

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

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FEBRUARY 1981 NEWSLETTER NO. 18

CHANGES IN ORTHOPAEDICS OVER THE YEARS

Miss C.E. Browning, ONC., MCSP., Dip. T.P.

When I was asked to write an article for the paediatric newsletter by the P.R.O., I had great difficulty in deciding upon a subject. This title was suggested by the secretary of the paediatric association, and I am still uncertain whether she is paying me a compliment with regard to my many years of experience or whether she feels that the proper title should be "The Ramblings of a Geriatric"?

On thinking over the changes that I have seen in the orthopaedic field during my working life, I have come to realise how many vast improvements have occurred in this branch of medicine.

When I began my training as an orthopaedic nurse there was a preponderance of patients suffering from tuberculosis affecting bones and joints. The only available treatment was prolonged immobilisation in extensive splints in bed for many months or years, as this was before the discovery of anti-tubercular drugs. When the disease at last became quiescent, the affected joint was usually ankylosed due to the amount of destruction that had occurred. Although the patient would eventually go home, it was understood that the infection could flare up again at any time. If a sinus developed between an abscess cavity and the skin surface, secondary infection of the wound was almost inevitable and many patients had very long standing discharging wounds. Surgery involving the actual infected tissue was practically never attempted because this would usually result in widespread dissemination of the tubercle bacilli throughout the body. Some unfortunate patients developed tubercular meningitis, which was almost invariably fatal, and as many of our patients were young this was a most distressing complication.

Osteomyelitis was common, either from a blood borne infection or even as the result of a gun shot wound, sustained in World War I. Wide spread surgical excision of infected bone was performed, but in the absence of antibiotics it was often impossible to eradicate all infection, and many patients had frequent spells in hospital with recurrent infection and with chronically

discharging wounds. The work of professor Trueta and others during the Spanish Civil War introduced the use of the closed plaster of paris technique, the Winnett-Orr treatment. A plaster cylinder was applied to the affected limb after the diseased tissue had been excised, leaving a large open area. The cylinder was retained for several weeks before being changed. Although the open wound was clean and showed signs of healing when the plaster was changed, the plaster itself became more and more smelly as the weeks progressed. As many patients went home in these plasters, one could only hope that they would have a bedroom to themselves, and that the family became acclimatised to the increasing smell.

I also remember the experimental use of maggots to clean up an infected wound. This was tried out on patients in a young mens ward, which was just as well as the sight and even the thought of lively maggots crawling about and eating ones tissues was rather too much for most patients to tolerate.

The introduction of some of the first antibiotics, such as prontosil, M & B 693, worked miracles in the treatment of some of these patients.

Anterior Poliomyelitis was common, as no form of immunisation was available. The hospital possessed several iron lungs which had been donated so generously to many hospitals by William Morris, the motor manufacturer. Weaning the patient from the respirator as the paralysis subsided was one of the most difficult problems.

Patients were admitted with paraplegia from the spinal cord injuries sustained in road traffic and mining accidents. As the nursing staff had a lot of experience with regard to the prevention of pressure sores in long stay patients with tuberculosis, nursed on frames, it was possible to prevent pressure sores developing in the paraplegic patients, but urinary infection in the absence of antibiotics was a very serious problem. Many of these patients became ambulant with the aid of crutches and calipers, but the degree of mobility and independence was far short of that achieved nowadays, since the work of Professor Ludwig Guttman.

Reconstructive joint surgery was not available, so we seldom saw patients with osteoarthritis. Gross deformity resulting from rheumatoid arthritis could usually be corrected to the extent of giving the patient a more normal lift.

Although I have seen many other changes, those that I have described have impressed me most and have made me realise all the advances in medical science that have occurred within my life time, and which have made so much difference to the health and well being of the human race.

* * * * *

ESTABLISHING A RHEUMATIC CLINIC

Mrs. Mae McLane, MCSP. Senior Physiotherapist
in charge of Rheumatology Clinic,
Royal Sick Children's Hospital, Glasgow.

The Clinic to deal especially with children suffering from Juvenile Chronic Polyarthritis and allied diseases was first set up in this large teaching childrens hospital almost two years ago. About a dozen children were cared for at the onset, and this has gradually increased until now more than 80 children are receiving or have received attention.

Prior to the 'Rheumatic Clinic' children were sent to Hospital and were seen by one of several Paediatricians. One of these felt there was a need to have a separate Clinic to give help, advice and treatment. With the approval of his fellow Consultants the Clinic was begun.

He envisaged the 'team approach' and with this aim he gained the co-operation of an Orthopaedic Surgeon, Ophthalmologist, General Surgeon, Occupational Therapist, Medical Social Worker, and the X-ray, Appliance, Bio-chemistry and Haematology Departments, the Nursing Staff and of course a Physiotherapist.

The Clinic, held once weekly, is taken by the Consultant or occasionally by his Registrar, and present are the Occupational, and Physiotherapist, and Nursing staff. On attendance a child and/or his parents will give the history. The patient is examined fully including heart, abdomen, lymph glands, eyes, blood pressure. Blood samples are taken for ESR, ANF, RF & FBC. Joints are put through a complete range of movement and muscles observed for wasting, nodules are felt for and muscle strength assessed. X-rays may be ordered for specific joints and appointments given if necessary, for the Orthopaedic Surgeon or General Surgeon and certainly for the Ophthalmologist to eliminate the danger of eye complications. Drug therapy, physiotherapy or occupational therapy may well be ordered at this time.

Regular Clinic appointments are given to these children and a close watch kept for a 'flare-up' and they are always told that if this occurs they should contact Hospital at once and not wait for their next appointment. This facility of being readily available is extended to those who have been discharged also if the disease should become active again.

The Ophthalmologist is an important member of the team and each child will be sent to him to have a special 'slit-lamp' examination to determine whether eye complications have occurred. These visits are usually every three months. Joint replacement, synovectomy etc., are dealt with by the Orthopaedic Surgeon while muscle biopsies etc., are seen by the General Surgeon. Haematology and Bio-chemistry Departments provide essential tests on blood samples ESR, ANF, RF, FBC.

The Occupational Therapist and the Physiotherapist have the same NO.1 aim - INDEPENDENCE. The O.T. does invaluable work in providing Aids for Daily Living. Due to grip weakness and restricted movement, daily activities often prove to be very difficult and the children benefit greatly from aids for dressing, feeding, grooming, toileting and writing. Correct seating to maintain good posture and providing wheelchairs is also undertaken by the O.T. Home visits are also part of her remit and she may well arrange for ramps to be fitted, for bath aids to be provided, or to have door widths increased.

In this Hospital splints are measured and fitted by the Appliance Department on the orders of the Paediatrician, and a close watch is kept on them by all concerned to ensure they are doing the required job and still fit correctly. In many Hospitals this work is undertaken by the O.T. or the Physiotherapist. The Physiotherapist gives each child a daily exercise regime which ensures that each joint is put through as full a range as possible, affected and unaffected joints alike. Extra attention is, of course, paid to affected joints. Ideally a hydrotherapy pool should be available, but failing this hot baths will do. Movements performed in warm water give these children comfort and confidence to ease out stiff, painful muscles and joints. Damp hot packs, wax baths, faradic baths and slings and pulleys all have their part to play. Independence is of paramount importance and to this end parental cooperation is vital, otherwise little Johnnie will allow everything to be done for him. Tricycles are excellent in providing mobility at times when weight bearing is contra-indicated and they can be adapted if necessary. Care should be taken in choosing good fitting shoes for children suffering from polyarthritis.

Looking to the future we envisage an increase in the number of children as the 'Special Clinic' becomes better known. In the next few months a leaflet will

be produced to provide valuable information and answer the many questions parents always have. Advice on the important part parents can and must play in assisting their child will be included. A parents club is another venture we hope to initiate where there will be an exchange of knowledge and ideas between Medical Staff and parents.

CARING FOR THE DYING CHILD

Dr. Peter Barbor, F.R.C.P.,
Consultant Paediatrician,
University Hospital,
Queen's Medical Centre, Nottingham.

There are no experts in looking after children who are dying; - these number only 20,000 in this country under the age of 14 and about 18,000 of these in the first year of life. Thirty out of every 1,000 parents will not have a live child at the end of one year.

Our society no longer has any ritual for coping with death in the family; in some cultures where group loyalties loom larger than individual relationships individual grief may be lost in elaborate ritual, but in our own culture grief is a much more personal affair; grief is avoided or denied and there are those who suggest that this same denial or avoidance may be responsible for much of the physical and mental illness which occurs from time to time in bereaved people. The effect that it may have on parental attitudes to further children is worth considering.

In keeping with modern thought in child health we should look not only at a child who is dying but at the family in which there is a child who is dying.

Parents

Most deaths in childhood occur suddenly, e.g. stillbirth, neonatal deaths, cot deaths, accidents; only about 10% occur after long-drawn-out illnesses such as various malignant diseases. But whether parents are prepared for the death or it has occurred suddenly and unexpectedly a similar grieving process has to be gone through. It is often divided into five phases as shown on Fig 1: firstly shock, numbness, bewilderment. This soon gives way to a feeling of denial often with much associated guilt.

If the child is not dead but the parents have been told that a fatal outcome is likely it is at this stage that they may seek other opinions and possibly resort to charlatans.

Then comes a period of sadness with pangs of grief often associated with anger, which may be directed against medical staff. There may be quite intense physical symptoms during this time - headaches, fainting, loss of appetite, loss of sleep and a tendency to cry.

Our society of course frowns upon this and prefers the stiff upper lip. The bereaved person who denies or hides her grief is praised but there is evidence that in the long term this may be harmful. What interests us here is what effect a failure to grieve may have on parents in the future. It has been suggested that some people who snatch babies from prams have failed to mourn a child they have lost; others find that they hate their next child for being so healthy - if they have not grieved adequately over the one they have lost. This is not proven but there is increasing evidence to suggest that a failure to grieve, ie. never being able to talk over the loss and the feelings, may have long-term consequences.

Gradually the pangs of grief become less frequent and an attempt is made to adapt to the loss and reorganise life. It is probably at this time of

adaptation that being able to talk to other people who have been through similar experiences can be the greatest help. Various groups have been formed to help in this way.

To look at this in a slightly more practical way we can see ways in which we can help. If we want parents to communicate with each other during their grief they must be informed together of either the death or likely death of their child. It is a major event in their lives and should be shared from the start.

Secondly, during the period of sadness and anger it is normal to break off social links and to quarrel. Those who seem to get through this phase are often those who do not cut themselves off from their friends, who are able to talk about their loss to their friends, who are willing to listen and even encourage them to talk. It is common for friends to cross the road to avoid the embarrassment of talking about something so painful. In the same way if couples are able to talk to each other about their loss and accept that their sadness and anger may make them quarrel a bit more than normal they seem to get through their grief and reorganise life more successfully.

In more long-drawn-out illnesses such as leukaemia or malignant disease it is common for doctors and nurses to suggest a series of limitations that should be put on a child's activities, to prevent infections or bruising etc. More and more people now feel that this is imposing impossible responsibilities on parents - responsibilities that perhaps the medical and nursing professions should be prepared to accept.

Another practical point worth mentioning is that in certain types of death in children, such as cot deaths or road accidents and many neonatal deaths, guilt is a very major problem. By being aware of this we can often allay it to a certain extent by reassurance but sometimes a post mortem may be even more reassuring. Our natural abhorrence for a post mortem should perhaps be tempered with the knowledge that there may be a positive benefit obtained.

Finally death itself. Most people have a great fear of the actual moment of death. Reassurance that with adequate management death will be a quiet, peaceful and even dignified event can remove a major worry. This will often involve the administration of powerful opiates or the switching off of a machine. The decision to take this course requires discussion with parents but I am worried about the guilt and self questioning that will occur if parents make this decision themselves rather than it being made for them. Parents should not be weighed down with the burden of medical decisions. As our powers for healing the body wax, our ability to heal the spirit wanes.

Siblings

Although initially much of our time will be spent with parents many of the long-term worries may be centred around the siblings of the deceased child. It has always been accepted that the main problems that siblings would face when a child dies is guilt. The old rivalries and the moments of intense hostility are all remembered, and the guilt is often made worse by the parents' refusal to talk about the death. Other problems that may occur in siblings will depend very much upon age. If concepts of death are not fully mature then they may become distorted by fantasies, e.g. "My sister has gone to heaven, heaven is in the sky, birds fly in the sky, will they eat my sister", or they may imagine not breathing in a box underground - how frightening to wake up! There may be a very disturbed attitude towards

hospitals, doctors and even God, all three being linked with inevitable death. For the first time in their lives the omnipotence of their parents has been challenged and found wanting. As a result of some of these reactions as well as a phobia of death and the idealisation of the dead child, the living siblings may feel worthless, school work falls off accordingly, confirming their fears of being failures.

So that when parents seek advice on how to cope with the siblings it is perhaps worth suggesting that the death should be talked about openly and sensitively, that any suggestion that the living child was in any way responsible should be discussed and dismissed and some effort might be made to explain a little more about death once the child's own concepts have been investigated. Parents should also be reassured that what appears to be a very callous attitude towards the death of a brother or sister - comparing their death to that of the cat or whatever - reflects only the concept of death that that particular child has, rather than any lack of feeling.

The Child

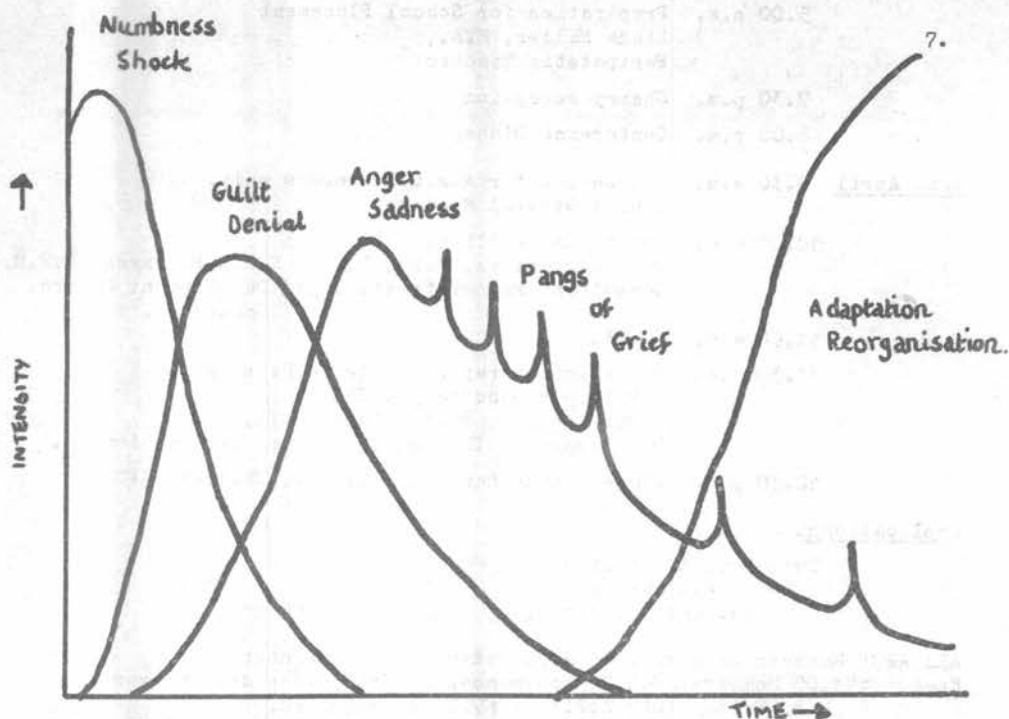
Left to last is a consideration of the dying child himself. Here there are few clear opinions or answers. In this country it is very rare to talk to a child about his own death though in Victorian times a child was warned to prepare himself to meet his maker or go to the other place every time he had a cough or cold.

It is worth remembering that most children under eight years of age have no concept of the permanency of death. A temporary disappearance is just as disastrous as a permanent one.

Therefore the fears of a child who is dying are very much related to age - In the early years separation from mother being the greatest fear, later pain, and not until 10 - 12 years of age does death itself become of great significance. Children very seldom ask if they are going to die but they may nevertheless have anxieties and if given the chance to talk may reveal very bizarre and awful fantasies about what is happening. So perhaps the most important part of nursing a dying child is not to worry about whether or not the child knows he or she is dying, but to reassure him that we can prevent pain and provide a familiar person near him at all times. Wherever possible this should of course be the parents, not just as bystanders but as the main carers for the child and to encourage the child to voice his fears.

Death Itself

Most people are now agreed that with adequate management death can be quiet, painless and dignified. Carrying out 'heroic procedures' is the easy way out and the medical staff are not the heroes. The death of a child, however painful it may be, can become the beginning of something very strong and beautiful between parents; it can also become a festering sore from which the parents never recover. I would dare to suggest that all parents should see their child after death - even a stillborn - in spite of the fear they may express at doing so.



Dr. Peter Barbor,
1980.

A.P.C.P. CONFERENCE 1981

11 - 12th April at Hatfield Polytechnic, Hatfield, Herts.

"THE PRE-SCHOOL CHILD WITH SPECIAL NEEDS"

- 11th April
- 9.30 a.m. Registration and coffee
 - 9.45 a.m. Welcome - Rose Dawson, MCSP. Chairman APCA
 - 10.15 a.m. The Perinatal Period - The Vital Hours
Prof. J. David, M.B., B.S., F.R.C.P.
Prof. of Paediatrics, Cambridge
 - 11.15 a.m. The Pattern of Handicap Today
Dr. N.R.C. Robertson, M.A., M.B., F.R.C.P.
Consultant Paediatrician, Cambridge.
 - 12.15 p.m. Down's Syndrome.
Rosemary York-Moore, M.C.S.P., Dip. T.p.
Senior Physiotherapist, LeaCastle Hospital, Woolverley
 - 1.00 - 2.15 p.m. LUNCH
 - 2.30 p.m. The Different Paths to Walking
David Scrutten, M.Sc., M.C.S.P.,
Superintendent Physiotherapist, Newcomen Centre.
 - 3.30 p.m. Development of Communication (to include feeding)
Carol Miller, M.Sc., L.C.S.T.,
Director of Studies, Cardiff School of Speech Therapy.

TEA

- 5.00 p.m. Preparation for School Placement
Linda Miller, M.A.,
Peripatetic Teacher
- 7.30 p.m. Sherry Reception
- 8.00 p.m. Conference Dinner

- 12th April 9.30 a.m. Discussion for A.P.C.P. members only.
Annual General Meeting.
- 10.00 a.m. Parent Counselling.
Dr. G.E. Roberts, M.B., B.Ch., M.R.C.P. Psych, D.P.M.,
Consultant Psychiatrist, Child Development Centre,
Cambridge.
- 11.00 a.m. **GOFFEE**
- 11.30 a.m. The Physiotherapists Role in Helping the
Multiply Handicapped Child.
Sophie Levitt, B.Sc., Rand, P.T.,
Developmental Therapist, Wolfson Centre, London.
- 12.30 p.m. Close. Rose Dawson, M.C.S.P., Chairman APCP

Applications.

To: Mrs. S. Williams,
21 Willian Way,
Letchworth, Herts. by 20th March 1981

All APCP Members were sent an application form in January.

Fees: £41.00 Members, £45.00 non-members. Conference dinner extra,
B. & B. Friday 10th April at £7.00 if required.
Single lecture tickets available.

A.P.C.P. NEWS

Subscriptions 1981

Dear Members, Financially 1980 was a very worrying year for the Association. We ended the year with expenditure having exceeded income by £889, £500 having to be transferred from our Building Society account to keep the current account in credit. Income from subscriptions was £976 and course profits totalled £1,131 (£720 of this came from the A.G.M. and Conference).

Expenditure was considerably heavier than in previous years. Committee expenses (including postage and stationery) and travel totalled almost £1,500. Printing of newsletters was £638. Other expenses included secretarial help, hire of exhibition boards, printing of new membership cards, accountant's fees and corporation tax for 1979. In addition a deposit of £240 has been paid towards the 1981 conference to be held in April.

The accounts will now be submitted to the auditors and the balance sheet should be completed for the A.G.M. on April 12th.

As you will have seen in the November '80 Newsletter, the 1981 subscription, which was due on 1st January, has been increased to £3.00 as agreed at the 1980 A.G.M. This is for all members. The initial registration fee has been abolished. This is the first increase since the inception of the Association and is unavoidable due to rising costs. New members i.e. those who joined after 10th October 1980, are fully paid up until December 31st 1981. We

We would be grateful if all members would return the renewal form on the last page of this Newsletter, if they have not already done so, to the National Treasurer as soon as possible. This will be a valuable means of updating our records so we can operate more efficiently for your benefit in the coming year. If possible, please pay your subscription by Banker's Order.

Yours sincerely,
Sandra Hill.

Hon. Treasurer.

N.B. After 31st March in any year, members who have not paid their subscriptions will be deemed lapsed and will receive no further information.

Membership Secretary.

Mrs. Pauline Kay, who is a National Committee Member, will be responsible for updating our records, in conjunction with the National Treasurer. May we stress that our records can only be as good as the information we receive. Many members change their address and do not notify their regional rep. Help us to keep you informed !

In order to try and streamline record keeping, APCP plans to invest in a Kalamazoo system. In addition we are discussing the problem of membership records with the CSP., who may be able to assist. Nine hundred names is a lot to keep track of.

Annual General Meeting.

Sunday 12th April, 9.30 a.m. Hatfield Polytechnic.

Agenda

1. Apologies
2. Minutes of last A.G.M.
3. Chairman's Report.
4. Treasurer's Report.
5. Adoption of Auditors.
6. Report of Post-Registration Education Spokesman
7. Date, time and place of next meeting.

Any other business - Items must be sent to the Secretary, Miss Mason, in writing to arrive not later than one month before the meeting.

Where your £1. went in 1980

Newsletters 4 x 10p	40p
Postage for Newsletters	40p
Postage for membership card	10p
Printing membership card	5p
Conference application form	10p
Total	<u>105p</u>

Vice Chairman

Welcome again to Mrs. Ann Murdoch, past regional rep. for Scotland, who has returned to the Committee and is now Vice Chairman of APCP.

NEW FROM NAIDEX

Carters (J.A.) Ltd. Alfred Street, Westbury Wilts, Supply the "Salford Percussor" which is a mechanical device for clearing the chest of secretions, particularly in cystic fibrosis. Details from Mr.B.Holden, Sales Director.

Community Playthings. Darvell, Robertsbridge, East Sussex. New range of therapy rolls and wedges etc.

Ellis, Son & Paramore Ltd., Spring Street Works, Sheffield. The "Derby Seat". A custom moulded seat insert for severely handicapped. Orthotist will visit to take cast needed.

Joncare, Abingdon, Oxon. "Flexistand Major". Prototype on display. Radical new design. Available in late 1981

Orthokinetic Chair Division, 24 South Hampshire Industrial Estate, Totton, Southampton. New adult size chair. Will not go into a car like the original.

Possum Controls Ltd, Middlegreen Industrial Estate, Middlegreen Road, Slough, Berks. Supply new to the U.K., from U.S.A. "Tumbleforms". Exciting range of rolls, wedges, play shapes.

Raymar, P.O.Box 16, Henley-on-Thames, Oxon. "Raymote". Light beam touch operated switches for the severely physically handicapped. "Raymar Amigo". New outdoor wheelchair (child & adult)

Recticel Sutcliffe Ltd., Summerville Road, Bradford, supply various "playmats" for use on floor e.g. printed with car tracks.

Theramed, P.O.Box 20, Alton, Hants. Now supply "Therapy Stroller". A buggy type push chair with variable trunk and scoliosis supports. Expensive (£90) but will adjust to size.

Toys from Europe:

Bestpel Impex Ltd., 86 - 88 Pentonville Road, London N1, various useful items - see catalogue.

Sandrine Trading (London) Ltd., 190, Walton Street, London, S.W.3. supply "Reni" and "Sevi" toys and learning aids.

EQUIPMENT

1. Baby - sling seat. Can tie on to an ordinary dining chair. From Hoots, Clifton-upon-Teme, Worcs, WR6 6EN. Tel.08865 304-267. £4.99
2. Burnett Body supports. If you use these, we would be glad of your comments on their usefulness, durability and design, e.g. valves. Please send your thoughts to Elizabeth Carrington, P.R.O., as soon as possible. These polystyrene bead filled sacs can be moulded to the child by vacuum extraction and used for positioning or as a chair liner. from Joncare, Abingdon, Oxon.
3. Indicycle. A trike developed for spina bifida children or others who have use of upper limbs only. Age 5 years upwards. Lever action allows forward or reverse movement. Trike will climb hills without falling back due to a ratchet mechanism. Very expensive and 3 months delivery. From: S.H.Camp & Co.Ltd., 41, London Street, Andover, Hants. Contact Mr. R. Hannis on 0264 - 63173 for details.
4. Postural Drainage Frame. Chesham Engineering Co.Ltd., 217 Berkhamstead Road, Chesham, Bucks. HP5 3Ap. Collapsible, compact, and portable, weighing 18 kilos. £68.00 plus VAT. Tel. 02405 3699

FILMS. T.V.1. Graves Audio-Visual Library. New titles 1980

"The Portage Home Training Service in Wales". Miss R. Revill. 25 mins. 50 slides. Description of home teaching programme which involves parents in the education of their own pre-school developmentally delayed child. Of particular interest for those involved with the mentally handicapped.

"Toy Libraries". Mrs. L. Moreland. How to set up and run a toy library. 15 mins. 47 slides. For anyone interested.

2. T.V. Programmes for IYDP

"Communication, mental handicap and the slow learner". (Provisional title.) BBC Radio 4 VHF. Mon. 11 p.m. June 1 - 23.

NEWS FROM THE REGIONSScotland. Reg. Rep. Miss Morag Booth, 210 Union Grove, Aberdeen. AB1 6SS

Welcome to the new Scottish regional representative who has taken over from Lesley Furnell. We would like to thank Lesley for her valuable contribution to APCP over the past year.

March 14th. "Cystic Fibrosis". Study day to be held in Glasgow. Contact regional rep. for details

North East. Reg. Rep. Mrs. J. Simpson, The Black Bull Inn, Market Square, Middleham Nr. Leyburn. N. Yorks.

A meeting was held on Jan 20th at the Child Development Centre at St. James' Hospital, Leeds. A slide presentation by Dr. Roussounis on "The Clumsy Child" and a book display by Austick's medical bookshop were combined with a social evening.

March 21st. "Usual, unusual neuromuscular conditions". Day course. Frederick Holmes P.H.School, Inglemire Lane, Hull. See Physiotherapy Journal December P.425 for full programme. Applications to Mrs. J.D.Simpson, The Black Bull Inn, Middleham, Nr. Leyburn, N. Yorks. Members £4.50. Non members £5. Places limited to 75.

The regional A.G.M. will be held during this meeting. Four committee members are retiring so voting on nominated replacements will take place then. The new committee will also take suggestions for topics for future courses. Will N.E. members please contact Mrs. Simpson by letter before 21st March, or bring suggestions to the meeting with them.

North West. Reg. Rep. Mrs. P. Eckersley, 62 Goulden Road, Didsbury, Manchester, M20 9YF

North West members will be saddened to hear of the death of Edith Shaw at the end of November 1980. She was a founder member of the North West APCP and our association owes a great deal to her enthusiasm and guidance not only during her service as a committee member but also as a Superintendent Physiotherapist in Liverpool. £10 has been sent to the CSP members benevolent fund in her name.

It is with regret that we receive the resignation of Ann Grimley, not only from the local but also the national committee - family pressures make it impossible for her to continue. National and local founder member, and Post-Registration Education Spokesman, she has given unstintingly of her time and expertise to all. We give her our thanks.

North West cont.

- Feb. 14th Royal Manchester Children's Hospital.
Audio-visual and resource day. 10 a.m. onwards.
Slide tapes to include Spina Bifida, Wheelchairs,
Feeding, Play, Mental handicap, parent communication.
Bring along any information or problems. We will try
and find sources for answers! Also N.W. A.G.M.
£2. pay at the door. No applications needed. Bring
your own lunch.
- Feb. 22nd Davenport Theatre 2.30 p.m Manchester.
Stockport Odd Foot Association. Footsie Club.
(See May '80 Newsletter p. 7 and August '80 p.6)
Concert to raise money for Trust Fund.
Nigel Ogden, piano, Lois Malcolm, singer, and the
Rockamuffins entertain. Tickets £1.25p. 75p children
and O.A.P's.

We cannot manage with only three committee members. Please nominate

South East Reg. Rep. Miss P. Charon, Physio Dept. Royal Alexandra Children's
Hospital, Brighton.

At the A.G.M. Meeting on 11th October '80, it was decided to involve
more members in study days. A letter will be enclosed in the next
quarterly Newsletter, suggesting ways of involving disciplines with
paediatric interests and sharing transport for meetings etc.

- October. Brighton. The Hysterical Patient. Dr. Hiller
Aspects of Neonatal surgery. Mr. Howatt
Contact Reg. Rep. for details.

South West. Reg Rep. Miss T. James, 23a High West Street, Dorchester,
Dorset. DT1 1UW

Two new committee members have joined the regional committee to fill
the vacancies for the Portsmouth and Bristol areas.

- February Genetics. Exeter
Meeting includes A.G.M.
- May Bristol. Feeding Early Speech & Language Development
Alternative methods of communication.
Dates to be announced. Contact Reg.Rep. for details

1982 Annual Conference - Provisionally booked for April 2nd, 3rd
and 4th at Weymouth College. "Community Paediatrics".

LONDON. Reg. Rep. Miss M. Veach, Physiotherapy, Elizabeth Fry School,
Suffolk Road, London E13.

Following a very successful course on Spina Bifida in November
attended by 90 delegates, we are looking forward to our next day
course.

- March. Muscular Dystrophy. Speakers from Mary Marlborough Lodge,
Oxford.

East Anglia. Reg. Rep. Mrs. M. Norris, 10 Oakfields Road, Knebworth, Herts.

In preparation for the regional representatives meeting on January 10th, 120 members in the region received a letter asking for some criticisms and suggestions. Two replies have been received and so it is presumed that members are just not interested in activities on a regional level. Mrs. Norris hopes that the National Conference will provide an opportunity for members of the region to get together and looks forward to meeting as many as possible.

Wales. Reg. Rep. Mrs. W. Williams, 12 Gelligaer Gardens, Cathays, Cardiff.

Two recent meetings were very successfully organised on Cystic Fibrosis and Kidney Disease in Childhood. An afternoon session on "Activities for the older handicapped child" is being prepared at Erwr Delyn School. Date to be announced.

Midlands and Trent. Reg. Rep. Miss R. Dawson, 19 Main Street, East Bridgford Nottingham. NG13 8PA

Birmingham. Scoliosis talk was very successful and well attended. Future plans for talks on Still's Disease and Genetics. The A.G.M. will be in March.

Nottingham. Paediatric Interest Group. Next meeting to be held at the Post Graduate Medical Centre, City Hospital, on March 18th at 7.30 p.m. Barry McCormick, Audiologist, will talk about the new Hearing Assessment Unit at the General Hospital.

Leicester. Ashfield School (near Leicester General Hospital)
Time 4.15 p.m. to 5.15 p.m.

Feb. 3rd Reading Disorders in Childhood. Miss A.R.White,
Senior Remedial Teacher.

Mar. 3rd Electronic and Mechanical Aids for the Handicapped
Mr. N.D.Ring, Chailey Heritage.

May 5th Parents as whole time professionals. 1.40 p.m. Parents group.

June 2nd Visual Problems in the Handicapped. Mr. D.J.Austin.
Consultant Ophthalmologist.

BOOKS

The First Seven Years. A complete guide for parents. Dr. E. Trimmer, Heinemann.
£4.95. Includes a chapter on the handicapped child.

Living with a Toddler. Brenda Crowe. George Allen & Unwin 1980. £5.95
A down to earth account - useful reference for parents and all who deal with children professionally.

Yoga & Be. Yoga and Creative Movement for Children. Rachael Carr. Prentice Hall Inc, Englewood Cliffs, New Jersey. £5.50. A delightful book for parents and pre-school children.

USEFUL INFORMATION

Twins Clubs Association. This organisation exists to help the families of twins and to promote an understanding of their problems. Sometimes families may have the extra burden of coping with a handicapped twin. Therapists who are dealing with families in this situation may like to put parents in touch with the T.C.A. Contact Sue Wright, Secretary, Twins Club Association, Woodstock, Heathdown Road, Pyrford, Surrey. After May 1st the address will be 2 Digby Way, Byfleet, Surrey.

Disabled Living Foundation

The D.L.F. are anxious to obtain information on disabled children's footwear problems - fitting and wearing problems, delays in supply, choice of hosiery etc. It would be very helpful if therapists could send their comments of the conditions presenting problems together with solutions to problems or suggestions to Mrs. J. Hughes, MCSP, The Disabled Living Foundation, 345 Kensington High Street, London, W14 8NS

Compass

This stands for - Counselling on Merseyside - Pastoral and Supporting Service. Compass provides a 2 year part time course in counselling (54 3 hour sessions) beginning in October, in addition to various short courses in basic skills, under the aegis of Liverpool University Institute of Extension studies. Although sponsored by the Merseyside Churches Ecumenical Council, Compass does not have an obligation towards a faith but offers resources to meet personal need. Enquiries to the Director, Compass, 25 Hope Street, Liverpool, L1 9BG

Jewish Society for the Mentally Handicapped

An organisation catering specifically for the physical, social and religious need of Jewish mentally handicapped people. A leaflet entitled "Infantile Autism Diagnosis" is available which illustrates fourteen behavioural signs. Very useful. From the Secretary, 104 Wembley Hill Road, Wembley, Middx. HA9 8EN. 01-904-7717

Voluntary Council for Handicapped Children

Thirteen fact sheets containing a wealth of information including water sports, play and toys for handicapped children, home-based intervention programmes for handicapped children, short term care schemes etc. From Mrs. P. Russell, Senior Officer, at 8 Wakley Street, Islington, London, EC1V 7QE. 01-278-9441

Keeping Up to Date

Some members may have seen the letter by Professor K. Holt in Therapy (24.12.80) asking for information on how therapists dealing with children keep up to date with developments in their field. I do hope you will respond by writing to say how many courses you attend etc. There is an interesting one coming up at Hatfield Polytechnic in April.....

CYSTIC FIBROSIS WEEK is 18th - 26th April

Cystic Fibrosis Research Trust

March 14th 1981 Physiotherapy Study Day
 Royal Hospital for Sick Children
 Yorkhill, Glasgow.

Contact Ron Tucker, Executive Director
 C.F. Research Trust, 5 Blyth Road, Bromley, Kent. BR1 3RS
 Tel. 01-464-7211

No course fee. Meals provided.

MEMBERSHIP SUBSCRIPTION RENEWAL 1981

Please use Block capitals throughout

* delete as appropriate

NAME: Mrs/Miss/Ms/Mr/Dr

PROFESSION: (CSP number if applicable)

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Please pay to WILLIAMS & GLYN'S BANK,
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For the credit of the Association of Paediatric Chartered Physiotherapists
(Account No. 1123566) the sum of £3.00 commencing on
and thereafter make payments of £3.00 on the 1st day of January annually
until you receive further notice from me in writing and debit my account
(No.) with you accordingly.

This instruction cancels any previous order in favour of the beneficiary
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