

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



FEBRUARY 2013

ISSUE
NO. 12

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Hello and welcome to 2013, I'm sitting writing this during the first snowy day this year but hopefully when you all read it, winter will be on its way out!

I hope you enjoy this edition of the newsletter, although it has changed somewhat in recent years, I rarely get any feedback as to whether we're publishing the things you want to read about. I intend to email out a survey soon to try and find out what you think of the newsletter and our publications, what you'd like to see or how we can improve. Please take the time to respond, it would be very much appreciated.

APCP Conference in 2012 was the biggest ever and there are a couple of pieces about it in this edition. 2013 will see us move to Bristol for Conference so do keep an eye out for application forms and closing dates. If you've never been to Conference, reading about a couple of members who won funded places

to go, may inspire you to try this year! Several regions fund a member for a place so do keep an eye on your regional news.

We have a new special group inaugurated last year, the community respiratory group, and another planned to start up this year for neurology and acquired brain injury. Again, keep an eye on the website for details or email our virtual administrator if you're interested.

As always I'm interested to hear from any of you, if you have a review about a course you've attended, new or different ways of working in your region, a parents story or anything you'd like to share, please get in touch with me. Our next newsletter will be due out in mid-August so draft articles to me no later than 1st July.

Kerry McGarrity
Newsletter Editor

Going for Gold Aiming for Excellence



This year's APCP conference was hosted by London Committee at the spectacular venue of the Tower Bridge Hotel. We were very proud of the amazing turnout which amounted to 450 people!

Our theme was 'Going for Gold, Aiming for Excellence' and we hope that is what we delivered. It was a very ambitious programme, with the day starting early with registration unsociably early and a prompt start for 8.40!. The conference was jam packed and in addition to the main programme and parallel neuromuscular programmes, we had breakout

"Advancing Clinical Practice" sessions, in different streams, for parts of each day.

This year's conference was very well supported by its members, submitting abstracts of a very high standard for the free paper and poster exhibition. The standard of both the free papers and posters was excellent and we were very proud, to be able to offer this opportunity, to showcase the excellent work going on around the country.



Getting the venue ready for an early start was no mean feat, with the main conference facilities being occupied until 2am the night before, London trade committee worked through the night, to get the trade exhibition up and running for the following day.

The trade fair was the largest that has been organised to date and there were many charity stands in addition to the trade stands. The interest in the trade exhibition was very high, which may have been helped by the trade quiz that ran each day offering prizes of a Kindle (donated by King's medical and an iPod Nano (donated by Specialised Orthotic Services).



The conference was opened by Stephanie Cawker, who chaired the Conference Committee. This was followed by an opening lecture from Dr. Margaret Mayston our Keynote Speaker, talking on therapy interventions for CP and the rest of the morning session consisted of talks on neuroplasticity and critical periods of brain development.



Before lunch there was a free paper session, which included the, winning free paper, on Winklemann's Rotationplasty by Lucy Waller.

Early afternoon included a talk from Dr. Anne Gordon, on interventions to improve upper limb function in hemiplegia, followed by a talk from Liz Barnes from Hemi Help.

Late afternoon saw the attendees split up into three groups for the first of the Clinical Practice Sessions, which included sessions on recognising and classifying CP, management of the upper limb in CP and advanced orthotic management.

The official opening of the trade exhibition followed the end of the day's programme and was opened with a glass of champagne in hand!

The Conference dinner was a great success with an excellent and entertaining talk from Sophia Warner, Team GB Paralympic Athlete and followed by a Bollywood dancing demonstration and interactive session, which saw most people on the dance floor giving it a go!

Day 2 started bright and early at 8.30, with three more advancing clinical practice sessions, on exploring movement, selective dorsal rhizotomy and exercise, activity and fitness in children with disability.

This was followed by a very enlightening end to the morning with a team from Teesside University, presenting approaches to physical development, activity and fitness.



The afternoon began with time to explore the posters and then three further high quality, free paper sessions. The day concluded with talks on spasticity management in children, exploring the NICE guidelines and indications and outcomes for spasticity management, before concluding with a talk from Gill Holmes on hip management in CP.



Neuromuscular Programme

This year the Parallel Programme to Main Conference was run by the Neuromuscular group and this was both very well attended and very well received. It was a very packed day with many short sharp sessions, including talks on neuromuscular disease presenting at birth, limb contractures, scoliosis, muscle growth and deformity, orthotics, exercise in neuromuscular diseases, enhancing muscle strength in neuromuscular disease, the rotator cuff, hypermobility and patella instability, as well as a free paper on grip strength in Charcot Marie Tooth and a panel discussion on joint range of movement.



I was extremely proud to be part of this amazing event, which showcased so much of what is great and evolving in the field of paediatrics and paediatric physiotherapy. Thank you to everyone involved; those who organised, those who attended and those who inspired... Long may it continue!

Sinead Barkey
London Branch Committee Member.



APCP Conference Dinner

Conference dinner is a really good place to catch up with old friends, build friendships with new acquaintances and generally network in an informal and enjoyable situation and it was really good to see so many people there this year and didn't they all look smart in their best bibs and tuckers.

The food was excellent; catering for all needs and was accompanied by a quiz on the tables to get the evening started. In order to come out on top the victors needed to know a variety of things, not least the constituents of various complicated cocktails – I think they scored 100% in this area!

So moving on, after dinner were the toasts and the speeches. Heather Angilley our esteemed and retiring chairman decided to break with tradition and compose a poem, which very cleverly summed up her term of office, outlining both the good and the more challenging aspects and encouraging people to join National Committee. She ended by saying everybody worked hard but had a fair amount of fun too.



If you want inspiration, Heather was followed by our after dinner speaker Sophia Warner. Sophia has cerebral palsy and came fourth for Team GB in the 200m at this year's Paralympic games. Sophia told us how she became an elite athlete, with the journey involving many trials, tribulations and disappointments and the need to really persevere in order to succeed in achieving your chosen goal. She had been a record holder for her chosen running distance but despite not being as young as many others on the team, she achieved her personal best. She spoke of the dedication to train and about not just her need to give up many of the everyday fun things of life but also of the sacrifices made by her family and friends to support her and also the support and encouragement given by her employers. 2012 seemed to give Sophie a new direction because after the games she gave in her notice and has now got a job supporting British elite sport. Sophie took questions from the floor and offered amongst others ideas on how physiotherapists can help to develop grass roots sport and how important parents are in career development but how sometimes you just had to get on and do your own thing whatever advice they might or might not give you.

Following a short break the fun part of the evening really began. The assembled company were introduced to Jay Kumar and his dance colleagues. APCP meets Bollywood! Firstly there was a Bollywood dance demonstration with brightly coloured costumes, whirling and weaving intricate patterns, then the majority of delegates joined in trying to master the steps! Great fun was had by all and a certain amount of success by some, there were even one or two naturals. However folks, the therapy world needs you so don't give up the day jobs!

I am sure everybody present would like to thank London Region for organising an event which provided much food for thought and a great deal of fun

Sally Braithwaite
APCP National Committee Member

Impressions of Conference

The North East region decided to find a place for a member of their region to attend the 2012 conference. Of those who put themselves forward, their names were put into the hat (so to speak) and someone from the region was selected at random. Jane Howland was the lucky person to be selected and below is a letter from her, following the conference and some of her thoughts. Jane opted for the main programme during the event. Jane currently works for Humber Foundation NHS Trust as a Band 7 Community Paediatric Physiotherapist. The area Jane covers is predominantly rural and her caseload includes a mixture which is just as broad covering both acute and long term conditions in the community including those with a neuromuscular, neurological, orthopaedic, or musculoskeletal complaint.

Dear APCP,

I am writing to thank you for funding my place at the recent annual conference in London.

I really enjoyed the whole experience, the lectures, trade exhibition and networking all in such a stunning setting. I came away full of enthusiasm and ideas to improve our own team service along with lists of references and articles to read to update my CPD.

It was great to catch up with old colleagues and make new friends to exchange ideas, share our good working practices and frustrations.

All of the speakers were very good with interesting talks and I was impressed with the quality of the presentations and the posters by other physiotherapists – I am not sure how they find the time to do all these things.

Lastly of all, the accommodation, entertainment and food were excellent. I came away with a new bag and a supply of pens and tape measures to last the year!

I know from my own experience of organising an APCP conference that a lot of hard work goes on behind the scenes for a long time beforehand and I would like you to pass on my appreciation of a job well done to the London organisers.

Thank you once again, it was a great experience and one I have benefitted greatly from.

Yours sincerely,

**Mrs Jane Howland
NE APCP member.**

The South East region also funded a place for one of their members again this year. This funding comes out of any profits made by running study events in the South East throughout the year. A member was selected randomly from all those who applied and Hayley Wearn was this year's winner! She attended the Neuromuscular study day.

'This was my first year attending the APCP conference and I was excited at it being held in London. This excitement grew as I crossed Tower Bridge on the day to see the historical venue where the hotel was located. The Tower Hotel overlooked Tower Bridge and the Thames, which was an amazing location to take a stroll on the Friday evening to view London, lit up at night.

Friday consisted of a day packed full of interesting and knowledgeable lectures focussing on the importance of our anatomical knowledge linked with choice of treatment for our children with neurological disorders. I enjoyed listening to the free paper session, and was inspired by studies people were undertaking.

Following the day of lectures we were treated to a glass of wine as we welcomed the trade exhibition, a great chance to look at the up-to-date equipment. Then it was time to get all dressed up ready for the evening meal. This was followed by a Bollywood dance lesson; it was great to see everyone up and dancing. To finish we were taught the dance to gangnam style, something I never thought I would be doing at conference! Then off for a peaceful night sleep in my luxury double bed overlooking the Thames.

Saturday began with fuelling up on a cooked breakfast, ready for another insightful day of talks. I attended the Neuromuscular Programme with a great mix of neuromuscular and musculoskeletal talks, something very helpful to me working in both of these areas.

The 2 days were a fantastic way to gain so much knowledge, fresh ideas of treatment and brush up on the anatomy. It was a great way to socialise with other therapists. The conference was run smoothly and a big thanks needs to go to all those involved in organising it. I would recommend attending the conference; I know I am certainly planning on attending again next year!'

**Hayley Wearn
APCP South East**

Joanne had a place at Conference funded by the London group who selected her name from a ballot.

This was my third time attending conference and each one has been better than the last. For me conference is an excellent opportunity to network with peers and catch up on the latest developments in the paediatric physiotherapy world. The London location for this year's conference was excellent and the hotel had amazing views over the Thames and St. Katharine's Dock. On the Friday I attended the main programme and found the content to particularly relevant and well applied to practice. The speakers had a wealth of knowledge and spoke passionately about the topics with relevant examples. The advancing clinical practice sessions were an excellent way to allow interaction with the speakers and tailoring the sessions to the group. My best session from the programme was recognition and classification of neurological movement disorders presented by the Movement disorder service at Great Ormond Street Hospital. This used video as an excellent medium to allow in depth case study discussion. The trade exhibition was extensive at this year's conference and had a wide range of companies and relevant equipment to view, a brilliant way of keeping up to date with the ever changing equipment market. London 2012 – with a theme of 'going for gold aiming for an excellence' was once again an excellence conference.

Joanne Innes



Views from the Tower Hotel conference suite and one of the bedrooms



Tower Bridge by night

(photos by Kerry McGarrity)

Evaluation/feedback from conference

Thank you to all those you filled out their evaluation sheets, this is always invaluable to us and helps us reflect on what went well, and possibly less well and to pass this information to next year's conference organising committee to consider.

It is also helpful to evaluate the speakers; we share this information with them for their own professional development but it also helps us in organising study days for you, our members, to be able to suggest good speakers on any given topic.

As over 400 people attended conference this year, 300 on Friday, 420 on Saturday, we do not have enough space to reproduce all the feedback but thought it may be interesting to share some with you, and to address some of the comments people have left us.

Almost one hundred per cent of delegates thought the conference overall to be good or excellent, there were a few comments from people who felt that parts were not relevant to their own practice but obviously it is hard to meet every single delegate's individual learning needs. Most people found the programme to be interesting and thought provoking.

There were comments about speakers being rushed and not having enough time and also that sessions were too complex or not complex enough. When speakers are approached, up to two years before the event, they are given a suggested remit and have a discussion about how much time that requires. For the smooth running of a conference, which is surprisingly complex, the organising committee keep things punctual, they did an excellent job this year and several people commented on how well they did, unfortunately that job sometimes involves pressurising the speaker to finish! It is also very difficult for speakers to know exactly what level they are pitching their presentation at, hence the almost equal number of too complex/ too simple comments!

For many years we have run a parallel study day by one of the specialist groups, in rotation. Finding appropriate venues for conference is always challenging, more about that later, and rarely would we find two rooms big enough to take the entire audience, hence the parallel day usually having fewer delegates allocated to it, and a smaller room. We appreciate the frustration that you may want to pick between the two study days, but in most cases this is simply just not possible from a space point of view.

As for venues, there are always some criticisms that accommodation is too expensive and we should look for cheaper or smaller hotels. Unfortunately cheaper hotels don't have conference facilities of the size we need and most people comment favourably on having accommodation and lectures all under the same roof, not having to trek between hotel and conference centre. There is always the option of arranging your own accommodation, and many people do. We had lots of comments this year about space, the poster section was too small, the trade exhibition area was too small, there should have been somewhere different to go to eat rather than the exhibition area, we should have had tables and chairs available for everyone to eat at. We can only apologise, we are constrained by the space we can have, or can afford to rent at the hotel and even a huge hotel like the Tower Hotel sometimes just isn't enough! The organising committee performed an extremely difficult job this year by having to find an alternative venue from the one originally planned as delegate numbers looked to be too high! This year we had a few negative comments that London was too expensive, but conference is hosted by all of the eleven regions in rotation so it won't be back in London for some time! Interestingly we also had as many comments from people asking for it to be in London every year as access was easier!

One person said it would be nice to put names to faces of the National Committee members. Good point! There's a list in this issue and some information about our new Chair and Vice Chair, watch out for the rest of the gang in the next issue!

Lastly, the thing that had the most negative comments was the issue or non-issue of hand-outs. As both a delegate and a member of a previous organising committee I can empathize with you. Actually, we're asking for help here, perhaps one of you can solve the problem!

We ask that our speakers send us their presentation before the event, to allow the AV people to do their stuff, not all of the speakers manage to do this. Even if they do, to print off several hundred copies of every lecture, on both days, in advance, would fell a small forest, let alone a tree. To be printing hand outs on the day would likely require the services of any hotel the conference is held at and printing costs are likely to be exorbitant, and who would do this? Also how do we get them to you? Taking a hand out from a pile at the front won't work, and as someone who once had to 'stuff' two hundred conference bags, it takes an enormous amount of time and space, without hand outs for every lecture, and as we have two study streams, we then have to 'personalise' your bags- another logistical nightmare! Someone asked if presentations can be available on the website before the event to print off your own hand outs, many of our speakers would prefer to be giving you 'fresh' information, and also, why attend conference if you've read it all before? We did try to send out a CD of the presentations at a previous conference but it doesn't help those of you that want notes to write on, on the day. One of our members suggested a memory stick to take away with you, with all the presentations pre-loaded, a good idea, but again it doesn't help the note takers on the day.

So is anyone out there, maybe who's attended conferences other than in physiotherapy, able to help?

Kerry McGarrity
Publications Officer

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

**Please go to APCP Annual Conference on the left hand side of the Home Page
[www.apcp.org .uk](http://www.apcp.org.uk)**

**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
MINUTES OF 39th ANNUAL GENERAL MEETING
FRIDAY 9th NOVEMBER 2012
12.15pm – 12.45pm**

THE TOWER HOTEL LONDON

The Meeting opened at 12.15pm

(The APCP secretary reminded those present that the meeting was for members only.)

Welcome to the 39th Annual General Meeting of the National Committee of the Association of Paediatric Chartered Physiotherapists. This meeting is for members only.

1. Apologies for absence:

Apologies for absence have been received from the following honorary members: Ian McKinley, Adare Brady, Maggie Diffey, Jean Biddle, Lois Dyer, Laura Wiggins, Lesley Fisher

2. Minutes of the last meeting:

The minutes of the 38th Annual General Meeting held at the Radisson Blu Hotel in Stansted had been placed on the APCP website for members to view.

The minutes were approved and electronically signed accordingly.

Proposer: Helen Chamberlain

Seconded: Liz Gray

3. Matters arising:

There were no matters were arising.

4. Chairman's report – Heather Angilley

Welcome to the 39th APCP AGM

I will endeavour to be short and not too boring!

As I'm sure you are aware, the work of APCP would not be possible without the contribution committee members make, who give up their free time to develop the network and paediatric physiotherapy. I would like to thank all those who contribute so consistently throughout the year.

This year has been a busy and eventful one dealing with the practicalities of the CSPs drive to change the way that clinical networks relate to them. This has meant that we have had to make some changes to our constitution, which we will vote on in a few minutes.

The main change relates to the requirement of the CSP for all network members to be CSP members.

Our network is in the client group alliance with 9 other networks Mental Health, Learning Disabilities, Women's Health, Palliative Care, Therapeutic Riding, Amputees, Older People, Community, Continence and the International group ADAPT.

We remain one of the largest CSP networks at around 2000 members which means that we are able to keep our membership fee at £40 for the 7th year running. We continue to look at ways of reducing the amount of time spent on admin and on postage to allow for more of the VA role to be used in development. We plan an upgrade of the website so that membership renewals etc can be automated, and on line payments can be made.

The most recent specialist group for respiratory care has been established with links to the adult network ACPRC. The development of a specialist group for neurology and ABI will begin next year.

Other areas of work this year include:

- Registering with NICE for several guidelines relating to children. The list of these is in the newsletter.
- Registering involvement in the European guidelines for Developmental Coordination Disorder.

We continue to have representation on the British Association of Childhood Disability and the Royal College of Paediatricians and Child Health.

We have supported a member to present a poster at an international conference in Rome. This is an excellent way for APCP to be more widely known. Funding for projects like this can be applied for using the new grant application form. Regional committees also offer funding for courses as funds allow.

The range of information leaflets continues to expand and these will also be downloadable for non-members/ parents etc.

In the next year we hope to begin developing competencies for physiotherapists treating neuromuscular conditions and contribute to a PhysioWorks poster/leaflet produced by the CSP for commissioners on an aspect of paediatric physiotherapists.

We hope also to have our first joint study day with Occupational Therapists, probably in London. Details will be on the website and in the newsletter.

We want to remain responsive to our members and use the information from iCSP to inform our future work.

Heather Angilley outgoing Chairman 2010-2012

Proposer: Sue Coombe

Seconded: Fiona Price

Constitution: The constitution has been updated and is available to read or download on the APCP website. The new format was approved by the membership.

Proposer: Kerry McGarrity

Seconded: Jane Reid

5. Treasurer's report

The national and regional accounts for year ending 31st December 2011 have been audited by Nicklin LLP, chartered accountants in Halesowen.

The main points of note are:

- The 2011 National Account returned a surplus with a total income of £164,680 and expenditure of £139,797
- The national account included the accounts for: neonatal/neuromuscular/musculoskeletal and PPIMS special interest groups.

It is proposed that the APCP membership subscription for 2013 is held at the current level of £40.00.

I also propose the continued appointment of Nicklin LLP as auditors for the 2012 accounts.

The 2011 accounts will be available to view on the APCP website.

Proposer: Sinead Barkey

Seconded: Sue Coombe

6. Adoption of the Auditors

Nicklin Partnership of the West Midlands remains the adopted auditor.

Proposer: Sinead Barkey

Seconded: Sue Coombe

7. Media and Publications Report – Kerry McGarrity

Nice to see you all here today, I'm conscious you all want your lunch so I will be brief!

Unfortunately the public relations officer post on committee has remained vacant this year so we have not been able to publicise ourselves as much as we could but we are hopeful we can persuade someone to take on this role.

This year so far we have published a couple more leaflets, 'Choosing School Bags' is already on the website and 'Symptomatic Hypermobility' is at the last stage of approval so I would expect to add that to the website in the next couple of weeks. We have also redone the baby massage leaflet which is available on the website too. Each leaflet, although small does require quite a lot of work by committee members, we usually collect leaflets already available on a topic, check for any evidence, which as you all know is usually hard to find and often scarce. A draft leaflet is then written and checked by those who worked on it first, it then gets emailed out to all National Committee members for comments and criticisms and then often a third stage of forwarding to other interested parties, physios specialist in that area, doctors, support groups, parent forums and the like. Only then do we publish it.

Our leaflets seem to be increasing in popularity and I would be interested to hear from any of you that have ideas for other topics or would like to offer their own leaflet for reproduction by the APCP or willing to help us research or even proof read items. I will be here for the whole conference so do come and have a chat. Samples of our leaflets if you haven't seen them are on the APCP table. We were asked last year if we could make the leaflets available for anyone to download, so physios could point parents, health visitors, or anyone else to them to download for themselves. We have now done this so you don't need access to a printer all the time, give your families our web address.

The new OBPP guidelines and parent leaflet have been launched this week and are available free to download or hard copies are on the APCP stall. APCP have also been working on guidelines for idiopathic toe walking, revised outcome measures and information on Selective Dorsal Rhizotomy as well as revising the 'Working with Children' document and we hope all of these will be available soon.

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

Lastly, we are looking at updating the website with possibly the ability to pay for courses and publications on-line and to offer us more scope in the information we can give to you. Keep a look out for this next year. Thank you

8. Research and Education Officer's Report – Jo Brook

Journal

Eva Bower has kindly agreed to continue as the Journal Editor for a further year. We plan to continue producing 2 editions a year if there are enough articles to publish.

Please therefore submit any articles to the editorial committee and we can support and help you in getting the article ready for publication. Some examples might be projects that you have worked on for your masters, case studies or service and quality improvement work. Or indeed if you have had to do a literature review as part of your studies this would also be welcomed. Please don't be disheartened if you don't see your article in print for a while as the whole editing and peer review process can take up to a year, but we will support and help you through this process.

We are aiming to have a central email address on the APCP website for submission of articles, queries and information.

Courses

The new 3 day format of the introduction to Paediatric Physiotherapy ran successfully in Edinburgh at the beginning of November. There were 51 participants and feedback has been very positive. The same format will now be used in other regions and next Autumn is the turn of East Anglia. If you are interested you can already see the pre course materials and the learning outcomes.

The education committee have been supporting regional committees in the identification of learning outcomes for any educational events to enable participants, managers and the educators to evidence their learning. To further assist templates for evaluation of courses and reflective practice have been developed and are available on the website.

Research

Thanks to everyone who submitted abstracts for today's conference. We received a large number this year. We appreciate this takes time and is quite difficult therefore we plan to put guidance on our scoring system in the newsletter. Equally if you have never written an abstract before please don't hesitate to get in touch as we will be delighted to help you, unfortunately this year due to the large number of abstracts and timeframes we were unable to provide this support. So if you feel you will need some guidance please get in touch early.

All successful free paper authors will be providing a full article for the next journal in 2013, poster presenters may also wish to submit an article also for the journal.

Research Grants

The grant application forms have now been revised and will soon be available on the APCP website.

BACD affiliation:

Free membership is available for the remainder of this year. Forms are available both on the website and the APCP stand.

Toxin guidelines:

These have been updated and are currently being reprinted.

If you are involved in delivery of a toxin service then please complete the questionnaire on website which is to review current practice 10 years on

10. Election of committee members

There are 4 vacancies for National Committee posts and as there are no more than 4 the nominees can go through unopposed – they are:

1) Cate Naylor; Sue Bush; Kathie Drinan; and Angharad (Harri) Creighton Griffiths

11. Honorary Members – the following new honorary members were approved:

1) Heather Angilley - as outgoing chair (2010-2012).

2) Stephanie Cawker nominated Margaret Mayston for an Honorary membership of the Association for her contribution to paediatric physiotherapy – and this has been agreed by National Committee

12. Any other business

No other business issues were raised.

13. The next AGM will be on Saturday 9th November 2013 – Holiday Inn Bristol Filton.

Meeting closed at 12.45pm.

Julie Burslem
Secretary National Committee.

**ASSOCIATION OF PAEDIATRIC
CHARTERED PHYSIOTHERAPISTS
40th ANNUAL GENERAL MEETING**

SATURDAY 9th NOVEMBER 2013

HOLIDAY INN, FILTON, BISTOL BS16 1QX

Treasurers Report

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

National Account

Balance Sheet as at 31st December 2011

	Note	2011 £	£	2010 £	£
FIXED ASSETS					
Computer Equipment	1		-		-
CURRENT ASSETS					
Cash at Bank		141,972		117,089	
			141,972		117,089
			<u>141,972</u>		<u>117,089</u>
ACCUMULATED FUND					
Balance brought forward at 1.1.2011			117,089		101,076
Add: Surplus for the year			24,883		16,013
Balance carried forward at 31.12.2011			<u>141,972</u>		<u>117,089</u>

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

National Account

Income and Expenditure Account for the Year Ended 31st December 2011

	£	2011 £	£	2010 £
INCOME				
Courses	2,550		4,402	
Subscriptions	77,920		65,010	
Publications	1,103		1,327	
Bank Interest Received	69		26	
Conference income	73,738		10,775	
Neo-natal Group	3,985		9,450	
Neuromuscular Group	3,855		5,772	
MSK Group	-		660	
Advertising	425		-	
Other Income	1,035		-	
		164,680		97,422
EXPENDITURE				
Catering & Accommodation	7,935		9,695	
Committee Travel & Subsistence	9,098		8,703	
Honorarium	600		3,968	
Postage, Stationery & Telephone	20,954		10,476	
Accountancy Fees	2,040		-	
Course Fees	2,516		4,273	
Publications	-		3	
Administration costs	25,250		17,425	
Conference expenditure	64,052		16,342	
North West	500		440	
Neonatal Group	3,181		7,864	
Neuromuscular	2,132		485	
PMMS	369		-	
Website Design	550		754	
Subscriptions	620		320	
Corporation Tax paid	-		661	
		139,797		81,409
Surplus/(Deficit) for the year		<u>24,883</u>		<u>16,013</u>

Honorary Membership of APCP



APCP are delighted to announce that honorary membership has been granted to Dr. Margaret Mayston at the AGM in 2012.

Dr. Margaret Mayston trained in Melbourne, Australia and then worked there as a physiotherapist at the Royal Children's Hospital. She completed an MSc in Applied & Human Physiology at Kings College, London followed by a PhD and then a three year postdoctoral fellowship in neurophysiology in University College London (UCL) funded by the Wellcome Trust.

She is currently a Senior Teaching Fellow in the Division of Biosciences at UCL and Senior Lecturer at the Institute of Child Health (ICH). The ICH post involves working with the team at The Children's Trust in Surrey who part-fund that position, and also giving input to the MSc in Advanced Paediatric Physiotherapy. She is a senior Bobath tutor, was director of the Bobath Centre in London for several years and now maintains a clinical consultancy role there. She is an Associate Editor for the Developmental

Medicine and Child Neurology Journal (Mac Keith press).



APCP Annual Conference

Bristol 8-9 November 2013

Call for abstracts

‘Extending Minds and Practice’

For information and application forms email:
va@apcp.org.uk

Successful candidates will be asked to present
free papers or posters

Submission Deadline: 1st July 2013

Guidance For Submitting Abstracts For APCP Conference

Please read carefully before beginning the submission process.

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

Abstract Submission Form APCP Conference 2013

Title

Author(s)

Contact details (main author)

Main Body (Max 250 words) the headings below are for guidance only

Background

Discussion

Conclusions/Implications for practice

References



APCP Annual Conference 2013

'Extending Minds and Practice'

8th & 9th November 2013

The Holiday Inn, Filton Road, Bristol BS16 1QX

A packed 2-day programme with a parallel programme on the Friday organised by the APCP Neonatal Group.

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

ALL BOOKINGS MUST BE RECEIVED BY

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Interested in or just want to know a little more about electronically enabled information and care?

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Join the National AHP Informatics NHS Network
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The National AHP Informatics Network provides a forum for allied health professionals (AHPs) from national and local roles and professional bodies to come together to share challenges around these topics, creating an environment for discussion and developing knowledge. Together we can feel confident about the importance of harnessing new technology to improve the capture and sharing of meaningful and useful information to improve patient care. The network can also give us a central place to share best practice for service improvement and redesign working in the digital era.

With a shared interest in the use of information and informatics, AHPs from across the NHS and social care can join the group to share ideas and address current informatics challenges.





Why join?

Information is important!



AHPs use information every day to deliver care and improve services. We not only have a pivotal role to play in delivering excellence in patient care and experience, but also in leading the clinical information revolution.

Find us on NHS Networks, join the discussion and champion informatics in your AHP communities.

National AHP Informatics Network: encouraging AHPs to embrace the use of information and technology.



CSP Research Priorities

In 2009/2010 members of the APCP National Committee were involved in a steering group to identify the CSP's research priorities.

The aim of group was to identify the areas of physiotherapy practice requiring evidence most urgently, and to strategically direct and maximize opportunities to develop an evidence base in these areas.

Four expert panels were set up to encompass all areas of clinical interest. These were grouped into: musculoskeletal, neurology, cardiorespiratory, medical rehabilitation and mental health and physical wellbeing.

The Delphi technique (a consensus method) was used to identify and prioritise the research topics and involved three survey rounds.

Panel members were asked to consider the following prioritisation criteria:

- does the topic address a significant need or gap in the evidence for physiotherapy practice and/or service delivery?
- the potential impact of the research for quality of care and experience for patients, their carers, service users, and members of the public
- the potential impact of the research for physiotherapy practice
- the potential impact of the research for managers, service providers and commissioner/purchasers, and relevance to government policy and priorities

In the first round each panel member suggested up to five priority topics, these were then grouped into themes.

The second round involved the topics being sent to the panel members who scored them by the extent to which they agreed, that the topic was a priority. This was then analysed, and a mean score given.

The third round listed the priorities with the mean scores and panel members were asked to reconsider and score again taking into account the voting from the 2nd round. These were then scored again as in round 2 and ranked.

The result was 39 topics prioritised in the musculoskeletal stream, 43 topics prioritised in the neurology stream, 30 topics prioritised in both the cardiorespiratory and medical rehabilitation stream and the mental and physical health and wellbeing stream.

Of these there were four specific topics highlighted under paediatric themes, two under the musculoskeletal stream and two under the neurology stream.

The current musculoskeletal topics identified are:

- Management of anterior knee pain in children and in adolescents
- Effectiveness of early physiotherapy intervention on anterior knee pain in children and young people

The neurology topics identified are:

- Promotion of physical fitness and activity for children and young adults with cerebral palsy and neurodisability
- What is the optimal frequency and timing of physiotherapy interventions for children with cerebral palsy?

However, many other topics under the various streams have either a paediatric focus or can be applied to a paediatric setting. Examples of other topics identified:

- The role of physiotherapists in promoting exercise and physical activity - preventative healthcare, not only treatment
- Developing the right tools to assess outcomes of physiotherapy interventions
- What is the role, content and effectiveness of self-management strategies in long term neurological conditions
- The development of appropriate service delivery models for use in long term conditions

- Self-management in cerebral palsy: at the time of transition to adult services, would education in self-management of physical problems associated with cerebral palsy improve the quality of life and socio-economic independence of young adults with cerebral palsy?
- The optimum level of physiotherapy for children and young people with neurological conditions
- The efficacy of the cough assist technique in patients with neuromuscular disease
- The effects of early mobilisation and rehabilitation for paediatric patients in the Intensive Care Unit
- The effectiveness of physiotherapy service provision for young men with Duchene's muscular dystrophy at the point of transition from paediatric to adult services

The full list of research priorities is available on the CSP website: www.csp.org.uk

APCP will give priority to applications for grants which focus on these topics.

APCP National Committee

There have been several changes to National Committee this year so I hope this will help to work out who's who!

Chair		Sam Old	
Vice chair		Liz Gray	
Secretary		Julie Burslem	
Treasurer		Siobham Goldstraw	
VA (virtual administrator)		Fiona Moore	
Publications Officer		Kerry McGarrity	
Public Relations Officer		Kathie Drinan	
Education Officer		Jo Brook	
Research Officer		Sue Bush	
Journal Editor		Eva Bower	
Newsletter Editor		Kerry McGarrity	
Committee members		Cate Naylor	
		Lesley Katchburian	
		Lynda New	
		Sue Coombe	
		Angharad Creighton-Griffiths	
Regional Representatives	-	East Anglia	Simone Philpott
	-	London	Sinead Barkey
	-	North East	Helen Chamberlain
	-	North West	Harry Harrison
	-	Northern Ireland	Sheila McNeill
	-	Scotland	Kirsteen Grieve
	-	South East	Nicola Burnett
	-	South West	Katherine Heffernan
	-	Trent	Dan Severn
	-	Wales	Gabriela Todd
	-	West Midlands	Katie Roberts
Specialist groups	-	MSK	Rachel Harrington
	-	Neonatal	Rachel Pailes
	-	Neuromuscular	Marion Main
	-	PPIMS	Di Coggings
	-	Community Respiratory	Leanne Turner

This seems like a long list, but the National Committee members cover the length and breadth of the UK enabling APCP to reach out to all areas.

The members all contribute on a voluntary basis, fitting APCP duties into their already busy working schedules and very few members, it should be noted, get paid time off from their employers to perform this role.

All Committee Members belong to at least one sub-group such as education, research, publications or editorial and there can be additional meetings, or SKYPE meetings for these groups in addition to the main meetings. The National Committee meet four times a year.

Sam Old – Chair



Sam is the current chair of APCP and have been since November 2012 until November 2014. In her day job she is the lead of paediatric physiotherapy and occupational therapy at Northwick Park Hospital. The team works across both acute and community sites within Harrow. Sam qualified in 1994 having trained at Brunel University. She has worked with paediatrics since 1995 and since then has worked in both the acute and community areas of paediatrics, however now Sam's main clinical interest is in paediatric orthopaedics and the musculoskeletal area.

Sam completed her MSc in 2006 and was privileged enough to present her research at the World Conference of Physical Therapy in Vancouver in 2007. Sam was the recipient of one of the Robert Williams International award from the CSP, which provided financial support to attend.

Sam joined the paediatric MSK group, and was involved in linking this with APCP in 2008, becoming the first representative on the National Committee. During this time she has presented on APCP SEN study days and been involved in writing the APCP SEN and OBPP guidelines.

In her spare time Sam enjoys spending time with her family especially her delightful nieces and going to support Arsenal with her Dad. She especially likes traveling and visiting new countries with Rome and Mexico on the list this year! She enjoys participating in winter sports and Golf, although both could do with more practice!

Vice Chair- Liz Gray



Liz is fulltime Paediatric Clinical Team Lead for Paediatric Physiotherapy at Dr Grays Hospital Elgin. The team based at Dr Grays is small but cover the large rural and costal community of Moray which is part of NHS Grampian. Liz trained at the Joint Services school of Physiotherapy, RAF Halton and qualified in 1985. She has worked in paediatrics since 1994 when she was appointed to a part time senior post in community paediatrics when her husband was posted to the Scottish Highlands. Liz has developed an interest in complex needs and early intervention.

Liz is a MOVE consultant and was delighted when Moray was awarded the first and only MOVE Region of Excellence in 2006.

Liz undertook a two year secondment to Scottish government in 2008 as a Project Officer for the Health & Wellbeing in Schools Project - she championed the role of AHP's in helping improve the health and wellbeing outcomes for children and young people especially at times of transition.

Liz joined the Scottish APCP committee in 2007 and soon after became Scottish Regional Representative. She recently presented at the APCP Introduction to Paediatrics on "The role of the paediatric physiotherapist" in Edinburgh.

Liz has worked in both Romania and Bulgaria with the charities, Hope & Homes for Children and LUMOS supporting the de-institutionalisation process of state run children's homes and plans to return again to Bulgaria this summer.

In her limited spare time she likes to be outdoors in either the garden or local woods walking her dogs or exercising the family's highland ponies. She is married to Paul and they have two grown up children.

Interview with retired Chairman of APCP – Heather Angilley

How long is the term of Chairman?

Chairman is a two year term, immediately following two years as vice chair

Were you on the National Committee before that?

Yes, I represented the North East region for three years and was also Chairman of that region

How did you become a member of the committee?

I was "encouraged" to join by my boss when I returned to work after a career break to have children.

How long ago was that?

That was in 1988 when I worked for GOSH

How did you become Chairman?

I volunteered to join the NE regional committee and helped with organisation of study days. Then I joined the National Committee as the NE rep and also became an iCSP moderator to be a link between the two when iCSP was first launched. Chairmanship of the NE committee passed to me in due course. When we hosted the National Conference in Leeds in 2008 I was nominated for Vice Chairman of the APCP.

What is the role of Chairman?

The constitution states that the chairman is responsible for the day to day running of the organisation so is the first point of contact after the Virtual Administrator for enquiries from the CSP, other professional bodies and the media.

How big is the National Committee and how often does it meet?

It is around thirty members with a representative from each of the eleven regions, each of the specialist groups and others with special responsibility for an area of activity e.g. education, research, media etc. There are usually four meetings each year. One of these is immediately before the annual conference in November and another is part of a working weekend, usually held each spring. The remaining two are held at the CSP where we have access to meeting rooms at a reduced rate.

What is a "working weekend"?

This is when the National Committee breaks into small groups to do intense work on specific topics to support the members e.g. information leaflets, publications, website and course planning. In 2012 we met in Penrith, made unforgettable by a fire alarm in the hotel in the early hours!

Did you get support from your employer for the role?

My immediate boss knew I was doing the role but as I worked part time it didn't really impact on my paid employment. As meetings are held on Fridays I didn't have to apply for leave either, although other committee members do, and sometimes this means using their annual leave, not ideal at all, but it demonstrates the commitment that exists among committee members.

What is your area of expertise?

I am a clinical specialist working in the area of Developmental Coordination Disorder in West Yorkshire.

Are you moving on to another role in the committee?

No, I have reached my maximum term to serve on the National Committee and it is usual for the Chairman to retire and allow the new leadership to carry on unhindered!

What was your most enjoyable and least enjoyable moment?

Most enjoyable was representing APCP at WCPT paediatric network and realising what a large and well established group we have. Least enjoyable were the late nights meeting tight deadlines.

Is there one thing you are proud of?

The size and success of APCP means that we have influence both within the CSP as the third largest network, and within the wider world of paediatrics. APCP is recognised as a body who contributes to NICE and European Guidelines and has representation on other professional bodies such as the Royal College of Paediatric and Child Health. Without the commitment of our committee members this would not be possible.

Will you miss the committee after being active for so long?

Yes, I have made many friends and I will miss their company at meetings and the communication in between. I hope to be able to continue to attend conference and catch up with them there. Initially I expect I will miss knowing what's going on!

Who replaces you as Chairman?

Sam Old took over as Chairman immediately after the close of conference in November.

Any advice for APCP members?

Get involved....start local....it's great for your CDP and you will make friends for life!

NEONATAL GROUP

The neonatal committee met on 8th November 2012 prior to Conference. There have been a number of changes in the committee over the last year. The committee now comprises 12 members, the new chair is Hilary Cruikshank, the secretary (temporary) is Jennie Martin and representative to National Committee is Rachel Pailes.

The committee reviewed the objectives set for 2011 – 2012. As well as continuing to support members through peer review and email enquiries, the group ran another 2 day course “The role of the therapist in neonatal care”. It was held in Bristol and attended by 30 therapists. The course evaluated well with over 80% fully meeting the learning objectives set for the course and their personal learning objectives. From the evaluation it is clear that the neonatal group needs to look at providing more advanced level training.

Adare Brady and Peta Smith held a LAPI Update on 12th October which was a very successful and busy day. There were 12 attendees and the course evaluated extremely well. The feedback seems to be that people want an update every 2 years. The 4 day LAPI course was postponed and is re-organised for 22nd - 25th April 2013 at the Royal London Hospital.

The committee agreed objectives for 2013:

- To complete the template for a neonatal business plan (to be available on the APCP website)
- To complete respiratory competence framework
- To complete downloadable web based information for parents on positioning and handling of preterm infants
- To plan and run parallel day at conference 2013

The committee also reviewed the role of the specialist group in line with new specialist group constitution and appointed responsibilities within the committee for education and planning conference programme. The committee have been made aware of concerns raised about one of the pictures on the tummy time poster. The South West group who designed the poster will review the appropriate picture and caption to clarify the advice.

The committee would like to take this opportunity to thank Adare Brady for the work she has done as previous chair of the group and committee member. They wish her every success as she steps down from the committee.

Next neonatal committee meeting will be held 7th November 2013.

Fiona Price
Outgoing Chair, Neonatal Group

PPIMS

Since my last report 24 members met again for the day on 15 October 2012 in Birmingham. We met at the “Jekyll and Hyde” pub in their private function room opposite Birmingham Children’s Hospital. A good venue and excellent food and thank you to Davina once again for organising.

The group discussed “Change Management” following speaker cancellation at short notice. The group split into three and themes evolved as to how staff are being affected. We hope to publish this in a future newsletter. Di went through the new Specialist Group Constitution requirements to form a committee. All members present felt very strongly that PPIMS should continue and the meeting moved forward to elect a committee, as needed in the Constitution. The following were duly elected:

Vice Chair – Juliet Goodban

Secretary - Eleanor Marsh

Committee - Jane Sellar, Maria Catchpole, Christine Hawley and Annette Berman.

Di welcomed the new committee and will relay this back to the next National Committee meeting in November 2012. Many, many thanks were extended to Carol as volunteer secretary over the last year and all the work she has put into PPIMS. We all wished her well in her "final" retirement.

The group looked at a "Service Specification Worktool" which had been previously worked on by PPIMS. It was decided no further work should be completed using this format as all service specifications follow their own commissioners template, however further work on CQC headings and requirements could be helpful.

APCP asked PPIMS to take the stall at the next Primary Care Conference and this was agreed by members present.

Plans for future events and meeting topics – it was agreed that Di will send out a survey to all PPIMS members. There are around 100 members of APCP who tick the box to be members of PPIMS, however the same 20 – 30 members always attend the study/management days, and we need to hear from the other 70%. Our next meeting will be on 13 May 2013 in Birmingham. Venue will be notified at a later date and Happy New Year to everyone.

Di Coggings
Chair of PPIMS

MSK GROUP

Unfortunately we do not have much to say this edition as our last committee meeting was cancelled. On a positive note we have had a number of new members join the group and four new committee members. Hopefully we will be able to update you all soon. Happy New Year!

Rachel Harrington
MSK Rep

NEUROMUSCULAR GROUP

The neuromuscular group did not run any courses recently due to the huge amount of work which went into organising a parallel study day at Conference in London. We are intending to run a course on Spinal Muscular Atrophy but to open it to parents/carers as well as therapists as we find most parents are very involved in all aspects of their child's care. Please keep an eye on the website for details.

Marion Main
NM Rep

COMMUNITY RESPIRATORY GROUP

Welcome to our new group for 2013 with an interest in bringing information and support to APCP members around respiratory support for children. This group has a particular focus on community care and long term respiratory condition management. We were set up following interest from members, several iCSP hot topics and a meeting among people who work in this exciting area of Paediatric Physiotherapy.

We aim to:

- Provide information for members around this fast developing area of care
- Provide training opportunities around paediatric respiratory care
- Develop and provide clinical guidelines for interventions e.g. Long term suction
- Support physiotherapists in research and service development in this area e.g. independent prescribing

We will work in partnership with the ACPRC to achieve common themes.

If you are interested in being part of this group or would like any information about paediatric community respiratory physiotherapy please feel free to contact va@apcp.org.uk.
Look forward to hearing from you soon.

Leanne Turner
CR Rep

EAST ANGLIA

It's been a busy four months for the East Anglia committee, we have been focused on organising the Introduction to Paediatrics course in October 2013, and the Advanced Elaine Owen Course in July 2013. If you are interested on either of these courses please look on the APCP website.

We are also seeking another committee member; particularly anyone working in the Cambridge region, so if you are interested please send me an email, we are a friendly bunch!

Part of the committee's job is to write and gather summaries from people attending courses. We would greatly appreciate any course summaries and feedback which we hope could then go into the APCP newsletter, if you would like to write one please send it to me on the email below.

Happy New Year to you all,

Simone Philpott
simone.philpott@nnuh.nhs.uk

LONDON

London Committee had a very busy end to the year preparing for APCP Conference 2012, which was held at the Tower Bridge Hotel and was a great success with a programme which was excellent, varied and of a high standard.

Thanks to all the committee and extended committee who worked so hard to make it all run smoothly, getting up before dawn and working late into the evenings.

Thanks also to all who attended in such big numbers and braved the long days! We hope you got as much out of it as we did. It is great to see National Conference so well supported by APCP members and so great to see the high standard of work that is going on across the country. I thought the standard of posters and oral presentations was amazing.

After conference we have taken a bit of a break for December but we will regroup in January and have some exciting things up our sleeves for the New Year, so please watch out for upcoming dates for evening lectures and events.

Sinead Barkey
sinead.barkey@gosh.nhs.uk

NORTH WEST

I thought we should start this report with a bit of

culture, at this festive time of year. So no prizes to anyone who can work out what the following verse means?

*'Noël approche et la gesse est grossir.
S'il vous plaît mettre un sou dans le vieux chapeau
d'homme.
Si vous n'avez pas un sou, un demi-penny va faire.
Si vous n'avez pas un demi-penny, Dieu vous bénisse.'*

Anyway, moving on to more important things:

The last few months have been a busy time for committee, preparing for Kidz Up North and the forthcoming study day and twilight session. Feedback from Kidz Up North was positive, with lots of people asking questions and enquiring about the APCP. Although no volunteers to join the committee were forthcoming, if anyone is interested please get in touch, as we are always interested in new ideas and thoughts on what we provide as a region regarding training.

Dates for your new diaries are the 11 February 2013 for the twilight session on DCD, being held at Lansbury Bridge School and Sports College in St Helens, from 1600-1830hrs and the 13 May 2013 for the Acquired Brain Injury study day and AGM, which is being held at the Cheshire Conference Centre in Stockport from 0900 to 1600hrs. The twilight session has been advertised, so get your applications in early to avoid disappointment. More information will be available in the coming weeks on the study day, so watch out !

The APCP Newsletter is still looking for articles for inclusion in forthcoming publications. Any paediatric input would be welcomed and it certainly does not have to be up to journal standards. Lets face it if someone as simple as myself can have something printed, anyone can ! Hopefully see you at the next study day or twilight session.

**Au revoir/ Tara
Harry Harrison**
mark.harrison@cumbria.nhs.uk

NORTH EAST

In October the region hosted a palliative care workshop with Dr Debbie Box, which was well received by those who attended. Some views from those who attended have been included elsewhere in the newsletter along with the information received from the evaluation forms. A big thank you for those who took the time to complete your evaluation forms, which we use to help improve future events. The AGM also took place during October, and big

thanks go to the committee who helped out in my absence on the day.

The conference in London was well attended from those in the North East region, and both streams throughout the event evoked plenty of discussion during the coffee breaks. It also enabled many a chance to catch up with those from other parts of the region who they may not have seen for a while. It was great to see the region present and I'm sure those who did attend had plenty to take back to their teams. Jane Howland was the lucky regional member (who put themselves forward) to be picked at random to attend the conference free in November.

In 2013 the team hope to offer three different study events, the first being Spinal Matters which will provide the opportunity to find out more about spinal bracing. Following feedback from those who have attended events in 2012, it has been decided to put on an evening talk, focused on how to approach the HCPC process if you are the lucky/unlucky person to be selected for the CPD audit. Lastly, the final event of the year will provide a chance to find out more about gym ball activities and how this approach could be used in treatment. This will also include a practical element, so places for this will be limited and allocated on a first come first served basis. For further information regarding these events please check the APCP website.

We still have some spaces on the regional committee, and if you fancy a challenge in 2013 why not get in touch to find out a bit more about what we do.

Thanks again to all those who have supported the region over the last year, and we hope to see many of you throughout the year at the various study events.

Helen Chamberlain
Helen.chamberlain@humber.nhs.uk

SCOTLAND

Hello everyone from the very chilly north! Well it's nearly the end of a very busy year for APCP Scotland! Firstly, on behalf of all the Scottish Committee, as well as the membership, we would like to take this opportunity to congratulate our chair extraordinaire Liz Gray, who has recently taken up the role of Vice-Chair for the National Committee! We know that she will do a fantastic job in leading, inspiring and motivating those around her, as she has done so effortlessly north of the border.

Consequently, this opened up a space for a new Regional Rep for Scotland, so I am delighted to say that (with much encouragement from my fellow

committee members!!) I have now filled this role, and am handing the reins of Course Organiser to my fellow committee members, to be decided upon at our pre-Christmas meeting. We are delighted to welcome Rachael MacKenzie-Smith on to the committee, and welcome back Fiona McGrane from maternity leave! We also wish Jenny McKee (Lunan) and her husband the best of luck as they prepare to become new parents! Thank you for all your efforts!! So it's been a very productive year in Scotland, with the re-launch of the Introduction to Paediatric Physiotherapy Course, held at Queen Margaret University in Edinburgh on 31st October – 2nd November. 51 attendees enjoyed a packed three-day course, which received rave reviews and excellent feedback.

It was great to be able to host this event, and the whole committee pulled together to create the excellent programme which was delivered.

Unfortunately our study day in September had to be cancelled due to lack of interest. Perhaps our title of "Motivational Interviewing" didn't best describe the programme being offered – a practical day dealing with the issue of improving communication with children, young people and their families in order to optimise the effectiveness of our therapy input. It is hoped that we will be able to run this study day in the Autumn 2013.

As well as this, we are delighted to be hosting the 3-day Paediatric Gait Analysis and Orthotic Management Course with Elaine Owen. This has been a long-awaited and much requested CPD event, and is going to be held in May 2013, with full details available from the APCP courses and events section on the APCP website in the near future. So keep your eyes peeled!! There has already been considerable interest from physiotherapists up and down the country and we are sure that this will be a very popular course, so get your applications in fast!

As if that wasn't enough, we are also preparing for our first planning meeting for the National APCP Conference, which will be returning to Scotland in 2014. This is going to be a very challenging process, but one which we have certainly had a bit of a warm-up for with the events of this year, and next!!

So whilst we prepare ourselves for the harsh winter to come, and the hard work awaiting us next year, it leaves me to wish everyone a very Happy New Year!

Kirsteen Grieve
kirsteenblack@yahoo.com

SOUTH EAST REGION

The SE region had a busy year in 2012; we hosted three study events one of which attracted a huge audience. It was on Selective Dorsal Rhizotomy, a really hot topic. We had Mr Kristian Aquilina - Surgeon and Jenny Smith – Physiotherapist from Bristol to do a day of presentations. They talked about the selection of patients for the procedure, the surgery itself and the rehabilitation. This gave rise to many questions and Kristian and Jenny did a great job answering these. The study day was held at the White Lodge Children's Centre in Chertsey and the staff at the centre worked hard to help us put on the day. One of the highlights was meeting two children who were White Lodge patients and who had undergone SDR surgery in the USA. The children and their parents were delightful and coped well with the very large audience, they talked of their experiences of surgery and rehabilitation and what having the operation meant to them as well as answering more questions. We had over 60 people attend the day which was a great result.

The final event of the year was combined with our AGM when we had Ellie Haggart from GOSH talking about JCA and Tanya Forster from the One Small Step Gait Lab at Guy's Hospital giving us a very informative session on gait analysis. It was a great evening and very well received.

Once again the committee decided to offer an APCP National Conference package to an assistant, a Band 5 or a Band 6 physiotherapist and this year it was won by Hayley Wearn from Crawley. Hayley attended the two days of conference including the Friday night conference dinner and you can read of her experience in this newsletter.

The SE region has had a small working party involved in developing a Hypermobility leaflet and we are pleased that this is now available and downloadable on the APCP website. This piece of work was a spin off from a study day we did in 2011 and just shows what a little enthusiasm can do.

Finally as our numbers on the committee were gradually decreasing I put out a big plea at the last AGM for some more committee members, I was worried I might have to lock the doors and not let anyone out until I had some volunteers but we had three willing people step forward and I am pleased to welcome Jane Harrop, Ellen Daughtery and Naomi Bates onto the committee. I would also like to thank those who have left the committee this year for all their hard work and we look forward to perhaps seeing some of you again in the future.

The committee has met already and we have worked out a programme for 2013. Our first meeting will be in the spring at Valence School in Kent with Adam Shortland talking about muscle development in children with cerebral palsy and Lesley Katchburian and Karen Edwards talking about CP and its diagnosis. We plan to do a longer study day in June/July on taping at Brighton University and our last event of the year combined with the AGM in October will be on Chronic Fatigue. All events will be advertised on the APCP website and we will email our members too. We look forward to seeing you in 2013, if you have any suggestions for topics please let us know and if you are interested in joining the committee we could still do with a few new members, so please contact me.

Nicola Burnett
nburnett@valence.kent.sch.uk

SOUTH WEST

I have recently taken over as the South West rep from Charlotte Taylor.

This year we will be focusing our attention on the National Conference we are hosting at the Holiday Inn, Filton, Bristol on November 8th/9th 2013.

The neonatal group are running the parallel conference day on Friday 8th. The title for Conference is "Extending Minds and Practice"

We look forward to seeing as many of you as possible at the Conference.

Katherine Heffernan
katherine.heffernan@glos.nhs.uk

WEST MIDLANDS

Happy New Year from your West Midlands committee!

We are delighted to have had such positive feedback for the SDR Study Day at Warwick Hospital in October, thanks to all who attended and contributed to such an interesting and interactive day. We also held our AGM at this event and were pleased to award several bursaries to support people with the costs of various courses. Please continue to apply to us throughout the year, and we will assess each application as it is received. We would also love to hear from you if you would like to contribute to any of our courses or study days, perhaps as a 'taster' for joining the committee itself. It's always great to have new people with different ideas and experience, and as we have now sadly said goodbye to Sally Braithwaite, we are keen to welcome some new faces into our friendly team. Sally's commitment and

support to the West Midlands APCP over many years has been immense, and she will be much missed.

The next event to put in your diaries will be a day with Virginia Knox from Bobath London, looking at outcome measures. It will be another interactive event, so places may be limited. Please put Saturday 9th March in your diaries, and we will confirm venue and cost very shortly. As always, make sure your contact details are up to date with va@apcp.org.uk to ensure you are kept informed of all that is going on in our region.

Therapists across the West Midlands have been saddened to lose a devout and loyal colleague in November. Mr Philip Glithero, paediatric orthopaedic surgeon passed away at the age of 54, on 20th November 2012, after fighting illness for several months. He will be sorely missed by so many children and their families for whom he has worked relentlessly over the years. His humble and wise manner always meant a very holistic view of the child in front of him and he worked very much with the multi-disciplinary team involved, especially emphasising the need for physio input from assessment to treatment.

Any donations made in Phil's memory, should be sent to a fund established at St Peter's Church in Hall Green, Birmingham

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

It was good to see so many of you at our recent evening event in Cardiff, which was aimed at getting to know the remit of our specialist local paediatric colleagues a bit better and we also listened to the Conference 2011 feedback from two members who had been funded by APCP Wales.

The first event this year will be held at the new South Gwent Children's Centre, Serennu in Newport on Wednesday 20th February from 4 – 8 pm on Spasticity Management.

Our AGM is planned for the 18th April in Merthyr Tydfil followed by a practical session on Kinesiotaping with Anna Paterson.

In June we are again collaborating with Cardiff University to present their most recent research projects from physiotherapy students as well as clinical audit/research presentations. This is always a very inspiring session and well worth attending.

All our events must now be booked and paid for in advance to make the organising as easy as possible. Members will often be refunded their fee on attendance.

Please apply early for APCP Wales funding if you are interested and in need of support for attending the annual conference – we are aware that part-time physiotherapists in particular have less income, time and opportunities to access CPD.

I would like to wish you all a successful, inspiring 2013 full of energy, ideas and solutions and as always, please get in touch with suggestions on new developments!

Gabriela Todd
gabrielatodd@btinternet.com

NORTHERN IRELAND

We have had a varied programme this year with great support from members.

In September we had an informative evening meeting with the regional multi-disciplinary children's teams from each of our five Trusts. (CIDS WEST, ASCET, MASTS & ACE) Speakers included Hazel Coates, Lesley Burton, Adeline Van Der Byl, Joanne Lyttle and Jan Ferguson. The teams provide universal programmes for mainstream school classes, targeted input for small groups and specific 1:1 input. Clinical input includes: sensory motor programmes, trans-disciplinary groups, movement and language programmes motor activities programme and individual therapy input.

In November Ruth Graham and I fed back from the APCP National Conference in London. We really enjoyed a stimulating conference with much information to bring into our local practice including consideration of the balance of our therapeutic input for children with CP, activity and fitness for children with a disability, recognition and classification of neurological movement disorders, working with progressive limb contractures and therapeutic taping. There was an emphasis on the ultimate goal of enabling optimum participation and encouragement to produce more evidence for various modalities of treatment.

We are very excited to host a representative from Disability Sport NI in February. It will be great to hear what sporting opportunities are available for children and young people with disabilities in Northern Ireland. We will also hold our AGM at this meeting which will be held in the NI Children's Hospice.

In April Ruth Graham and Alison Mounstephen will facilitate a sharing of treatment ideas for hydrotherapy in a practical session at the NI Children's Hospice hydrotherapy pool. Please come with your swimming gear. The pool is fantastic and getting wet is the best way to learn and share your knowledge.

We are pleased to join the Gait Lab team from Musgrave Park Hospital to hold a Paediatric Orthopaedic Study Day at the Belfast City Hospital on 10th May. This will include presentations from local physiotherapists, orthotist, neurodisability consultant and orthopaedic surgeons. The Q&A session at the end of the day is your chance to bring your really difficult questions and try to catch out the experts! A provisional programme and booking form have been sent out or can be downloaded from the APCP website.

May I take this opportunity to thank this year's committee who agreed to support a re-launch of our

regional APCP group. Representation from each Trust has been really valuable and I hope this can continue as we try to provide a useful professional network for members throughout NI.

APCP (NI) has a place on CSP (NI) Board for the next three years. Either Ruth Graham or I will attend these meetings on your behalf.

Sheila McNeill
sheila.mcneill@ntlworld.com

TRENT

After a few years waiting in the wings, Trent is re-establishing its regional group. We are planning a meeting soon in the New Year, if you live in the region and are interested in perhaps joining the committee or finding out about events we are planning; please email me at the address below.

Dan Severn
danAPCP@gmail.com

Research and Education

Journal

The journal seems to be well received by members and we plan to continue producing 2 editions a year if there are sufficient articles to publish. If we are to achieve this, then we need you, the members of APCP, to write for us. Some examples might be projects that you have worked on for your masters, case studies or service and quality improvement work. Or indeed if you have had to do a literature review as part of your studies this would also be welcomed.

If you haven't written any academic essays for a while and don't feel you know where to start, or you just find the whole process daunting, then the following suggestions may help:

1. Discuss your ideas with a colleague
2. Find a 'buddy' who can help you with academic writing, this could be a colleague who has completed an MSc recently or a tutor at one of the universities
3. Read the "Guidelines for authors" published at the end of each journal and on the website. This will help you decide what type of article you are writing and how to structure it.
4. Submit any articles to the editorial committee, even if you feel it still needs more work. We can support and help you in getting the article ready for publication by assisting with editing and making suggestions of ways to improve either your writing or referencing.

Please don't be disheartened if you don't see your article in print for a while. Once the editorial committee is happy with your writing it is then sent for peer review. This may result in further changes being required before it is ready for publication and the process can take up to a year, but we will support and help you throughout.

Call for Abstracts

A large number of members submitted abstracts for the 2012 conference. This is the call for abstracts for 2013. The closing date is 1st July and we appreciate it takes time and is quite difficult to write a good abstract. Don't forget that the research and education committee are there to help you, although do make contact early if you would like some support or guidance.

In early July the research and education committee will review all the abstracts submitted and decide which ones to offer as poster presentations and which as free paper slots for the 2013 APCP conference.

Jo Brook
Education Officer

The Media and Information Group continue to be very busy producing the newsletter, leaflets and guidance notes. We have recently published a leaflet on symptomatic hypermobility, a revised baby massage leaflet and the revised guidelines for OBPP and an additional stretches leaflet to go with it, kindly financed by the Erb's Palsy Group. All are available on our website www.apcp.org.uk. And most are free to download, we have recently made downloads free for everyone, not just APCP members so you can direct your parents, health visitors or GP's to the site as well for information leaflets.

We have several more leaflets at the final stage of approval including parent leaflet for selective dorsal rhizotomy, use of standing frames and safety of standing frames and a school leaflet for physiotherapists working in schools. The guidance on idiopathic toe walking is also ready to go to the printers and I hope all of these would have made an appearance before you get to read this newsletter!

We are now looking at addressing some of the musculoskeletal leaflets requested at our 'working weekend' in April so hopefully will have more to share later in the spring.

I intend to email all our members soon asking for feedback on our publications and any further requests for ones you would like to see. Please take the time to respond when it drops into your inbox as it would help guide the working of this group more efficiently.

Best wishes for 2013

Kerry McGarrity (kerry.mcgarritty@gmail.com)
Publications Officer

Course Reviews

APCP Introduction to Paediatrics Course, Edinburgh, 31st October – 2nd November 2012.



The APCP ITP Course was hosted and run in Edinburgh by APCP Scotland committee over 3 days at Queen Margarets University. QMU is a bright modern campus and certainly proved that things have come on along way since my time as a student over 30 years ago!

The course was full with over 50 attending participants and 23 guest speakers all giving high quality presentations covering the varied program that the APCP Education Committee have formulated as the new slimmed-down three day course. The ITP course has previously been run as a five day event but due to increased pressure on workloads and reduced study leave funding, it was decided to run it as a three day event. The Scottish

organising committee were challenged in covering the required elements in just 3 days but feedback from the post course evaluation confirmed we seemed to have been very successful. The Scottish Committee spent 10 months planning and preparing for the course and it was very much a team effort but without doubt a huge vote of thanks must go to Kirsteen Grieve who did the majority of the liaison with the venue, the sponsors and course participants.

Whilst the course was run in the Scottish Capital it was extremely important to cover legal frameworks and strategic policies for the whole of the UK as 50% of candidates had travelled from outwith Scotland (outwith is a Scottish word for not within!)

All participants had identified a mentor to support their studies prior to the course and participants were asked to submit a case study of 2000 words and keep a reflective log following attendance of the 3 day course. At the time of writing 32 case studies have been submitted for marking – with the aim of receiving an APCP ITP Course Completion Certificate 2012.

From the post course evaluation we were pleased to received postive comments about the course content *"the course covered all ares with a broad and holistic feel throughout all the days"*. Likewise feedback for speakers *"Speakers were inspiring and informative"* and *"it was good to hear from different professions and the consultants demonstrated the important link to physiotherapy"*. With regard to course delivery we recieved the following feedback *"Workshops, case histories and use of video were particularly useful"* but also *"Course should have been over 4-5 days"* & *"not enough time for some talks, some speakers were rushed"*.

Reflecting back on the ITP course the consensus appears to be that we delivered a quality course at an excellent venue with a cast of inspiring speakers. The hope is we have encouraged some new members to APCP and just when the Scottish committee were ready for a much needed rest we discover we are hosting APCP Conference in 2 years - 2014 is going to be an exciting year for Scotland what with The Independence Referendum, The Commonwealth Games and now APCP Conference!

Liz Gray
Scotland Committee Member



Paediatric Palliative Care, Leeds

In October the North East region hosted the Paediatric Palliative Care Workshop with Dr Debbie Box who has carried out training for many staff at Martin House (which is one of the children's hospices in the Yorkshire region).

The aims of the event were to develop a better understanding of:

- care plans for palliative children;
- the role and responsibilities of professionals in relation to care plans;
- issues around withdrawing and withholding care (including whether or not to suction a child near to end of life);
- the emotional burden for professionals in palliative care;
- and the role of the MDT in end of life at home, hospital and hospice.

The course was well attended and very successful, based at St George's Centre, Leeds. Course applicants worked in a variety of settings, NHS, private and offered a breadth of experience of working with children with deteriorating conditions. Unfortunately for many who wanted to attend they were unable to obtain study leave (which does seem to be having an impact on members in all regions).

The course aimed to be interactive allowing the opportunity for discussions and questions. To help the objectives to be achieved a variety of approaches were used including case studies, video clips and care plans to provide examples and promote the discussions.

concerning both the role of Martin House, referrals into Martin House and offered an insightful perspective on how the Hospice and its staff can support therapists in the community or acute sector to communicate and link in better.

Many found it particularly useful and informative to discuss openly, the sensitive subject of end of life plans, their relevance and when they are appropriate.

Everyone who completed the evaluation forms felt that the learning objectives had been achieved. 92% of the respondents felt that the content was excellent with the remaining 8% grading it as good. With regards to the way on which the course was delivered 84% classified this as good and the remainder of the responses as good. Overall 84% of people rated the course as excellent, 8% as good and one person who did not respond. From the feedback fellow participants described the event as "excellent, insightful and thought provoking".

Alongside the evaluation forms people were asked to suggest topics which they would like to see as study events in the future. Only one suggestion was made (how to complete a successful HCPC audit) and this has been discussed by the region, who are hoping to host an evening event later in the year.

Overall it was found to be a thoroughly informative course which was a comment which frequently appeared on the feedback forms. Alongside this many cited the course helped to provide them with increased confidence to deal with children and their families when discussing end of life decision. As a result it has also helped to provide ideas for how therapists can provide future care for patients. Above all it has been a CPD opportunity for all those who attended, and one at a reasonable price in today's current struggling economic background.

Lauren Wooley, Alma Brambles, Vicky Greensmith & Jo Bax
North East Region Committee Members.

Update in Neuromuscular Disorders

Tuesday 8th – Friday 11th May 2012

This 4 day mixed paediatric and adult course was run jointly between the Dubowitz Neuromuscular Centre, UCL Institute of Child Health and the MRC Centre for Neuromuscular Diseases and UCL Institute of Neurology.

It provided a diverse programme, exploring various elements of muscular dystrophies, congenital myopathies and congenital myasthenic syndromes, neurogenic conditions, genetic neuromuscular diseases and acquired neuromuscular diseases.

As expected from a course aimed at both medics and AHP's there were some talks which would be directly relevant to our practice and others which provided a very interesting insight into the advances in genetics and the more rare neuromuscular conditions.

From a physiotherapy point of view, there were excellent talks on the current challenges in DMD, use of functional scales in NMD, Corticosteroids in DMD practice in UK and exercise in adult neuromuscular diseases, all of which impact upon the treatment approaches and methods we adopt.

Overall, I would highly recommend this course to other physiotherapists with an interest in neuromuscular disorders, however be sure to check the programme before booking as some days may not be pertinent to your practice.

Jordan W Butler

A Review of 'The Role of the Neonatal Therapist Course'

I recently attended this very informative and enjoyable 2 day course in Bristol. It was run by the neonatal group and was led by Fiona Price and Helen Robinson, whose experience and passion for the speciality was evident. The course started with a series of presentations providing us with a comprehensive understanding of prematurity, pathologies associated with it and how the premature infant's motor, sensory and respiratory systems are affected by the extra-uterine environment. They covered this vast topic thoroughly but succinctly and made it relevant to practise.

They went on to cover, both theoretically and practically, the Developmental Supportive Care model, highlighting how good positioning and modifying the environment can help reduce the stresses and negative stimuli these premature infants experience. We had the opportunity to then discuss a number of cases and practise positioning and handling (with the use of a number of different positioning aids).

A parent interview then followed which provided us with a fascinating insight into the experiences and emotions that parents of a premature infant go through. She was open to questions and talked frankly about how much information they wanted at different stages of her daughter's neonatal journey and what she/they found important during their stay.

The final session of the first day covered the latest research and thoughts relating to chest clearance, which was followed by a respiratory workshop (expertly led by Charlotte Xanthidis) in which we discussed and clinically reasoned a case study.

On Day 2 Helen initially discussed criteria of assessment, identifying those infants who are potentially/statistically at risk of long term developmental problems. Following on from this Fiona then discussed all the different assessment tools that are available to this population.

The course finished with group working allowing us to consolidate the information we had learnt. Initially we had a case study following an infant through a series of different stages of her neonatal stay, in which we had to identify her problems and consider possible interventions and how we can include the family. After this we observed and assessed, using the AIMS, videos of 2 ex-prems post discharge when they were being reviewed in follow up clinics and discussed treatment options.

This course was attended by therapists with a varying amount of neonatal experience and input into their units. It provided an excellent opportunity to network with other therapists and share practise. It has allowed me to benchmark our present practise against those specialist in the field and provided me with a number of service development ideas. I would definitely recommend it.

Emma Vincent

Dates for your Diary

APCP East Anglia will be running a course in the summer;

Elaine Owen Advanced Paediatric Gait Analysis

2 day course.

Date: 16/17th July

Venue: Child Development Centre, Hill Rise, Kempston, Bedford, MK42 7EB

£120

Cost: APCP members £120, non-members £160

Prerequisite for the course is to have previously attended Elaine's 3 day introduction to Paediatric Gait Analysis course.

Application forms will be available on the APCP website.

INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY (VENUE TO BE CONFIRMED) 9th OCTOBER – 11th OCTOBER 2013 £150 application forms on the APCP website

(DRAFT) COURSE CONTENT & TIMETABLE

DAY 1

	Subject	Speaker
9am	Registration	
9.30	Introduction to the course, and "The role of the Paediatric Physiotherapist"	TBC
9.45	Development of the brain	TBC
10.45	Coffee	
11.00	Growth and normal development <ul style="list-style-type: none"> • Milestones • Normal variants • Gait 	Sue Chillingworth / Priya Jackson
12.30	Lunch	
1.15	Policy and Law	TBC
1.45	Development of the respiratory system	Jenny Balls
2.45	Tea	
3.00	Common Respiratory Conditions – CF, chest infections	Jenny Balls
4.30	Questions & Answers	
5.00	Finish	

DAY 2

	Subject	Speaker
9.00	Introduction to Paediatric Neurology Conditions	Sue Coombe
10.00	Assessment of the child with Cerebral Palsy	Pam Marmelstein
10.45	Coffee	
11.00	Pharmacological Management for children with Cerebral Palsy	Lesley Katchburian
11.45	Treatment approaches for children with Cerebral Palsy	TBC
12.30	Lunch	
1.15	Surgery for children with Cerebral Palsy	TBC
2.15	Hip surveillance for children with Cerebral Palsy	Sue Chillingworth
3.00	Tea	
3.15	Outcome measures	Simone / Sue Coombe
4.00	Communication	Pam Marmelstein
4.30	Questions & Answers	
5.00	Finish	

DAY 3

	Subject	Speaker
9.00	General overview of Neuromuscular conditions	Marion Main
10.30	Coffee	
10.45	Common Paediatric Orthopaedic Conditions	Fran Sutton
12.00	Play	TBC
12.30	Lunch	
1.15	Baby msk	Vicky Easton
2.15	JIA / Hypermobility Syndrome	
3.00	Tea	
3.15	Parents / Patients perspective	TBC
4.00	??From A to E the building blocks of paediatric physiotherapy	TBC
4.30	Q & A session	
5.00	Finish	

APCP SOUTH EAST REGION

Study Evening

Thursday, 7th March 2013

3.00pm - 6.00pm

Venue: Valence School, Westerham, Kent, TN16 1QN

Costs:

£5.00 APCP members / £10.00 non-members

Speakers:

Development of Muscle Deformity in Children with CP - Adam Shortland, One Small Gait Lab

CP or not CP? - Lesley Katchburian and Karen Edwards, GOSH

Adam Shortland will be talking about his review on possible factors which may influence the development of muscle deformity in CP. Lesley and Karen will talk about cerebral palsy and its diagnosis, including differential diagnosis.

KIDZ UP NORTH 2012

The last 'Kidz Up North' to take place at Bolton Reebok Stadium was held on November 29th, next year the new venue will be 'Event City' in Trafford.

It was a busy, well attended event, and the APCP stand was manned by willing North West APCP committee members (who took shifts throughout the day) to help with any queries that came their way.

The stand attracted numerous people, from parents to physios, and students and other professionals, to companies with their own stands interested in the APCP in terms of advertising and attending event/ study days.

There were ten requests for renewal of subscription forms and we ran out before the end. There were also three queries about student membership, and a question about how best to work towards paediatrics as a career.

The leaflets were well received, and advice was given on how to download these for APCP members.

There were several parents who stopped to ask advice on a variety of topics:

- finding a private physio
- how to access a paediatric physio more quickly
- any leaflets on physio/ exercise for Downs children at school
- and how did the APCP work towards improving an inadequate paediatric physio service

Companies evidently viewed APCP as a valuable resource to let physios know about their products. We had queries about advertising/ attending conferences or study days from:

- Ability Clinic Orthotics
- Shapemaster – exercise equipment
- CHAPS – Cheshire Aspergers Support
- Pannone – law firm
- NABLE – Occupational Therapists
- Tiny Trux – lightweight power wheelchairs
- National Disability Sport Organisers

It helps to know who else we can target to invite to study days, such as the next APCP North West study day in May 2013, on acquired brain injury, to be held in Stockport.

The day was enjoyed by all; seeing faces from the past, catching up with colleagues, and keeping up with all the new products on the market.

Harry Harrison
NW Regional Representative

Communication Skills Training for Practitioners Working with Families with Complex Needs

Background

In September NHS Tayside Woman and Child Health Directorate commissioned a review of services for children with complex needs, in response to national policy direction outlined in GIRFEC (Getting it Right for Every Child), ACT palliative care pathway, and work from the CEN (children with exceptional health care needs) Managed Clinical Network. National work continually identifies that being given a diagnosis or sharing difficult news about a child's condition is a very emotional time for families. How this information is given, and the support offered afterwards is key to Getting it Right from the Start- a gold standard guidance to clinical practice. This guidance recognises that there is a strong inter-relationship between interaction style and developing supportive professional relationships. Information and feedback needs to be given in a timely manner, respectful to the needs of the individual families.

A Complex Needs Improvement Project Team led by Morag Dorward, AHP Lead, and Dr Karen Naismith, Consultant Paediatrician was set up to overview the process. Key to this review was engagement and involvement with families accessing the service and this was conducted in a variety of different ways, including written, detailed telephone interviews and the formation of a parents advisory group with representation across the 3 local authority areas. Parents were asked to identify strengths and areas for improvement of the services they accessed. They were then also asked to prioritise the actions which would impact most in the quality of care they received. The priority point identified focussed around good communication and interaction styles- that were family-centred, collaborative and sensitive to the child and family needs, especially around sharing of difficult news or receiving a new diagnosis.

As a result of the consultation, part of the improvement programme envisioned communication skills training that would be specific to staff working within the children's complex needs service, incorporating the key principles outlined in Right from the Start (2003):

- Supporting and empowering parents,
- Listening to parents and share information sensitively and honestly,
- Use plain and understandable language and give explanations to build parents confidence,
- Give opportunities to ask questions and check parents understanding of their situations
- Avoid giving non-verbal messages before concerns have been shared with parents,
- Acknowledge and address personal and professional development needs,
- Ensure staff participate in training, clinical supervision and continuous professional development.

Design of a Bespoke Communication Course

Many of the above points suggest a communication approach that is person-centred, empathic and collaborative, an approach that is consistent with Motivational Interviewing (MI). Additionally, aspects of communication skills within Palliative Care relating to sharing difficult news provided a blended approach to meet the unique developmental needs of the complex needs service in Tayside.

The outcome was a 2 day course that aims to equip staff with an understanding of the key concepts and practical application into practice of the motivational interviewing approach, specifically related to working with children, and their families, with complex needs, develop staff confidence in supporting parents ability to manage their child's condition and enhance staff abilities to break bad news sensitively and effectively.

Initial courses were set for 18 participants, across a wide range of professions within the multi-disciplinary team and were evaluated using a pre and post-course survey to provide a comparison against the learning outcomes, self-efficacy and relevance of the course content to practice. An innovative aspect of the training is the involvement of parents in relating experiences of their journey with their child in relation to receiving difficult news, and also in role playing scenarios with participants providing realistic feedback on communicating difficult news in a safe setting.

Evaluation Outcomes

Feedback was positive in finding the course largely met the needs of the participants and identified a number of areas which would enhance the course, leading to more clearly linking the theory of MI to specific examples within the complex needs service. There had also been a tendency to cover too much in the sessions around MI approaches which detracted from the overall learning experience, leading to a re-evaluation of what were the key components that we wanted practitioners to take away with them.

There have been 4 courses run with a total of 73 practitioners attending, table 1 identifies the breakdown of all attending.

Profession	Nos. Attended
Speech & Language Therapy	24
Doctor	13
Physiotherapist	10
Nurse	9
OT	8
Complex Needs Coordinator	3
Dietitian	2
Voluntary Sector	2
Orthoptist	1
Nurse Manager	1

Table 1

Future proposals are to widen out training to all Child and Family Services, incorporating acute services and also partner organisations.

The key evaluation findings in relation to learning outcomes are:

- 43% of participants had some previous training in MI or Health Behaviour Change approaches,
- 92% of participants anticipated the course would be helpful or very helpful in applying to their work, rising to 99% post-course,
- Practitioners were already confident or very confident in communicating with children and families with complex needs (68%), however following course completion all practitioners felt they were confident or very confident in communicating with children and families with complex needs,
- Only 7% of participants pre-course felt that they were confident or very confident of their knowledge of the spirit and principles of MI, rising significantly to 96% post-course,
- 2% of participants felt that they were confident or very confident in their understanding of the use of motivational interviewing as a way of communicating with children and their families, especially relating to breaking bad news which post-course was indicated by 94% of participants,
- In developing & maintaining a collaborative therapeutic alliance with children and their families that allows them to explore their experiences and ambivalence, 13% felt confident or very confident pre-course with 81% feeling confident or very confident post-course,
- 22% of participants pre-course felt confident or very confident in using appropriate communication techniques to foster a family-centred, empathic and supportive atmosphere, with 90% post-course,
- 19% of participants pre-course felt confident or very confident to respond to resistance without opposing it, in order to maintain successful communication and provide respectful and reflective feedback, with 80% responding post-course,
- 32% of participants pre-course felt confident or very confident to respond sensitively to parents current emotional state, recognising when to provide relevant information at an appropriate level in a sensitive and manner, rising to 93% post-course,
- When asked about addressing mutual expectations and joint goal setting, pre-course 24% felt confident or very confident with 84% post-course feeling confident or very confident.

Participants particularly found the input of parents beneficial, both in telling their story and in participating in role play:

- Parent's story, very powerful in informing us on parents perspective.
- Really enjoyed parents activity- confirmed for me skills I do have and how to work on these further.
- I found the role play most useful as it allowed us to practice the skills in a supportive environment and get constructive feedback- even though this is the most challenging part, especially with the parents.
- The parent role play made me consider how I used the skills that had been discussed. Despite finding the situation rather "forced/on the spot" I was surprised at the results!!
- Although I was very concerned about the parent role plays I felt quite empowered to tackle it when the theories were explained. It wasn't as bad as I thought, thank you.

Another positive perspective was the multi-disciplinary make up of the group:

- Very much enjoyed involvement in the course as a team. I feel that this has already led to increased communication and understanding of different team members.
- Also extremely useful to do this in a multi-disciplinary group & to benefit from the experiences, opinions and skills of others.

The practical application of skills both in relation to MI and breaking bad news was valued, particularly involving a wide range of learning activities:

- Theory- role play practice sessions (and goldfish bowl), all of the course to be honest.
- Practical applications, video- goldfish bowl, parent interaction, motivational speakers- well coordinated, approachable & sensitive.

Suggestions for improvements either taking out or making more time for discussing tools and strategies used in HBC with the eventual outcome being to remove this section to allow more time for other activities:

- At times group work was rushed & handouts re tools, different ones given to group with no copies to other groups.
- Section about change/agenda setting less useful.
- Possibly condense day 1 themes a bit with less individual role play & more group & spend a bit more time on MI tools and strategies.

Another theme emerging was that the wider team would benefit from undertaking the course and to provide ongoing training to consolidate learning:

- Bring the whole team- I did try to get this, but it would make a difference.
- Follow-up day just to revisit strategies
- Reunion day or ½ day would be VERY helpful to motivate practice & feedback and ensure we try to really bring skills into our communication. Thank you, great course.

Future Direction

As identified previously, the proposal is to open the course to the wider Child & Family Services, incorporating acute services, Local Authority Services and Volunteer Agencies.

Conduct a more comprehensive evaluation incorporating parent experiences.

Provide a follow up day to consolidate learning and provide practitioners with the opportunity to further develop their communication skills.

**Steven Valentine (Health Behaviour Change Coordinator) and Morag Dorward (AHP Child Health Lead)
both NHS Tayside.**

Dreamflight

Dreamflight is a charity that has been running for 26 years and relies solely on voluntary contributions and helpers and medical support from Doctors, Nurses and Physiotherapists.

Each year Dreamflight takes 192 deserving children to Florida for a 10 day holiday of a lifetime. The children all have a variety of medical conditions and Dreamflight believes that 'joy and fun are just as important as medical research and equipment'. The trip allows the children to leave their parents and family behind allowing them to find their own independence and spend time with children who are understanding and non-judgemental of their condition. The main focus is fun! They realise they are not alone, they are not the odd one out and they achieve things they never thought possible.

I have the privileged position of being the volunteer Physiotherapist for the East of Scotland group. Last year was my first year and although anxious and a little overwhelmed at my role, I have never looked forward to a trip quite so much! My role as a physio is as; manual handling trainer, risk assessor of activities such as 'swimming down the lazy river' and going on the Simpsons ride to name a few, performing physio for anyone who needs it as well as monitoring and maintaining equipment such as orthoses and wheelchairs. This is on top of being the escort or carer for two Dreamflight Children of my own. The group is made up of 16 children, whose ages are 8 to 14 years and their conditions vary from neuromuscular to metabolic to respiratory conditions and everything between. Usually within the group there are four wheelchair users. There are nurses and doctors on standby 24 hours a day and a local hospital which is associated with the charity should we need it. The children are nominated by people in the Health Service and there are twelve groups from all over the United Kingdom. Mine is the Donald Duck group!

On the trip we go to a different theme park every day and a party every night. The children talk fondly of the Harry Potter ride, seeing the whales at Seaworld and swimming with dolphins at Discovery Cove, as their favourite things. There is truly something for every child to experience, no matter their ability. They have a big party on the second last night that will warm any heart as they dance together and cry at the thought of leaving one another behind to return home.

I would urge any health professional to look into Dreamflight, whether it be as a volunteer, to fundraise for them or to nominate a child they work with. It has changed the lives of several children I work with and I count the 'sleeps' until I get to experience it all again!

Helen Rosbottom
Team Leader Physiotherapist NHS Tayside

NICE Guidelines

Clinical guidelines, CG145 - Issued: July 2012

Spasticity in children and young people with non-progressive brain disorders: management of spasticity and co-existing motor disorders and their early musculoskeletal complications

This guideline covers the management of spasticity and co-existing motor disorders and their early musculoskeletal complications in children and young people (from birth up to their 19th birthday) with non-progressive brain disorders.

Cerebral palsy is the most common condition associated with spasticity in children and young people. The incidence of cerebral palsy is not known, but its prevalence in the UK is 186 per 100,000 population, with a total of 110,000 people affected. The guideline covers the management of spasticity associated with cerebral palsy, but not all aspects of the management of cerebral palsy.

The impact of spasticity and co-existing motor disorders and their early musculoskeletal complications on the child or young person varies. Common problems include impaired motor function affecting the person's ability to participate in society, pain from muscle spasms, motor developmental delay and difficulties with daily care due to the onset of secondary complications of spasticity. Management should be tailored to meet the problems faced by the individual child or young person and their individual goals.

There is considerable variation in practice in managing spasticity, including variation in the availability of treatments and the intensity of their use. This guideline will help healthcare professionals to select and use appropriate treatments for individual children and young people.

The guideline will assume that prescribers will use a drug's summary of product characteristics (SPC) to inform decisions made with individual patients.

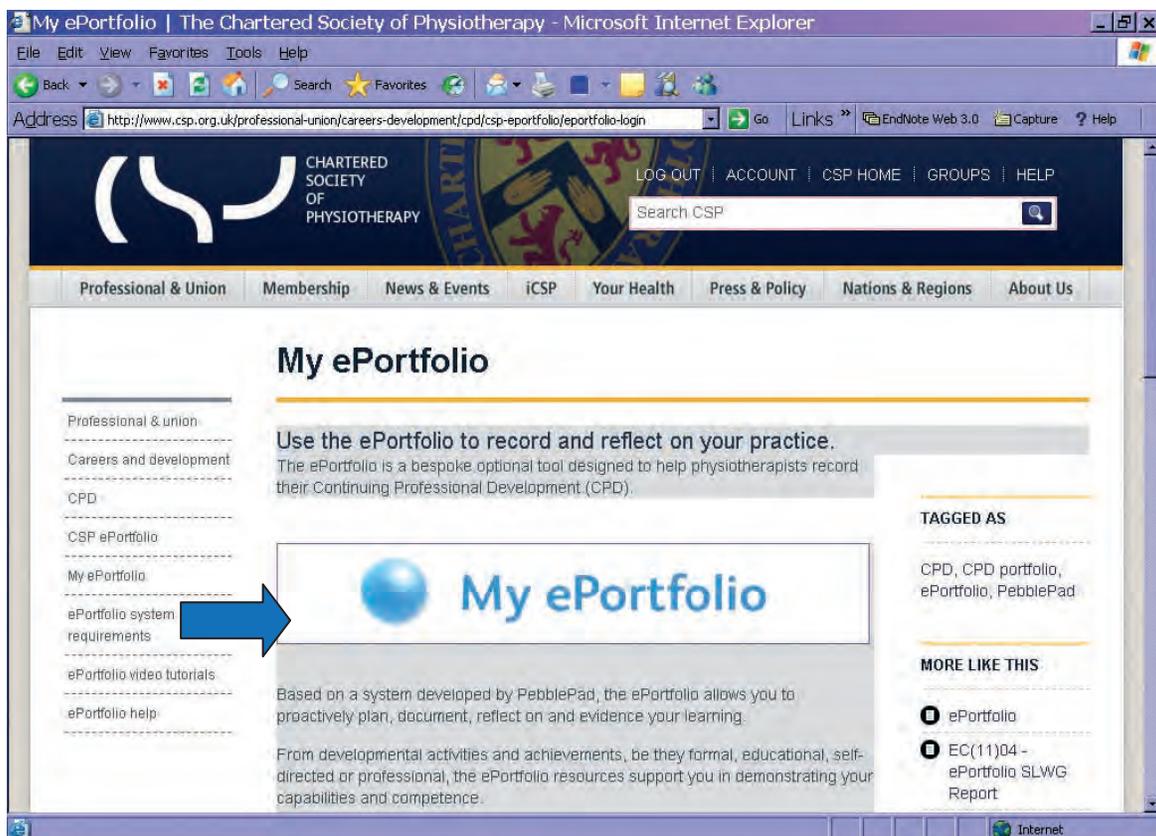
This guideline recommends some drugs for indications for which they do not have a UK marketing authorisation at the date of publication, if there is good evidence to support that use. Where recommendations have been made for the use of drugs outside their licensed indications ('off-label use'), these drugs are marked with a footnote in the recommendations.

CSP CPD webfolio: your personal space for CPD

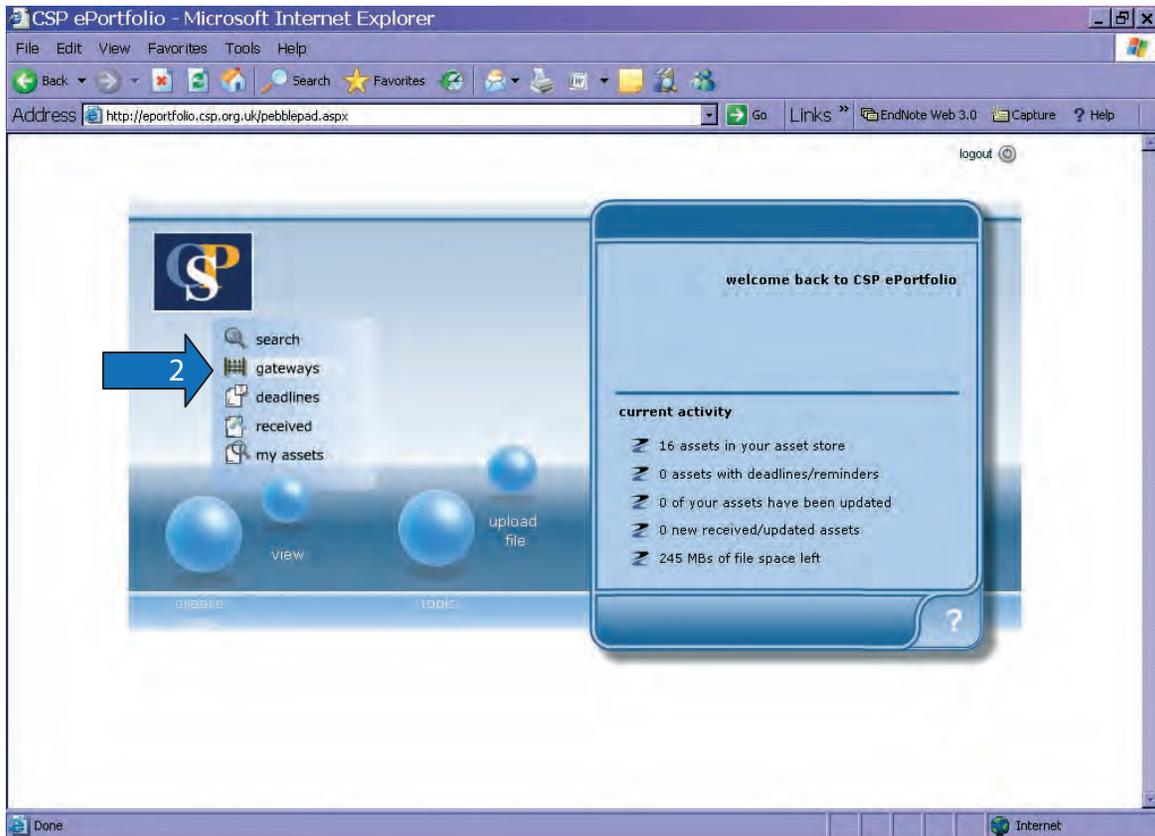
The CSP's CPD webfolio is a set of information, CPD tools and resources presented online that is designed to support your personal learning and development needs. The webfolio contains a whole range of resources relevant to the practice of all CSP members. Visit the webfolio to find the CSP's 'Code of members' professional values and behaviours', the CSP's physiotherapy framework and the CSP's 'Learning and Development Principles'. You'll also find eLearning activities, examples of practice, links to other online resources to support your learning and development, tools to help you plan, record and evaluate the impact of learning on your current and future practice... and so much more.

The webfolio sits on a gateway within the CSP's ePortfolio system. Subscribing to a gateway is easy. The CPD webfolio is just a few clicks away...

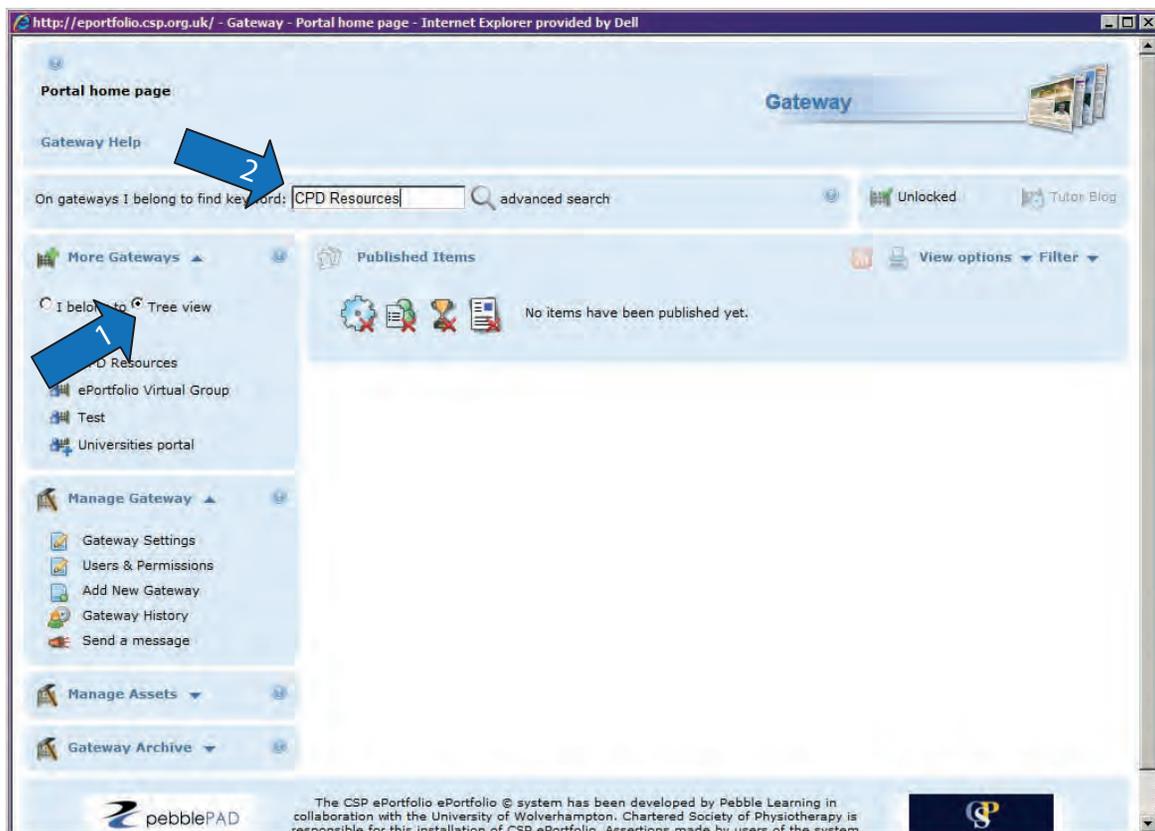
1. Log on to CSP's website. [If you haven't opened your ePortfolio during the past 12 months, please visit <http://www.csp.org.uk/professional-union/careers-development/cpd/csp-eportfolio/eportfolio-system-requirements> to check whether your system is still configured to use the ePortfolio]. Open your ePortfolio <http://www.csp.org.uk/professional-union/careers-development/cpd/csp-eportfolio/eportfolio-login>



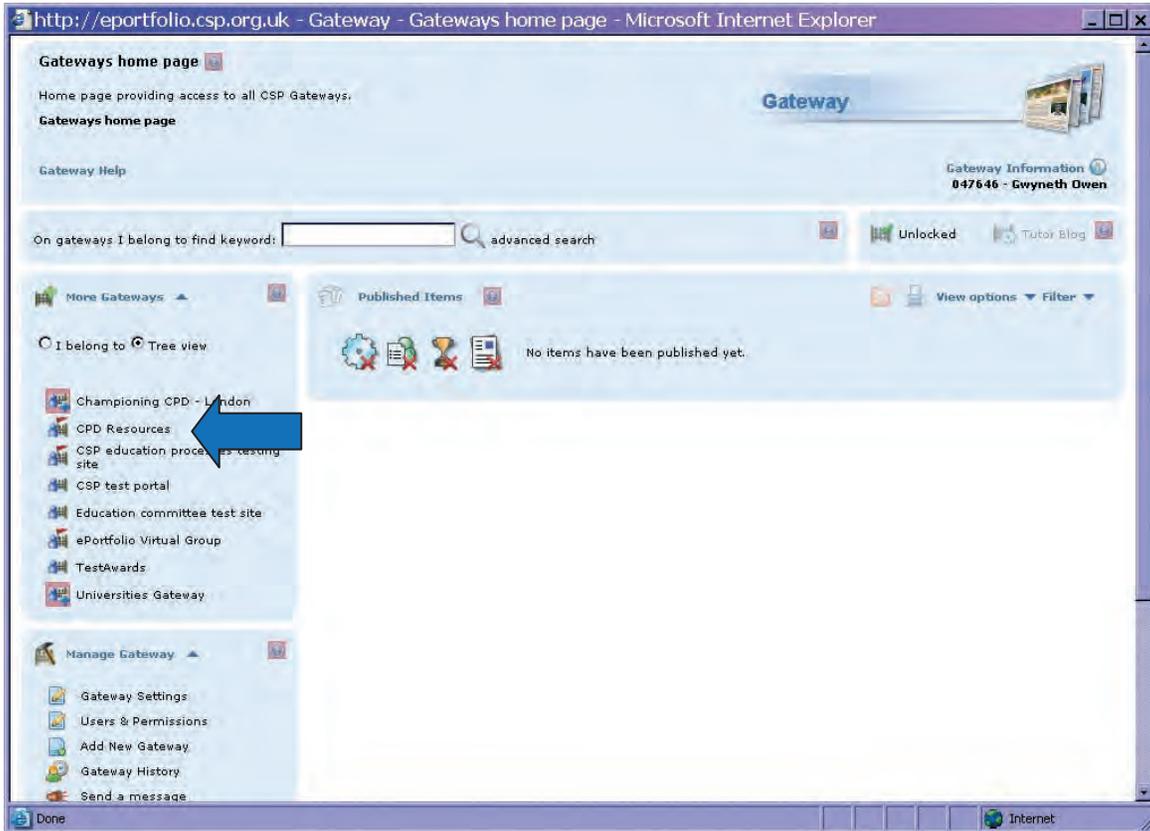
- Once your ePortfolio has opened, click on 'view' and select 'gateways' from the pop-up menu.



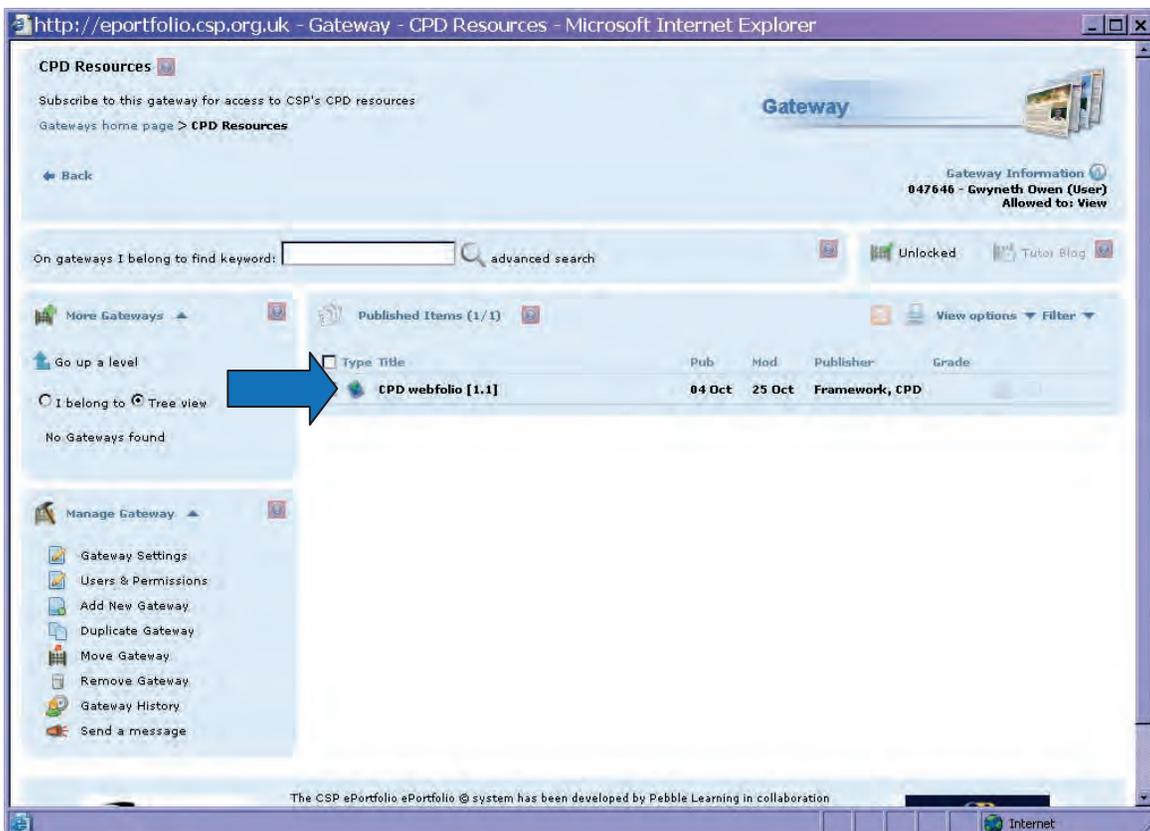
- A new 'gateways' window will open. Click on the 'Tree view' radio button in the left hand menu



- The 'CPD resources' gateway will appear in the left hand side menu bar.



- Click on the 'CPD Resources' and then click on 'subscribe' to the gateway. The CPD Resources gateway will open – and that's where you will find the link to the webfolio.



6. Click on CPD Resources to open the CPD webfolio.

CPD webfolio [1.1] | Webfolio | Chartered Society of Physiotherapy - Mozilla Firefox

eportfolio.csp.org.uk/viewasset.aspx?oid=1347694&type=webfolio

Display Options

welcome back to CSP ePortfolio

welcome back to CSP ePortfolio

welcome back to CSP ePortfolio

CPD webfolio [1.1]

welcome

welcome

my learning space

Championing CPD

technical advice

physiotherapy framework

physiotherapy values

physiotherapy knowledge

physiotherapy practice skills

behaviours, knowledge & skills for interacting

behaviours, knowledge & skills for problem-solving & decision making

CPD Syd's blog

CSP news

Links

Web Links

CSP Library & Information Services

iCSP

CSP events webpage

welcome

CSP CPD webfolio: your personal learning space for CPD

This online learning resource has been developed by CSP members for CSP members. It contains information & resources, CPD activities & tools, & examples of practice, to support your personal learning & development needs.

My learning space is where you'll find some ideas about how you could use the CPD webfolio - to support the development of your practice. You'll also find some information and guidance about CPD & reflective practice, links to CPD activities, & hopefully over time, examples of reflective practice & portfolios.

The technical advice section is where you will find a library of resources designed to enhance your experience & use of the CPD webfolio & ePortfolio.

The webfolio is structured on the CSP's Physiotherapy Framework which describes the behaviours, knowledge & skills used by the physiotherapy workforce. The framework is divided into 5 zones:

- [physiotherapy values](#)
- [knowledge of physiotherapy](#)
- [physiotherapy practice skills](#)
- [behaviours, knowledge & skills for interacting](#)
- [behaviours, knowledge & skills for problem solving & decision making](#)

In each zone you will find specific descriptions of practice at 6 different levels, [links to other competency frameworks](#), learning resources & examples of practice. This structure is designed to help support the development of your personal career & practice.

CPD Syd's blog is where you will find out what's new in the webfolio, to share some thoughts about how you've used the webfolio, or to make suggestions of how it could be improved.

There are a few ways to find your way around the webfolio.

Download or view the [interactive content map](#) for an [overview](#) of webfolio content.

The buttons in the left hand menu bar of the webfolio will take you to the different sections in the

Use the left hand side menu bar to work your way through the CPD webfolio. Visit the new Championing CPD section to find some CPD resources created for advanced practitioners, associate members and newly qualified physiotherapists. Have a look in 'my learning space' for some general information, forms and tools to help you plan, record and evaluate your CPD. For CPD resources to help you develop specific behaviours/knowledge/skills required for physiotherapy practice, follow links to the zones of the physiotherapy framework.

If you have any comments about the CPD webfolio or would like to get involved in the ongoing work to develop its content, please contact Gwyn Owen (oweng@csp.org.uk) for further information.

Ponseti Management of Clubfoot – A Physiotherapy Led Service

Introduction

In November 2008 an Advanced Paediatric Physiotherapist was employed to introduce the Ponseti technique for the management of babies born with Congenital Talipes Equinovarus (CTEV)/Clubfoot at The Royal Hospital for Sick Children, Edinburgh, Scotland. This was a radical change in the management away from invasive surgery to a conservative technique that has been proved to be 95% successful over the last 50 years. The Ponseti technique uses a series of manipulations followed by application of plaster cast to correct the deformity. Approximately 75% of cases require an Achilles Tenotomy to fully correct the equinus part of the deformity and all will require a period of bracing in Boots and an abduction bar till age 4 years to maintain correction.

Article

In 2004 it was identified that there was a need to change the approach and management of babies born with CTEV. At this time parents were beginning to learn of the Ponseti technique and were requesting it for their babies. The Ponseti technique was being used successfully in other areas of Scotland by Orthopaedic Consultants at this time. It was initially identified that a skilled physiotherapist could, at the least, be involved in the delivery of this service. A financial business plan showed that due to decreased theatre time, surgeon time and overnight hospital stays this change would in fact be cost neutral. It also showed that there would be a reduction in waiting times for Orthopaedic outpatient appointments and those requiring surgery due to a release of Consultant time. A paper produced by The Royal Free Hospital and Great Ormond Street in 2006 which described the results of a physiotherapy delivered Ponseti service was used as a model. The study showed that the results from a physiotherapy delivered service could equal those obtained and reported by medically trained personnel. At this point it was proposed that an advanced physiotherapist could deliver this service.

The vision for the service was to be Physiotherapy led not just delivered by a Physiotherapist. In order for this to happen the Physiotherapist needed to be able to make an initial diagnosis and screen for other complications. They needed to be able to independently progress treatment and be able to modify this when complications arose. They needed to be able to identify early when complications or relapses occurred. Finally they needed to be able to make decisions on need and timing of surgical procedures (eg Achilles Tenotomy) as well as the ability to request and analyse radiology. The Physiotherapist therefore needed to be experienced and advanced in their practice.

Funding for this post was approved in August 2008 and the Physiotherapist came into post in November 2008. There were some initial hurdles to the establishment of the service. These included historical opinions on roles and definitions between medical and physiotherapy roles and abilities, reluctance by some to change to a new technique and suitable accommodation.

So far nearly 100 babies have been treated since the Physiotherapist was appointed with a 98% success rate for those compliant to treatment. Compliance rate is extremely high, at around 95% which has been shown to be attributable to parents seeing the same clinician throughout treatment. No children have required invasive surgery. Parent satisfaction so far has also been encouraging. The service has now developed to offer ante-natal counselling to parents which can dramatically reduce parental shock and anxiety at the time of birth. A parent support group has also been developed which can be hugely beneficial in ensuring compliance to the regime and reduced parental anxiety. Through the assistance of a charity recycling of the boots and bar that are used during the treatment has been established to the third world.

In 2010 the Physiotherapist running the Ponseti programme was accepted onto the NHS Education for Scotland Advanced Practitioner Development Pathway and received a grant of £2000 towards education. This was used to send the Physiotherapist to the Iowa Children's Hospital, USA for 2 weeks to learn from the world's leading experts in the Ponseti technique.

The service can now offer expert care for the management of children with CTEV by one clinician. It can also offer advanced skills in the manipulation and application of plaster casts along with early intervention in the event of problems/relapse. There is now also a robust training programme to ensure the continuity of the

service and for succession planning. Following the training received in Iowa there has been a reduction in the average number of casts from 6 to 4 as a result of improved technique. There has also been a reduction in complication rates, especially in children with complex CTEV.

The future plans for the service include training the physiotherapist to perform Achilles tenotomies, expansion of current audit to help refine treatment and support strategies and a parent satisfaction survey.

Sarah Paterson
Orthopaedic Advanced Physiotherapy Practitioner

References

Shack N, Eastwood DM, (2006) Early results of a physiotherapist-delivered Ponseti service for the management of idiopathic congenital talipes Equinovarus foot deformity. *Journal of Bone and Joint Surgery* 2006; Vol 88-B; No. 8; 1085-1089.

Access All Areas

Explanation of photo project

In the summer of 2012 an innovative project on disability access was carried out in the integrated Physiotherapy and Occupational therapy team at Hackney Ark (Homerton Hospital NHS Trust)

This pilot photography project aimed to empower young people with neurodisability living in Hackney and was led by two physiotherapists Catherine Lomas (Transition Physiotherapist) and Maxine Darby (Clinical Lead Physiotherapist).

The project, called Access All Areas involved a group of 9 young disabled people aged 12-18 assessing disability access, through the use of photography, in the London Borough of Hackney.

The project was founded by Maxine and Catherine who had a particular interest in the participation and inclusion issues within the field of Paediatric neurodisability. Evidence suggests that people with disabilities face various challenges and barriers (attitudinal, organisational and built environment) to accessing their community. Furthermore, establishing peer relationships may be difficult for young people with disabilities, with an increased risk of becoming socially isolated. Research has also explored whether self-esteem and self-concept is lowered in children with disabilities; findings have been inconsistent and therefore this was explored further in this project. Anecdotal findings from the health plans, carried out with the young people as part of the transition process also suggested that they found self-advocating difficult, with their parents often taking over this role.

Promotion of self-management is a key role of the transition therapist. With this in mind, Catherine and Maxine wanted to explore innovative ways of facilitating ownership and self-realisation of individual difficulties to help improve user led goal setting during the transition years.

The project also aimed to encourage the young people to identify their individual participation difficulties as well as highlighting the issues/facilitators around disability access pertinent to them. With these aims in mind, the Access All Areas project was born.

At the start of the project the young people participated in an initial theoretical session where they were introduced to the social model of disability, the Equality Act (2010) and the United Nations Convention for the Rights of the Child (1991). The focus of this session was to not only to develop their thought processes around issues of equality but also to consider how they can work towards influencing change on matters of disability access.

Following this theoretical session the young people visited various venues and activities of their choice without carers present. They took photographs of the barriers they faced and the facilitators around disability

access. Photography was used in this instance as a medium for self-expression which may sometimes be challenging for young people with a disability.

The young people subsequently summarised their findings in a group session and used lap tops to write letters to the venues/transport facilities/council they visited, highlighting the positive and negative aspects of the access they experienced. With help, they uploaded and selected their photographs and produced a narrative to explain the message of the selected images.

The photographs and their thoughts around disability access cumulated in a local exhibition space at the Hackney Picture House. The project was a huge success with a lot of positive feedback from the young people involved. Prior to the opening night two young people were interviewed by the local paper:

Constantin Illioi commented "I very much enjoyed the photography project and I'm really happy that people may listen to my opinions when they come to look at the exhibition. I hope that everyone will come to look at the photos that we've taken when they come to the Picture House."

Clara Ojiako "I loved taking part in the project. I hope that our views on access will be heard because I feel the exhibition is not only our voices but also the voices and thoughts of hundreds of other disabled children all across London."

The evening was well attended with officers from the disability division in government, an ex-paralympian, TFL representatives and local council members.

Outcome measures were used to evaluate change during the course of the project. The CAPE assessment (Children's Assessment of Participation and Enjoyment 2005) was used to identify the young person's participation in day to day activities outside of mandated school activities. A dimension of the BECK youth inventory was used to evaluate the young people's self-concept which has been researched as a measure of self-concept (Beck Youth Inventory 2005). Finally a patient related outcome measure questionnaire was used to gain participants feedback with regards to the project and knowledge of disability access and rights.

There were no significant changes in self-concept of participation scores; however all involved felt the project to be very useful in its aims. This is reflected by service user questionnaires: 100% of the participants enjoyed the project and requested for it to be run again. 40% reported improved confidence to raise an issue around poor access. 40% reported an increase in knowledge of disability access and 89% reported increased awareness of issues around disability access. Post project results also show that there has been increased engagement with local services such as TFL with one young person being invited to sit on a local user involvement group.

The project had a strong evidence base within the ICF with particular relevance to the activity and participation domains. It was also a useful way to also identify individual physiotherapy and occupational therapy goals. For example, during the course of the project it became evident that a couple of the young people found stairs or ramps challenging or that their endurance skills around walking longer distances were reduced. Post project the young people participated in independent goal setting sessions which enabled the identification of functional therapy goals. There has also been improved engagement with young people who have been previously disengaged with therapy.

The exhibition will hopefully be forming part of a travelling exhibition around London; it is hoped that it will continue to generate discussion amongst health care professionals and the general public to help consider how disabled and non-disabled individuals can work together towards a positive future where all people can Access All Areas.

Catherine Lomas
Transition Physiotherapist, Homerton Hospital NHS Trust

Access all Areas Exhibition – Hackney Picture House



Ryan with his project



Francis



Blessing

Know, Share and Use the Gross Motor Function Classification System.

It was noted at Conference 2012 that many of our speakers talk about the GMFCS and I thought it would help to print a revision of this very useful scoring index for our members.

The Gross Motor Function Classification System, Expanded and Revised version 2007, GMFCS E&R, is a five level classification system that describes the gross motor function of children and youth with cerebral palsy (CP) developed by Robert Palisano, Peter Rosenbaum, Stephen Walter, Diane Russell, Ellen Wood, and Barbara Galuppi. It does not describe the type of movement disorder or the distribution of the disorder, but the GMFCS provides a clear and more reliable means of describing functional ability than previous descriptors of mild, moderate or severe CP. The GMFCS is internationally used and understood and is used widely for clinical and research purposes.

The GMFCS original version, (Palisano *et al.*, 1997), included age bands up to the 12th birthday, and was expanded and revised 2007(Palisano *et al.*, 2007) to include youth between 12-18 years.

General headings for each level:

Level I Walks without limitations: limitations in more advanced motor skills

Level II Walks with limitations without assistive devices: limitations walking outdoors and in the community.

Level III Walks using a hand-held mobility device: limitations walking outdoors and in the community

Level IV Self mobility with limitations: children are transported or may use powered mobility outdoors or in the community

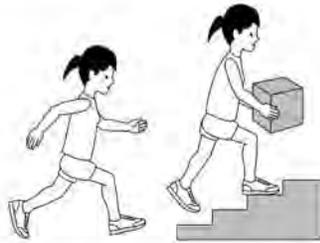
Level V Transported in a manual wheelchair: Self mobility is severely limited even with the use of assistive technology

Each of the five levels is described in the age bands, before the 2nd birthday, between 2nd and 4th birthday, between 4th and 6th birthday, between 6th and 12th birthday, and between 12th and 18th birthday.

The descriptions are based on self-initiated movement, in relation to sitting, transfers and usual mobility. When using the E&R version, for youth between 12-18th birthdays, users should be mindful of the impact of environmental factors for example the distances within school and personal, social preferences.

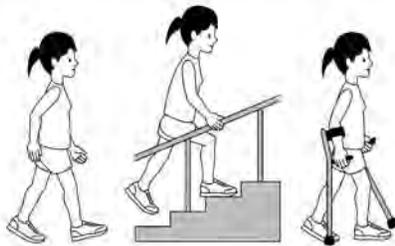
For the age bands between 6th and 12th birthday, and between 12th and 18th birthday in addition to the levels in written format, they have also been produced in a visual format, with descriptors and illustrations. Reproduced here with permission from CanChild.

Descriptors and illustrations



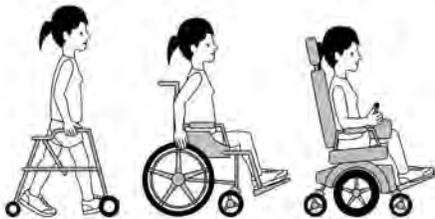
GMFCS Level I

Youth walk at home, school, outdoors and in the community. Youth are able to climb curbs and stairs without physical assistance or a railing. They perform gross motor skills such as running and jumping but speed, balance and coordination are limited.



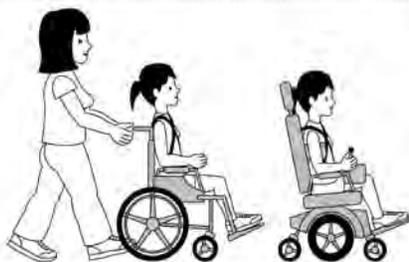
GMFCS Level II

Youth walk in most settings but environmental factors and personal choice influence mobility choices. At school or work they may require a hand held mobility device for safety and climb stairs holding onto a railing. Outdoors and in the community youth may use wheeled mobility when traveling long distances.



GMFCS Level III

Youth are capable of walking using a hand-held mobility device. Youth may climb stairs holding onto a railing with supervision or assistance. At school they may self-propel a manual wheelchair or use powered mobility. Outdoors and in the community youth are transported in a wheelchair or use powered mobility.



GMFCS Level IV

Youth use wheeled mobility in most settings. Physical assistance of 1-2 people is required for transfers. Indoors, youth may walk short distances with physical assistance, use wheeled mobility or a body support walker when positioned. They may operate a powered chair, otherwise are transported in a manual wheelchair.



GMFCS Level V

Youth are transported in a manual wheelchair in all settings. Youth are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements. Self-mobility is severely limited, even with the use of assistive technology.

GMFCS descriptors: Palisano et al. (1997) Dev Med Child Neurol 39:214-23
CanChild: www.canchild.ca

Illustrations copyright © Kerr Graham, Bill Reid and Adrienne Harvey,
The Royal Children's Hospital, Melbourne

When a family are given a diagnosis of CP, they will have many questions, initially related to walking but over time the questions will also be in relation to the child/young person's functional mobility both within the home and within the wider community. The GMFCS allows there to be honest discussion regarding functional outcomes for the child or young person with CP, and enables realistic goals to be set. The timing of introducing the GMFCS to the family will need consideration and sensitivity.

A diagnosis of CP is often not confirmed until a child is aged around 2 years. When a child of 2 years and above is classified with a GMFCS level the child will remain at that GMFCS level regardless of interventions they may undertake, allowing a prognosis of functional movement to be conveyed to all parties.

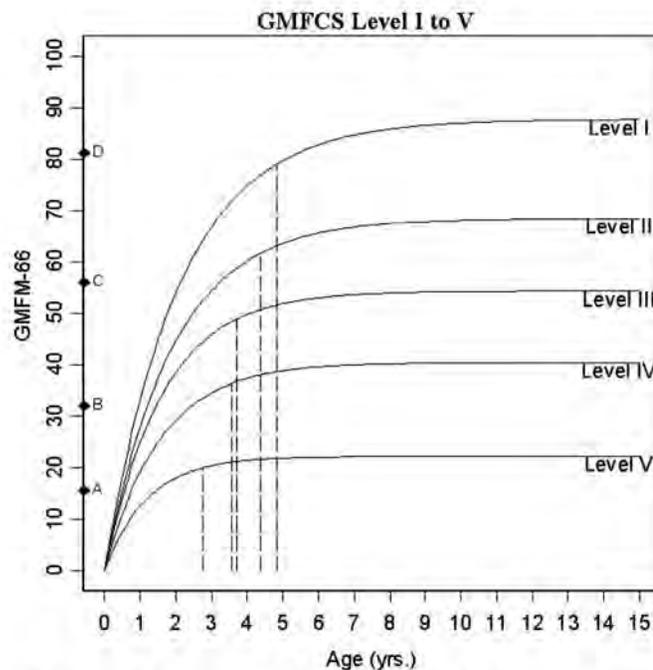
Providing a GMFCS level for each child with CP is advantageous as some referral criteria for interventions and screening programmes are GMFCS level dependent: for example selection for spasticity management by Selective Dorsal Rhizotomy and Intrathecal Baclofen. Hip surveillance, and the frequency of x-rays are also in part GMFCS level dependent.

The use of the GMFCS improves the communication between all the team members working with the child or young person with CP and their families. As such, all members of the teams working with children and young people should be encouraged to have knowledge of the GMFCS.

It is not necessary to be formally trained in the use of the GMFCS, professionals will be able to use the system reliably having read the information on the CanChild website. Parents can also establish their own child's level using the GMFCS Family and Self Report Questionnaire (CanChild, 2012).

The Motor Growth Curves developed by Palisano et al (2002) report patterns of gross motor development in children and young people with CP in relation to their GMFCS level. This information can be used to help to plan resources and service delivery aiming to achieve the best possible functional outcomes for the children and young people.

All 5 Curves (Levels I to V)



This graph shows the observed and predicted GMFM-66 scores for children in GMFCS Levels I through V. The curved solid lines indicate average performance. The horizontal dotted lines on the right of the figures indicate the band expected to encompass 50% of children's limits of development. The solid vertical lines indicate the average age-90 (the age in years by which children are expected to reach 90% of their motor development potential). The dotted vertical lines indicate the bands expected to encompass 50% of age-90 values around the average. The absence of 50% bands in level IV and level V indicates low variation in age-90 values.

JAMA 2002; 288:1357-63. Copyrighted 2002. American Medical Association

I would encourage those of you who are not familiar with the GMFCS to access the CanChild website at <http://motorgrowth.canchild.ca/en>. If you are not already using the GMFCS in your teams consider the benefits the system brings in providing clear prognostic information to children, their families and fellow professionals.

Katherine Heffernan
Children's Physiotherapist

References:

CanChild Centre for Childhood Disability Research, McMaster University (2012) *GMFCS Family and Self Report Questionnaire*. Ontario, Canada: McMaster University. Available at: <http://motorgrowth.canchild.ca/en/GMFCS/familyreportquestionnaire.asp> [Accessed: 1 December 2012]

CanChild Centre for Childhood Disability Research, McMaster University (2012) *Motor Growth Measures*. Ontario, Canada: McMaster University. Available at: <http://motorgrowth.canchild.ca/en/> [Accessed: 1 December 2012]

CanChild Centre for Childhood Disability Research, McMaster University (2012) *Overview of Motor Growth Curves*. Ontario, Canada: McMaster University. Available at: <http://motorgrowth.canchild.ca/en/MotorGrowthCurves/overview.asp> [Accessed: 1 December 2012]

Palisano, R., Rosenbaum, P., Walter, S., Russel, D., Wood, E. Galuppi, B. (1997) 'Development and reliability of a system to classify gross motor function in children with cerebral palsy.' *Developmental Medicine & Child Neurology*, 1997, 3, pp. 214-223.

Palisano, R., Rosenbaum, P., Bartlett, D., Livingston, M. (2007) 'GMFCS – E & R Gross Motor Function Classification System Expanded and Revised' [PDF] Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University. Available at: <http://motorgrowth.canchild.ca/en/GMFCS/resources/GMFCS-ER.pdf> [Accessed: 1 December 2012]

Rosenbaum, P., Walter, S., Hanna, S., Palisano, R., Russell, D., Raina, P., Wood, E., Bartlett, D., & Galuppi, B. (2002) 'Prognosis for gross motor function in cerebral palsy: Creation of motor development curves.' *Journal of the American Medical Association*, 288 (11), 1357-1363.

Children's Physiotherapy Led Gym Groups

I qualified from Leeds Metropolitan University in July 2006 and went on to complete my junior physiotherapy rotations with NHS Leeds. During my paediatric rotation I was inspired by the after school gym groups that the Leeds team had successfully established at a resourced secondary school. I now work as paediatric physiotherapist for Humber Foundation Trust. In the summer of 2010 I suggested to my line manager that we set up some physiotherapy led gym group sessions at our Children's Centre in Hull. We discussed the idea and decided that as we didn't have any specialist gym equipment we would need some additional funding. It was suggested that I apply to the Strategic Health Authority Regional Innovation Fund. Following a lengthy application procedure the SHA contacted us to inform us that out of several applicants our application had been successful. However, rather than using the money to purchase new gym equipment they suggested working in partnership with local business and leisure services.

Following a successful pilot gym group and service user engagement events we commenced the two year gym group project in September 2010. I was fortunate to be seconded to the role as project lead which has given me an excellent opportunity to gain valuable skills as a band 7 physiotherapist. We used a phased approach to set up gym sessions over four different gym locations across Hull and East Riding. The early stages of the project focused specifically on staff training and creating a new referral pathway for children being referred to the gym group service. Throughout the project funding has been used towards additional gym equipment, staffing costs for physiotherapy staff working additional hours, gym staff employed at each venue as well as paying for the cost of hiring the gym facilities.

The project has been based on evidence based physiotherapy practice, focussing on strength training, particularly for children with cerebral palsy (CP). However, due to the scale of the project the sessions have not been exclusively for children with CP. We devised specific criteria to help ascertain which children are appropriate to be referred into the gym groups. The gym group has been particularly beneficial for children who require an intensive block of treatment following Botox or multi-level surgery.

The physiotherapy team work in partnership with qualified members of gym staff employed at each leisure centre. The service offers a 6 week block of group physiotherapy for 1 hour a week. 12 Children are invited to each block, 6 five to ten year olds and 6 eleven plus years olds. Children in the younger group carry out a circuit of exercises, individual to the child's needs. The older children have access to the gym facilities and are supported with an individualised gym programme.

The project has now been running for almost two years and the sessions are now successfully established at four gym venues. Sessions run twice a week, regularly throughout the year.

Due to the increasing demands on children's physiotherapy services we have had to think of new smart ways of working. The gym groups enable us to see 12 children with in one hour using a skills mix of staff. Children travelling to the community gyms, rather than the physiotherapists travelling to see them on an individual basis, means that less time and cost is spent travelling. Overall this means that the service is providing an increased number of face-to-face contacts. This has had a significant impact on reducing our physiotherapy waiting list and has enabled children to be seen and often discharged more quickly.

Clinical outcomes for the gym groups to date have been very positive, showing consistent improvements each week. Pre and post physiotherapy assessments have identified improvements in functional outcomes. Children who attend the gym groups are encouraged to identify a functional goal that they would like to improve on.

Service user engagement has been a large part of the project. Feedback has been continually collated from each gym group session and it has indicated that the gym groups have had a significant impact of the children's quality of life. Questionnaires and interviews have identified that the gym groups have contributed to overall improved patient experience and satisfaction. Children report that they enjoy carrying out their physiotherapy programme as part of a group alongside other children with similar difficulties. Several have reported that they are more motivated to carry out their physiotherapy programme as part of a group and are also more confident. Many parents report that they have found it beneficial, being able to meet other parents of children with physical difficulties. Parents have also expressed that they prefer their child to receive physiotherapy input in a 'social' environment rather than in a 'health' setting. Due to improvements in service

user satisfaction our service has seen a reduction in the number of appointments children are unable to attend (UTAs) or do not attend (DNAs).

See quotes below:

Child

"I enjoyed the sessions because we got to exercise in the gym and I have not got any aching anymore"

Parent/carer

"My son really enjoys these sessions and I think he has gained a lot from doing them, especially confidence to try things".

The physiotherapy gym groups promote integration of young people into local community gyms. Several young children requiring physiotherapy input have long term physical disabilities. The gym groups promote self-management of these conditions which empowers the children to take more responsibility of their own physical needs. Some children have become members of the gym following attending the physiotherapy led gym groups.

Feedback from staff working in the sessions has also been very positive. See quotes below,

Band 5 physiotherapist

"I really enjoy working in gym groups... working in the community can be quite isolating and so working in the gym group has given me the opportunity to work alongside other members of team and has also reduced my travel time".

Physiotherapy Assistant

"It has been really nice for me to work in the gym groups as it has given me the opportunity to work with children with a variety of conditions and it is enjoyable to see the children making new friends".

The most recent gym groups have had an Olympic theme to help raise awareness of the London Paralympics 2012. This had demonstrated some positive role models to the children participating in the gym groups and helped to motivate and inspire them.

Following the success of the project, both the Hull and East Riding commissioners have agreed to continue funding the gym groups from September 2012. This means the gym groups have now become a sustainable service provision within children's physiotherapy in Hull and East Riding.

I have been making links with physiotherapists in other locations across Yorkshire to share this best practice and hope to be able to share the skills we have learnt with other physiotherapy services. If you would like any further information about the gym groups please contact our team below:

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