

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



AUGUST 2012

ISSUE
NO. 11

NATIONAL COMMITTEE OFFICERS AND COMMITTEE MEMBERS

CHAIR	Heather Angilley	hangilley@aol.com
VICE CHAIR	Sam Old	samantha.old@nhs.net
SECRETARY	Julie Burslem	julie.burslem@nhs.net
TREASURER	Siobhan Goldstraw	siobhan.goldstraw@cecpcp.nhs.uk
PUBLIC RELATIONS OFFICER	Vacant	
RESEARCH OFFICER	Lesley Katchburian	lesley.katchburian@gosh.nhs.uk
PUBLICATIONS OFFICER	Kerry McGarrity	kerry.mcgarrity@btinternet.com
EDUCATION OFFICER	Jane Reid	jane.reid@nhs.net
EDUCATION OFFICER	Jo Brook	j.m.brook@uel.ac.uk
EDITOR JOURNAL	Eva Bower	evabower@tinyworld.co.uk
EDITOR NEWSLETTER	Kerry McGarrity	kerry.mcgarrity@gmail.com

As I write this, the summer hasn't arrived yet, the heating is still on (in July) and we're also feeling a cool draught in the NHS. The much-awaited Olympics have yet to start but will just about be over when this newsletter drops through your door! Whilst not being able to have a complete theme for this edition, we've tried to include lots of sports and activity related articles.

If you have time over what is left of the summer, do try the Tree Fu Tom fine motor skills on the website. Feedback from parents is that this is a better way to access the activities than via C Beebies for an older child. You will also find information on an initiative by the YMCA to encourage fitness with disabled young people, which is easily transferable

Have you ever wondered if having an MSc would help you in your career and is it worth the effort? Read Simone's comments on her very positive experience at UCL.

I'd like to congratulate the Bedford Child development team with their award winning DVD on 24hr postural care. It is a really useful tool. The trials and tribulations of film-making is documented later in the newsletter and look out for a review of it in the journal.

Do make sure you visit the APCP website and make use of the new publications. These are free to download and some have also been recently updated. We hope to make improvements to the website in the coming year so that you will be able to pay online, and receive bulletins highlighting new content.

This will be my last contribution to the newsletter as Chairman of APCP. I trust you will give your support to Sam Old who takes over after the conference in November.... and speaking of the conference.... can I encourage you to book in for an exciting agenda and great location near the Tower of London. The conference committee have negotiated a deal with the hotel which is hard to match for such a central location. We will have our AGM during the conference when you will have an opportunity to nominate yourself or others for a seat on the National Committee. A useful addition to your CPD!

Look forward to seeing you at conference.

Heather Angilley
Chairman



APCP Annual Conference 2012

‘Going for Gold, Aiming for Excellence’

9th & 10th November 2012

The Guoman Tower Hotel, London

A packed 2-day programme with a parallel neuromuscular programme on the Saturday, organised by the APCP Neuromuscular Group

An opportunity to network with paediatric physiotherapists from around the UK to share practice and expertise

PRINCIPLE SPONSORS





An invitation to join us for the APCP Annual Conference 2012

In this Jubilee and London Olympic year, the APCP London Region invites you to join us for what we hope will be an exceptional conference – ‘Going for Gold, Aiming for Excellence’ – which will be held at the Guoman Tower Hotel, located on the north bank of the river Thames with stunning views over Tower Bridge and St Katherine Docks.

We have had fun putting together a stimulating and diverse conference programme that includes a parallel neuromuscular programme on the second day. Following your feedback from last year’s conference we have tried to cater for therapists with varying degrees of experience as well as keeping themed sessions and time for discussion with expert panels. We have also re-introduced less formal ‘Advancing Clinical Practice Sessions’ as an integral part of the programme, but to do this we have extended the day with an earlier start time. This is in line with other international conferences and offers you more for your money! Please see the APCP website for the individual session objectives to help you decide your choices.

We have had an exceptional response to our call for abstracts and we are grateful to all of you who submitted papers. The Research and Education Committee has selected 6 of these for free paper presentations and many others will be presented in poster format, and so we expect a high standard of inspiring research and information sharing.

This year’s trade exhibition promises to be bigger and better, with exhibitors from a wider range of companies – again we listened to your feedback and as a result have invited a more varied range of exhibitors including some small companies and organisations, as well as the more familiar larger companies. To help you to explore the trade stands we have designed a prize quiz this year – so you may be lucky enough to go home with a Kindle or iPod in your conference bag!

We have also secured an excellent hotel rate for this amazing central London location, which makes the full conference package exceptional value. Add to this the conference dinner, with excellent food and entertainment, and this really is a great opportunity to make the most of CPD, networking, meeting old and new friends, and having fun. Why not consider extending your stay at the hotel in order to explore London sights or to see a show – contact the APCP Administrator to discuss your needs before completing your booking form.

So whether you're new to paediatrics or a seasoned conference attendee, we think the 2012 conference will have something for you. We hope you agree and look forward to seeing you all there.

APCP London Conference Committee

Going for Gold, Aiming for Excellence

Friday 9th November 2012 – Main Programme*

- 07.30-08.30 Registration
- 08.30-08.35 Welcome and Housekeeping
- 08.35-09.20 Keynote speaker – **Therapy interventions for cerebral palsy - a matter of balance?**
Dr Margaret Mayston AM, FCSP, PhD - University College London
- 09.20-09.55 **Interacting with neuroplasticity using non-invasive brain stimulation (NIBS)**
Professor John Rothwell MA, PhD - Professor of Human Neurophysiology, University College London
- 09.55-10.30 **Critical periods in brain development**
Maria Fitzgerald BA, PhD, FMedSci - Professor of Developmental Neurobiology, University College London
- 10.30-10.45 PANEL DISCUSSION
- 10.45-11.15 Break and exhibition
- 11.15-12.15 FREE PAPER PRESENTATIONS
- 12.15-12.45 APCP AGM
- 12.45-13.45 Lunch and exhibition
- 13.45-14.45 **Current evidence for therapy management of the upper limb in children with congenital and acquired hemiplegia**
Dr Anne Gordon PhD, MSc, BAppSc - Clinical Expert & Research Occupational Therapist, Paediatric Neuroscience, Evelina Children's Hospital, Guy's & St Thomas' Hospital NHS Foundation Trust
- 14.45-15.00 **HemiHelp Organisation**
Liz Barnes – HemiHelp Trustee and Parent
- 15.00-15.30 Break and exhibition
- 15.30-17.00 **Advancing Clinical Practice Sessions** – delegates can choose to attend 1 of the 3 options below:
- A. **Neurological movement disorders in upper motor neurone lesions – recognition and classification of tone problems (*Level: Introductory / Intermediate*)**
Dr Neil Wimalasundera - Consultant in Neurodisability, and Mrs Lesley Katchburian MSc, MCSP - Clinical Specialist Physiotherapist, Neurodisability Movement Disorder Service, Great Ormond Street NHS Foundation Trust
 - B. **Promoting change in service delivery - re-defining the management of the upper limb in hemiplegia (*Level: Intermediate*)**
Jennifer McCahill BScPT, MPhysio (Paediatrics), MCSP - Clinical Specialist in Movement Analysis and Integrated Children's Therapy Manager for Central Oxfordshire
 - C. **Orthotic management for ambulant children with neurological conditions (*Level: Advanced – case-based session for students who have previously attended 2-day instructional course*)**
Elaine Owen MSc, SRP, MCSP, Dip Lower Limb Orthotic Biomechanics and Gait Analysis - Clinical Specialist Physiotherapist, Child Development Centre, Bangor

Following the close of the day's programme, delegates are invited to attend a drinks reception in the Trade Exhibition area. This will be followed by the Annual Conference Dinner at 7.30pm

World leaders in manufacturing bespoke Dynamic Movement Orthoses (DMO) for children and adults with neurological dysfunction and motor impairment.

For the management of:

- Cerebral Palsy
- Cerebral Vascular Accident
- Traumatic Brain Injury
- Development Co-ordination Delay
- Scoliosis
- Hypermobility



Effective treatment for movement disorders backed by research evidence



- Improving sensory feedback and biomechanical alignment
- Improving core stability
- Can be used as part of a child's 24hr postural management

...Scoliosis suits can clinically, over the years result in re-learnt spinal symmetry and a reduced referral to the Orthopaedic Dept"

(Matthews SOSORT Milan 2012)

" The DEFO scoliosis suits appear to work by providing heightened proprioceptive input to the brain coupled with dynamic corrective forces to correct and re-align the spinal segments."

(Matthews & Crawford 2006)

...with the use of dynamic orthoses the typical diplegic gait pattern can be reduced providing an opportunity for the re-learning of movement patterns.

(Matthews et al, 2009)

...improvements in function appeared to occur almost immediately.

(Watson et al, 2007)

www.dmorthotics.com

DM Orthotics Limited
Tel: +44 (0) 1209 219205 E: admin@dmorthotics.com



Going for Gold, Aiming for Excellence

Saturday, 10th November 2012 – Main Programme*

- 07.30-08.30 Registration
- 08.30-10.00 **Advancing Clinical Practice Breakfast Sessions** – delegates can choose to attend 1 of the 3 options below:
- A. **Exploring movement connectiveness - practical workshop based on the work of Irmgard Bartenieff and Rudolf Laban places** (*Level: Intermediate*)
Julie Sparrow MSc, MCSP - Sports Specialist & Senior Lecturer, Teesside University
 - B. **Selective dorsal rhizotomy – the way forward, expectations and rehabilitation** (*Level: Introductory/Intermediate*)
Lyn Jenkins MCSP, Grad Dip Phys, HT, MSc - Specialist Paediatric Spasticity Management Physiotherapist, North Bristol NHS Trust.
 - C. **Exercise, activity and fitness in children with disability** (*Level: All*)
Professor Vish Unnithan BSc (Hons), MSc, PhD - Staffordshire University
- 10.00-10.15 Break
- 10.15-10.45 Keynote speaker - **Lifespan approaches to physical development, activity and fitness - introducing 'physical literacy'**
Julie Sparrow MSc, MCSP - Sports Specialist & Senior Lecturer, Teesside University
- 10.45-11.15 **Biomechanical considerations in skill acquisition in children**
Matthew Wright MPhil - Elite Sport Performance Manager, Teesside University
- 11.15-11.45 **Strength and conditioning in the developing child**
Matthew Portas MSc - Principle Lecturer & Programme Leader MSc Strength and Conditioning, Teesside University
- 11.45-12.15 PANEL DISCUSSION
- 12.15-13.15 Lunch and exhibition
- 13.15-13.45 POSTER SESSION
- 13.45-14.45 FREE PAPER PRESENTATIONS
- 14.45-15.15 Break and exhibition
- 15.15-15.30 **Spasticity management in children – NICE guideline recommendations 2012**
Dr Lucinda Carr - Consultant in Paediatric Neurology, Great Ormond Street NHS Foundation Trust
- 15.30-16.15 **Indications and outcomes for spasticity interventions – intrathecal baclofen, selective dorsal rhizotomy, botulinum toxin, medication**
Guideline Team
- 16.15-16.45 **Hip management in cerebral palsy**
Gill Holmes MPhil, MCSP - Gait Laboratory Manager, North West Movement Analysis Centre, Alder Hey NHS Foundation Trust
- 16.45-17.00 DISCUSSION AND CLOSE



A step-change in equipment provision that reduces costs and improves service...

APPROVE by Jenx provides, services and stores equipment on a subscription basis. It is easy to switch products as needs change, saving you time and money.

www.jenx.com/approve



Going for Gold, Aiming for Excellence

Saturday, 10th November 2012 – Neuromuscular Programme*

- 07.30-08.40 Registration
- 08.40-08.45 Welcome and Housekeeping
- 08.45-09.30 **Contractures at birth**
Professor Francesco Muntoni - Professor in Neuromuscular Disorders, Great Ormond Street NHS Foundation Trust & Institute of Child Health
- 09.30-10.00 **Progressive limb contractures**
Marion Main MCSP - Consultant Physiotherapist Paediatric Neuromuscular Disorders, Great Ormond Street NHS Foundation Trust
- 10.00-10.30 **Spinal deformity**
Mr Jonathan Lucas MBBS, FRCS - Consultant Orthopaedic Surgeon, Guy's and St Thomas' NHS Foundation Trust
- 10.30-11.00 Break and exhibition
- 11.00-11.30 **Muscle growth and contracture theories**
Adam Shortland PhD - Consultant Clinical Scientist, Guy's & St Thomas' NHS Foundation Trust
- 11.30-12.00 **Using orthotics to control contractures**
Speaker to be confirmed
- 12.00-12.30 **Effect of strengthening on neuromuscular conditions**
Dr Gita Ramdharry PhD, MCSP - Royal Hospital for Neurology and Neurosciences, University College Hospital NHS Trust
- 12.30-12.45 FREE PAPER PRESENTATION
- 12.45-13.45 Lunch and exhibition
- 13.45-14.30 **Management of shoulders**
Sharon Morgans MCSP, MMAPC - Orthopaedic Practitioner, Imperial College Healthcare NHS Trust
- 14.30-15.00 **Kinesio-taping in weak children**
Esther Du Roy
- 15.00-15.30 Break and exhibition
- 15.30-16.00 **Dislocating patellae**
Luke Watson BSc (Hons), SRP, MCSP – Advanced Physiotherapist, Birmingham Children's Hospital NHS Foundation Trust
- 16.00-16.30 **Laxity is a joint range problem**
Speaker to be confirmed
- 16.30-17.00 **Joint range of motion - difficult cases**
Question and answer session with expert panel
- 17.00 CLOSE

*The programme may be subject to change – see www.apcp.org.uk for up-to-date information about the conference programme and trade exhibitors.

NESSIE



Specialised
Orthotic
Services

NESSIE has been designed and developed by SOS to provide a new positioning experience to enable parents, therapists and carers working with disabled children to encourage good activities and physical development.

NESSIE'S flexibility allows it to be easily manipulated into a wide range of positioning options dependant on the posture required during each session.

The established range of primary positions associated with physical play therapy can all be achieved using **NESSIE**. This can include 'tummy time', sitting, side sitting and side lying.

The unique design means there is no need for any other additional supports, so using **NESSIE** is easy for the therapist when moving from session to session.

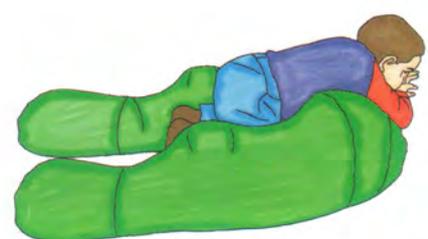
Using **NESSIE** is simplicity itself.



Straddle Sitting



Long Sitting



Tummy Time



Supine Position



Crawling Position



Tel: 01283 812860

Web: www.specialisedorthoticservices.co.uk

E-mail: enquiries@specialorthotic.com



CONFERENCE BOOKINGS

Day delegate rates from:

£85.00 (£160.00 for both days)

Residential packages from:

£245.00 (£285.00 for single room occupancy) - includes overnight accommodation at Guoman Tower and Conference Dinner

Early Bird Discount available
for bookings received before
14th September 2012

Download application forms from www.apcp.org.uk or contact va@apcp.org.uk

CLOSING DATE FOR APPLICATIONS: Friday, 19th October 2012



Further information and updates will be available on the APCP website.



APCP National Conference 2012

Going for Gold, Aiming for Excellence

BOOKING FORM

PLEASE COMPLETE ALL FOUR SECTIONS BELOW:

SECTION ONE - Personal Details

Name:		
Postal address:		
	Postcode:	
Phone numbers:	Home:	Work:
Email:		
Place of Work (to appear on delegate badge)		
APCP Membership No.		
Do you have any special needs / dietary requirements?		

SECTION TWO - Conference Booking Options

Please tick 1 option from the 5 options listed below with the relevant delegate rate.

1) <input type="checkbox"/> Full Residential Package <i>(includes attendance on both days, en suite twin accommodation for 1 night with breakfast, refreshments and lunch on both days, Conference dinner on Friday night)</i>	<input type="checkbox"/> £245.00 - APCP members early bird booking (for bookings received before 14 th September 2012)
	<input type="checkbox"/> £265.00 - APCP members (for bookings received after 14 th September 2012)
	<input type="checkbox"/> £305.00 - non-members
	<input type="checkbox"/> £245.00 - students / therapy assistants.
You will be allocated a room to share with another Conference delegate unless you choose to pay the single person supplement (below). If you have a colleague you would like to share with please print their name here:	
2) <input type="checkbox"/> Full Residential Package with Single Person Supplement <i>(as above but with single occupancy accommodation)</i>	<input type="checkbox"/> £285.00 - APCP members early bird booking (for bookings received before 14 th September 2012)
	<input type="checkbox"/> £305.00 - APCP members (for bookings received after 14 th September 2012)
	<input type="checkbox"/> £345.00 - non-members
	<input type="checkbox"/> £285.00 - students / therapy assistants.

3) <input type="checkbox"/> 2-Day Day Delegate <i>(includes attendance both days, lunch and refreshments)</i> <input type="checkbox"/> <i>Tick here to add attendance at Conference Dinner (add £35.00 to the cost of your package opposite)</i>	<input type="checkbox"/> £160.00 - APCP members early bird booking (for bookings received before 14 th September 2012)
	<input type="checkbox"/> £180.00 - APCP members (for bookings received after 14 th September 2012)
	<input type="checkbox"/> £240.00 - non-members
	<input type="checkbox"/> £160.00 – students / therapy assistants.
4) <input type="checkbox"/> 1-Day Day Delegate – Friday <i>(includes attendance, lunch and refreshments on Friday only)</i> <input type="checkbox"/> <i>Tick here to add attendance at Conference Dinner (add £35.00 to the cost of your package opposite)</i>	<input type="checkbox"/> £85.00 - APCP members early bird booking (for bookings received before 14 th September 2012)
	<input type="checkbox"/> £95.00 - APCP members (for bookings received after 14 th September 2012)
	<input type="checkbox"/> £125.00 - non-members
	<input type="checkbox"/> £85.00 – students / therapy assistants.
5) <input type="checkbox"/> 1-Day Day Delegate – Saturday <i>(includes attendance, lunch and refreshments on Saturday only)</i> <input type="checkbox"/> <i>Tick here to add attendance at Conference Dinner (add £35.00 to the cost of your package opposite)</i>	<input type="checkbox"/> £85.00 - APCP members early bird booking (for bookings received before 14 th September 2012)
	<input type="checkbox"/> £95.00 - APCP members (for bookings received after 14 th September 2012)
	<input type="checkbox"/> £125.00 - non-members
	<input type="checkbox"/> £85.00 – students / therapy assistants.
Accommodation can be arranged for Thursday and Saturday nights – please contact va@apcp.org.uk for further information.	

SECTION THREE - Programme Options

Please tick 1 option for each of the 3 sections below

Friday, 9th November 2012

Delegates need to select one of the following **ADVANCING CLINICAL PRACTICE SESSIONS** to attend*:

- A - Neurological movement disorders in upper motor neurone lesions – recognition and classification of tone problems
- B - Promoting change in service delivery – re-defining the management of the upper limb in hemiplegia
- C - Orthotic management for ambulant children with neurological conditions
- NOT APPLICABLE (not attending Friday's programme)

* Please see APCP website for learning objectives to help you make your choices. Places may be limited for some of these sessions – we will contact you if your first option is unavailable before confirming your booking.

Saturday, 10th November 2012

Delegates need to select to attend either the main programme **or** the neuromuscular programme (delegates will not be able to swap between the two programmes)

- Main Programme
- Neuromuscular Programme
- NOT APPLICABLE (not attending Saturday's programme)

Saturday, 10th November 2012 – Main Programme Only

Delegates attending the main programme need to select one of the following **ADVANCING CLINICAL PRACTICE SESSIONS** to attend*:

- A - Exploring movement connectiveness
- B - Selective dorsal rhizotomy – the way forward, expectations and rehabilitation
- C - Exercise, activity and fitness in children with disability
- NOT APPLICABLE (not attending Saturday / Saturday's main programme)

** Please see APCP website for learning objectives to help you make your choices. Places may be limited for some of these sessions – we will contact you if your first option is unavailable before confirming your booking.*

SECTION FOUR - Payment Details

Booking options and costs are detailed above – please enter total amount due:

PAYMENT OPTIONS: please tick as applicable:

- Cheque – I enclose a cheque payable to '**APCP**'
- Direct personal transfer - please send invoice for payment
- Funding has been agreed – please send invoice for payment*

** Please complete details for invoicing below:*

NAME (to whom invoice should be addressed):

ADDRESS (to send invoice):

Send with completed application form to:

APCP, PO Box 610, Huntingdon, PE29 9FJ or va@apcp.org.uk

Please note that cancellations received before the end of September will be reimbursed the full cost minus a 10% administration charge; later cancellations may not be eligible for reimbursement.

**ASSOCIATION OF PAEDIATRIC
CHARTERED PHYSIOTHERAPISTS
39th ANNUAL GENERAL MEETING**

FRIDAY 9th NOVEMBER 2012 at 12.15

THE GUOMAN TOWER HOTEL, LONDON

There are vacancies on the National Committee.
Please could any enquiries and nominations be sent
to va@apcp.org.uk as soon as possible

Comments on the Children and Young People's Health Outcomes Forum from a meeting held by the Allied Health Professions Federation on 23 April 2012

The questions considered by the working groups at the meeting were taken from a presentation by Forum member Dr Ann Hoskins.

A particular concern was that the NHS needed to consider the commissioning and provision of health services for children as part of integrated care pathways. This means that health provision needs to take place in a range of settings including nurseries, children's centres, schools and homes.

Key cross-theme questions

How can the health reforms help to reduce health inequalities and support children and young people in making healthier choices?

- There is often an assumption that children with disabilities and conditions are not able to make choices. It is important that they are listened to and given choices rather than told what they can have. For children with severe and complex needs, however, choices will clearly be led by parents.
- Mental health services and advice should be available universally and destigmatised. Parents should be empowered through planned and coordinated parent support groups. There should be a collaborative approach to data collection, i.e. potentially through focus groups in school cross-linked with mental health services (in PSHE lessons).

How can we ensure that children and young people are routinely consulted and engaged in identifying their needs and related services?

- The consultation should be tailored to children and young people and services should be shaped around the outcomes children and young people and their parents and carers want. However, it is important to acknowledge the differences between what children want and what their parents want in terms of outcomes, particularly as the children get older.
- Children should be consulted about assets and solutions rather than just their needs.
- Different methods of consultation should be used according to the different needs of children, for example alternative and augmentative communication aids.
- The workforce should understand how to use the relevant skills, for example the skills of speech and language therapists for children with communication difficulties.
- Among the things which need to be measured is reduction in parental stress, ability to communicate in different environments and quality of life.
- Patient related outcome measures (PROMs) should be used.
- Children and young people should have an advocate or representative.
- The role of parent partnership could perhaps be expanded.
- In order to reach 'hard to reach' families the use of those who have contact with them should be maximised, for example health visitors and the Family Nurse Partnership Programme. It is important to be present where they are, for example through outreach to them in the home and through children's centres.
- There is a need to respect diversity and ensure access for those from BME communities.
- Outcome measurement tends to have a medical and nursing focus. There is a role for AHPs in identifying priorities, patient groups, interventions and resource priorities.
- There is a lack of post-acute rehabilitation to prepare for discharge.
- There is a need to incorporate the psychological well-being of parents and children in outcome indicators.
- The economic impact on families caring for children should be considered.

How can we ensure that all children & young people, parents and carers have access to information so that they can participate in improving their health and well-being?

- Face to face information is important for those who find traditional information routes, for example written information, difficult to access
- Better use can be made of technology. Information on websites can be changed according to feedback (perhaps obtained through social media) and can be put in podcasts and videos. Online booking systems could be used but accessibility would then have to be considered.

How do we achieve effective and successful transition from children services to adult services?

- This transition would benefit from improvements in the sharing of data.
- Specialist services should be used to prepare for the transition much earlier on.
- Since many more children with severe disabilities are surviving into adulthood, there is a need to ensure that adult services can provide the level of support for them provided in children's services.
- Training and development will be needed to plug any relevant gap in the knowledge of the adult services workforce.
- The transition should be supported through empowerment and encouraging self-management.
- It is important to look at previous policy documents, for example Transition: moving on well (2008), rather than reinvent the wheel.
- There is a lack of information for commissioners with regard to children over 19.
- Specialist multi-professional teams are critical.
- Transition plans will help.

Acutely ill children**How can we ensure that the new system supports improved joint planning and commissioning of services for vulnerable and acutely sick children and their families/carers?**

- There should be pathways for each locality.
- AHPs should have a leadership / key worker role in discharge planning complex cases.
- There are three patient groups - planned admissions (where there may be complex co-morbidity), admissions via emergency departments etc and outpatients – and children must be signposted to the most appropriate service and location.

What are the obstacles to joined up services and how can we overcome these?

- There are disparities between the availability of services across regions service types, conditions, therapists etc.
- Early discharge from tertiary to secondary hospital may lead to problems with service availability. It may sometimes be better to discharge to community services.
- Pathways vary between regions and are not properly documented. There are variations in criteria for access to services and in access to equipment.
- Communication within and outside the hospital may be a problem. There should be standard practice for copying reports and letters and a national secure database.
- A key worker should be identified to link hospital care, community care and education.
- There is a lack of information for families. Quality standards for information are needed.

What currently works well?

- Acute care is a relative strength.
- Emergency, rapid response.
- Recognition of seriously ill children.
- Some centres have excellent packages of care – but there is a lack of benchmarks and standards.
- Combined children's therapy teams – co-located.
- Therapists managing therapists.

What doesn't work?

- There is inconsistent communication of processes and decisions.
- There is a lack of consistency of care across regions
- Outcome measures may not be meaningful to commissioners and funders.
- There is a lack of consistency in outcomes measurement.
- There is a lack of time to measure outcomes and appropriate methodology.
- Short episodes of care.

Mental health**What role could health and care professionals play to improve the mental health and well being of children and young people?**

- An active role in promoting early intervention.
- Provide support for transitions.

- Signposting.
- Influencing the targeting of resources and providing a link from the ground to commissioning.
- Providing a holistic view and treatment programmes.

What aspects of educating and training professionals need improving? In particular, what are the skills and behaviours that need further development?

- Access to training and supervision for all professionals involved in the client's journey to increase awareness of mental health issues.
- Specific education around early child development / brain development and attachment.
- Specific, targeted and universal parenting training.

How do we ensure that resources are effectively focused on promotion of health and well-being and early intervention for children and young people?

- Services should be designed to balance referral management.
- Key performance indicators are needed for sharing expertise and promoting general wellbeing.

What works well already? What doesn't work?

- Not working in professional silos is beneficial.
- Access to research and data collection is important.
- Sometimes a good piece of work loses funding and access to the service disappears.
- It is good to use feedback from clients in shaping service model reviews.

Children with disabilities and long-term conditions

What are the right incentives to ensure the delivery of the best services to children and young people with long term conditions and complex disabilities?

- There is an important role for joint strategic needs assessments developed by health and wellbeing boards.
- On the SEN Green Paper there should be single education, health and care plans for children who have health conditions or mild difficulties but do not have statements.

How do we improve the use of personalised care planning (including the use of telemedicine) to improve the overall health and well-being of children and young people?

- Key workers or case coordinators are crucial. There used to be key workers as part of the 'team around the child' but these have largely disappeared as a result of cost cutting. Decision makers should understand that this type of cost cutting reduces cost effectiveness in the longer term as these workers help to develop a holistic approach to personalised care planning and also support effective communication with families and reduce the risk of complaints from them.
- Use of aids (not actually telemedicine) is very expensive and needs to be considered as part of effective commissioning and provision.

How do we ensure that the new system enables a more integrated approach in the delivery of services to children and young people with long term conditions?

- Joint commissioning is a central lever for achieving integrated services. through the health and wellbeing boards and using the joint strategic needs assessments.
- Integrated provision can be measured by a common assessment framework, though this is not thought to be the best approach, by asking parents for their feedback and using patient reported outcome measures (PROMs), by looking at whether there is a care plan in place and whether this is an integrated plan and by asking whether the child's needs have been met.
- An e-record will assist.
- Sharing information with fellow professionals is important.
- Plans must take account of the complexity of the home environment and associated costs.
- Services that have key workers should be rewarded.
- Key workers must be well trained, given the importance of the role.
- Improvements in personalised healthcare planning can result from better integrated service commissioning and planning

What works well already? What doesn't work?

- Key workers are cost effective, though funding has gone.
- AHPs have an important role in training the wider children's workforce.
- School nurses would not have the capacity or expertise to support all children.
- There is an opportunity to learn from the work many AHPs undertake in working in schools and support the spread of best practice, for example in engaging paediatricians and supporting them as part of a multi-disciplinary team approach to working in a school environment.
- There is a need to consider other previous and current levers such as Achievement for All and healthy school status.
- It is good to have one report issued by the integrated team rather than multiple reports.

Public health and prevention**How well does the public health system reflect the diversity of children and young people?**

- NICE often comes up with outcome measures on which it is difficult to collect information. Collection is often done by contacts with professionals or not at all.
- Diversity is reflected in universal services but linking together is the major problem.
- The issue is that public health measures do not reflect diversity.
- It is important to address social determinants but many needs will not be picked up through contact.

What are the levers and indicators that commissioners and providers could use to support professionals in improving the health and wellbeing of children and young people?

- There is a need to join up measures to the early year foundation stage.
- Nottinghamshire's early years progress check is feeding into the health visitor check.
- Education, health and social care are not working together at government level, even if they are meant to be doing so at local level.
- CHIMAT data can be used to map where children are at greater risk. However, it is very difficult to get hold of the data locally.
- Greater access to shared data is desirable.
- Measures that allocate responsibility to reach 'hard to reach' families using measures of deprivation should be used. The troubled families initiative is one possible route through which this could be done.

Who are the people best placed to support the promotion of health to children and young people? Do they all have the skills and understanding to facilitate positive behaviour change?

- Occupational therapists have much to contribute to health promotion. They contribute generally to school readiness, for example in relation to use of cutlery, going to the toilet, handwriting. They also contribute to the development of sensory skills through early play.
- Behavioural issues in later life often arise from people's inability to tolerate the environment around them.
- A multi-therapy input to undergraduate training would help.
- Physiotherapists are promoting health through a leaflet that raises awareness of how to promote good motor development and could contribute to the two year check.
- Speech and language therapists are experts in the milestones for child development and understand the significance of communicative competence across the life span.
- There is a need for specialist services to respond to the needs identified by the additional health visitors (usually at home or in the setting). A core of children will require specialist help.
- Behavioural problems may be a manifestation of linguistic skills inadequate for social engagement. Advice from a speech and language therapist at an early stage might help.
- AHPs are sources of expertise in prevention. It is important to train the newly qualified health visitors on child development and for training to be ongoing. Health visitors may replace other staff.
- Therapists often work with children with difficulties and families who do not access public health services in the same way as others and do not access GPs. They tackle public health issues as part of a team.
- There should be more information for parents. There is a role here for health visitors, midwives and family support workers. Local people can help parents.

What works well already? What doesn't work?

- Messages can get over-interpreted, for example the messages about the use of dummies.
- Messages can be interpreted differently in different communities. However, geosegmentation based on community profiles can inform social marketing strategies, for example in relation to breast feeding and fostering.
- The supporting data are not working. Knowledge is in silos. An example is ignorance about how not having oral health checks affects educational outcome. Data must be cross-sector. Tracking of both parent and child is needed. Longitudinal data are needed. Health and wellbeing boards should be looking at shared data.
- Outcomes are often long term whereas the contract time for commissioners is the next 2-3 years. People are under pressure for 'quick wins'.

Primary Care Conference 2012

The National Committee took a unanimous vote to have a stand at this year's Primary Care Conference. The move towards GP commissioning and the inevitable changes that it will bring encouraged us to put ourselves in the way of secondary care health professionals to make sure they understand the wide scope of our role. Our last attendance at this event was in 2008.

The exhibition was held over 2 days in May at Birmingham NEC. The stall was staffed by volunteer APCP members. On the first day these were:

Jane Sellar (Wolves PCT), Janet Lea and Katherine Hefferman, Annette Beman (South Warwickshire); and on the second day Helen Ryan (York NHS), Juliet Goodban (Worcestershire Health) and me Heather Angilley (APCP Chairman).

I would like to say a huge thank you to the volunteers who had taken annual leave and were extremely proactive in engaging delegates in conversation.

There was a lot of interest from midwives, school nurses and GPs particularly for our leaflets.

We also visited other stands to talk about our role and provide example leaflets. An interesting conversation with the representative of a pain charity, Action on Pain, has resulted in the opportunity to work with them on a paediatric pain leaflet aimed at children.

Heather Angilley
Chair APCP



APCP Working Weekend March 2012, Penrith

Thursday night loomed cold and dark in the beautiful northern town of Penrith where the APCP National Committee, Regional and Affiliated Groups were meeting for a hectic couple of days.

Your National Committee members had travelled from far and wide to make this important annual event. Some members are lucky enough to be supported in this venture by their forward thinking employers but the majority were undertaking this venture during their own time or by taking annual leave.

The 'working weekend' is the one opportunity the various sub committees of the APCP have to have to meet to explore new ideas, expand and consolidate others which have been highlighted during earlier parts of the year as worthy of additional time, and produce work in order to benefit APCP members.

Following meetings by the Executive Committee, the Editorial Committee, the Regional Reps and the quarterly National Committee meeting, the committee subdivided into a series of pre-planned groups. These groups included SDR information, hip guidance, research bursary, APCP constitution, toe walking, Botox and leaflets

During the afternoon of the first day one such group, 'research bursary' met to decide how to enable members of the APCP to access APCP funding to support their research. As such the group felt that it was important to support and simplify the application and decision process. A short form for applicants was developed which only required outline details of any proposed funding request. A decision would then be taken by the Research Committee twice a year as to whether to invite the applicant to complete the full application form or to reject the request at this stage. Guidelines for applicants were also developed. Work still continues on the development of a 2nd application form, via email between the members of the group. And all this in just one afternoon!

On the second day of the working weekend we had a rather early start caused by a fire alarm at 5.20am and a second at 6.05am-have you ever seen the NC in pyjamas in the car park in March? Photos are available for a small fee!

One of the groups on the Saturday included the "Persistent toe walking" group who met to develop the contents of an impending guidelines booklet to further develop, discuss and consider contents and layout. Members of the group prior to this meeting had researched, shared and critiqued available evidence via e-mail. Each member of this group has been given a section of the booklet to further expand and will share with each other prior to its planned publication in October 2012. Look out for this at Conference.

Another group worked primarily on leaflets and collated all the information for the 'choosing a schoolbag' leaflet now available on the website. They also worked on information for selective dorsal rhizotomy, and in producing a basic information sheet for parents on the procedure. Obviously, there are several centres now offering this surgery and they all have their own specific advice once children are selected for the procedure. We hope to collate as much of these as possible and make them available on our website for APCP members to help with planning their services post-procedure as it is known to be very time intensive.

Lynda New
Kerry McGarrity



National Committee Meeting



Fuel for Working Weekend!



Hard at work

EAST ANGLIA

The Committee organised the Outcome measures study day in May which unfortunately did not fill all its places, however still remained to be an interesting day with positive feedback.

We are planning another study day for later in the year and we would welcome ideas from anyone on courses they would like to be run in this region in the future, please email me with your suggestions.

Also if anyone is interested in joining the committee please send me an email as we would welcome a couple new members.

Enjoy your summer

Simone Philpott
simone.philpott@nnuh.nhs.uk

LONDON

So, not long now! APCP conference 2012 is fast approaching and we have been very busy and I am very pleased to report that things are really coming together. The programme looks amazing and we are hoping the social side will be equally exciting, so I would encourage you all to come and stay on for the evening festivities, at the beautiful Tower Bridge location. We are hoping for a very good turnout from our London members, so please do get booking! We can certainly promise a drier location than you had for the Jubilee Pageant! I would like to thank all on the conference committee for their ongoing commitment and hard work, you are all truly valued.

We realize our evening lectures have taken a back seat with the conference preparations, but we do plan to have 2 lectures before the end of the year. The first one is proving to be very popular and is on Physiotherapy Management of the Younger Athlete, later this month and then we will have a lecture on Osteogenesis Imperfecta together with our AGM later in the year. As soon as conference is over and we have recovered, we will start to think about plans for next year, so please do keep giving us your ideas, on the feedback sheets, or directly to me.

Hope to see you ALL in November!

Sinead Barkey
barkes@gosh.nhs.uk

NORTH WEST

Here comes summer (allegedly), and it's been a busy time for all the North West committee members. Since the last update, we have run a very successful study day for APCP members and a forthcoming twilight session on Selective Dorsal Rhizotomy (SDR).

Finally, the "genie is out of the bottle" and Kristian Aquilina (Consultant Neurosurgeon, not the singer!) gave an outstanding talk on SDR, which was very enlightening and well received by all the delegates, who attended the day. Kristian was ably abetted by Lyn Jenkins (paediatric spasticity management physiotherapist), who outlined the pre and post operative rehabilitation protocols. Interestingly, the amounts of physiotherapy sessions post operatively were a cause for concern with 2-3 sessions per week being recommended for the first 4 months. As always the parental and child input during the study day was excellent, especially seeing the results post surgery at first hand, which was really amazing. The only negative feedback received from the day was that Kristian was very softly spoken and difficult to hear at the back of the venue, hopefully this was satisfactorily rectified with some tweaking of the acoustics!

The imminent twilight session being held at Lansbury Bridge School and Sports College, will specifically focus on the local perspective concerning SDR. Dr Ms Benedetta Pettorini (Consultant Neurosurgeon), Dr Ram Kumar (Consultant Neurologist) from Alder Hey, Liverpool and Mr John Goodden (Consultant Neurosurgeon), Leeds will present their thinking regarding surgery and rehabilitation for children in the North West. With SDR being such a hot topic at the moment (even a family in Cumbria have asked about it, see we are not that rural!), the APCP has produced a draft SDR leaflet for professionals and parents which will hopefully be available in the coming months.

Forthcoming events have not been confirmed at this time, but we are currently sourcing information from a variety of speakers including Virginia Knox (Bobath & Outcome Measures), Liz Goldsmith (Postural Management), Heather Angilley (Developmental Coordination Disorder) and Consultant Mark Friswell (Rheumatology) any other suggestions would be welcomed by the committee.

On an alternative tack, Carlisle & Eden locality in Cumbria have started attending Protected Learning Time (PLT) sessions for GP practices to publicise the Children's Physiotherapy service. In light of the forthcoming changes to the Healthcare Bill and the

advent of Any Qualified Provider and GP Commissioning, it was thought to be prudent to increase the knowledge base of GP's. As some practitioners did not know there was a Children's Physiotherapy service available to them!!! (see my article in this Newsletter)

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. 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

After much seeking, I'm happy to announce that we have two new committee members to help with the running of the North East region. We welcome back Vicky Greensmith and we're also joined by Lauren Wooley, the additional help is much appreciated by the existing committee members. If there is anyone else out there who would like to join us please get in touch, as any help and input is extremely welcome. The team have been busy behind the scenes and we are currently in the process of organising courses for the next 18 months. These will be added onto the APCP website, so please keep checking for any details of the courses. As we have been lucky with the support in past study events we are in a position to offer the courses at a lower rate for the regional members, but places may be limited due to the venues and early booking is always advisable. We are currently organising a neonatal study day which we are hoping will take place in September and will also incorporate our AGM. Please keep checking the website for further details.

As usual we are on the lookout for suitable venues to host future study days and evening sessions that we are planning as the current committee has a very strong Yorkshire presence we need your help to consider other venues.

Please note that there is a new contact email address
Helen Chamberlain
helen.chamberlain@humber.nhs.uk

SCOTLAND

Since January the Scottish Committee have been extremely busy with the planning of next APCP Introduction to Paediatrics Course (ITP) which is to be held this autumn in Edinburgh at Queen Margarets University from October 31st - November 2nd 2012. The course is now condensed to just 3 days but has a very full and interesting program. It is indeed a long time since the last ITP course ran in Scotland, back in the mid 1990's at Caldedonian University in Glasgow - rather amusingly one of the attendees at that course is now finding themselves as a speaker at this one!

Please keep an eye on the website for further information about The Introduction to Paediatrics Course and download application forms to book a place. Please also remember to share with any colleagues who may not be APCP members. Remember this is the Introduction Course so would be of interest to staff not yet working in paediatrics but hoping to.

Our intended plan to run the 3 day Elaine Owen Gait Analysis course this autumn has had to be postponed to the spring of 2013. But we have a confirmed date now and will be able to confirm details next newsletter. We are planning as an alternate study day this autumn, open once again to other AHPs following the success of the Outcome Measures study day, a speaker on "Motivational Interviewing" details to be confirmed but again please look on the website for details. The autumn study day will also be the date of our AGM.

We were delighted to welcome Kendra Cleland to the committee representing Forth Valley. We still have a couple of vacancies for representatives from Ayres & Arran and Highland on the committee and it is really good fun!

Scottish APCP fully supported a funding application by Laura Wiggins for the Cerebral Palsy Integrated Pathway Scotland (CPIPS) - Hip Project. A National project to achieve a consensus on the assessment and management of hips in children with cerebral palsy, developing a national data base, a training manual, a training DVD and train the trainer events for all paediatric physiotherapists in Scotland. The project is supported by a working party of Scottish Paediatric Orthopaedic Surgeons in response to the evidence from Australia & Scandinavia.

Finally, congratulations to Jenny Lunan who married in May, our committee treasurer who made a beautiful bride!

Liz Gray
elizabeth.gray@nhs.net

SOUTH EAST REGION

This year we have already held a very successful Study Evening in March this was kindly hosted by Crawley Hospital and we were treated to interesting sessions from Angela Black an Extended Scope Practitioner in paediatric neurology from Medway on Hip Surveillance, and from Johann Delpont on MHRA guidelines for managing Medical devices. This Study Evening was a great success and generated a great deal of discussion around the management of hips and also gave us a chance to reflect on our legal obligations when supplying and using equipment.

Our next big event is the Selective Dorsal Rhizotomy Study Day when we are lucky enough to have some of the team from North Bristol NHS Trust notably Mr Kristian Aquilina (Surgeon) and Jenny Smith (Physio) to talk about SDR, what it involves and suitability of patients we also hope to have a couple of patients who have undergone the surgery with their families to talk about their experiences. This will be hosted by the White Lodge Centre in Chertsey, and we are very grateful to them and in particular Hazel White for all the hard work she has put in to helping us organise the event. It promises to be a great day.

We will hold our AGM and final study evening of the year in October and the topic is still to be confirmed and the venue is most likely to be the new Children's Centre at Ashford. There will be more details nearer the time.

Following on from our Hypermobility study day last year we have formed a sub-group looking at Hypermobility. This group has already had a couple of meetings and plan to meet again later in the year. They have been working with Kerry McGarrity (APCP Publications) to develop an APCP hypermobility information leaflet. I am sure we will hear more from the group.

I know many members in the SE and London will be involved in the Olympics and Paralympics Games this summer, and for those not involved directly many of you have tickets or will be glued to TV screens. The committee are certainly going to be busy as we have two members who have been selected to be Games Makers (volunteers) Ellie Saunders is a volunteer for both Olympics and Paralympics and I will be working at the Wheelchair fencing event. Hopefully we will have more to report back on for the next newsletter.

Finally we hope to offer an APCP conference package again to an assistant, a Band 5 or a Band 6 physiotherapist who is a member of the SE Region.

We have not yet confirmed the criteria for applications but we hope to get the information emailed out to SE members shortly – so save the conference dates – you might be a winner!

If you are interested in joining the committee, if you have any ideas for future courses or would like to offer us a venue then please contact me at the email address below.

Nicola Burnett
nburnett@valence.kent.sch.uk

SOUTH WEST

A date for your diaries!

The South West Committee is already busy organising the 2013 conference. Although not yet definitely confirmed, it is very likely to be the second weekend in November 2013.

Location is likely to be Bristol, so that it is easily accessible for delegates.

We have some exciting ideas to look into, but as you can imagine the task is mammoth! If you feel that you can be of any assistance to the committee, please get in touch.

Charlotte Taylor
charlotte.karmy@poole.nhs.uk

WEST MIDLANDS

Your committee is currently very busy planning some exciting events over the next few months. Fliers will be available for these shortly, which will be e-mailed to all West Midlands members. Please let va@apcp.org.uk know if your contact details have changed. In the meantime, put these dates in your diary:

Tuesday 17th July 6.30-8pm (6pm for light snacks)
 Dan Severn from DMO orthotics will be speaking about lycra garments at Birmingham University (52 Pritchatts Road) Free to APCP members.

Saturday 6th October SDR Study Day at Warwick Hospital, with speakers from Bristol, Warwick, Oswestry and Coventry, and plenty of opportunity for discussion. Charge to be confirmed.

We are expecting high demand for places for both of these courses, so please make sure you book if you want to attend. We look forward to seeing you at an event very soon.

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

The AGM was held in Swansea Leisure Centre on 27th March. Attendance was more difficult due to many people now having to take their leave before the end of the financial year. Jenny Carroll, Physiotherapist and Director of Bobath Cymru, presented the Goal Attainment Scale (GAS). Jenny with her team and Chris Barber from London are currently running the Basic Bobath Course for 24 participants in Cardiff, having secured charity funding.

APCP members have been involved in writing a chapter on "The transition from practitioner to researcher" by Dawn Pickering et al, published recently by Routledge in "Involving Children and Young People in Health and Social Care Research" edited by Jennie Fleming and Thilo Boeck.

Coming up is our annual Physiotherapy Research Dissemination evening in June, held at Cardiff University thanks to Geraldine Hastings, which always creates lively debate and excitement.

We hope to meet many of you there and as always, let us know what issues and topics you would like locally. Please e-mail me

Wishing you all a happy sunny summer

Gabriela Todd
gabrielatodd@btinternet.com

NORTHERN IRELAND

In March we re-launched our group at the NI Children's Hospice in Belfast. The evening began with a tour with Ruth Graham, physiotherapist based in the Hospice. We then had a short presentation on APCP by Sheila McNeill, and a talk with some lively discussion groups on Intervention Levels for children with CP by Heather Reilly, Paediatric Team Leader, Northern Trust. We were delighted with the huge turn-out of 50 attendees.

The June meeting in Dungannon was also very well attended and included an informative Respiratory Update with Janine McCaughey (BHSCT) and Cheryl Irwin (Southern Trust), both respiratory physiotherapists. This included techniques on advanced airway clearance including high frequency chest wall oscillation (the 'vest'), mechanical insufflator-exsufflator (cough-assist) and breath stacking using the lung volume recruitment system. Meetings will be located alternately at the Children's Hospice in the East and the South Tyrone Hospital in the West in order to facilitate attendance by members from throughout the region. Attendance will be

monitored to ensure optimum use of various locations. It is really appreciated when members travel significant distances to attend meetings.

The next meeting will be on Tuesday 25th Sept at 7.30pm in the Children's Hospice. Deirdre Martin, shared Team Lead South Eastern Trust, will co-ordinate an information evening from the regional children's teams (CIDS/ASCET/MAST etc). This should be another opportunity to meet other paediatric physiotherapists, update on knowledge and share ideas.

The regional committee will be meeting in September to plan the year ahead including a Paediatric Orthopaedic Update in 2013 in conjunction with the Gait Analysis Lab staff. Please contact your Trust representative on the committee if there are topics you wish to see covered during our meetings.

Sheila McNeill
ffspysio@yahoo.co.uk



NEONATAL GROUP

The group is in the process of recruiting new members to the committee pending the decision of the National Committee on the specialist group constitution. We have also widened the circle of people we use for consultation. The group is re-running the 2 day course "The role of the therapist in neonatal care" on 27th – 28th September 2012 in Bristol and there are plans to hold a LAPI course later in the year.

Fiona Price
Chair of the Neonatal Group

PPIMS

Our last meeting was held on 14 May 2012 in Birmingham. We again had an excellent turn out (23 members) with 18 apologies. My thanks go to Davina Brazier and Gordon Bigham from Birmingham Children's Hospital for finding us such a central venue and organising the day.

The meeting started off with Davina presenting the recent therapy review in Birmingham. The Key Theme was developing risk assessments for all areas, and identifying what can be done within the resources available and what may not be possible within a new structure. This has been a challenge for many of us and following her presentation we discussed the different implications in break out groups, and then shared our thoughts and contributions.

Our next topic was looking at the "Outcome Measures Workplan" which was commissioned in 2011 by APCP. Di Coggings had collected some proformas and Juliet Goodban very kindly offered to take on collating these within the matrix being used. Di is continuing to work on the introduction, the critical appraisal of measurement and the outcome cycle. All PPIMS members were encouraged to report back to Juliet by the end of June 2012. In addition, details on the "CHUMS" (Children's Outcome Measurement Study) was distributed and how to register.

A business meeting followed and PPIMS objectives for the year were formulated. At the end of the meeting we split into "acute" and "community" groups for peer support.

Our next meeting is to be in Birmingham on Monday 15 October 2012 and a flyer will be circulated during the summer months.

I would like to ask all members who have/use any patient satisfaction questionnaires to forward to me electronically so that these may be shared.

Di Coggings
Chair of PPIMS

MSK GROUP

The MSK group have recently met and written our objectives for 2012-2013 - we are going to have our main meeting before Conference in the autumn so can finalise our year objectives and provide representation to National Committee in line with APCP year – our group objectives are now on the website.

We plan to run two courses or study days a year - one based at the core membership of MSK APCP and the other at a more experienced practitioner level (i.e. band 7 / ESP)

The next study day will be Paediatric Kinesotaping for the general membership and at a higher level, the role of the MSK consultant/ESP and paediatric medico-legal aspects.

We have polled our members regarding the planning of study days– but due to lack of feedback we have decided to vote for our favourites to plan future courses. We will run these courses in different areas and contact members to host in different regions via the APCP member list

We would like to hear from anyone who wishes to join our small group and particularly from anyone willing to take an active role within the group. Please contact me at the email address below.

Rachel Harrington
physio@106.org.uk
MSK Rep

NEUROMUSCULAR GROUP

The neuromuscular group seem quiet as we are preparing for conference in November. We have an exciting programme, with some top speakers on the theme of Management of Joint Range Problems.

There are many new research projects being undertaken in neuromuscular disorders, in DMD, SMA, CMT and now congenital muscular dystrophy, with new upper limb scales being developed for both ambulant and non-ambulant children. In the first instance, this is for DMD but will no doubt be evaluated in other conditions.

The Muscular Dystrophy campaign is holding a care conference, again in Nottingham, on 12th and 13th November so you can go straight from conference! For further details, contact Lyn Inman at Muscular Dystrophy Campaign. Get in quick as places are limited.

For further information about what's happening in the neuromuscular world or how you can get involved with the group, please contact me; Marion.Main@gosh.nhs.uk

Marion Main
Chair of the Neuromuscular Group

Research and Education Report

The R& E group have been busy preparing for APCP Conference 2012. At the time of going to print, we have had 23 abstracts received for poster or free paper presentations at conference.

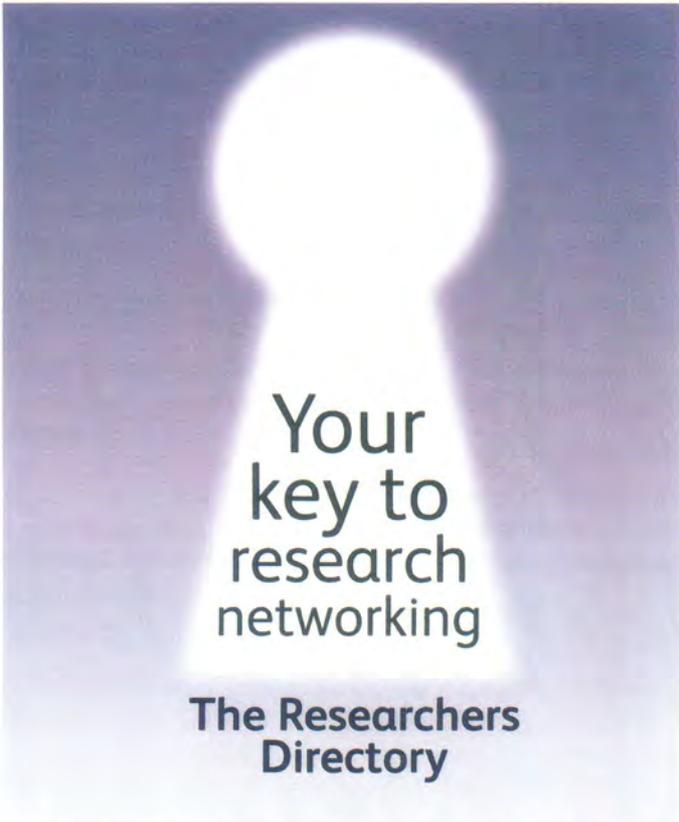
These cover a wide range of topics and it is very encouraging that so many people are submitting and finding the time to do so in the current work climate.

The abstracts are being reviewed and successful applicants will be informed and invited to display their posters at conference. Six applicants will be invited to give a free paper presentation.

As a group, we will be producing further guidance to assist members on submitting abstracts but we are happy to offer advice to members at any stage of the process. Please contact the Research or Education Officers via va@apcp.org.uk.

We have also revisited our application process for research grants which will be available shortly as a two stage application process, the first being a very brief application form followed by an invitation from the group to submit more detailed information.

Jo Brook
Education Officer



**Your
key to
research
networking**

**The Researchers
Directory**

A new resource to help you find a researcher or promote your own research expertise.

Now available online:
www.csd.ora.uk/researchdirectory



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

The Media and Information Group have continued to be very busy. Our leaflets have proven to be very popular and were especially useful at the recent Primary Care Conference. We printed some of the leaflets to give out at the conference and have loaded the printers proofs on the website so you can download a good quality black and white version as well as colour for some of them. I would appreciate any feedback on these, both for content and usefulness and suggestions for new ones are always welcome. After several requests from members about making our leaflets available to non-members and parents, the National Committee have agreed to this and I will let you know when the website has been tweaked to allow this! You could then just direct your families to the website to read or download the information for themselves.

We have a new leaflet on the website, 'Choosing the Right School Bag' and we have several more leaflets lined up to publish soon including parent information for selective dorsal rhizotomy, hypermobility, use of standing frames and torticollis. 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 this is now available from the website. We would like to thank the Erb's Palsy Group for their continued financial support for this venture. We are expecting to publish guidelines for persistent toe-walking this autumn so keep an eye on our website. Also in the pipeline is the revised BoTox guidelines, The revised Working with Children document and a document on Outcome Measures that PPIMS have been working hard on.

Finally, 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.

Kerry McGarrity
Publications Officer

The Olympic Torch visits the West Midlands

Walsall Healthcare NHS Trust was proud to have 5 representatives carrying the Olympic torch over the weekend of June 30th and July 1st. The Health Transition Team nominated 10 of their clients and we were overjoyed to have four young people chosen. The first to carry the torch was Kris Richardson aged 16 who has cerebral palsy. The team nominated him for the positive changes he has made to his life following episodes of bullying at his previous school. Kris was really nervous and until the last minute his Mum was not sure he would actually go through with it.

Second was Zakia Begum age 21 who has a form of Muscular Dystrophy. She was nominated for her positive outlook on life and her determination to not let her severe disability stop her going out and enjoying herself. Zakia reported that "Carrying the torch was the best day of my life so far!!!"

Bradley Nash was the third young person to be lucky enough to be chosen. He is 19 and has quadriplegic cerebral palsy. Brad is sports mad, any sport, any time but he particularly enjoys wheelchair football, his dream is to be a sports commentator on the radio. Brad had a very large fan club supporting him both from his family, his previous special school in Wolverhampton and his current college, Star College in Cheltenham.

It was an early start for the fourth young person; Laura Birkbeck was chosen to carry the torch through the centre of Birmingham at 06.10 in the morning and was greeted by huge crowds. Laura has hemiplegia and diabetes and has trained as a young facilitator for the Expert Patient Programme. In this role she leads workshops and mentors others with similar conditions. Before the day Laura was interviewed by BBC WM, and on the day her leg was filmed by ITV who also interviewed her proud parents. The film can be seen at <http://vimeo.com/45009757>

Lastly the torch was passed to Sara Krishan. Sara is a Band 6 Community Paediatric Physiotherapist at the Trust and was nominated by her Mum. Her mum wrote 'Sara was born with a condition known as ocular albinism, meaning not only does she have the white hair and pale skin associated with albinism but as with most albinos she has impaired vision, and is registered blind. This does not stop her from leading a normal life. Her sporting interest is par triathlon which she took up about 4 years ago. The swimming is done tethered to a guide, cycling in on a tandem and running is blindfold, again with a guide. This year she became national champion in category 6 par triathlon, and is representing GB in the European championships. She belongs to the Albinism Fellowship and is great role model for it's younger members and is always willing to talk about her condition to parents with young children either on a one to one basis or at larger gatherings. She is an inspiration to them as to what can be achieved with a visual impairment, be it in sport or in everyday life and is always encouraging to others with a similar condition.'

All were delighted to be involved in the experience and felt that it was such a positive recognition of the Trust as a whole, its individual staff and the work they do, and the young people's achievements over the last 3 years.

Kathie Drinan MCSP
Case Manager for Health Transition

Walsall Healthcare NHS Trust



The Olympic Torch Relay



Kris Richardson



Zakia Begum



Bradley Nash



Laura Birkbeck



Sara Krishan

CBeebies branches out with Tree Fu Tom

The Dyspraxia Foundation is delighted to be involved with Tree Fu Tom, a new CBeebies series that will benefit children with dyspraxia. Tree Fu Tom is an exciting new multi-platform fantasy action adventure series aimed at children aged 4-6 years in which the main character Tom is transformed into a magical superhero with the aid of Tree Fu magic. The audience is encouraged to help Tom and his friends in their exciting, action-packed adventures by joining in with the Tree Fu magical spells. Each spell incorporates movements typically used by occupational therapists and physiotherapists to help children with movement/co-ordination disorders and are designed to help all children – regardless of whether they have any movement challenges – to learn, practice and perfect the key skills and abilities crucial for movement development. This includes balance; shoulder and pelvic stability; bilateral integration; spatial awareness; fine motor control; trunk rotation; proprioception (body awareness) and midline crossing. Dyspraxia Foundation advisors played a key role in developing the Movement Curriculum on which Tree Fu spells are based. Magic is an essential part of Tree Fu Tom and children are encouraged to participate



in the movement-based Tree Fu spells to affect the outcome of each episode. Dyspraxia Foundation movement specialists Sally Payne and Dr Lynda Foulder-Hughes worked closely with the series choreographer Nick Kellington to develop unique spell movement sequences that reflect the narrative of each story-line and which have a “cool” martial-arts type feel (which is particularly engaging for boys).

Sally and Lynda provided feedback on video recordings of the draft spell sequences, suggesting improvements to ensure that they present the “just right challenge” for children from 3 to 7 years, including those with dyspraxia.

Sally or Lynda then joined Nick at a local school where small groups of children were filmed doing the spell movement sequences to check that they were both achievable and engaging and to establish the optimum pace at which Tom should do the movements so that children could follow. The animators then used the film of Nick guiding the children to model Tom’s movements in each episode.

Chair of the Dyspraxia Foundation Sally Payne said: “Awareness of dyspraxia remains low in comparison to other common developmental disorders. Tree Fu Tom offers a unique opportunity to raise the profile of this much missed and misunderstood condition and offers children with dyspraxia the opportunity to gain extra practice at the movement skills they find challenging in a fun and exciting way. We are thrilled to have been involved from the start on what we think is an important and remarkable series.”

Dyspraxia and coordination difficulties are common, life-long conditions that affect up to 10 per cent of school-aged children (two per cent severely). It is an impairment of the organisation of movement and is the result of an immaturity in the development of the nervous system. This means that nerve signals are not transmitted effectively from the brain to muscles, affecting a person’s ability to perform movements in a smooth, coordinated way.

Understanding of the underlying causes of dyspraxia (also known as Developmental Coordination Disorder) is limited but children who are born early, who have a low birth weight or who have a family history of dyspraxia are more likely to have the condition.

Children with dyspraxia have difficulty developing the movement skills that come naturally to their peers. They often have poor balance and postural stability; find it difficult to move their arms and legs in a coordinated manner; and struggle to use both sides of their body together.

Without these foundation skills it is hard for them to carry out everyday activities such as walking up stairs

without tripping, bending down to pull on socks, making marks with a crayon and using a knife and fork. Their difficulties with movement skills can often lead to children with dyspraxia falling behind at school (despite, often, having above average IQs) and having additional social challenges at school – this is especially apparent for boys whose early social interactions tend to involve physical skill-based activities such as sports.

Lack of exposure to or experience of the full range of movements that a child needs to develop typically is a problem that all modern children face and so we are hopeful that Tree Fu Tom can offer benefits to every participating child.

There is a website for children to access games and challenges at

<http://www.bbc.co.uk/cbeebies/tree-fu-tom/games/tree-fu-tom-adventures>

There are six action-packed games, all of which have been designed in consultation with Dr Madeleine Portwood, Specialist and Senior Educational Psychologist. The games offer hidden benefits to children, engaging them in fun experiences that have been designed to assist and enhance their cognitive and neurological development in areas such as shape perception and understanding of language. The games are multi-levelled, providing an opportunity for children of all abilities to play and challenge themselves from a point of total security, and they are rewarded for their achievements by receiving stars.

Tree Fu Tom online takes the developmental benefits of the Tree Fu Tom TV series even further, using webcam software that tracks movements made in the air to allow children to feel they are really casting Tree Fu magic.

Y program sets kids on road to fitness

The parking lot at the Les Chater YMCA is full. Some are here for family swim, others are visiting the library, but the majority can be found sweating and straining on the second floor where the cardio and weight machines are located.

One of these, Mackenzie Clark, is here for her first workout.

Clark, 17, has cerebral palsy and is confined to a motorized wheelchair. As a client of the McMaster Children's Developmental Rehabilitation Program (which provides rehabilitation services to kids age 10 to 18 with neurological and/or developmental disabilities), she's participating in Y Fit 4 U – a joint initiative between McMaster Children's Hospital and the Les Chater YMCA.

Launched in September 2010, the partnership allows clients of CDRP to visit the YMCA for a weekly workout. The hope is that the participants will gain confidence by being active in a community setting and integrate physical activity into their daily lives.

Over the course of 13 weeks, YMCA trainers and CDRP physiotherapists work to tailor exercise programs that target each client's individual fitness goals – anything from weight loss to increased overall fitness to muscle strengthening. Trained volunteers (two to each client) assist with exercises and equipment setup, gradually allowing clients to assume full responsibility for the workout. Physiotherapists make ongoing adaptations to accommodate physical abilities.

For instance, Clark's disability affects her grip on free weights, so Lindsay Bray, a physiotherapist with McMaster Children's Hospital, substitutes weighted bands that can be strapped around her hands. When Clark uses an arm cycling machine, the seat slides back to make space for her wheelchair.

Since the program started, 44 kids have enrolled. Its popularity means there is a six-month wait list.

"The kids love it," says Genevieve Hladysh, general manager of Community Health Program Development for the YMCA of Hamilton/Burlington/Brantford. "They love being in the Y and being in a vibrant healthy place."

According to Bray, this is an important attitude to foster. Kids who are active in their teens tend to become adults who are active. Inactive kids suffer the consequences as adults and for those with disabilities like Clark's, the negative effects are magnified. Without regular exercise, cardiovascular health suffers, muscles and joints may stiffen, and conditions like obesity and osteoporosis can develop. With exercise however, the quality of day-to-day life improves.

Kyle Todd, 17, was referred to Y Fit 4 U by his CDRP physiotherapist in 2011, months after he underwent surgery for spastic diplegia – a form of cerebral palsy that affects his leg muscles. Since finishing the program, he has started attending the Thursday night drop-in that was developed in response to graduates who wanted to continue working out independently.

"I know I'm improving," says Todd. "I can see it every day. My legs are more stable and my hip doesn't sway. I can do more now than I could before and I know that if I keep coming, I'll be able to do even more."

Todd has also started volunteering with Y Fit 4 U, something three additional former clients have done. "We are very grateful to them," says Bray. "They are able to relate and empathize much better with our clients, which is engaging and motivating."

They were also the inspiration for the newest component of Y Fit 4 U – an online forum, funded in part by the Hamilton District Society for Disabled Children. It's not often that you hear about the Internet being used as a tool to increase physical activity, but Bray says it came about when they realized volunteers and clients were using Facebook to discuss and confirm workout dates.

The hope is that the site will be another venue for encouragement. On it, clients are able to log their physical activity, ask questions of physiotherapy students, chat, and hopefully motivate each other to maintain consistent workout schedules within and outside of Y Fit 4 You. To gauge success, site moderators will

administer online surveys and regular questionnaires over the next six months.

“The program is all about maximizing independence and empowering the kids to take ownership of their fitness now,” says Bray. She says it’s important to note that clients won’t likely see major fitness gains until they start regularly engaging in physical activities (like sledge hockey, swimming and wheelchair basketball) outside the program, but Y Fit 4 U is a big step toward that goal.

Special to The Hamilton Spectator

Cycling to success: a group intervention aimed at teaching children with motor-planning difficulties to ride a bike.

Groups facilitated by Sian Williams, Paediatric Occupational Therapist and Elizabeth Davis, Paediatric Physiotherapist.

Written by Rhiannon Carpenter, Paediatric Occupational Therapist.
Abertawe Bro Morgannwg University Local Health Board.

This article was originally published by the College of Occupational Therapists in OTnews, March 2011, page 27.

Why these children and why bike riding?

As therapists working in a community health setting, we regularly come across children who have motor planning difficulties. In fact, it is estimated that 5-6% of school-aged children are affected by motor planning difficulties (APA, 2000; Peters and Wright, 1999) and make up approximately 40-60% of paediatric occupational therapy caseloads (Green et al, 2005).

Children with motor planning difficulties often feel inadequate, isolated in the school playground and will avoid physical activity leading to an increasingly sedentary lifestyle (Hay and Missiuna, 1998; Smyth and Anderson, 2000). Learning to cycle is a major childhood milestone, which the majority of our children in this client group had not achieved. So, with many of them identifying bike riding as a therapy goal, and with nowhere to signpost them on to locally, the Bridgend Children’s Therapy Team began to explore how to help.

The team decided to pilot a group to develop the foundations skills necessary for riding a bike. By incorporating treatment goals into a peer group programme for children with similar difficulties, each child would be able to share experiences and develop self-reliance and self-efficacy (Healy and Rigby, 1999; Pless et al, 2001).

Getting going

The local disability sports officer was invaluable in establishing this pilot group. He helped identify and fund the hire of local venues and provided practical support during the early stages. He also funded a National Standard / Bikeability instructor to deliver the training to ensure that the bike skills were being delivered to national standards. The occupational therapist’s skill in delivering a group based intervention, ensured cost effective treatment, as required of modern health professionals (College of Occupational Therapists (COT), 2010). This core skill, combined with the occupational therapist’s and physiotherapist’s experience of developing balance, stamina and co-ordination, helped create a cohesive, well focused group. The importance of focusing on a specific activity also made for a clear outcome measure as the aim was to be able to ride a bike.



To be able to attend the group, the child needed to be known to the Children’s Therapy Service, be experiencing difficulty learning to ride a standard, two-wheeler bike without stabilizers, be aged between 8-

12 years, have reasonable safety awareness and have the ability to focus in a group situation. Children with significant balance difficulties needed 2:1 help initially. A large, full-length sports hall or outdoor space was required and children needed to bring their own bikes (correct size and well maintained), helmets and pads if required.

The course covered 4 x 2 hour sessions and consisted of:

Session 1 - *Knowing your bike*

Bike safety awareness, basic maintenance, donning and fastening helmet, learning to walk with their bike, mounting, sitting and scooting (with physical assistance) and using brakes.

Session 2 - *Building Speed*

Continuing to build on previous skills... scooting with speed and lifting their legs off the ground intermittently.

Session 3 - *Avoiding Obstacles*

Guiding their bike through obstacles and pedaling with support.

Session 4 - *Off We Go!*

Pedaling without support and improving safety awareness and planning.

Cycling to success!

The pilot was very successful with nearly 100% of attendees completing the course being able to ride a bike independently and without stabilisers. In view of this, and together with the ongoing demand for bike skills training and difficulties in co-ordinating diaries with external agencies to lead such courses, the occupational therapist and physiotherapist applied to become National Standard / Bikeability instructors themselves. This was funded through a bursary from CTC, the UK's National Cyclists' Organisation (www.ctc.org.uk) and had the benefit of ensuring the therapists were competent to carry out bike skills training with an appropriate level of insurance. A Bike Skills course is now run every year (during school holidays), with funding for the venue provided via the local disability sports officer. It is encouraging to see that the uptake of the course is close to 100%!

The Future

The piloting and setting up of this Bike Skills group identified a number of important issues. For children with motor-planning difficulties, learning to ride a bike independently and without stabilizers was a major milestone. It enabled them to cycle with their friends, increasing their independence and allowing them to see beyond their disability; invaluable for self-esteem and confidence. Families also benefitted, as the parents felt able to cycle with their children on days out in the local area. This would not have been achieved through routine school based cycling proficiency training, as to access this in key stage 2, a child is expected to be able to ride a bike.

The high uptake and attendance records of each group highlighted the importance of using purposeful and meaningful activity, central to occupational therapy, as part of the child's therapy. Through cycling, the key skills of motor planning, sequencing, balance and coordination were developed, which could otherwise have been less meaningful and not so easily generalized to functional skills for the child in 1-1 clinic based sessions. This enjoyable and outdoor activity has the added benefit of promoting exercise tolerance and encouraging outdoor play – important in establishing a fit and active future for these often sedentary children.

In the modern health care climate, which requires clear and purposeful outcomes of intervention, the child, their family, the therapists and the service managers can be clear on what has been achieved through this



group. As one child commented", I couldn't ride a bike before, and now I can!" Working as an Occupational Therapist doesn't get much better than that!

References

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders. DSM - IV - TR™. 4th Edition. Washington. American Psychiatric Association.

College of Occupational Therapists (2010). Code of Ethics and Professional Conduct. London. College of Occupational Therapists.

Green, D., Bishop, T., Wilson, B.N., Crawford, S., Hooper, R., Kaplan, B., Baird, G. (2005) Is Questionnaire-Based Screening Part of the Solution to Waiting Lists for Children with Developmental Coordination Disorder? British Journal of Occupational Therapy. 68 (1), pp. 2-10.

Hay, J. Missiuna, C. (1998). Motor proficiency in children reporting low levels of participation in physical activity. Canadian Journal of Occupational Therapy. 65 (2), pp. 64-71.

Healy, H., Rigby, P. (1999) Promoting independence for teens and young adults with physical disabilities. Canadian Journal of Occupational Therapy. 66 (5), pp. 240-9.

Peters, J., Wright, A.M. (1999). Development and evaluation of a group physical activity programme for children with development co-ordination disorder: An interdisciplinary approach. Physiotherapy Theory and Practice. 15, 203-216.

Pless, M., Carlsson, M., Sundelin, C., Persson, K. (2001). Pre-school children with developmental co-ordination disorder: self-perceived competence and group motor skill intervention. Acta Paediatr. 90, pp. 532-8.

Smyth, M.M., Anderson, H.I. (2000). Coping with clumsiness in the school playground: Social and physical play in children with coordination impairments. British Journal of Developmental Psychology. 18, pp. 389-413.

Ropics Group - an example of joint therapy group sessions for children with motor co-ordination difficulties.

Elizabeth Davis (Paediatric Physiotherapist) & Sian Williams (Paediatric Occupational Therapist) based in Princess of Wales Hospital, Bridgend.
Correspondence to Elizabeth.Davis2@wales.nhs.uk

Skipping continues to be a popular playground activity and many children when assessed have identified the desire to learn skipping. In response to this, alongside increasing numbers of referrals to both Physiotherapists and Occupational therapists, as well as a personal interest in skipping, a new therapy group using skipping as its main focus was established.

The aim of the group was to encourage progression with long rope and individual skipping rope skills and also for the child to demonstrate improvements with balance, co-ordination and core stability.

Each child was invited for a pre group assessment to record a baseline of their balance and coordination skills and ability with the skipping rope. An in-house balance and coordination assessment was devised, looking at core stability, motor planning, balance, sequencing, jumping, spatial awareness, long rope jumping, individual rope jumping and bilateral crossover skill. Observations were recorded regarding posture, hand and arm position in resting and during movement of rope, timing, quality of two foot jump, grading movement and the child's focus/ability to follow instructions.

Numbers were limited to 4 children due to staffing and size of a local school hall. Children were aged 7-9 years. A risk assessment was completed. The weekly sessions for six weeks were booked after school for an hour; 3 sessions before half term holiday and 3 afterwards. The children then attended within 2 weeks of

completion for post group assessment.

The session included a warm up game and then activities that included balance, upper limb strength and jumping skills; work with long rope and individual ropes and warm down. Children were encouraged to have a drink when necessary and would receive encouragement from parents who stayed to observe session.

There were at least 3 therapy staff to 4 children in the 6 sessions. 1:1 support was needed with some of the activities and therapists took it in turns to work with each child.

Children particularly enjoyed the long rope activities where progress was more easily seen. (E.g. running through a turning rope, jumping and then progressing to run and jump) Future sessions ensured this activity was done before the individual rope activity to minimise the child becoming negative about learning new skills.

Throughout the group session, a sense of camaraderie and support of each other's learning was encouraged in observing each other's skills, counting jumps etc. Children who had been quite shy and detached from their peers soon grew in assurance as they each took it in turns to boost each other's confidence.

Post group assessments showed improvements with balance and core stability in 3 out of 4 children; each child was able to run through a long rope and jump independently without prompts. Each could jump and turn ropes individually, although would still need to continue practicing to improve the quality and consistency of this movement.

A post group questionnaire for parents gave positive feedback with comments such as

"His balance is really improving" and "future group therapy sessions are really helpful"

"He doesn't seem to be bumping into things or falling over as often"

"I noticed a great improvement in S's co-ordination"

"C can be shy so she did surprise me in her participation in the group"

"She is benefitting socially and physically and I would like to see her continue with further sessions"

"B doesn't mix well with new kids but was encouraged to join in and loved it"

The children's questionnaires identified a sense of unease initially in using the rope but were then happy with their progress with jumping and skipping skills.

Response to this new group was encouraging not only with co-ordination and balance but particularly with confidence and self esteem too. Since the first group, additional groups have been held which have included younger children and children with low self esteem where the sessions have been adapted to suit the child's needs.

The Ropics group is a fun and enjoyable way that can meet a variety of children's needs within the joint therapy setting.

CP Sport

People with cerebral palsy can have a diverse range of physical disabilities – some being severe with individuals having high dependency needs. CP Sport is a small family focussed charity and the only nationally recognised sport governing body in the UK dedicated to promoting the inclusion of people with cerebral palsy and fulfilling their personal and sporting potential through sport. Every year we reach out to thousands affected by the condition regardless of the severity of their impairment. Specifically we:

Introduce people with cerebral palsy to sport through grassroots development work

Provide development pathways for disabled sport people to pursue their interest in sport from recreational participation through to competing in national and international events

Provide advice, support, mentoring and educational services for people whose lives are affected by cerebral palsy

The London 2012 Paralympic Games presents us with a once in a life time opportunity to take advantage of the higher profile and heightened awareness that now surrounds disability sport in this country. People with cerebral palsy are realising their physical disability is no longer a barrier to them living a healthier, happier and independent life through the power of sport. Below we have an example of one of our factsheets available. Please visit our website and have a look at our calendar of events nationally.

Anna Lavan
National Development Officer
anna.lavan@cpsport.org

The following information has been written by those with a great deal of experience in this area. The information is provided as **guidance** only, allowing you to be more informed in your approach to being a more **inclusive** coach. No two people are the same; as such, please ensure your first step is always to speak to the person - understand their **abilities** and goals, and never assume.

What is Cerebral Palsy?

Cerebral palsy is a lifelong condition arising from damage to the motor areas of the brain that can occur before or during birth, or later on in life through a traumatic head injury, stroke or similar condition.

Cerebral palsy is a non-progressive brain lesion and causes variable impairment of the coordination, tone and strength of muscle action, impacting on posture and movement.

It is important to understand the following two points:

- No two people with cerebral palsy are affected in the same way; some have cerebral palsy so mildly that its effects are barely noticeable, while other people may be extremely affected.
- Even someone severely physically affected by cerebral palsy may have average or above-average intelligence.



© Richard Swaffield



Potential Characteristics of People with Cerebral Palsy

Depending on the severity of their condition, a person with cerebral palsy may have one or many of the following:

- balance difficulties – through uncontrolled coordination of limbs
- an active startle (Moro) reflex
- hearing and visual impairments
- sensory loss to the skin
- epilepsy – recurring seizures (fits)
- intellectual disability – this could present itself as a mild, moderate or severe learning difficulty
- perceptual difficulties – difficulties making sense of and interpreting the messages received from senses, moving around objects, judging size and shapes of objects etc
- speech and language difficulties – some people may be fine and very articulate; others could be mildly affected; and some may be very severely unable to say any words
- eating and drinking difficulties – cerebral palsy may affect the chewing and swallowing muscles.

Including People with Cerebral Palsy in Your Coaching Sessions

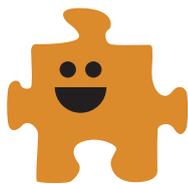
- The important factor is that no two people are the same, so the coach will have to consider the individual's physique, mobility and application. Speak to the participant to understand their own personal abilities.
- For some athletes with cerebral palsy, outdoor temperature could be a limiting factor to an effective training session during winter months.
- Constant and continual repetition and reinforcement can reduce coordination problems.
- Participants may have a slower reaction time when initiating movement on command.
- The participant may have limb movement restrictions. Therefore, they must work at their maximum capacity to enable optimum performance. The participant must be supported to move any affected limb to the best of their ability.
- The participant may have short-term memory loss, requiring constant and continual reinforcement of instructions.
- Circulatory problems may mean additional stretching and flexibility exercises, and/or shorter drill times are required.
- Be aware of any balance problems and take these into consideration with any relevant drills or game play.

Terminology	
Characteristics:	While there are many types of motor control problems, athletes are affected by ataxia, athetosis and spasticity. <ul style="list-style-type: none"> • Ataxia: Difficulty with balance, trunk control, rapid and fine movements – a wide-based gait is sometimes used to compensate for this. • Athetosis: This results in involuntary writhing movements, which are uncontrollable, irregular and jerky. Often, these movements increase with emotion and stress. • Spasticity: Cerebral spasticity is a state of increased muscle tone with increased reflexes. This may fluctuate depending on various conditions, including posture, positioning, stress and temperature.
Diplegia:	More involvement in lower limbs than upper limbs.
Hemiplegia:	Involvement in upper and lower limb and trunk on the same side.
Monoplegia:	Involvement in only one limb.
Quadriplegia:	Total body involvement (ie head, neck, trunk and all four limbs).
Triplegia:	Primarily three limbs involved (sometimes referred to as asymmetric quadriplegia).

© sports coach UK, 2012

For further information and support, visit:
www.cpsport.org or contact info@cpsport.org

90789-9



About Us

apieceofthepuzzle

On December 19th of 2011, my husband and I launched apieceofthepuzzle.net. A Piece of the Puzzle.net is a social community website that will be completely dedicated to all people with special needs and disabilities. Inside this website, we have a social wall, a chat area and a game room with over 200 games. We have a parents' forum and articles for parents, educators and organizations and much more.

Why did we start this website? We have a son with special needs. For many years we lacked an easy place, like the Internet, to turn to for advice and information. Welcome to the Internet.

Our story ...

In 1992 our healthy son was born, our dream come true. A few years later, we knew there was something different about him compared to other children. At first we didn't want to believe it, but as time passed we realized our world would be forever changed.

Beginning around the age of three, we took our son to doctors and explained his odd behavior. We even took him to a psychiatrist, but through it all, the doctors did not see what we were seeing and we began years upon years of frustration. No diagnoses were given to us, however we pushed for early testing and many doctors refused to do it on the grounds he was too young. Finally, we found a doctor when he was five years old and he tested our son and reviewed questionnaires filled out by his teacher and the child care instructor as to his behavior. Finally, someone was believing in us!

They threw acronyms at us like (ADHD, IED, PDD, etc.) at us which we knew nothing about. The acronyms stand for Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder and Pervasive Developmental Disorder. But through truth, came the consequences. The doctor wanted to put him on medication, and we had a very difficult time coming to terms with that regimen.

Throughout the years he has been in hospitals, special schools (beginning in the first year), and has had extensive psychiatric help. Even though we sought out help early on, we had no experience with what was to come. We learned first-hand how to negotiate with the schools through his PPT (Planning and Placement Team), which would be the best avenue for our son. Through hospitalizations we learned to request the admission, history and discharge sheets along with any tests performed, so after discharge, we could use them in the future if needed. (And yes, we really did need them!) The only people we had available to us to discuss our trials and tribulations with were the people who were treating our son. Being a parent of a child with special needs, we desperately wanted to talk to others who were experiencing some of the same things we were, but did not have an avenue for it.

Due to the fact that there are so many types of special needs and disabilities, we felt setting up a website can help unite children, young adults, adults and their families, caregivers and teachers with similar obstacles. A place where you can turn to in time of need, and lend a helping hand to others with similar situations.

Our articles will be written by the people in various professions, as well as parents and people with special needs and disabilities. We will just be the means of distributing this information. Hopefully this site will provide a fun place for its members with its games, chatting with puzzle-pals and making new friends. Parents, caregivers and teachers will hopefully find our articles informative and innovative and we will always welcome your comments and suggestions. The website is free and we will never sell email addresses. We know the meaning of confidentiality.

Update...

Our son is now nineteen years old and is finishing a year of social skills schooling (transitioning they call it) and just received his high school diploma. We will be working with two agencies which will try and find a job for our son. The first agency is the Bureau of Rehabilitation Services and an agency called Abilities Beyond

Disabilities. He has grown into a wonderful and caring young man and we are very proud of him.

This website is dedicated to our son and to all the people in the world with special needs and disabilities.

Glenn and Janet Canning
Cheshire, Connecticut. USA
www.apieceofthepuzzle.net

STEPS and Ponseti

The Ponseti method has now become the most accepted and effective method of treatment for children born with clubfoot. The Ponseti Method was developed at the University of Iowa by the late Dr. Ignacio Ponseti, M.D. This method for clubfoot treatment is nearly 100% effective when used properly by a specially trained practitioner and is considered the "gold standard" treatment for clubfoot.

The Ponseti method, although simple, involves a specific casting technique and strict routine with the boots and bar which is very precise and requires great attention to detail. Poor technique and straying from the correct wearing of the boots and bar can lead to poor results.

Whilst there are no 'official' guidelines on what the Ponseti Method involves please take a look at the basic requirements below (taken from Ponseti International Website – Ponseti method Checklist)

The Ponseti casts are full length casts. The knee should be bent; they should extend from the toes to the groin and should be well moulded onto the foot. The toes should be clearly visible.

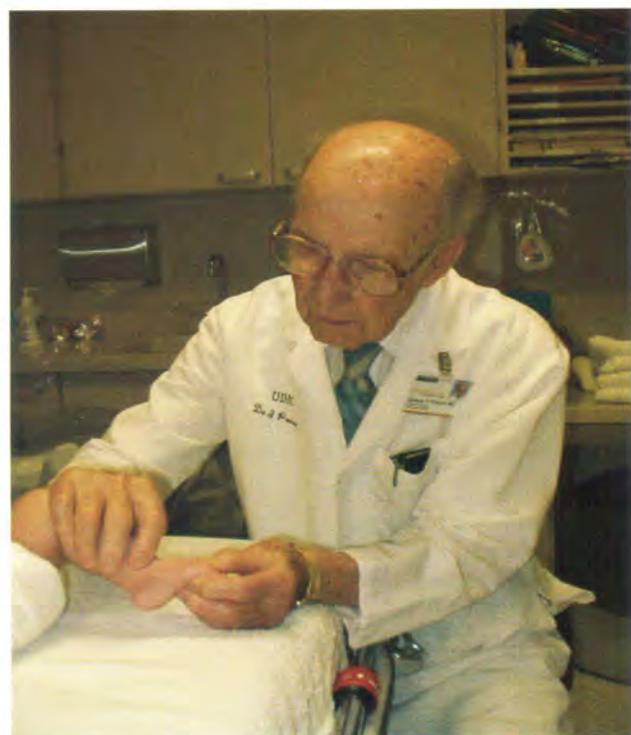
For newborns, unless the foot is very stiff, only about 5-6 casts should be used (95% of the cases). If the doctor has to use more than eight casts, their method is probably not well perfected. Each time a new cast is used the outward rotation of the foot should change by about 10-15 degrees. The last cast should be set to about 70 degrees of abduction (external rotation)

Most children treated with this method will need a heel cord tenotomy. This is done only once the foot is fully corrected apart from the heel cord still being tight. The procedure will most likely be done under local anaesthetic and no stitches are necessary. The last cast, put on after the tenotomy will be left on for 2-3 weeks to help with healing.

The boots and bar should be fitted the same day the last cast is taken off. Do not wait a few days to get the boots and bar as this will result in early relapse.

Parents are often distressed when they initially find out that their baby has talipes, hip dysplasia or any other rare lower limb condition. Life can suddenly feel overwhelming and filled with worries and unanswered questions: Is it their fault? What is the treatment? Will their child walk? What can be done for their new baby?

STEPS exists to ensure anyone affected by clubfoot, hip dysplasia or a lower limb deficiency receives the best standard of treatment, information and support possible.



Our helpline team provides an information 'hub' through 'parent friendly' booklets, publications and DVD's. The helpline also offers advice and support by telephone or email (Mon-Fri 9.30am – 4.00pm) in total confidence. Parents can also get instant access to information by downloading advice leaflets and publications via our website – www.steps-charity.org.uk

STEPS online chat forum, with over 4000 members, is another fantastic resource of helpful tips and practical advice written by parents who are coping with a child affected by a lower limb condition. It's an opportunity for parents to share problems and solutions to everyday challenges.

Being able to talk to someone who knows what you are going through can be the biggest help. Last year, our Family Contacts Service helped over 200 families reach other families who have shared a similar situation. Whilst the conditions that we support are not life threatening, for the families who are affected they are life changing.

STEPS recognise the importance of working with health professionals across all sectors of the NHS including physiotherapists, consultants, ward staff, midwives, health visitors, GP's etc.

'STEPS offers good common sense advice which is based on available evidence. The excellent information leaflets provide accessible information for parents on Clubfoot and DDH as well as other lower limb conditions. 'The Parents Guide to Clubfoot' information leaflet includes an easily understandable resume of the Ponseti method and a very useful checklist for parents to reassure them that the treatment that their child is receiving is following the recognised Ponseti protocols. The STEPS chat room allows parents to compare their experiences from diagnosis to treatment in a low stress but confidential manner and can be a very reassuring resource to parents who have no chance to otherwise meet up with families with similar diagnoses. I find STEPS an invaluable resource.'

Denise Watson, Paediatric Orthopaedic Physiotherapy Practitioner

If you are interested in receiving copies of our leaflets, DVD's or would like to be added to our health professional database to receive updates and news please contact Colette Nash on 01925 750271 or email Colette@steps-charity.org.uk

STEPS will also be attending the APCP Annual Conference in November and would welcome you to visit our stand.

Colette Cummins-Nash

STEPS Helpline Support and Information

[Improving Communication, Improving Lives](#)

Press Release – Paediatric CARE Measure – Phase 1, May 2012

Obtaining the views of children and parents accessing AHP services: the Paediatric CARE Measure (PCM)

Researchers in Scotland are currently developing a unique tool which will allow AHPs to gain feedback from children and parents accessing paediatric AHP services.

For professionals working in healthcare, it is important to get feedback from clients following consultation or treatment. Children are less often consulted than adults due to the more complex nature of conducting research with children but it is a priority both legally and politically to allow children to give their views on matters concerning them(1-3). Although gaining reliable and useful information from children and young people can be challenging (4), with careful design and testing, questionnaires can be developed which enable children to give their views on a range of issues including their own healthcare (4-11).

Morag Place and Dr Joan Murphy (Research SLTs from the Talking Mats Centre) are working with Jane Reid (AHP National Lead for Children and Young People) on a two-phase Scottish Government funded project.

Phase 1 is now complete and aimed to examine the usability and acceptability of a Paediatric version of the Consultation and Relational Empathy Measure (12) (PCM) for school-aged children and parents of pre-school children accessing AHP services. This involved the research assistant observing children and parents completing the PCM immediately following consultation with an AHP. Quantitative and qualitative data was then analysed with regard to the age and ability of children who could successfully complete the measure as well as any potential modifications required to improve usability and acceptability for phase 2. As a result, the PCM is not recommended for use by children aged 0-6 years and a reduced PCM has been developed for use by younger children (7-11 years).

Phase 2 (May – Dec 2012) now commences with the aim of assessing the reliability and validity of the measure as a tool for evaluating AHP services. It will involve:

- AHPs (any profession) asking patients to complete the measure following consultation
- 300 measures being completed across 3 health boards in Scotland
- The reduced PCM being used by younger children (7-11 years in primary education) or children with cognitive or language difficulties
- The original PCM being used by parents and older children

The overall aim of the project is to produce an evaluation tool which can be used UK-wide to evaluate AHP services.

[Therapists at the Bedford Child Development Centre have developed a training DVD on 24 hour postural management for parents and others involved in the care of children with physical disabilities.](#)

Frontline 1 February 2012

A steep learning curve!

During one of our physiotherapy clinical effectiveness days in 2006, we discussed an article published in *Physiotherapy*, written by T. Pountney and G. Humphreys about the development and implementation of an integrated care pathway for 24 hour postural management. It describes how a multi disciplinary group from within the paediatric and learning disability services developed an integrated care pathway to improve the provision of 24 hour postural management for this client group. (24 Hour postural management is generally accepted as an appropriate means to attempt to limit or reduce development of contractures and deformities in children and young people with moderate or severe motor impairment). The authors conclude that, the involvement of all parties in the development process of the integrated care pathway “facilitates closer team working and increased clinical reasoning and staff confidence. Feelings of ownership and a sense of achievement were noted. The process of developing an integrated care pathway had a positive effect on staff in terms of clinical practise and team working”. (1)



At the time, the physiotherapists in our community based paediatric team used the concept of 24 hour posture management in our day to day working practise. A team wide structure did not exist. Some children were referred for 24 hour postural management earlier than others. Amongst the physiotherapists there was uncertainty around which children to include and at what age postural management should be started. Equipment was ordered dependent on physiotherapists' experience and personal preference. Training for staff and families was informal and dependent on the individual physiotherapist. Within the special school setting posture management equipment was widely used, but knowledge and understanding of the underlying concepts varied amongst teaching and non-teaching staff. Participation of staff and families in 24 hour postural management was inconsistent. It was not unusual to find equipment, provided at a significant cost, lying under a bed, used as laundry stand or incorrectly set up in the classroom.

At the time, the physiotherapists in our community based paediatric team used the concept of 24 hour posture management in our day to day working practise. A team wide structure did not exist. Some children were referred for 24 hour postural management earlier than others. Amongst the physiotherapists there was uncertainty around which children to include and at what age postural management should be started. Equipment was ordered dependent on physiotherapists' experience and personal preference. Training for staff and families was informal and dependent on the individual physiotherapist. Within the special school setting posture management equipment was widely used, but knowledge and understanding of the underlying concepts varied amongst teaching and non-teaching staff. Participation of staff and families in 24 hour postural management was inconsistent. It was not unusual to find equipment, provided at a significant cost, lying under a bed, used as laundry stand or incorrectly set up in the classroom.

Developing a local 24 hour postural management care pathway through collaborative working, thereby encouraging multidisciplinary involvement in the application of posture management, seemed a sound idea. Inclusion criteria laid down in the care pathway would be used across the board. Assessment and review guidelines would be in place; ensuring children requiring special equipment, would have appropriate and timely access to referral for this equipment. Training of families and other people involved in teaching, treating and caring for children with moderate to severe motor impairment would be planned at regular intervals.

A steering group was formed and all services were invited to take part. Uptake was excellent. The steering group included a headmaster from one of the local special schools, teaching staff from the other two local special schools, a wheelchair services therapist, a social services occupational therapist, a social worker, three parents, and therapists from the Child Development Centre. The aim of the steering group was clear. To develop a local 24 hour postural management care pathway which would improve the provision of postural management for children with moderate to severe motor impairment in North and mid Bedfordshire.

Searching the internet various examples of care pathways were found. Rather than reinventing the wheel, a 24 hour postural management care pathway was chosen, produced by a team in Devon, and amendments to suit our local needs were made (with their permission). A 24 hour postural management care pathway for children in north and mid Bedfordshire was completed. A pilot was run with eight local families. After their positive feedback the care pathway was rolled out to all children under three known to comply with the inclusion criteria.

To support parents, carers and professionals (health, education and social services) in the delivery of 24 hour postural management, training was required. After failing to identify relevant courses available nationally, the postural management team (3 physios and one OT) at the CDC set up a basic training programme; delivered free of charge, several times a year. Parents, carers, teachers, therapists, learning support assistants, respite centre staff, all were invited. Child care was offered to families whose children were on the posture management care pathway, enabling them to attend.

Teaching takes time. Something in short supply in most paediatric physiotherapy teams.

Some bright spark suggested we make a film. This would enable people to watch a training session in their own time, in their own environment. It seemed a good idea. Parents struggle to attend training sessions due to their family or work commitments and teaching staff have difficulty in being released from classroom duties. If we were able to produce a film, not only could people watch it at home whenever it suited, but schools could use a film as part of their inset days and therapists could use a film as a starting point for working with individual families.

A question was placed on interactive CSP in Oct 2010. Many colleagues responded; 71 at last count. Most commented that they did not have a film and if we managed to make one please could they have a copy. Interest was huge. The topic stayed "editors pick" for over a year. It was clear that many colleagues around the UK had a keen interest in what we were trying to do. This spurred us on.

There were several false starts, the funniest of which was us filming ourselves. One colleague had a video camera, someone knew of someone who could edit, someone else had a husband who knew about setting up a background and with our positive paediatric physiotherapy attitude we thought we'd come a long way. It took only one morning to make it clear that we were far out of our depth. A champion "gurner" (using distorting facial expressions) was discovered. Synchronisation was an issue; at one point the film sound ran one second behind the visuals. We were ready to throw in the towel until a random conversation spurred new enthusiasm. A retired film producer heard of our predicament and felt moved to support our project. He offered his equipment, time and experience for free. We secured support of some of "our" families (families whose children had received and continued to receive 24 hour postural management from the Child Development Centre) and financial support from the CDC fundraising committee. Following a very positive and inspiring meeting with the steering group, it was decided to go ahead and try and make a DVD; an introduction to 24 hour postural management. The DVD would tell the basic story; what is "24 hour postural management", why it is important and how can we all play a part.

Script writing started and the initial script went past several people for comments and amendments. A film date was planned; June 2011. The film was made on a very low budget. We used our own time and many of

our own resources. We had chosen not to involve a professional company because we needed to keep the cost low.

After many months of preparation, and the odd sleepless night, filming took place in June 2011. No actors were used. People gave their time generously. The children, who feature in the film, visited the CDC on a Saturday, together with their parents and siblings. They enjoyed taking part, and have since enjoyed seeing themselves on "tv". The families were very supportive of our efforts and felt their time would be well spent if others could be helped through our film.

The film could not have been made without the experience and tireless efforts of Bram van Erkel, a retired film producer from the Netherlands. The DVD was launched at the Child Development Centre on 25th Jan 2012.

The DVD introduces the concept of 24 hour postural management to parents, carers, education staff and other people involved in caring for children with moderate to severe motor impairment. It aims to sow a seed of understanding, thereby encouraging people to take an active part in 24 hour postural management. In our experience, it is particularly challenging to inform parents of newly diagnosed, young children, about the skeletal problems that may arise in time. It is a very difficult concept to take on board, especially when the child is young and does not have any skeletal problems. The DVD introduces the concept and explains in layman's terms how having a motor impairment may lead to hip or spine problems in children who lack postural control. It explains what 24 hour postural management is and what equipment may be used. The DVD offers a beginning, onto which can be built in years to come.

There were technical hitches. At one point surgery is mentioned, whilst on screen someone is putting on an Ankle Foot Orthosis. The narrator spends some of her time reading the script. We did not aim to make a perfect movie. We wanted to tell a story. We did not use actors; we used colleagues, their families and pets, families attending the CDC who were happy to support us, and anything else we could lay our hands on. We are happy with the story we have told. Any money raised from selling the DVD will offset the production cost, any surplus is being ring fenced for 24 hour postural management equipment for children in north and mid Bedfordshire.

DVD is for sale, at £19.99+p&p. If you are interested in obtaining a copy, please contact: Hannah.Shore@bedfordshire.nhs.uk

Pam Marmelstein
Clinical Lead Physiotherapist Paediatrics
Child Development Centre, Bedford

(1) "The development and implementation of an integrated care pathway for 24 hour postural management: a study of the views of staff and carers" by G. Humphreys, T. Pountney, *Physiotherapy*, 233-239; 92, issue 4, Dec 2006

Course Feedback

Advanced Paediatric Physiotherapy Masters

This time last year I was thinking about how I could progress my paediatric knowledge base, at the same time as being challenged academically. I looked at a lot of universities and pondered over completing a masters, but wasn't overall inspired by anything as I am not a researcher, I am a clinician. I found interpreting articles at BSc level difficult and hated the word essay.

So on stumbling across the new Advanced Paediatric Physiotherapy masters run by UCL, a little spark went off when I realised there is a course that actually ticks the boxes of research and clinical knowledge. So after completing the online application form, nervously having a phone interview (and yes all those high school fears creep back into your head that you are not going to get in) I was enrolled on the course part time. Completing the course part time allowed me to select the modules I wanted to do the first year, and I have up to 5 years to complete it. It is also possible to complete just single modules and get masters credits, or do the modules as a short course.

The first module was research and dissemination, and yes, a lot of you will look at that and think, is she mad? Yes I am. The week was fantastic, I learnt so much about presenting skills, critiquing articles, research and how to write an essay and along the way met some brilliant people working in paediatrics.

The second module I completed was the Paediatric Neurology module. Now I work with children with neurological conditions, but I was amazed at how much I didn't actually know, and amazed at how much I learnt. This module was back to basics of neurology, brain anatomy, muscle fibres and action potentials linked to each paediatric pathology. The week also looked at current outcome measures and treatments available for the individual pathologies with up to date research. I loved this week! It was followed up with an exam which was tough, however it was on nothing that we didn't learn, and it made you consolidate your knowledge. I strongly recommend this module to anyone working in a neurological setting, even if you only complete it as a short course.

The most recent course was musculoskeletal paediatric physiotherapy. This week consisted of gait analysis, musculo-skeletal pathologies and treatments. There was a continuation from the neurological week, including gait analysis; however gait analysis is used in both musculo-skeletal and neurological settings. The course had some excellent topics including orthopaedic interventions and management, bone development, scoliosis management, rheumatology, limb reconstruction and some rare diseases.

I would recommend this masters course to any paediatric physiotherapist. It's easy to sit back thinking you want to do a masters, but actually being proactive and doing it can be scary. I don't have any regrets, and I am actually excited by the rest of the modules to come and hoping to be a better well rounded paediatric physiotherapist in the future. So if you are interested go for it!!

Simone Philpott

Course Review

The East Anglia Region recently organized an excellent study day on Outcome Measures which was held at the Bedford Child Development Centre.

This was led by Virginia Knox and attended by approximately 20 physiotherapists from across our region and also further afield.

The course provided us with a variety of outcome measures suitable for children with cerebral palsy and other neurological conditions. Information was provided on a wide range of standardized assessments i.e. the Gross Motor Function Measure (GMFM) and the Early Clinical Assessment of Balance. The course also included information on quality of life questionnaires i.e. the Canadian Occupational Performance Measures (COPM), Cerebral Palsy Quality of Life Questionnaire (CPQOL Child), Caregiver Priorities and Child Health Index of Life and disabilities (CPCHILD). Throughout the day we had the opportunity to practice using some of the measures which we may not have used in our practice before. Time was also spent on specific goal setting and it was good to have time to write GAS scores together.

In today's current climate, where we constantly need to justify what we are doing, we felt this course gave us

some measures that are quick and easy to carry out. Some of the measures are free, and can be downloaded from the internet which will keep our budget holders happy!

We all felt the course was relevant to the work we are doing in the community and look forward to putting it into practice.

**Jenny Alcock / Sue Chillingworth
Paediatric Physiotherapists**

Course Review

On the 19th July APCP South East organised a **Selective Dorsal Rhizotomy** study day. The event was held at White Lodge Centre in Chertsey. The committee would like to thank Hazel White and her team for providing the venue and giving delegates a tour of their wonderful centre.

The course was very well attended with no empty seats!

The day included lectures from Mr Kristian Aquilina, Neurosurgeon and Jenny Smith, Physiotherapist both based at North Bristol NHS Trust. They covered surgical technique, patient selection and assessment and post operative rehabilitation. There was a very interesting and open question and answer session with delegates sharing some of their experiences. Jenny had a realistic understanding of the constraints of providing intensive treatment in the community and encouraged other activities such as swimming, cycling and horse riding as well.

We also had the opportunity to meet two young people and their parents who have under gone the procedure in America and hear their first-hand experience of the surgery. Equipment was talked about and most families had purchased treadmills and iJoy rides, ably demonstrated by Johann, our local Jenx rep!

**Clare Emery
Paediatric Physiotherapist**



INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY COURSE (3 DAYS)

Wednesday 31st October – Friday 1st November 2012
Queen Margaret University, Edinburgh

A FULL 3-DAY PROGRAMME OF LECTURES AND WORKSHOPS COVERING A WIDE VARIETY OF CLINICAL AREAS AS WELL AS MANAGEMENT ISSUES RELATING TO WORKING WITHIN THE FIELD OF PAEDIATRICS

SUITABLE FOR ALL GRADES OF PHYSIOTHERAPISTS THROUGHOUT THE UK (INCLUDING HEALTH CARE SUPPORT WORKERS) WHO ARE EITHER NEW TO WORKING WITHIN THE FIELD OF PAEDIATRICS OR KEEN TO PURSUE A CAREER IN THIS AREA

Costs

£150 APCP Members

£200 Non-Members

(Includes Lunch and refreshments)



For further information contact:

Kirsteen Grieve (Training Organiser) itpscotland@gmail.com

OR

go to the APCP website www.apcp.org.uk

where you can download more information and application forms

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS SCOTLAND INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY COURSE

WHO IS IT FOR?

This course has been designed for physiotherapists who are new to working with children and young people; and therefore could be for physiotherapists who are newly qualified, those who are currently working in another specialty or indeed physiotherapists who wish to return to practice and would like to pursue a career in paediatric physiotherapy.

The course may also be applicable to experienced support workers and other AHP's who work within Paediatrics. However, this will be at the discretion of their managers when considering their learning needs.

COURSE DELIVERY

The Introduction to Paediatrics Course will be run over 3 consecutive days and will consist of a variety of learning methods including seminars and practical workshops. Prior to participating in the course individuals will be expected to identify a mentor who is a Paediatric Physiotherapist and complete pre-course reading to ensure they are able to recognise and discuss normal childhood development and have an awareness of common pathologies relating to children and young people.

On completion of the course it is recommended that participants complete a case study and a reflective log which should be discussed with their mentor and any additional learning needs identified.

SUGGESTED PRE COURSE READING:

Texts

- From Birth to Five Years – Children's Developmental Progress. Mary Sheridan
- Physiotherapy for children, edited by Terry Pountney, published in 2007 by Elsevier
- Components of Normal Movement in the First Year of Life, University of Southampton 1977
- Motor Skills Acquisition in the First Year, Lois Bly; Therapy Skill Builders
- Guidance for Physiotherapists: Giving advice for children and young people with special educational needs, APCP June 2009

Websites

- Children and Young People's MKN <http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/the-children's-chapter.aspx>
- www.themovepartnership.org.uk
- Culverwell, T. The Parents perspective; Proceedings of the Nutrition Society(2005)64 339-343
- The Children's Chapter - <http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/the-children's-chapter.aspx>
- Partnership Guidance <http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/partnership-working.aspx>

LEARNING OUTCOMES

PRE-COURSE

Recognise and discuss normal childhood development in particular:

- Fine and gross motor development
- Social and play skills

Identify and explain the signs and symptoms related to the following conditions:

- Cerebral Palsy
- Muscular Dystrophy
- Common respiratory conditions in Paediatrics
- Juvenile Idiopathic Arthritis

BY THE END OF THE COURSE AN INDIVIDUAL WILL BE ABLE TO:

1. Demonstrate an in-depth understanding of the context within which a Paediatric Physiotherapist practices. This will include communication with children, young people and their families, partnership working, consent and legal issues. This will also include an understanding of paediatric specialism and parameters for support.
2. Demonstrate an understanding of the impact of diagnosis (to include differential diagnosis), adjustment and prognosis on child, family and therapist.
3. Critically analyse components of normal childhood development, which relate particularly to paediatric physiotherapy practice. This will include growth and musculoskeletal development, respiratory development and normal variants.
4. Have an increased knowledge of appropriate assessment tools for the child's age and condition.
5. Appraise a number of interventions to enable a practitioner to select and apply the appropriate treatment strategies for a child's age and condition.
6. Understand and identify any precautions and contraindications to various treatment techniques
7. Write an effective treatment plan for the child's age and condition taking cognisance of prognosis including the selection of appropriate outcome measures.
8. Demonstrate an awareness of best practice/evidence-based practice over a wide variety of clinical areas.



APCP SCOTLAND
INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY
QUEEN MARGARET UNIVERSITY, EDINBURGH
31ST OCTOBER – 2ND NOVEMBER 2012

COURSE CONTENT & TIMETABLE

DAY 1

	Subject	Speaker
9am	Registration	
9.30	Introduction to the course; and “The role of the Paediatric Physiotherapist”	<i>Liz Gray Team Lead Paediatric Physiotherapist</i>
10.00	Policy into Practice-Scotland – Common Core – Getting It Right For Every Child (GIRFEC) – Child protection/consent/duty of care – Quality Strategy – “Children’s Bills”	<i>Dawn Moss Nurse Consultant Vulnerable Children & Young People</i>
10.45	Coffee	
11.00	Education and Physiotherapy in partnership – Additional Support for Learning (ASL) – Child-centred care – Inclusion – Partnership working	<i>Christina Kiddie Physiotherapy manager</i>
11.45	Communication – Formal reports – Working with families – Standardised assessments – Outcome measures	<i>Sheila Milligan, Highly Specialist Physiotherapist Kirsteen Grieve, Highly Specialist Physiotherapist</i>
12.30	Lunch	
1.15	Growth and normal development Including: – GMFM – Social and emotional development – What is normal? and variants – Gait – Skeletal development	<i>Dr Alison Rennie MB ChB, MRCP, FRCPCH Consultant Paediatrician</i>
2.45	Tea	
3.00	“Know your airways” The impact of pathology on respiratory anatomy and physiology	<i>Kathryn Sharp Specialist Paediatric Respiratory Physiotherapist</i>
4.45	Questions and Answers	<i>Liz Gray to chair Kath Sharp Christina Kiddie Alison Rennie APCP committee</i>
5.00	Finish	

DAY 2

	Subject	Speaker
9.00	General overview of neurological conditions (CP and Neuromuscular) – ICFS – Aetiology – Incidence	<i>Iain Horrocks Consultant Paediatric Neurologist</i>
10.00	Management of neuromuscular disorders – Assessment – Interventions – Outcome Measures	<i>Marina Di Marco Clinical Specialist Physiotherapist in neuromuscular disorders</i>
10.45	Coffee	
11.00	Understanding treatment interventions – Assessment incl. GMFCS – Presentation of tone – Treatment approaches – Outcome Measures – Motor Development Curves (Can Child)	<i>Susan Horsburgh, Clinical Specialist Physiotherapist</i>
12.30	Lunch	
1.15	Neurodevelopment approach to the management of neurodisabilities (Bobath) – Video presentations	<i>Susan Horsburgh, Clinical Specialist Physiotherapist</i>
2.15	Tea	
2.30	Alternative management approaches (20 minute talks, 2 per session then swap) – “MOVE: Movement for learning and life” – Conductive Education – An Introduction to Hippotherapy – Constraint Therapy	<i>Christine Shaw, MOVE consultant, MOVE Scotland Krisztina Gubicza-Ambrus, Conductor-Teacher Heather Falconer, Highly Specialist Physiotherapist Pam Chimiak, Physiotherapy Team Lead, and Nicola Richardson, Senior Occupational Therapist</i>
4.00	“From A to E; the building blocks of paediatric physiotherapy” – Children’s Chapter – ReTool – Advanced Practice – Children’s Services MKN	<i>Jane Reid AHP National Lead for Children and Young People</i>
4.30	Panel Discussion Questions and answers	<i>Jane Reid Christine Shaw Krisztina Gubicza-Ambrus Heather Falconer Pam Chimiak</i>
5.00	Finish	

DAY 3

	Subject	Speaker
9.00	Musculoskeletal Conditions – Aetiology – Incidence Talipes Hypermobility Torticollis Obstetric Brachial Plexus	<i>Dr Robert Humphries, MRCPCH, Paediatric Orthopaedic Physician Katie Kinch Clinical Specialist Paediatric Physiotherapist</i>
10.30	Coffee	
10.45	Pharmacological Management of neurological conditions (incl. CP) – Botulinum Toxin – Baclofen – Intrathecal Baclofen	<i>Katie Kinch, Clinical Specialist Paediatric Physiotherapist</i>
11.45	Surgical management of Neurological conditions – Single/multi-level surgery – SDR – Hips	<i>James Robb Consultant Orthopaedic surgeon</i>
12.45	Lunch	
1.30	CP Hip Surveillance-Scotland	<i>Laura Wiggins Principal Physiotherapist/Clinical Lead</i>
2.15	Juvenile Idiopathic Arthritis (JIA) Aetiology Definitions Types – Assessment – Treatment approaches Outcome Measures	<i>Jenny Hagger, Clinical Specialist PT, RHSC Edinburgh</i>
3.15	Tea	
3.30	Personal journey; Patients perspective	<i>Danielle McNeill</i>
4.00	Personal journey; Parent's perspective: "Getting it right for every child?"	<i>Zoë Picton-Howell</i>
4.30	Plenary	<i>Liz Gray</i>
5.00	Finish and close of course	

Do GP's know about children's physiotherapy services? -Apparently not!

Cumbria is located in the North West of England and serves a mostly rural community. From a Health Service perspective the population of Cumbria is served by the Cumbria Partnership Foundation Trust for community services and the North Cumbria Acute Hospitals Trust for acute services. Children's physiotherapy is situated within community services and covers four distinct localities, those being the East locality (Eden & Carlisle), West locality (Allerdale & Copeland), South Lakes locality (Kendal) and Furness locality (Barrow in Furness). All four children's physiotherapy teams cover a wide spectrum of conditions and provide a service to a variety of children with an age range from 0-19 years. Conditions can include complex needs, developmental delay and musculo-skeletal injuries, with referrals being received via numerous pathways including Health Visitors, Consultants and Paediatricians, Midwives, Parents and GP's.

Within the East locality the children's physiotherapy service became aware that a number of GP's were unaware that there was a paediatric service available for them to utilise and refer into, therefore creating a large gap in service provision for children. The East locality made the decision to be proactive with regards to raising it's profile within the Carlisle and Eden areas, by giving presentations to GP practices. In light of the new Health Bill and the advent of GP Commissioning and Any Qualified Provider status, it was considered even more prudent to pursue this course of action as soon as possible.

We thought the most effective way to undertake the aforementioned task was to give presentations to either single or group practices via their Protected Learning Time (PLT) that occurs on a monthly basis. GP practices can arrange their own PLT or they can attend organised sessions set up by locality based Business Managers. Input within the presentations concentrated on a 10 point plan to highlight what a paediatric physiotherapy service can offer to GP's.

(The plan highlighted below is an example specific for the Carlisle & Eden locality)

Point 1 - Aim of the presentation:

To increase GP knowledge base, discuss Any Qualified Provider status, GP Commissioning and the recent re-structure of Children's Services following the merger with the Cumbria Partnership Trust.

Point 2 - Localities:

Geographic areas covered by the Children's physiotherapy team.

Point 3 - Staffing levels:

There are 6 children's physiotherapists and 1 technical instructor, all working in combination with a Multi-Disciplinary Team (MDT) including Speech & Language and Occupational Therapy.

Point 4 - Age range:

We see children aged 0-19 years dependent on condition, specifically mentioning those children of secondary school age who have a musculo-skeletal injury, who should be referred to the adult physiotherapy service.

Point 5 - Referrals:

Who can refer into the children's physiotherapy service (Health Visitors, GP's, Consultants, Paediatricians, Midwives, School Nurses, Social Services and Parents) and how they do it.

Point 6 - Service Input:

What we offer as a service (MSK clinics, orthotics and Lycra clinics, home visits, school visits, referral to specialist services (Rheumatology, Orthopaedics, Neuromuscular), visits to Specialist Communication College's and joint clinics with Allied Health Professionals).

Point 7 - Conditions:

Musculo-Skeletal, Neuromuscular, Complex Needs, Developmental Delay, SCBU.

Point 8 - Service Developments:

What we are developing as a service (Aquatherapy, Treadmill training, Parent & Child Forums, DCD groups and facilitation of courses in the Cumbria area (Neuromuscular Study Day and a forthcoming Rheumatology Day)).

Point 9 - The Future:

Our vision of the Physiotherapy service across the Cumbria Health Economy

Point 10 Questions & Answers:

The format of the presentations has been informal in design with talks aiming to last for 15-20 minutes. However, most sessions have lasted 30-40 minutes with the question and answer section being very popular. Attendance of the sessions has not been solely by GP's. Health Visitors and Nurse Practitioners have also attended. If you are interested in doing this in your area I suggest you contact the Practice Manager of a specific surgery or liaise with the locality Business Manager to access PLT dates for single or group sessions.

Feedback thus far has been very positive, with a possible increase in referral rates seen over the past few months. From a service perspective it is vital that all interested parties and service users are aware of what is offered by Children's Physiotherapy Services

Harry Harrison
Children's Physiotherapist

Audit of Smart Moves Training Programme for Schools, AHPs and other Professionals Involved with Children who have Developmental Coordination Disorder and Related Conditions

Background

The Paediatric Physiotherapy Department was receiving a large amount of referrals for children with "clumsiness" and "possible Dyspraxia" as diagnoses. On formal assessment, many of these children presented as mildly hypotonic, often hypermobile and generally uncoordinated as a result. They did not always present with the perceptual and motor planning difficulties that are usually associated with DCD.

It was decided by the lead physiotherapist for DCD that the Children's Physiotherapy Department should look into determining alternative ways for these children, who have needs above and beyond that of their peers but who are not necessarily in need of specialist input, to take part in appropriate activities which would help to improve their physical literacy and avoid the need for specialist intervention in the future. This would reduce pressure on the Physiotherapy and Occupational Therapy waiting lists and therefore leave the therapists more time available to dedicate to those children who have more severe motor planning, perceptual and coordination difficulties.

As a by-product of exploring different approaches outside of the "Therapy Forum" it was hoped that DCD and associated coordination disorders would be more readily recognised by school staff and carers, awareness of it's implications would be improved and responsibility for managing the condition would be de-medicalised, thus improving the quality of life and prognosis of those children affected and , ultimately avoiding the self-esteem issues that are so commonly associated with DCD sufferers in adult life.

Following liaison with colleagues from other disciplines i.e. Occupational Therapy, Specialist Advisory Teaching Service, Educational Psychology, a steering group was set up in order to research available methods of taking this proposal forward. Following the first meeting of the steering group Lesley Minervini, Partnership Development Manager from the School Sports Partnership was contacted as a direct link between Children's Services, Health Services and the Education Service. The mission statement of the group is **"A multidisciplinary group which aims to promote physical literacy to those children whose motor abilities are inconsistent with their cognitive capabilities by empowering schools to deliver a structured motor programme."**

Initial considerations included the proposed development of a movement programme for use in schools which was to be devised as a liaison between Children's Physiotherapy and Occupational Therapy Departments. However, following extensive research, two programmes which were already being rolled out in two separate counties, Dumfriesshire and Monmouthshire, were discovered and, of these, it was decided that the author of the Smart Moves Programme should be contacted in order to arrange training for SenCos, teaching assistants/ learning support assistants and teachers in the county.

Method

All schools in Cumbria were contacted by letter to establish the need and interest for training across the county. It was decided that primary schools would be targeted as priority as this is the optimum age group for intervention.

The following results were obtained:

West and South Cumbria

Schools responded = 53

Training required = 51

East Cumbria

Schools responded = 35

Training required = 35

It was decided that there was sufficient interest for a training day to be valuable. A training day was therefore arranged for 9th April 2008 and funded through the Schools Sports Partnership (SSP).

Flyers were sent out to schools and a positive response was received which necessitated the addition of a further training day on 10th April 2008.

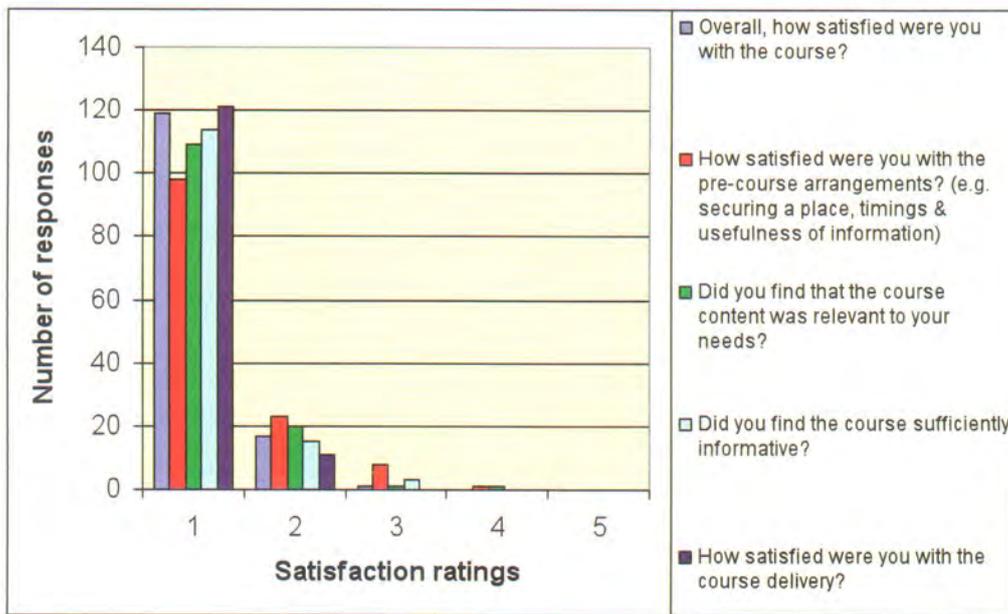
In the first two sessions, 44 schools and 61 candidates were trained.

Subsequently, further training days were set up, again funded through the SSP. These took place on the 21st and 22nd October 2008 at Ambleside University campus and Netherhall School, Maryport. These courses were fully booked and demand was so great that it was decided that a further course should be run in Carlisle on 2nd February 2009. Unfortunately, severe weather conditions hampered many delegates efforts to attend and because of this and further demand for places another day was arranged for 22nd June 2009.

In all, 6 training days have been run successfully and feedback from the courses has been positive. 90 schools were trained in the use of Smart Moves within these first 6 sessions, often with more than one delegate per school. Evaluation forms were filled in with the following results.

SATISFACTION RATINGS						
1 = TOTALLY SATISFIED / 5 = TOTALLY DISSATISFIED		1	2	3	4	5
1	Overall, how satisfied were you with the course?	119	17	1	0	0
2	How satisfied were you with the pre-course arrangements? (e.g. securing a place, timings & usefulness of information)	98	23	8	1	0
3	Did you find that the course content was relevant to your needs?	109	20	1	1	0
4	Did you find the course sufficiently informative?	114	15	3	0	0
5	How satisfied were you with the course delivery?	121	11	0	0	0

Satisfaction Ratings - Chart



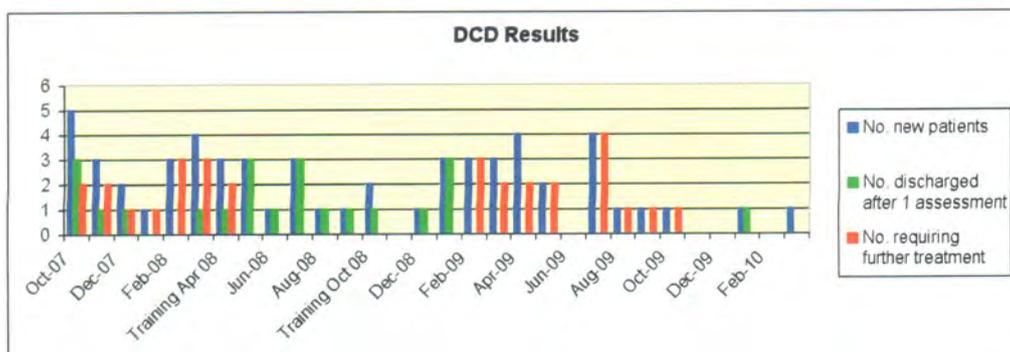
All candidates were sent a follow up questionnaire to establish the subsequent use of Smart moves in schools. Of the 90 schools that attended, 23 returned the follow up questionnaires with the following results (some schools reported using Smart Moves as a separate group and also within the classroom):

Have set up Smart Moves group	13
Intend to set up a Smart Moves group	5
Are incorporating into classes	7
Not using at all	1

Further questionnaires will be sent out to the candidates that attended the October 2008 workshops.

Comparison of Physiotherapy referrals before and after Delivery of Smart moves Training

Results of DCD review			
Month	No. new patients	No. discharged after 1 assesment	No. requiring further treatment
Oct-07	5	3	2
Nov-07	3	1	2
Dec-07	2	1	1
Jan-08	1	0	1
Feb-08	3	0	3
Mar-08	4	1	3
Training Apr 08	3	1	2
May-08	3	3	0
Jun-08	1	1	0
Jul-08	3	3	0
Aug-08	1	1	0
Sep-08	1	1	0
Training Oct 08	2	1	0
Nov-08	0	0	0
Dec-08	1	1	0
Jan-09	3	3	0
Feb-09	3	0	3
Mar-09	3	0	2
Apr-09	4	0	2
May 09	2	0	2
Jun-09	0	0	0
Jul-09	4	0	4
Aug-09	1	0	1
Sept-09	1	0	1
Oct-09	1	0	1
Nov 09	0	0	0
Dec 09	0	0	0
Jan 10	1	1	0
Feb 10	0	0	0
Mar 10	1		



Analysis of results

Although the overall trend for referrals of patients that require ongoing treatment appears to be downwards, the numbers of referrals involved in this study are relatively small and the overall effect on introducing training will not be known clearly for some time. Further audit of referrals and ongoing treatments needs to be undertaken to give a clearer picture of the effect that this training has had on increasing awareness in schools and the need for referral to the Children's Physiotherapy service.

The results show a reduction in the number of patients referred that required ongoing treatment immediately following the initial Smart moves training. In February 2009, the number of children requiring treatment increased up to previous levels. This could be due to the initial enthusiasm and use of smart moves waning over time. Although further training was undertaken in the West of the county, this would have little or no effect on referrals in the East.

Data referring to referrals and treatment of children with coordination difficulties in the West and data referring to O.T referrals is not available for analysis.

From April 2009, it is shown that the referrals made in to the Children's Physiotherapy Department, Carlisle and Eden, are appropriate and the children referred are in need of continued specialist input. From November 2009, the number of referrals received by the Children's Physiotherapy dept, Carlisle and Eden, has dropped dramatically and the referrals received were appropriate for specialist treatment. The assumption could be drawn that schools are using Smart Moves as their first approach to helping children who present with coordination difficulties before seeking assessment by a physiotherapist.

Conclusion

The introduction of Smart Moves into schools has been beneficial to children with coordination difficulties and has reduced pressure on the Paediatric Physiotherapy waiting list in Carlisle and Eden. Referrals to the Children's Physiotherapy Department, Carlisle and Eden, are now appropriate indicating that less severe cases are being dealt with in schools. This means that those children who require more specialist input can access physiotherapy in a more timely fashion.

A limitation to this study was the inability to access data from all geographical areas of Cumbria. Other programmes are used in some schools e.g. BEAM, Activate which at times renders school staff reluctant to adopt a further programme.

Future developments

The Specialist advisory teaching service is actively encouraging schools to take up Smart moves and use when developing IEPs.

The steering group will send out follow-up questionnaires to all delegates in order to monitor the uptake of Smart Moves. Although this is yet to be done, anecdotal evidence indicates that some schools are taking up Smart Moves and using it to meet the needs of identified students.

Further training sessions are to be arranged on a regular basis as demand dictates. A further training session has been arranged for June 2010 for which there has been 32 applications for places. As the course can accommodate only 30 delegates, 2 candidates will be placed on a waiting list. Following this session, a total of 119 schools in Cumbria will have been trained in the use of the Smart Moves Programme. A review date for those already using Smart moves has had to be cancelled due to lack of interest.

The Children's Occupational Therapy and Physiotherapy Departments have initiated an after school Smart Moves group which is held in the Physiotherapy gym at The Cumberland Infirmary, Carlisle. Children access this group via referral from a physiotherapist or occupational therapist following joint OT/PT assessment. The group is an 8 week programme after which the children are reassessed at a review appointment. The feasibility of a follow on group to be held at St Aidan's Sports Complex is to be considered by the SSCO.

The usefulness of the after school group will be assessed in a separate audit.

Further audit is needed to establish how many of the children referred to Children's Physiotherapy has first accessed Smart Moves in school. The results of this audit may affect the referral criteria for the After School group, held at the Cumberland Infirmary.

A further after school group is being considered in the Penrith area. However, currently the OT and Physiotherapy departments have insufficient staffing to make a group feasible.

Summary

More time is needed to give a clearer indication of the uptake of Smart Moves in schools. Early indications are that schools have taken up the programme in some form and that understanding of DCD and related disorders has improved.

Demand for places on the Smart Moves training has been high and feedback has been positive. Typical comments include:

"I found the information very useful. It was so inspiring to hear such a fantastic speaker"

"Marvellous course – a revelation!"

"This was an excellent day and the resource provided looks as though it will be really useful to use throughout the school."

"Thoroughly enjoyed the course. Delivery was excellent and great fun which I hope to pass on to the children."

"Thank you. I have learned so much and will definitely use the materials."

Smart Moves continues to be used in schools in the area and has effected a definite drop in physiotherapy referrals

Helen Walker
Children's Physiotherapy Team Leader

Kidz Up North

Thursday, 29th November 2012
Premier Exhibition Suite, Reebok
Stadium, Bolton



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.
- New to all our Kidz events – come and visit the Car Zone.



Next Events

- Kidz in the Middle 21/03/13
Ricoh Arena, Coventry
- Kidz South 13/06/13
Rivermead Leisure Complex, Reading
- Kidz Scotland 11/09/14
Royal Highland Exhibition Centre Edinburgh



www.kidzupnorth.co.uk

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



Registered Charity No:224742

