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and does not necessarily endorse courses and equipment advertised.

Editorial

For many paediatric physiotherapists the Summer holidays provide some time and space to reflect on their practice, catch up with the recently published papers and to write something for the journal! This is evident in the number of letters received in this journal including discussions on the DMD Management Profile and the lack of copy for Clinical Interest Group journals. It is healthy practice to respond and discuss practice within the journal and a bit of controversy helps us reflect on our practice.

The final chance to register for conference is in this issue. The main and satellite conference offer an interesting programme with some excellent speakers. In the journal there is also an opportunity for newly qualified physios to win themselves a free place at conference.

The Research and Education section contains the Accreditation Form for members who want to have their courses accredited. This is a step forward in ensuring good quality standards in courses for paediatric physiotherapists.

Information on membership is included in this issue so please check how you pay your subscription to help the membership secretary in her work.

As usual a reminder to write up any case studies, audit, research, literature reviews, book and course reviews and any other topical pieces which you can share with your colleagues in the APCP journal.

Details of membership of the APCP are included in this issue. A form for payment by direct debit is enclosed which can also be downloaded from the APCP website. I would encourage members to use this method of payment. It ensures your membership doesn't lapse, is cheaper and saves time. However, for those of you who wish to continue paying by cheque this form is also included.

I look forward to seeing lots of you at conference in November.

Terry Pountney

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must be with the editor by

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The editorial board reserve the right to edit all material submitted

Letters

Caroline Nicholson, Jennie Martin,
Marion Main

Clinical Specialists in Paediatric
Neuromuscular Disorders,
Dubowitz Neuromuscular Service,
Hammersmith Hospital, London

Dear Editor

We would like to commend Marina Morrow for the work that she and the Scottish muscle network have produced on the management of Duchenne Muscular Dystrophy (DMD) throughout the various stages of the boys' lives, part of which was published in the June 2007 APCP journal.

We are, however, concerned that this should not be seen as the only model of management for the whole of the UK. We feel it is important to point out, in an introduction to the document, the many variations in presentation of DMD, as in many other disorders, even within the same stage of the disease, which require a flexible approach to management. To this end, an understanding of the relevance and functional implications of the patterns of weakness and contractures needs to be understood by therapists for successful management. We feel too that it would have been helpful to explain the differences seen in the intermediate DMD and Becker forms of the disorder. At Hammersmith Hospital we see over 150 boys each year with DMD and we believe there are proven and relevant strategies for control of contractures and rehabilitation of walking, some of which have not been considered by this document. We have successfully used serial casting of tendo-achilles (TA) contractures with Plaster of Paris (POP) for many years, both to improve walking when the boys are ambulant and for position and comfort once non-ambulant.

We, as well as several other UK neuromuscular centres, offer rehabilitation of walking in knee-ankle-foot orthoses (KAFOs) to all boys who we feel could manage the rehabilitation, approximately 80-90% of our population of boys losing ambulation. Several published research studies have shown that this prolongation of walking reduces the rate of progression of scoliosis. (Kinali M, Main M, Eliahoo J, Messina S, Knight RK, Lehovsky J, Edge G, Mercuri E, Manzur AY, Muntoni F. Predictive factors for the development of scoliosis in Duchenne muscular dystrophy. *Eur J Paediatr Neurol.* 2007 May; 11(3):160-6). Correct fitting of the orthoses can be affected by surgery or serial casting and in some cases ITB release may also be considered. POP following a percutaneous release of TAs need not be necessary with good orthotic provision.

The heading "going off feet" could be ambiguous and perhaps be better phrased. The use of the NSAA (North Star Ambulatory Assessment) has not yet been validated in this stage of DMD as it was directed specifically at ambulant children.

We would agree that this is a useful document for physiotherapists with some knowledge of DMD but as it was produced solely by the Scottish Muscle Network, perhaps it is most appropriate for management advocated in Scotland.

Response from Marina Morrow,
Clinical Specialist in Neuromuscular
Disorders

On behalf of the Scottish
Physiotherapy Network Steering
Group

Thank you for forwarding the comments on the Duchenne Muscular Dystrophy Scottish Physiotherapy Management Profile. Before responding to the comments raised by the Hammersmith Group, the Scottish team would like to take this opportunity to thank everyone both in the UK and abroad for all of the very positive feedback. As many of you have already stated, the profile involved a great deal of work in terms of both diary and personal time. The response has been greater than we envisaged

and goes to show that these types of profiles/pathways/evidence notes are extremely useful.

The Hammersmith group have made some excellent points to which we are delighted to respond.

1. It would have been wonderful to be able to include Becker Muscular Dystrophy (BMD) within the profile but after much discussion we elected to keep the profile strictly to Duchenne. Whilst there are a wealth of similarities between the physical signs and symptoms, we find Becker to be more variable than Duchenne and as the ageing process also has more of an impact on BMD, we did not want to complicate an already lengthy document. We did feel it would be better to be condition specific rather than aim to do justice to two conditions. We also note that both Becker and Duchenne have separate care cards and also separate fact sheets on the Muscular Dystrophy Campaign website and this is possibly because other groups have also found a specific approach is clearer as opposed to a wider approach requiring greater clarification (i.e. it is not usual for our Becker patients to be offered steroid therapy and currently non-invasive ventilation and spinal fusion is much less of a requirement in this population in Scotland – again this may be different in England, Northern Ireland and Wales).

2. Whilst we agree with the Hammersmith group that it would have been useful to include information on the progression of the condition, we felt that there is so much information available on this via the listed websites and also in the references, that going into it in further detail was not required at this time. This document is solely aimed at the physiotherapy management however, we will make this clearer in the introduction.

3. The terminology used to define each group again was difficult. Age specific headings are no longer useful as improved medical management has changed the natural course of the condition and would not be appropriate for those Duchenne boys who come under the category of “outliers” or “intermediate”. It was felt that describing the stage was more useful and at peer review, these descriptive headings were well received. We do however accept that descriptive phenomena can be difficult to standardise but it is hoped that if any therapist is in doubt, there are many ports where further information can be received written throughout the document. That being said, we are always keen to consider other headings that physiotherapists may feel are more appropriate.

4. The decision to omit the use of surgery followed by the use of KAFOs again was felt to reflect current management in Scotland where this is not routinely offered. After discussion at some of the national physiotherapy meetings, it appears that more centres are using this approach less due to the intensive after care, taking account of the limitations as to the length of time that these boys will remain functionally ambulant after surgical intervention. There are also moving and handling considerations particularly during the school day. The use of serial POPs and KAFOs following TA release is not something that should be undertaken lightly and as these types of procedures tend to coincide with spinal fusion (which is now being offered at a much earlier stage in Scotland than in previous years), it does not tend to be the typical preferred management route for parents and families. The Scottish team would however like to commend the Hammersmith group on their recent paper published in *Neuromuscular Disorders* (Main M, Mercuri E, Haliloglu G, Baker R, Kinali M and Muntoni F. Serial casting of the ankles in Duchenne muscular dystrophy: can it be an alternative to surgery? Volume 17, Issue 3,

March 2007, Pages 227-230) on this very subject, which will further inform the body of evidence. We are aware that this approach is favourable in Hammersmith and this further highlights that other centres work differently and this is one of the benefits of producing and sharing local guidance.

5. The North Star Ambulatory Assessment was developed for boys with DMD who are ambulant and in the category of "going off feet"; these boys are generally still ambulant for part of the day or for transfers etc. but this may not be clear in the document and we will endeavour to clarify this further. Once completely off feet, then we would recommend the EK Scale in line with The North Star protocols and again there are pointers to access further information if therapists require advice or help in this area.

6. As stated in the introduction, this profile is aimed at the Scottish physiotherapy population and is not intended to be a prescription for the treatment and management of this condition. Having undertaken a needs analysis prior to the writing of this document it was felt that publication would be useful and certainly from the feedback we have received from around the UK where therapists are struggling for information, we believe that further local profiles would be well received.

These types of information booklets should be used by therapists to aid clinical reasoning and assist reflective practice as stated in the profile and the fact we are having this discussion proves it is doing just that.

7. There are approximately nineteen specialist neuromuscular centres in the UK, which is not a great deal, and many therapists and families may be unable to access them. In Scotland producing a document to encourage therapists to avail themselves of current local treatment and management is long awaited. The decision to publish a Scottish profile in this national journal was taken at an APCP committee meeting where national profiles, evidence notes, pathways etc are encouraged. These types of documents will highlight both themes and variations between different centres and encourage therapists to reflect and share information. If centres prefer a specific format for the production of local guidance then this sharing of information will hopefully prevent duplication and save time for therapists who are working at their limit.

The APCP Neuromuscular Physiotherapy Group is currently working on a number of different areas in the physiotherapy treatment and management of DMD to produce further guidance particularly where there is a dearth of strong and reliable evidence. The use of POPs and KAFOs as well as surgical intervention will be discussed further in this literature so watch this space...

Debbie Cook, Helen Dabbs,
Sally Smith, Nikki Wright
Physiotherapists and members of the
Rebound Therapy working party

Dear Editor,

We would like to inform the membership that there now exists a CSP paper entitled 'Safe Practice in Rebound Therapy', PA69, published January 2007, which was written jointly by ourselves and the CSP.

It is available as a hard copy or online via the CSP, to promote consistent safe practice.

We would be interested if anyone wishes to contact us to enlarge our current network, particularly if anyone knows of recent research. Research that we are aware of is listed in the document and can be obtained via the CSP.

Letters

As a working party we wish to promote Rebound Therapy as a treatment modality and to ensure consistent safe practice and skill levels throughout the CSP membership.

For further information please contact:

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With thanks,
Yours sincerely,
Debbie, Helen, Sally and Nikki

Jenny Anstead
Senior Paediatric Physiotherapist
Bristol Royal Hospital for Children
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Dear Editor and colleagues

I am working at the Bristol Royal Hospital for Children and we manage a lot of patients after hip surgery in a full body plaster cast/Spica post operatively. I am looking for information about what equipment other centres provide for discharge and to aid mobility whilst the child is in a spica.

In Bristol we are currently designing an upright, non-weight bearing solution to managing these children in a spica, does anyone already use this type of product; would you benefit from equipment like this; or would you just like to know more? Please contact me on the email below, I would be very interested to hear from you.

Jenny.anstead@ubht.nhs.uk

Yours faithfully

Jenny Anstead

Lynne Munro
Chair ACPTR
Lynne_munro6@tiscali.co.uk

Dear Editor

I read your Editorial about the future of the APCP Journal with great interest as within ACPTR we have experienced similar difficulties. We had attributed our difficulty in getting therapeutic riding and hippotherapy research and articles in to print to the fact that we are a small CIG. I was somewhat heartened and disappointed at the same time to read that APCP experiences similar difficulties despite a large membership. Our solution has been to abandon the ACPTR Journal meantime as being too difficult and expensive and to encourage members to submit to the Federation for Riding for the Disabled International Journal. Many ACPTR members also belong to APCP, myself included and I feel the APCP Journal is accessible, readable and most of all clinically relevant and it would be a great loss if it were to dramatically change format. Collaboration is the way forward; perhaps encouraging copy from other CIG/OGs would be appropriate nationally as well as colleagues internationally.

Lynne Munro

Chair ACPTR

Hip dysplasia in Charcot-Marie-Tooth Disease

Meredith K. James, BAppSci (Physio-Hons), Grad Cert (International Health)

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Introduction

Charcot-Marie-Tooth disease (CMT), also called Hereditary Motor and Sensory Neuropathy (HMSN), is the commonest inherited neuropathy, affecting 1 in 2500 (Reilly & Hanna, 2002). CMT is characterised by slowly progressive weakness and wasting of the distal muscles of the arms and legs. Management of CMT commonly focuses on the foot and ankle, however there is increasing evidence to suggest hip dysplasia in this population. The pathogenesis of hip dysplasia in CMT, including age of onset, prevalence and prognosis is unknown. Hip dysplasia may go undetected and be asymptomatic, but is a serious concern requiring careful monitoring.

History of the condition

CMT disease is named after the three doctors who first described it in 1886. Jean-Martin Charcot and Pierre Marie published the first description of progressive muscular atrophy with distal weakness in the feet, later developing in the hands. In the same year, Howard Henry Tooth from the United Kingdom also reported the condition and correctly attributed the cause as a peripheral neuropathy.

Classification

CMT disease is classified into two broad groups according to electrophysiology. CMT1, the demyelinating type, affects the myelin sheath of the peripheral nerves and CMT2 directly affects the axon. Each subtype is defined by the mode of inheritance and clinical features. Within CMT1 there are subtypes CMT 1A, 1B, 1C, 1D and 1X. CMT 1A is the most common form of CMT. There are several subtypes of CMT2, designated by the letters from A-L. There are also rarer forms of CMT including CMT 3 and 4.

What causes Charcot-Marie-Tooth disease?

CMT is caused by mutations in genes that produce proteins involved in the structure and function of either the peripheral nerve axon or the myelin sheath. There have been great advancements in understanding the genetic causes of CMT. Thirty genes for CMT have been identified (Shy, 2006), but only 3 of these are readily tested. These include Chromosome 17 duplication (containing the peripheral myelin protein 22 gene (PMP-22), which

causes most cases of CMT1A, connexin 32 for CMT 1X and myelin protein zero, P0 (MPZ), on chromosome 1 for CMT1B and 2.

Common Features

The phenotypes of CMT 1 and 2 are similar and may be difficult to distinguish clinically. Typical features include weakness and wasting of the foot and lower leg muscles, which may result in foot drop and other difficulties with walking and balance. Foot deformities, such as high arches and hammer toes are also characteristic (see Figure 1). Sensory deficits and areflexia are common. Weakness and muscle atrophy may occur in the hands, resulting in difficulty with fine motor skills. Fatigue, pain and cramp are often reported. The incidence of scoliosis and hip dysplasia is currently unknown.

Figure 1: Typical features of CMT including cavovarus feet and hammer toes



Symptoms commonly develop in the first and second decade of life and the progression is gradual. The severity of symptoms is quite variable in different patients and even amongst family members. Although in rare cases patients may have respiratory muscle weakness, CMT is not considered a fatal disease and people with most forms of CMT have a normal life expectancy.

Hip dysplasia in CMT

Hip dysplasia describes abnormal growth or development of the hip joint causing instability and requires treatment even if asymptomatic. Left untreated it may lead to pain, abnormal gait and early onset osteoarthritis. The association between CMT and hip dysplasia was first reported in 1985 (Kumar et al), and 30 cases, 8 of them male are reported in the literature. Published literature was reviewed for reports of hip dysplasia associated with CMT. Online databases searched included MEDLINE (January 1966 to July 2006), EMBASE (January 1980 to July 2006), AMED (January 1985 to July 2006) and CINAHL (January 1982 to July 2006). Reference lists of papers identified were reviewed

Hip dysplasia in Charcot-Marie-Tooth Disease

for further research covering the subject. Nine papers, predominately small case reports and one review were identified.

The case study of Kumar et al, (1985) included 5 girls aged 8, 9, 12, 13 and 14 with bilateral dysplasia requiring surgical intervention. Three subjects were asymptomatic. Four subjects had CMT1 and one CMT2, determined by nerve conduction testing. Kumar et al (1985) recommend all children with CMT should have regular hip radiographs as hip dysplasia may be mildly symptomatic or asymptomatic. In addition, the paper urged that children with hip dysplasia should be screened for CMT.

The next paper to report hip dysplasia associated with CMT was a retrospective review of 44 patients with CMT, 4 with hip dysplasia (Pailthorpe & Benson, 1992). The patients, 1 male and 2 females with CMT1, and a baby girl aged 6 weeks with congenital dislocation and CMT111, all required surgery. Radiographic measurements were not reported.

Walker et al (1994) reported a retrospective review of the X-rays of 74 children with CMT. Seven cases of dysplasia met their diagnostic criteria. All subjects had CMT1, 5 females and 2 males. Four required surgical intervention. The age at diagnosis of hip dysplasia ranged from 5 to 16 years. Three were asymptomatic and 4 had hip pain, although one of these had an acute slipped upper femoral epiphysis. Walker et al (1994) estimated the incidence of hip dysplasia to be between 6.0 and 8.1% and was the first paper to offer diagnostic radiographic criteria for hip dysplasia in the CMT population. They reiterated Kumar et al's recommendation that radiographs are important for early diagnosis of hip dysplasia.

The following year, Fuller and DeLuca (1995) reported a family with four siblings who were reviewed due to hip pain secondary to hip dysplasia. Symptoms were not present until late adolescence or early adulthood. Two patients required orthopaedic surgery. The diagnosis of CMT was made following their presentation. The authors suggest adolescents and young adults with hip dysplasia are investigated for a neuromuscular aetiology.

Cucuzella et al (1996) and Van Erve & Driessen (1999) were able to illustrate the developmental rather than congenital nature of hip dysplasia in CMT, reporting patients whose hip dysplasia developed gradually. Early radiographic examinations of two subjects in the Van Erve &

Driessen paper confirmed the absence of congenital hip dysplasia.

McGann and Gurd (2002) and Ushiyama et al (2003) each report two females and one male member of a family with CMT1 with hip dysplasia. In these case studies, all patients were aged over 18. Five of six cases were symptomatic. Both papers recommend routine hip surveillance in patients with CMT and investigation of hip dysplasia patients for CMT.

A total of 30 cases of hip dysplasia associated with CMT are reported in the literature. None of the centres represented routinely screened for hip dysplasia in their CMT population. In the majority of the 30 cases, CMT was diagnosed following a diagnosis of hip dysplasia. Incidence of hip dysplasia in the population of CMT is unknown. Walker et al (1994) reported an incidence between 6.0 and 8.1% based on their population, however there are no other large studies to confirm the incidence.

The age at onset of symptoms and clinical presentation of hip dysplasia in CMT are variable. The youngest case reported was six weeks, however, this was a congenital hip dysplasia. The next youngest was five, and the oldest case was 45. Nineteen patients had bilateral hip dysplasia. Of the 23 patients where information regarding symptoms was available, 13 had pain, and 10 were asymptomatic. One patient with pain had a slipped upper femoral epiphysis. 19 patients are reported to have undergone surgery, 3 did not and for 8 patients no data was available. Genetic results were reported in the Van Erve and Driessen (1999) paper, however, all other diagnoses were based on nerve conduction testing. One patient had CMT 3, 1 CMT 2 and 28 with CMT 1. Genetic testing is now routine clinical practice in the diagnosis of CMT.

Cause of hip dysplasia in CMT

Chan et al (2006) propose a neuromuscular origin with weakness of proximal muscles leading to secondary bony joint changes with a shallow acetabulum and anteverted and valgus femoral neck. Prospective follow up of the CMT population is required in order to validate this theory with empirical evidence. In North America and recently Australasia, prospective national screening tools have been developed to measure a wide variety of subjective and objective measures in the CMT paediatric population (Burns et al, 2007). Specific hip screening protocols are not yet available. All authors agree routine hip screening should include a pelvic radiograph, however there is no consensus on the age at which to commence screening, frequency of screening and diagnostic radiographic criteria.

A variety of measurements has been reported to measure the degree of hip dysplasia including the acetabular index, Shenton's line and centre edge

Hip dysplasia in Charcot-Marie-Tooth Disease

angle. In a child aged over 5, Wiberg's centre edge angle is commonly used to measure the acetabular cover of the femoral head. Mose's concentric circles are used to estimate the centre of the femoral head. The centre edge angle is formed by a line drawn from the centre of the femoral head to the outer edge of the acetabular roof and a vertical line drawn through the centre of the femoral head. Angles greater than 25 degrees are considered normal and less than 20 degrees indicates severe dysplasia. Acetabular index is the slope of the acetabulum. An increased acetabular index provides useful information in children up to 8 years. Shenton's line is a smooth arc formed by the top of the obturator foramen and the medial aspect of the femoral neck. A break in Shenton's Line represents hip subluxation or dislocation as opposed to acetabular dysplasia.

Treatment of hip dysplasia

The principle of orthopaedic surgery for hip dysplasia is to achieve a stable reduction of the femoral head, improving joint congruence (see Figures 2 and 3). There are three categories of orthopaedic surgery to treat hip dysplasia; redirection, volume reducing and salvage. Redirection surgery, such as a Salter osteotomy, rotates the acetabulum to improve coverage of the femoral head. This relies on flexibility at the pubic symphysis. Volume reducing surgery reshapes the acetabulum, particularly if it is high and shallow. This requires an osteotomy around the triradiate cartilage and thus children must be young or have soft bone in order to hinge the bone at the triradiate cartilage. Salvage surgery is used for hip joints in which adequate coverage of the femoral head cannot be achieved with other repositioning osteotomies. Salvage procedures include triple pelvic osteotomies and shelf procedures.

Figure 2: AP pelvic x-ray demonstrating right hip dysplasia



Figure 3: Same patient following triple pelvic osteotomy



Conclusion

Current knowledge regarding hip dysplasia in CMT is very limited. Much of the existing literature is based on case reports. Future research needs to focus on determining the natural history and aetiology of hip dysplasia in CMT and then assess current treatment. Routine hip surveillance will increase knowledge regarding the natural history of the condition in order to develop evidence based guidelines for hip surveillance in CMT.

Screening children and adolescents with CMT will facilitate timely detection and treatment of hip dysplasia. Physiotherapists who manage children with CMT should be alert to the possibility of hip dysplasia. All children should have Orthopaedic review to monitor foot deformities and to screen for hip dysplasia and scoliosis. Conversely, patients with late onset hip dysplasia should be carefully examined for evidence of CMT.

The preliminary data from hip surveillance in patients with CMT who attend the specialist muscle clinic for neuromuscular disorders at the Robert Jones and Agnes Hunt Orthopaedic hospital will be presented at the World Muscle Meeting in Sicily in October 2007.

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7th International Conference on Developmental Coordination Disorder Melbourne, Australia 6th-9th May 2007

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Developmental Coordination Disorder (DCD) continues to attract interest world-wide, resulting in the Seventh Biennial International DCD conference held earlier this year in sunny Melbourne. Over 120 delegates gathered together for four days to present research, share concerns and discuss ideas pertinent to DCD in children and adults. Participants were drawn from five continents (20 countries). The varied professional backgrounds reflects the breadth of interest that DCD attracts e.g. physical, occupational, and speech therapies, medicine, psychiatry, psychology, human communication, motor development laboratories, kinesiology, behavioural research, epidemiology, rehabilitation and exercise science and physical education.

Alongside four key-note addresses, there were 31 oral presentations and over 90 poster presentations. Professor David Sugden (Professor in Special Needs in Education at Leeds University, UK, and co-author of the Movement Assessment Battery for Children) gave the opening address. He outlined the variables that contribute to the performance of children with DCD and analysed these from an environmental or ecological perspective. In the wider context there are social, political, health and educational policy decisions that influence diagnosis and intervention. At another level there is the environmental setting and interaction of the family, school and community for provision of support. Finally, the focus homed in on development in general and motor development in particular and motor control from an ecological perspective (dynamic systems framework). He urged that functional, realistic, relevant, everyday active movements and the amount of appropriate practice are critical for participation and entreated that we "engineer the environment" for best effect.

The four-day conference was divided into six sessions. Session one covered Diagnosis, Assessment and Measurement. Dr Anna Barnett (Oxford, UK) gave a keynote paper on the recently-published second edition of the Movement Assessment Battery for Children (ABC2). This internationally popular test battery entailed Dr

Barnett in the huge task of organising, training testers and subsequent testing of 1200 children aged 3-17 years throughout UK. ABC2 now extends both down to pre-school and into the upper secondary school population and includes up-dated data across this age range. APCP members were involved in the re-standardisation testing and several physiotherapists were on the expert panel that was invited to give advice during the preparation of ABC2.

The next paper by Judith Peters (UK) compared the movement profile and overlap between a group boys with DCD, a group with joint hypermobility syndrome, a group with high-function autism/Asperger syndrome and a group of typically developing boys. Without a comprehensive assessment clear identification of DCD is not possible. Diagnostic clarity is important for designing, delivering and evaluating intervention and for interpretation of research data.

An interesting presentation by Amanda Kirby (UK) followed that raised the question of whether DCD is presently under-diagnosed whereas ADHD tends to be over-diagnosed. This was thought to be due to medical practitioners and psychiatrists having either lack of familiarity with diagnostic criteria for DCD or a priority to focus more on hyperactivity of movement rather than consideration of any underlying motor dysfunction including lack of ability to plan and execute motor actions.

Sylvia Rodger (Australia) addressed approaches to assessment in DCD. Both poster and oral presentations at the conference revealed the use of many different assessments that tap the core movement/motor aspect of DCD. These included Neurodevelopmental Physiotherapy Assessment (NDPA), Movement Assessment Battery for Children, (MABC) (Test and Checklist), Bruininks-Oseretsky Test of Motor Proficiency (BOTMP), Test of Gross Motor Development II (TGMD-II), McCarron Assessment of Neuromuscular Development (MAND), Developmental Coordination Disorder Questionnaire (DCDQ), Early Years Movement Skills Checklist (EYMSC), Clinical Observations of Motor and Postural Skills (COMPS), Pediatric Evaluation of Disability Index (PEDI), Perceived Efficacy and Goal Setting System (PEGS) in addition to a variety of standardised visual, behavioural and cognitive tests.

Session two: 'Postural Control, Balance and Coordination' was opened with a keynote paper by Prof Jane Clark (Maryland, USA) who is currently President of the American Academy of Kinesiology and Physical Education. She presented a series of studies of children with DCD that probed the integration of multiple sensory inputs by using systematic and simultaneous presentation of multiple sensory stimuli. She emphasised that

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children with DCD differ from typically developing (TD) children in their ability to adapt to sensory inputs that impact on postural control (vision, body awareness sensations). Postural control is not passive and active postural adjustments must be developed to tune the system dynamically. The results suggested that TD children adapt to changes in multiple sensory information by 're-weighting' the various sensory inputs. Children with DCD present a more complex picture of adaptive postural control and need more sensory information to manage their multiple body segments. There is currently research interest in the role of the cerebellum and use of cerebellar tests in DCD and associated conditions.

Two further papers on balance included one by Monica Cazzagon (Italy) using the M-ABC and tetra-ataxiometric posturography that highlighted the demand for use of mature hip strategy and medio-lateral stability for successful control at middle primary age. The second by physiotherapist Leanne Johnston (Australia) compared characteristics of postural muscle activation between a group of children with DCD, a group with cerebral palsy (CP) and a typically developing comparison group. DCD and CP participants both demonstrated altered postural muscle activation compared to TD and there were some interesting similarities between the two clinical groups. Other themes covered were dual task studies (Naomi Josman, Israel) and studies in which sensory availability was manipulated (vision, tactile-proprioceptive) (Sam Mackenzie, USA).

Session three 'Perception Action Research' began with a keynote by Prof John Wann (Psychology, and Action Research Group, London University) who addressed the 'visual' component of visuo-motor skills. He stressed the need to look at the broader picture rather than piecemeal assessments and re-emphasised the infrastructure of visual perception with different but complementary neurological routes via dorsal ('action') and ventral (object recognition/perceptual judgement) streams. Dorsal stream vulnerability may be implicated in children with a developmental disorder such as DCD.

Other papers in this section included examining the use of kinaesthetic information in an isometric manual force control task by Bouwein Smits-Engelman (Netherlands). Another paper from the Netherlands (by Anneloes Overvelde) used a novel method for analysing the poor spatial characteristics of letters formed by children with dysgraphia. Dynamic Time Warping, originally a technique

developed for speech recognition has been developed recently for pattern recognition in handwriting. Another paper focussing on hand function, by Pascale De Castelneau (France), looked at EEG recording during finger activity synchronised or syncopated with a rhythmic metronome. A paper by Jackie Williams (co-authored by Prof Peter Wilson, the Conference Convenor, Melbourne) looked at links between a child's ability to imagine actions and degree of motor impairment (internal modelling deficit hypothesis).

Session four 'Clinical Issues: Comorbidity, Adjustment and Consequences' was opened with a keynote by Professor Deborah Dewey (Director, Behavioural Research Unit, Alberta, Canada). She challenged many of the current concepts related to classification of DCD particularly pressing for need to refrain from excluding children with other diagnoses (eg those on the autism spectrum, those with Tourette's or the very low birth weight cohort). She gave a thought provoking paper on the question of meeting criteria for DCD.

The following papers compared a group of children with Foetal Alcohol Spectrum Disorder (FASD) and a group with ADHD (Libbe Koostra, Canada) and another presentation examined executive functioning in children with DCD and those with ADHD (Jan Piek, Australia).

An interesting paper presented by Beth Hands (Australia) was on data from the Western Australia Pregnancy Cohort (Raine) a longitudinal study tracking approximately 2890 children since utero. Motor competence was measured, in a sub-group of 1618 from this cohort of children at age 10 years, using the McCarron Assessment of Neuromuscular Development (MAND). Early motor factors, and predictions for motor difficulties including gender-related differences in outcomes were examined.

Another study looked at the suitability of the M-ABC to assess the motor abilities of over 300 children and examined environmental and cultural influences on movement competence in Brazil (Margareth Montiero, Brazil). There were papers from Canada and UK that both highlighted that primary care physicians still lack confidence in identification of DCD and that shared-care with therapists and use of informative materials (including DVDs) are powerful tools to learning about DCD.

A paper by Anne Poulsen (Australia) found a relationship between loneliness, global life satisfaction, lowered team sports and lack of out-of-school leisure physical activity in boys. A large proportion of children with DCD were reported by Anita Pienar, South Africa, to be low-active, often with poor ball skills and additionally there were

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reports of obesity issues commoner in children with DCD. A paper was presented by Sheng-K Wu (Taiwan) that identified poorer cardiopulmonary endurance in a small sample of children with DCD compared to non-DCD children. Cheryl Missiuna (Canada) examined young adults with DCD and reported that despite persisting coordination problems, participants employed many environmental and cognitive strategies to manage their motor differences. Several speakers emphasised that intervention needs to move beyond impairment-based approaches to those that facilitate social and community participation and a child's ability to manage their difficulties.

Sessions five and six were devoted to 'Intervention'. Pre-school as well as intervention issues and strategies for young adults and beyond were presented. Topics included: early school intervention (Mary Chambers, UK); the challenge presented in delivering programmes for children with co-morbid developmental disorders (e.g. DCD/ADHD) (Luba Zuk, Israel); how teachers and parents may be involved in school-based intervention (Brent Faught, Canada); evaluation of technical training to target associated movement and physical training for muscular strength to improve running patterns in DCD (Motohide Miyahara, New Zealand); social and behaviour changes following intervention (Dido Green, UK) and a final paper by Carolyn Dunford (UK) looked at the appropriateness of various intervention outcome measures for children with DCD.

Posters were given a prominent status. Groups of posters specific to each session were viewed for half an hour following the relevant oral presentations. Immediately after the viewing, the poster presenters gathered on the auditorium platform for a half-hour discussion and answered questions from the chairman and audience.

On the final day a Special Panel of eight invited representatives presented 'A Cross - Cultural Comparison of Services for DCD'. This included Prof Cheryl Missiuna (Canada), Prof Amanda Kirby (Dyscovery Centre Wales), Prof Pauline Watter (Australia) Prof Sing-K. Wu (Taiwan), Dr Motohide Miyahara (New Zealand), Prof Livia Magalhaes (Brazil), Dr Stefania Zoia's representative (Italy) and Dr Judith Peters (UK) (summarised information gathered through NAPOT and ACP questionnaires).

Many of the issues in service provision reported in UK were reflected world-wide: large case loads-long

waiting lists, funding, private versus public service, multi or uni-disciplinary (some countries do not have paediatric OTs), health/education routes to intervention, poor or variable use of diagnostic labels, disparity of service between states within a country, recognition of DCD as primarily a medical or educational disability or concern.

DCD 7 was a stimulating conference with much exciting research in progress world-wide. International conferences that attract multicultural discussion raise the profile of DCD and help toward more equitable global standards. The next DCD International Conference is planned for 2009 in Baltimore, USA.

National Committee Working Weekend in Belfast July 2007

Northern Ireland was the setting for the National Committee working weekend, a series of meetings and working groups taking place over four days. On Thursday 5th July the executive committee met to review Tenders received for the Business Administrator and to develop the APCP website. This project is led by Fiona Down and we still hope to have the successful candidate in post for conference. There will be a website development meeting in September and we hope to have information, also at conference.

Education/Research Committee and PRO groups also met and Officers reports will detail discussions.

National committee meeting:

Friday morning began with a meeting of Regional representatives and Affiliated group representatives. These meetings take place bi-annually and are chaired by Lindsay Rae, PRO Officer. This was followed by the National Committee meeting with 22 members in attendance. Reports were received from committee officers and affiliated group representatives and as usual stimulated comment and debate. Issues discussed included;

- Development and Accreditation of future APCP courses
- Courses for Assistant members
- Agreement for further funding of bursaries and development of research priorities
- APCP response to invitation to comment on RCN Paediatric Pain Management guideline
- Outcome of iCSP paediatric moderators meeting and agreement to sponsor a yearly meeting
- Ongoing APCP clinical guidance projects
- Links with other CSP Clinical Interest Groups

The Inaugural meeting of the paediatric subgroup of WCPT took place in Vancouver and Peta Smith will contact Barbara Connelly Chair of the group to agree APCP involvement as the scope of the group develops. There is a proposed nominal membership charge which will be included in the cost of APCP membership.

Members of PPIMS have voted to become the fourth APCP Affiliated group effective January 2008. Carol McKay has been attending committee meetings to strengthen the link with paediatric managers. We are delighted that this will promote increased co-operation between Clinicians and Managers at a time of change for the NHS across the United Kingdom.

This was the last meeting for Alison Gilmour, Scotland and Elaine Lloyd, North West and the National Committee thanked them for their contributions and wished them well with future projects.

Working with CSP:

On Saturday we were delighted to be joined by Mairead O'Siochru CSP CPD Adviser, Dawn Wheeler CSP Head of Research & Clinical Effectiveness, Ralph Hammond CSP Professional Adviser, Research and Clinical Effectiveness and Leonie Dawson CSP professional Adviser.

Mairead has been working with CSP members to identify physiotherapy-specific competencies and gaps related to Competence-based career frameworks for Allied health Professional. With her support the competencies framework group were able to identify key elements for development of a paediatric physiotherapy framework. This will be a long term project and the group are now aware of the size of the task in hand.

Leonie Dawson and Linda Fisher lead the work on the joint publication, Information to Guide Good practice. We hope to have copies available at conference in November.

APCP committee members have become increasingly aware of the complexities of producing clinical guidance for paediatric physiotherapists. Having contacted CSP for support we were delighted to hear that CSP were reviewing advice for developing evidence based guidelines and would be willing to offer support to our working group.

Ralph Hammond, described the SKIPP project, (Supporting Knowledge in Physiotherapy Practice) and described proposed products including clinical guidelines, evidence notes, service exemplars and physiotherapy technology assessments.

Ralph and Dawn were facilitators for an afternoon workshop on Developing Evidence-Based Products. Committee members were put on the spot with questions designed to identify the purpose and audience for a project, identify the product, project stages and tasks and resources required. Ralph and Dawn acting as "Critical Friends" certainly highlighted what we already knew – providing guidance is a complicated business.

The affiliated groups are all at early stages with development of "products" and will continue to work with CSP as they work to develop new processes.

Adare Brady was responsible for organising the weekend and for tracking the arrival and departure of the many contributors. Not an easy task as some committee members and contributors come for a day and others for the weekend. Thanks again for this Adare.

At the AGM we will have two committee vacancies and we hope that members will consider joining. Energy and enthusiasm for paediatric physiotherapy are the most important qualities required. Speaking to past and present committee members I'm sure you will find that all have found it a stimulating and enjoyable experience where friendships have been made.

Competence Framework Working Party report

At the recent APCP working weekend in Belfast the Competence Framework Working Party addressed again the development of a competence framework for paediatric physiotherapists. APCP recognises the need for the CIG to respond to the government agenda on the development of competences within the healthcare sector. Recent frameworks such as the National Workforce Competence Framework for Children's Services and National Workforce Competence Framework for Maternity & Care of the Newborn highlight the way in which paediatric care is being described in terms of the competences required by staff to deliver high quality care in this area. Additionally, the project at Skills for Health to develop a Competence-based Career Framework for Allied Health Professionals further underlines the government's commitment to this agenda.

APCP is keen to respond to this agenda by putting together a competence framework for paediatric physiotherapists that demonstrates how physiotherapists can deliver on the competences contained within the Children's Services and Maternity & Care of the Newborn frameworks.

The working party used the draft APCP document 'Physiotherapists Working With Children: Information to Guide Good Practice' as a starting point for it's work, identifying the key themes coming out of that document in terms of physiotherapy practice. Work was then done to identify existing competences from the Skills for Health frameworks that best fit the work of physiotherapy practitioners. Initially, the aim is to develop a generic framework of competences relevant to all physiotherapists working with children. It is hoped that, once this umbrella framework has been completed, further work can be done to identify more specialised competences in specific areas of paediatric physiotherapy practice and at varying levels of expertise.

All Skills for Health competences have indicative links to Knowledge and Skills Framework (KSF) dimensions and levels. It is hoped that the APCP competence framework will be an additional tool to help with the development of physiotherapists working with children. It should also supply physiotherapy service managers with a resource to support them in promoting the paediatric physiotherapy service to commissioners and others using the shared language of competences.

The working party plans to meet within the next three months to continue to work on the development of the framework. Competences identified during the working weekend will be forwarded to the Skills for Health Competence-based Career Framework project team to try to ensure their inclusion in the final Career Framework competence map. The draft competence framework will be made available to APCP members for their views and comments.

Research and Education

RESEARCH

I was determined not to start this Journal's report with the usual call about THE BLANK PAGE. I would like you all to believe that my mind is full of interesting research snippets etc. etc. but by this time you will all know that TBP is the reality and I can't even plead floods and pestilence as being the reason for my mind being at its usual vacant setting!

But I know you are all ripping open your Journals to hear about how my research is going. The Arthrogyrosis in Adulthood survey is being data entered as we speak. I am not sure whether to celebrate the fact that approximately only 100 of the 297 questionnaires sent out were returned or to put my head in my hands at such a poor response rate! On the plus side less hours spent on numerous spread sheets, less numbers to crunch in the data analysis (Hooray!) but, on the other side, disappointment that not more people with arthrogyrosis felt that the survey was important enough to share information about issues that affect their lives, such as health problems, are common to all or linked to their type of arthrogyrosis.

How to increase response rates is the real challenge we all face when carrying out postal surveys. Making sure that the all drafts of the questionnaire were piloted by the proposed population, i.e. people with arthrogyrosis, and their criticisms and suggestions acted upon was seen as being vital – after all how could I have any idea about what it is like to have such a condition, I'm just a physio! I learnt such a lot from this process as poor questions, double barrelled questions, ambiguities and many other issues were identified.

After several redrafts the questionnaires were sent out – with stamped addressed return envelopes included – as well as e-mail and contact address if there were any problems. I then sat back, warned our postman, found a big box to keep all the questionnaires together, cut my finger nails and flexed my two typing fingers! Initially I was very busy opening envelopes and making sure I inputted data so as not to get overwhelmed. After a couple of weeks the post slowed down and I began to feel a little sad!!! I checked all the useful sites about how to increase responses but none had much more info about strategies than those I had already used. Adult members of TAG (The Arthrogyrosis Group) who had e-mail addresses were contacted again and a plea was put into the latest TAG Talk (newsletter) to try to persuade (shame) a better response. All I can do is hope. I suppose a response rate of about 30% will be the best I can hope for. In the end you can't force people to respond but it is

disappointing and, as the results will be presented at a symposium and conference in September, there's not much time to go. I was so optimistic, as the last time I administered a questionnaire was for my MSc dissertation and got a great response - but I was known to the responders and the Great Ormond Street Factor was worth its weight in gold! Which should bring me onto issues about bias but perhaps I'll leave that to another time?

It would be good to have some feedback from any of you who have used postal surveys in research. We all learn from one another and if any of you have experiences you would like to share it would be great to hear from you.

arc Travel Awards and Educational Training Bursaries.

For those of you working in the rheumatology/arthritis field looking for funding The Arthritis Research Council (arc) have funds to support AHPs up to a maximum of £500 towards the cost of attending a national or international meeting in order to present a paper or poster provided the meeting has a clear relevance to the aims and interests of arc.

There is also funding offered towards the cost of attending either a short training/diploma course or module from taught MSc programmes (deadline for funding twice a year in mid January or mid July) OR a full MSc course or taught/ professional doctorate in the UK (January deadline), both with a clear rheumatological content.

arc also have educational research fellowships on offer for clinicians and non-clinicians (including AHPs) but the deadline for this is September 10th and I am aware that there will be absolutely no time to do anything about it this time around BUT if you are interested I would suggest that you enquire about funding for 2008!

Further information and application forms are via arc's website: www.arc-research.org.uk

I know this info is not useful for the majority of you but I use it to illustrate the importance of thinking outside the box when looking for funding for your research. I know it is getting more difficult to wring any cash out of your employers in this day and age. If you can't get funding to attend a day course I am sure it will be even more difficult to get any money to allow you any time to do research. Often many childhood conditions have support groups and they may be helpful with funds for research or advice about where to go.

I wish you luck in your search for funding. I suspect that many of you are doing research in your own

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time and would appreciate some financial support to ease the burden – if you have found funding and would like to share your experiences please do get in touch with me. My e-mail address is in the front of this Journal.

Jeanne Hartley
Research Officer

EDUCATION

Since the last journal the committee has been busy looking at several Accreditation applications and poster/free paper submissions for the National APCP Conference 2007. We met in Belfast from 5th-8th July for a working weekend with representatives from the CSP. Planning is underway for an Advanced Practitioner 2 day course in May 2008 as well as the Introduction to Paediatrics Course September 2007 which is being funded by the Department for Health for Northern Ireland. The committee is made up of myself and Jeanne Hartley as research officer, Sarah Crombie, Sue Coombe, Diane Rogers, Fiona Down (treasurer), Linda Fisher and Sally Braithwaite.

The Committee received three applications for consideration for accreditation. Last year three pilot projects were given approval. Following a discussion it became apparent that APCP as a non profit making organisation could not agree to endorse a particular product. So an amendment has been made to the form to permit professional bodies external to APCP to apply, but not companies who would stand to benefit commercially from our accreditation. This form is available on our website and will be published alongside this report. We want to encourage all the affiliated subgroups and regions that run courses to participate in this process as it means we can assure the quality of these courses. It involves submitting the CV's of the lecturers and writing the learning outcomes.

Following the feedback from course participants and the report of the organisers the accreditation will be awarded. There is no charge for affiliated groups or regions only external professional bodies. There were around 25 poster and free paper submissions which made it hard to choose as we only have space for 10 posters and 7 free papers. The decision was made to select those that had practical application for our wider membership, we hope that you will enjoy viewing and hearing about these if you are able to attend this year's conference.

The working weekend was facilitated by CSP representatives Dawn Wheeler and Ralph

Hammond of the SKIPP (Skills and Knowledge in Professional Practice) project. The SKIPP project had been set up to look at developing a range of publications which will have a broader range of levels of evidence (called Products). As APCP already has its own publications and much work in progress towards guidelines, it was thought to be a helpful partnership is critiquing this work and producing worthwhile products. The discussion led to the realisation that although the publications officers' role will change in APCP following the employment of an administrator, there will still be a need for this role with a revised job description. The SEN Code of Practice is going to be updated by a team led by Sarah Crombie hopefully by this autumn when Sarah officially finishes on the Education committee. Linda Fisher and others worked hard during the weekend to finish the Information to Guide Good Practice. Linda will also be finishing this autumn.

The Advanced Orthopaedic course will be run in Swindon on 21st and 22nd May by Jeanne Hartley and myself. When the administrator is in post we will advertise this formally early in 2008. The Introduction to Paediatrics course has been put on by request for Northern Ireland, as their funding for CPD is ring fenced unlike elsewhere in Britain.

Dawn Pickering
Education Liaison Officer

APCP CPD Course Accreditation Application Form 2007

APPLICATION FOR APCP CPD COURSE ACCREDITATION

COURSE / PROVIDER INFORMATION

Name of Course Provider/organisation:

Contact Name:APCP membership number

Postal Address:
.....

Ph: (Work):

Ph: (Mobile):

Fax:

Email:

provision of an email address and electronic submission will assist a prompt consideration of your application.

Contact for enrolment enquiries (if different from above):

Enrolment Contact Name:

Postal Address:
.....

Ph: (Work):

Ph: (Mobile):

Fax:

Email

Type of Submission (Please delete as appropriate)

New Programme / Re-Accreditation

Course Title

Target audience for the course

Course Aims

<p>This course aims to ...</p>

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EDUCATIONAL ACTIVITY

Duration of the course (how many hours over how many days)?

Hours: Days:

What percentage of the course time will be in;

Lecture format % Group seminar or tutorial % Practical workshops %

Questions & discussion: %

How many people will be in one seminar / practical workshop

Educational objectives (max. 100 words):

By the end of this course learners will; ...
--

GENERAL INFORMATION

Is this Course accredited by any other organisation? Yes / No

If yes, give details:

--

Date the course is to be first delivered:

Entry Prerequisites: List any specific skills, experience or knowledge required prior to entry onto the course

--

Pre-Course Study/Preparation:

--

COST DETAILS

Price to delegates for attending the course: £.

Discount for APCP members: £ (this is normally equivalent to the yearly membership fee)

COURSE FREQUENCY DETAILS

How often will the course be offered over the coming year?

How many delegates will ideally attend the course?

Research and Education

PRESENTER AND ASSESSOR DETAILS

Presenters details:

(List names of presenters only. Attach CV(s) outlining qualifications and relevant experience for each presenter)

INFORMATION TO ATTACH

Please ensure the following information is provided to APCP for the course to be assessed

1. Name and CV of course tutor(s)

The cv should include;

- relevant academic qualifications & affiliations, clinical specialties & experience, experience in education. max. 100 words);
- disclosure of presenter's financial & proprietary interests
- (include any interests in companies, products or services mentioned in the presentation):
- Presentations being made by this presenter

2. The course outline or program, showing topics and presenters.

DECLARATION

I declare that all of the information submitted is true and accurate. I understand that failure to comply with the guidelines set out in the APCP CPD Accreditation programme may result in withdrawal of my course accreditation.

I understand that there is a cost associated with CPD Accreditation for courses run by professional bodies external to APCP (£100 for a new provision, £30 for re-accreditation). There is no charge for Sub groups affiliated to APCP.

Signed:

Date:

Note:

APCP recognizes the applicant as holder of the copyright and recognizes and respects the Intellectual property contained in the application.

Please return to:

Dawn Pickering
School of Healthcare Studies
Cardiff University
Ty Dewi Sant
Heath Park
Cardiff
CF14 4XN
Tel 02920 742752
Email: pickeringdm@cf.ac.uk

Regional and Affiliated Groups' Reports

SOUTH WEST

Well what a mixed summer we have had this year! With record temperatures in spring and record rainfall in July. My heartfelt sympathy to those from Gloucester, Cheltenham and Tewksbury who suffered as a result of the local floods, especially those who were flooded, were without electricity and without clean tap water for several weeks. New words used locally include 'bowsers'. There are many tales of bravery and of local community support and kindness. The clean up and social recovery to the affected areas will take many months, long after the TV crews and press have long gone.

All members of the region have had details of the local AGM and study day on Orthotics on Monday 1st October in Salisbury posted to them. It looks like an excellent programme for the day. To save costs in the future, how do members of the region feel about having these details e-mailed to them? Not only will it save on costs, it will also allow you to be advised more quickly of any local APCP study days or meetings. These addresses would be held by the local committee and only used for APCP regional business. Please let me have your contact details or your comments on this possible change ASAP.

At the regional AGM I have to stand down as Chairperson as my term in this position is complete. I have already had a volunteer to take on this from the local committee. Two members of the regional committee are up for re-election for a second term and would like to stand again for a second term. This will leave one vacancy. If anyone wishes to apply to stand on the committee then please contact me ASAP and I will give you further details. My contact details are at the back of this Journal. See you in October.

LYNDA NEW

SCOTLAND

The National Committee Meeting on Friday 6th July was held in Antrim, Northern Ireland as part of a working weekend – so much excellent work going on. This will be fed back to the APCP members in Scotland via our area reps. This was my last National Committee Meeting. I will miss the friendships, the networking and professional support which is so much a part of being a member of National Committee and the trips to London!! Julie Burslem the area representative for the North East of Scotland has agreed to become our Scotland Regional Representative. Julie will take on this role following our AGM in Perth on 26th

September 2007 and I am sure she will thoroughly enjoy meeting with all the National Committee Members. Julie's contact email address is Julie.Burslem@hpct.scot.nhs.uk

The Regional Study Day mentioned above will be held in the Bell's Centre in Perth on Wednesday 26th September. The programme includes a theory/practical session on Rebound Therapy, presentations on "Physiotherapy in the treatment of children with continence problems," "Physiotherapy in the treatment of children with chronic fatigue," and "A case study to demonstrate the positive outcomes of on the place of hippotherapy in paediatrics." The Annual General Meeting will be held just before lunch. Course fees are £20 for APCP members and £25 for non members. Further information is available from our Training Organiser Janet Parkinson. Contact email address is janetparkinson@nhs.net.

At the AGM Janet Parkinson has also decided to stand down after 7 years on the regional committee. During this time in her role as Area Rep. for Tayside and Training Organiser, Janet has very generously given of her time and professional expertise. She rose magnificently to the challenges of organising the programme for National Conference in Glasgow 2006. It has been my privilege to work with Janet over the last seven years and on behalf of the Regional Committee and the members of APCP in Scotland, I would like to thank her most sincerely for all her hard work and enthusiasm.

Vacancies on the Regional Committee are coming thick and fast. Laura Wiggins is now the Vice chair/Secretary of APCP. I know she is working on a volunteer! We are looking for enthusiastic APCP members in Scotland in Tayside, Edinburgh/Lothian, Lanarkshire, and the Eastern Borders. All paediatric physiotherapists are under pressure at the moment, but as I reflect on my last seven years on regional committee here in Scotland, I can honestly say that it has been an enriching professional and personal experience. Think about what you can bring to APCP in Scotland, don't leave it to someone else! My contact email is alison.gilmour@braidburn.edin.sch.uk or phone 0131312 23 25 If you are interested in any of the above, please email or phone me for a chat?

ALISON GILMOUR

NORTH EAST

I hope you have all enjoyed some aspects of the summer while enduring others, for example, the rain!

As we look forward to the forthcoming season our next course is imminent. It is still not too late to book. We will be holding the course in the

Regional and Affiliated Groups' Reports

Grandstand Room of the **South Leeds Stadium** in Leeds on **Wednesday 26th September**. Members will already have received information and a flyer about this, but to serve as a reminder, we have a range of speakers addressing different aspects of providing sport to children with a long or short-term disability which prevents them from joining in with their peers. Whether it be altering the national curriculum for PE within the school, or providing alternative sports and exercise opportunities, or accessing your local services, or who to contact. We will also have a practical demonstration of rebound therapy and some recent research on hippotherapy. There will be an opportunity to try some adapted bikes, trikes and sports wheelchairs on the track and talk to the reps during lunch, which, as usual is included in the price. Application forms are available on iCSP or you can contact the course organiser Joanne.Bleasdale@bhnft.nhs.uk We also hope to have our AGM during that day which should not take more than 15-20 minutes!

Please try to support the courses we run for you and also encourage others to attend. We had to cancel our last course because of lack of interest. As we try to keep the courses as affordable and accessible as we can, it is disappointing to cancel when so much work has gone into the planning.

The spring course next year will be a re-run of a previous course on Sensory Integration on **16th April 2008** and Liz Witzmann will be leading that course at **Pontefract General Infirmary**. Places will be limited to thirty as it will be a practical day.

As we have the responsibility of organising the APCP national conference in our region in 2008, we are not planning any courses beyond these mentioned above.

HEATHER ANGILLEY

LONDON

Writing this at the end of July in the pouring rain it does not seem as difficult as usual to think you will get this in September. I hope most of you will have found some sunshine over the 'summer' and are relaxed and keen to get back to the excitements and frustrations of the autumn term. I am currently surrounded by packing boxes as my office is on the move to the main hospital building. Hopefully we'll be settled in our rather cosy office space soon. My email remains the same but I'll let you know the address once I have one. This probably means we will not use the lecture room at the Wolfson centre in future but will try to find a regular space in the main building as most of you find the venue central to get to.

London region continues to have excellent support from you the members. We have had very good attendance and feedback at our recent evening lectures. Sorry we were a bit cramped for the Muscle Morphology lecture. We had a rush of applicants at the last minute and couldn't change the venue. I was sorry too so many of you couldn't get a place. Please try and register your interest as early as possible as this means we can try to get a bigger venue if the lecture proves popular. Also please let us know if you cannot make it at the last minute as we usually have people willing to fill places.

Our winner of the free place for conference will have been notified during August. The rest of you please try and go to the conference in Gatwick this year as this really is a wonderful opportunity to know what is happening in the field of Paediatric Physiotherapy not only nationally but internationally.

As I mentioned in the last journal our next Evening lecture and AGM will be held on Wednesday 26th September at Great Ormond Street Hospital. The Lecture will be by the St Mary's Paediatric PT team on 'The Mobility MOT'. We plan to meet 5.30 for 6pm and there will be cheese and wine provided. A flyer will be emailed out but please apply to Christina at raftec@gosh.nhs.uk or Lucy at alderl@gosh.nhs.uk

Well back to the packing, let's hope I find everything again when I get back from holiday. Look forward to seeing you at the next lecture.

STEPHANIE CAWKER

TRENT

SUZANNE LAWRENCE

WEST MIDLANDS

We held our regional AGM on 24th May, this was attached to our study day "On the Ball" by Joanne Elphinston. The course was very well received, with members going away with more ideas for the management of children with a variety of conditions. At our last committee meeting we spent some time again discussing how to involve more of the membership in study days etc. We again discussed the time of study days, most people still prefer week day study days as opposed to evening or weekend courses. However, if you have a suggestion or would like to register your preference please email me.

We thought it might be useful to run some discussion forums to enable members to share practice from across the region. We would like to run the first forum in the Autumn Term around the use of standing frames and plan to send a questionnaire out to gather information, we also plan to invite a

Regional and Affiliated Groups' Reports

variety of reps for demonstrations. It would be useful to have representation from across the region. If you have suggestions for other topics for future forum's let us know.

HELEN BAYLISS

SOUTH EAST

As November rapidly approaches, the Conference Organising Committee are very busy putting the finishing touches to this year's Conference. Do make sure that you take a look at the back of the journal for an updated programme. The application form is also printed in the back of this month's journal and I encourage all of you to get your applications in early to take advantage of the Early Bird rate.

Remember that rooms for resident conference attendees will be issued in one of two sister hotels (they are located very close together and a bus will run between the two hotels). Rooms at the hotel where the conference is being held will be issued on a 'first come, first served' basis, so if the Early Bird rates are not enough to tempt you to be prompt, maybe the prospect of having a room at the conference hotel will be!

I am sure that many of our local members will want to take advantage of conference being hosted locally and we really look forward to seeing you in November.

Plans for this year's AGM have just been finalised; this will be held on Wednesday 17 October 2007 at The Phoenix Centre, Bromley Kent. We are very pleased to announce that Anne McNee, Research Physiotherapist at One Small Step Gait Laboratory, Guy's Hospital will be giving a presentation on 'The effect of two different interventions on muscle morphology in ambulatory cerebral palsy: strength training and serial casting'. Claire Higgins, Principle Physiotherapist from Greenwich TPCT will also be giving feedback from a questionnaire entitled 'Consensus of Treatment Techniques in Strengthening'. The AGM will follow these two presentations.

The evening will start at 5.30pm and the fees are £5 for APCP members, assistants or students and £10 for non members.

If you would like to attend, which we hope that you will, please contact: Jill Larkins on 020 8315 4720 or e-mail Jill.Larkins@bromleypct.nhs.uk.

Hope to see you all at at least one of our events really soon!

LUCY ERASMUS

EAST ANGLIA

There is not a great deal to report this time. The paediatric rheumatology course that was run in June was well attended with very valuable feedback especially about future courses. We are hoping to run a course with the AGM towards the end of November '07.

PRIYA JACKSON

WALES

It is with some trepidation that I have entitled this my "Summer Report", particularly since returning early from a week's holiday in Cornwall, where we had so much rain that I began to feel as though I had never left Wales.

However since the last journal I am happy to report that the second joint APCP/Cardiff University Research day was held in July and was again hailed a great success. A number of students, supported by their tutors and lecturers presented their BSc research projects to the APCP members who attended the afternoon session and their presentations were very well received. Congratulations to all involved and this looks like being an important annual event in the regions calendar.

Welsh members are also asked to look out for flyers for two future courses that the APCP region intend to hold over the coming year and these are:

- A follow up muscle strengthening course, continuing on from the last course with Gill Holmes
- A Spinal surgery course, hopefully to be held in Swansea.

Finally, it is with sadness that I report the retirement from clinical practice of one of our most supportive members – Mrs Lyn Horrocks. Whilst Lyn will continue working part time at Cardiff University as a lecturer, she has decided to retire from her orthopaedic clinical specialist physiotherapy post with Cardiff and Vale NHS Trust, in September 2007. Many of you I know will appreciate the contribution that Lyn has made to paediatric physiotherapy services in Wales, and in particular to the role of the extended scope practitioner in Paediatric Orthopedics' at Llandough Hospital over the past 20 years.

A leaving party for Lyn has been organised for Monday 3rd September, 12.00 – 2.00 at St David's Children's Centre and any APCP members who would like to attend can you please ring the physiotherapy department at St David's Children's Centre to let them know numbers . Many thanks.

DIANE ROGERS

Regional and Affiliated Groups' Reports

NORTH WEST

ELAINE LLOYD

NORTHERN IRELAND

2006/2007 has seen an almost complete change of committee for Northern Ireland APCP though unfortunately our committee numbers remain small. During this time we were busy trying to put together a programme of events but this was difficult due to maternity leaves of several of the committee members. We have been working very hard over the past six months to organise our future programme and start preparations for hosting conference in Belfast, Nov. 2009.

- The regional AGM is scheduled for Oct. 8th 2007 at Antrim Area Hospital (with wine and cheese!!). A speaker from the Cedar Foundation will be talking about transition services.
- On 12th May 2008 Tabib Dabir from the genetics department, BCH will be given a talk. Venue, time and content to be confirmed.
- We are also trying to arrange a study day 'Dealing with diagnosis' – Moral / Ethical issues.

We look forward to having a good turn out at our AGM and having our programme up and running again.

JENNY SINCLAIR

NEONATAL SPECIAL INTEREST GROUP

The group is still working hard to provide CPD opportunities for members, with topics or suggestions that have come from the membership. The AGM and study day will be held on Friday 12th October at the Evelina Children's Hospital, London. Details can be obtained from Jennie Martin at Paediatric-Physio@hhnt.nhs.uk.

The neonatal committee will meet the afternoon before the AGM to discuss the objectives for the coming year. All the work done by the committee is by e-mail or phone, but one face to face meeting per year is essential and costs are kept to a minimum.

I attended the APCP National Committee working weekend in Antrim, Northern Ireland, at the beginning of July. Dawn Wheeler and Ralph Hammond from the CSP lead one of the groups, which was looking at evidence based guidance and how the CSP and APCP affiliated groups could work together. They discussed the SKIPP project

(Supporting Knowledge in Physiotherapy Practice) and how some of our ideas could fit into this framework. This will be further discussed at the committee meeting in October, but I will be working with the group working on positional talipes guidance in the meantime.

If anyone is interested in becoming a committee member for the neonatal group please contact me to discuss as there may be a vacancy at the AGM: aabrad@talk21.com (Tel: 028 94424269)

(There is a requirement of committee members to attend the AGM and any committee meeting organised, as we have a small committee, a lot of work to do and we require full commitment from the group).

ADARE BRADY

CRITICAL CARE SPECIAL INTEREST GROUP

MEL LINDLEY

NEUROMUSCULAR SPECIAL INTEREST GROUP

The last quarter has been fairly quiet for the neuromuscular group. Marina Morrow and Elaine Scott represented the group at the National Committee working weekend in Antrim in early July. The meeting was a very useful one and will assist substantially in the development of guidelines and recommendations for practice.

Group members have had posters and presentations accepted for the APCP Conference in November. We will be holding a committee meeting at the Conference.

Our next study day is in Glasgow in November on the Respiratory Management of Neuromuscular Disorders. Please see the website or iCSP for course details.

We will soon be considering the content for our next study day and AGM in March 2008. Any group members who would like to suggest topics for the study day please contact Marina (marina.m@ntlworld.com) or Elaine (elaines@muscular-dystrophy.org) with their thoughts.

ELAINE SCOTT

PPIMS

The next PPIMS meeting is in Manchester on 29th November, and will be a business meeting and AGM. I don't have any more information at present.

CAROL MCKAY



EVERYBODY MATTERS

Theory and Practice

APCP Conference Programme 2007

Friday 9 November

- 13.15 Key note speaker: Dr Carolyn Heriza, Professor in the Doctor of Science, Pediatrics program, Rocky Mountain University of Health Professions, USA
Theory and Practice: A Dynamic Systems Perspective on the Development of Functional Movement
- 14.00 Dr Ann Edworthy Chartered Psychologist, Swansea Institute
Understanding Stress in Parents with a Disabled Child
- 14.45 Afternoon Tea
- 15.15 Wendy Dickens MSc MCSP, Advanced Practitioner, Gait and Motion Laboratory, Sheffield Children's Hospital.
Community Weight Bearing in Children with Non-Progressive Neurological Disorders
- 16.00 Free papers
- 17.00 APCP Botulinum Toxin Guideline Group led by Lesley Katchburian
APCP Guidelines for use of Botulinum Toxin A with the Paediatric Patient
- 17.45 Opening of Exhibition

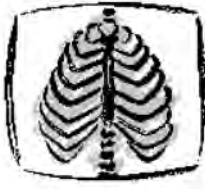
Saturday 10 November

- 9.15 Free Papers
- 10.00 Key note speaker: Francine Bates, Chief Executive of Contact a Family
Every Disabled Child Matters
- 10.45 Coffee
- 11.15 Dr Barbara Richardson, Reader in Physiotherapy, School of Allied Health Professions, University of East Anglia
Everybody Matters - Learning from Practice
- 12.00 APCP AGM FOLLOWED BY LUNCH
- 13.45 Dr Carolyn Heriza, Professor in the Doctor of Science, Pediatrics Program, Rocky Mountain University of Health Professions, USA
Coupling Perception and Action in the Development of Skill: A Dynamic Approach
- 14.30 Martin Matthews, Orthotic Clinical Specialist & Dynamic Orthotics Manager, Trulife
Lycra Use in Practice - Current Research
- 15.15 Jeanne Hartley, Physiotherapist, Institute of Child Health
A Physiotherapist's Experience of Working in Afghanistan
- 15.45 Tea
- 16.15 Speaker tbc
Technology Dependent Children in the Community
- 17.00 Anne Shipsey, Senior Physiotherapist, Angmering School
Mainstream integration
- 17.45 Finish
- 19.00 Conference Dinner and Barn Dance
We are pleased to announce that Richard Stilgoe, founder of the Orpheus Trust will be our after dinner speaker; members of the Orpheus Trust will be entertaining us with music and drama during the evening.

Sunday 11 November

- 9.00 Dr Stephen Minger, Senior Lecturer, King's College London and Director of King's Stem Cell Biology Laboratory
Stem Cell Research
- 9.45 Haeley Mato, Senior 1 Physiotherapist, Rheumatology, Great Ormond Street Hospital
Hypermobility in Children
- 10.30 Coffee
- 11.00 Liz Bruce, Lead Clinical Nurse Specialist, Pain Control Service, Great Ormond Street Hospital
Considering Paediatric Pain
- 12.00 Dr Charlie Fairhurst, Consultant Neuropaediatrician, Chailey Heritage Clinical Services & Consultant in Childhood Neurodisability at Evelina Children's Hospital
Everybody Matters - The Hierarchy of Need
- 13.00 Conference Close

Please note that where it is stated that the speaker is to be confirmed, the programme is subject to change.



Innovations and updates in
respiratory paediatrics



Critical Care Group National Study Day

in conjunction with

APCP National Conference 2007: *Everybody Matters –Theory and Practice*

Saturday 10th November 9am until 5.30pm (lunch provided)
Cophthorne Hotel Effingham Park, Gatwick

Physiotherapy techniques – do they work?

Physiological effects of chest physiotherapy Dr Eleanor Main
Cough Assist and Percussionaire tbc
Therapeutic broncho-alveolar lavage Ms Catherine Dunne tbc

Ventilation and the evolving role of Physiotherapy

Technology dependent children in the community tbc
Acute Non-Invasive Ventilation Mrs Melanie Lindley
HFOV and the role of chest physiotherapy Dr Anton Mayer

Clinical skills workshops

workshop 1: Cough Assist
workshop 2: Percussionaire
workshop 3: NIV

Association of Paediatric Chartered Physiotherapists



EVERYBODY MATTERS

Theory and Practice

APCP CONFERENCE 2007
Cophthorne Effingham Park,
West Sussex
9th – 11th November

including
Critical Care Group Conference
Saturday, 10th November

Delegate Name (one form per delegate)			APCP Membership Number		
Title	First Name		Surname		

If you are attending the CRITICAL CARE GROUP CONFERENCE on Saturday, 10th November, please enter an "X" here, and complete the relevant boxes in the sections below :	
---	--

Residential						
This is the FULL conference package, and includes :						
<ul style="list-style-type: none"> Accommodation on Friday & Saturday nights at the Cophthorne Effingham Park, or Cophthorne, Gatwick All day time catering Cheese and wine on Friday evening (function at Cophthorne Effingham Park between 17:30 – 19:00 only) Entry to all lectures (Friday, Saturday and Sunday) Conference dinner Saturday evening 						
Enter an "X" in the appropriate box	Early Bird before 01/09/07		Booking after 01/09/07			
	Member	Non-Member	Member	Non-Member		
Twin en suite (shared, per person)	£300	£350	£315	£365		
Please give the name of the person with whom you will share						Amount to Pay
Please allocate me a delegate with whom I will share						
Single en suite (incl. supplement)	£370	£420	£385	£435	£	

OR

Day Delegates : Non-Residential						
This includes :						
<ul style="list-style-type: none"> All day time catering Entry to all conference sessions 						
Enter an "X" in the appropriate box(es)	Early Bird before 01/09/07		Booking after 01/09/07			
	Member	Non-Member	Member	Non-Member		
Friday (lectures / refreshments / cheese & wine)	£55	£70	£65	£80		
Saturday (lectures, lunch and refreshments)	£85	£105	£95	£115		
Sunday (lectures and refreshments)	£50	£65	£60	£75		
Full Conference (all of the above)	£175	£225	£205	£255		
Conference Dinner Saturday evening	£30	£30	£30	£30		£

Honorary Members should enter an "X" here, if they wish to attend the conference dinner	
--	--

POSTAL ADDRESS for correspondence (receipt, pre-conference information, etc.)			
Post Code			
Email		Tel.	
Place of Work (to appear on conference badge)			
National Committee Member (Y / N)			
Conference Organising Committee Member (Y/N)			
Please tell us if you have any special requirements (diet, mobility, etc.)			



EVERYBODY MATTERS

Theory and Practice

APCP CONFERENCE 2007
Cophorne Effingham Park,
West Sussex
9th – 11th November

including
Critical Care Group Conference
Saturday, 10th November

Information

Payment

CHEQUES should be sent with your application and made payable to : APCP
Please write your name and address on the back of your cheque

Registration Dates

Please submit your registration form (as early as possible to receive the discount) to :

**Sandra Speller (APCP Registration form)
Paediatric Physiotherapy Department
Horsham Hospital
Hurst Road
Horsham
West Sussex
RH12 2DR**

**Please ensure that your payment is sent with your registration form and enclose a
SELF-ADDRESSED A4 STAMPED (AS LARGE) LETTER envelope for pre-conference information**

Closing dates :

RESIDENTIAL Registration Forms must be received by 9th October, 2007

NON-RESIDENTIAL Registration Forms must be received before 23rd October, 2007

**Cancellations will be refunded (with a £25 administration fee) up until 23rd October,
2007 (Substitute delegates are welcome at no extra cost)**

Alternative Accommodation

**For information on booking alternative accommodation, you may contact :
www.visitsussex.com or www.gatwick-questhouses.co.uk**

Other Information :

Free Parking

Check-in time: Not before 2pm. Check-out time: 12pm

Transport arrangements will be advised nearer the date.



EVERYBODY MATTERS

Theory and Practice

ARE YOU A NEWLY QUALIFIED PHYSIOTHERAPIST WHO IS INTERESTED IN WORKING WITH CHILDREN?

This year the conference organising committee is offering you an opportunity to win a free place at conference.

To enter simply write a paediatric case study giving examples of best practice (500 words maximum).

Please submit your work to Jeanne Hartley
(jeannehartley@hotmail.co.uk)
by 1st October 2007.

Please note that if you are not successful, but still want to attend conference, the Early Bird rates will be honoured.

This competition is also open to student physiotherapists.

NOTICE

The 34th Annual General Meeting
of the
Association of Paediatric Chartered Physiotherapists
will be held on
Saturday 10th November
at
The Copthorne Effingham Park Hotel, West Sussex
beginning at 12 noon

All paid up members of the Association are entitled to attend.
Voting will be restricted to full members of the Association and a
current membership card will be required.

Minutes of the last AGM are available from the Secretary by email
laura.wiggins@ntlworld.com
or on receipt of a S.A.E.

Notification of committee vacancies:

There will be two committee vacancies. The retiring members are Sally Braithwaite
and Sarah Crombie.

Nominations should be sent to the secretary by the end of September 07 together
with names of a proposer and seconder who must be members of the association

Candidate Details	Proposer	Seconder
Name: APCP No. Contact Details:	Name: APCP No. Contact Details:	Name: APCP No. Contact Details:

Supporting Statement:

APPLICATION FORM FOR A.P.C.P. PUBLICATIONS

2005	
Paediatric Outcome Measurement	£20.00
2003	
Special Educational Needs	
Code of Practice 2001	
Guidance for Paediatric Physiotherapists	£10.00
2002	
Paediatric Physiotherapy Guidance for Good Practice	£5.00
Obstetric Brachial Plexus Palsy	
A guide to physiotherapy management	£10.00
Hip Dislocation in Children with Cerebral Palsy	
A guide to physiotherapy management	£7.50
Evidence Based Practice	
• Management of Obstetric Brachial Plexus Palsy	£3.00
• Hip Subluxation and Dislocation in Children with Cerebral Palsy	£3.00
OR	£5.00 for the pair
Paediatric Manual Handling – Guidelines for Paediatric Physiotherapists	£10.00
Human Postural Reactions – Lessons from Purdon Martin by Dr J Foley	£5.00
Baby Massage	£1.50
The Children Act 1989 “A synopsis for Physiotherapists”	£1.00

POSTAGE AND PACKAGING INCLUDED IN THE PRICE WITH ALL THE ABOVE.

**FOR MORE THAN 10 COPIES OR FOR POSTING OUTSIDE THE UK –
POSTAGE UPON REQUEST.**

TERMS: CASH WITH ORDERS CHEQUES & POSTAL ORDERS MADE PAYABLE TO:
A.P.C.P. PUBLICATIONS AND INCLUDED WITH THE ORDER PLEASE.**

**SEND ORDER WITH PAYMENT TO :
LORNA STYBELSKA, PAEDIATRIC PHYSIOTHERAPY DEPARTMENT,
CUMBERLAND INFIRMARY, CARLISLE, CUMBRIA CA2 7HY.
WORK TEL: 01228 814739
e-mail: stybelskal@aol.com**

Name and Address for Delivery:

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THE APCP RESEARCH GROUP REGISTER

If you would like to be a member of the APCP research group, please fill in the form below and return it to **Jeanne Hartley, Research Officer, 36 Cascade Ave., Muswell Hill, London N10 3PU**. This information will be used to inform you of research study days and help us to learn more about our members' research interests.

Name

Contact Address

Post Code

Tel. No.

Fax No.

E-Mail:

What are your research interests?

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

If yes please give a brief summary . . .

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

Thank you for completing this form.



Neuromuscular Respiratory Study Day

Monday 26th November 2007
Lynebank Hospital, Halbeath Road,
Dunfermline KY11 4UW

This study day features presentations in the field of respiratory neuromuscular disorders. It discusses the underlying pathology, lung function testing as well as up to date cough augmentation techniques. Places on this course are limited, to secure your place, complete the attached application form. Places are allocated on receipt of remittance.

Programme

- 09.00 Registration – Coffee & Danish pastry
- 09.30 Welcome and Introduction
Marina Morrow, Chairperson of the APCP Neuromuscular Special Interest Group
- 09.45 Mechanics and physiology of respiration
David Fynn, Respiratory Physiology Department. Edinburgh
- 10.15 Lung function tests and what they mean. Analysing sleep study data and deciding on ventilation
Dr. Neil Gibson, Paediatric Respiratory Consultant, Royal Hospital for Sick Children, Glasgow (TBC)
- 10.45 Coffee and Biscuits with an opportunity to speak with reps
- 11.15 Respiratory problems in adults with NMD's
Dr Stephen Banham, Adult Respiratory Consultant, Gartnavel General Hospital, Glasgow
- 11.45 Respiratory problems in children with NMD's
Dr Steven Cunningham, Paediatric Respiratory Consultant, Sick Children's Hospital, Edinburgh
- 12.15 Lunch and Exhibition
- 13.00 Physiotherapy in Neuromuscular Disorders – Respiratory Toolbox
Speaker: Dr Michelle Eagle, Centre for Life, Newcastle
- 14.00 The role of the respiratory support / home ventilation team
Alison Clarke, Breathing support nurse, Gartnavel General Hospital
- The following two workshops will run for 40mins and will be repeated twice**
- 14.30 **Workshop 1:** Chest clearing techniques & ventilators – Elaine Dhouieb & Lisa Morrison
Workshop 2: Cough assist machine & ambu bag technique – Marina Morrow & Michelle Eagle
- 15.10 Workshops One and Two (repeat)
- 15.50 Final comments and close

Application Form

Name:

Address:

Tel No:

e-mail:

APCP Member

Yes

No

Please tick as appropriate

APCP No:

Cheque:

£50

£75

Please tick as appropriate

Please make cheques payable to: **'Neuromuscular Physiotherapy Group'**

Send with completed application form to:

Ms. Marina Morrow, Physiotherapy Department, Ashcraig School, 100 Avenue End Road, Craigend, Glasgow G33 3SW, Tel: 0141 774-3428

Places on this course are limited due to the size of the venue, If you have received a place on this course, you will be notified by email or in writing.

Advertising in the APCP Journal

The APCP journal offers a unique opportunity for individuals and organisations to advertise their job vacancies, courses and products directly to paediatric physiotherapists.

Products

Full page	£500
Half page	£300
Quarter page	£200

Courses

APCP courses	Free
Full page	£300
Half page	£175
Quarter page	£125

Vacancies

Full page	£300
Half page	£175
Quarter page	£125

Writing for the APCP Journal

The aim of the APCP Journal is a forum to disseminate original research, facilitate continuing education for paediatric physiotherapists and provide an opportunity to debate all controversial issues.

Most articles should be no longer than 3,000 words excluding references and abstract. The types of article identified to achieve these aims include:

Peer reviewed articles

Papers submitted under this section are all reviewed blind.

- *Research Report*

A report which permits examination of the method, argument and analysis of research using any method or design (quantitative, qualitative, single case study or single case design etc).

- *Scholarly paper*

A paper sharing ideas and experience or reviews in a specific area of practice

- *Audit Report*

A report which contains examination of the method, results, analysis, conclusions and service developments of audit relating to children and physiotherapy, using any method or design.

- *Review Paper*

A critical appraisal of primary source material on a specific topic related to children.

- *Treatment Report/Case Studies*

A report of the treatment of a child or series of children which provides a base line description of established treatments, or a new insight into the techniques or treatment of children with a specific problem.

Case reports should be no longer than 2,000 words.

- *Technical Evaluation*

A description of a mechanical or technical device used in assessment, treatment, management or education to include specifications and summary evaluation.

- *Service Development Report*

A report of changes in service delivery aimed at improving quality.

Other types of Editorial Material

- *Abstracts of Theses and Dissertations*

Abstracts from research projects, including those from undergraduate or higher degrees, audits or presentations. They should be up to 300 words and where possible the conventional format: introduction, purpose, method, results, discussion, conclusion.

- *Letters and replies to APCP*

These can be about any issue pertinent to paediatric physiotherapy or APCP. They may relate to material published in the previous issue(s) of the APCP journal. Copies of replies to editor.

- *Book reviews – up to 500 words*

Preparation of Editorial Material

Copy should be produced in Microsoft Word. Wherever possible diagrams and tables should be produced in electronic form, e.g. Excel, and the software used clearly identified.

The first page should give:

- The title of the article
- The names of the author(s)
- A complete name and address for correspondence
- Up to three relevant professional and academic qualifications for all authors and their current positions
- Any source of funds supporting the work
- The title, date and location of the conference if the paper is an adaptation of a presentation.

All Peer-reviewed Articles

The title page should give:

- The title of the paper
- Up to five key words.
- A structured summary of no more than 300 words explaining the purpose and summarising the key points and conclusions. For research reports this should be under the headings of:
 - Background and Purpose
 - Methods
 - Results of Findings
 - Conclusion

Copy should be:

- typed or printed
- double spaced
- on one-sided A4 paper with at least a 1" margin all round
- Consecutively numbered
- include the name, qualifications, current position, and contact address of the author(s).

The text should be well organised and written in simple and correct English under appropriate headings. The positions of tables and figures should be indicated.

References

References should be in the Harvard style:

In *text*, cite only the author(s) surname(s) followed by the date of publication, eg (Robinson, 1994) or Robinson (1994). Use a, b, etc, to indicate more than one publication by the same author(s) in the same year (eg 1992a, b). For three or more authors of a cited paper, name the first followed by et al, eg (Smith et al, 1990).

In the reference list, include articles in journals and books alphabetically by author. For citations from journals, give the names and initials of all authors (year of publication), title of the article, full name of the journal, volume number, issue number and first and last page numbers, eg **Brown, A, Green, B and Gold, C (2001)**. 'The value of exercise', *Physiotherapy*, **87**, 1, 77-79.

Referring to books, give the names and initials of all authors/editors (year of publication), title, publisher, place of publication, and the chapter number or the page number of the citation or both, eg **Gardner, M (2001)**. *The Annotated Alice*, Penguin Books, Harmondsworth, Chap 10, page 210.

Tables

Give them an appropriate title and number them consecutively as they are referred to in the text. Use only horizontal lines. Explain all abbreviations in a footnote. Place tables on a separate sheet after the references.

Figures and photographic images

Number them consecutively as they are referred to in the text and place on separate sheets after the tables. List all captions (legends) on a separate sheet.

Permissions and Ethical Certification

Protection of subjects: Written permission from children, parents or guardians to publish photographs of recognisable individuals must be enclosed with the material, or obscure facial features. For reports of research involving people written confirmation of informed consent is required.

Any paper based on a study of children, families or staff, submitted to the APCP journal, must have received ethical approval and state by which REC committee. If for any reason your study is exempt, you must make a statement with the covering letter explaining why it is not applicable.

The use of names for children is encouraged in case studies for clarity and humanity, but they should not be their real names.

Submission of Articles

A disk or CD Rom and 2 hard copies of each article should be sent with a covering letter from the principal author stating the type of article being submitted.

MEMBERSHIP APPLICATION/RENEWAL

TO BE COMPLETED BY ALL NEW MEMBERS AND EXISTING MEMBERS
NOT USING THE DIRECT DEBIT SYSTEM

NB. Any member who has arranged to pay by Direct Debit and then duplicates their subscription with a cheque will be refunded on request. They will, however, incur a £3.00 penalty to cover Administrative costs.

- 1) Ordinary Membership is open to annually subscribing members of the Chartered Society of Physiotherapy.
- 2) Associate Membership is open to professional people with an interest in Paediatrics, subject to the approval of the National Committee.
- 3) Associate Membership is also open to Physiotherapy Students at half the total annual subscription. Students are not eligible to pay by Direct Debit.
- 4) **Annual subscription is £40.00**, and runs from 1st January to 31st December.
- 5) Retired Members are only required to pay half the total annual subscriptions.

All cheques should be made payable to APCP

I wish to *apply for/renew my membership of the Association of Paediatric Chartered Physiotherapists.

*Delete which is not applicable. PLEASE USE CAPITALS ON THIS FORM.

Title: (Mrs Miss Ms Mr)

First Names:Surname.....

CSP No.....APCP No.

Member Type: Ordinary / Associate / Retired / Honorary.....

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.....Post code:.....

Tel.No:

Place of Work

.....Post code:.....

Please return with your cheque for £40.00 to:

Chris Sneade

APCP Membership Secretary

Physiotherapy Department

Child Development Centre

Alder Hey Children's Hospital

Eaton Road

Liverpool L12 2AP



Return before 1st December

Instruction to your
Bank or Building Society
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Please fill in the whole form and send it to:

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3 Branch Sort Code

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