learned that plants die in a fairly short period of time if I kept pouring cups of undrinkable tea into them on each visit
- I should turn away and return on another occasion if there is a pile of shoes outside a front door. Someone in the immediate family will have died and then was just not the time to visit
- Walking past a house and returning on another day with a colleague for support, having rung from around the corner with some lame excuse for not visiting, was acceptable and would often ensure personal safety
- A pretend allergy was really useful when offered fish that had been flown in from the families local dam in Pakistan
- Parents were prepared to commit murder for their children but interestingly I found that I couldn't necessarily see them as a bad person
- Often it would only be possible to treat a child at home surrounded by seven or eight women of the extended household, all of whom watched and said and did absolutely nothing

Some very bizarre and harmless things also were part of the picture of my life on community

- There was a man who always walked around in bare feet outside, even in the winter
- The man with a uniform fetish who slavishly followed me around for an entire summer was actually completely harmless
- A mother who let a wild bird nest in her beehive 'hair do' because it had a broken wing
- Getting to upstairs in one household using a ladder because for some reason they didn't have a staircase was always an interesting task and as far as I could see the child never came down – how it got up there in the first place was not a thing I considered
- I was reliably informed by a group of young men with spina bifida that it was quite possible to catch aids from eating too many chips
- A parent thought that if their child had to use a wheelchair then the OT would arrange for a load of concrete to be delivered to level out the ground floor of their house which was on multiple levels built up a slope. They took a lot of convincing that if this happened then the front door, which was at the lowest level of the property, would only be about 4 foot high and very difficult to get through for all but the shortest person
- It was not unusual to be given addresses for children which did not exist or at the very least couldn't be found, which to say the least ended by being very frustrating but for a while it was fun trying
- Then there was the 'flasher' in the park – short cuts between visits for a non-driver were always on my radar. He made me realise that I was much stronger than I would have considered myself up to that point, because the only thing I could think of saying when I met him was that I had seen better than 'his' lying stark naked on a bed in ITU, on hearing this comment he just turned and ran

Many other interesting things occurred, some of which were very private, others embarrassing, some frustrating and others just not for print, along with all the day to day activities which made up a very varied community caseload. I don't think, with hindsight that I would have wanted to change any of them, although at the time

I would just like to thank all my colleagues and friends for their support and also the children and families for being part of my very rich and stimulating paediatric career, it wouldn't have been the same without any one of you

Sally Braithwaite
December 2011



My Child & Me is the only lifestyle magazine that focuses on, and speaks directly to, the parents of young children with additional needs. It has been developed in response to demand from parents for an information resource of this kind.

This bi-monthly publication bridges the information gap that exists for those parents who need realistic, down to

earth and friendly advice about the additional needs of their child whilst also providing support for the parents themselves.

Each edition centres on the very early years of a child's development from the moment of birth until pre-school thus giving parents the greatest opportunity to give their child the best possible start in life. This unique parenting magazine covers the full spectrum of guidance from emotional support on coping and understanding their child's condition to practical everyday advice.

The high quality editorial, written by a panel of independent experts within the field will also cover a range of topics including: identifying additional needs, navigating the system, celebrating development, returning to work and personal budgets and benefits. Parents will also be actively encouraged to contribute their views and experiences.

Each edition will have a range of regular features including:

- **Expert Panel** – answering queries from parents on a wide range of topics.
- **Parent's column or blog** – getting real life feedback on the lives of parents of children with additional needs.
- **Product Reviews** – what are the best products on the market?
- **My Child & Me's Guides** – each edition providing a handy guide to making those significant decisions e.g. choosing childcare, selecting a school.
- **Parent Section** – focusing on the parent and the support they need.
- **A focus on different conditions** – the main characteristics and how they can be managed.

www.mychildandmemagazine.co.uk

Recent articles include a very helpful comparison of car seats, both from mainstream and specialist providers. An article titled 'Negotiating the money maze' explained the various benefits a family may be entitled to and how to contact them. There have also been articles on your rights at work, your rights as a carer and on grandparents of a child with additional needs.

I would recommend you have a look at the magazine and perhaps suggest it to families you work with.



Selective Dorsal Rhizotomy

Following recent articles in the APCP journal and newsletter, we would like to update APCP members on the current service offered by North Bristol NHS Trust. As part of the spasticity management pathway we are now offering Selective Dorsal Rhizotomy (SDR) as an option in the management of cerebral palsy. The trust was fortunate to have Mr Kristian Aquilina (consultant neurosurgeon) join us, having been trained in single level laminectomy SDR in St Louis under the supervision of Dr Parks. Following the publication of the new NICE guidelines in January 2011, we established a multidisciplinary team to appropriately select children for the procedure. The team consists of a neurosurgeon, a neurologist, an orthopaedic consultant and 2 experienced physiotherapists with a special interest in cerebral palsy, thus ensuring that all potential treatment options for every child are fully discussed, including other interventions such as Botulinum toxin, multilevel orthopaedic surgery and intrathecal Baclofen.

Essential selection criteria for SDR

- Diagnosis of spastic diplegia
- Premature birth or full term birth with typical spastic diplegia
- At least three/four years old
- Evidence on magnetic resonance imaging that there is no significant injury to the cerebellum or basal ganglia
- At least three months since last botulinum toxin injection
- At least six months to one year since last lower limb orthopaedic procedure

Other relevant factors:

- Good muscle strength in legs and trunk as demonstrated by the child's ability to hold its own weight, hold a relatively erect posture against gravity, make appropriate movements to crawl or walk, and move quickly from one posture to another
- Delayed motor development, with evidence of some ability to crawl and pull up to stand by age two
- Child - motivation and ability to cooperate in physiotherapy
- Family - commitment to rehabilitation and follow up

Factors precluding SDR:

- History of meningitis, congenital central nervous system infection, congenital hydrocephalus not related to prematurity, head injury or familial disease
- Cerebral palsy with rigidity or poor muscle tone
- Severe scoliosis
- Child not considered to be likely to make progressive functional gains after surgery

All children attend for an initial appointment with Mr Aquilina to ensure that they meet the medical criteria. Once PCT or private funding has been secured the child attends for an intensive physiotherapy assessment, prior to being discussed at a multidisciplinary team meeting for a decision to be made about the most appropriate intervention. We actively seek information from local therapists on the child and family's cooperation/motivation and social situation as this is important in our decision making.

Prior to surgery the child attends for 3D VGA, pre-op assessment and casting for post-op orthotics, if required. We use validated outcome measures including GMFM, quality of life and 3D VGA pre and post-operatively, and we look forward to using this information for future research.

Parents are asked for their objectives from SDR and then realistic goals are discussed and agreed prior to surgery. Given today's technology and the use of the internet we are aware that parents may seek SDR as a cure for cerebral palsy rather than a method of managing spasticity.

Following the operation the child has a three week stay in hospital, for intensive therapy, and then care is handed over to the local team. We have put together guidelines for post-operative therapy which families/local therapists receive. Therapy includes muscle strengthening, use of more normal movement patterns and increased weight bearing in stance and gait. Within the field of SDR rehabilitation evidence is limited but we look forward to contributing to the evidence as our service develops. Our current recommendations for post-op therapy are based on a combination of recommended frequency for rehabilitation after multilevel surgery and advice from St Louis and other centres performing SDR. However at North Bristol NHS trust we are conscious of the constraints on local community services, being community

therapists ourselves, and we are aware that some community teams have approached PCT commissioners for additional funding to support the rehab needs. We also encourage families to raise the child's activity levels in a variety of ways to encourage positive lifelong changes.

To date SDR surgery has been performed on 11 children and we anticipate continuing at a rate of 2 children per month, funding permitting. We currently receive referrals from across the UK but anticipate that other centres in the UK will be offering an SDR service in due course. We are very excited and privileged to be a part of the team at North Bristol NHS Trust and look forward to seeing the long term benefits of SDR.

Lyn Jenkins and Jenny Smith
Specialist physiotherapists in spasticity management
North Bristol NHS Trust, October 2011
www.nbt.nhs.uk/neurosurgery

Report on Neonatal course

A two day course on 'The role of therapists in neonatal care' was held in Birmingham's Children's Hospital on 20th and 21st June 2011.

Day one kicked off with a presentation by Fiona Price, who provided a thorough overview of the pathologies associated with premature birth and the subsequent relevance to intervention. In an hour's lecture she succinctly covered brain injury, lung development and the development of muscle tone as well as common problems associated with premature birth.

This was followed by a presentation by Katie Thompson who focused on brain and sensory development. The importance of sleep and the developing pain system was discussed and this led into a consideration of some appropriate interventions. Each section had very useful 'Tips for therapists' to minimise stress in the preterm infant.

The morning finished with a parent interview (with a very articulate and wonderful Mum) which superbly underlined the complex emotions experienced by parents who have a premature baby.

In the afternoon the attendees split into two groups. I attended a 'Developmentally supportive care workshop' which was led by Hilary Cruickshank. This was an excellent practical session and focused on positioning strategies for preterm babies. Case studies were analysed and the use of positioning equipment discussed.

The other group attended a respiratory workshop (led by Nicky Hawkes) and discussed indications and precautions to chest physiotherapy as well as treatment options.

The day concluded with a very interesting lecture from Katie Thompson about exploring and understanding babies behaviour and identifying behavioural cues.

Unfortunately, Day two could only accommodate half of those who attended Day one due to room restrictions.

The speakers were Helen Robinson and Sally Jary and it began with a very helpful presentation on 'Who to assess and when?'. This was followed by a comprehensive discussion on the range of neonatal assessment tools available. We then split into groups to explore a range of clinical scenarios. Babies of different gestational stages were considered and potential problems and answers discussed. This session provided me with a lot of food for thought and many very good ideas.

In the afternoon there were two excellent sessions looking at preparing a SCBU baby for home and then at the community follow-up post discharge. Helen Robinson provided invaluable advice on positioning for play, handling and suitable equipment.

Sally Jary then rounded off the course by presenting a video of a ex-premature baby, who exhibited a number of typical movement patterns associated with prematurity. The use of the 'AIMS' assessment tool was discussed and treatment options considered.

This was a very enjoyable course which covered a lot of material in a very organic manner. It proved to be very popular and was oversubscribed so should another course run (as I believe is planned) I would highly recommend it.

Dawn Carnie

'Go Kids Go' Wheelchair Training Course

We recently attended a 'go kids go' wheelchair training course which was held locally in a school hall, they are all free to attend and anyone is welcome, including parents, siblings and friends of a wheelchair user. We took our 6 year old daughter Kizzy who has cerebral palsy and has been using a wheelchair since the age of 4. She was able to use her wheelchair to move around the house a little but we felt she needed to learn more skills and learn the correct way of doing things rather than forming bad habits.

The course was run by Roy Wild, his wife and son were also present, they were so encouraging and had such positive attitudes, when asked if we wanted to join in fully we didn't hesitate in getting into wheelchairs ourselves and then used these for the full day. Instead of getting out of them to do things in an easier way we decided to fully experience how Kizzy has to live, and to say the least it was an eye opener.

During the course we all learned everything from how to control a wheelchair, how to approach everyday situations like crossing the road and navigating curbs, to playing games; basketball got quite competitive by the end with everyone playing to win! The obstacle course was hilarious to see both children and grownups trying to complete it quickest.

We couldn't believe just how involved Kizzy got, she volunteered to try everything, even tipping herself out of her wheelchair so she could learn what to do if this ever occurs, and for us it was good to see this happening in a safe environment with people who know what they are doing.

We had no idea just how physical a task it is to use and control a wheelchair, what an eye opener!

We found seeing life from a wheelchair users prospective was invaluable even if it was just a snap shot of day to day living, after all how can we encourage Kizzy and show her the correct and most effective way of doing things in her wheelchair if we haven't experienced it ourselves.

It was lovely to see Kizzy interacting with other disabled people, as she is in mainstream school and is the only wheelchair user in the school. She often says she feels different and the odd person out, but here, although everyone had different reasons for being in a wheelchair she got to speak to and got to know other people in the same situation and to realise she isn't the only person in a wheelchair.

We genuinely had a fantastic day, full of laughs, and we are looking forward to attending many more of these courses. We met some fabulous people who we are still in touch with, we cannot rate these courses highly enough and would encourage anyone, if they are able to, to attend one. The skills we learnt were incredible and as we were learning alongside Kizzy we can now encourage her to use her wheelchair safely and to achieve so much more with her wheelchair.

For Kizzy the course has given her confidence in her abilities, re-enforced our positive can-do attitude, and given her the chance to talk through how life is for her and the difficulties she faces with people who not just understand but who also live with the same difficulties.

Kizzys thoughts on the course:-

I liked every bit of the wheelchair course; we did lots of fun activities including wheelchair basketball, bulldog, obstacle races and wheelchair dancing.

At the course I met lots of new friends and learnt new skills, including how to cross roads safely and how to go up a curb by doing a forward wheelie. It felt good doing the course as everyone was in a wheelchair the same as me, and so I didn't feel any different.

It was very funny seeing my Mum and Dad using wheelchairs and now they know what it's like for me!

I can't wait to do another course very soon!

Kizzy and Faye Wade

Obituary

Elizabeth Harty – 25th January 1943 - 18th July 2011.



Elizabeth Harty, a highly respected paediatric physiotherapist in the Southern Health & Social Care Trust has sadly passed away. Elizabeth died on 18th July 2011 aged 68 following an extremely short illness.

Elizabeth trained in Trinity College Dublin and qualified in 1961. She worked in a number of hospitals including Rotunda Maternity hospital, Dublin; Peamount Hospital, Newcastle, Dublin and St Raphael's Kildare. In 1989 Elizabeth took up post as a Senior Paediatric Physiotherapist in the Special Schools in Armagh & Dungannon locality.

This was a particular difficult stage in Elizabeth's life as not only was she moving home to the North of Ireland, changing from respiratory to paediatric physiotherapy, but also caring for her husband John who had Motor Neurone disease. John passed away in Dec 1990. Elizabeth amazed those who knew her at this stage as through all of this she managed to stay so strong and so positive, she truly was inspirational.

Elizabeth worked within the Special Schools until her retirement in 2008. Elizabeth still having a lot to give to paediatrics then opted to work part time in Community Child Health. Elizabeth remained in this post until her untimely death. Elizabeth relished this new role and the challenges of community work.

Throughout Elizabeth's years in paediatrics she touched the lives of many children and their families. Today there are many, many children who have a significantly improved quality of life as a direct result of Elizabeth's efforts. Elizabeth had many personal attributes which contributed to her success as a paediatric physiotherapist. Elizabeth was extremely passionate about hydrotherapy and really valued the medium of water as a treatment option.

Elizabeth worked closely with and formed many friendships with several other health professionals. She forged very purposeful and beneficial relationships with the community, voluntary, and education sectors to ensure a holistic approach to meeting the needs of children.

Elizabeth took forward many initiatives in paediatrics and was influential in the Association of Paediatric Chartered Physiotherapists (APCP). She held several office positions in Northern Ireland and on the UK national body. She became Regional representative for APCP in Northern Ireland in 1992, was elected to APCP National committee in 1995 and following this she took on the duties of APCP membership secretary from 1995-1997.

Elizabeth was mentor to many junior physiotherapists over the years and in this role she shared her skills and knowledge. Elizabeth had a genuine interest in each and every member of staff, and she willingly took on the role not only of mentor but also councillor and agony aunt!

Elizabeth frequently arrived into work with her basket and produced various unexpected gifts for her colleagues, ranging from homemade brown bread, homemade elderflower juice, daffodil bulbs, or various other items from her garden. Her kindness, thoughtfulness and generosity will not be forgotten.

Elizabeth had endless energy; she had a wide range of interests and was involved in many organisations outside of work. She was an active member of her church, sat on board of governors for local schools, president of the Soroptimist International Dungannon, carried out voluntary work for the national trust and for charitable organisations, which involved her going to Romania on a few occasions.

Elizabeth inspired not only the children, with whom she came in contact with, but also her colleagues and friends through her ability to think outside the box, her enthusiasm, sense of fun and love for life. In all her good deeds she embraced the sincerity of friendship, joy of achievement, the integrity of professionalism and love of all people. She is sadly missed by all who knew her.

Ready, Steady, Go Programme

The Ready, Steady, Go programme was written by myself and Maggie Gurr as part of our role as Paediatric Physiotherapists in the Sparkle team in South East Kent. Sparkle is a joint health education initiative running in Shepway, Ashford and Maidstone. Each team consists of a Physiotherapist, an Occupational Therapist, a Speech and Language Therapist and a Learning Support Assistant. The aim is to train and work with Nursery Staff to enhance their knowledge of Child Development and promote activities to optimise children's development.

The leaflets are designed to be used as a tool within Nursery settings to enhance different aspects of Physical Development. Hopefully they will also encourage the staff to think of other activities which they can use to develop the same developmental areas.

The leaflets are divided into Posture and Core Stability, Body and Spatial Awareness, Balance and Coordination. Each leaflet contains six activities to help children develop that particular area of their physical skills. They can be used generally or with a small group of children that staff feel may need a little more help in that area. They would also be useful for staff to use to see if further opportunities will improve that set of skills or if a particular child may need referring to clinical services.

The leaflets are available for download on
http://www.kenttrustweb.org.uk/ask8/ask8_ey_documentbank.cfm

www.apcp.org.uk



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

Kidz in the Middle

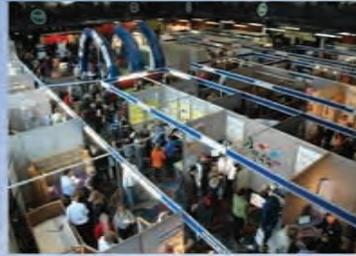
Thursday, 29th March 2012

Jaguar Exhibition Hall Ricoh Arena Coventry



Free Entry , Free Parking , Easy Access

- One of 3 of the largest, FREE, UK exhibitions dedicated to children with disabilities and special needs, their families and the professionals who work with them.
- Over a 100 exhibitors offering advice and information on funding, mobility, seating, beds, communication, access, education, toys, transport, style, sensory, sports and leisure.
- Running alongside the event are FREE seminars for parents and professionals. Certificate of attendance available to boost your CPD portfolio.



Next Events

- Kidz South 14/06/12
Rivermead Leisure Complex, Reading
- Kidz Up North 29/11/12
Reebok Stadium ,Bolton

- Come and see our Disability Sports Showcase delivered by CP Sports England and Wales and Go kids Go!

- Activities include , table cricket , boccia, wheelchair basketball , wheelchair dance, wheelchair games, athletics and football. Come and join in the taster sessions.

- As funding continues to be a major concern the 'Kidz Team' have taken a proactive approach and introduced the 'Funding Point' to all our Kidz events. Here you can access information on alternative funding streams for equipment and much more!



www.kidzinthemiddle.co.uk

For Visitors **free** entry tickets or more information
contact organisers :- Disabled Living on **0161 607 8200 / info@disabledliving.co.uk**



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