

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



FEBRUARY 2015

ISSUE
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Hello and welcome to 2015, I hope you find this edition of the newsletter helpful and informative. The national committee have discussed making this an on-line facility, to cut down on the cost of printing and postage but feedback seems to indicate you like it in the current format, to be able to dip in and out of, so we will continue for now.

APCP Conference in 2014 was new territory for us, our first joint PT/OT conference ever! Please read the articles in this newsletter and please join us for conference in 2015, this year in Gateshead. Several regions sponsor a member to attend so please keep an eye on your regional news- it could be you!

We have strengthened links with three charities recently for disability sport, CP sport, Wheelpower and EFDS and continue to work with them to try and help you as therapists, help all the children we see into active lifestyles and participation in sport and recreation.

We have a new special group inaugurated last year, the neurodisability group, which has hit the ground running and we hope you all find it very supporting of your work. Again, keep an eye on the website for details of events.

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

Hope 2015 is a good year for you all!

Kerry McGarrity

Editor

The editorial board does not necessarily agree with opinions expressed in articles and correspondence and does not necessarily endorse courses or equipment advertised.

APCP Conference 2014



Surgeons Hall in central Edinburgh was the venue for the 2014 Association of Paediatric Chartered Physiotherapists Annual Conference - "In Cahoots". As in all years the conference title was chosen carefully. The dictionary definition of "In Cahoots" is to work in league, in conspiracy, in collusion with someone and usually in a dishonest alliance! So it seemed only right that this conference saw APCP's first venture into a joint conference with colleagues from Paediatric Occupational Therapy at CYPF (previously NAPOT)!

It was a conference of other firsts as we also had a live twitter hashtag of #Incahoots2014 which proved very successful and this "dipping of the toe" into social media is the start of a new venture for APCP.

We were delighted to have DM Orthotics, Leckey and Jiraffe as principle sponsors for conference and Specialist Orthotic Services kindly sponsored the drinks reception on Friday evening prior to the Conference dinner. The trade exhibition was very well attended and it was a great opportunity to view new equipment, network, ask questions and find solutions.

The conference introductory address from Karina Danza - Professional Advisor for C&YP at the College for OT, was on empowering our professions through emphasizing outcomes and got things off on a positive note. We then had the inspirational Dr Kate McKay, Senior Medical Officer at Scottish Government who gave a most insightful presentation on working together to get it right for every child.

A joint presentation from Eve Hutton & Sarah Crombie on working together in research focused on their work on postural training for parents and teachers was most interesting. This was followed by the charismatic Dr Chris Wiles, Consultant Clinical Psychologist whose presentation will live long in the memory if just for knowing how many psychologists are required to change a light bulb!

Betty Hutcheon spoke after lunch on the importance of early intervention and a joint presentation by Professor Hart, his wife Nicola and Heather Farnish on the treatment of Obstetrical Brachial Plexus Palsy took us up to the afternoon break. Early intervention in palliative care presented by Children's Hospice was very thought provoking and the first day was brought to a close by the entertaining Shirley Young, parent and advocate, who both made us laugh out loud and also shed a tear as she spoke of her own experiences with undiluted truth and humour.

Conference dinner on the Friday evening had a truly Scottish theme both to the menu and to those folk who sported kilt & sporrans. Sam Old, the retiring Chair of APCP, gave the after dinner speech and was then first up to the dance floor! We had a photo booth complete with various hats, wigs and accessories for multiple photos with friends and colleagues! Dancing followed to the accompaniment of The Shire Boys. Never have the gay gordons or dashing white sergeant been danced by so many on such a small dance floor with more enthusiasm!



The second day saw APCP continue on alone with the parallel programs of 'In Cahoots - Working Together to Advance Practice' and 'PPIMS In Cahoots - Working Together to Reform, Develop and Communicate'. The main program saw Scottish physiotherapists show casing a number of services including CPIPS - the hip surveillance project for cerebral palsy introduced by Mr James Robb, Susan Quinn and Lesley Harper. Sally Wilkinson and Sarah Paterson spoke about the services they lead in DDH surveillance and the clubfoot service.

A respiratory theme followed lunch with talks from Kath Sharp and Zoe Johnston on early intervention & rapid response. Katie Kinch spoke of her personal journey in the management of spasticity by focal BOTOX injection therapy and this was followed by Miss Heather Mills and former APCP Chair Laura Wiggins, present on SDR -the Scottish Perspective.

The final presentation was Race-running. The thunderous applause for Gavin Drysdale and Hannah Dines, world champion athletes, was well deserved and as the twitter feed exploded to the tweet - "#Incahoots2014 - we saved the best till last!"

We had four free paper presentations over the two days and we congratulate all speakers on their presentations. The poster presentations were again very popular with delegates and again congratulations to all contributors.

There are many challenges when organising a conference but Scotland and its regional committee were more than up for it! It was great to see so many delegates travel from the four corners of the UK to, what for some, was a first visit "north of the border". We will reflect on the benefits and advantages of joint conferences in the future, but also be mindful of the lessons learnt.

And finally, those present will be aware that "In Cahoots" APCP conference was dedicated to the memory of Sam Galbraith. Sam was a Consultant Neurosurgeon who went on to have a very successful political career serving as both an MP and Minister for Health in the London UK parliament and then later as an MSP and Minister for Education. He was highly respected and loved. But this was not the principle reason that we dedicated conference to him. Sam was the husband of Scottish APCP committee member Nicola Tennant who bravely presented on the second day with her colleague Barry Meadows on Early Intervention in Gait. This was a great personal challenge for Nicola and we know Sam was looking down and justly proud of her achievement.

We look forward to APCP conference in Newcastle in November 2015 and hope to see you all there!

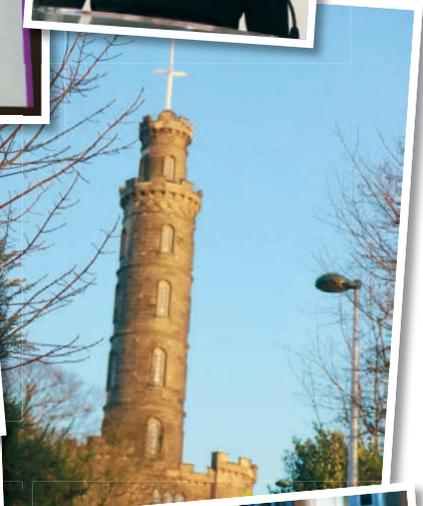
Slainte Mhath!





USING THE TOOLS

JULIET GOODBAN
PPIMS CHAIR
PEDIATRIC OCCUPATIONAL THERAPY AND PHYSIOTHERAPY LEAD
WORCESTERSHIRE HEALTH AND CARE NHS TRUST
NOV 2014



Association of Paediatric Chartered Physiotherapists
&
COT 55 - Children, Young People and Families

IN CAHOOTS

Annual Conference 2014

the practical psychology
of families and diagnosis



Integrated Early Years Experience Based Design Project – Emotions Diaries

Bridgewater Community Healthcare NHS

Background
The Integrated Early Years Team gathered information from families and carers using an Experience Based Design (EBD) process. They collected data on what matters most to families and carers when they bring their children to the clinic for development group sessions.

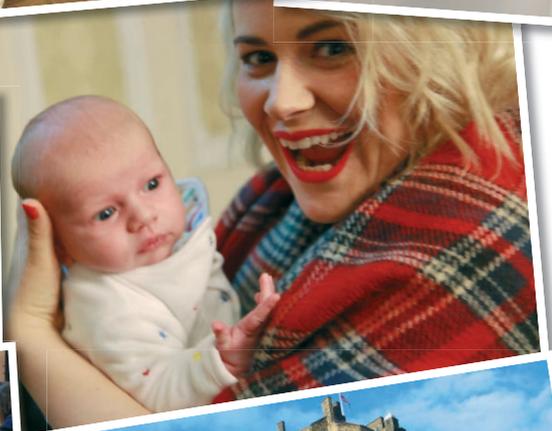
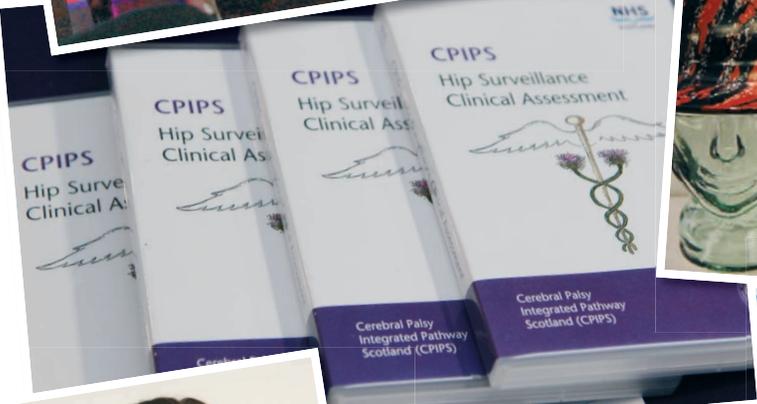
Methodology
Experience Based Design is a process where staff and service users work together to make improvements in service delivery.

Results
21 emotions diaries were provided to families and carers and 21 (100%) were completed and returned. The majority of participants chose positive emotion words including happy, calm, relaxed, and comfortable. The highest negative emotion words were sad, angry, and nervous. Families for groups coming from a variety of ethnicities and cultures were included in the diaries. It was agreed that information from the diaries will be used to inform the design of the service.

Conclusions/implications for practice
An action plan was created and implemented which included going to the clinic for group sessions. The results are:

- A family-friendly group environment

EBD is a useful tool for providing additional information to health professionals when giving a perspective on the service of integrated early years children's services. A second EBD diary will be completed in the next few months.



A study into the effectiveness of a postural care education programme aimed at improving self-efficacy in carers of children with physical disabilities.

Summary & Aim
The aim of this study was to evaluate the effectiveness of a postural care education programme aimed at improving self-efficacy in carers of children with physical disabilities.

Method
The study was a randomised controlled trial. The intervention group received a postural care education programme. The control group received no intervention.

Results
The intervention group showed significantly higher self-efficacy scores compared to the control group.

Primary Conclusions
The postural care education programme was effective in improving self-efficacy in carers of children with physical disabilities.



Neurobiology of Obstetric Brachial Plexus Injury: Rationale for Early Nerve Surgery

Prof. Andrew Hart
BSc(Hon) MRCS(Plast) FRCS(Plast) PhD FRCS(Plast)
Stephen Forrest Professor of Plastic Surgery Research
University of Glasgow
Consultant Plastic & Hand Surgeon
andrew.hart@nhs.uk www.braehatglasgow.ac.uk



**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
MINUTES OF THE 41st ANNUAL GENERAL MEETING
SATURDAY 22nd NOVEMBER 2014
EDINBURGH**

The Meeting opened at 11.30 with the APCP secretary reminding those present that the meeting was for members only.

1. Apologies for absence:

No apologies were received for today's AGM.

2. Minutes of the last meeting:

The minutes of the 40th Annual General Meeting held in Bristol had been placed on the APCP website for perusal.

The minutes were approved and electronically signed accordingly.

Proposer: Sue Bush

Seconded: Sue Earning

3. Matters arising:

There were no matters arising.

4. Chairman's report – Sam Old

Welcome to the 41st APCP AGM

As you will be aware we launched our new website this year, which is hosted by the CSP, and hopefully you will have noticed changes for the better. We have engaged a second administrator who will help to populate the website and initiate a social media presence, so watch this space.

This year APCP has been involved in many different projects:

We worked with the department of health over the summer to produce a health guide to the SEN reforms, and alongside this released a briefing, which is available on the website. We are in the process of forming a working party to look at developing guidance, but as you can appreciate, this is a learning curve for everyone with local policies and interpretations. In line with the conference we are working jointly with the college of OT's to develop examples of EHC plans, this will also be in collaboration with RCSLT and with GP's.

We have been working with public health England (PHE) to highlight the work that AHP's do in relation to public health. This week has been Public Health England week, and on both APCP and CSP websites, the role of paediatric physiotherapists has been highlighted. We are continuing to work with PHE and the CSP to influence policy.

APCP has continued to work with disability EFDS, CP sport and Wheelpower to develop strategies regarding encouraging participation of children and young people with disability in sport. Successful pilot study days were run during the summer, and this is looking at being extended.

APCP has been invited to attend the learning disability senate, and they are currently setting up a children and young people's section, that we will be involved in.

APCP has been registered as stake holders with NICE for several guidelines relating to children: NICE clinical guideline in Transition - we are represented on the project board by a member of national committee, Kathie Drinan

NICE Clinical guideline - Cystic Fibrosis - Diagnosis and Management

NICE clinical guideline - End of Life Care for Infants, Children and Young People

NICE clinical guideline - Cerebral Palsy

NICE Social Care Guidance - Child Abuse and Neglect

NICE Quality Standard - Physical Activity - encouraging activity in all people in contact with the NHS

NICE Quality Standard - Obesity - prevention and management in children

NICE Clinical Guideline - Asthma - diagnosis and monitoring

NICE Clinical Guideline - Bronchiolitis in Children

We continue to have representation on the British Association of Childhood Disability and the Royal College of Paediatricians and Child Health, and continue to be involved in RCPCH - Stroke in Childhood Guidelines

We had a working weekend in March where there was a lot of hard work and we achieved many projects. These included: starting to review the introduction to paediatrics course, review of specialist groups, development of the website, research bursary allocation, updating of several leaflets, and a couple of new leaflets, which you should see on our website.

The groups operating within APCP have been working hard and a new group has been set up this year, for paediatric physiotherapists working in neurodisability, including those with ABI and spinal cord injury.

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 and especially to Liz Gray, who stood in for me for 3 months early this year due to a period of ill health.

Proposer: **Katherine Heffernan**

Seconded: Gabriella Todd

5. Treasurer's report – Siobhan Goldstraw

The accounts for 2013 have been examined by the accountants, Nicklins Business Advisors. There was surplus of £5,500 for the national accounts.

New APCP banners were purchased for use at conference and exhibitions e.g. Physiotherapy UK. A banner was provided to the eight regions that opted to have one, for use at study days and exhibitions. This will reduce the cost of posting and wear and tear of the banners. Cost was £2,454.

Website expenditure included the cost of an upgrade to the website (£1,250).

The national account includes course fees from regional courses that are administered by the VA. This income is transferred to the region.

North East Region accounts are held centrally and the region had a surplus of £11 for 2013, following course income and expenditure for courses and committee meeting travel.

PPIMs/ neonatal/ MSK and neuromuscular special interest group accounts continue to be included in the national accounts. Neonatal had a surplus of £1,000 and neuromuscular £1,500 from courses that they ran.

Paypal has been introduced this year (2014) for on-line payment of subscriptions and course fees.

I recommend that Nicklins LLP be retained as accountants for examination of 2014 accounts.

Proposer: Sinead Barkley
Seconded: Sue Earning

6. Adoption of the Auditors

Nicklin Partnership of the West Midlands remains the adopted auditor.

Proposer: Sam Old
Seconded: Vicky Easton

7. Media and Information report

Due to having a vacancy in this role, there is no report to submit for this year.

8. Research and Education Report – Sue Bush

Awaiting report

9. Election of committee members

There were 6 potential vacancies for National Committee Posts and they had been advertised on the website and the VA bulletin sent out to members. 5 Nominations were received and therefore the all nominees can go through unopposed.

- Sarah Westwater-Wood
- Katie Roberts
- Anna Hebda Boon
- Nicola Burnett
- Jordan Butler

They have all been accepted onto the National Committee

10. Honorary Members

This year we have our outgoing chair, Sam Old, becoming an honorary member as comes to an end of her Chair role. There are no other honorary members this year.

11. Any Other Business

No other business was raised. Sam was thanked for her time spent as Chair.

12. The next AGM will be on Saturday 14th November 2015 at the Conference in Newcastle at approximately 1230hrs.

We look forward to seeing you there.

Meeting closed at 11.56 hrs.

Harri Creighton-Griffiths
Secretary to the National Committee

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

National Account

Income and Expenditure Account for the Year Ended 31 December 2013

		2013		2012	
	£		£	£	£
INCOME					
Courses	25,498			8,087	
Subscriptions	81,530			75,060	
Publications	291			-	
Bank Interest Received	26			87	
Conference income	54,752			85,570	
Capitation fees	3,954			7,174	
Neo-natal Group	8,150			6,200	
Neuromuscular Group	3,735			-	
North East	1,105			6,802	
Advertising	-			1,015	
Other Income	635			1,381	
			179,676		191,376
EXPENDITURE					
Catering & Accommodation	4,455			7,752	
Committee Travel & Subsistence	16,380			10,411	
Postage, Stationery & Printing	30,954			34,467	
Accountancy Fees	2,160			2,100	
Course Fees	25,892			3,236	
Administration costs	27,623			25,500	
Conference expenditure	52,671			98,668	
Neonatal Group	7,019			5,402	
Neuromuscular	2,212			-	
Website Design	1,718			350	
Subscriptions	-			8,172	
MSK Group	398			519	
PPMS	323			440	
North East	1,094			4,751	
Direct Debits	1,277			-	
			174,176		201,768
Surplus/ (Deficit) for the year			5,500		(10,392)

**ASSOCIATION
OF PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS
42nd ANNUAL
GENERAL MEETING**

**FRIDAY 13th
NOVEMBER 2015**

**HILTON HOTEL
GATESHEAD
NE8 2AR**



APCP Annual Conference

Hilton Hotel Gateshead

13-14th November 2015

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

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

Please look on the website for further details as they become available



Call for abstracts

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

Successful candidates will be asked to
present free papers or posters

Submission Deadline: 1st July 2015

GUIDANCE FOR SUBMITTING ABSTRACTS FOR APCP CONFERENCE

Please read carefully before beginning the submission process.

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

Abstract Submission Form
APCP Conference 2015

Title

Author(s)

Contact details (main author)

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

Background

Discussion

Conclusions/Implications for practice

References

What do you know about ARC?

Annual Representative Conference

The 26th Annual Representative Conference will be held at the Palace Hotel, Oxford Street, Manchester on Monday 9th and Tuesday 10th March 2015.

The Annual Representative Conference (ARC) offers members the opportunity to learn about key issues relating to:

- Professional practice
- Industrial relations
- Current and future health policies
- Education and research
- Equality & Diversity
- Social and ethical issues

By attending ARC you will have the opportunity to enhance your understanding of:

-What issues are important and relevant to CSP members, the services they offer and to the health and wellbeing of the community;

-Important changes in health and social policies within the wider political context of the four countries of the UK;

-Issues which concern members as moral and ethical agents outside of their professional responsibilities;

-The structure of the profession and the ways in which the CSP and CSP members influence the wider world;

-The inter-relationship between ARC, the standing committees and Council.

By participating in ARC you will be able to:

-Network with your peers, including stewards and professional network members. Actively engage with the democratic / governance processes of the CSP and experience how ARC can influence the work of the CSP;

-Express views on, and influence, the direction the CSP takes in relation to professional and employment issues (including the wider trade union agenda)

-Help shape the decisions made by your professional body about how the profession might meet the future needs of service users through the design and service delivery of health and well-being services across the UK;

-Develop evidence of your CPD for inclusion in your portfolio.

How to submit a motion

Recognised CSP groups (see below) may submit up to three motions using [Form A](#). The Agenda Committee will be looking for as wide a range of motions to debate in 2015 as possible. Priority

will be given to motions about physiotherapy and healthcare. Full details can be seen in the *Criteria for the acceptance of motions* and the *Checklist and guidelines for writing motions*. Motions should encourage debate, and in particular, controversial motions can stimulate some lively discussions at ARC. (Some issues are less suitable for debate at ARC, but they can be raised through other CSP channels i.e. *Frontline*, Council etc.)

The following groups may submit motions: Council, Country Boards and Regional Networks, Branches, Professional Networks and their Committees, Stewards regional groups, the National Group of Regional Stewards, the Student Executive Committee, the Associates Board, the National Group of Regional Safety Representatives, the Equality & Diversity and Retirement Network Groups.

Motions related to the following subjects could be of general interest:

- physiotherapy practice
- the pay and conditions of physiotherapists
- the National Health Service
- general issues affecting the health of the population
- the organisation of the Society.

Any other current issues which members feel should be debated by Conference can also be submitted as motions. Please make sure you read the advice about writing motions and that your chosen topic has not been debated within the past two years, or your motion could be rejected.

Last year Liz Gray and Jo Brook attended ARC on behalf of the APCP. They previously had both done the free training the CSP provides and found it extremely helpful. APCP had submitted motions but they did not make the primary agenda. We intend to send two representatives again this year.

The motions are debated, processed and if accepted, they then go back to CSP and inform the work they carry out for the next year. This means they tend to choose motions that have a two sided, interesting debate. ARC will not take on motions which have areas already under discussion or for which the CSP are already participating in significant developments towards.

The APCP national committee discussed possible submissions for this year during the last meeting in November 2014, and it provoked a very lively debate! Some of the suggestions were:

“How do the CSP aim to support the ageing paediatric physiotherapist population in the physically demanding workplace?” and “Physiotherapy undergraduate courses are not producing therapists with skills for the paediatric caseload.”

We are very pleased to have heard, just as the newsletter was going to print that we have had two motions accepted to the primary agenda, motion 3 and motion 8 and motion 37 accepted to the secondary agenda. The full agenda is on the CSP website so please take a look and vote for our submissions!

Kerry McGarrity

APCP National Committee-Who's Who!

The APCP National Committee consists of nationally elected committee members (up to 16) plus representatives from each of the APCP Regions and each of the APCP Specialist Groups. Any member can stay on National Committee for a maximum of 8 years.

APCP NATIONAL COMMITTEE OFFICERS

The National Committee elects Officers from amongst the National Committee members. A National Committee vote is only required if more than one nomination is received for any post. Officers hold the post for 2 years and then may be elected for a further 2 years, after which they must stand down from office but may continue to serve on National Committee in another office or without office as per the 8-year rule for elected committee members.

It is normal practice however for an individual elected as Vice Chair to act as Vice Chair for a 2-year term and then to hold the office of Chair for a further 2-year term. It is normal practice for the outgoing Chair to step down from Committee at the end of his/her term of office.

Committee Officers	Office
Elizabeth Gray	Chair
Gabriella Todd	Vice Chair
Harri Creighton-Griffiths	Secretary
Nicola Burnett	Treasurer
Kathie Drinan	PRO
Sarah Westwater-Wood	Educations Officer
Katie Roberts	Publications Officer
Cate Naylor	Journal Editor
Sue Bush	Research Officer

ELECTED COMMITTEE MEMBERS

National Committee members are **elected for 4 years, then may be elected for a further 4 years.** They must then stand down from the National Committee for a minimum of 2 years. Time served on National Committee as a Regional Representative or Special Group Representative will be included as part of the eight years term of office.

APCP members should be notified of the number of vacancies on National Committee at least 2-3 months before the APCP AGM each year and invited to submit nominations to the APCP Secretary. Elections take place at AGM – voting is only required if the number of nominations exceed the number of vacancies. Regional and Specialist Group Representatives are eligible for election to National Committee at any time but the Region / Group will need to find a replacement representative.

SPECIALIST GROUP REPRESENTATIVES

NC members	Office
Siobhan Goldstraw	National Committee Member
Julie Burslem	National Committee Member
Jordan Butler	National Committee Member
Anna Hebda Boon	National Committee Member
Lesley Katchburian	National Committee Member
Rachel Schieber	National Committee Member
Jo Brook	National Committee Member

Specialist Group Representatives are elected by the Specialist Group Committee to represent their group on National Committee for a 2-year term and may be re-elected for a further **2-year term** for up to a **maximum of 8 years**. A Specialist Group Representative may be elected onto National Committee at any time to hold office (the Specialist Group Committee will need to elect a new Representative) or at the end of their term as Specialist Group Representative. Time served on National Committee as a Specialist Group Representative will be included as part of the eight years term of office.

REGIONAL REPRESENTATIVES

Specialist Groups	Office
Hilary Cruickshank	Neonatal
Lyndsey Pallant	Neuromuscular
Juliet Goodban	PPIMS
Vicky Easton	MSK
Leanne Turner	Respiratory
David Young	Neuro Disability

Regional Representatives are elected by the Regional Committee to represent the Region on National Committee for a **2-year term** and then may be elected for a further 2-year term of office – they therefore will serve a **maximum of 4 years** on National Committee as a Regional Representative. A Regional Representative may be elected onto National Committee at any time to hold office (the Regional Committee will need to elect a new Regional Representative) or at the end of their term as Regional Representative. Time served on National Committee as a Regional Representative will be included as part of the eight years term of office.

Regional Reps	Office
Harriet Hewitt	East Anglia
Bobbi Wakely	East Anglia
Natalie Drane	London
Shelia McNeil	Northern Ireland
Helen Chamberlain	North East
Julie Johnson	North West
Barry Johnstone	Scotland
Rebecca Hindle	South East
Katherine Heffernan	South West
Sarah Dewhurst	Trent
Louise Leach	Wales
Vacant	West Midlands

NEONATAL GROUP

The Neonatal group has had a very productive and busy year culminating in the very successful and thought provoking Infant Mental Health study day. The study day was a joint effort between physio, OT and SLT and was held in Edinburgh to coincide with the first joint APCP and OT conference.

The committee have said goodbye to Nicky Hawkes, Jenny Martin and Denise Hart we wish them all the best and a big thank you for all their help as committee members. We are delighted to welcome Suzanne Offer and Laura Blakemore and welcome back to Adare Brady. I look forward to working with all the committee members on what looks like another packed year.

In the next year we aim to look at supporting mentorship for neonatal physiotherapists on a regional basis. We hope to complete the tummy time information leaflet and poster. There are also ongoing projects on positioning competencies and audit as well as follow up guidelines and information to parents.

The group are aiming to run the introduction to neonates course next year and would be interested to know who would be interested in this and if there is a preferred region for it to be held.

Hilary Cruickshank
Chair of Neonatal Group

PPIMS

PPIMs committee have not met since last national committee meeting. We have been very busy planning and liaising regarding the parallel programme running on the second day of conference and by the time this newsletter arrives, it will be all done and dusted!

In addition, we have been involved in specific liaison between Sam Old and Jane Sellar regarding SEND Reform which has aided the development of APCP Guidelines regarding paediatric physiotherapists role in EHCP's (Education, Health and Care Plans).

PPIMs members represented APCP at PhysiotherapyUK conference in Birmingham on 10th October 2014. Networking with colleagues from other Client Group Alliances and promoting the need for shared working.

Guidelines on those interested in working with children are going through for ratification.

Next year's focus will be on developing the committee, systems of regional networking and feedback, to offer a system for consensus benchmarking and supporting leaders in becoming Ready for Market.

Juliet Goodban
Chair of PPIMS

MSK GROUP

We have two vacancies available on the musculoskeletal committee. If you are interested in joining please contact us on the address below.

In response to the questionnaire sent to APCP members, we are aware that there is a need to hold paediatric musculoskeletal training days that offer value for money, practical training on relevant topics. We are therefore planning to hold some one day workshops, ensuring costs are kept to a minimum. The first is the paediatric hip which is scheduled for Friday 10 July. This is being held

in conjunction with the APCP East Anglia regional committee.

A further course on paediatric musculoskeletal foot and ankle is being prepared. To register your interest in the foot and ankle course please contact Vicky Easton at vicky.easton@nnuh.nhs.uk

Vicky Easton

MSK Rep

NEUROMUSCULAR GROUP

Marion reports, Lindsay Pallant, is the new representative who has taken on this role. The next Neuromuscular study day is being held on the 6th of March in Bristol. This is predominantly going to be around respiratory needs.

There is potentially due to be some work with the World Muscle Society next year in Brighton. Currently the competencies have stalled due to the Muscular Dystrophy Campaign starting working on their own project called bridging the gap- of which there are concerns it may dilute expertise. Some families in different areas are worried that if they aren't apart of GOSH they won't be part of the research trials.

The group are hoping to strengthen the committee with a few new members and are keen to get together and thrash out the structure of the group.

Marion Main

NM Rep

COMMUNITY RESPIRATORY GROUP

The community respiratory special interest group has now established a committee of the following people- Leanne Turner, Annika Shepherd, Zoe Johnstone, Emma Graham, Hilary Brewis & Rachel Carew.

We have recently conducted an online survey which you have maybe seen and we would like to thank all who have completed this for us as the response was excellent. We are in the middle of writing this information up to be published in the near future. This has really helped us to focus on the main aims and objectives of the group.

We are currently working on collating some information around suction for the community and if anyone has any information or would like to contribute to this piece of work please feel free to contact us through the APCP administrator.

Leanne Turner

CR Rep

APCP NEURODISABILITY GROUP

The neurodisability group have recently met and have made a list of initial priorities. These include sustainability of finances, organising study days and looking at outcome measures.

- Outcome Measures
 - o Child QOL
 - o Empowerment
 - o Wellbeing
 - o Discussion around the Virginia Knox Outcome Measure study days
 - o Based on the International Classification of Function (ICF) and focussing on Participation
 - o Child and Adolescent Scale of Participation (CASP)
 - o PEDS QL

We plan to send a 'Survey Monkey' to all members regarding what outcomes they use and what are the barriers to use, be it time, access or lack of specific knowledge for use in certain patient populations. We also want to look in greater detail at the ICF and find who is using it in practice, how relevant they find it and if anyone is willing to share their experiences.

An area highlighted is that commissioners are interested in satisfaction questionnaires and participation. This has been evidenced using

- Long term follow up
- Signposting and referring appropriately
- Case studies considering what was there before / what is there now?

We also want to look again at hip surveillance in cerebral palsy. CPIPS Scotland have developed and are selling a DVD looking at hip surveillance based on the Swedish experience. This suggests twice yearly assessment until the age of 6 than annually thereafter and has been shown to have an increased rate of minor preventative surgery and reduction in need for salvage orthopaedic surgery following dislocation. Can the experience and learning from Scotland be implemented into England, Wales and Northern Ireland?

We also had a discussion around the Education, Health and Care Plans, and how best these can be utilised whilst acknowledging that paperwork is individualised for different health authorities.

Stoke Mandeville are looking into the incidence of Paediatric Spinal Cord Injury (SCI) over a 2 year period. Standards of care have been written and awaiting publication (by the end of 2014) with pathways being used in the paediatric population. There is also a spinal portal where new cases can be registered nationally. We hope to link with community therapists to understand the incidence of non-congenital SCI.

The group have also had discussions about Selective Dorsal Rhizotomy (SDR). There are already NICE and NHS England guidelines and seven centres in the UK able to perform this surgery. The Neuro-Disability Group aim to collate information regarding eligibility for surgery.

Next meeting will be held on 30th January 2015 at the Birmingham Children's Hospital.

David Young
ND Chair

APCP Regions

EAST ANGLIA

Hi all, Happy New Year, I hope we are all sticking to those New Year resolutions!

We are busy planning a course on constraint induced movement therapy, which is being run in March, and in the summer we are planning a paediatric MSK hip course combined with the MSK group, please keep an eye out on the APCP website.

If anyone has ideas for courses in our region we are always open to suggestions, please get in touch,

Simone Hipperson
simone.hipperson@nnuh.nhs.uk

LONDON

Dear all,

This is my last time writing to you as London Regional Representative. After 4 years I have handed the baton on to Natalie Drane (nat_drainpipe@hotmail.co.uk), who will now replace me on national committee.

We have had lots of changes on the committee of late. We have lost Lindsey Hopkinson to sunny Dubai, Lindsey was an amazing, enthusiastic and dynamic committee member and we will miss her lots. Lindsey has been replaced by Isabel Lane and we look forward to welcoming Isabel onto committee.

Internally we have also had lots of movement; Karen Edwards has stepped down as chair but thankfully will remain on the committee. Karen has been absolutely amazing and has steered us through difficult periods including the organisation of London 2012 conference, so a huge thank you very much to Karen. Karen will be replaced as chair by Katharine Harris, who is very much looking forward to the new challenge.

Other shuffles include Nicola Hubert standing down as secretary, being replaced by Faye Mason and Shirley Hallett stepping down as treasurer, to be replaced by Holly MacDonald. Both Nicola and Shirley have worked very

hard in their roles and we are also very grateful to them for their commitment in those roles over the years. Shirley is currently having her reward, travelling around South America for 6 months (although I can't promise that as a perk of the job)!

As we have had lots of movement on committee we were a little quiet towards the end of 2014, however we are now back on the wagon and already have 6 diverse events in the pipeline for the beginning of 2015. This will kick off an evening workshop on SMA on the 29th of January with Marion Main. Other topics for the first half of the year include, dystonia, neonatal follow up, a private practice networking evening hosted by the Portland Hospital and a lecture on working in Conflict. So hopefully there will be something to interest everyone. We are also hoping to run a day on cerebral palsy in the second half of the year. Watch this space!

In 2014 APCP London region sponsored both a member of committee and a member of the London region to attend APCP national conference in Edinburgh in November. The successful London region member was Sarah Hines, a clinical specialist physiotherapist in neonatal physiotherapy at UCLH. We will continue to aim to run this each year as long as funds allow, so it's never too early to start thinking about next year's conference in the North East, we usually advertise this in August/September and it is simply names in a hat and the promise of a short reflection on the conference for the APCP newsletter.

Finally I would just like to say what a privilege it has been to be part of the APCP national committee. There is so much hard work going on all the time behind the scenes by a committed enthusiastic group, who give up their time freely to push the agenda for paediatric physiotherapy and get our voices heard in all the right places. I feel very proud to have been part of it. I too will remain on London regional committee and look forward to seeing many of you over the coming year and some or many of our events.

Sinead Barkey
sinead.barkey@gosh.nhs.uk

NORTH WEST

We are planning Twilight session on 11/02/15 led by Margaret Mockford, community paediatric physiotherapist in Stoke-on-Trent "Strength training as an intervention for ambulant children with cerebral palsy" - why children with CP are weak and the evidence for progressive resistance strength training to improve functional outcomes in this population. This was originally planned for October 2014 but we had to reschedule due to problems with the venue.

Also including feedback from Debbie Dryden physiotherapist regarding muscle strengthening questionnaire.

Committee members manned the APCP stall at Kidz Up North 20/11/14

We are planning a study day /AGM in the week beginning 11th May 2015 .Provisional title" Practice and Perspective of Paediatric Physiotherapy" looking at stimulating discussion of what exactly we do and what do other people think we do!

Julie Johnson
julie.johnson@cmft.nhs.uk

NORTH EAST

October will probably feel like a distant memory for most. The region hosted the Virginia Knox outcome study day for children with cerebral palsy. We opted for a new venue; the Freeman Hospital in Newcastle and there was good number of both physiotherapists and occupational therapists who travelled to join us on the day. It certainly seemed to spark a few discussions amongst the group during the breaks and the practical sessions, with people discussing what they use locally and the advantages and drawbacks of them.

2015 will be a busy year for the region and one of many changes. Two members of the existing committee (Alma and Jo) have been co-opted to remain on the committee until November 2015, to help out with the conference. We would all like to say a big thank you to Lauren Haworth, who has been a very active member within the

region, as she leaves us to start a new job, and is stepping down from her role as a regional committee member. I would like to take this opportunity to wish Lauren all the best on behalf of all of us in her new role.

This will also be the last regional report from me, as I stand down as regional rep after serving a very full term of office. I shall be remaining on the committee until the conference, after which I shall stand down as a committee member. Whilst writing this at the end of 2014, there is no named rep to take over at present. But I am hopeful for the vacancy to be filled. It's been an interesting few years as rep, and I have had a chance to meet a number of you at events which have been run within the region, and from the conferences held further afield. I have made a number of great friends from doing so, and it's been an invaluable way to network and learn more from others and how they approach the challenges which we all face.

After our recent call for new members we did receive a few emails registering interest, and those people were invited to attend our meeting before making a final decision as to whether to join us or not. A regional meeting was held at the end of November and we had two visitors/potential new committee members, and a few apologies from others who were unable to make the date. Some people who have been in touch are keen to potentially join the team but are unable to commit at present due to current personal restrictions and we hope to see them at a later date. This will leave us with a few remaining places on the committee. It would be great for the committee to have some fresh faces and new ideas. There are many benefits from being on the committee and it's a great way of getting your area represented and put forward ideas for training which you feel are needed. For more details or to discuss what is involved, please get in touch we would love to hear from you.

On 10th April 2015 the team will be holding a hydrotherapy theory and practical study day, which will focus on the child with complex needs. This will be led by Jane Field, at Greenacres School in Barnsley. Please see the website for further details and the booking

form. Places are limited and will be on a first come first served basis with payment.

Over recent months the regional committee have had a number of meetings to plan and put together the programme for the conference in November 2015. We hope that we will see as many of you as possible over the 13th and 14th November, at the Hilton Hotel in Gateshead. Please keep checking the website for updates and the booking forms.

The region are currently in a position to potentially assist in supporting regional members with regards to bursaries to attend training and events. If you wish to apply, please contact the committee in advance of any course, stating how this will be beneficial to you. Please note that advance notice is required as the committee will be required to discuss each application on an individual basis.

Helen Chamberlain
Helen.chamberlain@humber.nhs.uk

SCOTLAND

We have obviously been exceptionally busy organising the national conference in Edinburgh. By the time this newsletter comes out, it will all be over and hopefully without any problems! We hope that everyone enjoys the programme put in place for the whole weekend.

Liz Gray has sadly left the Scottish committee to become national chair so we wish her well for the next two years!

Kirsteen (previous regional rep) had a baby boy on the 2nd November - Archie Thomas Grieve, congratulations to the family!

Our main training has been focussed on national conference this year. The last course was held in November last year which was respiratory based, this was well attended and feedback was positive.

Once conference is over we will look to be organising a course for next year with many of the committee feeling that a 'taping' course could be beneficial

We are looking forward to evaluating the first joint PT/OT conference and will let you all know in due course the comments.

Looking forward to a short, well-earned break, then your committee will be up and running again!

Barry Johnstone
barryjohnstone@nhs.net

SOUTH EAST REGION

In the SE we have just held our AGM and study evening at the end of November. The evening talk was from Martin Gough, paediatric orthopaedic consultant from Evelina London Children's Hospital, he delivered a really informative talk with a great PowerPoint presentation which was well researched and well received. We managed to get some discussion going but unfortunately had to call the evening to an abrupt end when the fire alarm went off!

We have had people step down from the committee recently as they have moved away from the SE. We would like to thank Isey Lane and Jane Harrop for their help and support and wish them all the best for the future. We also have two babies due in the New Year, both in January - congratulations are due to Clare Emery and Sandra Dawson.

The good news is that we have three new recruits to the committee, Jo Price, who will take on the role of treasurer, Clare Rapier and Emma Hamilton.

As a region we gave two conference bursaries this year and these were awarded to Lucy Erasmus and Ruth Jayakaran. They will both be submitting articles for this newsletter.

We will be planning study events for next year and these will all be advertised on the APCP website and via email to members.

In 2016 the SE will be hosting conference; this is a very exciting prospect. We will be looking to boost our committee to help organise this so do think about volunteering, there will be more information to come later in the year.

Please continue to email with any suggestions for topics for study days and/or any (free) venues – preferably with good parking!

Becky Hindle
beckyhindle@nhs.net

SOUTH WEST

We have had a successful drive to increase the number of committee members and now also have greater representation from across the region.

We hope to host two events during the year, and will send out details via the website when the dates are confirmed.

In the spring we are planning an evening meeting focusing on management of hips in the young child with cerebral palsy, and at our AGM in the summer we will have an introductory session of kinesiio taping.

Please can I remind everyone in the region that the newsletter is your opportunity to share good practice and news from our region across the whole membership. Let me know if you have an interesting article for the next edition.

Katherine Heffernan
Katherine.heffernan@glos-care.nhs.uk

WEST MIDLANDS

The AGM was held on 2/10/14 and we are pleased to announce we have three new committee members

Katie is standing down as regional rep as she has been elected to Publications Officer on National Committee.

We ran a study day on ‘Clamping down on Contractures’ on the 2nd October 2014 We had sent out online questionnaire in advance to gather information relating to current practice – and findings were presented on the day (20 replies out of 58 delegates)

We had speakers for spasticity and neuromuscular related contractures. Six different company reps were invited to provide information on relevant products, and sponsor an excellent lunch!

We are still analysing feedback, but generally it seems positive – there were comments about wanting more research based evidence from one speaker, we also need to find ways to facilitate discussion or organise discussion sections better perhaps by using break out rooms or groups round tables in main room

We are considering running the entire day again as we had waiting list

We were also pleased with trying new venue – Sea Cadets – which was very cheap to hire and worked well from a space point of view, plus the distinct advantage of free parking!

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

The committee have seen lots of changes and certain members who recently have taken up posts in the last year have now stepped down. We are therefore looking to recruit further interested members from the Wales region.

The committee are planning a free webinar evening to pilot how this type of event could work to reduce travelling for members and provide CPD. This will be held on the 8th December 4pm until 7pm and we were hoping to have various venues but are going to trial two initially with presenters in West Wales and also in Cardiff. Feedback will be from clinicians and also a Cardiff University Student.

The majority of our focus over the next six months will be around the Introduction to Paediatrics Course which will be held on the 20-22nd March at the Novotel in Cardiff.

Geraldine Hastings, Fiona and Sarah Westwater-Wood and myself will be meeting on the 7th November at the CSP to discuss the feedback from this year’s course in Trent and the future format of the course.

Louise Leach
Louise.Leach@wales.nhs.uk

NORTHERN IRELAND

In September, once again, we joined Disability Sport NI for a very successful Junior Paralympics event in Antrim Forum. Children with physical disability from all over NI were invited to have a go at various sports including tennis, athletics, table tennis, wheelchair basketball and archery. The NI junior wheelchair football team gave an impressive demonstration of their football skills to an enthusiastic crowd. Contact DSNI for sports activities in your area. Thank you again to Heather Reilly, APCP committee member, for facilitating the day with DSNI.

Also in September, we had a large turn-out for an experimental change in the timing of our evening meeting to a twilight session in Musgrave Park Hospital. Presentations were on differential diagnosis of hip pain by Miss Robinson FRCS, and orthopaedic assessment by physiotherapists, Brona McDowell and Lee Humphreys ably assisted by Anna Mounstephen as their young model.

In our November meeting, we enjoyed hearing Jenny Kirkpatrick, Music Therapist, on the use of music with children who are ill, and children with physical and learning disabilities. We were able to join in a practical session to learn the effect of pitch, rhythm, melody, volume, intensity and timbre of music on communication, social interactions, emotional self-expression and physical activity. Did you know that 'Twinkle Twinkle' was full of tension and relaxation?

Our programme for the rest of the year will include our very short AGM and talk on Sensory Integration on the 26/02/15, members' case studies on Therapeutic Taping on the 24/04/15 and ME and Chronic Fatigue Syndrome on the 21/05/15. Please check the APCP website for details re times and venues.

May I take this opportunity to thank the NI committee for their work and support in running our programme. Please think about joining committee and let one of us know. We are managing on one meeting per year and a few emails to keep things running.

Sheila McNeill
sheila.mcneill@ntlworld.com

TRENT

The Trent team had a busy year in 2014 planning the Introduction to Paediatric Physiotherapy (ITPP) Course and the 2 evening lectures. One lecture being led by Nicola Rutter, Rapid Response Respiratory physiotherapist, early in the year and the other being led by Helen Evans (Gait Lab Specialist Physiotherapist) in October 2014.

The ITPP was well attended and received excellent feedback from the people who attended. The baton has now been passed to the Welsh committee along with lots of ideas on what went well and they are looking forward to hosting the course in 2015.

Our second evening lecture was held at the Derby Hospital Gait Lab. Helen Evans and her colleagues at the gait lab, gave an interesting and informative lecture on the workings of the gait lab and an introduction to gait analysis. The feedback from the attendees was extremely good and asked for further training to be done at the gait lab and we are hoping to arrange this in the New Year.

The Trent team will be meeting early in the New Year to plan the events for the upcoming year. If you are based in Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire or Sheffield area and would like to be involved in planning, organising and attending, local networking and training events you would be very welcome to join us. Please contact Sarah Dewhurst (Trent Regional Representative). We need people from all corners of the region to ensure we are meeting the needs of all of our local APCP members. It would be great to create a bigger network of Paediatric physiotherapists within our region.

Sarah Dewhurst
Sarah.dewhurst@nottshc.nhs.uk

Research and Education

Journal

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

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

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

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

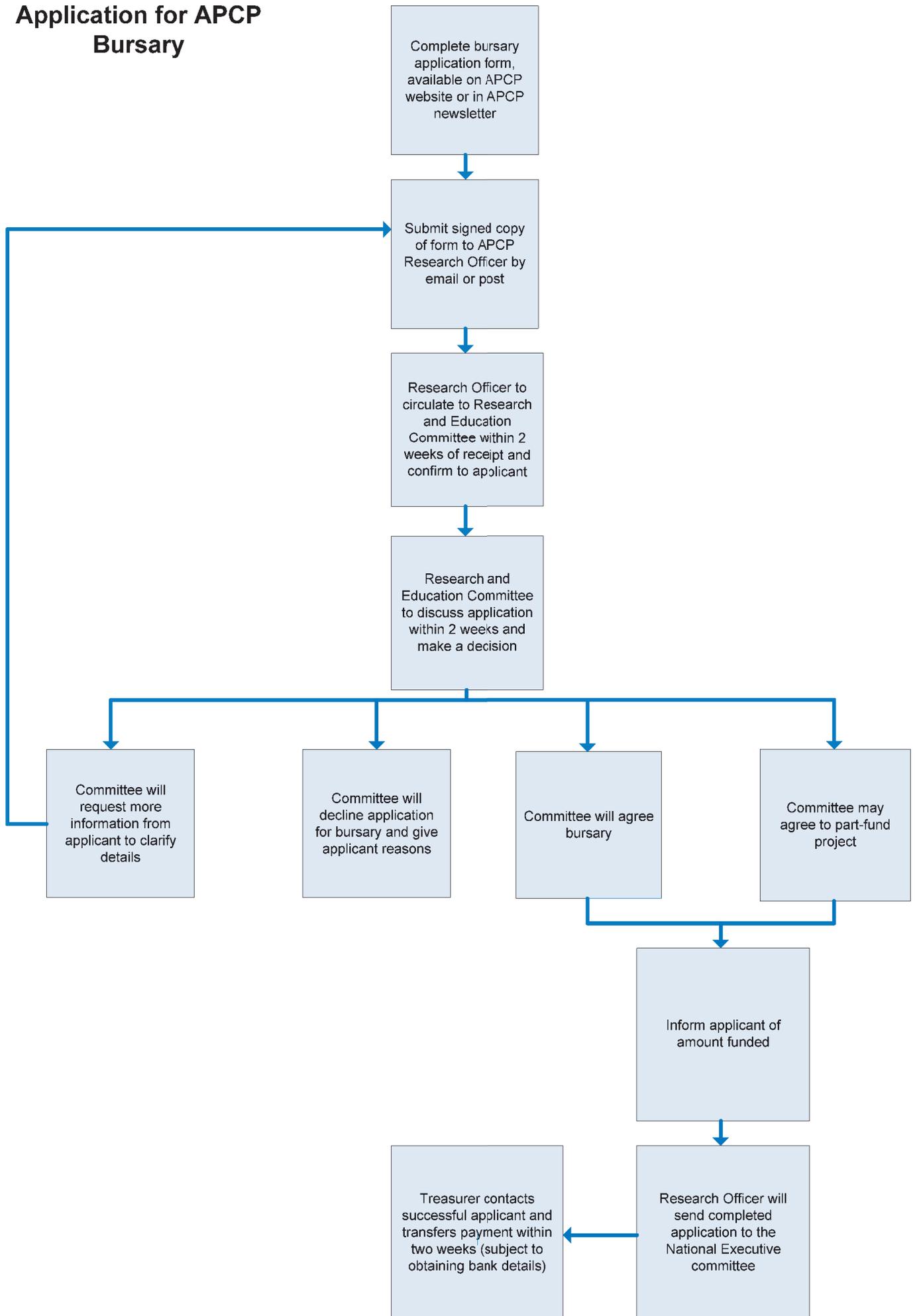
Call for Abstracts

A large number of members submitted abstracts for the 2014 conference. This is the call for abstracts for 2015. The closing date is 1st July and we appreciate it takes time and is quite difficult to write a good abstract. Don't forget that the research and education committee are there to help you, although do make contact early if you would like some support or guidance.

In early July the research and education committee will review all the abstracts submitted and decide which ones to offer as poster presentations and which as free paper slots for the 2015 APCP conference.

Sarah Westwater-Wood
Education Officer

Application for APCP Bursary



Courses and Course Reviews

Review of Virginia Knox's Outcomes Study Day.

The North East region held an Outcome Measures course run by Virginia Knox that was held at Freemans Hospital on 4th October 2014. The course aimed at looking at a variety of outcome measures to be used in clinical practice specifically aimed at children with cerebral palsy. However the outcome measures discussed could also be used with children with other neurological conditions. There was a mixture of both theory and practical sessions and plenty of time for questions and answers. There was also some discussion between professionals on outcomes used at different trusts and time taken for some of these to be carried out.

It was well attended by both physiotherapists and occupational therapists and covered a range of outcomes for both OT's and physios from the GMFM to Abilhand Kids. It was good to see some outcomes that had not been used before and it was also useful to have occupational therapists with us to give a different perspective.

Despite a few technical glitches with the venue, everybody who attended got a lot out of the day and went home with plenty of food for thought.

Virginia was an excellent speaker with a vast amount of knowledge. We felt that we learned a lot from attending the course, which we can now apply to our own clinical settings. This is a course we would definitely recommend for others.

Rachel Pitcher and Jo Bax

APCP APCP NEUROMUSCULAR GROUP - STUDY DAY MARCH 2015

The APCP Neuromuscular Group are pleased to announce their next study day looking at Physiotherapy Assessment and Management of Respiratory Complications in Children and Young People with Neuromuscular Conditions on Friday, 6th March 2015 at the Holiday Inn, Filton, Bristol.

The day will include lectures and 3 practical workshops.

The Holiday Inn is conveniently located on the M4/M5 interchange with complimentary parking, and just 5 minutes from Bristol Parkway station.

For further information / to book your place, please see the website

In Cahoots: Working together to improve services for children and young people

Report by Lucy Erasmus

This year was a special year for the APCP conference, as for the first time the Friday programme was shared with our paediatric occupational therapist colleagues (CYPF members).

As we all gathered for the opening address, after maybe an early start or a late night, we wondered what we were about to experience, as we were reminded of the dictionary definition of the phrase 'in cahoots', by Liz Gray (current chair of APCP National Committee). To be in cahoots with someone, is stated to usually be a derogative phrase to define working in close partnership with someone, especially in the planning of something unlawful. Of course, working in close partnership with our occupational therapy colleagues is something as paediatric therapists, we pride ourselves on, but unlawfully?

As the morning progressed, we quickly realised that we would not be learning the quickest way to be investigated by the Health Professions Council! Instead we rejoiced in the marvellous examples of collaboration that have been taking place around the country and the fantastic results for children and families, as well as for us as professionals and in many cases the cost efficiency that has been proven as a result of this way of working.

Of course there was also a strong emphasis for maintaining professional identities and to ensure that our professions are future proofed by ensuring that we have strong evidence of our outcomes. This may include 'human interest stories' (Karina Dancza, Professional Advisor for Children & Young People at the COT). Dr Kate McKay, Senior Medical Officer, Scottish Government, also highlighted the need to provide data to measure changes.

Rachael Bennett, Advanced Occupational Therapist presented her very inspiring free paper demonstrating how her service has reduced the length of stay for children in a long term ventilation service at Sheffield Children's Hospital. This had been achieved by establishing that the delay in the provision of essential equipment was responsible for unnecessarily long stays. As a result of working with various services to ensure that equipment could be provided in a timely manner, length of stays were reduced by months. Of course this had a massive impact on the cost of stay and the wellbeing of the children concerned. This showed that how a relatively small change can make an enormous difference. A reminder that we all have a role to play in improving the efficiency of service delivery.

Working together to ensure the best outcome for babies with obstetric brachial plexus palsy was demonstrated by the team working at the Royal Hospital for Sick Children, Glasgow. We were reminded of the importance of this, as the resultant loss of upper limb function on a child's development is immense. Language development starts with hand activity, such as pointing, and milestones such as crawling will be missed without sufficient upper limb function. Body awareness is also impeded, as the ability to cross midline and coordinate left and right sides of the body is decreased. Wrist and hand movements will not develop without shoulder alignment and strength in the elbow. Limb length discrepancy and torticollis are also a symptoms of delayed intervention.

Working together with parents was obviously a common theme. Shirley Young, a parent, trainer and consultant was a truly inspirational speaker and gave much food for thought with regards to supporting parents to acknowledge, adjust and adapt. As Charles Darwin stated, those who adapt best manage best, so it is essential that we as therapists do what we can to enable parents to cope better.

Forget about in *cahoots*, the conference dinner was a *hoot*. The pre-dinner drinks sponsored by Specialised Orthotic Services ensured that things went off with a bang. There was authentic Scottish cuisine followed by a ceilidh. The ceilidh was an intimate affair, as the small dance floor, meant that we got very close up and personal with the brilliant band – The Fabulous Shire Boys. Good fun was had by all and it gave a brilliant opportunity to network further with physiotherapist and occupational therapist colleagues alike.

Saturday morning gave us more opportunities to learn from good practice. The Cerebral Palsy Integrated Pathway Scotland (CPIPS) presentation discussed the highly enviable hip surveillance database that has been set up in Scotland, as a result of work shared by practitioners working in Sweden.

Dr Barry Meadows' talk about early intervention in gait reminded us about the importance of maintaining the full range of hip extension and power in the hip extensors, when working to achieve optimal walking patterns.

Kath Sharp's presentation gave us a nugget of information that we all need to remember when treating children on our caseloads. It seems so obvious, but easy to forget that children with trunk muscle weakness will have abnormal ventilation due to mechanical insufficiency. Due to the need to survive the human body will always focus on the need to breath and thus development may be delayed as a result.

Clinical Specialist Paediatric Community Respiratory Physiotherapist, Zoe Johnstone, who is a qualified prescriber, demonstrated how her work has had a massive impact on A & E attendances (decreased by 49%) and hospital admissions (decreased by 42%) and as a result has saved her Trust over £91,000. This truly demonstrates the importance of physiotherapy.

Selective Dorsal Rhizotomy (SDR) is a hot topic at the moment. Heather Read, Consultant Paediatric Orthopaedic Surgeon, stated that when SDR is being considered, it must be remembered that natural gross motor development is not complete until age seven and thus any changes following SDR for children under this age cannot be fully attributed to the surgical intervention. Some positive results have been noted following SDR, but of course, as we know children receive intensive therapy following these procedures and so further work is needed to work out whether children who have not undergone surgery, but do receive a similar level of therapy, make similar improvements in function.

The conference audience was wowed by the enthusiasm and confidence of two young world champion athletes, Gavin Drysdale and Hannah Dines. They both talked about their dedication to and love of race running and the amazing impact the sport has had on their lives. This remarkable presentation was followed by Liz Bryant presenting her findings of her research project using Petra bikes. For non-ambulant children, it was found that the weight bearing stimulated bone development, with Bone Quality Index improving over a 12 week period. If you have not seen a Petra running bike in action, you must.

Overall, the conference was a very thought provoking and enjoyable experience. If you have not attended conference before, please think about booking a place on 2015 APCP conference, which is to be held in Gateshead, I am sure that you will not be disappointed.

And what about truly working in cahoots with occupational therapists? I think that I achieved this at Edinburgh airport during my departure. Along with an occupational therapist colleague, I worked jointly to ensure that all my lotions and potions could get through airport security. You can never imagine how many small plastic bottles of 100ml and under we could fit into two small

plastic bags (her quota and mine combined). It took a while, but we set mutually agreeable goals and the outcome was well evidenced!

It was a fantastic experience to attend the APCP conference for the very first time. Speakers from all over the country displayed a variety of well-established Extended Scope roles (a few in evolution). I would have spent years in the dark without knowing the progress we have made as a profession, if not for this well put-together conference.

Parents account – Shirley Young.

Ms Young, a mother of two disabled children spoke about her life as a parent of two disabled young men. She said that it took her a very long time to acknowledge that her children had a disability and then to understand the importance of therapy. Ms Young spoke in detail about the process of acknowledgement of their conditions, adjustment of attitudes and expectations and only then, adaptation to the new life style.

Mrs Young emphasised that its vital for the clinician to understand at which of the above phase a family is, to be able to choose an effective strategy to support the family. Her story helped me reflect and develop effective strategies to help some of the families in my case load struggling to cope with the management plan.

There were many other interesting presentations and lectures in the conference. Ms Sarah Patterson presented a lecture on her Extended Scope role, running a physiotherapy led club foot services. Sarah has taken our profession to the next level by commencing training to perform Achilles Tenotomy – a minor surgical procedure.

I benefited immensely from the APCP Conference 2014 and I feel fully charged up to be more effective and creative in my role as a paediatric physiotherapist.

Ruth Jayakaran

Paediatric Physiotherapist

Kent Community Health NHS Trust



Dear Professionals,

I am delighted to announce initial details of the HemiHelp Annual Professionals conference for 2015 so that you can save the date in your diary and to give you a heads up to apply for funding if required.

As you know, we change the location of the conference each year to give professionals around the country a fair chance of attending the event, and this year, we will be visiting the City of Leeds.

DATE: Thursday 17th September 2015

VENUE: St George's Centre, Great George Street, Leeds, LS1 3BR

Our delegate fee remains extremely competitive at just £95.00 per person for our Early Bird Rate (for bookings received by close of play on **Tuesday 30th June**) and still only £125 Standard Rate after this date. This is for a full day conference, including lunch, plus a free gift for Early Bird Bookings.*

The programme of speakers will be announced in due course but in the meantime, please save the date and watch this space for further details.

APCP Scotland Study Day

'More Bite-Size Biomechanics and Gait'
*Speakers -Barry Meadows
and Nicola Tenant*

May 2015 -
Date and Venue to be confirmed

*Please keep your eyes open for
further information.*



Association of Paediatric Chartered Physiotherapists

INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY

3 day course for physiotherapists and physiotherapy assistants

Topics include

Key legislation

Working with children and families

Neurodisability

Neuromuscular disorders

Respiratory conditions

Musculoskeletal conditions

20th-22nd March 2015

Cardiff



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va@apcp.org.uk

MRC Grading of Muscle Power - The Oxford Scale: Can we make it more objective and replicable in practise?

The MRC (Oxford) scale was developed originally in the 1940s to assess recovery in peripheral nerve injuries. It has become one of the most widely used methods of manual muscle testing in clinical practise but in its pure form is considered by many practitioners to be subjective and inexact.

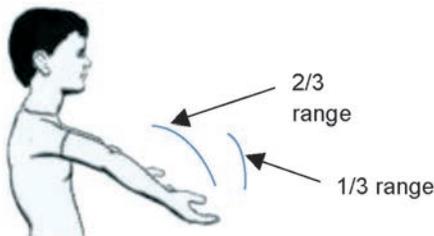
The scale:

Over the years, clinicians and researchers have proposed systems of pluses (+/++) and minuses (-/=) to make it more "accurate" or objective, more sensitive to change and more descriptive of the variability of power through a full range movement. However, this presents varying scales that do not always explain or justify the differing use of these adjuncts.

- 0. nothing = PARALYSIS!
- 1. Flicker = no discernible movement
- 2. Full range movement with effects of gravity eliminated
- 3. Full range movement against gravity
- 4. Movement against gravity and "some resistance"
- 5. Normal power - **throughout range**

In its pure form this is a 6 point scale. How can we sensibly make it larger without making it more complicated to use?

Because the measurement of muscle power is an integral part of the assessment of children with neuromuscular disorders, the physiotherapy team of the Dubowitz neuromuscular service, previously at Hammersmith Hospital and now at GOSH, developed a systematic method of using plus + and minus - based on two premises; firstly, that the ranges of movement of the body at joints are described in 3 sections, inner range, middle range and outer of movement.



Secondly that the minus would have the specific meaning of loss of range, and a plus would indicate full range movement with resistance through part of the range.

As grade 3 is a full range movement against gravity, under this system, it cannot be possible to score grades 4- or 5-.

There are many questions the MRC scale does not answer, e.g. What is normal power? Does it have a numerical value in force? How much resistance? How do you grade in the presence of contractures? Can you test infants on this scale? How do you measure those ranges of movement where testing full range anti-gravity power becomes physically very difficult?

(Consider testing full range antigravity adductor power of the shoulder, in theory the starting position would be suspended head down as in the picture below!)



Testing positions

It is not always feasible or necessary to test all joints through full range. As a team we use standardised starting positions, attempting where possible, to test the largest practical and most functional ranges. It does not, however, preclude changing a position for a particular child or specific purpose e.g. hip extension, as long as this is specified in the assessment.



Standard position



Possible modified position

This is the adapted scale that we have been using in clinical practise for many years when testing muscle power in children with neuromuscular disorders. While it remains subjective, we believe it gives a better overall picture of the child's power through range, better shows improvement or deterioration and is reproducible.

- 0 no movement, paralysis
- 1 flicker, twitch
- 2- 1/3 range movement with gravity eliminated
- 2- 2/3 range movement with gravity eliminated
- 2 full range movement with gravity eliminated
- 2+ full range movement with gravity eliminated with resistance through 1/3 range
- 2++ full movement with gravity eliminated with resistance through 2/3 range
- 3- 1/3 range movement against gravity
- 3- 2/3 range movement against gravity
- 3 full range antigravity movement against gravity
- 3+ full range movement against gravity with resistance through 1/3 range
- 3++ full range antigravity movement with resistance through 2/3 range
- 4 full range antigravity movement and some resistance through the whole range
- 4+ grade 4 with normal power through 1/3 range
- 4++ grade 4 with normal power through 2/3 range
- 5 full normal power

This is a 16 point scale which appears unmanageable but with a basic knowledge of the scale, once the concepts of the plusses and minuses are understood, the scale is no harder to use than any other version.

The scale in practise

We use the same scale as possible on babies and infants as well as children, specifying that scoring has been evaluated through observation and play. While movement against resistance is very difficult to score, a movement against gravity is easily seen.

Measurement of trunk flexors is not possible from supine when the child cannot lift their head from supine. Many "normal" children are unable to do a sit-up.

We do not test rotatory movements as they involve combinations of muscles that cannot be assessed individually.

In children with marked joint hypermobility it is necessary to consider the effect this may have on muscle testing. Children may not be able to achieve the same power in the more extreme parts of the range.

In theory, a joint that is contracted cannot score more than grade 3- but this tells us nothing about the power that remains through the available range. We therefore measure power through the remaining range, indicating that there is a joint contracture.

Not all disorders have the same patterns of muscle weakness and therefore reducing the numbers of groups tested or concentrating on the most effective joints can speed up the assessment process, e.g. For Charcot-Marie-Tooth type 1a, the neck and trunk are not affected but wrist flexion and extension should be tested and foot in and eversion.

Conclusion

Inter and intra rater reliability remains variable between men and women testing. The experience of the person testing and the experience of the person teaching the scale, the performance of the child on the day, the child's understanding and age and factors such as fatigue and pain will continue to make manual muscle testing, largely subjective. We believe, however, that by standardising the adjuncts to the scale and the starting positions for testing, we have a scale that is as objective as it can be for clinical use.

For further information, please contact us.....

Marion Main
NM Chair (outgoing)

Medical Research Council: Aids to the investigation of peripheral nerve injuries.
War Memorandum No. 7, revised 2nd ed. HMSO London 1943

[You may need to stretch my ankles but please don't stretch my hamstrings!](#)

The importance of understanding the reasons for stretching the Achilles tendon (TAs) but not stretching hamstrings in ambulant children with neuromuscular disorders.

Marion Main, Lead physiotherapist, Dubowitz neuromuscular service, GOSH.

Introduction:

The major problem for infants and children with neuromuscular disorders is weakness. Different disorders have different patterns of weakness, but for **ambulant** children with dystrophin related disorders (Duchenne/Becker muscular dystrophy), some limb girdle and congenital muscular dystrophies, ambulant Spinal Muscular Atrophy and some congenital myopathies, hip extensor weakness is a major factor in functional limitation: inability or difficulty with walking, getting to standing from sitting, negotiating stairs and steps and getting up from the floor. For most of these

children knee extensor weakness will also be evident or increase over time, further contributing to the child's difficulties.

Another of the major problems that occurs with weakness is the development of contractures. The pattern of contractures is related to the weakness due to variable underlying muscle damage, muscle imbalance, lack of mobility and postural asymmetry. Any joint can become contracted, some in utero, some are rapidly progressive with growth or following loss of ambulation; in some children they increase more slowly. Scoliosis is a contracture. Jaw, neck, shoulders, wrists, fingers, mid foot and toes can all become contracted along with the more usually considered ankle, knee, hip, elbow and forearm tightness. The contractures seen in ambulant children will be different from those which are predominant in non-ambulant children.

The toe walking, increased lumbar lordosis and "Gower's manoeuvre" for getting to standing are not exclusive to Duchenne Muscular Dystrophy but can be seen in many children with the above diagnoses, with the weakness of hip and knee extension described.

Ankle and hamstring tightness

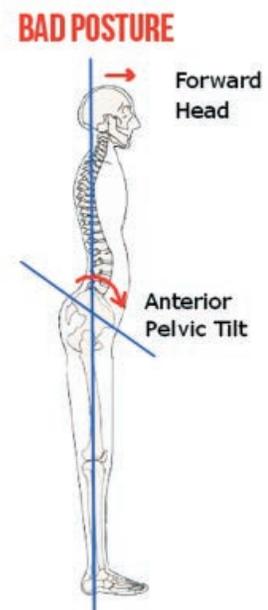
Within clinical practise there is a very common misconception about the development of tendo-Achilles (TA) contractures in ambulant children with neuromuscular disorders and that is, that the ankle tightness **causes** children to walk on their toes. But with experience, it can be seen that it is **the need** to walk on the toes for stability, balance and mobility that then causes TA contractures. Similarly, there is a widespread misunderstanding about what constitutes tight hamstrings and that longer hamstrings are somehow beneficial. In our clinic, published studies of hamstring length in a "Normal cohort" are used to evaluate what we would consider normal for age¹. Many studies in sports medicine show that longer hamstrings are actually weaker hamstrings. We want them shorter, though not excessively tight. *In reality, tightness is actually very rare in ambulant children apart from in some of the different types of congenital muscular dystrophy (CMD): Ullrich CMD and Bethlem myopathy.*

Occasionally we do find that children have a popliteal angle that is near the upper limit of normal for age and in those we may suggest long sitting but do not recommend hamstring stretches. What is therefore important for all physiotherapists working with children with neuromuscular disorders is to have an understanding of what actually constitutes **normal hamstring length for age**.

Why are the hamstrings so important?

In several of the most common neuromuscular disorders, evaluating muscle power and MRI imaging show that hamstring function is preserved longer than hip extensor and quadriceps function. When the hip extensors are weak, the hip flexors pull the pelvis into anterior tilt, making it hard to keep the trunk upright. This may be reinforced by the development of hip flexion contractures. (Diagram 1). The most important muscle in maintaining the pelvis in some level of equilibrium and allowing the trunk to remain upright becomes the hamstrings. Without sufficient hamstring strength or where the hamstrings are excessively long (popliteal angle between +10 and 20°), the child can have difficulty remaining upright. Gluteal weakness and use of hamstrings for hip extension is the major factor in increasing in lumbar lordosis. The problems this causes increase with increased height of the child and trunk length.

Diagram 1 – anterior pelvic tilt



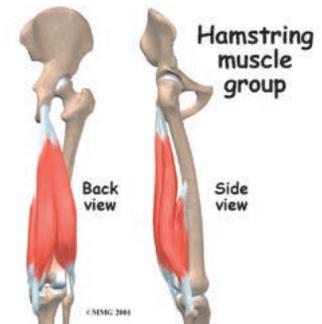


Gower's manoeuvre: this picture shows that longer hamstrings are needed to allow the children to get up from the floor; shorter hamstrings will make this more difficult or even prevent the child doing it. (Diagram 2).

Diagram 2- Gower's manoeuvre

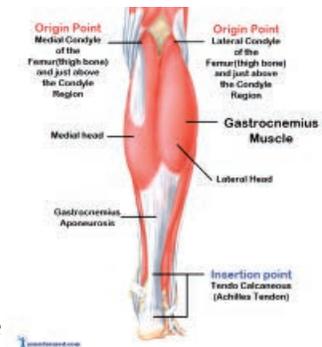
Why do the children walk on their toes?

With knee extensor weakness, the gastrocnemius can act as a knee extensor when the foot is weight bearing and the muscle is in its shortened state, i.e. the child is standing on their toes to a greater or lesser degree. This power of this function of the gastrocnemius to act as a knee extensor is reinforced by the action of hamstrings as it also crosses the knee joint.



Why do we stretch the TAs?

While many of the children need to walk on their toes as explained, they need to try and stand still with their heels down to maintain static stability. Once they can no longer stand with their heels down, they find it much harder to stand still and compensate using postures such as abducted legs or externally rotating them. These postures with pelvic weakness will then lead to ITB tightness, reinforced by poor sitting positions, e.g. cross-legged sitting or sitting in a seat with a pommel. The other important issue that must be considered when the TA is tight: the child compensates by trying to dorsiflex the foot to clear the floor by pulling into inversion. This leads to the problems of weight bearing on the lateral border and deformity in all parts of the foot.



TA Stretches, which should **always** be active-assisted* (encouraging the child to pull the foot up as strongly as possible while the parent/carer is doing the stretch with them), or include self stretches in the older ambulant child, should be done at least daily. Stretches combined with the regular use of night splints has been shown to have greater effect.

*There are 3 very important reasons for encouraging active assisted stretch of the TA even from a very early age, rather than passive stretches:-

- if the child is pulling up, they can't be pushing down, making it much easier for the parent/ carer.
- Physiologically, if the dorsiflexors are contracting, the plantarflexors will relax, giving a much more effective stretch
- The dorsiflexors are getting active exercise which is useful for the muscles.

Summary:

The hamstring muscle in ambulant children with paediatric neuromuscular disorders is extremely important for pelvic stability in standing, walking and getting up from the floor as it acts as a hip extensor and assists in knee extension, when in its shortened position: countering the effect of hip and knee extensor weakness. The muscle cannot work effectively when longer and so stretching is not indicated. Severe tightness is rare and most common in some forms of congenital muscular dystrophy, often the children are non-ambulant and then hamstring tightness is found in conjunction with knee flexion contractures.

¹J Pediatr Orthop. 1992 Mar-Apr;12(2):229-31. Normal ranges of popliteal angle in children. Katz K¹, Rosenthal A, Yosipovitch Z

Some thoughts on embedding disability sport into everyday Paediatric Physiotherapy practice

Submitted by Sue Booth B.A. (Hons), BSc. (Hons), HT

Bolton NHS Foundation Trust.

Author's email susan.booth@boltonft.nhs.uk

In the light of the recent focus on disability sport and sport as a therapy choice, I thought APCP members might like to hear about what has been happening in our local setting over the last 16 years.



A little history...

We have a local disability sports association (BDSA - Bolton Disability Sports Association) that was founded in 1998 by a diverse group of individuals, who were unified by an aim to promote disability sport in Bolton. In 2008, an audit by the Bolton Short Breaks Aiming High Team highlighted a keen interest in sport by young disabled people, especially in school holiday periods. In response to this, BDSA began to offer holiday sports provision to young disabled people in 2009.

This has continued to this day and has since expanded to include non-disabled siblings and disabled adults. Its remit is now much wider than just school holiday provision, as it acts as a priming device to generate participants for populating year-round clubs.

BDSA's objectives are...

To make it easier for disabled people of all ages, who might find it difficult, to participate in sports and physical activity

To make it easier for disabled people of all ages to compete in sports and physical activity

To enable clubs, coaches and volunteers to acquire the skills/training, abilities and awareness to support disabled people to participate/compete in sports and physical activity

To be inclusive for families who have a disabled child

My involvement...

I became involved on the BDSA committee in the mid 2000's and have undertaken the role of Chairperson over several years up to the present on a voluntary basis.

At the time of joining, it seemed a logical and obvious thing to do, as I could see the shared ground between physiotherapy programmes and sporting training programmes.

Also on a general level I personally appreciated that sport and physical activity can deliver so much to a person and enrich their life in diverse ways beyond achieving a lowered resting heart

rate...general wellbeing, quality of life, being part of a group and community...so why should disabled youngsters not have the opportunity to share these same experiences?

(Since 2011 all these aspirations for disabled young people have been neatly expressed for us within the remodelled ICF-CY framework of Rosenbaum and Gorter.)

So now it is written into my appraisal objectives to be a source of information/advice to colleagues about disability sport and physical activities, thus raising their awareness of National Disability Sports Organisations (NDSO's) and keeping them up to date with developments and new initiatives. On an individual level I have found that using disability sports and physical activity is a helpful way of encouraging/motivating patients to adhere to and comply with their physiotherapeutic programmes. This most often means tailoring a programme to their sporting interests or signposting to an activity or to a club, where they can try a new sport or continue their training. Within school settings it means liaising with PE staff and other education staff both in mainstream and special schools.

It's helpful if every service has a disability sport and physical activity champion, who can and should clearly demonstrate how the role links into

- objectives - personal / professional, team, Trust NHS
- frameworks - e.g. ICF to address activity and societal participation and not just impairment
- outcomes measures - e.g. NHS Outcomes Framework in supporting patients with long term conditions to self-manage
- initiatives - e.g. Public Health and Wellbeing of Children and Young People and Health and Social Care Integration

Some cardinal rules...

When undertaking a voluntary role that is associated with your professional role, I have found it is important to clearly understand the demarcation lines between the two, to avoid placing myself in a difficult position, avoiding a conflict of interests and to guard the confidentiality of all involved.

- My volunteer role is strategic and planning only and does not involve face to face delivery or coaching etc with participants
- Information flow is strictly one way only, with details of activity providers and activities flowing to the patient and never the other way
- Similarly, not sharing your own personal data in your voluntary role, e.g. not using home addresses or personal mobile / telephone
 - Following correct practice in respect of your employers policy on sharing information, as per confidentiality clauses stated in any employment contract

Working with others...

My role within BDSA has proved to be a catalyst to joint working, e.g. with statutory services, voluntary groups, NDSO's and with local Council Disability Sports Development Officer, where the Wheels For All Project (see below) is a good example of an activity running all year round at one of our local athletics tracks. Young people from one of our special schools attend in term time at the morning session.



Similarly, contact with NDSO's can influence their agendas and make them aware of ours; e.g. a recent collaboration with CP Sport swimming development programme.

Another example of collaboration was our recent disability football event, where we joined with the Lancashire FA and the local Bolton Bullets power-wheelchair football team

Only £2
Per person

WHEELS FOR ALL

Wheels for All Adapted cycle session
All ages welcome!!!

Wednesday's - 6pm - 7pm
Thursday's - 10am - 11am

The Wheels for All initiative is a nationally recognised programme that embraces all children and adults with disabilities and differing needs, to engage in a quality cycling activity.

By using specially adapted cycles, the activities are both physically and mentally stimulating and above all fun for everyone involved.

The sessions are dependent on weather and could be cancelled if needed. There is no need to book, just turn up.
For more information please contact:
Jamie Agar - Tel - 01204 33 6843 / Email: jamie.agar@bolton.gov.uk

Sessions Run From: Leverhulme Park Community Club,
Long Lane, Bolton, BL2 6EB

BDSA



Kayli English at the finish line of Ironkids event in Bolton Town Hall Square (Photo by Jamie Agar and photographic consent obtained)

References

ROSENBAUM, Peter, and GORTER, J.W. (2011) The 'F-words' in childhood disability: I swear this is how we should think! *Child: Care, Health and Development*, 37 (11), 1-7.

Race-running

It was good to see the rising profile of race-running in the last APCP newsletter and it's been the same story locally. The versatile bike featured not only in mainstream cycling events during a short clip on regional TV at the Bolton Skyride event and within the local press at the Horwich Racing Carnival; but also at the IRONKIDS running event in July. The IRONKIDS race precedes the main IRONMAN UK triathlon and we believe it was the first time the race running bike was used at the event. It was also a great example of an individual patient benefitting, as local youngster Kayli English shows below...

Kayli uses elbow crutches to mobilise, but was able to participate alongside non-disabled peers in her age group. Using the bike has been a key part of her rehabilitation and has been transformational in raising her health related quality of life; and it easily makes the case for using sport as a therapy choice for us as paediatric physiotherapists.

As the bike is so versatile, it has been used within both BDSA summer cycling and forthcoming planned athletics events at a session within a mainstream athletics club - Bolton Harriers, where it will be used alongside racing wheelchairs; this will greatly increase the opportunities for use.

Looking to the future...

BDSA have been involved with Bolton Council in bringing the Sainsbury's scheme for PE and other education staff to Bolton schools, to their attention. This will hopefully improve the PE offer to disabled children and young people in mainstream settings and help meet BDSA objectives; it will of course also enable therapists to be more effective in ensuring disability sport is embedded in everyday practice.

Sports Wheelchair Funding Support Guidance

Please see below a list of charities and trusts that can provide support with purchasing a sports wheelchair if required. Thank you to Steve at Wheelpower for the comprehensive list. Can I suggest to members they keep it in the department for future reference.

Get Kids Going

Children up to 26 years
www.getkidsgoing.com

WhizzKidz

Children under 18 years
www.whizz-kidz.org.uk/gethelp/getequipment/

Lord Taverners

Children aged 8 to 25 years
50% of cost up to £1500. Applications by Sports Club, Association or School.
www.lordstaverners.org/charity/support-and-funding/sport-wheelchairs.htm

Wheel Appeal

- Individuals wounded in the service of our country
 - Adults aged 18 and over who became disabled within the last two years
 - Adults aged 18 and over who have never owned a sports wheelchair
 - Disabled children who have never owned a sports wheelchair
- www.wheelpower.org.uk/WPower/index.cfm/what-we-do/wheel-appeal/

Caudwell Children

Children under 18 years. Means-tested.
www.caudwellchildren.com

Challenged Athlete Foundation

IPC eligible - i.e. must have UKA classification
1st September - 1st December
Max \$2500
www.challengedathletes.org

Variety Club

Children up to 18 years
www.varietyclub.org.uk/section.php?id=39

Family Fund

Children under 18 years. Means-tested.
www.familyfund.org.uk

Adam Millichip Foundation

www.adammillichipfoundation.org

Dream It Believe It Achieve It

www.dreamitbelieveitachieveit.com

READY Charity

Children under 21 years
www.readycharity.org

Children Today

Up to 25 years.
www.childrentoday.org.uk

Aspire

Supporting people with a spinal injury. Part-funding for new equipment only.
www.aspire.org.uk/1aspire-grants.aspx

SF Charity

Disabled people - all ages. Up to £1000 suggested limit.
www.sfcharity.co.uk

True Colours Trust

18 - 26 yrs. Up to £500 is suggested limit.
<http://www.truecolourstrust.org.uk/individual-grants-uk/>

Barchester Charitable Foundation

Adults with a physical disability. £1500 to £5000.
www.bhcfoundation.org.uk/Default.aspx

Cerebra

Children up to 16 years with neurological disability (i.e. CP, Brain Damage). Up to 80%.
www.cerebra.org.uk/English/gethelp/grants/Pages/default.aspx

Roald Dahl Charity

Up to 25 years with an acquired brain injury (i.e. stroke etc). Up to £500.
www.roalddahlcharity.org

Cash4Kids

Regional - see below for West Midlands
www.cashforkids.uk.com

Dickie Bird Foundation

Children under 18 years. No statement about sports wheelchairs or maximum amounts.
www.thedickiebirdfoundation.co.uk

Elifar Foundation

Children and Adults. No statement about sports wheelchairs.
www.elifarfoundation.org.uk

Childrens Hope Foundation

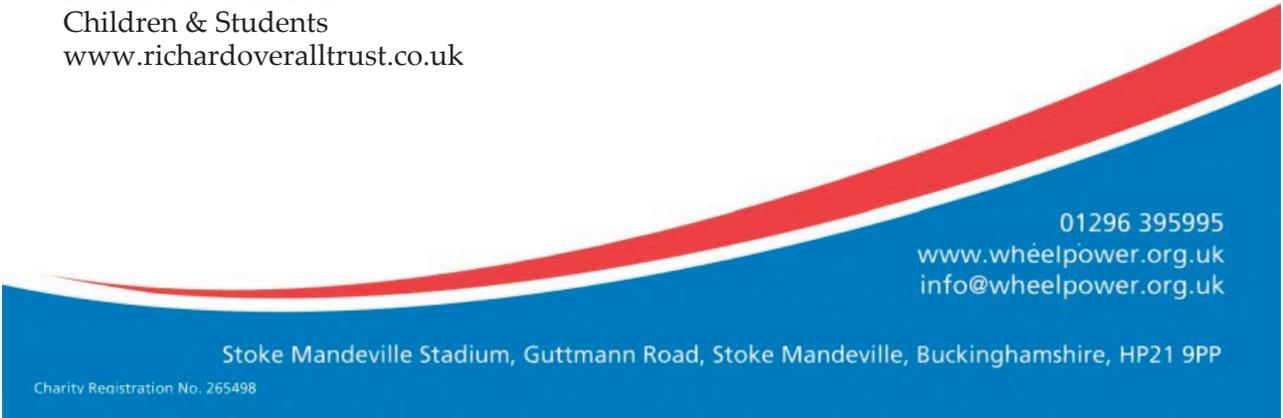
No statement about sports wheelchairs.
www.childrenshopefoundation.org.uk

Boparan Charitable Trust

Children under 18 years
www.theboparancharitabletrust.com

Richard Overall Trust

Children & Students
www.richardoveralltrust.co.uk



01296 395995
www.wheelpower.org.uk
info@wheelpower.org.uk

Stoke Mandeville Stadium, Guttman Road, Stoke Mandeville, Buckinghamshire, HP21 9PP

Charity Registration No. 265498



Become a member of



WheelPower

British Wheelchair Sport

WheelPower, the national charity for wheelchair sport, provides opportunities, facilities and equipment to enable disabled people to participate in sport and lead healthy active lives. Through its annual programme of events, links to its member sports associations and other organisations, WheelPower supports individuals to find sports which they are passionate about.



Membership is Free

**Join Now, visit
wheelpower.org.uk**

Benefits include

- ✓ Regular e-newsletter
- ✓ News on sport and physical activity opportunities
- ✓ Access to exclusive resources
- ✓ Regular updates on what is happening in wheelchair sport
- ✓ Guidance to access sport and physical activity near you
- ✓ Support WheelPower in transforming lives through sport

Perfect for anyone interested in wheelchair sport

Transforming lives through sport



New Sport & Active Recreation mailing list launched

WheelPower-British Wheelchair Sport and Cerebral Palsy Sport in partnership with the Association of Paediatric Chartered Physiotherapists (APCP) have launched a new mailing list focussed on providing physiotherapists information on local sport and active recreation opportunities.

From the recommendations within the research 'Understanding sport as a therapy choice' undertaken by the English Federation of Disability Sport it was identified that there is a need for improved communication of opportunities to physiotherapists to support people to be more active.

By signing up to the mailing list you will receive regular information regarding national and local sport and active recreation opportunities. In addition, further support is available via a bespoke advisory service to assist in finding activities for the people that you support. This can be accessed via a regular link on communications via the mailing list.

To sign up go to the link below:

<http://www.wheelpower.org.uk/WPower/index.cfm/what-we-do/rehabilitation/sign-up-to-our-newsletter-for-physiotherapists/>

APCP members attend Sainsbury's Inclusive Community Training – Physical activity and sport as a therapy choice

Following a membership study to understand the role of physical activity and sport as part of therapy, 52 APCP members attended pilot workshops for the Sainsbury's Active Kids for All Inclusive Community Training Programme. This programme, which is delivered by Sport England through the English Federation of Disability Sport (EFDS) and sports coach UK, has been specifically designed for those who support disabled people in the community and aims to improve skills, know-how and confidence in delivering sports based activities to those that they work with.

Of the 52 APCP members who attended, prior to the workshop only 34% rated their confidence, skills and knowledge as 'good' or 'excellent', in the inclusion of disabled people in sport and physical activity . After the workshops- this changed to a fantastic 92%.

In addition, 92% of the APCP members said the content of the workshop was either 'somewhat' or 'completely' relevant to them in their day job and 90% said the workshop had either 'somewhat' or 'completely' encouraged them to increase the extent to which they use sport and physical activity as a therapy choice.

Some of the feedback received from attendees included:

- "The training tackles a very relevant issue by highlighting that participation is about meaningful involvement of disabled children and not just completing performance exercises
- "The workshop was very informative, particularly in terms of the language used and will enable me to have more informed conversations with community sports providers"
- "I learnt ways to include disabled children in school and community activities, the different organisations which are available and where to find them".

Barry Horne, CEO for EFDS, comments about the partnership with APCP:

“For more disabled people to become more active it’s important for us to invest in those networks that have direct contact with disabled people. Working with organisations like APCP, through the Inclusive Community Training, allows us collectively to reach more disabled people through physical activity and sport making active lives possible.”

Following this series of workshops, we are now looking to work with trainee Physios to determine the impact of this training when accessed at the very start of their career. Of course, we will still continue to support those already trained. This helps to strengthen the link with local community sport providers and creates pathways into physical activity and sport.

If you would like to find out more about the training available please contact us:

AK4A@efds.co.uk

01509 227751

Alternatively you will find further information about the training and its impact to date through the EFDS website: www.efds.co.uk

Further to the pilot workshops above, a workshop was held for student physios in December...

On Friday 5 December 2014, 43 physiotherapy students from the University of Nottingham attended a Sainsbury’s Active Kids for All Inclusive Community Training workshop, delivered in partnership by the English Federation of Disability Sport and sports coach UK. This workshop was arranged following three successful pilot workshops with the Association of Paediatric Chartered Physiotherapists (APCP), to test the relevance of the training to this audience.

The workshop at the University of Nottingham was the first course delivered solely to student physiotherapists, but the participant feedback received highlights the importance of this type of training as part of physiotherapy courses.

After the workshop, participants were asked to complete an evaluation form, the details of which are summarised below:

- When asked how relevant attendees felt the content of the workshop was in relation to their physiotherapist training, 93% said the course was either ‘somewhat’ or ‘completely’ relevant to their studies.

Relevance of the content of the workshop in relation to your physiotherapist training	Percentage of participants
Not at all	0%
Not very much	2%
Neutral	5%
Somewhat	49%
Completely	44%



- When asked to what extent attendees could see how they would apply the principles learnt through the Inclusive Community Training to their patients, 93% said they could either 'somewhat' or 'completely' see how they would apply it.

Extent to which you can see how you would apply the principles of the training to your patients	Percentage of participants
Not at all	0%
Not very much	2%
Neutral	5%
Somewhat	42%
Completely	51%

- When asked to what degree the Inclusive Community Training had encouraged them to increase the extent to which they use sport and physical activity as a therapy choice for their patients, 95% said it had either 'somewhat' or 'completely' encouraged them.

Extent to which the training has encouraged you to use physical activity and sport as a therapy choice	Percentage of participants
Not at all	0%
Not very much	2%
Neutral	2%
Somewhat	59%
Completely	36%

Some of the quotes received from the workshop participants include:

- "I can now confidently run a session and adapt my activities so that it is inclusive for all, by using the different techniques I was taught at the workshop"
- "The workshop clearly showed my how to create suitable exercises for different groups of people and gave me an insight on how to modify exercise programmes to suite users"
- "The workshop was above and beyond what I expected. It was fun and I learnt many ways to modify activities and it made me think of thinks from a different perspective"
- "The workshop gave me lots of ideas for how I can offer sports to everyone and taught me a solid modell can use for any session"
- "I learnt the importance of modifying activities and the key features to think about when adapting sessions"

Workshop participants were also asked for suggestions on how the training could be made more relevant to student physiotherapists, their recommendations were:

- Relate the activities covered to the types of exercise a physiotherapist would use in clinical practice / links to therapy side in terms of rehabilitation
- Emphasise that the content is not just relevant to physical disabilities, but the principles used would also apply to other impairments such as cardiorespiratory disabilities
- Include information on the different aids / pieces of equipment which could be used to enable someone to participate e.g. back supports to enable someone to sit unassisted
- Introduce harder concepts and tasks
- Extend the length of the session so that it can be in more depth

We at the APCP are very excited by these highly successful workshops and being able to work in partnership with several organisations to provide such quality, relevant training to our student body.

Take part in new Inclusive Community Training survey to win a prize!

A new survey aimed at people who are considering taking part in the Sainsbury's Inclusive Community Training programme, part of Active Kids for All, is live and needs your input.

Just a few minutes of your time completing the online questionnaire will aid our development of the training, which is aimed at helping to support more disabled people to lead active, healthier lifestyles.

By answering the quick survey, you could play an important role in shaping future opportunities and make active lives possible.

And in helping us, you also enter a prize draw where you could win a £50 Amazon voucher!

"The workshop was above and beyond what I expected. It was fun and I learnt many ways to modify activities, and it made me think of things from a different perspective," said one recent participant.

"The workshop gave me lots of ideas for how I can offer sport to everyone," added another.

We hope that you can spare a few minutes to answer some questions for us on this training. They cover subjects such as motivations, communications and expectations.

The Sainsbury's Inclusive Community Training programme (ICT) is delivered by the English Federation of Disability Sport (EFDS) in partnership with sportscoach UK.

Its key focus is to engage with those that have not historically been involved in sport and physical activity training, but who currently have direct contact with disabled people.

Over 950 support workers, parents, carers, health professionals, and volunteers in the community have already accessed this low cost training course (£10 per head, subsidies may apply).

It consists of one three-hour face-to-face session, supported by online learning tools.

Christopher Ratcliffe, Director of Development at EFDS, said: "Inclusive Community Training allows us collectively to reach more disabled people through physical activity and sport, making active lives possible.

"At EFDS we are really excited to see the impact of this initiative unfold."

For more information, visit EFDS's website on www.efds.co.uk

And for those of you on Twitter...Suggested tweets:

Chance to win £50 of @AmazonUK vouchers if you complete our short Inclusive Community Training programme survey! bit.ly/13bl77I

Complete a quick Inclusive Community Training programme survey to be in with a chance of winning £50 @AmazonUK vouchers! bit.ly/13bl77I

Help us improve our vital Inclusive Community Training - complete a quick survey and maybe win £50 @AmazonUK vouchers! bit.ly/13bl77I

Survey o'clock! Help us improve our vital Inclusive Community Training... and maybe win £50 of @AmazonUK vouchers! bit.ly/13bl77I

Motivational interviewing in brief consultations

PHE (Public Health England) have commissioned BMJ Learning to develop a free e-learning module on motivational learning which is now live online and available for all.

We know that this is something that many health and social care professionals and volunteers will find useful so do please circulate the link widely.

<http://learning.bmj.com/learning/module-intro/.html?moduleId=10051582>

Learning outcomes

After completing this module, you should:

- Understand what motivational interviewing is
- Appreciate how it can be used to improve outcomes for patients
- Recognise situations where motivational interviewing is useful, as well as situations where it is less useful
- Begin to develop an understanding of theoretical explanations for motivational interviewing
- Appreciate how motivational interviewing can work in practice, within a number of different clinical scenarios.

Interesting websites to look at for further information

'From evidence into action: opportunities to protect and improve the nation's health.'

Public Health England have produced a document relating to improving the nation's health and one of their seven priorities is: Ensuring every child has the best start in life.

You can read more at the link below.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

CHIMAT

National Child and Maternal Health Intelligence Network- Since 1 April 2013, the former Child and Maternal Health Observatory (ChiMat) have been part of Public Health England (PHE), an executive agency of the Department of Health. PHE has been established to protect and improve the nation's health and wellbeing and to reduce inequalities. You can find some interesting reading matter on their website.

<http://www.chimat.org.uk>

British Society of Paediatric and Adolescent Rheumatology

Below is a link to the British Society of Paediatric and Adolescent Rheumatology's new website called paediatric musculoskeletal matters. The website is an excellent resource for those physiotherapists who treat children with msk disorders.

<http://www.pmmonline.org/doctor>

APCP Musculoskeletal Group: Questionnaire

Introduction:

The APCP Musculoskeletal Group is one of the Specialist Groups in APCP. It has a nationally elected committee and is represented at National Committee by a Specialist Group Representative.

The APCP Musculoskeletal Group is focused on musculoskeletal and rheumatology conditions. It supports the work of physiotherapists working in both inpatient and outpatient paediatric settings.

Membership is open to all APCP members.

Aims and Objectives:

The aim of the questionnaire was to collate information from APCP members to help identify training and resources that they feel would be most beneficial to support them in their work. This information will be used to determine priorities for the MSK Group and to help develop an action plan for the next 1-2 years.

The objectives were:

1. To identify the demographics and place of work of members
2. To identify their banding
3. To find out about the age group and conditions treated
4. To ascertain members learning needs
5. To receive feedback on what members would like to see the APCP Musculoskeletal committee do regarding training and resources

Methodology:

A questionnaire was designed (appendix 1) consisting of 9 questions and a section for comments. The questions were mostly multiple choices. It was posted on the APCP website and members were sign posted to it via email.

The survey took place from 13th July to 31st August 2014. 289 responses were received from a total membership of approximately 2,200 members.

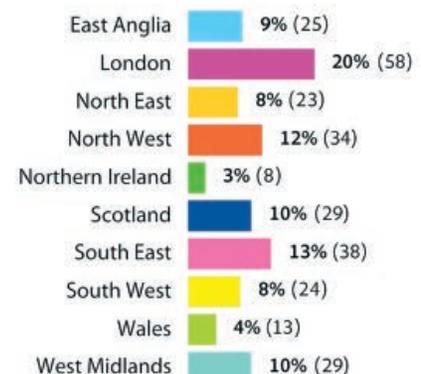
Results:

1: In which region of the UK do you work?

* 289 total responses, 100% of submissions

East Anglia 9% (25)
 London 20% (58)
 North East 8% (23)
 North West 12% (34)
 Northern Ireland 3% (8)
 Scotland 10% (29)
 South East 13% (38)
 South West 8% (24)
 Wales 4% (13)
 West Midlands 10% (29)

In which region of the UK do you work?



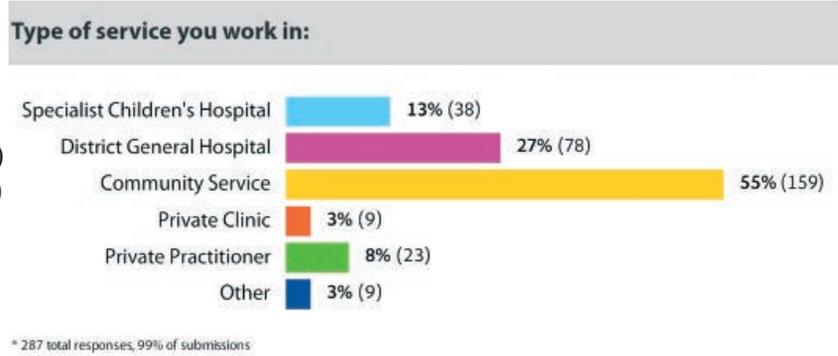
1 additional choice not shown

* 289 total responses, 100% of submissions

2: Type of service you work in:

* 287 total responses, 99% of submissions

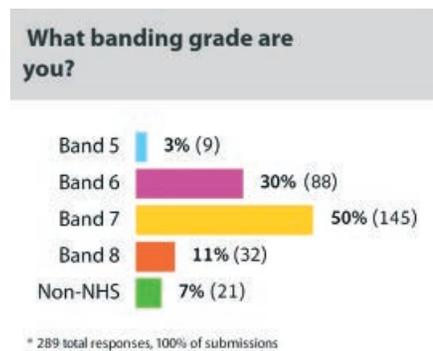
Specialist Children's Hospital 13% (38)
 District General Hospital 27% (78)
 Community Service 55% (159)
 Private Clinic 3% (9)
 Private Practitioner 8% (23)
 Other 3



3: What banding grade are you?

* 289 total responses, 100% of submissions

Band 5 3% (9)
 Band 6 30% (88)
 Band 7 50% (145)
 Band 8 11% (32)
 Non-NHS



4: Do you work as a Clinical Specialist Physiotherapist or Extended Scope Practitioner ?

* 287 total responses, 99% of submissions

Clinical Specialist Physiotherapist 29% (83)
 Extended Scope Practitioner 6% (16)
 Neither 65% (187)



5: What age groups do you work with?

* 290 total responses, 100% of submissions

0 - 12 months 86% (250)
 12 months - 5 years 95% (275)
 5 years - 11 years 96% (279)
 11 years - 16 years 96% (277)
 16 years - 19 years 58% (169)
 19 years - 25 years 5% (14)
 Adults (25 years +) 3% (9)

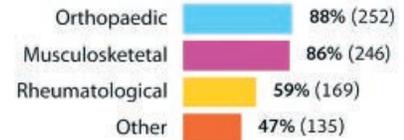


6: What types of conditions do you treat?

* 287 total responses, 99% of submissions

- Orthopaedic 88% (252)
- Musculoskeletal 86% (246)
- Rheumatological 59% (169)
- Other 47% (135)

What types of conditions do you treat:



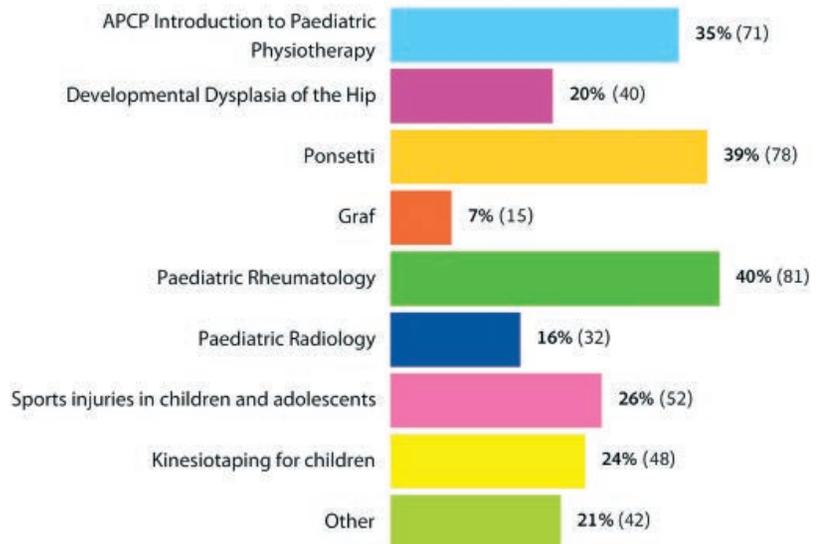
* 287 total responses, 99% of submissions

7: Have you attended any of the following courses?

* 201 total responses, 69% of submissions

- APCP Introduction to Paediatric Physiotherapy 35% (71)
- Developmental Dysplasia of the Hip 20% (40)
- Ponsetti 39% (78)
- Graf 7% (15)
- Paediatric Rheumatology 40% (81)
- Paediatric Radiology 16% (32)
- Sports injuries in children and adolescents 26% (52)
- Kinesiotaping for children 24% (48)
- Other 21%

Have you attended any of the following courses?



* 201 total responses, 69% of submissions

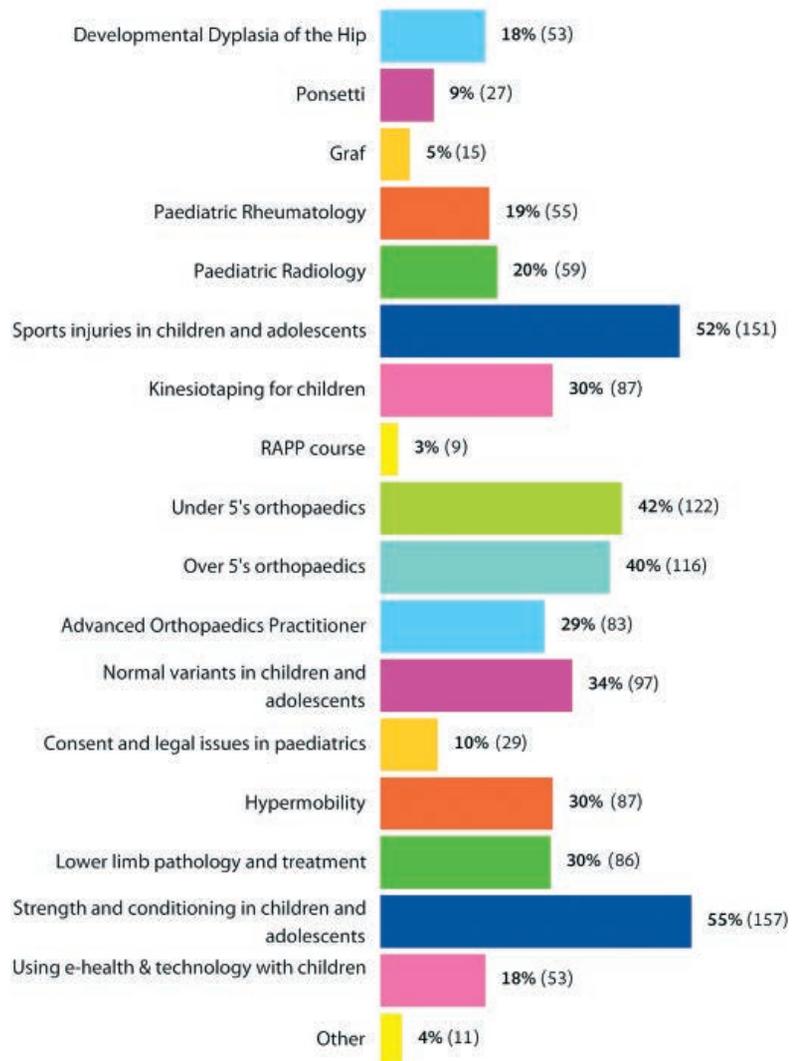
8: What courses would you like the APCP MSK Group to run?

* 288 total responses, 99% of submissions

- Development Dysplasia of the Hip 18% (53)
- Ponsetti 9% (27)
- Graf 5% (15)
- Paediatric Radiology 20% (59)
- Sports injuries in children and adolescents 52% (151)
- Kinesiotaping for children 30% (87)
- Under 5's orthopaedics 42% (122)

Over 5's orthopaedics **40%** (116)
 Advanced Orthopaedics Practitioner **29%** (83)
 Normal variants in children and adolescents **34%** (97)
 Hypermobility **30%** (87)
 Lower limb pathology and treatment **30%** (86)
 Strength and conditioning in children and adolescents **55%** (157)
 Other **4%** (11) : scoliosis, chronic pain, back pain

What courses would you like the APCP MSK Group to run?



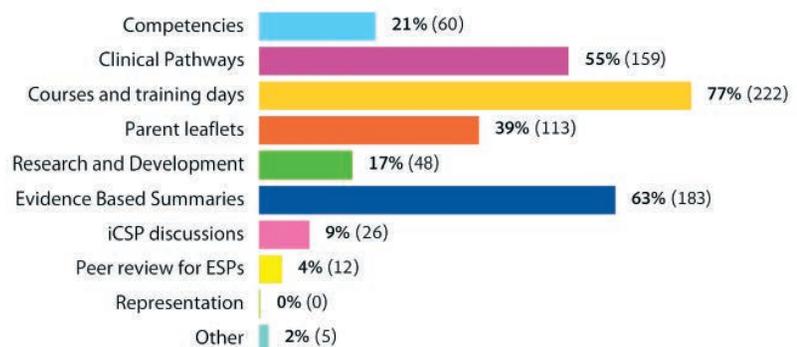
* 288 total responses, 99% of submissions

9: What resources would you find most beneficial?

* 290 total responses, 100% of submissions

Competencies **21%** (60)
 Clinical Pathways **55%** (159)
 Courses and training days **77%** (222)
 Parent leaflets **39%** (113)
 Research and Development **17%** (48)
 Evidence Based Summaries **63%** (183)
 iCSP discussions **9%** (26)
 Peer review for ESPs **4%** (12)
 Representation **0%** (0)
 Other **2%**

What resources would you find most beneficial?



* 290 total responses, 100% of submissions

Comments received:

1. Leaflets:

- APCP leaflets need to be referenced.
- The parental leaflets are a very good idea but must be evidence based with a reference list as an appendix for health professionals, otherwise they are not useful. I think rather than develop new ones that the present ones need to be evidenced first. Any NHS leaflet would need that for most trusts or as an individual practitioner you need to be know on what evidence the leaflets are based. The plagiocephaly leaflet needs evidence re age of skull remodelling
- APCP material and courses are really good value, thank you

2. Courses:

- An Intro to Paeds MSK with certificate? Maybe a look at accrediting with a university for a Paeds MSK module, as didn't think UCL module appropriate for ESP level. National competencies for Radiology request/interpreting, serial casting, Ponseti, US hip for DDH
- Courses in Northern Ireland would be beneficial, as we don't get support for courses on the mainland
- Funding for courses is a big issue. Most courses have to be self-funded; therefore have to be entirely relevant to my practice and not expensive as I struggle financially as it is
- I work in a small community team which includes a new Band 5 as well as a Band 6 and Band 7's. We struggle to get time off and funding for courses. So anything issued by the APCP is invaluable.
- Please could you run some courses / training days in Cumbria
- I would like to see a wider request for practitioners to contribute towards courses
- Paediatric acupuncture course/update
- Paediatric MSK needs specific courses as any course at present is based on adults
- Please could you offer V/C or online resources as I work in Remote and Rural area and it is impossible to get funding for travel /accommodation
- The South West region did a lower limb day, it would be great in this could be done in the North West
- Very keen to attend study days/courses but extremely difficult to get study leave in the NHS!!
- Would be really interested to know what the strength and conditioning programme consists of and who delivers this??

3. Guidelines/Pathways:

- Best Practice Guidelines
- Especially clinical pathways, as we so often end up re-inventing the wheel. People say they will put stuff up on ICSP but then never do
- It would be good to know what the APCP would recommend for support in department treating children with MSK conditions as we have no clinical lead or clinical specialist.
- Many of us work "on the fringe" of MSK and need to be better informed
- Team generally happy with developmental MSK etc. But about to take over 13+ from adult services - particular issues re suitable premises to treat, etc.
- Treatment of MSK to be rolled out - in theory - to us in community and I want to learn and upskill to embrace it, so any resources and courses would be most welcomed by us!
- We are a newly developing service so appreciate the support and advice from this group

Action plan:

1. Produce clinical protocols and evidence based pathways.
2. Provide courses:
 - Continue to contribute to the APCP 'Introduction to Paediatrics course aimed at Band 5 / 6 covering MSK conditions, rheumatology and chronic pain

- One day "Introduction to MSK Paediatrics" aimed at Band 5s / 6s covering MSK conditions, rheumatology and chronic pain
 - Introduce a new series of advanced study days for experienced MSK physiotherapists
 - Specific topics - sports injuries in children and adolescents , strength and conditioning in children and adolescents
3. Provide parental leaflets

APCP Musculoskeletal Committee

November 2014

Respiratory care in the community for children

Views and opinions of paediatric physiotherapists

Executive summary

The APCP respiratory special interest group completed an online survey to help us to understand the needs nationally of all physiotherapists around the provision and need for community respiratory physiotherapy care.

The key findings were:

- There were many children identified as having respiratory care needs who do not have access to it through physiotherapy
- The children who did have access to community physiotherapy care rarely had access to acute intervention outside the hospital and there was an identified need for this
- There are many new services emerging in community physiotherapy respiratory care
- There is a need nationally for training around respiratory care in the community
 - There is a need nationally for support around developing a community physiotherapy service nationally

We would like to thank all who have participated in this online questionnaire as we now feel as a national group able to clearly identify our priorities and ways of helping improve children's physiotherapy respiratory care by helping our members with the things they need.

Method

The community respiratory committee discussed and developed an online questionnaire over several meetings in order to capture information from paediatric physiotherapists nationally in order to help the group achieve:-

- To use the information to raise awareness in the APCP membership about provision of respiratory physiotherapy for children in the community
- To use the information to steer / develop our special interest group's objectives
- To understand how best to use the resources of our special interest group to support physios working in this area, particularly through training
- To establish areas of expertise around the country around community respiratory care in order to establish hubs for training / supervision

The survey was put electronically onto an online platform and emailed out to all members of APCP and the paediatric network on iCSP.

The responses were collated by the computer system called adobe forms were we could review and analysis the information.

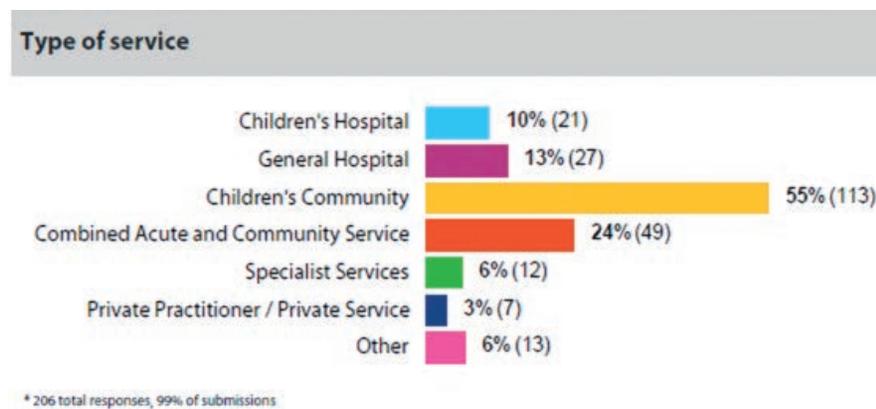
Results

We will summarise the most important responses.

A total of 208 physios responded with the largest responses being from London and the north west (total 31%).

Please note the external provider who collated the results have reworded some questions to best represent the data.

Type of service



What type of children does your service provide care for?

95% of the responses provide care with neurodisability, developmental delay and/or neuromuscular conditions. 61% provide care for children with respiratory conditions.

Do any of the children who receive care from your service have respiratory needs?

99% of respondents said that the children receiving their care had respiratory needs

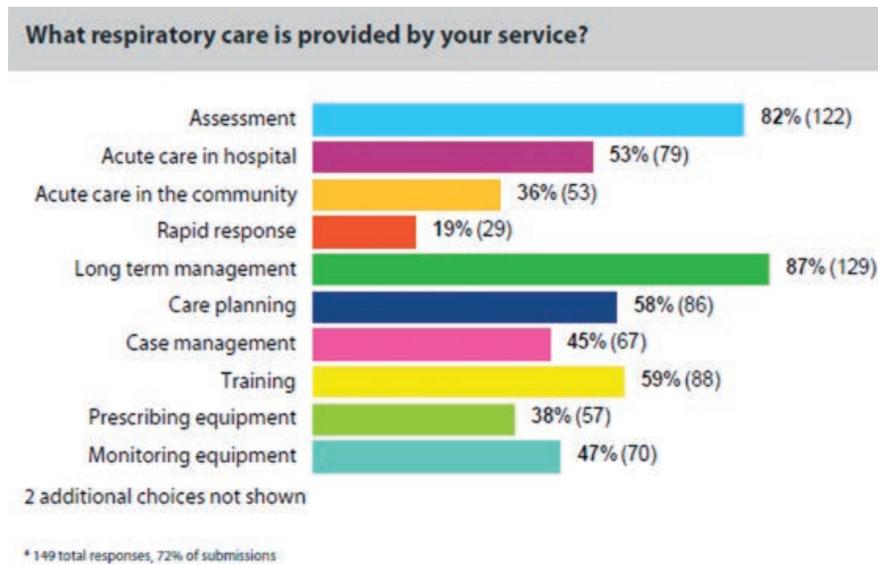
Does your service provide respiratory care for any children?

72% respondents provide respiratory care

Does your service have a designated paediatric community respiratory physiotherapist?

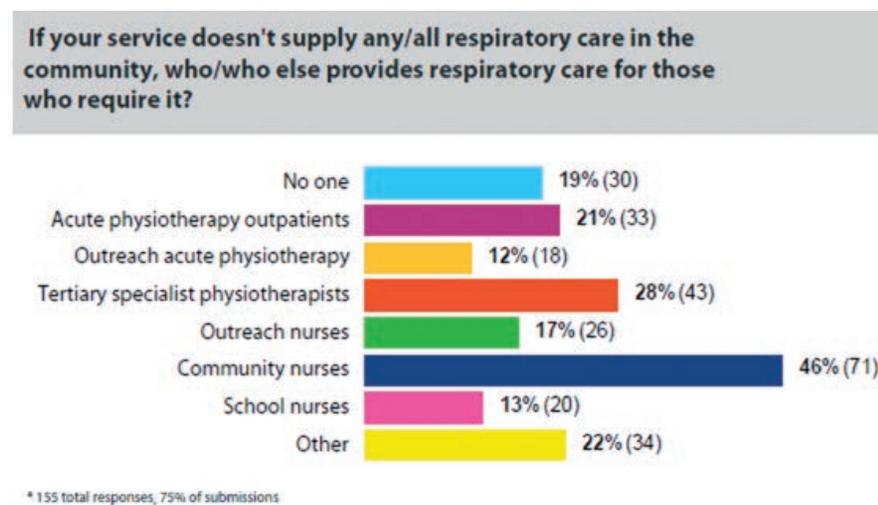
66% of services do not have a designated community respiratory physiotherapist

If yes what respiratory care is provided by your service?

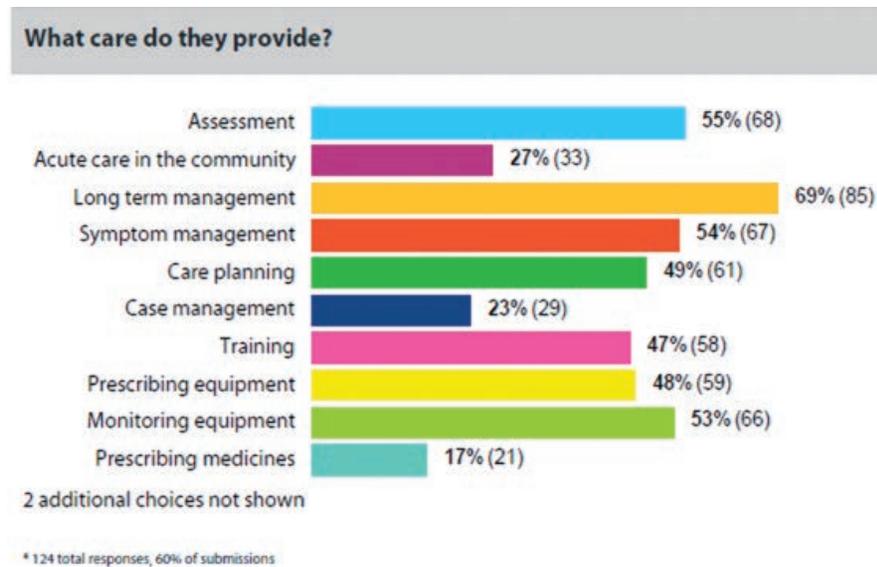


Please note these are combined results from questions 5 and 6

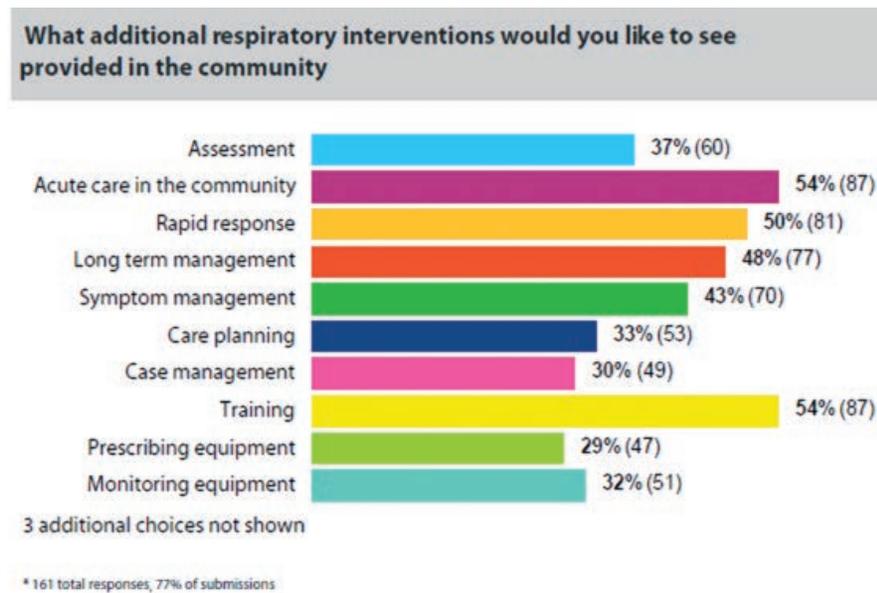
If your service doesn't provide any/all respiratory care in the community, who provides it?



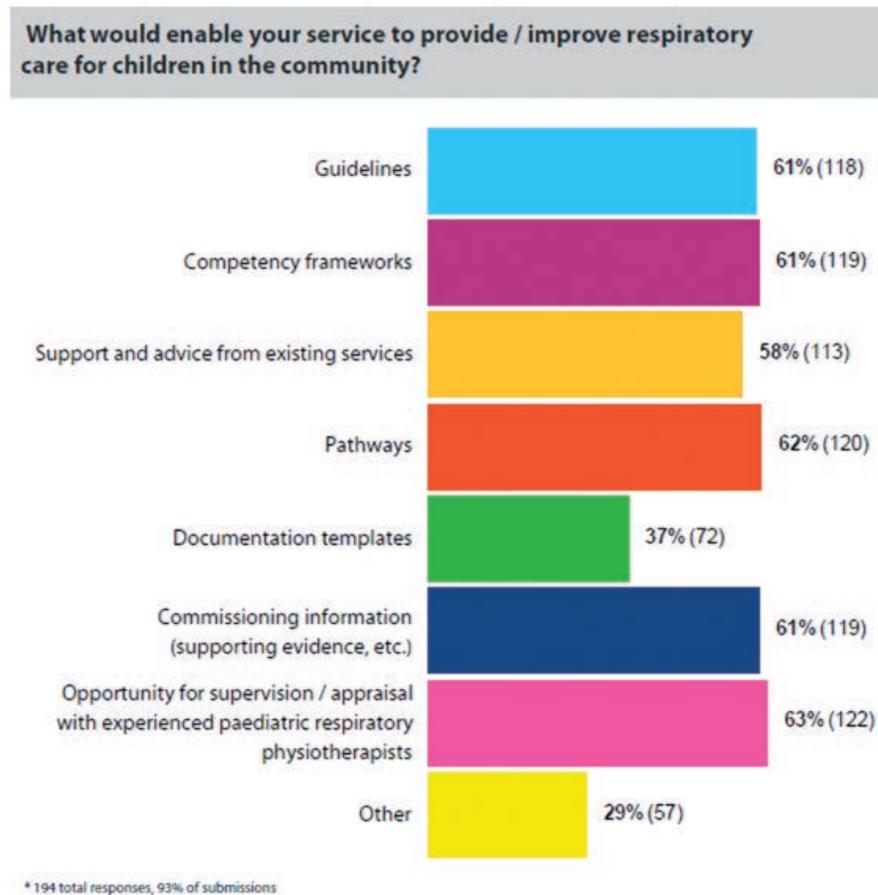
What care do they provide?



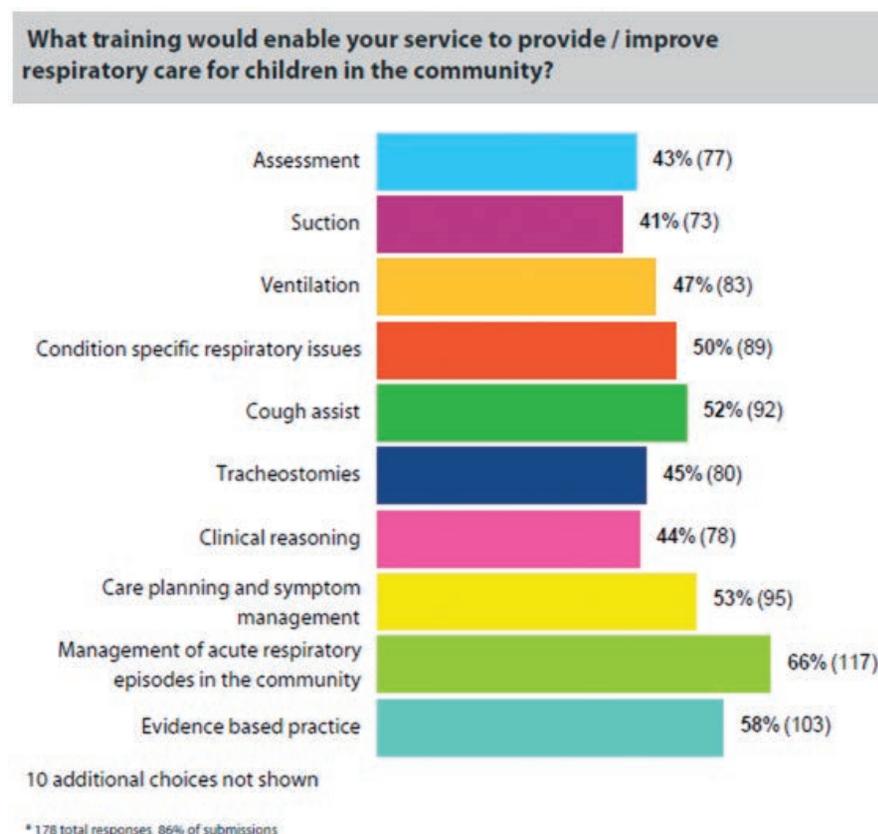
What additional respiratory interventions would you like to see provided in the community?



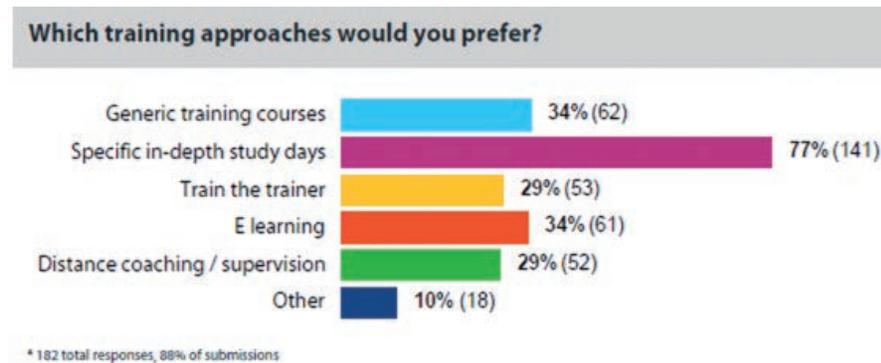
What would enable your service to provide/improve respiratory care for children in the community?



What training would enable your service to provide/improve respiratory care for children in the community?



What training approaches would you prefer?



Summary of comments:

Commissioning and staffing levels

- No / limited capacity / funding to take on respiratory patients and ongoing competencies
- Skills are available in the acute setting but no availability to extend to the community
- Commissioning doesn't allow us to use our respiratory skills in the community setting
- Staffing issues prevent seeing these issues
- Consultants frustrated as we have to decline referrals for respiratory patients
- Need to increase awareness to commissioners of the importance of the service
- Need support in putting together business case for commissioners
- Commissioners struggling to standardise care
- Specialist respiratory roles need to be commissioned to provide training and support to large community teams

Training suggestions

- Assessment templates
- Course on chest management of children with neurological disabilities

Solutions & changing needs of the service

- Increase awareness of hippo therapy to all physios doing respiratory work
- Patients in the community are becoming more complex and have more severe respiratory problems, with often complex equipment like cough assist and vests - these patients need appropriately skilled staff and long term support. It is hard to keep our skills up to date.
- Acute and community collaboration
- Rapid response teams to aim to prevent admission to hospital
- Physiotherapists working with consultants and nurses in neuro-respiratory clinic
- Community respiratory physiotherapy posts
- Outreach respiratory physiotherapy posts
- Networking

Risks

- Respiratory care in the community is poorly and inequitably managed across all children with respiratory needs
- Community physiotherapists with neurological/musculoskeletal knowledge and experience are being pushed to learn respiratory skills - is this appropriate?
- Difficult to maintain competency and knowledge alongside staff turnover
- Communication between acute and respiratory paediatricians is poor
- Children receive reactive rather than proactive care

Quotes

Access to community respiratory physiotherapy is a post code lottery. Community physiotherapists need not only training but also ongoing access to support and advice from specialist respiratory physiotherapists to manage patients with these often complex and progressive conditions. This should ideally include access to rapid response to aim to prevent admission to hospital. Often but not always there will be one or two community therapists in a team who have recent and good respiratory experience but if services are relying on this one therapist they are vulnerable. Therefore there should be training and ongoing support and advice available for all physiotherapists in the community team with more than one person in the team able to support patients with respiratory problems..

We should not expect neurological developmental physios to be expert chest practitioners

Discussion

The response to the questionnaire was very positive with 208 physios responding from all areas of the UK, the largest proportion of physios working in community teams, and a lot of comments reflecting people's interest in this topic.

A limitation of the questionnaire was, for example, in question 3 it does not allow for patients with a combination of conditions e.g. neuromuscular patient with a respiratory condition.

It was striking that 99% of the children who were receiving predominantly community physiotherapy input have respiratory conditions, but only 34% have a designated community respiratory physio. The majority of the respiratory care is currently being provided by nurses (outreach, school and community). What we cannot tell from the results is how many of the patients with respiratory conditions actually require respiratory physiotherapy input. Some of these patients may only require respiratory input for example oxygen, nebulisers or asthma care.

72% of respondents reported they provide respiratory care with the majority of input being assessment, long term management and training. The smallest level of input being rapid response and acute care in the community (reflected in comments – new services), but this is also the area that is highlighted as being the greatest need along with training.

There were high levels of interest shown in all areas of respiratory training suggested to improve respiratory care for children in the community. The majority felt this was best provided via specific in depth study days. This feedback will help the SIG set up training that is most tailored to the needs of the respondents e.g. study days on management of acute respiratory episodes in the community and evidence based practice.

In summary, the majority of physios responding work in the community treating children with neurological and musculoskeletal conditions, are having to manage increasingly complex respiratory conditions with little or no support, training or experience. This input is time consuming but rarely recognised in commissioning of community services.

There is some evidence that awareness is improving in some areas where commissioning for new posts like community respiratory, rapid response and outreach teams are being set up.

As a special interest group (SIG) in paediatric community respiratory physiotherapy we are keen to take this information forward to raise awareness within physiotherapy and the wider MDT.

Actions by APCP SIG in paediatric community respiratory physiotherapy as a result of this survey

- Guidelines - reviewing and sharing current respiratory guidelines that can be shared more widely on APCP website e.g. suction
- Competency frameworks - reviewing and sharing current frameworks
- Support and advice from existing services - representative from this group to answer specific respiratory questions in iCSP
- Documentation - looking into standardising assessment and treatment templates
- Commissioning supporting evidence - write a guide for funding requests for respiratory equipment e.g. cough assist. Sharing evidence from new services providing respiratory care in the community / rapid response teams to aid commissioning bids for new services
- Opportunity for supervision/appraisal by people with experience - needs to be set up locally
- Training - APCP conference (Edinburgh November 2014), community respiratory study days. Looking into the possibility of an e-learning package.

Report findings based on a survey sent out to APCP members

Report written by Rachel Evans and Annika Shepherd on behalf of the APCP community respiratory special interest group in July 2014

Kidz in the Middle

Thursday, 19th March 2015

Jaguar Exhibition Hall,
Ricoh Arena, Coventry

CV6 6GE, 9.30am – 4.30pm

Proud to Sponsor Kidz in the Middle



One of the largest, FREE UK exhibitions dedicated to children and young adults with disabilities and special needs, their families and the professionals who work with them.

- Over 130+ exhibitors offering advice and information on funding, mobility, seating, beds, communication, access, education, toys, transport, style, sensory, sports and leisure and more.....
- Running alongside the event are FREE seminars for parents and professionals. Topics include: Moving and Handling, Sleep Issues, Behaviour, Sensory, Contenance Issues, Transition, Legal Advice and more ...



Dates for your Diary

Kidz South

Thursday, 4th June 2015

Rivermead Leisure Complex, Reading

Kidz Scotland

Thursday, 17th September 2015

Royal Highland Exhibition Centre,
Edinburgh.

Kidz up North

Thursday, 19th November 2015

EventCity, Manchester

For visitors FREE entry tickets please Call: 0161 607 8200

Email: info@disabledliving.co.uk www.kidzinthemiddle.co.uk



Established in 1897, Disabled Living a charity registered with the Charity Commission for England and Wales. Registered Charity number 224742





<http://apcp.csp.org.uk>

