

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



SEPTEMBER 2016

ISSUE
NO. 19

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Welcome to the September 2016 APCP Newsletter! With the Paralympics starting as this newsletter arrives on your doorstep and our recently started joint working with EFDS, CP Sport and Wheelpower, I thought a section dedicated to sporting opportunities would be of great interest to APCP members. Many sporting groups have got in touch to explain their sport and how to get involved. Hopefully this will provide some new ideas on how to get children and young people involved with a sport that is interesting and most appropriate for them. I hope you will find it interesting too, let's help develop the next generation of Super-Humans!

2016, despite its challenges is proving to be an exciting and busy year for the APCP.

APCP Conference this year is in Brighton and promises to be an informative weekend with a Neurodisability focus. The full programme is included in this issue. CPIP UK is progressing well and the train the trainer events are being cascaded throughout the UK. A new specialist group for Paediatric Physiotherapists in the Private Sector (PPIPS) has been started to support physiotherapists working in this area. At the ARC this year both of our motions made it onto the agenda and one has been passed. It's great to hear that the CSP will be working on our behalf to look at the use of technology in schools as a result.

Thank you to all who have sent in reports, sharing ideas, good practice and information.

For future newsletters I am keen to get reports from members with particularly specialist roles explaining what they do, how they got their role and the skills they need for it. I think this will be really useful for paediatric therapists still considering a further specialty.

I hope you enjoy reading this newsletter, it would be great to hear about projects in your area, voluntary work you have been involved in, courses you have attended and books or articles you have found interesting. I would also be keen to hear from members about what you would like to see in the newsletter. Please send me your thoughts, ideas and reports.

The next Newsletter is due out in March 2017, articles need to be received by the end of December 2016.

Sarah Dewhurst
Newsletter Editor

The Editorial Board does not necessarily agree with opinions expressed in articles and correspondence, and does not necessarily endorse courses or equipment advertised



This year the South East region and the Neurodisability group are hosting National Conference and I believe for the first time ever, it is being held in Brighton. An amazingly vibrant city with a great seafront. The conference committee has been hard at work since May 2015 when we finalised the venue, The Jury's Inn Waterfront Hotel (previously known as the Thistle for those of you who know Brighton) which is literally across the road from the sea. The hotel has a large conference room and a very open atrium area for the trade stands which is full of natural light and will provide plenty of space for the exhibitors and for delegates to enjoy their lunch and coffee breaks.

Booking for events such as this happens a long while in advance as you can imagine. In fact we have already booked and paid a deposit for Conference 2017 and are beginning to look for venues for 2018! Unfortunately several months later the dates of ER-WCPT were made available and clashed with our conference. We did try to change our dates to accommodate delegates who wanted to attend both events but were unable to find either an alternative date or venue. So it was decided we stick with our original date and hence the clash - hopefully for us - most people reading this will be coming to Brighton rather than heading to Liverpool.

This year the conference has a slightly different format to usual, we have just one main programme on both days following the theme of Neurodisability from birth to transition and there will be a variety of workshops available throughout, some practical and some more discussion based.

As well as the educational programme we have a great evening lined up for the conference dinner with the unmissable Dr Charlie Fairhurst giving an after dinner speech.

So if you are wondering whether to book a place think no further and complete your application. Places will be limited and we wouldn't want you to miss out!!

Friday, 11th November 2016

Keynote Address: 'Why we do what we do!'

Dr Margaret Mayston - Principle Teaching Fellow, Faculty of Life Science, University College London

Early Medical Intervention for Hypoxic Ischaemia Encephalopathy

Dr Philip Amess - Consultant Neonatologist, Brighton and Sussex University Hospitals NHS Trust

Cerebral Palsy and Pain

Dr Charlie Fairhurst - Consultant in Neurodisability, Head of Children's Neurosciences at Evelina Children's Hospital

Management of Growth and Development

Dr Vivienne Campbell - Consultant Paediatrician in Neurodisability, Chailey Heritage Clinical Services, Sussex

Spinal Management in Neurodisability

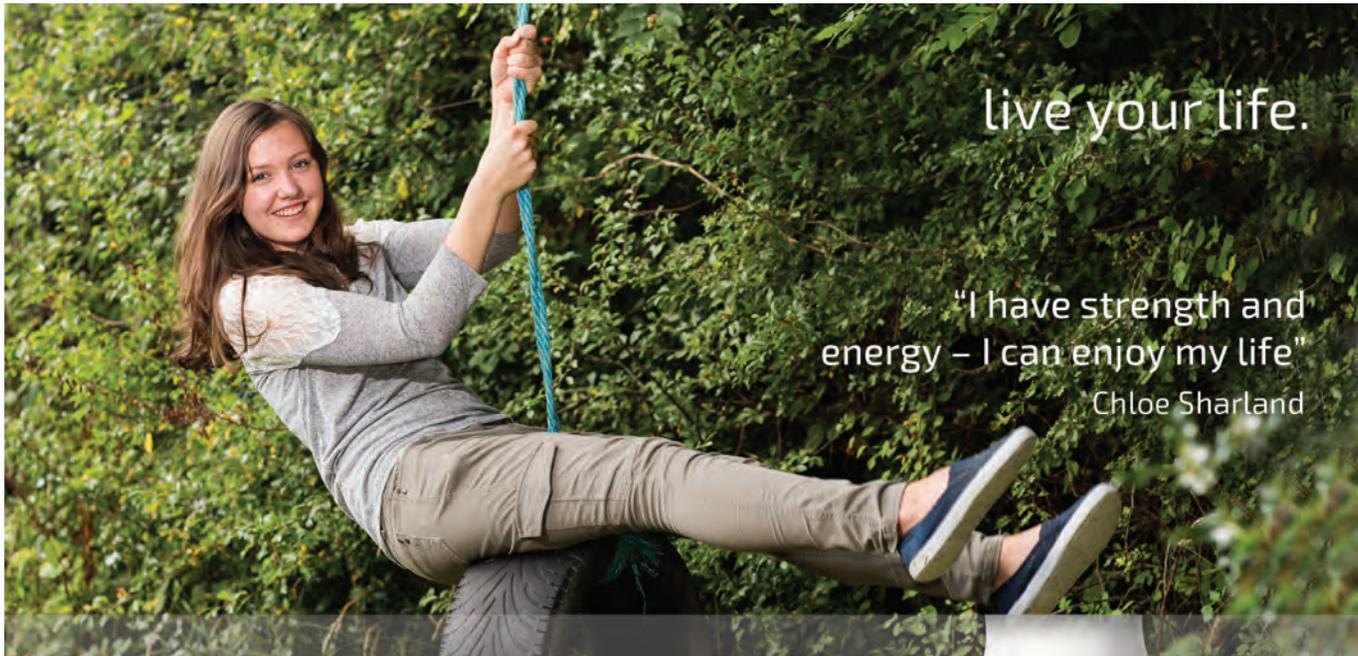
Mr Jonathan Lucas - Consultant Spinal Surgeon, Guys and St Thomas' NHS Foundation Hospitals

Hip Dysplasia in Cerebral Palsy

Mr Martin Gough - Consultant Paediatric Orthopaedic Consultant, Evelina London Children's Hospital

Dystonia

Belinda Crowe - Consultant in Paediatric Neurodisability, & Karen Edwards - Clinical Specialist Physiotherapist, Great Ormond Street Hospital for Children NHS Foundation Trust



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Chloe Sharland



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- > Sensory feedback
- > Encourages correct muscle function
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- > Comfortable and discreet

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Saturday, 12th November 2016

Consent

Fiona Springham - Specialist in Behaviour and Psychological Therapies, Chailey Heritage Clinical Services, Sussex

Adolescent Perception of Disability

Dr Nicky Wood - Clinical Psychologist, Kent and Canterbury Hospital

The Young Person with Acquired Brain Injury in the Community

Sue Mobbs - Clinical Specialist Physiotherapist, & Gemma Kelly - Highly Specialist Physiotherapist, The Children's Trust, Tadworth Court, Surrey

Genetic Implications in Neurodisability

Dr Sahar Mansour - Consultant and Honorary Professor in Clinical Genetics, South West THames Regional Genetics Services, St Georges Hospital, London

Overview of Strength Training in Cerebral Palsy

Sarah Westwater-Wood - Lecturer, University of Nottingham, & Matthew Humphreys - RaceRunner

Physiotherapy: A Patient's Perspective

Speaker - Callum Budd

An Overview of the NICE Guidelines and Recommendations for Transition

Professor Bryony Beresford

FitzKidz®



Boutiquez

Fitzkidz would like to thank all participants from last year's event on naming the new models we displayed at the conference.

Following feedback from yourselves our 'Boutiquez' range was launched in December 2015.

Following on from this exciting launch, this year we have our in house footwear design team on the stand and we look forward to seeing you again for feedback on our new range that we aim to release in November at the conference.

The new range is being shown on our stand and again we welcome any suggestions on names and styles, so please visit the team at the conference.



Optional Workshops

PLEASE NOTE: information about booking workshops will be provided to delegates after conference bookings have been confirmed.

Functional Electrical Stimulation 1 - Demystifying the Use of FES with Children with Neurodisability

(Friday - 11.35am - 12.45pm)

Kirsten Hart and Liz Wright

Functional Electrical Stimulation 2 - Exploring FES in Practice

(Saturday - 1.45pm - 3.15pm)

Kirsten Hart and Liz Wright

Introduction to Taping in Neurodisability

(Friday - 11.35am - 12.45pm & Saturday - 1.45pm - 3.15pm)

Esther de Rue

Aquatic Therapy

(Friday - 11.35am - 12.45pm & Friday - 3.30pm - 5.00pm)

Heather Epps

Goal setting and measuring using Goal Attainment Scaling (GAS), with a focus on children with GMFCS level IV and V

(Friday - 1.45pm - 3.00pm)

Dawn Forbes, Jennifer Carroll, Renée Daelmans

Postural Management

(Friday - 1.45pm - 3.00pm)

Liz Anderson and Jane Chantry

Cerebral Pathway Integrated Pathway - UK (CPIP-UK)

(Friday - 3.30pm - 5.00pm & Saturday, 11.00am - 12.15pm)

Speakers to be confirmed

Going Green - The challenges of using evidence to influence the practice of a multidisciplinary therapy service for children who have cerebral palsy

(Saturday - 11.00am - 12.15pm)

Dr Margaret Mayston - Principle Teaching Fellow, Faculty of Life Sciences, University College London

Hope and Glory, or Secrets and Lies? Measuring participation outcomes in allied health services for children

(Saturday - 1.45pm - 3.15pm)

Jennifer McAnuff

PLEASE NOTE - this programme may be subject to change

With many thanks to our principle sponsors



Conference Bookings

CLOSING DATE FOR APPLICATIONS: Friday, 28th October 2016

Delegate rates from:
£95.00 (£180.00 for both days)
Reduced rates available for students* and therapy assistants
(*includes students qualifying summer 2016)



Download application forms from: <http://apcp.csp.org.uk/news/2015/05/25/apcp-annual-conference-2016>

or contact: admin@apcp.org.uk

ANNUAL CONFERENCE DINNER – £45.00

Friday 11 November 2016 – 7.30pm till late
Jury's Inn Waterfront Hotel, Kings Road, Brighton BN1 2GS

Please join us for this year's annual conference dinner overlooking Brighton beach!





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**Association of
Paediatric Chartered
Physiotherapists**

**The 43rd Annual
General Meeting**

will be held on

**Friday 11th November
2016**

10.35-11.00

**Jury's Inn Waterfront Hotel
Kings Road
Brighton BN1 2GS**

All APCP members welcome!



APCP Annual Conference

Mercure Cardiff Holland House Hotel

3-4th November 2017

Expanding our Boundaries

A packed 2-day programme with a focus on exploring paediatric physiotherapy both here and abroad, looking at the global perspective and different ways of working at home.

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

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

Chair's report

I don't think I can recall a time when we have had to manage quite so many challenges in our professional working lives. Never has it been more important to know the importance of our chosen profession and be prepared to tell those that need to know that we, as Karen Middleton is off to say, are "part of the solution" when increasing demands on overstretched services outstrips capacity in a cash strapped health market. I think, as some of you will already know, that we spent rather a lot of time telling people what we didn't do which was at the time all very appropriate but, and this is the point I want to make - we forgot to tell them what we did do, and even more importantly in today's challenging times what we should do, can do and must do to be part of the solution.

Over recent months APCP and in particular the CPIP network group of our Neurodisability Group have been leading on the ambitious task of a standardised cerebral palsy integrated pathway for the UK based on the successful Scottish program - CPIPS which itself was developed from the Swedish model CPUP. This program has the data and evidence to support that it can significantly improve the health and wellbeing of children and young people with CP with improved outcomes, reduce long term health costs and most importantly for us as a profession, sit firmly by expert consensus within the core business of paediatric physiotherapists.

So yes, a scary time but also an exciting time to be a paediatric physiotherapist! Hope to see many of you at national Conference in Brighton and please do not hesitate to get in touch with me if there is anything you would like to raise or comment on.

Elizabeth Gray
chair@apcp.org.uk

Treasurer's report

The APCP accountants for 2015 have recently been returned from the accountant following auditing.

**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS- National Account
Income and Expenditure Account for the Year Ended 31 December 2015**

	2015		2014	
	£	£	£	£
INCOME				
Courses	54,110		27,963	
Subscriptions	88,340		87,802	
Publications	537		444	
Bank Interest Received	39		27	
Conference income	74,000		44,400	
Capitation fees	-		3,924	
Neo-natal Group	-		18,355	
Neuromuscular Group		-		570
North East	-		2,143	
Educational Grant	5,000		-	
Other Income	<u>4,372</u>		<u>1,103</u>	
		226,398		186,731
EXPENDITURE				
Catering & Accommodation	6,023		7,417	
Committee Travel & Subsistence	14,874		15,131	
Postage, Stationery & Telephone	24,008		26,050	
Accountancy Fees	2,280		2,200	
Course Fees	38,090		30,779	
Administration costs	44,399		34,700	
Conference expenditure	73,461		49,277	
North West	-		-	
Neonatal Group	-		13,624	
Neuromuscular	-		-	
Website Design	-		-	
MSK Group	-		175	
PPMS	-		206	
North East	-		3,112	
Neuro-disability Group	-		910	
Respiratory Group	-		90	
Direct Debits	-		2,916	
Other (including bursaries)	7,053		-	
		210,188		186,587
Surplus for the year		16,210		144

The APCP at The CSP Annual Representatives Conference (ARC) 2016

This year in March I had the pleasure, alongside the APCP Vice chair Gabriela Todd, of attending the CSP Annual Representatives conference held in Manchester on behalf of the APCP.

I had thought about attending the ARC in 2015 as there were places available through the West Midlands regional CSP, but I never made it. It all sounded like it might be a bit scary. Lots of people who had attended, told me that it was a great experience. ARC was something I knew very little about, never having engaged in the process before, so my curiosity got the better of me. As APCP Regional Representative for the West Midlands I attended a National committee meeting and found myself volunteering to go on behalf of the APCP, little did I know what would happen next!

The Chair of APCP (Elizabeth Gray) had requested that the regional representatives and other members of the national committee seek out motions that we could submit to the ARC council for debate. Initially the response to this request was quite slow. I think there were a lot of people like me, unaware of what a motion should look like and did not understand how to write one. I hope my insights here might help you to understand it a bit more and encourage you to get involved in future events.

What is an ARC?

The Annual Representative Conference is an opportunity for CSP members to meet for two days to discuss and debate matters of importance, services and the health and welfare of the community. Those who attend are representatives of the CSP stewards, Health and Safety reps, The Regional Networks and County Boards, Professional Networks, Students, Associates, The Equality and Diversity network and The Retirement network.

The APCP ARC Motions

There is plenty of guidance on the CSP website about ARC and advice on writing a motion. Eventually we had two motions that were selected by the national committee after ideas were submitted from APCP members across the regions. The chosen motions were then written up for submission with advice from the APCP members who submitted their ideas and evidence.

This is the first hurdle in getting a motion reviewed at ARC. All the submitted motions are looked at by the ARC council and a selection are chosen to go onto the agenda with the rest being rejected at this stage.

The items that make the agenda are reviewed and placed on either a primary or secondary agenda, if they find their way onto the primary agenda these are motions that are most likely to be heard. The primary agenda items are presented early in the conference and so are more likely to be debated.

To my surprise on checking the CSP website both of the APCP Motions that were submitted made it onto the primary agenda. This meant instead of spectating for the two days, we had one motion each, for myself and Gabriela to prepare and debate at ARC 2016!

The two motions that were accepted to the Primary agenda were....

Motion 20 - New technology in schools

Conference is extremely concerned by the increasing numbers of young children experiencing back and neck pain since the rise in use of mobile technology in schools. This has been evidenced by an exponential growth in the number of referrals received for children with these symptoms.

There are now 840,000 laptops and 730,000 tablets in UK schools (British Educational Suppliers Association) and 71 per cent of 5-15-year-olds have their own tablet at home (BBC Education).

It is felt that children in schools need to be protected in the same way that adults are protected by work place regulations (Safety, health and welfare at work act 2005), which recommend an assessment of the risks arising from work activities which affect the health and safety of those in their employment.

Conference calls on the CSP to:

- Lead on encouraging development of advice/ guidelines/ regulation for the way children use this technology in school while reducing the risk of musculoskeletal problems
- Scope the incidence of repetitive strain injuries, neck and back pain in children and young people

Motion 26 - Paediatric physiotherapy

Children are not small adults and have the right to be seen and treated by a paediatric physiotherapist.

Conference is growing increasingly concerned by the number of physiotherapists, including newly qualified staff, who are expected to treat children alongside their daily adult caseload. This is happening within all health related settings.

It is recognised that it is best practice for children to be seen in a safe, caring and child friendly environment by therapists who have specialist paediatric training and experience, have met appropriate safeguarding requirements, and are able to work alongside the child's relevant psychosocial, emotional and educational issues.

In the current climate of increased pressures on the NHS, and demands from parents for rapid treatment, children are at risk of being seen by non paediatric trained physiotherapists in non child friendly locations.

Conference calls on the CSP to...

- Lobby governments and NHS leaders to ensure children and young people are seen and treated by therapists in an appropriate environment by experienced therapists with specialist paediatric knowledge and skills.

The next hurdle to get over, being a first timer, was to understand what happens at ARC, and what we had to do with our motions. The CSP provide an ARC training day at the CSP headquarters, for members new to ARC, I attended. During the training we were given opportunity to ask all of our questions. We then got to practice a mini debate including Gabriela's motion which sparked a lot of discussion, both for and against.

It was at this stage that we discovered that for your motion to be heard, you need a seconder to speak and support it. The seconder needed to be someone not connected with the specialist group proposing the motion. The training day gave us opportunity to meet members of other specialist groups who were also proposing motions. After discussion I found a friend from the West Midlands Regional CSP network who was happy to second the APCP motion and in exchange I would second hers. Gabriela found a fellow Paediatric Physiotherapist from London who was there as a CSP steward to support the other motion.

After the training day we had some time before conference to complete the next hurdle, writing up our arguments. The training taught us what makes a good speech and advised on the timings required. With strict advice not to repeat what the motion had already said and to evidence your argument.

Conference day 1 came on March 14th 2016. We soon got into the swing of how things worked, but felt it took a long time to get through the list of Motions. We discovered it was a friendly crowd at Conference, so not too scary after all, with lots of support from physiotherapists from all walks of life.

Lots of motions seemed to be being passed as the day went on. We got as far as motion 11 by the end of the day. It seemed touch and go if we would make it to the stand with our motions 20 and 26 on day 2. We retired to our rooms both making last minute amendments to our speeches; trying to get the wording right.

Day 2 began with a reminder from the Chair of Council Catherine Pope that as we had passed so many motions on day one to think wisely with our voting today as The CSP can only do so much each year. We were also reminded by the CSP treasurer, Sue England, there was only a certain amount of funding in the pot. We needed to prioritise what we wanted the CSP to represent us on in the coming year.

As the day went on more and more motions came and went and the rate of rejections rose. We were not so hopeful of our motions passing anymore. Before lunch on day 2 we had reached Motion 15. Proceedings were then stopped to have a break to allow for another debate. Speakers on the panel discussed the issue of the EU referendum and Brexit. There was a good debate with arguments for both sides in relation to both the NHS and the Physiotherapy profession.

Eventually following the lunch break the Motions continued and motion 20 made it to the stand. This was my motion to present. I presented my argument on use of Technology in schools, which came under the section of “health, safety and welfare”, to the conference. My seconder was able to support the motion with an emotional story of how she worries about her niece, always hunched over a computer, tablet or mobile phone. We then had some speakers both for and against our motion. The Treasurer Sue England spoke against the motion asking the delegation to think about the cost in implementing these proposals to the CSP.

When a motion has been argued against the Proposer has the right to reply, I returned to the stand to tell the audience my counter arguments. I concluded by saying that “The CSP is in a position to help promote health and work towards prevention of injury by supporting schools in their duty of care to pupils”.

It went to the vote and the room was divided, but there were more in favour than against so the motion was passed! I felt very proud to have been able to represent the voice of our members.



Time was ticking and we had to end the conference at Motion 24 which was disappointing after all of the hard work and preparation completed by Gabriela and the group who advised on Motion 26.

Any motions not debated still go on to the ARC council for discussion and could be taken forward. This is better than it being completely rejected, where no further action is taken by the council.

So overall the experience we had at the conference was a very positive one, and I would highly recommend it to anyone and everyone if they get the chance to go.

If you have a burning issue that affects you, your colleagues, or your patient group and you feel that the CSP could support you in some way, please put your motion in writing and share it with your regional representative, to bring to the national committee.

If you have the chance to attend as a Proposer/Representative, I would say don't hesitate, you will not regret the experience. If the speech writing and debating put you off then I would go for the good atmosphere, accommodation, food, and company. Overall it was a great experience with the added bonus of a positive outcome for the APCP. Watch this space now to see what happens next...

Michelle Baylis
Professional Clinical Lead Paediatric Physiotherapy
Birmingham Community healthcare NHS Foundation Trust

International Perspective: International Conference on Cerebral Palsy and other Childhood Onset Disabilities

Just say Hi!

It was wonderful to sit in the Stockholm Aula Medica Karolinska Institute for the opening ceremony of the 28th Annual Meeting of the European Academy of Childhood Disability (EACD), the 5th meeting of the International Conference of Cerebral Palsy (ICPC) and the 1st meeting of the International Alliance of Academies of Childhood Disability (IAACD). What a marvellous collection of over 1000 people from 66 countries, all dedicated to reducing childhood disability and gathered in the auditorium where the Nobel Prize for physiology/medicine is given out each year.

Introducing the four day conference were Lars Forsberg and Ann Christin Eliasson with a short film of the local racerunning club, followed by their ten colourful racerunning athletes taking to the stage; receiving roses and certificates as a thank you for making the film.



Bengt Westerberg, a Swedish politician spoke about his experiences of making laws within Sweden to aid those with disabilities, ensuring the availability of personal assistance.

Naila Khan, from Bangladesh, demonstrated changes to health services by getting politicians to listen and match the need in Bangladesh. An amazing woman who speaks as highly of the cleaner and their importance in the multidisciplinary team, as the consultant; and she really means it!

Important messages for therapists:

- Earlier intervention is important at 6-12 months of age before patterns of movement become established.
- Detection of reduced movement can help with earlier diagnoses.
- Focus on prevention and education world-wide
- Consider patient goals centred around parent and children's preferences with a view to local participation and engagement <http://primerresearchteam.com>
- Hearing the voice of children - can you hear them?
- Look at the evidence and translate it into practice, where there is no evidence - go find it/ make it! Stop doing things known to have no benefit!
- Whilst searching for solutions, we need to value the present.
- Engage with other agencies, stakeholders and politicians.
- Collaborate internationally to reduce inequalities and increase available expertise and knowledge; "sharing is caring!"
- Worldwide CP registers are evolving and new genetic and communication/eating/drinking data are being added.
- Use appropriate outcome measures and scales to improve the communication around needs and advocacy for children's needs to be better heard, understood and acted upon locally and politically.
- Advances in autism research and data collection are influencing CP research.
- What is the role of resilience in autism? How important is the environment ?

We attended interesting lectures from basic science experts (R. Lieber, B. Gillick, A. Gordon, J. Martin and K. Friel) regarding translational neuroscience and the implications for CP.

A controversial panel discussion took place on the use of stem cells in CP. It was amazing to discover that they are almost there for clinical trials. There was also a lively debate between professions on the pros and cons of hand splinting with regard to evidence, experience and recommendations.

The launch of the Visual Function Classification Scale (VFCS) was discussed. It has been developed to help identify functional limitations experienced by children with CP, which are often underestimated. The scale which is linked to the 5 levels of the GMFCS will be particularly helpful in communicating the high sensory component of CP.

We presented our joint research project on how participating in adapted cycling affects muscle strength in children with CP, and on children and families' well-being; as one of 10 free papers on "Family and Society", with a Q+A session afterwards.

There were 450 posters. A poster followed on from the robotics presentation at the recent APCP conference in Gateshead: an interim publication of results on the effectiveness of the robotic training vs regular physiotherapy; showing that surprisingly there may be very little difference. Watch out for final results of this study from Switzerland!

The closing ceremony had everyone in tears. Richard Ellenson, CEO of the CP Foundation, spoke on the praise of imperfection: "While we look to the future and the incredible advances that await, let us never lift our gaze so high that it fails to see the enormous impact we can have today. (<http://yourcpf.org>)

You can follow his son, Thomas Ellenson, on Twitter.

By the way, if you ask Siri how to start a conversation with a person who has a disability - Siri will tell you: "Just say: 'hi'! Check out the app!"

2017 EACD Conference: "Steps into the future" Amsterdam, 17-20th May (www.eacd2017.org)
Abstracts are due early October 2016.

**Karen Visser; Lecturer, School of Healthcare Sciences, Cardiff University
and Gabriela Todd, Honorary Lecturer.**

The Learning Disability Senate

The member organisations of the LD Professional Senate joined forces in order to develop consensus views about a range of policies and developments, aiming to improve the lives of people with learning disabilities.

The CSP is represented on the senate by the Association of Chartered Physiotherapists for People with Learning Disabilities (ACPPLD) and APCP to represent children and young people.

The senate offers advice to the Department of Health, and other strategy leads, with the collective voice of specialist health clinicians, including physiotherapists, occupational therapists and S<.

Meeting four times a year the LD professional senate meetings are held in London and are well attended with representatives from specialisms in both adults and children. The senate has actively supported the development of specific resources to help those working with individuals with challenging behaviour in easily understandable language, is an invaluable resource and we recommend all to investigate these further at
<http://www.pavingtheway.org.uk/>

Elizabeth Gray (APCP Chair)

IS YOUR CHILD'S BEHAVIOUR...

Challenging you?

- Does your child have a learning disability or autism?
- Is your child's behaviour putting them or others at risk?
- Is everyday life becoming impossible?
- Do you need more information and support?

Caring for a child with learning disabilities or autism whose behaviour challenges us can be hard but you are not alone



For practical information, support and resources and to share other families' experiences visit: pavingtheway.works

For help from other local services in your area contact:

From:



**The Challenging
Behaviour Foundation**

This is the poster developed and further information on the resources available are detailed below:
In March 2016 The Challenging Behaviour Foundation and the Council for Disabled Children

announced the launch of a website called 'Paving the Way.' The website aims to provide families, professionals, staff, and commissioners with information about how to reduce challenging behaviour and to improve the wellbeing of children with learning disabilities.

Resources on the website include stories about what families have found helpful, case studies and examples of good practice to inspire commissioners and professionals to develop better services, as well as other tools, information, and resources. The site also contains a blog which we will be updating regularly with new project information, new resources, and developments on a national level around early intervention.

Information for professionals

The Learning Disability Professional Senate, which includes the APCP and the ACPPLD on behalf of the CSP has worked with the Paving the Way team to develop:

- The poster
- A leaflet suitable for all frontline professionals and staff (including Physiotherapists to raise awareness of challenging behaviour and appropriate responses and to signpost them to more information.

These resources are free to download at: <http://pavingtheway.works/whats-new/where-do-we-go-for-help/>.

They will be useful for anyone who, as part of their role, may come into contact with children with learning disabilities or autism.

For more information contact earlyinterventionproject@thecbf.org.uk.

There is also a leaflet with general advice for physiotherapists seeing people with a learning disability. This has been written by the ACPPLD (Association of Chartered Physiotherapists working with People with a Learning Disability). It is available at the following link:

<http://www.csp.org.uk/publications/so-your-next-patient-has-learning-disability>

APCP Specialist Group for Non NHS Practitioners - Inaugural meeting

The inaugural meeting of the Non NHS APCP group was held at CSP headquarters on Friday 12th February 2016. The formation of this group had been discussed for a long time at National Committee level, and the decision was taken to invite those interested to a meeting to scope the possibility. The meeting was well attended with 23 APCP members from a variety of Non NHS settings present.

The morning session was taken up with discussions to ascertain what the group wanted to achieve and how it would benefit both this cohort of members and the wider membership of the APCP. By the end of this discussion it became apparent that the group was a viable option, and would benefit both parties.

A discussion then ensued around a possible name for the group, as it was felt that the description of 'Non NHS' was negative. However a consensus could not be achieved, so it was decided to postpone any decision until the first official committee meeting.

Each specialist group is required to write a 5 year plan with measurable outcomes, so the first part of the afternoon was taken up with writing some objectives which the group would incorporate into their plan.

The remainder of the meeting was taken up with electing a committee. The committee needs to be representative of the majority of the areas in which the therapists work, and have a maximum

of 12 seats. Members were elected to represent sole traders, limited companies, private hospital/hospices, sport, industry, charities, overseas, independent schools and litigation. It was then felt necessary to have England, Scotland, Wales and Northern Ireland all represented. 11 members were elected to fill these roles but there was no one present who could represent Wales. The committee will be ensuring they fill this vacancy as soon as possible.

Once the committee membership was decided, the eleven met to elect a chair. They chose to elect Chris Smith from Kids Physio Works Ltd.

At the first meeting in April the committee decided on their new name of Paediatric Physiotherapists in Private Sector (PPIPS) and set the 5 year plan for the Committee. Part of these plans are to ensure the group are meeting the needs of APCP members so please respond when we survey your views in the coming months. We are looking at setting up a training program, so your views are important.

The committee will meet approximately 4 times a year with Chris also attending National Committee meetings as their representative. The APCP welcomed this exciting new committee and we look forward to all of your ideas about how we as physiotherapists can work collaboratively across a range of sectors.

Kathie Drinan
APCP Public Relations Officer

Chris Smith
APCP PIPPS

The Future of Physiotherapy Conference **University of Salford 9th March 2016**

It was the worst day for rain of the year so far; so much fell that most routes toward Salford were variously closed due to accidents; where cars were trying to drive on rivers and trains delayed. Arriving late I need not have worried; I was not alone. The weather and anxiety of the journey soon fell away as the engaging, informative and enlightening speakers caught the delegate's interest. A whole day cannot be reported speaker by speaker however key themes emerged, threaded throughout the day which we cannot ignore for the future of physiotherapy. It appears and has subsequently been confirmed that the future of healthcare provision must progress. Moving from the acute single health event hospital based safety net originally intended, towards the complex case management multi provider patient and clinician lead, value for money service, our 21st century needs demands.

Zac Arif's new ways of working: service redesign session explored and made crystal clear that 80p in the NHS pound pays for its people. On the flip side 10% of patients consume 70% of resources. To be successful we must change leadership attitudes to focus the lion's share of their time on people; after all, its people deliver the healthcare services.

Zac acknowledged that over the past years, on a day to day basis our working lives have been turmoil driven. The strong message was that if teams are to grasp the current opportunity to drive multiagency, multi professional, complex organisational change we need to seek and identify new ways of working and delivering our work product. Therefore we must take time and space to think in enlightened novel ways. To progress with this we need to;

- Learn the system; the new NHS service provision organisational systems
- Network and get contacts who matter; identify the decision makers in our area/field, then ask ourselves, how do we influence them and have impact on their decisions?

To make headway we must step forward, explore our skills and apply them to other areas of business and organisational management - at whatever level we are working. In the case study presented Zac shared how their change plan took time to develop. So take time to think about it and to think it through with others. In their case study they did a bottom up approach which required providing opportunities for open discussion with identified stakeholders continuing as the project progressed.

What became clear was that we need to understand a range of business skills such as

- Project planning,
- Reviewing and presenting the evidence to show the importance of the services we or could deliver with data and information including financial nous
- Developing ways to network, communicate with and manage stakeholders.

This was an inspiring 'can do' session which stimulated interest and enthusiasm. Over coffee I listened to the chattering groups sharing how and where in their services and teams some of the ideas were ripe for this business approach. Why this was exactly what they needed to plan or how to capture data for a service funding bid. There was definitely a buzz louder than the storm clouds outside the windows. There was no call required to get us back in our seats!

We were then enthralled by an enlightened creative business approach to service delivery demonstrating all of the above lessons in action. **Rachel Johnston** representing the **Manchester Neuro Centre** has worked to change the provision of alternative service delivery for Parkinson disease in Manchester. She admitted it is slightly different working in private practice. At their centre they rely upon evidence based practice (EBP) for optimal therapy therefore use predominantly a motor relearning approach. She acknowledges the salience of the session's impact upon client motivation and therefore outcomes. Key had been that the clinical team is large enough for peer observations to be supported and welcomed. Thus avoiding 'sleep walking into routine therapy' could be avoided. The focus upon EBP as a routine contributor to therapy optimisation was pleasing to hear as in my institute our undergraduate physiotherapy students are called to undertake clinical patient focused, critically appraised topics routinely.

A group of presentations followed which for word count and a desire not to induce content induced narcolepsy I will pass over. Suffice to say lunch was a welcomed break with the buzz remaining centred upon Zac and now Rachel's sessions.

How could these sessions be followed? Well a natural and very well scheduled exploration of the Challenge of Leadership; key skills for leadership development for physiotherapists of the future with **Helen Baxter** was how. I could never do this session justice, its scope and in the moment presentation skills are hard to translate to the written word. However I will try to give a flavour of the elements which struck me.

All of the session was set within the context of the healthcare provision challenges our own CSP have highlighted and reiterated during the last year. Key in the headlines of all current healthcare conversations and strategy policies the contrast of our NHS origins (acute, short term institute based basic needs care) requiring a turn towards our 21 century societal healthcare needs (chronic long term conditions and population health and wellbeing baseline elevation). Helen highlighted again the impact of insufficient healthcare budget, outdated or inappropriate service and workforce models insufficiency; continuing to do things in the way we used to being no longer affordable.

Helen called us think differently about training and delivery, because to continue with the NHS's long tradition of success WE HAVE TO. Projecting forward five years Helen made blunt the stark reality of the health and wellbeing, care and quality and funding gaps. To come anywhere close to addressing these gaps a radical upgrade in prevention and new care models which optimise efficiency is required. This is a leadership challenge for which we as a profession need to develop skills.

Helen echoed both Zac and Rachel in impressing upon us the need to do things differently in innovative, creative ways; delivering great services for patients and their families efficiently. We need to optimise our skills, our national budget and our healthcare workforce. Unlike the historical NHS where hierarchy and professional protective power barriers dominated the healthcare and societal structures any one of us could be leading in the new organisational structures. Helen made clear we are now living and working in networks more akin to spiders' webs. Just like Zac, she called us to understand who is who, what policies influence the direction of travel we want to take and where/who holds the power/responsibility to make things happen in our spiders web. It was clear to me it's going to be all about people and processes so we had better wake up to it and enjoy the new landscape. To me it sounded like it has the possibility to favour us and services uses alike.

Simply put, we need to know what is the question we want to ask, really, really understand the context and build relationships; no, really build relations, link to others and consider what can we drive forward together? Together includes service users and service user groups, their views hold power in the new landscape. Finally make sure we know and speak to national and local policy.

And the skills required; well Helen thumbnail sketched the current vogue model of leadership as one who creates an inspiring vision, motivates and inspires people to engage with the vision and manages delivery of the vision. But the key is to be one who coaches and builds the team to achieve the vision. These leaders are not ruling as the expert but rather affirming others skills and expertise helping those who do the project to recognise their potential. This model is not natural in our competitive society however; I suggest the skills are synergist with, if not already exhibited on a daily basis by physiotherapy professionals everywhere.

This would have been a great place to close but as if to underpin additional foundations as to why we need to wake up to the 21st century healthcare service provision challenges **Josie Robinsons'** legal implication for a physiotherapist in today's health system update on the law, was salient. The key focus here naturally was upon the now 'Statutory Duty of Candour'. The implication of which being that there is now a requirement on health providers to be transparent with patients when things go wrong with openness and candour. The intention of this new, post Francis report legislation, is to prompt a culture of disclosure to counteract the legalistic philosophy of mid staffs. The stick is the prospect of a new law leading to a criminal offence of Wilful Neglect. This lead to a salutary 20 minutes as Josie went step by step through the relevant statute and common law.

Key components remain the 1957 Bolam Test (which outlines what has to be met for medical negligence to be established) and 1980's Bolitho Case Law (whereby the case presented has to be tested by logical argument/justification, the basis of which are the healthcare professionals notes). We all drew breath, reflected momentarily in silence on our own note taking skills and paid even more attention to the remainder of Josie's presentation. We were all relieved with her closing remark that in 13 years of her legal practice in this field cases rarely go to trial and that she has only met one case concerning a physiotherapist.

I wended my way with brain fatigue and encouragement on to the damp roads where the sun had snuck through the clouds to reveal a quiet, smooth journey home. Reflecting as I went that most of the key skills required to take up the challenges set out during the day we as physiotherapist's hold as transferable experience from our day to day case management; particularly where our practice engages with complex case management such as in paediatrics, health care of the elderly and chronic neuropathology. We may need to hone them, dare I say undertake post graduate courses to address areas where we lack confidence or currency and work at drawing together colleagues where our range of skills have the reach required. But we are very well placed to take up the challenges to shape and be a key part of the healthcare and wellbeing revolution which is already underway.

Sarah Westwater-Wood
APCP Education Officer

3rd # Count Me In!
International Scientific Meeting - Supporting Children's Participation:
Evidence and Interaction
Plymouth University - April 6th and 7th 2016

I attended this multi-disciplinary meeting as a representative of APCP and found it a very stimulating, thought provoking event. I would certainly recommend future meetings, particularly to those who are new to encouraging, supporting and measuring children and young people's participation.

The Conference was opened by Iona Novak, head of research at the Cerebral Palsy Alliance Research Institute, Sydney, who gave an inspiring keynote address. Reminding us that participation in a full life was a human right she went on to discuss her 5 Ps of participation – preference, physicality, pain, point of view and policy.

Other speakers were from Sweden, Helsinki, Canada, the Netherlands, Australia, New Zealand, and centres across England, Ireland, Scotland and Wales. A range of tools for assessing and measuring participation were discussed in the two parallel programmes. Among these were the Cognitive Orientation to Occupational Performance (CO-OP), COPM, GAS scaling, Pathways and Resources for Engagement and Participation (PREP) and ACHIEVE

There were also papers on interventions to promote participation such as adapted cycling Throughout the meeting speakers stressed the need for clearly focused goals for participation to guide therapy. Physiotherapists, although familiar with the ICF framework, still tend to focus their treatment on body structure and function and activity but do not often set goals relating to participation in leisure activities. The need to enable and support parents in facilitating participation was also stressed by several speakers.

A brainstorming exercise involved all attendees in considering how to carry on the work of the group and promote participation, and outcome measures for assessing it, both nationally and internationally.

This was an exciting Conference on an exciting topic that we should all be promoting so I urge you to watch out for future Conferences and Initiatives and get involved!

Sue Bush
APCP Research officer

The APCP at Gloucestershire Care Services NHS Trust Allied Health Professionals Celebration Day.

This year Gloucestershire Care Services NHS Trust (GCSNHST) arranged its first Allied Health Professionals (AHP) celebration day in April 2016. The Trust had previously held successful Nursing Celebration days and this year decided to have an AHP day.

The day was well attended with 159 delegates from across Adult and Children's Services. The AHPs represented within GCSNHST are Physiotherapy, Podiatry, Occupational Therapy and Speech and Language Therapy.

The APCP was invited to have a stand within the "Market Place". The Market Place was made of professional network stands, staff benefits



and our partner universities. The delegates had the opportunity to visit the Market Place during the coffee breaks and lunch time.

Two members of the APCP South West Committee, Katherine Heffernan and Emily Graham represented the APCP. We had queries from colleagues from all the disciplines and across both Adult and Children's Services. Our leaflets and information about the website were very popular. We also had the opportunity to talk to the Chair and Chief Operating Officer of GCSNHST who were interested to see the work of the APCP both locally and nationally. The programme for the day was packed and varied, with some whole group sessions and workshops.

The keynote speaker for the day was Linda Hindle Lead AHP for Public Health England. Some of the topics for the workshops included, Transition, Education Health and Care Plans, Non-medical prescribing, and service innovation.

The day ended with each service giving highlights of their achievements through the year. There was positive feedback across all elements of the day, and we look forward to being invited to attend future AHP Celebration Days.

Katherine Heffernan
South West Regional Representative

Education Health and Care Plans -National Meeting 10th May 2016

The purpose of the meeting was to have a discussion and plan the production of Health Exemplars for Education Health and Care plans (EHCP). Jane reports on the discussion and the outcomes of the meeting.

I attended this meeting on behalf of APCP. This is developing strategies in line with the SEND Code of Practice, which applies nationally in England.

The meeting was chaired by Amanda Allard, Assistant Director of Council for Disabled Children (CDC).

There was representation from a number of aspects of health care including: Karen Horridge Chair of Children with Disability, and Consultant Paediatrician National representatives from Speech and Language Therapy, Occupational Therapy and Specialist Nursing. CQC Specialist advisor.

It is planned that there will be inspections of all settings for children and young people carried out jointly by CQC and OFSTED. This joint programme evaluates implementation of the reforms introduced by the Children and Families Act 2014. Inspections will look at how:

- Well education, social care and health services work together in partnership to identify those children and young people (aged 0 – 25) who have SEND and/or a disability
- They assess their needs
- They meet their needs.

The [handbook](#) and [inspection framework](#) have been published and inspections start in May 2016. The inspectors will be part of a national team who aim to drive forward good practice and improve outcomes. It is very important for paediatric teams to be aware of these inspections, prepare to engage with them. The principle will be ensuring that commissioners respond to the level of support which is needed for children and young people who have additional needs. They will also signpost areas to resources which are already in place.

It is clear that both the OT and SLT employ specialist advisors at national level, who have produced detailed guidance on matters relating to the children and young people's agenda. For

example the draft guidelines from The Royal College of Speech and Language Therapists entitled 'Guidelines for SALT on roles and responsibilities under the Children and Families Act 2014' is a comprehensive document comprising 50 pages. Physiotherapy does not employ specialist advisors and has not produced a similar document; however some generic guidelines will be produced as part of this working group. Guidelines will also be included in the new 'Working with Children' document due to be republished by APCP this year.

Some key aspects discussed

- 1) Ensuring health reports are accurately and fully reflected in final EHC report
- 2) The challenges around setting measurable SMART goals and outcomes
- 3) Working collaboratively and effectively
- 4) The importance of using data to inform resources, which is required throughout the whole journey, baby to adult.

It was agreed that we would try to generate six example EHC plans, based on five case studies and with the addition of a case study on CAMHS.

I have contributed to these outlines, and will continue to be engaged with this work. I would welcome further support from other physiotherapists who have particular expertise in the development of EHC plans. The Chartered Society of Physiotherapy state that it is preferable that guidance is developed by physiotherapists who are working in clinical practice. Our professional network should ensure the load is shared and prioritised for maximum impact.

Please contact me via ppmsgroup@apcp.org.uk

Jane Sellar
Chair of PPIMS

[Information on Rebound Therapy](#)

The Chair of APCP Elizabeth Gray received the following Email on 22nd June 2016 from Sue Haywood. Elizabeth was keen to share this with all members.

'I wanted to let you know that the Advertising Standards Authority have upheld a complaint made by the CSP against a company called Rebound Therapy.

The ASA council ruling is available through this link

https://www.asa.org.uk/Rulings/Adjudications/2016/6/Rebound-Therapy-Ltd/SHP_ADJ_335526.aspx#.V2pktWcUXcs

There will be a note in the next edition of Frontline. As a professional network whose members may be delivering rebound therapy I wanted to make sure you had this information.

The key points to note are:

- The tm symbol can be used even though the trade mark on the term rebound therapy does not exist
- However given there is no trademark on the term rebound therapy – anybody can use the term
- The ASA ruling is asking Rebound Therapy organisation to change various claims made on it's website that allude to:
 - Only they being able to provide training
 - Only being able to practice rebound therapy once you have gone through their training

Additional information to note

- What is not in the ruling is anything about insurance – PLI: Through this process it has come to light that some chartered physiotherapists believe that the training programme offered by Rebound Therapy organisation is the only way to get insurance for the practice of rebound therapy. This is not true. CSP PLI provides cover for rebound therapy, regardless of where an individual has been trained.

If you have further queries please do get back to me.

Kind regards
Sue

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[Getting to know the National Committee- A Five Minute Interview...](#)

[The Secretary: Harri Creighton-Griffiths](#)

What does your role involve in a nutshell?

The current role of the secretary is to support the Chair, Executive Committee and National Committee in ensuring the smooth functioning of the committee by ensuring meetings are effective, pre organised and to complete the minutes. The secretary is also involved in the organising committee for conference and sometimes asked to represent the APCP. It tends to involve on going communication and whilst balancing a full time job, i manage to fit the work in on evenings and weekends.



How did you get involved with national committee?

A good friend of mine recommended the benefits of getting involved with National Committee when I moved to London and quickly introduced me to some of the committee members. With this I was convinced to put myself forwards and became a committee member myself. After just a year as a committee member I was asked to take on the secretary role, which was a slightly scary prospect....it's a busy role, but it's great to be so involved. Turns out it's not so scary!!

What's your current job role and how do you get time away from it?

I am a band 7 Physio who works in the community as part of the St George's Hospital team. I am lucky enough to have supportive managers who understand the benefit of having a team member part of the APCP National Committee and therefore allow me to attend the meetings.

How has being on national committee helped with your professional development?

The biggest benefit has been, being able to have the insight of 'current affairs' and APCP's plans and direction. It has also however enabled me to network with amazing paediatric physios from

all over the country, allowing me to work with them and thus learn from them. Being secretary has taught me skills with regards to organisation and meeting management.

What would be your advice on how to get involved?

My piece of advice would be not to be intimidated and get involved if you can, no matter of your age or experience. You will learn a bucket full and enjoy the ride!! In terms of how... just keep an eye out for vacancies in the newsletter and apply!!!

Harri Creighton-Griffiths
APCP Secretary



APCP Honorary President starts work!

Dr Eva Bower, the first APCP honorary president attended a meeting at the CSP in May with the Executive Officers of the National Committee.

Dr Bower is currently working on updating the process of reviewing publications, looking at systematic review, evidence base and referencing for all our publications.

CIPS is coming to the whole of the UK

By now most of you will have heard about CIP (Cerebral Palsy Integrated Pathway) PMS (Patient Management System) but for those who haven't yet discovered it, this article will discuss where it has come from and the plans to bring it to the rest of the UK.

Cerebral Palsy Integrated Pathway (CIP)

Background

Cerebral palsy (CP) is the most common cause of physical disability affecting children in Western countries. The term 'cerebral palsy' is applied to disorders where development of movement and posture is abnormal, causing activity limitation, often accompanied by disturbances of sensation, cognition, communication, perception, and/or behaviour, and/or a seizure disorder¹.

One of the most commonly used descriptors of CP is the classification of an individual's motor function using the Gross Motor Function Classification System (GMFCS)². This is a validated five-level grading system which classifies children based on their functional abilities, focussing on sitting, standing and walking, with distinctions between levels focussing on functional limitations and equipment requirements. Children with a GMFCS level I have almost normal motor function whereas those with GMFCS level V have very disordered motor function and are the most severely affected.

Children with CP are at risk of hip displacement which may progress from a gradual displacement of the femoral head (top of the thigh bone) out of its acetabulum (socket in the pelvis) to complete displacement (dislocation) if left untreated^{3,4}. The incidence of hip displacement is related to the severity of CP, varying from almost 0% in children in GMFCS level I to about 90% in children with severe CP (GMFCS level V).

Hip displacement and dislocation causes pain in about 50% of cases and is associated with hip deformity, muscle contractures, spinal curvatures and problems with sitting, standing, and perineal care. Prevention of hip displacement is one aim of management of children with CP at risk of developing hip displacement to avoid major orthopaedic surgery and its associated risks and complications.

Management of hip displacement in CP

Prevention of hip displacement has traditionally involved regular physiotherapy to stretch muscles thought to be responsible for hip displacement and the judicious use of Botulinum toxin injections into the same muscle groups to lower muscle tone. Neither method has been shown to alter significantly the natural history of hip displacement in patients with CP.

Cerebral Palsy Integrated Pathway Scotland

Lesley Harper

Physiotherapist

Royal Hospital for Sick Children Edinburgh

Following the First International Meeting on the Management of the Hip in Cerebral Palsy held in Liverpool in 2010 a group of clinicians met later that year to discuss the possibility of introducing a hip surveillance programme for children with CP in Scotland. They agreed that a hip surveillance programme for children with CP was both desirable and feasible within Scotland based on the Swedish CPUP model. The Swedish model, established over 20 years ago, provides a standardised system of examinations aimed at early detection. Since introduction hip dislocation rates have fallen in Sweden from 11% to 0.4%.

The incidence of CP is approximately 1.5 per 1000 live births in Scotland. This gives an annual incidence of about 150 new cases of CP per annum in Scotland of which half will have severe CP

and an associated risk of hip displacement. The risk is almost 90% in the most severely affected children; hip dislocation is a significant cause of pain and morbidity. The progressive secondary musculoskeletal complications of CP are common causing loss of function, pain and reducing participation in society.

CPIPS was developed with the aim of providing high quality, timely and equitable standardised follow up for children with cerebral palsy that would identify musculoskeletal problems by regular physical and radiological examinations to enable effective management of these problems in childhood.

A group of paediatric physiotherapist and orthopaedic surgeons worked closely together to develop CPIPS, which is based on the best available evidence, between 2011 and 2013 with its introduction across Scotland in 2013. The physical examination and radiological data is uploaded via NHS computers and stored centrally on a website hosted by the Health Informatics Centre, University of Dundee. The physical and radiological examination values are compared automatically with standardised values and results falling out with the norm highlighted. This assists clinicians in their decision making and may prompt a review of the child's management strategy including potential onward referral for specialist advice.

GMFCS I-III (Traffic Light Scores)

Hip Abduction	<30°	30° - 40°	>40°
Popliteal Angle	>50°	40° - 50°	<40°
Knee Extension	<0°		>0°
Dorsiflexion / Knee flexed	<10° <small>(any value FF)</small>	10° - 20°	>20°
Dorsiflexion / Knee extended	< 0° <small>(any value FF)</small>	0° - 10°	>10°
Internal Rotation	<30°	30° - 40°	>40°
External Rotation	<30°	30° - 40°	>40°
Ely test	<100°	100° -120°	>120°
Hip Extension	<10° <small>(any value FF)</small>		>10°

GMFCS IV-V (Traffic Light Scores)

Hip Abduction	< 20°	20° - 30°	>30°
Popliteal Angle	> 60°	40° - 60°	<40°
Knee Extension	> 10° <small>fixed flex</small>	0° - 10° <small>fixed flex</small>	180° / 0°
Dorsiflexion / Knee flexed	< 0° <small>(+1PF)</small>	0° - 10° <small>(ODF-10DF)</small>	>10° <small>(+10DF)</small>
Dorsiflexion / knee extended	< -10° <small>(+10PF)</small>	-10° - 0° <small>(10PF-0DF)</small>	>0° <small>(+0DF)</small>
Internal Rotation	< 30°	30° - 40°	>40°
External Rotation	< 30°	30° - 40°	>40°
Ely test	< 90°	90° - 110°	>110°
Hip Extension	< -10° <small>(+10FFD)</small>	-10° - 0° <small>(10FFD-0)</small>	>0°

To ensure a consistent approach to the physical examination of the spine and lower limbs of children with CP by paediatric physiotherapists across the whole of Scotland an education programme was embarked on based on the 'Train the Trainer' model. This enabled training of other physiotherapists locally and sustainably. The training was supported by a handbook and



DVD which was produced with the assistance of the Association of Paediatric Physiotherapists Scotland.

As of April 2016, 1663 children have been registered on the system, 3654 assessments have been completed and 2094 pelvis x-rays taken and the hip migration percentage reported. There are 336 registered users including Physiotherapists, Orthopaedic Consultants, Paediatricians, Orthotists and Bioengineers. As more data accumulates CPIPS will offer the added benefit of providing prospective information on treatment, care and outcomes that can be used to develop further healthcare guidelines. It will enable clinicians to predict risk for individuals and focus interventions more effectively.

Future benefits of the Patient Management System

The PMS has been operational for two years and inevitably prospective data is limited. However, continuation of the CPIPS PMS will provide a detailed record of management collected prospectively throughout childhood.

In the future this data will provide:

- Data on current and future provisions for children with CP
- Clinical and radiological databases for research into optimal non-operative and surgical management of children with CP
- Information on children with CP transitioning to adult services
- An evaluation and outcome tool for the proposed Selective Dorsal Rhizotomy services in Scotland
- Further development of the PMS to include the upper limb
- The potential to continue the PMS beyond childhood
- The potential to communicate with other databases based on the CHI number
- An existing evidence based system available for the rest of the UK
- A contribution to international data on children with CP in countries using the Swedish CPUP system (Sweden, Norway, Denmark and Iceland)

The CPIPS Executive Committee, on behalf of CPIPS

Laura Wiggins, Physiotherapist, Glasgow

Lesley Harper, Physiotherapist, Edinburgh

Heather Read, Children's Orthopaedic Surgeon, Glasgow

Mark Gaston, Children's Orthopaedic Surgeon, Edinburgh

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CPIPS to CPIP UK

The results of the first meeting of the CPIP UK group held on Friday the 4th of March and the additional work completed since are summarised by

Katie Kinch

Clinical Specialist Paediatric Physiotherapist

Queen Margaret Hospital

Katie chaired the first formal CPIPUK meeting alongside Susie Turner and Anita Patel from the APCP Neuro-disability group.

The meeting was planned following the initial networking meeting in Sheffield 2015, at which the Scottish team discussed how they had developed CPIPS as discussed above and they then facilitated the development of the CPIP UK by encouraging group discussions with professionals from each region. By the end of the day key representatives from each region had been identified to take CPIP forward in their region. After further e mail correspondence the London meeting was set up.

Following the meeting on the 4th March in London, there is now a National Network for Establishing CPIP UK with representation from all the APCP regions. The purpose of the network is to share information, support each other and establish links between regions

The Regions have agreed to work towards establishing Steering groups in each areas to implement CPIP UK.

West Midlands has secured funding and are willing to share their paperwork/proposal to help other regions

Other regions are working on proposals for funding of database.

Most regions have completed scoping exercises to look at the total population, number of tertiary centres, district general hospital and community bases for therapists. They have also looked at numbers of Paediatricians, Orthopaedic Consultants and Physiotherapists in each region.

Most regions have identified key persons to help move project forward – including physiotherapists, paediatricians and orthopaedic consultants (please see the APCP website for details of your local representative)

The Orthopaedic Surgeons (feeding back to BSCOS) and Paediatricians (feeding back to BACD) on the Network and working within the regions. Opportunities have been identified to raise the profile of CPIP within their groups:

- BACD meetings-Liz Gray is APCP representative and has spoken to them about CPIP
- It has been agreed that the Review of NICE Spasticity Guidelines in 2017 will give us the opportunities to embed CPIP in the new guidelines. This will positively impact of CPIP is viewed and possibly help future funding/implementation
- The BSCOS meeting March 2017 is in Glasgow and will be another opportunity to raise awareness

A format for training was agreed nationally to ensure quality and standardisation. The APCP has agreed to design, undertake and roll out 'Train the Trainer' sessions which are to be held in London and Liverpool in June and July 2016. Members of the Network will be the first to attend with the intention that participants will be provided with tools to go back to their own regions and begin to cascade training. All training will be as a standard package to ensure consistency across all regions.

It was clarified that meeting in September 2015 in Sheffield was an event rather than a training session. People who attended and/or received training based on this would need to repeat training to ensure consistent level of quality.

It was agreed that the network committee would meet again in September 2016 and choose a Chairperson and Secretary. Fiona (APCP Administrator) will also work with us to get more information available on the APCP web-site.

So, in summary, from the first CPIP event in the UK in September 2015 and the CPIP UK network meeting in March we now have

- CPIP UK National Network with representation from all major stakeholders
- A plan for national training to ensure consistency and quality
- Representation from all APCP regions
- Plan for dissemination information more widely on APCP web-site

West Midlands CPIP update

Michelle Baylis

Professional Clinical Lead Paediatric Physiotherapist

Birmingham Community Healthcare NHS Foundation Trust

West Midlands APCP Chair, CPIP Representative and APCP National Committee Member

Following the initial meeting in Sheffield 2015 a regional meeting was quite quickly held to share the plan for the region. We had a large turn-out of Paediatric Physiotherapists, Paediatricians and representatives from the Orthopaedic service. The therapists took home the message of standardising our assessments and using this information when sharing reports and assessment findings with Paediatricians and Orthopaedic surgeons. With the long term aim to source funding for the West Midlands Patient Management System (PMS). Each team used the CPIPS DVD and began their own training, which happened in most physiotherapy departments.

Along side the WMCIPIP committee Steve Cook is a member of a group of Orthopaedic surgeons who make up the West midlands Cerebral Palsy spasticity network (CPWMSN), they

meet a couple of times a year and put on a regional multidisciplinary study day around the management of CP and spasticity. The event is supported by partners in Paediatrics (PIP <http://www.partnersinpaediatrics.org/>) with sponsorship from Ipsen. The WMCPSPN event in 2015 was attended by many of the therapists and doctors on the WMCPIP committee so this became our next official meeting point, with WMCPIP put on the agenda for the day. It began a discussion across disciplines on how to take this forward to gain funding for our own regional PMS. A wide range of ideas were discussed, from research funding to sponsorship. With a lot of contacts present in the room we felt confident that it would not be a problem to raise such a small amount of money. It is only £6000 to set it up the PMS and £3000 per year afterwards to maintain it!

A further evening committee meeting took place in January and we shared how training was progressing. It was this evening where Dr Doug Simkiss, a Paediatrician and clinical director for Children and families BCHC NHS FT, mentioned that that he knew someone who might know something about funding such a Multi-Disciplinary project in the region.

Steve Cook took this information and ran with it submitting a paper with the support of Mark Gaston from CPIPS to the West midlands strategic network (NHS England). To our surprise around one week after submission, we found out that he had successfully gained the funding through the NHS England regional fund to support the project for the first 3 years. At this point Steve decided we needed a logo!

Local Physiotherapist Julian Brown has designed the WMCPIP logo which will give a distinct look to all our paperwork.

At this point the APCP was now in the throes of designing the CPIP Train the trainer concept and had recently advertised their London and Liverpool events. Not many Physiotherapists from the West midlands region could attend these events, making us feel a little left out. We had the funding and were ready to start, but needed the formal training. Steve and Michelle Baylis approached Liz Gray (chair of APCP) to help with this. After some persuasion she agreed to use some of her valuable time to put on an extra CPIP Train the Trainer Day for the West Midlands region. This enabled the region to get up and running with the job of inputting data to the new PMS. The training was organised for 20 candidates to attend with the help of Michelle Baylis and the APCP PPIMS chair Jane Sellar providing a venue. Representatives from each area in our region attended for the training on Monday 20th June (straight after WMAPCP finished hosting the 3 day APCP ITPP course on the 16-18th June!) By the time you are reading this it is hoped that the training will have been cascaded to many of the WM physiotherapy staff.

The most exciting news from all of this however is that Steve Cook did not just stop there on his search for funding. He met with the improving care team from NHS England and was successful in presenting a scheme on a page. NHS England have agreed with Steve to support a group to write a business case for funding of a CPIP England project.

This means as Steve has said "Its very early days but we have made it over their first hurdle but it seems there are 2 or 3 more to go and quite a lot of work that needs to be done to jump them. NHS England has made it clear that there are absolutely no promises at this stage but it is encouraging that they have taken an interest and are offering their support."

Steve has now formed a small UK wide team of clinicians to work with the NHS England representatives; the team consists of physiotherapists, Paediatricians and Orthopaedic doctors from a wide variety of areas in the UK. Mark Gaston has also offered his help as he and the Scottish CPIPS team have been doing this already for the last 3 years. Our first teleconference meeting is now booked for 18th July 2016.

WM emphasise that this piece of work should not stop any other region in continuing to source their own start-up funding for regional CPIP PMS's. There are still no guarantees and even in the West Midlands we are trying to think about what to when our 3 year WMCPIP start-up funding comes to an end.

I feel very privileged and extremely excited to be part of this project there is still a long way to go but it is quite amazing as to how far we have all come already.

Summary

As a CIP UK committee member I am very excited about this project and looking forward to its continued development across the UK

By the time the newsletter is published the train the trainer events will be well underway and hopefully training will be cascaded far and wide. The APCP Newsletter and website will continue to update you on the progress of the CIP project and its developments as further training events take place. Please check the APCP website for your local CIP representative who can advise you on how the project is developing in your area.

Sarah Dewhurst

APCP Newsletter Editor

Introduction

To celebrate that the Newsletter is released the same week as the Paralympics takes place in Rio I felt it was a great opportunity to ask some different paralympic/accessible sports to tell us how the children and young people we work with could become athletes.

The APCP is also working in partnership with EFDS, CP Sport and Wheelpower to promote adapted/accessible sport, to support APCP members to encourage children and young people to be active for life. The joint newsletter is a great resource to find out about activities that the young people we work with might be interested in. Please sign up to the regular joint Newsletter at:

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

SSOTP Paediatric Physiotherapists join forces with local leisure services to form the Phyzzie Fit / Phyzzie Fun Groups.

In 2014, the paediatric physiotherapy team in Staffordshire and Stoke on Trent Partnership Trust (SSOTP) identified issues around low compliance and poor outcomes for physiotherapy input with teenage school children in a local special school. These young adults were being transferred to adult services with a lack of skills necessary to remain active for life!

With the support of school staff at Hednesford Valley High School, Sarah Castledine-Pearce, Paediatric Physiotherapy Technician, set up a weekly age appropriate group exercise session called Phyzzie Group. This focused on core stability, global strengthening and stamina. It was soon evident that regular attendance at the group improved compliance, engagement and physiotherapy outcomes for these young people.

However, as fitness levels improved it was apparent that there was a need for these young adults to enter a gym environment. From experience, the physiotherapy team were aware that these young people would never reach this level of confidence on their own. At this point Jennifer Rogers, Angela Disbury (Paediatric Physiotherapists) and Sarah began working on the 'Gym project'. They consulted with the paediatric physiotherapy team in Hull who run a similar Gym service. The Staffordshire team then worked in conjunction with local leisure services, run by Wigan Leisure Community Trust and Stafford Borough Council. In addition to the support from SSOTP and the leisure services, funding was also granted by Sportivate and the England Federation of Disability Sport.

The team have now secured this partnership working for three years and as a result 30 young adults have had the opportunity for 6 physiotherapy supported sessions in the gym. Followed by 2 months free membership to the facilities on completion of the treatment sessions. The team hope to secure long term funding and see this run nationally.



For the first week all the participants need a lot more support and input due to reduced confidence in a mainstream setting. Then, depending on each individual's needs, week by week the therapy team reduce how much directed input takes place with the young adults, thereby enabling them to learn the skills for independent gym use. By week six most the participants were able to exercise independently or knew how to ask leisure staff for support. However some young adults still required carer supervision and we invited and prepared the carer to join the team in the gym. This was important as once the sessions had been completed, Physiotherapy staff were no longer present.

Feedback received from participant / carer questionnaires included:

- Young people expressing that they are now comfortable in the gym environment
- Young people continuing to access the gym successfully and in addition joining up for other activities such as swimming and cycling
- Families reported increased use of physical activities which would previously not have been attempted



“We are so pleased our son was included it has made a huge difference to his wellbeing. The whole experience was positive from the beginning and has impacted his future. We are so happy with the change this has brought to our son’s life thank you so much.”

A major unexpected impact has been to the wider family of the participants. The ability to access mainstream services and the growth in confidence has encouraged the families to participate in an active healthy lifestyle, with many of them becoming members of the gym. They have gone from being non-active families to making significant changes in terms of their health, wellbeing and fitness. From a paediatric physiotherapy perspective the positive results (including improved muscle strength, muscle length and stamina, plus social interaction and building friendships) have allowed successful discharges or helped aid a smooth transition from child to adult services. This service was highlighted in the recent SSOTP's Care Quality Commissioner's (CQC) report as an example of innovative practice and good transition into adult services (2016).

The project has also been recognised for its success and the impact it has had on the whole community not just the paediatric physiotherapy caseload. The staff involved were awarded SSOTP Celebration of Excellence for working in partnership and were runners up for Community Project of the year 2015 by Sports Across Staffordshire and Stoke On Trent (SASSOT). We have also been featured in EFDS blog and discussed as best practice in 2015 at the Cerebral Palsy Sport Day. The EFDS blog can be accessed on:

www.efds.co.uk/news/4688_blog_our_young_adults_are_able_to_socialise_while_having_fun_and_getting_fit

Due to the success of this work, the project has now been extended for younger cohorts who are not old enough to access the gym, and is called 'phyzzie fun'. These are again children on the physiotherapy caseload who are given the opportunity to join in with physio lead fitness/exercise sessions in the leisure centre to enable earlier access to mainstream services with confidence.

This prepares for independent attendance which may include attending Phyzzie Fit sessions or other groups run by leisure centre staff.

The team are keen to see this run nationally as it gives outstanding results and major impact on the young adults and families lives. It is also an effective way of partnership working to help support public health strategies including obesity, activity for life and general health promotion.

For any further information please do not hesitate to contact a member of the Phyzzie Fit team on: 01902847676 or email on Jennifer.rogers@ssotp.nhs.uk, Sarah.castledine-pearce@ssotp.nhs.uk, Sara.orr@ssotp.nhs.uk or Angela.disbury@ssotp.nhs.uk.



Table tennis - a sport for all

Sport can change lives and nowhere is this illustrated more powerfully than during a Paralympic Games. As one of the 22 sports that will feature in this year's Paralympic Games in Rio table tennis is one of the most inclusive sports for people with a disability.

Impairment and Classification

Within disability table tennis there is a large volume of participants with varying levels of disability and impairments. These range from tetraplegics and multiple limb amputees through to more minor impairments such as short stature or single limb amputees. There is not just a large variance in severity but also in nature of disability - for example, neurological impairments such as CP, orthopaedic impairments such as limb deficiency or spinal cord injuries, genetic impairments such as Ehlers Danlos Syndrome and much rarer conditions such as Poland's Syndrome or multiple epiphyseal dysplasia.

In order to achieve as level a playing field as possible for competition, players are classified depending upon their disability, impairment and function. Within disability table tennis there are 11 classifications: 1-5 for those competing in wheelchairs, 6-10 for those who play standing and 11 for standing athletes with an intellectual disability.

Players in the same class may have completely different disabilities but will be impaired to a similar level when it comes to their ability to play table tennis.

The GB Para Table Tennis Team Pathway Programme

After winning four medals in the London 2012 Paralympic Games the GB Para Table Tennis Team was awarded funding to identify and develop talented young table tennis athletes to compete and take medals at future Paralympic Games. The Pathway programme was launched in April 2013 and works closely with the Home Nations to support the athletes as they work towards selection to represent GB at major international competitions.

The Pathway has numerous levels to the programme including Performance, Pathway, Development and Home Nation Programmes. Since the programme began two players have moved up from Pathway to Performance and there are four players that are ranked in the world's top 30 of their respective classes all challenging to become the next performance athlete.

Below are three examples of young members of the GB squad who are working towards selection for Tokyo in 2020:

Megan Shackleton - Class 4

Seventeen year old Megan acquired a spinal cord injury following an accident when just 12 years old. Her lesion is complete at T11-12 making her a paraplegic and full time wheelchair user. The level of her lesion means she has good upper body and abdominal function but no pelvic or lower limb function. Her disability limits her ability to balance and produce strength in reaching and returning a wide ball.



Megan first got into table tennis five years ago when she attended a County Athlete Assessment Day in West Yorkshire run in partnership with the County Sports Partnership and the National Governing Bodies.

After her accident Megan, a former swimmer, also tried wheelchair basketball and returned to the swimming pool, winning a number of medals at national level, but then fell in love with table tennis. "I've always liked racket sports," she explains, "and I like table tennis because it is more about your ability."

Megan's talent was first spotted by the Table Tennis England Regional Disability Officer who supported her in finding a local club. In 2013, Megan became a GB Pathway athlete and her rate of development was so impressive that she became a Performance athlete at the end of 2014.

Megan's weekly training schedule includes 16 hours of practise at the table plus four hours of strength and conditioning. The physiotherapist and strength and conditioning coach work together to create Megan's programme which involves upper body and abdominal strength work, core stability using gym balls and Thera-Bands, plus CV fitness using a hand-bike and track based sessions.

Martin Perry - Class 6.

Martin, 22, has multiple limb deficiencies. He has one through knee amputation plus two upper limb deficiencies finishing just distal to both elbows. His condition is congenital.

In day-to-day life, Martin is fully independent. He has a lower limb orthosis allowing him to mobilise independently, which he changes for a bespoke orthotic to play table tennis. The bespoke version is shorter than his day-to-day one and allows higher absorption. The changes in the bespoke orthotic create a lower base of support enabling Martin better stability and better power to manoeuvre around the table, therefore improving his performance. Martin also requires an upper limb orthotic on the right side which has a bat attached to it. Over time Martin has improved his proprioception so much that he knows exactly where his bat is in space in relation to his stump and can hit a ball with his bat / orthotic combination at a rapid rate.



Martin's first love was football and after primary school he started playing for the basketball team and the rugby team and also played badminton and hockey. In 2012 he watched the Paralympics where he discovered table tennis and was instantly sold. At 16, he attended a Scottish Disability Sport Summer Camp where he was first introduced to the game and recalls: "I fell in love with table tennis that first day even though I could barely hit a ball."

Within 12 months he was part of the GB Pathway programme and he moved to Sheffield in September 2015 to access full time training with the GB squad. Martin's weekly programme consists of 12 hours practise at the table plus several hours in the gym working on dynamic lower limb movement and power.

Billy Shilton - Class 8



Billy, 17, has a congenital genetic condition known as Charcot Marie Tooth, which impairs his sensory and motor function. Billy is a standing player and fully independent. His condition affects his gait pattern, co-ordination, general muscle strength and proprioception.

Billy first picked up a bat after he went to watch his father play a local league match in the Gloucester League.

"I used to play football before the problems with my legs got worse and I couldn't play anymore," he recalls. "I find it difficult to move around and in terms of table tennis it affects my speed around the table, movement and power but I loved table tennis from day one. It is fast and exciting and you really have to concentrate."

After playing the local league Billy was spotted by the GB squad at the UK School Games in 2012 and invited to attend a development camp from which he progressed to the Pathway Squad. He moved to Sheffield in July 2015 to train full time with the GB Performance Squad and is also studying for a level 2 BTEC diploma in sport at Hillsborough College.

The speed of the game proves to be a challenge for Billy and others with similar conditions and they struggle to achieve a good stable base of support in which to initiate power to a) move into positions around the table and b) return the ball with power and accuracy. Fatigue and compensation also play a factor within Billy's training schedule and have to be monitored appropriately. His programme involves 16 hours of table practise plus four hours in the gym. His gym programme revolves around working on stability and movement control.

For further details about the GB Para Table Tennis Team and information on how to get involved please contact the GB Pathway and Development Coach, Shaun Marples - email: smarples.bttad@gmail.com

Hippotherapy Works!

Louise Barrett, Jenny Collings, Valerie Cooper and Lynne Munro

Physiotherapists and Occupational Therapists who use hippotherapy as a treatment technique are members of CPTRH (Chartered Physiotherapists in Therapeutic Riding and Hippotherapy). Our Professional Network, which has been established for over forty years, offers training in hippotherapy to therapists by a post graduate course recently accredited by Robert Gordon University in Aberdeen.

N.B: for ease of reading, in this article the word therapist will be used to represent both Physiotherapist and Occupational Therapist.

What is hippotherapy?

Hippotherapy is a dynamic treatment approach in which a trained horse works in partnership with

the qualified therapist and team to help a patient gain or relearn functional movement skills. Hippotherapy can take place both indoors or outdoors depending on the facilities available.



Who can benefit from hippotherapy?

Children, young people and adults can all potentially benefit from hippotherapy providing certain criteria are met. There are some medical contraindications and precautions which have to be considered that could mean that hippotherapy would not be the treatment of choice. Frequently referred children who may benefit from hippotherapy are those for example with a diagnosis of cerebral palsy, developmental delay, Down syndrome, genetic conditions, dyspraxia, head injury and musculo-skeletal conditions.

An initial unmounted assessment and discussion with the patient, parents and carers indicates whether hippotherapy may be of benefit.



How does hippotherapy work?

As the horse walks forward there is a regular, rhythmical, repeatable sequence of movements which are similar to that observed in the human walking pattern. The pelvis of the horse is at 90 degrees to the human pelvis when a patient is sitting astride facing forwards. As the horse walks forward, the patient is passively moved and an adaptive balance response is recruited. The patient experiences flexion, extension and rotation in a 3 dimensional movement pattern. The shape of the horse where the patient is seated encourages hip abduction. The warmth of the horse promotes muscle relaxation and lengthening of the hip adductor muscles.

What are the benefits from hippotherapy?

Hippotherapy can help patients in different ways depending on the area of difficulty and what the patient, parents and carers feel they would like to change or improve. These realistic, potentially achievable aims are established at the initial assessment.

For example from recent peer reviewed literature in academic journals research indicates that there are reported benefits for children with cerebral palsy to gross motor function (Kwon, Chang et al 2015) and postural control (Park, Rha et al 2014). Parents report many benefits including increased communication and confidence, willingness to try new activities and access and participation in a potentially long term recreational and sporting activity.

Parent testimonials in support of hippotherapy

"We feel there are HUGE BENEFITS – physical, mental, and social. He is much stronger. [Both] his core and his neck strength control have improved significantly. He also responds to the 'discipline' and it gives more reason to do his other exercises at home. He loves coming and talking about it with his friends.... It's given us encouragement about how to be with his condition. It's wonderful to see improvement at a point when everything seemed unlikely and a struggle."

"My son has shown a great increase in balance and stability and he is a lot more expressive using his signing to interact with his physiotherapist and has greater understanding of tasks asked of him"

"A gets a regular workout for her core muscles which improves both her balance and posture. This really does have a positive effect on almost everything she does in day to day life."

Who can offer hippotherapy as a treatment?

In the United Kingdom, therapists who have completed the CPTRH (previously ACPTR)

hippotherapy course and who are registered with the health & care professions council (HCPC) and who have appropriate professional insurance are able to offer hippotherapy as a treatment. Worldwide, there are differences in the terminology used in different countries and organisations and so anyone interested is advised to carefully check what is being offered.

How much does hippotherapy cost?

Except for a very few places in the UK, hippotherapy is not financed by the NHS and so patients should expect to pay for a treatment session. As with any private treatment the cost can vary and so patients are advised to contact their local hippotherapy provider for cost, terms and conditions.

What is the difference between hippotherapy and therapeutic riding?

There is a lot of difference between hippotherapy and therapeutic riding. Hippotherapy is a treatment delivered by a trained professional therapist specialising in this treatment technique. Therapeutic riding is delivered by a suitably qualified therapeutic riding coach who trains riders with disabilities to learn riding skills for sport, leisure and recreation. In the UK, therapeutic riding is mostly provided by the Riding for the Disabled Association.



Do safety helmets have to be worn by patients during hippotherapy?

The use of a safety helmet is decided by the therapist in discussion with the patient, parent and carer. If it is decided that a safety helmet would not be helpful then a consent form is completed and the reason discussed. Reasons for not wearing a safety helmet could be that the patient has developing head control where the additional weight of a helmet would not be helpful.

During backriding, which is a hippotherapy treatment technique where the therapist sits on the horse behind the patient to give support and facilitation, a safety helmet is worn by the therapist and not by the patient.



How can working in different positions be beneficial to patients?

Different hippotherapy positions such as sitting backwards or sitting sideways can help children develop their motor planning and problem solving ability. Trunk extension and weight bearing on extended arms for example can be facilitated by sitting facing the tail with hands on the hindquarters of the horse. Some children can be encouraged to try supported developmental positions such as four point kneeling, high kneeling and standing.



Can a mechanical horse be used for hippotherapy treatment?

A mechanical horse can be a useful way to treat patients who may be unable to access hippotherapy on a real horse for a variety of reasons.

At the 2015 Horse in Education and Therapy International (HETI) conference in Taiwan, Lynne Munro presented the single case study "An equine simulator and a real horse: complementary approaches in hippotherapy"; a single case study outlining the progress of a young child with severe and complex motor sensory

issues by initially using an equine simulator and then moving on to real horse as balance and motor skills improved.



Case Study (with parental permission) Jenny Collings

This case study of an eight year old girl, who at age 4 was unable to sit unsupported, shows how effective hippotherapy can be. Microphthalmia, hypermobile joints, weak core muscles and ataxic lower limbs were the reason for her referral for hippotherapy.

During a two year period of weekly treatment sessions various activities were carried out. The child sat on a pad without stirrups on a pony specifically chosen for its smooth pace at walk, with a leader and two side walkers. Initially, with the child facing forward, the pony carried out transitions from halt to walk and walk to halt directed by the physiotherapist qualified in hippotherapy. This stimulated the child's core muscles to maintain an upright posture. Progress was made by changing the pony's direction of motion and by reaching games into forward and backward, rotation or lateral space.

Similar activities in side sitting to both sides and backward facing continued until the core muscles were strengthened enough for the child to stand unsupported for 3 minutes.

Kneeling up on the pony's back during walk transitions and changes of direction aimed to strengthen hip and knee control as well as improve joint proprioception. Further knee and hip work continues on a pad, but also using a saddle. Progression has been made into a Riding Therapy group under hippotherapy direction. This enhances her social involvement, but she is also learning to stand in the stirrups and to trot, further strengthening her legs.

As she is blind and is beginning to use a white searching stick, she does require a guiding hand. After two years of weekly term time treatment the child can now walk holding on with one hand with minimal support.

How to find out more information

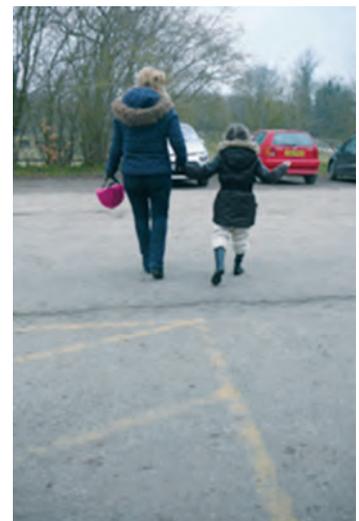
If you are a physiotherapist or occupational therapist and would like to find out more about the hippotherapy training course please contact Valerie Cooper, the Hippotherapy course coordinator by emailing valerieccooper@btinternet.com

To post an enquiry to the Executive Committee please visit the CPTRH website on www.acptr.csp.org.uk click Contact Us and leave your message. The most appropriate person will reply as soon as possible.

References

Kwon, J., Chang H., Lee J.Y., HA, Y., Lee, P.K. and Kim, Y., 2011. Effects of hippotherapy on gait parameters in children with bilateral spastic cerebral palsy. *Archives of Physical Medicine and Rehabilitation*, **92**(5), pp.774-779.

Park, E.S., RHA, D., Shin, J.S and Jung, S., 2014. Effects of hippotherapy Gross Motor Function and Functional Performance of Children with Cerebral Palsy. *Yonsei medical journal*, **55**(6), pp.1736-1742.



RYA Sailability

There are nearly 12 million disabled people in the UK, and sailing offers the unique opportunity for all of these people to participate on a level playing field.

RYA Sailability is the leading RYA Programme for disabled sailing. Through Sailability, over 58,000 people with a disability have been able to experience sailing, with 17,000 now participating on a regular basis.



RYA Sailability was established to encourage and support people with disabilities to take up sailing and other boating activities and integrate them into the boating community.

Debbie Blachford, RYA Sailability Manager, said; "Sailing is a very inclusive and diverse sport. There is no reason anyone shouldn't be able to get afloat and have a go. All of our Sailability sites are run by experienced, skilled and enthusiastic volunteers offering a variety of flexible and enjoyable sessions on specially adapted boats."

There are many ways of starting sailing, regardless of disability, and with over 200 Sailability sites across the UK there are many options for anyone wanting to start sailing.

One of these sites, Wealden Sailability, based in Sevenoaks, Kent, was recently awarded the Queens Award for Volunteering.

Initially formed in 2008 as Bough Beech Sailability, the group moved to its current location at Chipstead Sailing Club in 2011.

Recent years have seen impressive expansion in the number of people sailing at the club, going from around six regular participants to having up to 30 at any one session in recent years.

The group, supported by around 70 regular volunteers, run sessions twice a week on Tuesday and Thursday evenings from April through to October. The group has grown rapidly in recent years from around 328 participants to more than 1,300 this year.

Wealden Sailability Trustee and volunteer John King believes the group is thriving because of the spirit of fun and enjoyment that runs through every session.

"When we were presented with the Queen's Award, the father of one of our regular sailors said that the best thing about us was that each session is fun, and we pride ourselves on that.

"If someone wants to come and sail with us for the whole day or just an hour or two, they are welcome to.

"We have a whole range of people. We have 60-70 year old stroke victims racing alongside seven or year olds who are on the Autism spectrum.

"Since 2008 we've built up a fleet of around 19 specially adapted boats for our clients to use. We have three Laser Stratos keelboats, an RS Venture keelboat, as well as a few Martin 16 boats for the racers.

Emma Dakin, from Lutterworth, Leicestershire, has sailed at Northampton Sailability for the past ten years. Having been blind from birth, Emma believes that sailing offers her something that other sports have been unable to.

“I’d done sailing at school very independently and I really enjoyed it. But then I had my family and didn’t have the time for it. Once my youngest started school I had a bit more time to do some hobbies again. I was having a tough time and had tried various sports, but none of them gave me a lot of joy until I took up sailing again.



“I gained my Dinghy Level 2 from a mainstream training centre, and after that I joined Northampton Sailability so I could learn in a more encouraging environment.

“The man who ran the course was so lovely and he had great communication skills. When I first started, I asked if he wanted to see my piece of paper, but he said no, you tell me what you can do and I’ll believe you, and that was so refreshing that he had faith in me.”

Emma, 48, believes that the volunteers responsible for running the sessions are vital in ensuring everyone feels included and can progress their sailing as far as they want.

“The volunteers are keen that the people who sail are also involved in the running of the club. There’s real commitment to proper equality that we are all in it together, we are all capable of making good decisions and we are all in it together.

“As the years have gone by, I have been able to get more involved. The club haven’t forced me. If you just want to just turn up and have fun that is fine, if you want to do more you can.

“I’ve been able to gain confidence, and there have been people to take me out and teach me and I’ve done some Spinnaker training.

“There aren’t many disabled organisations I would stick with. A lot of us on the Committee have long-term disabilities. A lot of the volunteers also go and have fun – there’s a not ‘them-and-us’ mentality.”



Emma, who also suffers with depression, believes that her regular involvement with Northampton Sailability has helped her through difficult moments in her life.

“Sailing has really helped me to live with my depression. It’s really helped me cope, given me an outlet. Sailing requires a lot of skills and concentration, and has made life bearable in many ways. It’s also exciting being in a capsizable boat with a spinnaker up. Life can get me down and sometimes it’s really good to have a hobby with people you enjoy being with.”

Whilst with Northampton Sailability, Emma has been able to become an Assistant Instructor, and is keen to continue progressing and help others start in the sport.

"I love taking people out and I want to do more volunteering and push on and help more people learn to sail. Club members have been really supportive of my getting my Instructor qualifications."

The 2017 Sailability National Conference Annual Dinner and Volunteer Awards Ceremony will take place at Wyboston Lakes Executive Centre on Saturday 18 February.

Now in its tenth year, the conference will offer a unique opportunity for site representatives and individuals to exchange experiences, ideas and learn more about Sailability services.

There will be a series of informative and engaging workshops held throughout the day, aimed at supporting and encouraging growth at all 204 Sailability sites across the UK.

Contact sailability@rya.org.uk for more information.

Para-power lifting

Powerlifting is the ultimate test of upper body strength and can sometimes see athletes lift more than three times their own body weight.

It is open to all athletes with cerebral palsy, spinal cord injuries, lower limb amputees and others who meet the minimal disability criteria.

The bench press is the sport's single discipline, with 10 different categories based on body weight. Competitors must lower the bar to the chest, hold it motionless on the chest and then press it upwards to arm's length with locked elbows. Athletes are given three attempts and the winner is the athlete who lifts the highest number of kilograms.

The sport is governed by the IPC and coordinated by the IPC Powerlifting Technical Committee.

IPC classification

To ensure competition is fair and equal, all Paralympic sports have a system in place which ensures that winning is determined by skill, fitness, power, endurance, tactical ability and mental focus, the same factors that account for success in sport for able bodied athletes.

This process is called classification and its purpose is to minimise the impact of impairments on the activity (sport discipline). Having the impairment thus is not sufficient. The impact on the sport must be proved, and each in Paralympic sport, the criteria of grouping athletes by the degree of activity limitation resulting from the impairment are named 'Sport Classes'. Through classification, it is determined which athletes are eligible to compete in a sport and how athletes are grouped together for competition. This, to a certain extent, is similar to grouping athletes by age, gender or weight.

Classification is sport-specific because an impairment affects the ability to perform in different sports to a different extent. As a consequence, an athlete may meet the criteria in one sport, but may not meet the criteria in another sport.

Powerlifting is open for athletes with all eight eligible physical impairments listed in the introduction, if these impairments have a certain severity that impacts on sport performance. All athletes have an impairment in their lower limbs or hips, which would prohibit them to compete in able-bodied weightlifting. For example, athletes with a single or double amputation through or above the ankle or stiffness of the knee joint would be eligible to compete. All eligible athletes compete in one sport class, but in different weight categories just like their able-bodied counterparts in weightlifting.

Athletes must be at least 14 years of age and have the ability to fully extend the arms with no more than a 20 degree loss of full extension on either elbow when making an approved lift.

What the sport offers

Participation in disability powerlifting offers you many physical and mental health benefits in addition to potentially representing Great Britain at the Paralympic Games. Whilst the majority of training is based on strength enhancement, participation in the sport provides many other benefits such as increased muscular flexibility, postural alignment, muscle balance and tone. These are all important characteristics which form part of a healthy lifestyle, and help enhance daily locomotion irrespective of your disability.

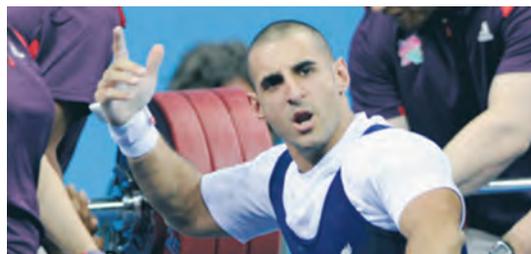
Great Britain para-powerlifters

Ali Jawad

Age: 25

IPC Personal Best: 194kg (World Record) in the men's 59kg class

Disability: congenital lower limb loss



Career high: Gold medal and world record in the 59kg class at the 2014 IPC World Championships

Coach: Tom Whittaker and BWL squad coaches

Ali is originally from Tottenham, London and is now based in Leeds. Alongside training fulltime, Ali is also studying to complete his degree in Sport and Exercise Science at Leeds Metropolitan University.

Ali began competing in IPC Powerlifting in 2006 at the age of 16, two years later he competed at the Paralympic Games in Beijing placing 9th.

Four years later Ali represented Great Britain at his second Paralympic Games in London, finishing 4th and narrowly missing out on a medal in the men's 59kg class.

The next challenge for Ali is to qualify for his third Paralympic Games in Rio, 2016 where he is aiming to win a medal. Alongside his life as a world record holding IPC Powerlifting World Champion, Ali is an ambassador for Crohn's and Colitis UK. He appears as a guest speaker and is an outstanding role model for all people who suffer from the condition.

Natalie Blake

Age: 31

IPC Personal Best: 101kg in the women's 55kg class

Disability: Spina Bifida



Career high: The Sydney Paralympic Games in 2000. The first time women competed in IPC Powerlifting at a Paralympic Games. Natalie was also the youngest member of the British team.

Coach: Keith Blake and BWL squad coaches

Natalie Blake is one the most experienced IPC Powerlifters in Britain, having competed at four Paralympic Games: Sydney 2000, Athens 2004, Beijing 2008, and London 2012. Starting out as

a prolific wheelchair racer, at age 14 Natalie was invited to try powerlifting as part of a disability sports week. With no formal powerlifting training Natalie broke the British record and was invited to join the Great Britain squad and has never looked back.

Coached by her father, Keith, in Newark, Natalie won a silver medal at the 2013 IPC European Championships in Russia, following this she joined the British Weightlifting world class programme in April 2014.

The next challenge for Natalie is to improve on her 4th place finish at the 2014 IPC World Championships in Dubai by qualifying for her fifth Paralympic Games at Rio 2016, where she will hope to challenge for a medal.

Further information

IPC Powerlifting- paralympic.org/powerlifting

Parasport- parasport.org.uk

British Paralympic Association- paralympics.org.uk

EAST ANGLIA

Hello from the East Anglia Region. We have had a busy start to the year with several new members joining our, now rather large, team. We would like to welcome both Georgina Ashdown from Bedford and Georgina Embleton from Luton to the team and are very pleased to welcome Cat McMaster back from maternity leave. We are also saying goodbye to Bobby Wakely as she leaves us for a year to go on maternity leave and would like to wish her all the best.

We ran a successful Outcome Measures Course and AGM on 26th May 2016 and hope to include a review of the course in the next newsletter. If anyone who attended the course would like to be involved with writing something please get in touch on the email below.

We are currently planning a training day later in the year on strengthening training for cerebral palsy and other conditions, please check East Anglia APCP website for more details nearer the time. We are also hoping to hold some CPIPs train the trainer events for those unable to attend the London and Liverpool dates.

Harriet Hewitt
East Anglia Regional Rep
eastanglia@apcp.org.uk

LONDON

Time is escaping us as the year is flying by, but we have managed to meet to plan most of our 2016 lecture series, which we are all really excited about. We hope for those of you who have attended our lectures so far, that you have enjoyed the variety of topics we have delivered at the beginning of the year. We feel it has been a mixture with some of our frequent speakers, who always deliver a high quality lecture with a lot of interest, and some new topics with some new speakers. I personally feel that I have missed a trick by not working more in oncology as Abu Sidhane further raised my awareness of a physiotherapist role, and sparked an interest to explore further! Michelle Lee delivered an excellent evening on Dyspraxia/ Developmental Co-ordination Disorder in April, which was very well received, and practical in its approach.

We have had some great ideas from your feedback, and we have really tried to plan lectures for the rest of the year, which are what London APCP members want. These topics will include another lecture from Marion Main in June which we hope will be as practical as the last one in which she demonstrated some casting!

I am pleased to report that we are working alongside the APCP new PPIPs specialist interest group's chair Chris Smith to deliver a SDR update evening, as previously discussed in the last newsletter. We have secured a date for 20th July and we hope that this will be a community perspective, with case studies focusing on the longer-term rehabilitation for these children who have undergone SDR. Chris has had exposure to huge numbers within his practice and so we welcome hearing from this experience. We welcome people to come and be really interactive within this session; we would love to get people talking about their cases in an open, interactive and supportive way.

And finally with APCP Conference 2016 not so far away we are pleased to announce that once again we are offering sponsored places! Details of how to apply will come via email and the website so keep your eye out! Representatives are expected to write a review for this newsletter, and pay for travel expenses but we will be offering a 2-day delegate pass, single occupancy room at the venue for the Friday night and conference dinner ticket. It's great the conference is close to London and I never need an excuse to go to beautiful Brighton! We are hoping London region members will be highly represented, including a number of the London Committee. Hope to see you there!!

Natalie Drane
London Regional Rep
london@apcp.org.uk

NORTH EAST

Hello from the north east, all is busy here with committee members meeting to plan out the next few courses. If anyone from within the region has any ideas of speakers or types of courses you would like to see within the region please get in touch! We also still have one place

available on the committee, if you are interested in finding out how to join and the benefits of being on the committee please contact myself.

The north east region's Spring course went down brilliantly during half term. We were pleased to have Jane Field back to the region to deliver another fantastic day course on hydrotherapy for children with complex needs. Not only was the course fully booked but other APCP members from outside the north east attended the course, we are pleased to see hydrotherapy is still popular and is being delivered by physiotherapists throughout different regions... Thanks to Jane again!

The north east committee are also happy to announce our first twilight networking evening, to be held at Chester le street hospital on the 14th of July. We hope this will be a chance for paediatric physiotherapists from within the region to share best practice and ideas in an informal setting. As part of the session, several short presentations are planned by local therapists on recent projects that they have been completing within the region. Hopefully by the time you are reading this members will have attended and found the evening useful.

We hope you enjoyed your Summer !

Amy Black
North East Rep
northeast@apcp.org.uk

NORTH WEST

The north west committee has run one twilight session since the last report "A series of Case Studies" on 29th February. It appeared to be well received despite an unfortunate last minute change of venue; we were only given one weeks' notice that our proposed venue was unable to accommodate us. Thank you to all who still attended and apologies to any that were unable to, due to the change. Also apologies for any issues regarding the venue, we hope these will be resolved for our next twilight session.

The session consisted of interactive sessions with local delegates talking of first hand experiences of working within their services. It appears to have been a beneficial to course participants. It was reported as "Inspirational –a reminder of what a small service is capable of without any expensive equipment"; "I particularly enjoyed chatting to other physios there – the

APCP twilight evenings are always so good for networking"

June 22nd 2016 - is our next Twilight session /AGM.

The topic "To Stretch or Not to Stretch ...the debate continues" a series of talks, discussions and interactive sessions facilitated by Sian Boffey and Noleen Goulborne.

Please keep an eye on the APCP website for further course information.

Julie Johnson
North West Rep
northwest@apcp.com

NORTHERN IRELAND

In February this year NI APCP hosted an evening presentation 'Tiny Gym' by Emma Cameron, paediatric physiotherapist. Emma has worked in neonatal care in various posts and now manages paediatric physiotherapy with the Northern Trust. She described a group project for parents and their babies with a history of VLBW. The programme included work to improve motor outcomes and parental expectations. This involved musical activities in lying and sitting. Emma concluded that although parents like specialist knowledge regarding pre-term issues, it is important not to medicalise development of movement with a need to empower parents and enable them to bond with their babies.

In May we held a free Equipment Exhibition and Study Day in Belfast, attended by 60 physiotherapists, with representation from each of the NI Trusts and colleagues from Donegal. Please see the article on this study day in the course review section. and sufficient funds were generated from company payments to fund two physiotherapists to attend conference this November.

The committee plans to meet during the summer to plan the programme for the year ahead.

Details of all events will be posted on the website and circulated to members.

Sheila McNeill
Northern Ireland Rep
northernireland@apcp.org.uk

SCOTLAND

Hello to all the Scottish membership! Hopefully when you read this you will be bathing in the long hot Scottish summer which we have been promised yet again...I hope you all get the chance to have a good break over the summer to recharge the batteries!

Whilst you are all off enjoying yourselves the Scottish Committee are hard at work trying to make sure that the needs and wants of our membership are met as fully as possible.

Firstly, thanks very much to all of you who took the time to complete the survey monkey looking at training requirements and requests. The Committee took the difficult decision to cancel the Spring study day which was due to address the issue of adolescents in sport/disability sport. Unfortunately, it was difficult to get speakers of the appropriate quality to be able to run this study day to the high standard that we set for these training days. In addition, the plan to run it on a Saturday (for the first time) also proved tricky for our speakers. So we apologise to those of you who had shown an interest in this study day. Due to the highly specific nature of this study day, we have no current plans to reschedule it in the near future.

On the other hand, we have listened to the feedback that you provided through the survey, and are hard at work sourcing venues and speakers to bring you an autumn study day which will be held on Friday 30th September 2016 entitled "*Best Practice for Managing Cerebral Palsy in the Community*". We are committed to bringing you an innovative and forward thinking programme, so keep your eyes peeled on the APCP email bulletins and website for more information in the next few weeks. Please note that the AGM will also be held at lunch time on the study day.

Many of you also mentioned in the survey that you would be interested in evening seminars or webinars. National Committee are currently investigating the possibility of accessing the evening lecture programme in the London area, to be viewed as a webinar for a small fee. This could be an excellent source of CPD for many members across the country and you will be kept fully informed of any progress made with this.

This year's national APCP conference is being held in Brighton on 11th & 12th November 2016 with the title of "*Neurodisability – from birth to transition*". The provisional programme is already on the website and looks excellent, with a programme of parallel workshops also planned. APCP Scotland are delighted to once again be offering a bursary to a Scottish APCP member to attend conference. Details of the application process will be emailed out to all members and will be available on the website under the Scottish regional page, so please keep an eye out for this.

Lastly, congratulations go to our Scottish Committee member Gillian Taylor who recently had a baby daughter. We all wish her well and hope that the new and improved family are all doing well.

Kirsteen Grieve
Scotland Rep
scotland@apcp.org.uk

SOUTH EAST REGION

The SE committee may have seemed quiet this year but I can assure you things have been very busy behind the scene as we move towards hosting this year's conference in Brighton.

Everybody involved in planning this years conference has been working very hard and I would like to extend my thanks for all the hard work already completed, with lots more hard work to come on the run up to and during Conference itself.

The program and parallel workshops are now confirmed and can be viewed on the website. Planned in conjunction with the Neuro-disability specialist group with the theme – From Birth to Transition.

Before we moved into the final stage before conference, in June we hosted a study evening at Valence School titled 'Chest Physiotherapy Management of Chronic Paediatric Respiratory Patients'. This was presented by Helen Cranney (Specialist Paediatric Physiotherapist - Evelina London Children's Hospital).

Following this study evening we are as yet undecided about our next study event and when

this is likely to be, due to conference. Keep a look out on the website for further information in due course.

Finally please remember you can e-mail me with any suggestions of topics for SE study days.

I look forward to seeing many of you in Brighton for this year's conference.

Becky Hindle
South East Rep
southeast@apcp.org.uk

SOUTH WEST

We would like to thank all the SW members who responded to the survey regarding ideas for future training events. We plan to survey the members every couple of years.

Following on from the CPIP train the trainer events in June and July, we are planning to run a CPIP training day on Saturday 24th September in Poole. We would encourage SW members attending the sessions in the summer to let us know if they are willing to be part of the team for the training event in September.

We are also planning a study day for Neonatal follow up in the community, date and venue not finalised at this time.

In April the APCP was invited to attend Gloucestershire Care Services NHS Trust AHP Celebration Day. Emily Graham and I represented APCP SW, and had an interesting day. We hope to be invited to future AHP Celebration Days.

Katherine Heffernan
South West Rep
southwest@apcp.org.uk

TRENT

In April we held our study day 'Gait analysis skills for clinicians and current orthotic options for walking problems' led by Helen Evans (Highly Specialist Physiotherapist gait and FES service, Derby Hospitals NHS Foundation trust) and Clare Fairley (acting clinical lead orthotic services, Derby Hospitals NHS Foundation trust). This event was well attended with

therapists coming from across the country. Thank you to all that came for completing the feedback forms, this really does help us when planning future training events and allows us the opportunity to build on the quality of the training we offer you.

The Trent region are busy behind the scenes planning our future training events, watch out on the APCP bulletin for more details as we have them. As a committee we continue to meet regularly and in May we held our first successful Skype meeting, given the success we shall continue to use Skype for some of our future meetings to reduce the travel times of our committee members.

The first Trent regional bulletin of 2016 was sent out to regional members following the working weekend in March 2016. These bulletins are an excellent way to reach all of our regional members and give me the opportunity to keep you up to date on what is happening at a national committee level. Trent region have committed to sending out two bulletins a year and the next bulletin will be sent following the annual APCP conference in November 2016, please keep your eyes peeled for it landing in your inbox!

In the Trent region we are very excited by the roll out of the CPIP-UK train the trainer events and we have our first members booked on the training in July. Please follow the progress on this via the APCP bulletins and facebook pages.

Finally please can I encourage all members to support your colleagues and complete the on-line surveys as they come out, these really do present an opportunity for us to support, shape and continually develop our profession for the future.

Laura Clifton
Trent Rep
trent@apcp.org.uk

WALES

A very successful and fully booked 'Pilates for Children' course run by committee member Helena Webb was held on the 21st April in Morriston Hospital Swansea. Feedback reported the course to be "Informative + Fun", "inspiring - lots of ideas for use in clinical practice" "really loved the story telling aspect of

it". In light of the excellent feedback, the same course is being arranged on the 5th November 2016 in Builth Wells, hopefully this will be a suitable location to reach our members in the East of the region, but we will gladly welcome anybody from anywhere! Details can be found on APCP website.

We are looking forward to having a stand at Kidz to Adultz Wales on July 7th 2016, House of Sport Cardiff 9.30am-4.30pm, we hope by the time you read this you have attended and found this day useful.

We sent Jacqueline Brown, Wales committee treasurer on her first national committee working weekend in March. Jacqueline thoroughly enjoyed her weekend and has agreed to be our regional rep for Wales! (Not sure if she was bribed??!!) We look forward to having Jacqueline as our link between our region and national committee and thank her for being so willing to help. That's enough news from us for now, time to chill out and enjoy the few days of this lovely Welsh summer we are having- I'm sure it won't last!!

Angharad Eynon-Harries
Wales Chair
wales@apcp.org.uk

WEST MIDLANDS

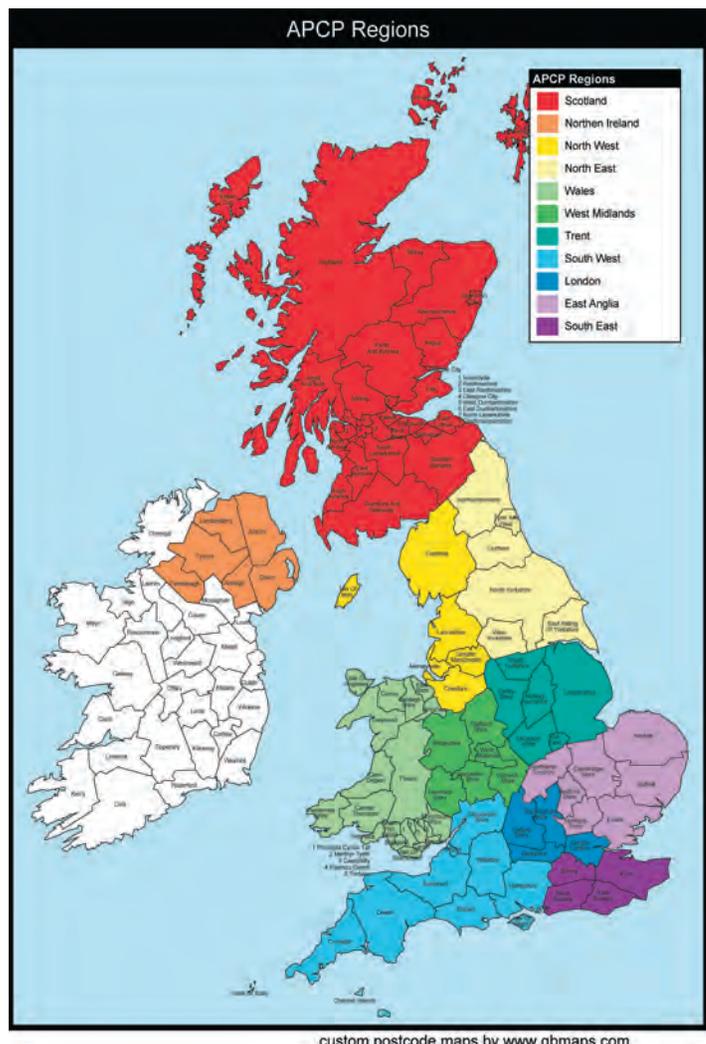
We have been working very hard planning the final details for our "ITTP" course which starts in Birmingham on the 17th of June! We sincerely hope we have covered all bases! Julian, our resident Techy, has introduced a new feature – a KAHOTS quiz which runs throughout the course to keep participants on their toes. Each lecturer submits 10 questions related to their talk and following this, participants answer quick fire questions on their i-phones or tablets to compete for small prizes.

We have belatedly arranged our AGM and study evening for 14th July, having had to cancel our last one. "AGM and Regional Research update". We are hoping to share poster presentations on unusual case presentations, innovative practice, service developments and research findings.

We have had a few changes to our

committee and are seeking new members at our AGM. There have already been some expressions of interest. Sadly, Michelle Baylis our chair, will be resigning to take on a more active role on the National APCP committee. She promises to still be available for advice – we hope still as a committee member, but this depends on her time commitments. Naomi Shipley will also be leaving us due to pressure of travel, work and home commitments. We thank them both for their friendship, hard work and commitment. I will update you on the full new committee and roles after the AGM in July.

Sheila Clayton
West Midlands Rep
westmidlands@apcp.org.uk



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NEONATAL COMMITTEE

It has been a busy time for the committee so far this year please see the course review and neonatal article review included in the newsletter

We have run a successful four day LAPI course, however the update had to be postponed due to lack of applicants. Two 'graduate of the neonatal unit' courses have been run with excellent feedback.

The Introduction to Neonatal Care for Therapists course, ran in Leeds in April. This was well received with some great ideas on how to tweak and improve it in the future.

The committee is now full with three new members joining at the end of last year.

There will be another joint AHP day on neonatal care in September in London with a theme of neuro protection.

Hillary Cruikshank
neonatal@apcp.org.uk

NEURODISABILITY COMMITTEE

This year has started very well for the Neurodisability committee. The past few months have been busy as we have joined forces with the South East region to help plan the 2016 Annual Conference taking place on 11th & 12th November at the Waterfront Hotel, Brighton. The Neurodisability committee are excited about running a series of breakout sessions during the conference with members of the committee both running sessions as well as hosting specialist speakers for the two day conference; we are also looking into adding an additional session around disability sport. If you would like to book on to a breakout session, please do so early to avoid disappointment.

We have also been working hard to develop best practice guidelines within the committee as this was agreed by all specialist committees at the last national committee meeting. The first area which Kirsten Hart (Clinical Specialist Physiotherapist at the National Spinal Injury Centre, Stoke Mandeville Hospital) has been working hard to develop are some guidelines for physiotherapists working with children with spinal cord injury. Updates will be provided when these are ready for publication on the APCP website. We then hope to roll this out further in order to include other areas of neurodisability.

CPIP UK continues to develop and we want to thank all those who have been involved so far. We had representation from all regions at a meeting hosted at the CSP headquarters in March. The plan is now to have two 'Train the Trainer' events in both London and Liverpool.

Other related events include;

'Managing Spinal Cord Injury: The Needs of the Child and Young Person' on 23rd June 2016. Taking place at National Council for Voluntary Organisations Building, London (£50 + VAT for NHS professional / £100 + VAT for non-NHS professionals). Please visit www.spinal.co.uk for more details

David Young
nd@apcp.org.uk

NEUROMUSCULAR COMMITTEE

The NM committee continue to be busy working on good practise guidelines for children with Neuromuscular diseases (NMD). The document looks at physiotherapy assessment and management for the main NMDs at a foundation/ community therapist level and more advanced

specialist level and will include use of assessment tools and outcome measures, and links for accessing further information and training. Work continues!

We are also working with other stake holders to look at the training needs of paediatric physiotherapists nationally and working with them to try to coordinate our approach and to meet the needs identified by members.

Encouragingly our study day in London on 7th March -Recognising and Treating Rare Neuromuscular Disorders in Children –was attended by nearly 70 delegates with a range of NM physio experience. It was a busy schedule with ‘inspiring speakers with a lot of expertise’ all were cited as being ‘very interesting, relevant, clinically useful and informative’ with different appeal depending on sphere of work. The parent representative and case studies struck particular resonance and personal learning objectives were fully met by 51%, mostly met by 42% of those who attended.

The feedback on ideas for future study day topics and further training needs are really helpful in the development of the guidelines and plans for further events

Many thanks again to those who spent many hours organising and /or preparing talks, it is really appreciated!

Lindsey Pallant
nm@apcp.org.uk

MSK COMMITTEE

The musculoskeletal committee held another successful introduction to MSK study day in London on 13th May. The course aimed to provide therapists who are new to paediatrics with an understanding of the specialist knowledge and skills required to treat the immature musculoskeletal system. Feedback from delegates indicated that there is a need for more paediatric MSK courses.

The committee is therefore planning an advanced Paediatric Knee study day to be held in the autumn or winter. The course will include evidence based practical sessions and lectures from paediatric orthopaedic surgeons and specialist physiotherapists. Once plans have been finalised the course will be advertised via the APCP bulletin.

The committee continue to work on the developing a “Framework of Practice for Paediatric Musculoskeletal Physiotherapy “ .

Vicky Easton
msk@apcp.org.uk

PPIMS COMMITTEE

The major event for the PPIMS committee this year is the course which will take place on 3rd October

Masterclass - Safe and Effective Staffing Levels for the Allied Health Professions
Robert Jones and Fiona Jenkins - JJ Consulting Healthcare Management

This will take place at the Holiday Inn in Birmingham. Please book early for this excellent event, and let your colleagues who are leaders of other professions know about it too..

There has been a gradual increase in use of the PPIMS area on the APCP website, and I encourage all clinical leads to make use of this resource. This area should contain information which is helpful in planning and managing a team, alongside relevant publications about wider issues. For example the link to the new draft guidelines for Speech and Language Therapists regarding education reforms can be found in this area.

Minutes of regional PPIMS meetings should also be uploaded via Fiona admin@apcp.org.uk.

Members of PPIMS are currently involved in producing an updated 'Working with Children' document

I have submitted an event report for a working group producing the Health Exemplars for EHC plans. I encourage you to be aware of the new inspections to be carried out by OFSTED and CQC jointly for children who have additional needs. The key outcome is expected to ensure that the best services are commissioned for children and young people, and your full engagement with these inspections will help to achieve this.

Jane Sellar
ppims@apcp.org.uk

RESPIRATORY COMMITTEE

The APCP Respiratory Committee focuses on the management of children with acute and chronic respiratory conditions and supports the role of physiotherapists in both inpatient and community settings. The committee are looking for new members.

We are working on a commissioning tool for community respiratory care.

We provide training, support and information for physiotherapists to ensure delivery of safe and effective respiratory care to babies, children and young people in the UK. We are looking for regions to host our Respiratory Roadshow Workshops. Please get in touch if you would be interested.

Leanne Turner
respiratory@apcp.org.uk

Media and Information Group



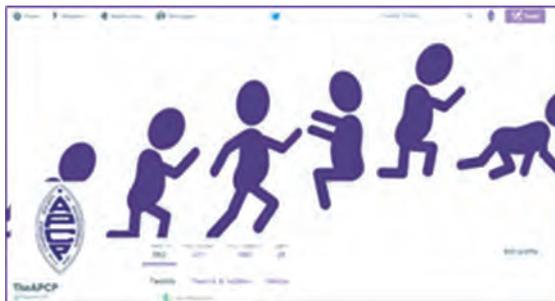
It is just over a year now since we dipped our toes into social media, launching our Facebook page and Twitter during the APCP Working Weekend in March 2015. I'm pleased to say everything is going really well!

We now have over 2000 likes on Facebook and regularly see post reach of several thousand. Facebook give you more data than you can shake a stick at regarding your page but it's no surprise that 89% of our fans are female with the highest number

between ages 25-34. It's also great to see we have fans in 43 different countries, truly sharing the concept of a global community. Please come by and see us, share a post or start a conversation. We're always happy to be given ideas of other pages to follow or information to post.



Some of you asked if we could have a closed group, where conversations could happen away from the general public. This March at the Working Weekend we launched the new APCP Members Only group. You do have to be a member to see this page but if you are a member, come by and see us and we'll let you in! There have been a few discussions regarding clinical issues and also members sharing information about lectures, courses etc. We would like to see this group grow so do come and join us.



Twitter comes into its own more at events but we do try and keep a social presence and our numbers of followers have grown. Please follow us, tweet us or retweet. We have a hashtag for APCP Conference this year #APCPBrightonRocks and hope to be busy tweeting in November!



Then there's our website! We try to keep up to date with news and events, I'm sure most of you use it to check on courses running and our ever popular information leaflets. We have information now on Conference this year in Brighton so do go by and take a look. You may have noticed our hard working business administrator has been uploading an archive of previous APCP newsletters and journals recently.

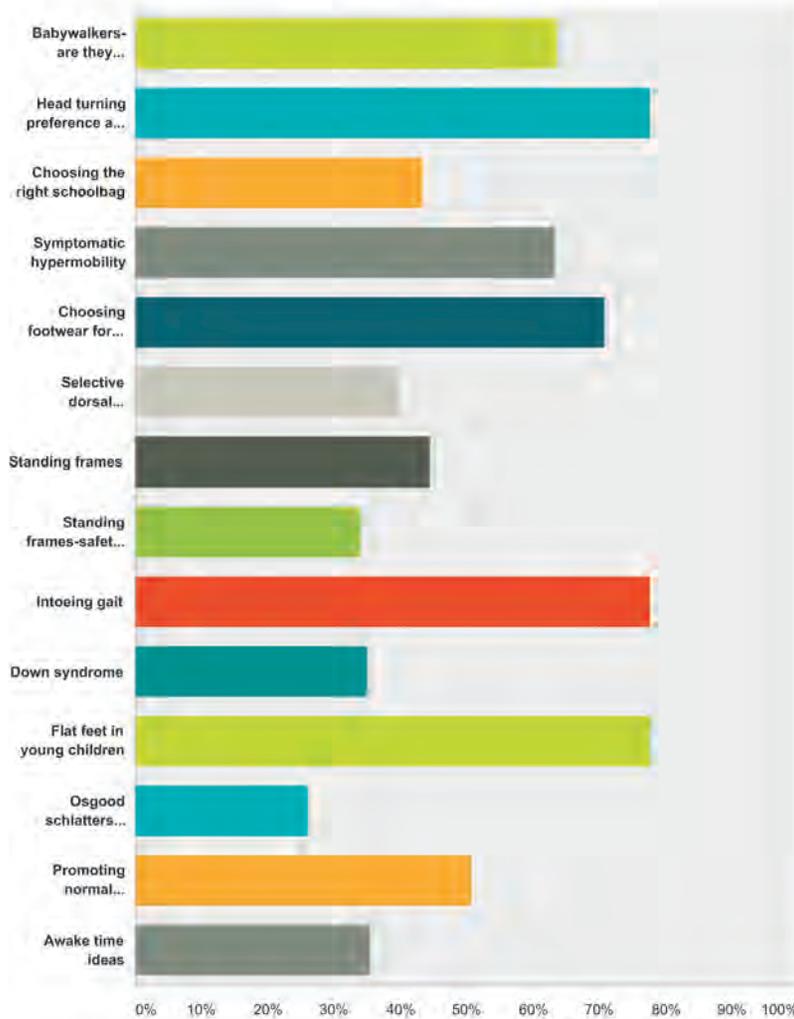
APCP have not added any new publications recently. The National Committee have been in

discussion about making all of our publications better evidence-based and properly referenced. We have asked our Honorary President Eva Bower, whose research skills are famous, to write a 'guideline for guidelines' to make sure we are producing high quality publications and also reviewing them correctly. We hope that later this year we can then start reviewing those publications that are out of date, and produce some new ones for you. We have plenty of ideas thanks to those of you who responded to our recent survey on publications, details of which follow.

APCP Publications Survey 2016

Q1 What APCP parent publications have you accessed?

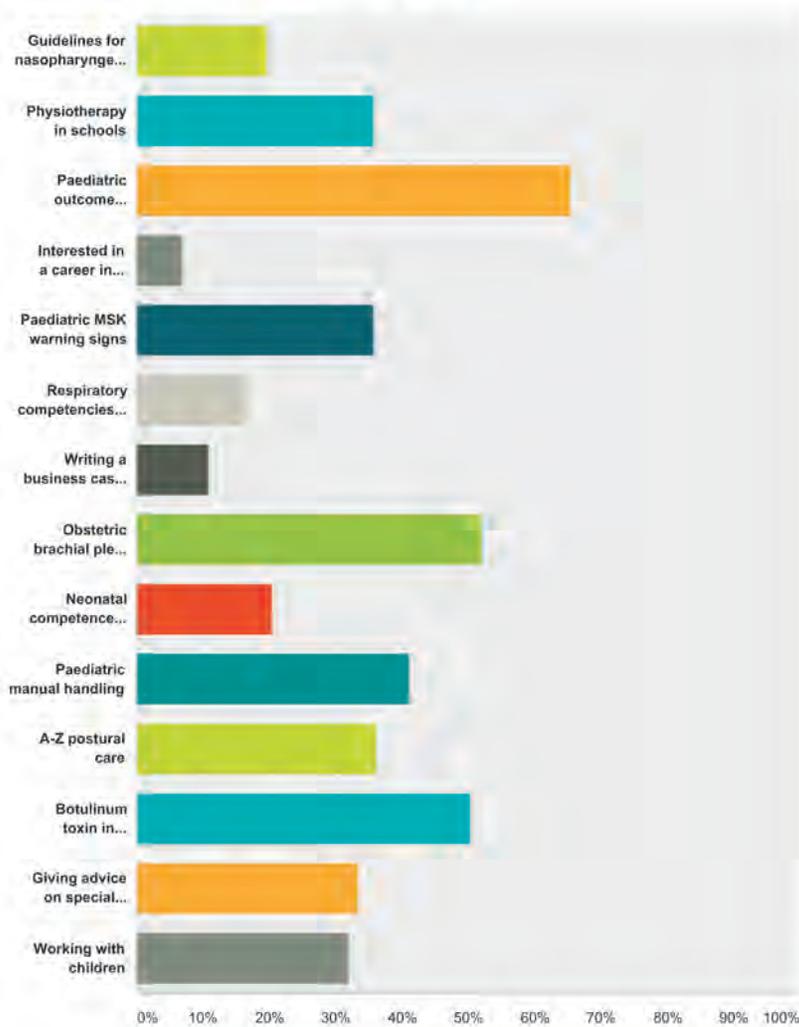
Answers: 223 Skipped: 11



Answer Choices	Responses
Babywalkers- are they necessary?	63.68% 142
Head turning preference and plagiocephaly	77.58% 173
Choosing the right schoolbag	43.50% 97
Symptomatic hypermobility	63.23% 141
Choosing footwear for children	70.85% 158
Selective dorsal rhizotomy	39.91% 89
Standing frames	44.39% 99
Standing frames-safety and maintenance	34.08% 76
Intoeing gait	77.58% 173
Down syndrome	34.98% 78
Flat feet in young children	77.58% 173
Osgood schlatters disease	26.01% 58
Promoting normal development	50.67% 113
Awake time ideas	35.43% 79
Total Respondents: 223	

Q2 What APCP professional publications have you accessed?

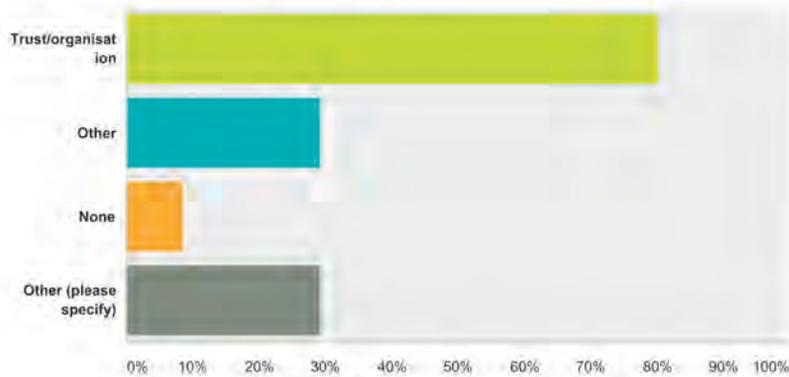
Answered: 918 Skipped: 11



Answer Choices	Responses
Guidelines for nasopharyngeal suction of a child or young adult	19.63% 43
Physiotherapy in schools	35.62% 78
Paediatric outcome measures	65.30% 143
Interested in a career in paediatrics?	6.85% 15
Paediatric MSK warning signs	35.62% 78
Respiratory competencies for neonatal care	16.44% 36
Writing a business case for neonatal services	10.96% 24
Obstetric brachial plexus policy	52.05% 114
Neonatal competence framework	20.55% 45
Paediatric manual handling	41.10% 90
A-Z postural care	36.07% 79
Botulinum toxin in children	50.23% 110
Giving advice on special educational needs	33.33% 73
Working with children	31.96% 70
Total Respondents: 219	

Q3 What other publications do you use?

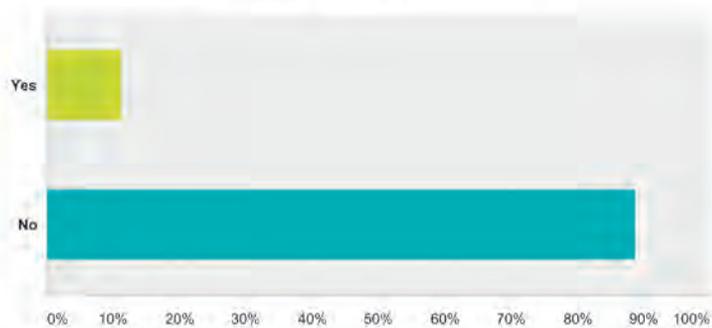
Answered: 222 Skipped: 11



Answer Choices	Responses
Trust/organisation	80.18% 178
Other	29.28% 65
None	8.56% 19
Other (please specify)	29.28% 65
Total Respondents: 222	

Q4 Are you restricted to using only publications with your organisations logo?

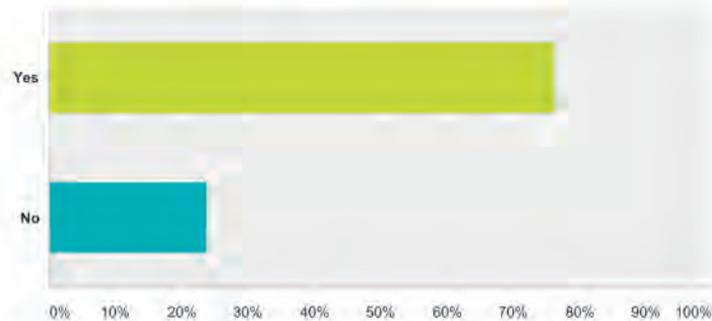
Answered: 232 Skipped: 4



Answer Choices	Responses
Yes	11.21% 26
No	88.79% 206
Total	232

Q5 Would you be interested if we could add your organisation's logo to our APCP publications?

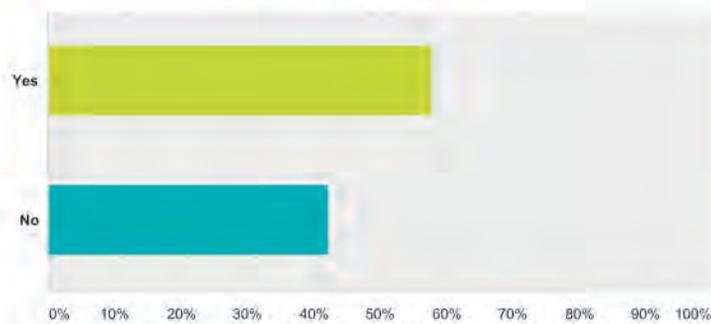
Answered: 196 Skipped: 10



Answer Choices	Responses
Yes	76.11% 172
No	23.89% 54
Total	226

Q6 Are there any new publications you would like us to produce?

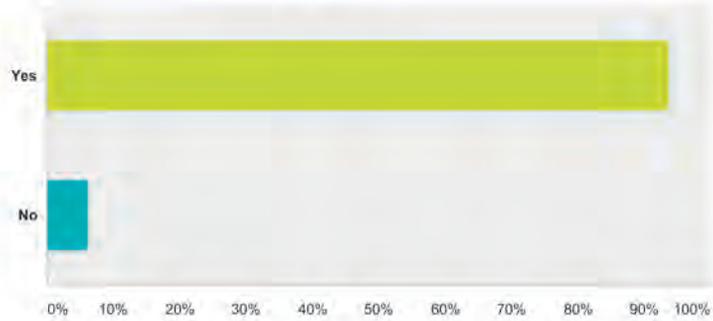
Answered: 180 Skipped: 56



Answer Choices	Responses
Yes	57.78% 104
No	42.22% 76
Total	180

Q7 Does the information on our leaflets meet your needs?

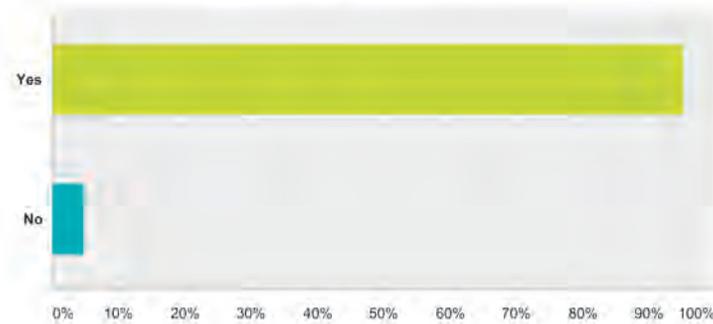
Answers: 224 Skipped: 0



Answer Choices	Responses	
Yes	93.75%	210
No	6.25%	14
Total		224

Q8 Do you find the APCP newsletter useful?

Answers: 233 Skipped: 0



Answer Choices	Responses	
Yes	95.28%	222
No	4.72%	11
Total		233

Q9 Is there any other type of article you would like to see in the newsletter?

Answers: 151 Skipped: 30



Answer Choices	Responses	Count
Yes- see below	17.68%	32
No	82.32%	149
Total		181

Q10 Are you aware how to submit articles to the newsletter or journal?

Answers: 232 Skipped: 6



Answer Choices	Responses	Count
Yes	60.78%	141
No	39.22%	91
Total		232

Research Report

A Research bursary of £330 was granted to Jennifer Harris to enable her to complete her study : ‘A process-evaluation based research study to consider the barriers and facilitators to implementation of a daily physical activity programme to a UK-based primary school’

I attended the 3rd #Count Me In! International Scientific Meeting on Supporting Children’s Participation. (see separate article) This MDT meeting would like to encourage physiotherapists to become more involved – at present the leadership is predominantly from occupational therapists although there were several papers presented by physiotherapists.

I am also taking part in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Neurodisability Case Note Review with Kathie Drinan. This review will result in a report which will be discussed in Parliament.

A draft document on Joint Working with Equipment Manufacturers will be discussed at the next National Committee meeting in response to an approach from James Leckey who would like to support research into Postural Management.

Sue Bush
Research Officer
Research@apcp.org.uk

Education Report

The most recent period has seen the Education Officer supporting the West Midlands in their very well attended, fully subscribed, lively ITPP course for 60 delegates. For the first time at the ITPP, in session MCQ quiz audience participation technology was introduced, lead by Julian Brown from the West Midlands team. This was hugely successful in engaging delegates with speakers content across the three days. Thanks must go to the Michelle Baylis and the West Midlands team not just for bringing this innovation to the ITPP but also for the streamlined organisation throughout. We look forward to the delegate feedback and as Education Officer the submission of the assessed case studies. Always a rich experience to evidence the learning ITPP facilitates. Submission date was noon on the 11th August 2016 .

The Education Officer also represented APCP and IOPTP at the ‘Future of Physiotherapy’ conference. A separate piece has been written to share the thought provoking messages from this horizon exploring symposium. My take away thought was how well placed paediatric physiotherapists are to translate their complex case management, multifaceted skills to addressing the leadership necessities the future of physiotherapy will demand.

Sarah Westwater-Wood
Education Officer
education@apcp.org.uk

Guidance for Applicants for APCP Research Bursaries

- Maximum £2,000.00 bursary per project per year
- Applications for clinical research only will be considered
- Bursaries **are** available to fund research equipment e.g. laptop, software package, assessment kit, etc.
- Bursaries **are not** available to fund course fees, transport for researchers or research participants, or participant expenses (unless part of an otherwise un-funded project and essential to the success of that project)
- Receipt of an APCP Research Bursary is **conditional** upon publishing in the APCP Journal or Newsletter and presenting at the APCP Annual Conference
- If the award is over £500.00, 10% will be withheld until after submission of a Conference abstract and Journal article

APCP Research Bursary Application Form

Applicant Details	
APCP number	
CSP number (if applicable)	
First name:	
Last name:	
Title:	
Current post:	
Organisation:	
Work Address:	
Email:	
Phone number	
Home address:	
Email:	
Mobile no:	
Qualifications	
Dates & institutions	
Previous research	
Published papers	
Previous awards:	
Awarding body	
Amount & over what period	
Brief description of project: and outcome (100 words max)	
Project title (20 words Max):	
Names of co-researchers:	
Duration (in months): justification and timeline (50 word max)	

Project type (clinical/research/service development/literature/other) 50 words max
Total funding requested with breakdown of expenditure (in £): 100 words max
Study rationale: (130 words max):
Study aims & objectives (100 words max):
Abstract (300 words max):
References:

Terms and Conditions

- Applicant will submit an annual report to the Education and Research Committee on the progress of the research
- Research to be published in the APCP journal and presented at APCP Conference
- If published elsewhere an article will be submitted on some aspect of the research or research process

I have read and agree to the terms and conditions.

Signature:

Date of submission

Submit your application to the Research Officer:

Email: research@apcp.org.uk

Post: APCP, PO Box 610, Huntingdon, PE29 9FJ

 For office use only.

Date received:

Peer review outcome:

Application approved:

Defer:

Reject:

Feedback given by:

ADAPT: Professional Network for UK Chartered Physiotherapists Interested in International Health and Development



ADAPT is the official professional network supporting physiotherapists interested in working outside of the UK. Recognised by the UK's Chartered Society of Physiotherapy (CSP), ADAPT provides support and advice for physiotherapists and other allied health professionals in global health, rehabilitation and disability, predominantly in low and middle income countries.

Study days are a major contributor to the sharing of information within ADAPT. Normally a mixture of talks and practical sessions, the study days offer a chance for physios to learn about initiatives by other organisations, learn and discuss topical issues in the field. It also offers occasional formal training on relevant skills, such as cardboard technology and splinting in low resource settings. We have also held a successful joint study day in association with CTI and OT Frontiers, the respective SLT and OT equivalent network groups, as an introduction to working abroad. These study days also provide a forum for networking, which can be invaluable for members to reflect on experiences and compare with others.

Members have a range of experience of working in both the UK and overseas. Many newer members have never worked overseas, but are benefiting from the support and resources that we offer to learn about international development and global health issues. We have started to run regional meetings to increase the awareness of the role of ADAPT, providing a taster to working overseas. We publish a quarterly newsletter for members, which includes members own stories, hot research topics and much more.

More recently, we have been offering a 'buddy system' to facilitate 1:1 support for members in the field. This is still in it's infancy, but we have seen some positive early results from it so far. Alongside this, we have introduced a mapping tool on our website, to visually represent where are our members have previously, and are currently working. We are hoping to build our online facilities to improve the link between this and the buddy system, and to make it easier for our members to network.

We also provide an annual grant opportunity to encourage members to run small scale projects or research in low and middle income countries. Our 'ADAPT Award' of £1000 has helped grass roots non-governmental organisations develop tools and aids to support their long term aims. The most recent award was granted to enable qualitative research to be carried out looking at the experiences of physiotherapists being deployed to disaster situations.

If you are interested in joining, or would like to check us out further, please go to our website: adapt.csp.org.uk.

Background Information

Go Kids Go has been running a national programme of free wheelchair skills workshops for young wheelchair users since 1990; specialised training designed to enable independence and ensure that the young people are able to reach their full potential.



Workshops

Children are not always afforded the opportunity for instruction, practice and development of wheelchair skills (Sawatzky et al, 2012). Go Kids Go provide this opportunity, which can make such a difference to these young people's lives. On the workshops Go Kids Go teach skills such as back wheel balancing, road safety, route planning and emergency evacuation techniques. Skills are taught through fun activities; games and sports such as basketball and wheelchair dance are a popular elements of the workshops. For powered chair users manoeuvring skills and spatial awareness are learnt through specific challenges as well as games and wheelchair dance.



For a child without a disability, the ability to move independently enables the development of many key skills that contribute to holistic development, mental and physical wellbeing. It has been shown that children who have restricted mobility can begin to display passive and dependent behavior (Livingstone, 2011). The charity works with children from the age of 18 months with the belief that it is vital wheelchair skill training starts as early as possible; the Go Kids Go trainers are able to grade and adapt activities to ensure that the training is accessible to all ages and abilities.

Keeping the needs of the young wheelchair user and their families at the center the training, the workshops are provided using an inclusive approach by providing a stock of active user wheelchairs on each workshop so that parents and siblings can get involved and join in the games. Families often find the workshops are a good opportunity to share experiences and receive practical advice.

The TV presenter Ade Adepitan MBE is a patron of the charity and knows first-hand the value of the workshops. When Ade was a young man he benefited from the charity's work and was encouraged to take up wheelchair basketball "This charity is part of me, you make friends for life, the skills that the young wheelchair-users learn here, will change the rest of their lives."

Furthermore Baroness Tanni Grey-Thompson says "I have attended quite a few Go Kids Go training courses over the past few years and I am always impressed by the attitude of the therapists and their affinity with the children. The courses not only address the needs of the disabled child, but are also directed at their parents and siblings. The courses encourage parents not to wrap their children in cotton wool, something I really believe is essential in coping with life today. There will be times in life when a wheelchair user is faced with a high kerb, a flight of stairs or an escalator, and the skills and confidence learned at a young age to cope with these difficulties is invaluable. It's not just about assessment and making sure that the child is provided with a suitable wheelchair, it's about ensuring that every child who uses a wheelchair has the means to fulfill their potential, and the ongoing support and understanding of Go Kids Go is particularly helpful to many families."

Awareness Training

In addition to the core workshops, since 2009 the charity has been running a very successful program of disability awareness courses in mainstream schools. A shocking statistic suggests, that there are 180 disability hate crimes carried out every day in the UK alone (Office for Disability Issues, 2013). The in-school awareness training sessions are for staff and non-disabled pupils, giving them a greater insight into the challenges faced by young wheelchair users. The aim is to raise awareness and promote a positive image of young wheelchair users. The training fits into the national curriculum (PHSE/PE), and Go Kids Go work with a range of year groups and adapt training sessions to suit each key stage.

Professional workshops

Go Kids Go also run practical wheelchair skills workshops for healthcare & educational professionals, as well as training in universities for physiotherapy & occupational therapy students. Wheelchair service staff have expressed that they found the practical workshops offer a new perspective on their work.

On the workshops therapists learn practical wheelchair skills such as propulsion techniques, back-wheel balancing and coping with kerbs and slopes. The workshops provide a good opportunity for team building and therapists 'guard' each other when practicing back wheel balancing with the anti-tips removed.



Outcomes

For young wheelchair users, the Go Kids Go's training provides the opportunity to learn and develop key skills which will enable independent mobility. We show the youngsters how to assess risk and also teach road safety awareness which will help give them functional parity with their peer group allowing them to go out independently in their communities.

On a social level we have found that our workshops provide an opportunity to interact with other young wheelchair users and for families facing common issues there is the opportunity to share experiences. One young wheelchair user from the North West who has benefited from our training says "This charity has been my second family for the past seven years. Their motto being "independence through mobility" is exactly what they gave me - independence. That one motto changed me as a person. When I first started out taking workshops and classes with Go Kids Go! I didn't even know where the push rims were. Seven years later, I am a college student, much more independent and confident. Through the courses that Go Kids Go offer I now view my wheelchair as a tool to help me achieve things."

A number of wheelchair services across the UK work in partnership with Go Kids Go, supporting the charity by organizing venues and promoting the workshops to their service users. By working together we can ensure that young wheelchair users and their families have access to the support and training they need.

For more information please contact Roy Wild;

Telephone: 01482 887163

Email: roy@go-kids-go.org.uk

Website: go-kids-go.org.uk

Facebook: <https://www.facebook.com/pages/Go-Kids-Go/27335717654>



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Livingstone R. (2011). Power mobility for infants and preschool children. Available: http://www.childdevelopment.ca/Libraries/Evidence_for_Practice/Power_Mobility_for_Infants_Preschoolers_2012.sflb.ashx. Last accessed 19th Aug 2013.

Office for Disability Issues. (2013). *Learning about disability in the UK*. Available: <http://odi.dwp.gov.uk/docs/fulfilling-potential/building-understanding-easy-read.pdf>. Last accessed 18/09/13

Sawatzky B, Rushton P, Denison I, McDonald R. (2012). Wheelchair skills training programme for children: A pilot study. *Australian Occupational Therapy Journal*. 59, 2-9. Available: http://www.canwheel.ca/files/2012/06/Sawatzky2012_WC-skills-training-for-children-copy.pdf. Last accessed 19th Aug 2013.

Courses

Since the last newsletter in September 2015, the APCP have run 16 courses around the country. These range from full day courses, half days and evening lectures on a variety topics. The majority of courses are heavily discounted for APCP members. Please look out for the APCP e-mails and check the website for details of up-coming courses.

APCP Neonatal group

LAPI Course- Adare Brady and Peta Smith

London

February 2016

I attended the LAPI 2016 Course held at the North Middlesex Hospital in order to expand my current role within my local service. I currently provide specialist respiratory care to a Level 3 Neonatal Unit, but I have felt limited in what I offer to the babies requiring Developmental Therapy intervention and follow-up. My objectives for attending the LAPI Course were to provide me with a Tool to assess and treat as well as being able to sign post babies through the variety of service follow-ups provided after a babies stay on our unit. I also wanted something unique to Physiotherapy to add to what our Occupational Therapist already provides.



The course was well organised from the start with all the presentations sent out in advance. I now also realise why the course has to be run over four days- very comprehensive. The use of different media to deliver the learning programme around developing our skills in assessing a baby using the LAPI, were a great way of maintaining focus during the four days. We had access to the local neonatal Unit (Thank you Lucy- great effort) and experienced three assessments on the unit which really consolidated the use of the video's and the classroom discussions around all the assessments observed.

The videos were great as they allowed us to observe “normal assessments” in the beginning in order to learn the basic assessment and then they provided more complex babies in order to challenge our understanding and use of the assessment tool- it was a bonus to be able to watch some sections of the video’s a few times in order to see some of the more subtle elements that may rarely be observed in order to prepare us for undertaking the LAPI Tool in our own Units. The group work allowed for a more relaxed approach to the assessments especially in the beginning as confidence grew.

The unexpected benefit of attending this course was meeting other like -minded colleagues working within other NNU and discussing how we have all looked to improve our local services and sharing the progress each of us has made

Thank you Adare and Peta, a great double act- the programme met all of my personal objectives and I now feel prepared to review my service provision, refine my referral criteria and define my role in this area in order to enhance the care we already provide across our Unit though using the LAPI.

The second photo was taken during an unexpected fire alarm break!

Frances Sinfield

[APCP Neonatal Group](#)

[An Introduction to Neonates for Therapists Working in the Community Setting](#)

[Adare Brady and Peta Smith 25th/26th February 2016](#)

This two day course was held at Mile End Hospital and was well organised and extremely informative. The chance to network with a wide range of Community Paediatric Physiotherapists from across the UK was invaluable.

The course covered:

- Theoretical frameworks of infant development
- Differences between pre-term and term infants
- Developmental care in NICU
- Neonatal Assessment and follow up
- Pre and post discharge assessment tools

Each presentation was evidence based and numerous references were provided for further reading. Day one ended with a visit to the Neonatal Unit at the Royal London Hospital which provided the opportunity to see theoretical aspects of neonatal care in practice.

Day two focussed on outcome measures for use in screening and evaluating interventions in ex-premature babies. The use of case studies facilitated a useful discussion on intervention. The course concluded with observational assessment and the use of the Alberta Infant Motor Scale (AIMS) with 5 babies (a mixture of typically developing babies and ex-premature infants at differing ages under 2).

Overall, the course was thought provoking and provided an excellent starting point for further investigation into working with neonates in the community setting.

Sarah Beasley

APCP London Region

Children's Physiotherapy in Cancer

Wednesday. 16th March 2016

In March 2016 the APCP London region hosted an informative evening lecture 'Children's Physiotherapy in cancer' presented by Abu Sidhane (Lead Paediatric Physiotherapist in Cancer Care at UCLH).

Abu shared a selection of case studies, and discussed a range of investigations and care pathways for different cancer diagnoses. The presentation included a selection of specialist images, of which local therapists may be less likely to have access to routinely, and so were very interesting to see and discuss.

The lecture went on to outline the role of the physiotherapist as part of the Multidisciplinary Team. Abu highlighted the importance of a local and specialist team partnership in the management of this often complex and challenging patient group.

The lecture concluded with a discussion about Proton Beam therapy and developments in this treatment in the UK.

Abu spoke with passion and a great knowledge about this specialist area, and provided an enjoyable and very informative lecture. As a therapist working in the community, it can be daunting to treat children with a cancer diagnosis and this lecture has certainly clarified the physiotherapy role, and improved my awareness of the treatment pathways.

Sasha Lewis

APCP Neonatal group Course

The Role of Therapists in Neonatal Care

LGI 25/26th April 2016



In the 1970's I arrived in Leeds at 32/40 age and spent my first weeks of life experiencing neonatal care, fast forward to today; coming back to Leeds to participate in the two day course, run by both expert and friendly colleagues who delivered an informative and interactive programme.

32 delegates from across the UK and Ireland enjoyed the hospitality and indeed benefitted from the networking opportunities; meeting other physiotherapists working in both acute and community based settings. Of course being in Leeds

was also great for shopping and eating (despite the snow storm!)

This course is a must for all paediatric physiotherapists as an introduction, or refresher/update into neonatal care. It is not aimed at specific banding but certainly would benefit anyone in the early stages of thinking about entering into a neonatal role, whether within NICU/SCBU settings or community based roles, as gaining an understanding of the implications of being in these environments is essential before embarking on a career with this unique and vulnerable population.

The course covers the general principles of neurodevelopmental and supportive care. Lectures included;

- Prematurity and pathology
- Pre term development
- Respiratory care

- Assessment/assessment tools
- Preparation for home
- Family integrated care.

Workshops were also run by neonatal OT colleagues for developmental care allowing opportunity to “have a go” at positioning management.

For anyone requiring advanced neonatal learning, this course may not be for you. But for many paediatric therapists, opportunities to develop services in this area are emerging at a rapid pace; I would recommend this as a good starting point.

Deborah Wilson

[APCP MSK group](#)

[Paediatric MSK Training day.](#)

[Friday 13th May 2016](#)

I have recently attended the above course and wanted to express my gratitude and praise to the organisers. I have recently moved into paediatrics and although my role does not primarily involve MSK work I felt it was important for me to be more confident in reviewing, assessing, advising and sign posting on when needed. It is also essential that I am able screen for a differential diagnosis. The course was able to explain clearly how my existing MSK skills can be adapted and used for the younger person, how these young patient's differ from adults and the special considerations that are needed. The course was well attended and there was a warm welcome from a group of knowledgeable and passionate presenters. The day consisted of information giving, discussion and problem solving. This resulted in an enjoyable and informative day. Thank you.

Jo Bond-Kendall
Senior Physiotherapist.

[Northern Ireland Committee](#)

[Equipment Exhibition and Study Day](#)

[Thursday, 19th May 2016](#)

This event included a series of presentations running alongside an equipment exhibition and was free to all delegates.

The presentations included:

- Opportunities for children with disabilities in sport - Disability Sports Northern Ireland with Aubrey Bingham from Disability Sports Northern Ireland (pictured)
- Therapeutic taping - Lynsey Cunningham and Joanne Lyttle (Physiotherapists - South Eastern Health and Social Care Trust)
- Treatment of Childhood Hemiplegia - Sarah McKay and Gemma Lipscomb (Physiotherapists - Northern Health and Social Care Trust)

Nine companies exhibited equipment relevant to paediatric physiotherapy. During the day two sessions of presentations included Therapeutic Taping case studies (Lynsey Cunningham and Joanne Gordon, South Eastern Trust), ‘High Five’ group for children with hemiplegia (Gemma Lipscomb and Sarah McKay, Northern Trust), Disability Sports NI (Aubrey Bingham) and an update on the NI Cerebral



Palsy Register (Dr Guio Garcia Jalon, QUB). Feedback from the companies and physiotherapists was extremely positive
The reps from John Preston with physiotherapists Ruth Graham and Denise Henry are pictured.

Sheila McNeil
NI APCP Regional Representative

Trent Regional Committee

Gait Analysis Skills for Clinicians and Current Orthotic Options for Walking Problems

Nottingham

23rd April 2016



40 Delegates, hosted by the Trent region in Nottingham, met for a full day on 23rd April 2016. We explored Clinical Motion Analysis, presented by Helen Evans, Specialist Physiotherapist and Team Leader at Derby's Gait Analysis and FES service. Helen was accompanied by Claire Fairley, Lead Orthotist at Derby Teaching Hospitals NHS Foundation Trust.

Helen and Claire ably and enthusiastically lead a very interesting and engaging day of lectures, discussion and case studies enabling us to have a better understanding of the normal gait cycle and so recognise the biomechanical background to some pathological gait patterns using different assessment methods in the clinical setting.

Helen guided us through observation, Videos , Kinematics , kinetics, and EMG. She talked in detail about the Ground reaction force and its effect on gait. She discussed Gait pattern in detail along with different levers affecting the gait, (upper and lower limb). Complexity of foot deformities and their effect on loading and postural deformities.

Claire then went on to show us a range of orthotic devices and explained options available to paediatric physiotherapists for different presentations along with prescribing criteria and useful 'hints and tips' for when the orthotics are not tolerated or having the desired effect on the gait cycle. She discussed very relevant day to day dealing of issues such as :- Navicular rubbing , also at the back of heel, and use of night splints etc. which was in line with fine tuning of the orthosis for optimum posture and gait.

As with every successful study day, we were left wanting more and the feedback overwhelmingly suggests a follow-up day is desired. So, watch this space.....!

Dawn Narborough & Ishu Sen, Trent Region Committee members

Book/article Reviews

If you have read an interesting book, please send us details and a short review. With so much information out there sharing interesting and relevant information helps keep us all up to date.

Review of the evidence ...

Article Summary

Sleep and breathing in premature infants at 6 months post-natal age
Huang et al BMC Pediatrics 2014, 14, 303.

Members of the Neonatal group Jade Kant, Phill Harriness and Suzanne Offer recently completed a review of an article that was published in a high quality peer reviewed journal as positive. They have kindly shared their review with newsletter.

Study Design: The study was referred to as a pilot study and obviously prospective but we were unsure how else to describe the design.

Aim: The study aim or the research gap is made clear although it would seem the aim was to add depth / more detail to what is known about sleep problems in premature infants and it stated in the discussion that it was the first study to address the differences in sleep problems between terms and pre-term study populations using a reliable questionnaire.

Recruitment / Study Population: Satisfactory. It wasn't randomised but did state that all parents of babies meeting inclusion / exclusion criteria were asked to sign up to the study meaning that the sample was probably representative of a Chinese population. They were also recruited at a stage prior to discharge rather than at follow up therefore reducing the risk of bias in terms of parents of babies with subjective reports of poor sleep being more likely to want to be involved in the study. However, where there were more than 68 term babies born in this time period? It did not adequately state how the term comparison group were recruited. The details of the group that dropped out of the study were not mentioned which may have influenced results. The inclusion / exclusion criteria were appropriate.

Method: This was clear and detailed enough to be repeatable and that steps had been taken to ensure that the questionnaire was used was valid and reliable. Was it appropriate that follow up appears to have taken place at 6 months chronological age rather than corrected gestational age? Is this an error in translation or an accurate account of method. If it is the latter then no wonder the premature study group had more sleep problems as not only were they smaller they were also developmentally less mature. It also didn't state who performed the physiological sleep measurements and whether or not they were blind to the study group allocation (although it probably would have been obvious anyway especially if they did use chronological age).

Stats: It was thought there may be some issues there (no confidence intervals, at times they accept p-value of <0.1 not <0.05...).

Results. In the text they state that those in the premature group had a preference for sleeping on their side and for being held to go to sleep but neither of these have statistically significant p values as presented in table 3 even at the unusually higher value of p=0.1. With the potential methodological flaws, not sure we can be totally confident that premature infants continue to have more sleep problems than term infants. Maybe they do? We were unsure if we could believe the degree to which this is true according to this study. The percentage of babies from both groups that sleep in the parents bed - 64 and 66%! Would this contribute to the sleep problems encountered?

Implications for practice: Should it make us consider the impact of sleep problems more closely? We are aware of problems relating to apnoeas and respiratory compromise relating to airway size / stability but not really of the incidence of obstructive sleep apnoea.

We are now intrigued to know what interventions are possible to address sleep problems in babies both to optimise developmental potential but also in reducing parental stress.

Jade Kant, Phill Harriness and Suzanne Offer
Neonatal Specialist Group

Trying out the Movement Trainer

The Plan:

For a five month period from August 2015 - January 2016, a group of children on the caseload of a small community physiotherapy team tried out a new product called the Innowalk, a movement trainer. on a regular weekly basis. <http://www.leckey.com/products/innowalk-pro/>

We had no expectation that this equipment was going to be part of their long term management and this was clearly explained prior commencing the product trial. However, we anticipated being able to build on any benefits gained from its use.

We invited parents via face to face contact during the summer term and followed with a formal letter.

The rep brought the product in August and offered a full day training, which included the assessment of two children. We continued to assess 2 children the following week and this process continued into the first 2 weeks of term.

Initially, we invited children GMFM level III – IV, who attended mainstream schools and committed to attending the community base for one or two sessions a week.

As our assessment skills and confidence increased, we included more complex children (level V).

Four children attended twice a week from September to December, one child attended once a week from October-December and two other children attended less regularly during the time frame available. We assessed other children but were unable to establish a regular attendance pattern due to family constraints.

The overriding experience was one of enjoyment by the children taking part in an activity, and the pleasure that families felt when seeing their child moving in a normal pattern of movement. Everyone reported an increased feeling of well-being and recognition of the value of movement and exercise.

To establish objective outcome measures we used CPQOL, range of movement; 6 min walk test, muscle bulk, bowel habit, sleep patterns, and family feedback.

Reflection

We were delighted to be one of the first teams in the UK to use the Innowalk and have the opportunity to trial this product. We had tried the Innowalk ourselves and felt that, despite it being a passive movement trainer, the nature of the movement promoted activity in the trunk and around



the pelvis. We reviewed the case studies and evidence of the benefits of the movement trainer on the continent and, with the support of our general manager, requested a trial.

The Innowalk looks like a piece of gym equipment and this proved to be very motivational for families and children alike.

Our experience with the children is that the movement increased cardiovascular activity as evidenced in flushed cheeks, change in skin colour of the lower limbs and fatigue. It would have been helpful to have recorded pulse rate before, during and after the training. The Innowalk records distance 'walked' and calories used and this was an incentive for HK, who usually has a poor appetite and she increased her food consumption. Interestingly over the time of the trial she put on weight.

Two of the children reported improved bowel habits. All the children at the time were sleeping well and continued to do so. VK chose to challenge himself to longer distances and achieved 10km. He experienced occasional discomfort the following day, but otherwise there were no other reported adverse side effects.

HK set herself to 'run' the 5km Santa Dash in order to raise money to purchase the machine for the department, supported by all the families.

We would have preferred to have established better baseline assessments in order to determine clearer outcomes, but the time frame, family constraints and the variance among the children made this problematic.

What now?

VM and HK are both keen to explore ways to improve fitness and to increase levels of physical activity. EK is hoping to improve his running and is considering a running bike. The other children are hopeful the Innowalk can be purchased and they can resume regular activity.

Promoting physical activity with children with movement disorders can prove difficult. Cycling is generally an outdoors activity and weather dependant, and swimming is not easily accessible in our area. The Innowalk can be used in all weather and has the feel of a gym session which all families had commented on and found very positive. Families were very committed and all children visibly showed signs of enjoyment.



Table of Results

Child & Age	GMFM level	Number of sessions	Goal (PT) Expectation (family)	Outcome	Family feedback
VM 10	IV	31	Improve fitness Increase walking speed (6 min walk test 190)	Improved functional skill (6 min walk test 210)	Loved the activity. Likes the gym experience. Wants to maintain increased activity. Noticed increase stamina in walking and in daily living (eg going upstairs backwards on his bottom with no assistance)
HK 8	IV	22	Improve circulation Increase muscle bulk (6 min walk test 85) GMFM 46.09	Warm feet 1cm increase in calf bulk (6 min walk 65m) GMFM 47.68	Experiences very cold sweating feet. After 5km, feet warm and dry for over 4 hours. HK could feel the blood 'running down her legs'. Family feel that HK has improved posture – can now achieve independent 4 point kneel, increased confidence.
EK 6	III	19	Improve walking speed (6 min walk test 288m) Promote independent standing balance	(6 min walk test 418m – H was determined to run this time)	Immediate significant improvement in daily bowel habit. Increased ex tolerance
AH 8	IV	15	Improve bowel function Increase exercise opportunity	Stopped bowel medication Improved exercise tolerance	Abbie really enjoyed herself, turning the speed up and increasing the distance. Family liked seeing normal physical movement.
AK 10	V	18	Improve head control	Improved head control whilst in the Innowalk.	Family really appreciated the normal movement pattern achieved by the trainer.
KM 9	IV	9	To establish normal movement pattern. Increase exercise opportunity	Smiled and enjoyed movement. Increased tolerance	Family really appreciated the normal movement pattern achieved by the trainer.
RM	V	5	Improve head control and trunk control for positioning	Only attended 5 times.	Family really appreciated the normal movement pattern achieved by the trainer. Enjoyed lifting his head, making eye contact and improved movement tolerance.

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