

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



FEBRUARY 2014

ISSUE
NO. 14

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Happy 2014 to you all!

I hope you enjoy this edition of the newsletter. We have some reports on a very successful APCP Conference 2013 and information about Conference 2014, out with the old, in with the new!

There have been a few changes to national committee and you will find contact details of the new officers on the inside cover. I have completed my maximum four years as publications officer and Julie Burslem has completed her term of office as secretary. We also have a new journal editor in Cate Naylor as we thought it time we let Eva Bower retire!

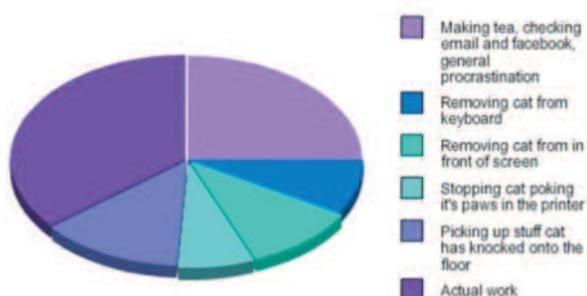
There is a very useful article on ICF (International Classification of Functioning, Disability and Health), which if you attended conference, you will have seen it is being used more and more to classify health and functional impairments so we thought a reminder wouldn't go amiss! Thank you to Julie for labouring over it!

I have also included interesting articles from around the country, describing courses, projects and ways of working which will hopefully encourage more of you to write and share your work with us all. I am always grateful for course reviews or anything else you think our membership would be interested to share.

So please put pen to paper, or rather finger to keyboard, and make your New Year's resolution to have something printed in the APCP newsletter! You can see my problems in the time breakdown below!!

Kerry McGarrity
Editor

Working from home- a breakdown of time





Extending Minds and Practice

This year's APCP Conference was hosted by the South West Committee, at the Holiday Inn Filton, and we were delighted with the attendance of 270 delegates over the 2 days. This year saw the introduction of online feedback, the majority of which rated the conference as good or excellent.

Our theme "Extending Minds and Practice" aimed to give the delegates a wide variety of topics that would be stimulating and relevant to their clinical practice. Our choice of topics and themes reflected the feedback from last year and the diversity of areas of clinical interest within the South West Committee. We were joined by the Neonatal Group who ran a parallel day on the Friday. The break times were a hive of networking, and in the absence of a school bell the delegates were called back to the Conference by using a large spoon as a gavel!

We were well supported by an excellent trade fair. This year the principle sponsors were DM Orthotics, Specialised Orthotic Services and The London Orthotic Consultancy. We appreciate the additional effort required by the exhibitors this year, as the main exhibition area had been double booked for the Friday evening. The stands were taken down at close of Conference on Friday, and reconstructed by Saturday morning. The trade quiz encouraged the delegates to visit all the trade stands each day, with prizes sponsored by Specialised Orthotic Services and the APCP. We were also able to welcome a wide variety of charity tables, who received good support over the 2 days.



The conference delegates were welcomed by Sue Close who chaired the Conference Committee.

Dr Geraldine Hastings gave the opening lecture, covering the important issue of consent, followed by sessions covering the issues of medico-legal work by Susan Filson and Lorna Stybelka, and safeguarding, by Dr Deborah Stalker. Dr Jacqui Clinch gave us an early taster to the afternoon pain stream, this included topics from chronic pain by Sarah Wilson to the identification and management of pain in children with neuro-disability, by Dr Charlie Fairhurst. We included acupuncture, by Jon Hobbs and Pilates by Jo Ferris as part of our aim to consider a wide variety of treatment modalities that are becoming more widely used. Day 1 concluded with a presentation by representatives from English Federation of Disability Sport and Cerebral Palsy (CP) Sport with whom we have been building partnerships to support the legacy from the Olympics 2012.

Following an intense programme during the day, the delegates were able to relax in the evening with pre-dinner drinks accompanied by music from the James Leaker Jazz Quintet.

The Conference dinner was well attended and after an enjoyable meal, a rather unexpected Bingo Night! It created great hilarity, which made listening for your numbers a real challenge. The evening concluded with a further set from the Jazz Band.



Day 2 started with a presentation regarding ‘ventilatory function in children with severe motor disorders using night-time postural equipment’ by Dr Nicola Dawson and long term ventilation, by Nicola McNarry.

Juliet Goodban who chairs the APCP PPIMS group gave an insight into the role of PPIMS within the APCP, linking conference 2013 to conference 2014 as the PPIMS group will be hosting the parallel study day.

The afternoon included a very stimulating presentation by Dr Stephen Lewis raising our awareness of cancer in children and young people, and presentations regarding the acute and community management of spinal cord injury, by Francis Ifould. Conference concluded with a presentation by Michael Alexander comparing standard orthotics with functional electrical stimulation for children with cerebral palsy.

The poster presentations attracted the attention of many of the delegates and each day two free papers were included in the programme.

We are pleased to say that the majority of speakers have agreed for their presentations to be available to members on the new website.

We consider that APCP Conference 2013 in Bristol for the South West was very successful and would like to thank everyone who helped us to achieve this success. We have now handed the baton to the Scottish Committee in anticipation of an excellent Conference 2014 in Edinburgh.

Katherine Heffernan
South West Conference Committee.



South West Conference Committee 2013

APCP Annual Conference 2013 Baby Brains – Research and Outcome Neonatal Program

The neonatal group parallel day was an excellent day and the group would like to thank Helen Robinson for all her hard work in sourcing and organising the speakers which was not a straight forward task.

The morning started with an explanation of Hypoxic Ischaemic Encephalopathy (HIE) by Dr Hemmen Sabir, this talk was followed by Professor Axel Heep who explained what the 'pretty' colours on functional MRI mean. After coffee Dr Sabir took to the lectern again, this time describing the most current therapies for infants who suffer HIE. This included not only cooling but also the new therapies used alongside cooling such as Xenon and Melatonin which are currently being trialled in Bristol and London. The morning was rounded off by Adare Brady who gave feedback on her pilot study 'Functional Outcome at 6 Years after Neonatal Encephalopathy' it was great to have a physiotherapist doing research and sharing it with the group.

After an excellent lunch and look at the exhibitor's stands, Dr Judith Meek started the afternoon with a talk on 'Pain in the Newborn' which was very interesting. Dr Karen Luyt then spoke about neonatal seizures and whether there is a need for structured neurodevelopmental surveillance, from her lecture the answer is a definitive yes. The final two speakers of the day were Mr Mike Carter and Mrs Sally Jary sharing their knowledge on strategies for management of hydrocephalus and an excellent presentation on assessing developmental outcome in severe perinatal brain injury respectively.

It was a day full of high calibre speakers who presented on a variety of the most current and highly relevant topics. Some thought provoking topics as well as some inspiration to change current practice and perhaps do some research.

A huge thank you to everyone who contributed to the day it ran very smoothly and the interaction from the audience was excellent making the day all the more valuable.

Hilary Cruickshank
Neonatal Group Representative to National Committee

Impressions of Conference

The North East region decided to fund two places for members of their region to attend the 2013 conference. These places were awarded to Lauren Haworth and Gemma Guy.

My reflection – By Lauren Haworth

“I’m too busy... haven’t got time... there’s so much on” seem to be words used relatively often in today’s modern NHS and I know I use them especially when it comes down to sitting and doing a little bit of extra CPD. It comes very easy to us to continue to provide the best quality care to others, however caring about ourselves and our development needs can sometimes get forgotten about.

When I attended the APCP two day annual conference (main programme) I initially was excited at spending two days with other therapists, networking and finding out the most up to date research and current issues facing paediatric physiotherapists in the U.K. What I actually experienced was so much more and such a refreshing, invigorating experience to kick start and re-enthuse my practice.

Over the course of the two days, I experienced a variety of lectures about a whole range of subjects around my clinical practice and found each speaker passionate and knowledgeable about their specialist area. I particularly found the lectures on, “Exploring the challenges of consent in childhood,” and “Safeguarding vulnerable children,” really thought provoking and very relevant in today’s children’s physiotherapy.

The marketplace was of a very high standard with equipment reps, orthotists, prosthetists and local companies keen to discuss their research and product development. The stalls were very open and staff were happy to discuss research base on product development, it was exciting to see a range of products I have not had previous experience of.

Overall, the experience provided me with the opportunity to develop and consolidate my knowledge and challenge my previous practice. A thoroughly worthwhile weekend surrounded by peers and practitioners passionate about developing the future of paediatric physiotherapy. I cannot wait for next year!

I would like to take this opportunity to thank the APCP North East committee for funding the place for me.

APCP Conference 2013- Gemma Guy

I attended the APCP conference this year in Bristol. My application was quite last minute as we receive no funding for courses currently. I applied to the North East APCP committee for support with funding and managed to receive funding for part of the 2 day package. This was my third time at conference, having attended Coventry and London Stansted in previous years. I attended the Neonatal parallel day on the Friday as I have a particular interest in this area. I always enjoy conference for the networking opportunities plus the presentations are always of a very high standard.

The trade exhibitions are useful but sometimes time is limited to explore these and the poster presentations fully. Possibly what would be useful for future hosts of conference would be a list of suggested accommodation in the area for those not wanting to stay at the conference hotel, plus an opportunity to find out if any other delegates are staying in the same hotels so lifts/taxis could be shared (especially for those of us who do have to fund our places). All in all another very positive conference experience, with the highlight being the Neonatal day for me!

The South East region funded two places for their members this year. This funding comes out of any profits made by running study events in the South East throughout the year. Becky Hindle and Isey Lane were randomly selected this year.

APCP Conference- Becky Hindle

On attending APCP conference this year I was very interested to attend the lecture on 'Consent', a widely discussed topic within the healthcare setting.

Like many other physiotherapists, since my student days it has been drummed in to me time and time again to write 'patient consented to treatment' or 'verbal consent obtained'. Familiar phrases to many I suspect.

The presentation highlighted the legal documentation that defines a 'child' and their right to consent, however even these documents seem fraught with loop holes and are not as black and white as it may appear at first glance. Throw into the mix the mental capacity act and Gillick competency and it can seem that you are navigating through a minefield.

As physiotherapists, we are asking an individual for consent to assess them and, if appropriate, provide some form of treatment whether that be hands on manual techniques, a home exercise program, provision of equipment etc.

In order to consent to assessment and treatment, the child or their parent/ guardian needs to know what we are going to do and the justification why so that they can make an informed decision. I would like to think that this is standard practice. The difficulty that I then find is how to document this in a meaningful way without writing an essay.

There appears to have been a shift towards asking the parents to sign a consent form prior to attending the appointment or on initial assessment. However, is this really 'informed consent' and meaningful documentation, or just a bit of paper that is present in the notes to tick a box for audits?

I feel that it is important to have a consensus on how we as physiotherapists document this within our clinical notes; a way that acknowledges that we have discussed, reflected and obtained informed consent for both assessment and treatment.

At the end of the lecture, although I may have come away with more questions than answers, I feel that "Consent" is an important topic for further debate in order to try and reach a consensus within the profession on the most clinically appropriate ways to obtain and document the process of informed consent.

Thank you to the South East region for funding my conference place. For anybody that has yet to attend an APCP conference I would highly recommend it for both the learning and networking opportunities.

A (Very) Brief Outline of APCP Conference 2013 'Extending Minds and Practice'- Isey Lane

This year's APCP Conference held in Bristol was a brilliant couple of days jam-packed with fascinating presentations, friendly people, and great bingo (the latter being the after dinner entertainment on Friday night!).

The first day started off with two highly thought-provoking talks; the first titled, 'Exploring the challenges of consent in childhood' by Dr Geraldine Hastings. It has made me question how we obtain consent legally and ethically – do we need the parents to bring in the birth certificate and their ID to the initial appointment so we can categorically say they have parental responsibility, and wouldn't it be nice if there were a 'checklist' for deciding if a child is Gillick competent?

Dr Deborah Stalker then talked about separating myths from reality with regard to safeguarding the vulnerable. It was chilling to hear of the awful things that are going on in society, but crucial to learn about things such as bruise patterns and what to do if non-accidental injury is suspected. This topic will certainly stay at the forefront of my mind throughout my career.

After a fabulous dinner on Friday night I felt ready for the array of talks that took place on the Saturday. Dr Stephen Lowis spoke expertly about when we should be worried about cancer in our young people. I was able to ask him specifically about a patient of whom I had concerns, but the local medical team had dismissed

these. It gave me renewed confidence to go back to my Trust and ensure my worries were taken seriously and action was taken.

The focus on Saturday afternoon was paediatric spinal cord injury (SCI) with Frances Ifould demystifying the initial management and subsequent rehabilitation processes. This topic was especially informative as I have very little experience in this field. Learning about how to help prevent common complications following SCI and key periods of intervention needed as the child grows up and develops was really interesting.

I came away from the weekend with increased knowledge and an even greater passion for working in the paediatric setting. I would like to express my thanks to the APCP South East Region for enabling me to attend. I look forward to next year's conference in Edinburgh and would recommend it to anyone working within paediatric physiotherapy or who aspires to.

APCP Conference 2013 - Extending Minds and Practice

As we write this Christmas is almost upon us and it seems like some time ago now that five members of the APCP Scotland Committee had a road trip (or should that be road and air trip!) to Bristol to the 2013 Annual Conference. One of the reasons for attending was to help

with planning for conference 2014 which will be held in Scotland, however the conference theme was "Extending Minds and Practice" and with an interesting and diverse programme we were also all keen to expand our knowledge and take back relevant learning.

The reality did not disappoint! The presentations were of high quality and there was something for everyone whether you worked in an acute setting, community, or in private practice. The trade stands were varied and as well as the familiar companies there were some less well known. All were staffed by knowledgeable and helpful reps who have followed through with their promised actions (in my case anyway!).

Conference dinner provided another opportunity for networking and fun and although the Scottish delegate failed to win at bingo, a good time was had by all. A particular highlight was sitting next to Sophie Levitt at dinner and hearing all about her travels.

It will not be long before the 2014 Conference comes around and we look forward to welcoming everyone to Edinburgh.

Susan Irving
APCP Scotland Committee Member

Carolyn Young had a place at Conference funded by the London group this year.

REVIEW - Extending Minds and Practice – APCP Conference 2013

Having attended last year's excellent London conference in my home town, I was keen to see whether Bristol could exceed the high standards set; I'm pleased to say they delivered!

Friday morning's neonatal programme began with very in-depth, but highly accessible presentations from two passionate Neonatologists from Germany, Dr Sabir and Professor Heep. Both guest speakers gave a fantastic insight into current and future research investigating the mechanisms of brain injury in neonates, and developments in imaging and neuroprotective treatments. As a therapist working with ex-preterm infants in the early years, it was incredibly interesting to gain insight into medical developments.

These were followed by renowned neonatal physiotherapist, Adare Brady, sharing her research into functional outcomes of children following neonatal encephalopathy and the role of neonatal physiotherapy

assessment. I found it encouraging seeing the close clinical links of the research being carried out.

Meanwhile those attending the main programme heard a passionate talk from Charlie Fairhurst, highlighting the incidence of pain in children and adults with cerebral palsy. Opportunities for managing pain were discussed, including medical and orthopaedic adjuncts to therapy. In particular, the administration of Botox for children with cerebral palsy at GMFCS levels 4 and 5. For me, this has a direct implication on my own practice.

Free paper presentations from Deborah Wilson and Dr Geraldine Hastings complimented each other well in presenting qualitative data collected from service users and therapists, respectively. Particularly highlighting the potential difficulties of balancing a role as an advocator against that as a time-pressured therapist, and how vulnerable families can be best empowered to access services when required.

Friday evening began with relaxing drinks and jazz music. The meal was well attended and an excellent opportunity to catch up with old colleagues and familiar faces. A delicious dinner was followed by a highly competitive bingo game, expertly led by members of the committee. Further jazz and wine late into the night ended a very enjoyable evening.

The trade fair offered the chance to view a wide range of equipment, orthotics and associated services, and to collect an abundance of pens to keep us set for the year! It was great to get hands on experience with new and innovative equipment.

Saturday offered a presentation on long term ventilation which recognised the challenges faced by acute and community teams involved with discharging complex respiratory patients, whilst highlighting the positive trends in lifespan and quality of life when a child requiring ventilation can be fully reintegrated into their family life out of hospital.

The content in both the neonatal and main programs catered for a huge variety of specialisms, and made it extremely interesting for both acute and community therapists settings working with children of all ages. The inclusion of international and multi-disciplinary presenters created a weekend that stimulated thought and discussion amongst delegates and, no doubt, will help to encourage taking opportunities for research and changes to clinical practice.

By speaking to members of both the south west and national committees, I got just a small snapshot of the time, effort and organisation that had been put in both over the year and at the very last minute to make the days run effectively. As a delegate; booking and participating in the days couldn't have been easier, which reflects the enormous effort they have put in, and no doubt will continue to do in preparation for next year in Edinburgh!

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.csp.org.uk**

**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
MINUTES OF THE 40TH ANNUAL GENERAL MEETING
SATURDAY 9TH NOVEMBER 2013**

BRISTOL

The Meeting opened at 12.15pm

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

1. Apologies for absence:

Apologies were received from: Marion Main; Leanne Turner; Maggie Diffey; Eva Bower, Lois Dyer; Sandra Holt; Mary Clegg; Elizabeth Hardy; Jill Brownson; Mary Harrison; David Scrutton and Di Coggings.

2. Minutes of the last meeting:

The minutes of the 39th Annual General Meeting held in London had been placed on the APCP website for perusal.

The minutes were approved and electronically signed accordingly.

Proposer: Juliet Goodban

Seconded: Harri Creighton- Griffiths

3. Matters arising:

There were no matters were arising.

4. Chairman's report – Sam Old

Welcome to the 40th APCP AGM, I suppose we should say happy 40th!

Last year you may remember we voted to alter the constitution to meet the CSP's requirements. Following this we gained professional network recognition. Over the next 3 years all professional networks will require to meet standards for re-recognition, so we have updated our 5 year plan, and this will be available on the website.

We are currently undergoing a revamp of our website, and are now linked to the CSP's site. This has been a long process as we initially started the upgrade with the web company we have been using, however this was not meeting our demands and the CSP offered to host the site. This has led to delays and we had hoped the website would be fully functional, however we are launching the new website, it will still be accessible via www.Apcp.org

You may start seeing some differences, and this should mean you can access various documents easier. We are working towards automated payments and online booking for conference and courses reducing the amount of time spent on admin, freeing up a VA for other tasks.

Other areas of work this year include:

Being registered with NICE for several guidelines relating to children, including transition. We are working with RCP who are developing clinical guidelines in stroke in children.

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

We had a working weekend where there was a lot of hard work and we achieved, including more leaflets, which you should see on our website, and the update of the 5 year plan.

The groups operating within APCP have been working hard, and competencies are being developed for physiotherapists working with children and young people with neuromuscular conditions, as are those for physiotherapists working within neonatal units regarding respiratory management.

I recently attended a meeting with the CSP and the National Clinical Director of Paediatrics Dr Jackie Cornish, to raise the profile of paediatric physiotherapy. This was a positive meeting and we have been asked to present at a meeting regarding strategy in December.

Next year we are trialling a joint conference with our colleagues in Occupational Therapy and this will be in Edinburgh.

Finally I want to thank the committee members as I am sure you are aware the work of APCP would not be possible without their contribution, who give up their free time to develop the network and paediatric physiotherapy. I would like to especially thank Linda New, who is standing down from the national committee; Julie Burslem, who is standing down as secretary and Kerry McGarrity who is standing down as media and publications officer, but both are staying on national committee. Finally I would like to thank Eva Bower who is standing down as journal editor, over the last few years she has transformed our journal, and made it into the professional publication it now is.

5. Treasurer's report – Siobhan Goldstraw

The accounts for 2012 have been examined by the accountants, Nicklins Business Advisors, and a copy of the financial accounts is available to be seen. The main points are the increased costs in postage and printing. Some regional courses are being invoiced to Fiona Moore (Administrator) and course fees are being paid into the national account and then paid to the region. These appear on the account report and the discrepancy between income and expenditure is because room hire has been included in the expenditure and money paid to West Midlands for hosting conference in 2011. Subscription expenditure is refunded subs and direct debit charges.

PPIMs/ neonatal/ MSK and neuromuscular special interest group accounts continue to be included in the national accounts.

North East region transferred their accounts of £3 251 which are now held centrally. The courses they ran in 2012 made a loss of £900 but they had a balance of £2,000 as of 31st December 2012.

A laptop computer was purchased for the secretary post (£373.00).

Conference 2012 was held in London with a Neuromuscular parallel study day on the Friday. Due to high costs in London there was a deficit of £10,000 which is shown as an equivalent deficit in the 2012 accounts. Membership subscriptions will be maintained at £40 for 2014 .

I recommend that Nicklins LLP be retained as accountants for examination of 2013 accounts.

Proposer: Harri Creighton-Griffith

Seconded: Helen Chamberlain

6. Adoption of the Auditors

Nicklins Partnership of the West Midlands remains the adopted auditor.

Proposer: Loiuise Leach

Seconded: Suzanne Offer

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

I have been the Publications Officer for the maximum four years so I will be standing down this weekend. I will continue to edit the newsletter a little longer though so I'll still be pestering you all. I had planned on introducing the new Publications Officer, Harry Harrison but it appears he's done a runner- he did claim he had a train to catch or some excuse!

Our leaflets remain popular, more so since they can be accessed by non-members as well. I've had positive feedback from health visitors and even the odd paediatrician so do signpost the professionals you work with to them. The most recent addition is 'Understanding Transition' and I have four more to load shortly including two on use and safety of standing frames, Downs syndrome and working in schools. If there are any topics you would like us to cover, please contact us, the Publication Officer's address is in the newsletter or you can get in touch via the website.

We've had a bit of delay in completing the 'toe walking' document but it should be available within the next few weeks and we will email you to let you know when it's on the website as there has been quite a lot of interest in it.

The newsletter keeps getting bigger and better. Thank you to all of those who have written articles for me, we can't do it without you. And to encourage the rest of you, I'll print pretty much anything so if you're involved in any projects, work with any charitable causes or have course feedback or parents perception of therapy to share, please put pen to paper or finger to keyboard! I have printed a couple of obituaries, it's not quite hatched, matched and dispatched but I'm open to offers!

Sam has already mentioned the website is changing. The CSP will be hosting it for us and it will be integrated onto the CSP site, which means single password access for CSP, iCSP and APCP. Might help some of you who keep forgetting their passwords! Some of you may not be current members of CSP or not registered to use the CSP website yet. We will be emailing you after the new site goes live to help you with logging on. We hope the new site will be up and running by the New Year so please bear with us while we move house!

That's about all from me, thank you all for your support over the last four years

8. Research and Education Report – Sue Bush

We have finally allowed Eva to retire from the editorship of our journal and are very pleased to welcome Cate Naylor as the new editor. We are very grateful to Eva for all her work in reshaping the Journal and promoting scholarship and research in APCP.

I have taken on the post of Research Officer this year and am slowly finding my feet. Please bear with Cate and me as we work with the rest of the committee to streamline the Bursary application process. The application form will be available on the new website.

If you have any work which you would like to share with other APCP members but feel shy about writing a journal article we are all available to support you and urge you to go for it!

Unfortunately the promised guidance for abstract submissions was not ready to publish this year but we are working on producing a guide which will be published in the Newsletter and available on the website to assist future submissions. We would like to thank everyone who submitted abstracts for Conference this year. As last year the successful free paper authors will be providing an article for the Journal and all poster presenters are also invited to submit their work to the Journal.

We are currently supporting work on the production of serial casting guidelines for the ankle in children with neurological disabilities and have also supported work on identifying and reviewing respiratory techniques used in treating pre-term infants.

If you need financial support to pursue a research project or advice on getting started please contact me and I will do my best to advise you or find you someone else who has the expertise you need.

9. Election of committee members

There were 4 potential vacancies for National Committee Posts and they had been advertised on the VA bulletin sent out to members. 3 nominations were received and the nominees can go through unopposed

Gabriella Todd

Rachel Schieber

Harry Harrison.

They have all been accepted onto the National Committee.

9. Honorary Members

No nominations were received this year for honorary membership of the Association.

11. Any Other Business

No other business issues were raised.

12. The next AGM will be on Saturday 22nd November 2014 at the Conference in Edinburgh approximately 1230hrs.

We look forward to seeing you there.

Meeting closed at 1235 hrs.

Julie Burslem
Secretary to the National Committee.

**ASSOCIATION OF PAEDIATRIC
CHARTERED PHYSIOTHERAPISTS
41ST ANNUAL GENERAL MEETING**

SATURDAY 22nd NOVEMBER 2014

SURGEONS HALL, EDINBURGH, EH8 9DW

Treasurer Report for AGM November 2013

The accounts for 2012 have been examined by the accountants, Nicklins Business Advisors, and a copy of the financial accounts is available to be seen. The main points are the increased costs in postage and printing. Some regional courses are being invoiced to Fiona Moore (Administrator) and course fees are being paid into the national account and then paid to the region. These appear on the account report and the discrepancy between income and expenditure is because room hire has been included in the expenditure and money paid to West Midlands for hosting conference in 2011. Subscription expenditure is refunded subs and direct debit charges.

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North East region transferred their accounts which are now held centrally. The courses they ran in 2012 made a loss of £900 but they had a balance of £2000 as of 31st December 2012.

A laptop computer was purchased for the secretary post (£373.00).

Conference 2012 was held in London with an MSK study day on the Friday. Due to high costs in London there was a deficit of £10,000 which is shown as an equivalent deficit in the 2012 accounts.

Subscriptions will be maintained at £40 for 2014.

I recommend that Nickins LLP be retained as accountants for examination of 2013 accounts.

Treasurers Report
ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
National Account

Income and Expenditure Account for the Year Ended 31 December 2012

	£	2012 £	£	2011 £
INCOME				
Courses	8,087		2,550	
Subscriptions	75,060		77,920	
Publications	1,015		1,103	
Bank Interest Received	87		69	
Conference Income	85,570		73,738	
Capitation Fees	7,174		-	
Neonatal Group	6,200		3,985	
Neuromuscular Group	-		3,855	
North East	6,802		6,802	
Advertising	-		425	
Other Income	1,381		1,035	
		<u>191,376</u>	<u>171,482</u>	
EXPENDITURE				
Catering and Accommodation	7,752		7,935	
Committee Travel & Subsistence	10,411		9,698	
Postage, Stationary & Printing	33,435		20,954	
Accountancy Fees	2,100		2,040	
Course Fees	12,358		2,516	
Administration Costs	25,500		25,250	
Conference Expenditure	97,478		64,052	
North West Region	-		500	
Neonatal Group	5,402		3,181	
Neuromuscular Group	-		2,132	
PPIMS	440		369	
Website Design	350		550	
Subscriptions	1,272		620	
MSK Group	519		-	
North East	4,751		-	
Corporation Tax paid	-		-	
		<u>201,768</u>	<u>139,797</u>	
(Deficit)/ Surplus for the year		<u>10,392</u>	<u>31,685</u>	



Call for abstracts

APCP and CYPF
Annual Conference 2014

In Cahoots
Working together in early
intervention
for better outcomes

21st and 22nd November 2014
The Surgeon's Hall, Edinburgh
For information and application forms email:
va@apcp.org.uk

Successful candidates will be asked to present
free papers or posters

Submission Deadline: 1st June 2014



APCP and CYPF
Annual Conference 2014

In Cahoots

Working together in early intervention for better outcomes

21st and 22nd November 2014

The Surgeon's Hall, Edinburgh

APCP and CYPF (paediatric OTs) will be joining forces on the Friday to present a joint PT/OT programme

Parallel programmes on the Saturday organised by the APCP Scottish Region and by APCP PPIMS Group

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

NEONATAL GROUP

The neonatal group ran the very successful parallel study day at conference in November, please see the report in the conference section. A number of members are standing down from the group so please contact me if you are interested in joining our happy band! We are investigating the possibility of running another LAPI study day in Edinburgh this year and also there is the potential for an advanced neonatal day with respiratory competencies.

Hilary Cruickshank
Chair, Neonatal Group

PPIMS

PPIMS has been continuing with the work of developing Paediatric Physiotherapy leadership support networks across the UK, following regions as defined by the "Regional Reps". This has come about due to membership comments that central meetings are harder to get to and support locally would be preferable. An action plan has been developed for tasks to be shared amongst the regions as they develop, and for a broader committee to be established for better feedback and sharing.

Work has commenced on developing the alternative agenda for this year's conference, and further information will be available as topics and speakers are confirmed.

The document on Outcome Measures has neared completion and will be available soon.

Please contact me if you are interested in joining a local PPIMs support network, and I will signpost you to local contacts.

Juliet Goodban
Chair of PPIMS

MSK GROUP

The MSK group have some new members on the committee and we are looking at producing some guidelines to common MSK conditions, a review of the literature is underway and we are looking initially at Osgood Schlatters disease and then Severs disease. We are also due to publish our 'Red and Yellow flags in paediatric MSK leaflet. The group are also looking into the potential to run an Introduction to MSK course. Please check the newsletter and website regularly for information.

Vicky Easton
MSK Rep

NEUROMUSCULAR GROUP

Marion Main
Neuromuscular Rep

COMMUNITY RESPIRATORY GROUP

The group met for the first time in October 2013 as a committee. We are initially looking at guidelines for suctioning for community physiotherapists. We are also looking into running an Introduction to Respiratory course and are going to send out a survey to our members to clarify what is needed for learning outcomes.

Leanne Turner
Community Respiratory Rep

EAST ANGLIA

Hi everyone

This autumn our committee successfully hosted the Introduction to Paediatric Physiotherapy Course which was very popular with the maximum 60 delegates attending for the three day course. The feedback has been excellent and we are very pleased by the variety of delegates who attended.

We will be hosting the Jems 'Get on the Ball' Course on the 23rd and 24th January 2014 in Chelmsford, Essex and hope attending delegates will find this a fun and informative course.

We are losing two members of our committee Pam Marmelstein and David Balls due to changing work commitments. We thank them very much for all their work in supporting our regional committee through the recent very successful APCP Conference and courses. We welcome back Jenny Alcock, the Chair of committee after her maternity leave and we hope to be introducing some new members next year. The more members there are, the more varied the input and support so please contact us if you are able or interested in joining our regional committee. We currently meet in Cambridge approximately three times a year so it is not a huge commitment.

Finally if you have any ideas for topics you would like to hear in the future please contact us, as we arrange courses based on feedback of what therapists would like. We are also looking for venues suitable for courses throughout the region if you have any suggestions or would like one nearer your place of work.

Simone Philpott & Cat McMaster
simone.philpott@nnuh.nhs.uk
cat.mcmaster@nhs.net

LONDON

What a busy round up to the year we have had with lots of lectures. The lectures have been well attended, so thank you to all who continue to support us in such good numbers.

However (prepare for the Mrs Angry bit) we are having a big problem with non-attenders who have not paid in advance! At our December lecture we lost £125.00 on the door from people who had booked and not paid in advance. If that is you, shame on you, we are keeping a list of repeat offenders! It costs quite a lot of money to put these lectures on, with venue and speaker costs. If we run at a loss, we will have to reduce the number of lectures we run, or

considerably increase the cost, neither of which are good options for our members. So please, pay in advance and come! Rant over !

On a more positive note, we have some really great lectures planned for the beginning of the year, so please watch out for emails from Fiona, the VA. Using electronic payment has been really well received and we plan to continue this next year.

Finally a plea to send material for the newsletter! As I'm sure you agree our publications have been getting better and better. However, they are only as good as the material that goes into them. Whilst the journal may be a little daunting, sharing any practice or experience through the newsletter is easy and fun. We know there are lots of great things going on across London, share what you are up to with your colleagues! If you would like assistance with this you can always contact me or any members of the committee, we would be happy to help. Let's have London represented in all the Newsletters!

Sinead Barkey
sinead.barkey@gosh.nhs.uk

NORTH WEST

Hello, I hope everyone is well and have enjoyed a great Christmas break; we are still trying to wade through reams of wrapping paper left over from present opening.

Anyway, it's all change for the North West Regional Committee. Firstly, I would like to say a great big thank you to Alison Boulton for all her sterling work as NW Chair over the last few years. Alison is standing down due to the imminent birth of her next child and coming to the end of her time on committee. Replacing Alison is Rosemary Turner, who I am sure, will rise to the challenge of being chair and bring her enthusiasm and motivation to bear and ensure the committee continues in a positive vein. Catherine Engelbrecht has unfortunately stood down as secretary, so a big thank you to her and good luck in her new job in Lancaster. Replacing Catherine as secretary is Julie Reay, no pressure Julie!. Finally, I am standing down as NW Regional Rep, so I can take up the position of Publications Officer for National Committee, no replacement has been found at this time, so a big thanks to me!

Following the last National Committee meeting the big news to report is the possibility that both the North West & North East regional committee's will be jointly hosting the 2015 Annual Conference. With

this possibility in mind we definitely need more members on committee to help organise the conference and offer advice on what should be included in the programme. So don't be shy, please volunteer to help out, it will be really appreciated. The 2014 Conference is being held in Edinburgh in conjunction with occupational therapy colleagues, with the snappy title of "In Cahoots". The parallel conference will be PIMMS.

The last twilight session on Acquired Brain Injury in the community was well received with positive feedback from all delegates who attended. Future topics have not been arranged as yet, but discussions are on-going with a view to looking at orthotic management of complex children in February 2014 and the possibility of a neuromuscular conditions study day, in March 2014. If anyone has other ideas please forward them to committee, as soon as possible.

Well that's it for the moment, enjoy the rest of the year and remember "Your Committee Needs You". Once the new Regional Rep has been identified it will be communicated to you as soon as possible. So from me it's "so long, and thanks for all the fish".

Harry Harrison
mark.harrison@cumbria.nhs.uk

NORTH EAST

Since the last newsletter we have held a successful gym ball study day at Therapy In Praxis near York, where there was a roomful of physiotherapists from across the region (and beyond) desperately trying not to lose their balance as they tried out a full range of activities and exercises. The day helped provide therapists with a chance to discuss ideas and how these have been successfully implemented in the settings in which they work. The feedback from the course was very positive and everyone went away with ideas and thoughts on how their teams could progress this as a treatment approach for individuals or in a group setting. There were certainly some lively discussions and impressive practical demonstrations observed throughout the session.

We have had some movement within the regional committee and we have said thank you and goodbye (for now) to Vicky Greensmith for her help and commitment to the group. And we have two new members; Amy Jones and Gemma Guy who we are happy to welcome on board and look forward to their new ideas and inspiration in the coming events which are underway. For more information about those people currently on the committee please

check out the regional page on the website, which is currently being updated.

Previously in the newsletter we announced that we would part fund two places to the 2013 conference, and I thought people would bite our hand off at the chance of funded places. So I was surprised to only receive one nomination before the deadline, and was approached by someone else afterwards. Included elsewhere in the newsletter are their thoughts on conference. We are hoping that we can fund a place for the 2014 conference so keep checking the newsletter and website for further details.

It has just been agreed that the Conference will shortly be heading back to the Northern Regions, and for something a bit different we are looking to collaborate with the North West region to provide a full programme of events in 2015. At this very early stage there are no further details to be announced but anyone who would like to join the two regions to plan and host this event should get in touch sooner rather than later.

There are also plans underway for two regional study days in 2014, so we have a busy time ahead. Despite our two new additions to the region we still have spaces if anyone else wants to join us- what have you got to lose, get in touch with us and found out more details.

Helen Chamberlain
Helen.chamberlain@humber.nhs.uk

SCOTLAND

Hello to all the Scottish membership! On behalf of all the Scottish Committee I hope you had a great Christmas and are looking forward to a very happy and successful 2014! In what is likely to be an interesting year for Scotland as a nation, perhaps we should be practising our Gaelic and wishing each other '*Nollaig Chrìdeheil agus Bliadhna Mhath Ur'* next year...!! As well as the referendum in September, there is of course the Commonwealth Games in Glasgow in July/August. This will be an excellent opportunity for our para-sport athletes to showcase themselves and will give many physiotherapists an opportunity to gain valuable experience in working with elite athletes at the highest level of competition.

Then of course in November comes the highlight of the year – yes, the APCP Conference 2014! APCP Scotland Committee are working hard to construct a programme made up of the highest quality speakers with something to interest and inspire paediatric physiotherapists from across the UK. We can confirm

that the Conference will be held in Edinburgh on 21-22nd November 2014 at the Surgeon's Hall, which is a unique conference venue piled high with history! Just to keep us on our toes, for the first time the conference is being run jointly with our paediatric Occupational Therapy colleagues, with a theme of Timely Intervention. After much deliberation we have settled on the title of *'In Cahoots – Working Together in Timely Intervention'*. It will still be two days in duration, but the joint conference with OT will only run on the first day. The second day will consist of our main programme as well as the usual parallel programme, which this year will be run by PPIMS (Paediatric Physiotherapists in Management Support). Conference planning is no light undertaking, and much work is going on behind the scenes to pull together a two-day event of the highest quality which we hope many local and not so local paediatric physiotherapists will be able to attend.

Training events in 2013 were unfortunately severely affected by a lack of funding and study leave for CPD throughout many establishments, with the cancellation of the much sought-after Elaine Owen Paediatric Gait Analysis course. However, we did run a very successful one day training event entitled *'Where to start – chest care for children and young people with neuro-disability'*. This event was held at the Bobath Scotland Cerebral Palsy Therapy Centre in Glasgow, and was fully subscribed. Our thanks once again goes to Elaine Dhouieb and Kath Sharp for presenting and leading an inspiring day which resulted in excellent feedback from attending physiotherapists.

On the subject of feedback, can I encourage you all once again to get in touch with any of the Committee regarding training opportunities that you would like to see happening in Scotland. We work hard to try and organise high quality and varied CPD events, but we rely on members to provide us with information about the types of training that is sought after. With conference 2014 planning taking up much of our time as a Committee it is unlikely that there will be another training event earlier in the year. But if there is, we will let you know about it via email as soon as any details are available.

Other news...all APCP Scotland members will shortly be receiving a free copy of the DVD and manual which supports the very successful hip surveillance project launched earlier in the year by the CIPPS group. The production of these items has been supported financially by APCP Scotland, and it is hoped that they will prove to be a valuable resource for Scottish Paediatric Physiotherapists.

Lastly, we are delighted to welcome Cathleen Hunter on to the Scottish committee. Cathleen will be representing Lothian region, and can be contacted via the APCP website regional pages. If anyone is interested, we are still looking for representatives from Ayrshire & Aran, Inverclyde and West Lothian so please get in touch!

Kirsteen Grieve
kirsteengrieve@gmail.com

SOUTH EAST REGION

Since my last report we have held two more study events, the first of which was in October and it had an MSK theme, it was held in the delightful setting of Barcombe Village Hall close to Lewes. We were lucky to have two really good speakers; the first was Cath Ellis who talked about common problems in the adolescent shoulder. The session started with a bit of revision of shoulder anatomy and looked at differential diagnosis of common and not so common shoulder problems and was a very informative talk. The second talk was from Debbie Wilson who did a presentation on the limping child and this looked at the many reasons for lower limb problems and which conditions are most prevalent at different ages. It was good to see quite a few non-members as well as members in the audience.

In November we held our AGM and a talk from the ever popular Dr Charlie Fairhurst, on Medical Management of Children with Cerebral Palsy. Charlie kept the audience entertained with his case study, where he seemed to bring alive all of the characters involved, I for one won't forget about "Maisie" for quite a while. This was held at the Phoenix centre in Bromley, thanks to Jill Larkins and her team for hosting.

In addition to the study events the South East region sponsored two national APCP conference packages for the Bristol conference, we decided to make this into a draw for any members in the SE as long as they wrote up a piece for the newsletter, hopefully you will be able to read the articles by Becky Hindle and Isey Lane who both won the packages.

At the AGM we said a big thank you to Kerry McGarrity and Sandra Speller who are both stepping down from the committee after eight years, Kerry was previously the Chair of the SE region as well as being regional rep, and subsequently went on to be Editor of this newsletter and Publications Officer on the national committee, Sandra has been our treasurer for the last four years. We have been really lucky to get four more people stand for the

committee and they were all voted on at the AGM, and I am pleased to welcome Isey Lane, Sarah Webb, Sandra Dawson and Clare Emery.

We already have our February Study afternoon planned for Wednesday 12th February on Epilepsy and its Management in Children and Young People. This is being held at the Young Epilepsy Centre in Lingfield, Surrey and promises to be a great afternoon. There are limited places for this course so please apply early. We also have plans for respiratory and postural management study days in 2014. If you have any ideas for topics or suggestions of larger venues, with good parking, then please let me know. Finally I would like to wish everyone a Happy New Year, and we hope to plan even more events for 2014.

Nicola Burnett
nicola@burnettfamily05.wanadoo.co.uk

SOUTH WEST

We would like to thank all the delegates, speakers and Trade exhibitors who joined us at the APCP National Conference in Bristol in November 2013. Over 90% of the delegates who filled in the online feedback form, rated the Conference as good or excellent, which is very pleasing.

The trade quiz was well received and certainly encouraged the delegates to visit all the exhibitors. Those who joined us for the conference dinner, not only enjoyed their meal but the jazz band and of course the bingo!

We wanted to express our thanks to Fiona Moore the APCP VA who gave us excellent support before, during and after the event. The organising of Conference would not have been possible without her dedicated work.

As mentioned previously, some of the SW committee are due to stand down from the committee as they have completed their term of office. We are looking for new committee members, and are keen to attract nominations from parts of the region not currently represented. E.g. from the north or west of the region. Please do not hesitate to contact me to discuss this, or to be nominated for committee.

The committee plan study days and is a good place to network with other paediatric physiotherapists in the region. We have a representative to the National Committee, which enables communication to and from the National/regional committees, and the opportunity to be involved with the activities of the National Committee.

We will be having a regional study day and AGM in the summer of 2014, with the focus on MSK conditions of the lower limb, details to be confirmed.

Katherine Heffernan
katherine.heffernan@glos.nhs.uk

WEST MIDLANDS

Happy New Year to everyone! Hope you've had a good Christmas break and are ready for some excellent APCP events in 2014!

We are currently in the early planning stages for one of our hugely popular 'forums' looking at issues around toe walking. We hope to have representatives from different companies with innovative new products, a variety of inspirational speakers, and as always, plenty of opportunity for discussion and networking. We also hope to run a study evening with a respiratory theme, in response to participant feedback collected at recent courses. If you have any others ideas or subjects that you would find particularly valuable, then please do get in touch with us and we will do our best to accommodate. You can also apply to us for bursaries to support you with the cost of courses, and not just those organised by APCP.

There have been a few changes to the West Midlands Committee from our AGM held on 19th September 2013. We have sadly said goodbye to Chair Christina Anderson, whose sense of humour will be much missed at committee meetings! Michelle Baylis has now taken on this role, and her role of treasurer will be managed by Alex Webster, when the accounts are handed over. We are fortunate to welcome Naomi Shipley and Jane Peel onto the committee, but have also regrettably had to say goodbye to Nicola Brown, who has worked hard and given much to West Midlands APCP recently. Jane Peel has officially taken on the role of secretary, with Claire Sower being on maternity leave.

Our most recent event received much positive feedback from participants. We welcomed Dr. Angela Thompson, Lead Consultant for Paediatric Palliative Care in Coventry and Warwickshire, and Susie Turner, Clinical Specialist Paediatric Physiotherapist from Evelina Children's Hospital, who gave interesting and challenging presentations on aspects of pain presentation and management. Thank you to all those who attended, and stayed for the AGM afterwards.

We look forward to meeting a few more of you over the coming year. 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.

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

I have just taken over from Gabriella Todd as the Welsh APCP representative. Gabriella will continue to be a national committee member and I have some very big shoes to fill!

Recently I attended the National Conference 'Extending Minds and Practice' and experienced a fascinating 2 days. I was very fortunate to attend the Neonatal Program as this was an area I wanted to find out more and learned all about the exciting science of 'neonatal cooling' and the reduction of Brain Injury when cooling and xenon gas is used in collaboration. I understand this was developed by a very clever anaesthetist in his garage in Swansea! There were some fantastic speakers over the two days and the APCP South West Committee did a sterling job of organising an excellent conference. APCP Wales fully funded a member to attend conference and Kirsty Foster, a paediatric physiotherapist from Cardiff was selected, she will be feeding back at our AGM in April.

In December we held a 'Moving Through Resistance' evening in Newport which was well attended by paediatric physiotherapists and paediatric occupational therapists. This was based around mindfulness and resilience training. A further evening will be held on Wednesday 5th March 2014 to further explore Motivational Interviewing.

The AGM will be held on Wednesday 2nd April 2014 (at the time of writing the venue is yet to be confirmed) the theme this year will be around Developmental Co-ordination Disorder and Smart Moves. Please check the APCP website for further information.

Unfortunately we have taken the decision to not run the 'Celtic Kids' exhibition at Merthyr Tydfil Leisure Centre in May 2014. This was due to poor uptake from equipment representatives and the committee have decided to focus its time on more educational and CPD opportunities for its members.

In 2015 APCP Wales are looking at running the APCP Introduction to Paediatrics Course and also Paediatric Gait and Orthotic Course (Elaine Owen). We are always keen to hear from you and especially

our members in Wales. Please do contact your local representative/committee member or myself via email if you have any suggestions for future courses or events you would like us to host.

Louise Leach
Louise.Leach@wales.nhs.uk

NORTHERN IRELAND

Our year got off to a terrific start in September when we joined Disability Sport NI for a Junior Paralympics Day in Lisburn Leisure Centre. Read Heather Reilly's article in this Newsletter for more information about a very successful event.

This year's evening programme has included topics suggested by members responding to a survey carried out last year. The committee continues to welcome your ideas for evening meetings or study days.

In September we had Anne Murray from the Oxygen Therapy Centre in Larne speaking about the type of patients who attend this private facility in NI. Although anecdotal, the individual stories were informative as we heard what is involved in receiving this treatment.

Due to illness we did not hear about the Spider Therapy service in Warrenpoint. However Sheila McNeill was able to report from a review article by Ginny Paleg on Paediatric Supported Standing Programmes.

In November Siobhan McCauley, physiotherapist from the NI Muscle Clinic, and Jonathan Bull, Orthotist, gave an update on the regional service for patients with Muscular Dystrophy. Approximately 60 patients from all over NI are on the caseload for this clinic which is held twice a month in the City Hospital in Belfast. The clinic is now included in the North Star Project. Siobhan gave treatment advice for various stages of DMD and a synopsis of the information from the National Muscular Dystrophy Campaign meeting. Jonathan presented orthotic management of DMD.

We plan to have a Paediatric Pilates evening on 27th February 2014 with Kay McLorn Practice Principal from Blackstone Physiotherapy Clinic in Moira. Venue to be confirmed.

On the evening of 29th April 2014 we have been invited to the Gait Analysis Laboratory at Musgrave Park Hospital in Belfast for an update on Gait Analysis by Dr Brona McDowell, clinical specialist

physiotherapist.

Finally, as requested by members, we have booked Esther De Ru to run two consecutive two day Therapeutic Taping courses on the 28th-29th May and 30th -31st May 2014. Application forms are available from the website. Please note that prioritization criteria will be applied to allocate places.

May I take this opportunity to thank this year's committee for their hard work and support in running this year's programme.

Sheila McNeill
Sheila.mcneill@belfasttrust.hscni.net

TRENT

The Trent committee are continuing to tour the area holding meetings in all corners of our region. We would encourage current APCP members to get involved and look forward to welcoming recruits to the merry gang.

We aspire to share the importance of APCP membership for those interested in or working with children's' physiotherapy. Working to gather more members into this developing supportive paediatric physiotherapist's network in the region to shape and inform the way forward is a part of that plan.

We want to provide high quality and easily accessible CPD opportunities for the therapists in our region and help busy professionals keep up to date with current practice. We know others have been really successful for our region in the past and we hope to emulate their success. To that end the Trent Region held its first evening lecture on chronic pain and its management. It was an interesting evening. Despite a last minute change in one speaker it raised some thought provoking ideas and facilitated sharing of some informative best practice specialist service key principles.

For 2014 we have taken up the challenge of running the APCP Introduction to Paediatric Physiotherapy course. Hosting and delivering this popular course in September 2014 will help to raise the profile of the newly reformed Trent region nationally. The team are currently looking at venues and starting to contact speakers. We are looking forward to assisting physiotherapists with an interest in paediatrics to further their knowledge and give them the foundation skills they need to begin a career in paediatric physiotherapy. Why not join us, we know we will benefit from the breadth of experience and

skills you could bring and you never know we might have some fun on the way?

Sarah Bacon & Sarah Westwater-Wood
Sarah.bacon@nottshc.nhs.uk

Research and Education

We have finally allowed Eva to retire from the editorship of our journal and are very pleased to welcome Cate Naylor as the new editor. We are very grateful to Eva for all her work in reshaping the Journal and promoting scholarship and research in APCP.

I have taken on the post of Research Officer this year and am slowly finding my feet. Please bear with Cate and me as we work with the rest of the committee to streamline the bursary application process. The application form will be available on the new website.

If you have any work which you would like to share with other APCP members but feel shy about writing a journal article we are all available to support you and urge you to go for it!

Unfortunately the promised guidance for abstract submissions was not ready to publish this year but we are working on producing a guide which will be published in the Newsletter and available on the website to assist future submissions. We would like to thank everyone who submitted abstracts for Conference last year. As last year the successful free paper authors will be providing an article for the Journal and all poster presenters are also invited to submit their work to the Journal.

We are currently supporting work on the production of serial casting guidelines for the ankle in children with neurological disabilities and have also supported work on identifying and reviewing respiratory techniques used in treating pre-term infants.

If you need financial support to pursue a research project or advice on getting started please contact me and I will do my best to advise you or find you someone else who has the expertise you need.

**Sue Bush
Research Officer**

In November 2013 Eva Bower not only retired as editor of the APCP journal, but also decided to retire fully from her long and distinguished career in paediatric physiotherapy. Eva has had made an outstanding contribution to our profession as a clinician, a researcher and a teacher, and leaves us with a remarkable legacy for the future. Over the years, Eva has guided and supported many paediatric physiotherapists both in their clinical work but also into the world of research encouraging a searching mind and the desire to do the best for our patients. Most recently, under her experienced eye, the APCP journal has gone from strength to strength, and we would like to thank for her work over the last three years to produce a journal that we can be proud of. We warmly wish Eva a happy retirement and our best wishes for her future projects.

Cate Naylor and Sue Coombes

Call for Abstracts 2014

A large number of members submitted abstracts for the 2013 conference. This is the call for abstracts for 2014. The closing date is 1st June 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 2014 APCP conference. Abstracts accepted for presentation as free papers will be expected as a full article and submitted to for peer review for publication in the spring edition of the APCP journal. Submission deadline is 1st January 2015.

The word limit for abstracts should be 250 words excluding references

**Jo Brook
Education Officer**

Guidance for posters/free papers – APCP Conference

- The deadline for receiving abstracts for the APCP conference is the 1st June prior to the November conference.
- Feedback will be sent to authors by the end of July.
- The deadline for re-submission with corrections is the 15th September (mid-September).

Guidance for what to submit

- Single case study or case series
 - Unusual conditions
 - Novel treatment with technique
- Service development
 - New and sustained
 - How the service development was implemented
- Audits
 - Including implications for practice
- Literature review
 - Critique of the literature, not just a report
- Research reports
 - Relevant to paediatric physiotherapy
 - Sound methodology
 - Results
 - Implications for practice

New Paediatric Research Funding from the CSP Charitable Trust and Action Medical Research for children

New Paediatric Research funding awards have been developed for 2014. A new opportunity has arisen from the CSP Charitable Trust (CSPCT) to support research into paediatric non-acquired brain injury and paediatric cerebral palsy.

For experienced researchers the CSPCT has teamed up with Action Medical Research for children and together are providing an award to successful applicants of up to £250,000. Action Medical Research will continue to run its response mode project grants round and applications will be considered through the Action Medical Research peer review system. Where the Principle Investigator is a member of the Chartered of Physiotherapy and the research is in the area of paediatric non-acquired brain injury and paediatric cerebral palsy joint funding up to £250,000 will be available. For more details please see the CSP website ([link](#)).

For novice researchers the CSPCT is also ring-fencing funds in the area of paediatric non-acquired brain injury and paediatric cerebral palsy; members can apply for funding (up to £20,000) within Scheme B of its Physiotherapy Research Foundation. This is a great opportunity for any novice researchers with a burning question they want to address. Details of how to apply for this fund are available through the CSP website.

We are currently undergoing a revamp of our website, and are now linked to the CSP main site. This has been a long process as we initially started the upgrade with the web company we had been using, however this was not meeting our demands and the CSP offered to host the site.

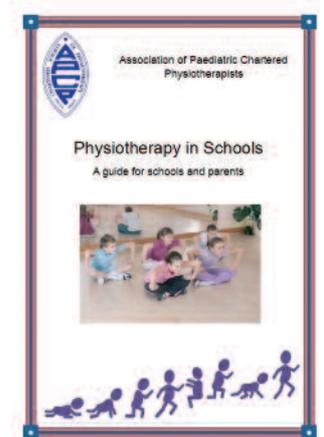
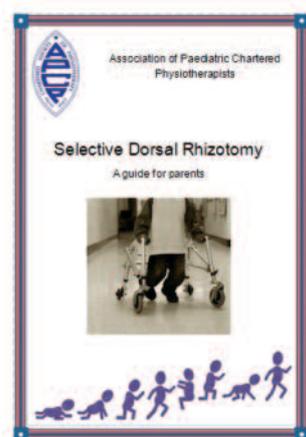
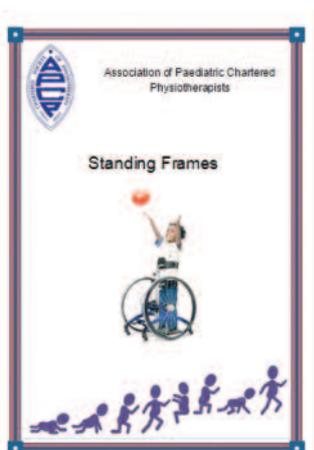
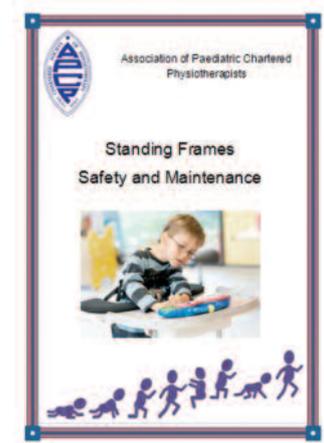
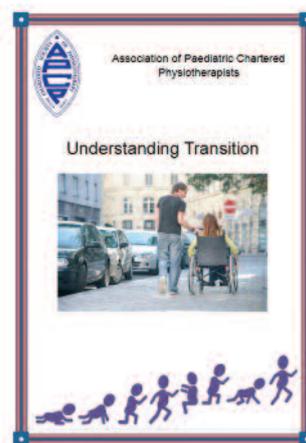
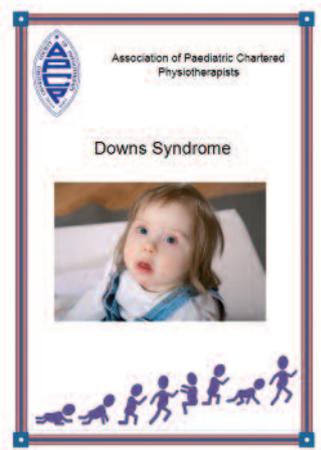
This has led to delays and we had hoped the website would be fully functional sooner, however we are pleased to say that since the New Year it's now up and running, it will still be accessible via www.apcp.org but the new address is apcp.csp.org.uk

You may start seeing some differences, and this should mean you can access various documents easier. You also now only have one password for CSP, iCSP and APCP so that's got to help those of us with too many passwords! We are working towards online booking for conference and courses and online payments thus reducing the amount of time spent on administration and freeing up our VA for other tasks.

Like all things, there may be some hiccups so please bear with us while we move house!

The newest parent information leaflets are also up on the new website and free to download for members, non-members, parents and other healthcare professionals. Please signpost your families to them.

**Kerry McGarrity (kerry.mcgarritty@gmail.com)
Publications Officer (out-going)**



I also thought you might be interested in the information below. The iCSP team send the moderators this information monthly and there are various parts you can expand to look at in more detail. This helps the moderators see what people are looking at and to feed this information back to the APCP national committee to help us stay abreast of what you, our membership want. The current iCSP Paediatric Moderators are:

Heather Angilley
Kerry McGarrity
Kathie Drinan

Helen French
Kirsten Hart
Laura Witherden

Sarah Bacon



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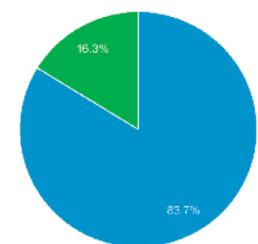
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Paediatrics

1 Jan 2014 - 31 Jan 2014

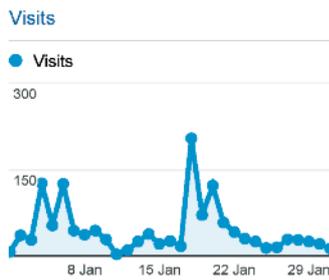


Visits by Visitor Type



Pageviews and Unique Visitors by Page

Page	Pageviews	Unique Visitors
/icsp/paediatrics	682	323
/og/content/225945/topic/table	361	114
/og/events/225945	142	80
/events/"sdr-where's-sense"-movement-centre-seminar-date-1-april-2014?bull=431890&networkid=225945	140	115
/og/content/225945/topic/table?page=1	131	58
/documents/toe-walking-children?networkid=225945	122	58
/events/two-day-course-treatment-management-cerebral-palsy-dates-3-4-april-2014-birmingham?bull=431890&networkid=225945	120	59
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/og/events/225945?page=1	99	59
/og/content/225945/document	87	50



Visits and Pageviews by Mobile (In...

Mobile (Including Tablet)	Visits	Pageviews
No	906	5,126
Yes	460	1,608



Course and Event Reviews

Feedback from the “Practical Gym Ball Study Day” held on 25th September 2013 at Therapy in Praxis, Bossall (near York)

This study day in rural North Yorkshire was a very practical day requiring a number of large gym balls to be inflated and contained (!) whilst the twenty participants listened to the initial theory presentation.

The course objectives were to discuss the safety aspects of using the gym ball in paediatric physiotherapy practise and carry out appropriate risk assessments, to demonstrate a variety of treatment ideas and progressions using the ball with several patient presentations both individually and in group settings. Finally, to reflect on our own practise and share ideas with the group.

After the theory session the rest of the day was devoted to practical application which Jo Bleasedale, the speaker demonstrated, and in our small groups we attempted to put into practise. She taught us a wide variety of treatment techniques that could be applied to both neuro and MSK patients with minor adaptations. We learnt how to develop balance, improve core stability, increase and even decrease tonal abnormalities, strengthen and use in the ball in group therapy sessions. Being able to be both the therapist and patient gave us all the opportunity to experience the effect of these treatment ideas ourselves. Jo moved between the groups in a timely manner supporting all with her constructive advice and ably answering questions put to her. After finishing working in groups we discussed some cases studies and devised some treatment plans of our own.

My favourite part of the day was inventing group treatment activities and games using the ball. Some excellent ideas came from all the groups demonstrating we had all been inspired by what we had learnt during the day.

The feedback on the evaluation forms was very positive about the speaker and course content, the venue and refreshments.

Here's hoping that you are all now using your gym balls in your clinical practise!

Alma Brambles (NE committee member)

Kidz Up North -21st November 2013

Arrived at the new venue at Event City, Manchester to find F18, the APCP stand was tucked away in the most remote corner of the venue! The downside being it was quite a chilly spot, but the upside being near the catering for access to warm drinks! Despite our lack of visibility, we did have a substantial number of visitors during the day but less than previous events in the Bolton Reebok stadium.

The overall exhibition was very comprehensive with many new exhibitors, including charity stands in the funding area, SIBS, and Eureka children's museum in Halifax (where they are putting on new events for children with disabilities.)

The APCP stand served as a good prompt to remind physiotherapists to renew their membership and several forms were given out. We had a few enquiries from parents about physiotherapy concerns and accessing services.

The A- Z of postural care booklet was popular and well received by people who were looking at it for the first time. The other APCP publications were also viewed and some order forms given out.

Joncare expressed a keen interest in exhibiting at the next National Conference. C.P sport also discussed the possible plan of including information about sporting events on the APCP website, which would make the information more easily and readily available to interested paediatric physiotherapists.

Overall a busy and interesting day but please can we have a better positioned stand next year!

Sheila Bryson

APCP northwest enjoyed an informal twilight session on Mon 7th October at Lansbury School. We had a very helpful, informative talk by Fiona Nelson from the Child Brain Injury Trust.

This gave us useful contact details and insight into the help offered by CBIT. Alison Gravett, Physiotherapist from Hebden Green School followed with an excellent talk on children moving into the community with ABI from the acute sector. This facilitated valuable discussions and highlighted

the need for early liaison before discharge. The evaluation forms rated both speakers and their presentations as excellent and good, and feedback was all very positive, the small group in particular was welcomed as it prompted more discussion from all attendees.

Harry Harrison

Book review

New Publication **Title "Haylee's Friends"**

Authors – Michelle Rundle and Emma Birch (Haylee's Friends is a story book which explains cerebral palsy to young children. It was written by Emma Birch, whose daughter Molly has cerebral palsy, and Molly's occupational therapist Michelle Rundle.)

This book took its inspiration from a young child with Cerebral Palsy asking her parents "Mummy, Daddy, why can't I walk like you and my friends do"?

When this little girl's Mum approached her therapists to ask what reading material could be recommended, it became clear that the options were very limited and did not provide a child-friendly explanation to her question. The challenge was now set!

The resulting discussion concluded a story needed to be written to bridge this gap. In conjunction with SCOPE the book was drafted. The draft format was shared with the young child, both at home and also with her classroom peers. The immediate feedback was positive. The young child herself briefly reflected after hearing the story and commented to Mummy – "I'm like that little girl, I have Cerebral Palsy". This was said with great frankness and confirms the original purpose for the story being written.

The book has an enchanting storyline that provides an explanation as to what happens in the brain of a person with Cerebral Palsy. This then translates in a constructive way as to how Haylee works with the challenges of everyday life. Positive feedback is provided by Haylee's family within the story with useful reference to some of her therapeutic interventions.

My Reflections:

The storyline translates well into everyday life for many children. It can be read one to one with a child or during storytime sessions amongst a group of children in the school setting. The book is a great way of introducing a challenging topic to children, which could lead onto further conversation on the subject in a directed and supportive way.

The term Cerebral Palsy is used within the story which ensures all readers are clear about the topic being discussed. The explanations are appropriate to primary aged children and for those at similar cognitive level to this age group.

In this day of inclusive education perhaps this is a book to have on the bookshelf of every primary school in the UK.

Availability of this book: Details of where to get a copy are via training@scope.org.uk or call 02920 815452. "Haylee's Friends" will be available shortly on the Scope website as an ebook.

Rachel Hill



International Classification of Functioning, Disability and Health

The World Health Organisation (WHO) published the International Classification of Impairment, Disability and Health (ICIDH) in 1980. This framework, known informally as the ICF, was a useful reminder that any “condition” had biomedical components (“impairments”) and that these could lead to functional limitations (“disabilities”) that could in turn impact on people’s lives by restricting their ability to interact as fully as their peers and cause “handicaps”. It encouraged people to consider a number of components and the possible impact of a health condition on the person and then use this information to help plan interventions (Rosenbaum 1998).

The WHO revised and improved the framework in 2001 and this resulted in the International Classification of Functioning, Disability and Health. It provides a standardised language and framework for the description of health and health related states (WHO 2002). It is a multi-purpose classification intended for a wide range of uses in different sectors. It is a classification of health and health related domains and it is these domains that help us to describe changes in the body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance). These domains are classified from body, individual and societal perspectives by means of 2 lists: a list of body functions and structure; a list of domains of activity and participation.

In ICF, the term “Functioning” refers to all body functions, activities and participation and the term “disability” is an umbrella term for impairments, activity limitations and participation restrictions. Environmental factors that interact with all these components are also listed (WHO 2002).

ICF is WHO’s framework for health and disability, it is the basis for the definition, measurement and policy formulations for health and disability. It is a universal classification of disability and health for use in health and health related sectors. It can be used for a number of purposes, but the main one is as a planning and policy tool for decision makers.

ICF’s name focuses on health and functioning as opposed to disability. The aim was to make it a tool for measuring functioning in society irrespective of the reason for the person’s impairment – the emphasis has moved from focusing on people’s disabilities to focusing on their level of health. ICF acknowledges that each person can experience a decrease in their health and therefore experience some level of disability – this is a universal human experience. ICF, by shifting the focus from cause to impact places all health conditions on an equal footing allowing them to be compared using a common tool – the ruler of health and disability.

The need for ICF:

Studies show that diagnosis alone does not predict the level of need for the service – length of stay, level of care or functional outcomes. In addition, the presence of a disease or disorder is not an accurate predictor of the work performance, return to work potential, likelihood or social integration or disability benefits. Using a medical classification of diagnoses alone does not provide the information needed for health planning and management purposes – ICF makes it possible to collect vital information about levels of functioning and disability in a consistent and internationally comparable manner. ICF provides the basis for identifying types and levels of disability which provides the foundations for country-level disability data to inform policy and development.

How is the ICF organised?

ICF organises information in two parts. Part 1 deals with functioning and disability while part 2 covers contextual factors. Each part has 2 components:

Functioning and Disability: body functions and body structures

Contextual Factors: environmental factors and personal factors.

Functioning and disability are results of the interaction between the health conditions of the person and their environment. (WHO 2013)

How can ICF be used?

The ICF is the world standard for conceptualising and classifying functioning and disability agreed by the World Health Assembly in 2001. It provides a freely available technical resource which is the international reference framework for health and disability information. (WHO 2013).

The ICF:

- Supports rights based policies and provides a framework and model that assists planning and communication across government and other sectors.
- Provides a common language, terms and concepts for use by people experiencing disability, providing relevant services or working with disability data and information.
- Provides an organised data structure that can underpin information systems across different areas of policy and services for policy relevant population data.
- It is a multipurpose tool which allows for a wide range of use cases.

ICF can be used to answer a wide range of questions involving clinical, research and policy development issues.

At the individual level:

- For the assessment of individuals – what is the person's level of function?
- For individual treatment planning – what treatments or interventions can maximize function?
- For the evaluation of treatment and other interventions – what are the outcomes of the treatment? How useful were the interventions?
- For communication amongst physicians, nurses, physiotherapists, occupational therapists, and other health workers
- For self evaluation by consumers – How would I rate my capacity in mobility or communication?

At the institutional level:

- For educational and training purposes
- For resource planning and development
- For quality improvement
- For management and outcome evaluation
- For managed care models of health care delivery

At the social level:

- For eligibility criteria for state entitlements such as social security benefits, disability pensions, compensation, insurance etc
- For social policy development
- For needs assessments
- For environmental assessment or universal design, implementation of mandated accessibility, identification of environmental facilitators and barriers. (WHO 2002)

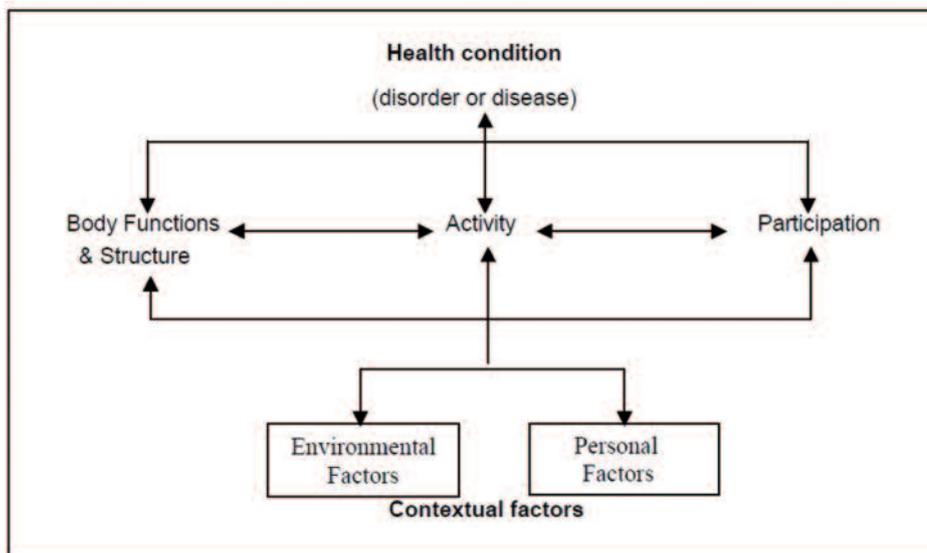
What does the ICF classify?

ICF provides definitions for functioning and disability, but it does not dictate who is "normal" and who is "disabled". ICF classifies functioning and disability NOT the people themselves. (WHO 2013)

To whom does it apply?

The ICF is applicable to all people to describe their functioning and level of health. As anyone may experience disability at some point in their lives, whether permanent or temporary, intermittent or continuous, ICF can be used to document the elements in functioning domains as "disability". The ICF is applicable to all people, irrespective of specific health conditions, in all physical, social and cultural contexts.

Concept of functioning and disability:



In ICF disability and functioning are viewed as outcomes of interactions between Health Conditions (diseases, disorders and injuries) and Contextual factors (external environmental factors such as social attitudes, architectural characteristics, legal and social structures, climate and internal personal factors such as gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual.

Definitions: each ICF component consists of multiple domains and each domain consists of categories that are the unit of the classification. The ICF provides textual definitions as well as inclusion and exclusion terms for each class.

Functioning: is an umbrella term for body functions, body structures, activities and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

Disability: in an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

Body Functions – physiological functions of the body system (including psychological functions e.g. sight is a function.

Body structures – anatomical parts of the body such as organs, limbs and their components e.g. the eye is a structure.

Impairment – problems in body function or structure such as significant deviation or loss

Activity – execution of a task or action by an individual

Participation – involvement in a life situation

Activity limitation – difficulties an individual may have in executing activities

Participation restrictions – problems an individual may experience in involvement in life situations

Environmental factors – make up the physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the persons functioning. (WHO 2001).

Can the ICF be used to enhance the training of health professionals?

The use of the ICF framework as an approach to patient care can play a strategic role in transforming the education of health professionals (Geertzen et al 2011) and improving inter-professional collaboration.

The ICF can be used in undergraduate and post graduate training of any health professional, as well as in primary care settings and by community care workers (Snyman et al 2012). The advantages of integrating ICF in education include:

- The framework acts as a catalyst for change management as educators start modelling a holistic approach to patient care
- The traditional hierarchical structure of the team changes. Team members become equal partners in the team when their contributions are valued and an environment is created in which any appropriate team member may co-ordinate the management of a patient (WHO 2013).
- ICF can be used to structure a holistic approach to management of any patient with any health condition, ensuring person centred care.
- ICF does not belong to any single discipline but is neutral.

ICF offers an international, scientific tool in the format of an integrated, bio psychosocial model of human functioning and disability. It offers a reliable tool in research into disability in all dimensions – impairment at the body and body part level, person level activity limitations and societal level restrictions of participation. It is a universal classification of disability AND Health for use in health and health-related sectors.

The ICF defines functioning and disability as umbrella terms that encompass the body functions and structure of people, the activities they do and the life areas in which they participate. (Dodd et al 2010)

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Secretariat (April 2001) International classification of functioning, disability and health 54 world Health Assembly A54/18

World Health Organisation Geneva 2002. Towards a common language for Functioning, Disability and Health ICF WHO/EIP/GPE/CAS/01.3

World Health Organisation Geneva Oct 2013 How to use the ICF. A practical manual for using the international classification of Functioning, Disability and Health (ICF) Exposure Draft for comment.

For information: World Health Organisation Sept 2003. ICF checklist – can be downloaded by following a google search.

Julie Burslem

Early Years Collaborative and Allied Health professionals (AHP)



As speech and language therapists working in an early years capacity in Dundee city we were tasked to work as Early Years Collaborative Coordinators for AHP groups in Tayside for six months from April to October 2013.

What is the Early Years Collaborative?

The EYC is the driving force behind empowering and supporting agencies from health, education, social work and voluntary sector to work in partnership to make Scotland the best place in the world to grow up

in. It aims to accelerate the progress services make towards meeting the objectives of the Early Years Framework, that is, shifting our focus to deliver early, preventative intervention in a way that can be sustained, to deliver better outcomes and reduce inequalities for Scotland's most vulnerable youngsters.

Workstreams

The Scottish government set stretch aims as targets to be met within a specified time frame along with driver diagrams to guide how these targets may be met. Each stretch aim has a defined grouping within a prescribed workstream. At present there are four workstreams with a fifth currently being devised.

The four workstreams cover the ages from conception to school entry and the proposed fifth workstream will cover from school entry to age eight. They support the health and development of all children so that they achieve their potential. Details can be found on the website – <http://www.earlyyearscollaborative.co.uk/about-the-collaborative>

In May 2013 we met with representatives from all AHP groups across Tayside to discuss what their awareness was of the EYC. There was mixed awareness across each of the groups. We found that there was a willingness to invest in the EYC to develop an early and preventative role within services. However a particular challenge was repeatedly raised – How could the time needed to build relationships and to test new ways of working be found?

We each joined a workstream and reported back to that workstream lead, managers and designated staff in each of the localities on collaborative work being carried out by AHP colleagues and ourselves across Tayside.

What we learned

During our six months as early years co-ordinators we learned that there is a lot of enthusiasm across a broad spectrum of agencies to work with others to ensure Scotland is the best place to grow up in.

We learned about making small tests of change and scaling this up to work with larger numbers of children and their families. An important lesson was that there is as much to learn from a failed test of change as there is from a successful one.

Planning and evaluating tests of change through PDSA's was useful and we are now more confident about using PDSA's. More recently we have been introduced to run charts as a way of collecting data and recording our work.

The need to disrespect operational boundaries, to collaborate with others, to help people feel they belong, to use language people understand, and to learn from others were important messages we learned when attending the EYC learning sessions in Glasgow. We hope we have been able to share this learning with our colleagues and look forward to continuing to collaborate with and to learn from others.

Finally

The importance of attachment as a human requirement to meet and overcome challenges and difficulties in life is the highest ranking factor we have learned about during our time as early years coordinators. This is now being raised as one of the main areas to focus on within workstreams. We are now aware that people who have had more than four traumas in their childhood are likely to have health and social problems in later life although those with strong attachment fare better. We look forward to continuing to work with others to improve this vital process.

Beth Brewster and Gillian Boag, EYC AHP coordinators and speech and language therapists

Are our children physically ready for school or is something missing?

As two chartered paediatric physiotherapists based in Dorset with many years of experience between us in the NHS and in private practice, we are seeing increasing numbers of children who have problems with fine and gross motor skills. We know that these problems have an impact within the classroom on children's ability to learn and reach their full potential – tasks like sitting still, concentrating, holding a pencil, forming words, reading we know, all have their basis in motor skills. We are seeing children with increasingly flexible joints, poor strength, and reduced stamina who are not categorised as having a diagnosis. These children are simply not physical enough for the physicality of being at school. We have had conversations with educational psychologists, teachers, early years professionals and our colleagues involved in sport, all of whom have echoed our thoughts.

We believe the reason for this change in physical profile has no single cause. Due to increasing opportunities, we live at a much faster pace and strive for ever more convenient ways of doing things. We have a much busier lifestyle than previous generations and due to advances in technology there is less need to be physical. Children have moved from playing in groups, mainly outside, in a physical, self-directed way, to a relatively more sedentary lifestyle. There is often too much structure or too little in the way they spend their spare time. We also see some children who have specialised in one particular sport early on, rather than continue with a broad range of physical experiences. This can also lead to plateauing within their chosen sport or recurrent injuries at a relatively early age. 'Tummy time' is something we are continually advocating however many young children are failing to spend adequate time on their fronts. Young children who spend more time in car seats and very supportive buggies/seating rather than being on the floor are missing out on essential postural stability practice and some milestones like crawling. We acknowledge that good sleep routine, nutrition and parenting will play their part, however, fundamentally we believe that lack of physicality is the major factor in this rapidly changing profile.



This change in childhood experiences appears to be strongly linked to poor, immature or missing foundation motor skills where children present with a patchy profile but who often slip through the net because they have no diagnosis. Often we see a child who has been struggling with motor tasks for a long time and the focus of our intervention then becomes identifying and filling in these gaps.

We wanted to develop an age appropriate programme that focused on prevention in the early years, ensuring

that all children in their first year of school no matter what their experiences, end the year having had a chance to practice and consolidate these all important foundation motor skills.

We devised 'Storycises™' - a foundation motor skills programme delivered in the form of stories that the children act out. It is designed around a ten minute slot that teachers could fit into every day, and over the year, gives the child repeated, graded exposure to practice and consolidate motor skills. Importantly, it needs no training, equipment or great preparation from the teacher.

Selected schools in Bournemouth took part in a pilot project (soon to be published) to see if the programme produced the results that we hoped it would. We assessed thirty children and found that having done the programme for a 9 week period those who did Storycises™ improved their motor skills on average by 50% - 75%, whilst those who did not take part only showed an average improvement of 3%. Bournemouth Early Years have now provided this programme for all reception classes in the area and it is now being used in other schools in Dorset, Hampshire, Kent and Warwickshire as well.

Our vision would be to give every child across the UK the opportunity to benefit from having their foundation movement skills in place at a young age and therefore giving them a firm foundation to build the rest of their school life upon.

Phase one of the project has been designed for reception class children because we wanted it to be done on a daily basis and we are now working on the next phase which is a programme to be used in nurseries, pre-schools, with child minders and in Children's Centres for the under five's.

We understand that we need a strong evidence base to a programme such as this and need to study this area over a longer period of time and with larger numbers of children. Therefore we are currently talking to academics in order to discuss how we achieve this.



Teacher leading the 'explorer kayaking'

We have also had a meeting with Annette Brooke MP, who was very supportive and has offered to try to arrange a meeting for us with the Department of Education. We realise that to make changes on a national scale and to ensure that our children are physical enough to meet the demands of education by the end of their reception year, we need to continue to highlight our observations as other professionals with a keen interest in child development have.

We are very passionate about this project and see this as just the tip of the iceberg, we are well aware that other professionals are picking up on similar changes in children and also noticing an increase in the speed of these changes. If anyone reading this article has been doing the same sort of work we would be very keen to hear from you. Please contact us at storycises@gmail.com or telephone 01202 742674 or 07543 233238

Wendy Joy MCSP and Jane Reynolds MCSP
Paediatric Physiotherapists
Total Children's Therapy



'Rocket launches' - controlled squat to stand and jump
Photos courtesy of the Bournemouth Echo

Northern Ireland Junior Paralympic Fun Day – Saturday 21st September 2013

As Paediatric Physiotherapists we are always keen to encourage the children we treat to be active. The majority of children with a physical disability in Northern Ireland attend mainstream schools allowing them to integrate with their peers but they often find it difficult to participate in PE and if they do, they are not able to compete at the same level. This can affect their confidence and also their motivation to continue to participate.



Many of the children we treat watched and were inspired by both the London 2012 Olympic and Paralympic Games but there are often limited opportunities for these children to take part in sports.

In September 2012 I approached Aubrey Bingham at Disability Sport NI about the possibility of running a Northern Ireland Junior Paralympic event and the idea took off. Aubrey attended one of our APCP evening meetings in February 2013 and gave an excellent and informative presentation on disability and inclusive sports. The NI regional APCP committee worked together with Disability Sport NI on the organisation of the Fun Day and were able to assist in advertising the day through emails to all our members in each of the Trusts. This was invaluable to encourage all children with a physical disability to attend and is now an established link to enable Disability Sport NI to inform Paediatric Physiotherapists of forthcoming events.



On 21st September 2013 (1 year on from the London Paralympic Games) more than 60 children from all over Northern Ireland attended the Northern Ireland Junior Paralympic Fun Day in Lagan Valley Lesiureplex, Lisburn. The event was open to children with a physical or visual impairment, aged between 5-17 years old and the aim was to allow them to try different sports - Athletics, Boccia, Football, Table tennis and Wheelchair basketball and compete against other children with similar disabilities. Each session was organised and run by qualified coaches from each of the sports (Athletics NI, Irish Football Association, Ulster Table Tennis and Belfast Knights Wheelchair Basketball). The children also had a chance to do some of the activities in specialised sports wheelchairs which they loved, giving them increased speed and manoeuvrability.

On arrival each child was given a t-shirt and a welcome pack and at the end of the Fun Day they were all presented with a medal and a certificate by local Team GB Archery Paralympian, Sharon Vennard. The feedback from the day has been very positive and it is hoped that it will now become an annual event. The event was funded by Ulster Garden Villages and supported by Sport NI, Disability Sport NI Lisburn City Council and APCP.

What next?

Following on from the success of the NI Junior Paralympic event, I have been involved with an application for funding through Education to run an 8 week after-school club for pupils with a physical disability who attend a mainstream school (years 5-14), in our local area. Part of the funding has been to cover transport costs to bring the children from the different schools to the after-school club. Again Disability Sport NI hope to be involved, as well as Active Community Coaches from the local Councils. Separate funding is also currently being sought to develop the physiotherapy input to this after-school club and also to promote awareness of

disability sport within local clubs/organisations and Education to increase inclusion.

So watch this space!

Heather Reilly
Paediatric Physiotherapy Team Leader
Child Development Centre
Ballymoney



Physiotherapy led gym group

Over the past two years we have had an increasing number of children who have undergone extensive lower limb surgery at specialist centres. We have set post-op protocols and these children need intensive physiotherapy. Following a course with Mr Bass (Consultant Paediatric Orthopaedic Surgeon) at Alderhey Children's Hospital in Liverpool it was highlighted that once the child was able they should have a gym program implemented to increase strengthening. This is extremely important for the success of the surgery. We have worked with children on a one to one basis in the child development centre doing static exercises with ankle weights etc. but never in a gym environment providing more targeted and intensive therapy. Due to this we changed our practise and started seeing children in the adult gym at main physiotherapy at Furness General Hospital (University Hospital of Morecambe Bay Trust) at 3pm. This proved to be unsuitable as adults were in the gym at the same time and some of the equipment was too big. Again, we had to see children on a one to one basis and we were unable to run a group due to adult services using the gym. Three o'clock was also unsuitable once the children were back at school.

After a team discussion we decided to trial using our local leisure centre (Park Leisure Centre, Barrow-In-Furness). We had a meeting with managers at the centre who were really keen to help us. They gave us a slot on a Thursday at 4pm which was a great time for children to come straight from school. We ran the sessions for one hour for six weeks using some of our charity money. All the children carried out an outcome measure/assessment before attending the group in order to measure any change after the sessions. We ran the trial with two physiotherapists however it would be more cost effective to use one physiotherapist and a therapy assistant to run it in the future.

After six weeks we re-measured the children's initial outcome measures and all of them had made improvements in scores. We also sent out an anonymous feedback forms which were returned. All of the children benefitted from using the gym and parents were very engaged in the gym programme. We are a community based team and feel these children should be having physiotherapy in the community and not in the hospital.

After appropriate children have had a six week block of physiotherapy led gym sessions they then have the

option to continue with a gym instructor in another session where the parents would pay. Due to the increasing number of post-operative children and children who would benefit from the gym, this enables us to assess and treat children in a group environment. During the trial we had seven children we could work with in one session instead of those children having one to one sessions at the child development centre taking up seven hours of clinical time. It is a much more efficient way of seeing these children. All the children thoroughly enjoyed it and found it useful to talk to other children with disabilities. They worked much harder in a group setting and were much more competitive. We have gained positive feedback from Alderhey and other specialist centres when children have returned for their post-operative clinics. We now have funding to run the gym group on a half termly basis (6 weeks). We have created inclusion and exclusion criteria and children can be referred via physiotherapists, occupational therapists and paediatric consultants.

Feedback from parents:

"My son loved going to gym and it was nice for him to work out with other children who have had operations. It made him work harder and push himself."

"Well organised enjoyable sessions. I feel my daughter really benefitted as the environment was much better suited to children rather than the hospital."

"The gym sessions are a fantastic idea. My son has previously used the gym, however I found he worked much harder when he was part of a group. The sessions were fun and sociable. As a parent I found having the physiotherapists there to talk to and ask questions very useful."

Feedback from children:

"I really enjoyed trying all the equipment. It was really good fun."

"I liked the gym group because the equipment we used was for kids because I think in the hospital gym room its more for adults."

"I enjoyed being in a group and I worked a lot harder. I am now stronger and my walking has got better."

Nicola Stoker
Paediatric Therapy Team, Furness General Hospital, Barrow-In-Furness



ADAPT – if you are considering working overseas or want to share your experiences with others– this group can help you answer your questions?



The Professional Network ADAPT, formerly known as ISG4CP (International Support Group for Chartered Physiotherapists) was formed in April 2001 when several like-minded physiotherapists met to try and set up a group to support physiotherapists from the UK who were working overseas, mainly in the low and middle income countries (LMIC).

All those present at the first meeting had worked abroad and felt the need for support whilst they were away and on their return. The therapists had a variety of country experience and had worked in both paid and voluntary posts, both short and long term. From this beginning, ADAPT (renamed from ISG4CP in January 2008) now has over 100 members with specific work experience in many countries worldwide.



Working with children in Tajikistan

Members of ADAPT are physiotherapists, physiotherapy lecturers and researchers who are involved in International Health both in Emergency and Development settings, either full-time or on an ad-hoc basis. ADAPT members also include those who would like to work abroad and those who have just returned. The combined experiences of this group generate an inspiring network of professionals who are motivated to promote high standards of physiotherapy practice, training and research in both developing and developed countries around the world.

In line with the WCPT (www.wcpt.org) ADAPT works towards furthering the physiotherapy profession overseas and improving global health.

ADAPT members have a growing understanding and appreciation of the challenges of working in unique and challenging environments, where rehabilitation may not be well understood or accepted – this is a key interest for many members and there is a strong willingness to share experiences with others.

The majority of the current membership works in providing physiotherapy services or training in paediatrics in the developing countries in community (CBR) and institutional settings. However, there is a recent and important trend to recruit physiotherapists in the emergency settings providing acute services to the injured following natural disaster and conflicted affected areas.

Paediatric physiotherapists have many opportunities in working abroad, for example:

- working at community level in rural or urban settings,
- designing low cost aids and equipment,
- providing home based services
- training other teams of therapists, community workers or families
- building up their skills to promote rehabilitation services and independent living skills in areas where the health system or social services is not well established or funded.



Diagram to highlight areas of work overseas

To find out more about ADAPT please go to <http://adapt.csp.org.uk> where you can join the group and become a member of this dynamic team who focus on building on their professional skills and put them to the test in other international settings. ADAPT mainly communicates by email, Face book or Twitter, Skype and the iCSP website.

ADAPT is supported by the International CSP Desk which has more information on <http://www.csp.org.uk/professional-union/careersdevelopment/employment/working-internationally> ADAPT promotes links and collaboration with other professionals therapists and have strong with organisations such as OT Frontiers <http://adapt.csp.org.uk/sites/ot-frontiers> and CTI. <http://www.ctint.co.uk/newsletter.htm>

The present Committee of elected member of ADAPT members, are involved in setting up study days on technical issues from members experiences overseas. The report on the 2013 study day can be found <http://adapt.csp.org.uk/news/2013/10/18/report-adapt-study-days-20th-21st-september-2013> which provides details of the technical information shared with members that are not often used in the UK or other developed countries.

We have planned a study day with OT Frontiers and CTI to prepare students or other therapists who have an interest in working abroad. This is to be held in Leeds on March 29th 2014. Please contact lesleygillon@hotmail.com for further information regarding the study day

Over the 12 years of activity ADAPT has become better known in the CSP and among other professional and charitable groups working abroad. ADAPT is represented within the CSP Professional Networks and is represented by committee members in key conferences and meetings.

So if you would like to find out more, please contact ADAPT <http://adapt.csp.org.uk/>

Di Hiscock (Regional Liaison Officer)
Lesley Gillon (Chair)

Katie “le kine” in Mission: Madagascar

Salama tompoko! This is the formal greeting used in Mandritsara, Madagascar, where I volunteered as a physiotherapist for 4 weeks over the summer. I worked at a missionary hospital called ‘Hopitaly Vaovao Mahafaly’ , or the Good News Hospital, which was established 20 years ago and has never had a physiotherapist. In one way this reduced the pressure on me, as no one really knew what to expect from a physio, but I did have to lower my own expectations a little, with only being there for a month, I would obviously be limited in what I could achieve in that time. The other limitation was my language skill, or lack of it! The official language of Madagascar is Malagasy, but a lot of patients from villages around the hospital speak a local dialect called Tsimihety. The official language of the hospital is French, to allow missionary staff to be able to start work without weeks of language learning first. I was very fortunate to work with a lovely Malagasy nurse called Elie, a very proficient, and patient, French speaker. So we communicated in French, with the occasional mime and a “comme ca” and she would translate into Malagasy. She was also highly motivated to learn about physiotherapy, so that she could continue to work with patients after I’d left and she returned to her usual job on the wards. The hospital has three in patient wards (medical, surgical, maternity) and a very busy out patient service. Each room is numbered to make it easier for patients to find their way around – I was to be found behind ‘porte cinquante sept’, or door 57, known to many as the ‘dentisterie.’ The dentist has left and is yet to be replaced, so I adopted a lovely big room, and just ignored the drilling equipment in the corner!



My therapy room!

As readers of the APCP newsletter, you may be wondering by now where the stories of paediatric patients are, but community workers may also relate to some of my adult stories. For example, trying to complete a home visit for an elderly lady recovering from a neck of femur fracture (managed conservatively as there is no orthopaedic surgery service, and she only presented at the hospital a month after her fall). It is quite difficult to locate a house without an address – they just don’t have street names or house numbers. Elie had a vague idea where the house might be after a long conversation with relatives, but we still had to abandon the hospital landrover and proceed on foot, asking neighbours to identify the right property. The landrover might have struggled with the steep, dusty pot-holed uphill track anyway. There is only one tarmac road in Mandritsara! My other particular community challenge, was to source some knee pads for Lamy, a hospital worker who mobilises in a wheelchair. Frequently the landscape is not very accommodating to his chair, so he happily drops to the floor and crawls, but the dusty tracks and concrete floors of the hospital are very unforgiving. Elie knew of someone that works with leather, so we drew a sketch and ventured into town to see what we could do. After several trips, including one where we didn’t even get out of the landrover (the leather hadn’t yet arrived from its 24 hour roadtrip from the capital!), we eventually had a ‘fitting’ appointment. After some very deft sewing machine adjustments, Lamy hoisted himself back into the back of the landrover, proudly sporting his new knee protectors.

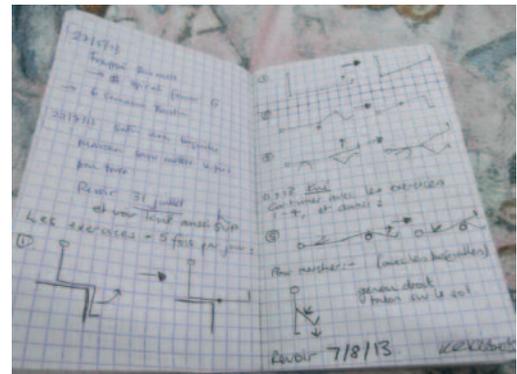
As you can see, ‘orthotics’ is not really a concept in Madagascar, let alone a widely available service. A lot of patients don’t even wear shoes, so it is quite difficult to suggest to parents that their child recovering from serial plastering for talipes, might benefit from supportive boots to help maintain their foot position. So you can imagine my surprise and joy when a parent returned to see me a couple of hours after our initial



consultation, with two slightly worn looking pairs of lace up boots. She had clearly walked all the way into town, carrying her child, and purchased them from a second hand clothes stall. Her resourcefulness and acceptance of the professional's advice was really inspiring, and a common characteristic of real benefit to my work out there.

For example, I had the privilege of working with Sitrel, a 12 year old boy who had just finished 6 weeks of traction for a fractured left femur when I arrived in the country. Without the distractions of TV, computer games or iPods, he was a captive audience for physio exercises, and with a family member permanently in attendance (the nursing staff provide medical care only – family members must assist with hygiene and provide meals), I had a reliable assistant to ensure exercises were completed. Having said that, I joked with him that he could do his exercises 5 times a day, expecting him to manage perhaps 3 times. I think he probably surpassed even 5 times a day, given the rapid progress that he made! He was always working hard whenever I passed his bed on the ward, and was often up and about on his wooden axillary crutches, hand-

made by the maintenance department. My instructions were followed to the letter, and his precision with the exercises was a delight to see. One day, I encouraged him to abduct his left hip on the bed, with gravity neutral, and he managed perhaps an Oxford grade 1 'flicker of contraction', so I helped him by lifting heel off the bed. The next day, I went to do the same thing, and he stopped me. With the effort obvious in his facial expression, there was a few moments pause before the leg gradually and shakily slid across the bed and back again. He grinned from ear to ear at his huge achievement, and was strangely always pleased to see me, despite the fact I clearly asked him to work very hard! By the time I left, he was partial weight bearing with his crutches, and hopeful of losing them completely to return to school in September.



It was also a joy to meet Yvette and her mum. Yvette is now 10, and her mum has been doing exercises with her for over 5 years, but has never had any formal instruction or advice. It just seemed natural to her to do these things to help her daughter. Yvette clearly has spastic quadriplegia, so mum has been gently moving and stretching her limbs and trying to position in her sitting. I was pleasantly surprised by how good Yvette's range of movement is, given that she has never had any orthotics or equipment, only mum's persistence. Yvette does manage to attend mainstream school (there is no specialist provision) but at the moment mum has to carry her there as the wheelchair was broken by another child. We worked on positioning to improve trunk control and weight bearing through upper limbs, and Yvette enjoyed a reaching game in sitting.

I had a truly wonderful time out in Madagascar – it was incredibly hard work, especially with having to speak in French, but I was so pleased to be able to contribute, even if only in very small ways. I am sure that I have benefited enormously from the experience too. I had to rely so much more on observation and handling skills, when the history was often vague and potentially 'lost in translation'. I also had to adjust my thinking as to what was relevant and realistic for my patients. One lady's functional goal was to be able to squat to use her drop toilet, and other patients had to contend with the challenges of getting on and off the floor, as meals were often taken sat cross legged on the floor. I am sure that my ability to teach and explain things simply and concisely must have improved, as having to translate it all first really makes you focus on the important points! I am really grateful to my manager and my team in Birmingham for supporting me to undertake this challenge and hope that the experience will be of benefit to my work here too.

Katie Roberts
Birmingham Community Healthcare NHS Trust

“Back on Track” –development of a school-based back care education programme

There is a high prevalence of back and neck pain among school children (Murphy et al., 2007). It has been estimated that 50% of 14 year olds have experienced back pain (Kovacs et al, 2003). Adolescent back pain sufferers are more likely to experience back pain as an adult and problems can begin at primary school age (Rodriguez-Oviedo P et al., 2012; Cardon et al., 2002). It is widely understood that the risk for back pain in young people is multi-factorial (Geldhof et al., 2007) however the school environment is an important consideration as children spend 30% of their time there (Syazwan et al, 2011).

Abertawe Bro-Morgannwg University Health Board serves a population of 500,000 individuals in South Wales. The percentage of paediatric referrals to physiotherapy for back and neck pain increased from 2.1% in September 2011 to 4.5% in March 2012. A project was introduced to ascertain whether local school children’s backs are ‘fit for the future’. The aims of the project were to investigate the prevalence of back and/or neck pain in school-children in the Neath / Port Talbot locality, identify the possible contributing risk factors and raise awareness of the importance of applying practical back care education in the school environment.

In June 2012 a questionnaire-based study was undertaken with a purposive sample of 204 young people from two primary (n=78) and one senior school (n=126) in the local area. These pupils were aged from 7-15 years old. The questionnaire addressed some key risk factors predisposing young people to back and neck pain and included school bag weight, school furniture, general lifestyle and previous back pain (Taimela et al., 1997; Hakala et al., 2006). It is recognised that psychosocial factors may play a significant role in the development of back pain in young people (Geldhof et al., 2007; Syazwan et al., 2011). Investigating such issues was beyond the scope of this physiotherapy led initiative and attempting to discuss sensitive subject matter with pupils could be seen as inappropriate within the school environment.

Results of the questionnaire found that a total of 72% of the primary school sample reported back and/or neck pain in the past year and 36% within the last week prior to the questionnaire taking place. A total of 64% of the secondary school pupils reported back and/or neck pain in the past year and 33% in past week. A total of 89% of pupils questioned had not reported their back/neck pain to anyone, but 78% wanted teaching on how to keep their backs healthy.

A number of questions addressed some of the school activity related risk factors associated with back and neck pain in young people. For primary school children, sitting in assembly and sitting on the floor were the most problematic activities reported. For secondary school children, it was carrying their school bag. 15% of 11-12 year olds carried a bag that weighed 10% of their body weight or greater. The literature recommends no more than 10-15% of body weight (Brackley & Stevenson, 2004). Interestingly, most pupils reported their bags to usually be heavier than on the day data was collected, as we were visiting at the end of the summer term. These results may suggest that growing spines are being affected and back/neck pain in young people is a problem which needs further investigation. The information obtained also supports the knowledge that many possible risk-factors for back/neck pain in children are school related such as bag weight, uncomfortable seating and prolonged periods of sitting (Jones et al., 2004).

These alarming results led to several local and national press releases along with a BBC Radio Wales live interview during August 2012 timed for pupils return to school. There was also the opportunity to present the findings to Neath/Port Talbot primary and secondary school teachers during the autumn term of 2012. Following on from this, an education scheme entitled “Back on Track – a school based back care education programme” evolved as a collaborative with Lorna Taylor – a paediatric physiotherapist from Derby (www.jollyback.com).

A comprehensive school in Port Talbot was willing for “Back on Track” to be piloted with Year 8 (aged 12/13 years old) pupils who had participated in the initial questionnaire. In the spring/summer term 2013, paediatric physiotherapists delivered “Back on Track” to 106 pupils as part of their pastoral care curriculum.

The programme started with an interactive feedback sessions to educate the pupils on anatomy as well as key risk factors associated with back problems. The pupils participated in 4 short practical workshops in small groups addressing:-

- Lifting & your spine
- Daily Activities & your spine
- School Bags & your spine
- Posture & your spine

On completion, pupils had a quiz and a questionnaire to complete which was designed to show what they had learnt. A back care information card was designed for the pupils to keep.





The education programme was well received by pupils and teachers with positive feedback given. Below is a selection of comments from pupils:-

- *I enjoyed the back care workshop because it has warned me / taught me to look after my back in the future.*
- *I learnt a lot about back care in the lesson and I found it very interesting. I also take care of my back much more.*
- *I think the lessons helped me by helping me to make the right choices for my back to be healthy.*
- *I thought it was fun and I learned a lot about my back and how to keep it safe.*
- *I realised that what I do now will matter for the rest of my life!*

The teachers involved in the workshops also found them of benefit:-

"The sessions were very well planned and thought out. The pupils were engaged at all times and the information given was in small manageable chunks. This meant they could retain it. I have since noticed them telling each other off for wearing their bag incorrectly and reminding each other of what they learnt!"

A total of 69% gave a rating of 4/5 or 5/5 for how much they enjoyed the programme and 60% gave a 4/5 or 5/5 for how interesting they found the sessions. 80% stated they would like to learn more about keeping their back healthy.

On reflection, it may be more beneficial for "Back on Track" to be included in a Year 6 (aged 10-11) timetable at the end of their summer term as they prepare for their transition to comprehensive school. It was recognised by all staff and teachers involved in this pilot scheme that the age group of Year 8 were a somewhat difficult age group to engage with. This age group are already established in secondary school and hugely influenced by the habits and trends of their peers. Many pupils were very keen but others not so interested in the subject matter and therefore the impact of the key principles learnt being transferred into day to day practice could be brought into question. By educating them at a slightly younger age, there is potential for this issue to be overcome.

Overall, 'Back on Track' has been successful in raising awareness of the importance of back care education in school children. On completion of the pilot scheme, opportunities have risen to raise awareness of the findings from the project and the outcomes of piloting the scheme. In May 2013 it was a privilege to present at the annual Primary Care conference held at the NEC, Birmingham. This gave rise to more national interest which has been pursued and links have been made with other paediatric physiotherapists who are keen to develop a similar awareness in their local areas.

If resources and funding allow this work to be developed into a widely available resource pack, then it needs to be adaptable to the different school environments encountered and the staffing/resources available in various health boards. It would need to give suggestions and options to health professionals delivering the programme, but without being too prescriptive. There is potential for this programme to have an impact on public health. If we can educate our young people it will pay dividends in the future in terms of back pain reduction.

Helena Webb
Morrison Hospital, Swansea

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Kidz in the Middle

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