

**ASSOCIATION OF  
PAEDIATRIC  
CHARTERED  
PHYSIOTHERAPISTS**

**NEWSLETTER**



**MARCH 2017**

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## NATIONAL COMMITTEE OFFICERS AND MEMBERS

Chair Elizabeth Gray [chair@apcp.org.uk](mailto:chair@apcp.org.uk)

Vice-chair Michelle Baylis [vicechair@apcp.org.uk](mailto:vicechair@apcp.org.uk)

Secretary Harri Creighton-Griffiths [secretary@apcp.org.uk](mailto:secretary@apcp.org.uk)

Treasurer Nicola Burnett [treasurer@apcp.org.uk](mailto:treasurer@apcp.org.uk)

Public Relations Officer Chris Smith [publicrelationsofficer@apcp.org.uk](mailto:publicrelationsofficer@apcp.org.uk)

Research Officer Sarah Westwater-Wood [research@apcp.org.uk](mailto:research@apcp.org.uk)

Education Officer Anna Hebda-Boon [education@apcp.org.uk](mailto:education@apcp.org.uk)

Journal Editor Cate Naylor [journal@apcp.org.uk](mailto:journal@apcp.org.uk)

Newsletter Editor Sarah Dewhurst [office@apcp.org.uk](mailto:office@apcp.org.uk)

Business Administrator Fiona Moore [office@apcp.org.uk](mailto:office@apcp.org.uk)

Media Administrator Kerry McGarrity [office@apcp.org.uk](mailto:office@apcp.org.uk)

It is Spring 2017 and despite challenging times for all in healthcare, the APCP is continuing to support its members to further both their personal development and the development of the paediatric physiotherapy profession.

The APCP conference 2016, **Neurodisability: From Birth to Transition** (#APCPBrightonRocks) was well attended and received. Please see the reviews in the newsletter and uploaded lectures for a taste of the subjects covered. If you missed the conference, the lectures are certainly worth a watch and are available on the APCP website. The two lectures with a patient's perspective were inspirational. Their personal accounts of how physiotherapy has been part of their journey reminded us all why we continue to work so hard.

November 2016 also saw the launch of the new Working with Children Document, with guidance on good practice for all physiotherapists working in paediatrics. It is available on the APCP website and is an invaluable resource for therapists working in our speciality.

The CPIP UK project continues to progress. Physiotherapists from all regions are working to develop the use of the patient management system. With support provided from the National APCP CPIP working group, chaired by Michelle Baylis, our current APCP National Committee Vice Chair. Please see the CPIP section in APCP Matters for further information on what is happening in your area.

The APCP are continuing to provide the Introduction to Paediatric Physiotherapy Course annually and this June it is being held in Birmingham. This course is highly recommended for physiotherapists hoping to develop their skills in paediatric physiotherapy.

Conference this year is in Cardiff, **Expanding Horizons** (#APCPCardiffCalling), promises to be another great programme and opportunity to network and share information.

As usual the regional committees continue to work hard to provide training opportunities, with evening lectures and day courses local to you. Please see the bulletins and website for more information.

Our Facebook, Twitter and ICSP pages also continue to be updated regularly. Our dedicated administration staff are always on the look-out for interesting information to share. These pages are interactive and invite members to share information on them as well as here in the newsletter. The newsletter is also being updated to a new electronic format, please see the article looking at how the newsletter has developed over the years. Please get in touch with your thoughts, experiences and feedback.

I look forward to hearing from you.

**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

## Neurodisability: From Birth to Transition #APCPBrightonRocks



## Conference Reviews and Highlights

### A Review from the London region

I was fortunate enough to attend APCP Conference 2016 after winning a bursary from the London branch. I have attended two previous conferences, however I feel this was my most memorable for several reasons.

As a team, we found the booking process very accommodating, helpful and speedy. Although there were some difficulties with a few Fawley Tower moments in the hotel (including, arctic temperatures in the rooms), the APCP team were very well organised with lots of friendly faces around who were always willing to help...the extra wine in the evening helped too! The wait staff in the evening were also friendly and attentive, especially to those who had specific dietary requirements. The 'psychotherapists' really enjoyed the whole evening, and what great dancers!

There were a number of workshops available, which unfortunately often coincided with equally as interesting lectures in the main programme. This however brings us to the wide range of international motivational speakers, with a wealth of knowledge, that we had the opportunity to learn from. There were a large number of excellent posters and four free papers and congratulations to the winners of each category.

I think most will agree the most inspirational and unforgettable speakers were Matthew Humphries and Callum Budd, who shared their own experiences and brought their own perspective to physiotherapy and exercise. They reminded us all what really matters, and that is the child and young person. They led us nicely on to really thinking about transitions and how we can begin to incorporate this quite early on, preparing and empowering the young person with their own management.

Overall, 'Brighton Rocks' was a fantastic experience and I would recommend APCP Conference to all as a great opportunity to network, learn and share experiences.

**Minal Russell**

**Band 6 Paediatric Physiotherapist**

### A Review from The Trent Region

This was my first year attending the APCP conference and I was excited at it being held along the lovely South Coast in Brighton. There were added nerves and excitement as I was standing in for Laura Clifton, Trent regional rep, and attending the national committee meeting the day before conference.

Attending national committee meeting made me so aware of the hard work and dedication that each of the members put in to making sure that APCP runs as well as it does and that paediatric physiotherapy continues to be promoted in whatever way possible. The experience of taking part in the meeting has inspired me to want to be more actively involved in the APCP committee in the future!

On Friday it was up early for a lovely cooked breakfast and then straight into a rousing opening address and a day packed full of interesting workshops and lectures. The final lecture of the day on Dystonia had everyone in the room frantically scribbling notes and thinking of ways that they can take what they have learned back to their clinical practice.

Following the day of lectures, it was then time to get all dressed up for the evening meal. This was a great chance to get to know more attendees and we were even taught a 1920's Charleston routine which had everyone up dancing and having a great time. It was then off to bed, whilst a few partygoers continued until the early hours of the morning!

Saturday morning began with another cooked breakfast and catching up on the tales of the previous night's antics. The theme of Neurodisability: From Birth to Transition was so applicable to my daily work that I wanted to attend all the lectures and workshops but with such a full programme I had to be selective! An inspiring talk from race runner athlete Matthew Humphries left many of the attendees speechless and in awe of his sheer determination and positive outlook on life.

The whole experience of conference and national committee has opened my eyes to the running of the APCP and I want to thank all that were involved for putting on a fantastic and informative few days. I would definitely recommend attending the conference and I am already looking forward to Cardiff 2017!

**Rebekah Tinney**

**APCP Trent region secretary**

### A Review from Matthew's Physiotherapist and an update from Matthew

What a fabulous weekend of catching up with old friends and colleagues and making new ones. Also learning, sharing and keeping up to date with clinical based evidence along with the most recent equipment innovations at the various stands.

Brighton proved a wonderful venue with the sunshine and blue skies of the Friday and then the rugged waves of a wet and windy Saturday. We even had the Brighton APCP rock and Brighton certainly did rock whilst the APCP conference was in town!

We had a great experience of learning with lectures and workshops, a fabulous evening of entertainment, dining and dancing at the conference dinner, and then a real treat of speakers on Saturday too.

I have the privilege of being Matthew's physiotherapist for several years, from when he was under the care of the Derbyshire Community Paediatric Physiotherapy Service, until recently when he transitioned into our Young Adult Service.

It was an absolute joy seeing him proudly standing in front of us all with such confidence at November's National Conference and I know many felt the same as he received a standing ovation and was the first non-physiotherapist to receive an APCP gold badge.

Matthew linked several of the speakers 'take home messages' such as empowering our clients to develop a high self-perception, embracing sport, exercise and strength training, along with ensuring a seamless transition into independence in adulthood. We also learned through the lectures about the theory of acquired brain injury, dystonia and promoting awareness and participation in sport.

In summary, Matthew is a shining example of a young man who has worked hard to achieve his dreams and he presented a fabulous session, clearly enjoyed by all.

Not surprisingly, many attending the conference are keen to find out more about him and so he has kindly prepared the following profile.

**Dawn Narborough**

**Paediatric Physiotherapist, Derbyshire Healthcare NHS Foundation Trust.**

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**Matthew Humphreys**

**Born February 1998**

**Lives in Swadlincote, Derbyshire**

***What is your sport?***

Race Running, Participates at 100m, 200m, 400m, 800m and 1500m on the track.

***How did you get into Race Running?***

In October 2008 I suffered a Hypoxic brain injury, resulting in Quadriplegic Dystonia. I had always been sporty and started 'back to sport' with CP Sports at athletic taster days, initially participating in seated club throw. Then 4 years ago I saw a race runner and was hooked.

***What are your competition highlights?***

Medals – CPISRA World Games 2015, 4 silver medals (100m, 200m, 400m, 800m).

Denmark international competition 2015, 1 gold medal (200m) 3 silver medals (100m, 400m, 800m).

Denmark international competition and CPISRA Open European Championship 2016, 1 silver (100m) 3 bronze medals (200m, 400m, 800m).

***What are the benefits to you of Race Running?***

I love competing, but struggled to find a sport I could take part in after my accident. When I saw the Race Runner I knew I had found the sport I could take part in. I love the feel of running, but without the support of the Race Runner I fall all the time. Since taking part my strength, power and endurance have improved, this has helped my general walking and core strength.



***How do you train?***

I train regularly, but since moving to college I can't get to the training sessions with my coach as often (in Sheffield and Lincoln, which I used to go to twice weekly). Now I have to train at weekends with my Mum, or on a track at college on my own. I'm trying to set up a local race running club at my college, Portland College, Mansfield.

***What are your aspirations for the future of Race Running?***

Race Running isn't currently a Paralympic sport. I am hoping this will change in the coming years and I see myself on a winning podium in 2020!

Thank you Matthew ~ we wish you all the success you deserve and will certainly look out for you in 2020!

**The Brighton Workshops**

On the serious, academic side there was measuring, evidencing and reflecting, as you would expect. But also on that all-important, fun, curiosity- inspiring clinical side, there was splashing, electrical zapping, and sticking tape, all brought together in a smörgåsbord of inspiring CPD experiences for this year's conference parallel program.

"Informative and interactive" sums up the delegate feedback.

The neurodisability group of the APCP would like to thank all who took part, both as presenters and as delegates, for making the ambitious plans come alive. In the planning meetings, we made a "firm" commitment to limit the variety within the program to just four topics. That became a distant memory and, just as the mother of a large family once said to me "... which one could I be without", we eventually doubled our limit. Such resolve!

Each subject was irresistible and it was especially wonderful to have access to the hotel pool for the aquatic therapy masterclasses. The topics presented were participation, goal setting, CPIP UK, postural management, evidenced based choices for clinical intervention, future research questions, elastic therapeutic taping, functional electrical stimulation and Aquatic therapy. Being as well attended as this year's conference was, the workshops were busy, even when the main hall was still packed with attendees enjoying the headline speakers.

The sessions reflected the practical, hands on, skill based (as well as knowledge based) aspects of our working life with clients. They may have inspired future research, but certainly ignited clinical curiosity.

The practical workshops involved trying new skills under the guidance of experts in their fields. Delegates reported how interesting it was to be exposed to practical physiotherapy techniques and acquire clinical ideas leading to plans for CPD in the future. Although there is a shortage of written material for us to draw on in practical physiotherapy, Esther de Ru and Dr Heather Epps have tried to address this.

Dr Epps has generously filmed her own aquatic therapy techniques with clients, to help inform aquatic therapy clinical practice. Her techniques have been developed over decades of experience and research, and blend and build on past aquatic therapy approaches. These DVD's are world-leading materials for aquatic therapists working with children, wanting to build their therapeutic repertoire in an accessible, cost effective way. The effects of elastic therapeutic taping may be less evidence based (than those who use it to good effect clinically might hope), but Esther's book gives a good basis to take it forward towards more research.

Seeing Sophie Levitt at the conference gave cause to reflect on her continuing inspiration too. I mention learning material to signpost those interested, not as marketing for the authors. It takes

monumental effort and commitment to share what they have learned, in order to inspire further evaluation of the effects of their interventions. Neurodevelopmental Paediatric Physiotherapy needs ever more of this.

Bryony Beresford facilitated a fascinating interactive session, challenging us to narrow down what we really are trying to achieve for our client group. She looked at what research is needed, to know how to achieve these goals. The team from Bobath Wales enthusiastically discussed goal attainment scaling and Jen McAnuff and Jenny Featherstone facilitated discussion about where we are as AHPs in using participation outcomes in the real world. Thank you to Liz Anderson and Jane Chantry for their lively presentation of postural management.

Many of the neurodisability group were involved in presenting and Dr Sarah Crombie was at the forefront of the organisation on our behalf. Especially worth noting is that the CPIP project is well underway, following the groups inaugural course in Sheffield. Delegates fed back that they had already received some training in using it as a management tool. The system is yet to be fully implemented and will rely on NHS IT and data systems, but the skills in standardised measuring are being widely practiced and perfected in time for the data recording to be in place. It is recognised and appreciated by our Consultant colleagues that physiotherapists have been at the forefront of this. Thank you to Katie Kinch who has played an inspirational role. Fewer sleepless nights for us worried about our client's hips and spine management in the years to come? I hope so, because the system will build confidence into our monitoring systems for kids affected by CP. Ultimately it will result in less pain and surgery, if the past data from the system use can be replicated in the UK.

Dr Margaret Mayston and Jenny Carroll presented us with the "going green" concept of choosing clinical interventions that have the strongest evidence base, while recognising the challenges with this.

The use of functional electrical stimulation at Stoke Mandeville and the Birmingham Children's hospital was expertly presented by Kirsten Hart and Liz Wright. It is a possible topic for the next course run by the neurodisability group, given how popular these workshops were, so watch out for that.

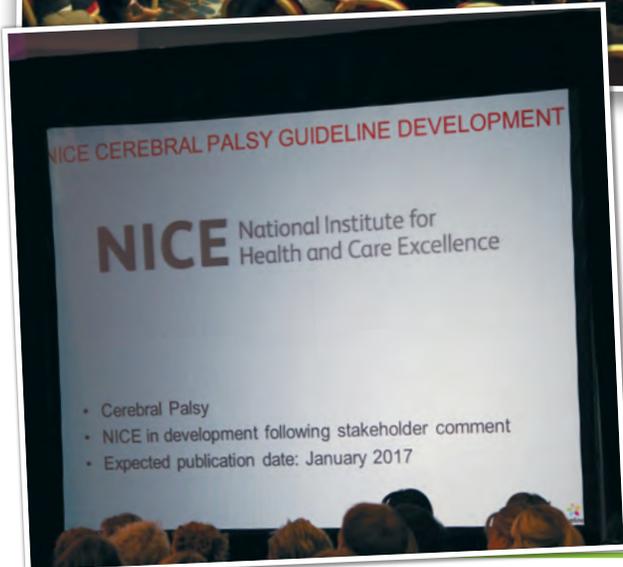
"Practical, playful, factual and fun" are some words I heard used to describe this year's workshops, and, most importantly, "inspirational, lively and applicable to clinical practice".

Thank you all those who made it happen.

**Jenny McLaughlin**  
**APCP South East Committee Member**

*Aquatic Therapy DVD by Dr Heather Epps available with certified CPD contact [cnphys.co.uk](http://cnphys.co.uk)  
Elastic Therapeutic taping in Paediatrics By Esther De Ru is available via [physiounk.co.uk](http://physiounk.co.uk)*

Some reminders of a fantastic weekend!



**ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS  
MINUTES OF THE 43<sup>rd</sup> ANNUAL GENERAL MEETING  
FRIDAY 11<sup>th</sup> NOVEMBER 2016  
BRIGHTON**

The Meeting opened at 10.30

**1. Introduction from Honorary President:**

Honorary President, Eva Bower welcomed members to the APCP 43<sup>rd</sup> Annual General Meeting. Eva paid tribute to Moyna Gilbertson who sadly died earlier in the year and spoke about her huge contribution towards both the APCP and our profession. Eva asked all to stand in tribute to her in remembrance of her life.

Eva, announced that Liz was to continue as APCP's chair and 'steer the ship' for a further one year term following the earlier decision of the vice chairperson that they were unable to carry out the role of chair. Eva wished to thank Liz for her on going dedication and her husband Paul's support. Eva asked all to join her in a round of applause for Liz. Eva proceeded to introduce the APCP Executive Committee; Liz Gray Chair; Michelle Baylis Vice Chair; Nicola Burnett Treasurer and Harri Creighton-Griffiths, Secretary.

**2. Apologies for absence:**

Hilary Cruikshank

Jordan Butler

Lynda New

**3. Minutes of the last meeting:**

The minutes of the 42<sup>nd</sup> Annual General Meeting held in Gateshead were published in the March 2016 edition of the APCP newsletter.

The minutes were approved and electronically signed accordingly.

**Proposer:** Elizabeth Gray

**Seconded:** Michelle Baylis

**4. Matters arising:**

There were no matters arising.

**5. Chairman's report – Liz**

Thank you, Madame President. I am pleased to give this report of the work and achievements of APCP over the past 12 month and for reference an impact report for the past 12 months' activities was shared with all present.

This year's APCP annual conference and AGM coincides with the other go to event currently being held in Liverpool, ER-WCPT and whilst it is disappointing that these two events have fallen on the same dates, I am delighted that despite this diary clash we have a fully booked, indeed oversubscribed conference here in Brighton and hope that you will tweet using the wholly appropriate conference #APCPBrightonRocks. We sent our best regards to #erwpct2016 and can report we have supported ER-WPCT by sending a representative and look forward to hearing in due course her feedback.

APCP remains one of the largest PN of the CSP with a membership of 2400. We continue to grow year on year and continue to have a strong voice at the Client Group Alliance and represent the CSP at the LD professional Senate and the Academy of Medical Royal Colleges, as well as attendance at and membership of BACD.

A week is a long time in politics and 12 months is a long time when reviewing the activity of APCP. If I might just highlight a few of the key activities:

I am truly delighted to announce the launch of 'Working with Children', now available to download and view on the APCP website. This reference document is the culmination of many months' work by a dedicated working party who have totally rewritten the previous document into an electronic resource with separate country section and embedded links to all the related policies, frameworks and laws. This is a magnificent 'go to' document and we ask it to be shared widely to support best practise in relation to paediatric physiotherapy for children and young people.

Also this year we have spent time developing an APCP fellowship policy. Again, officially launched today we invite nominations of individuals for the award of APCP fellow. The nomination and application forms can be found along with the policy criteria on the website. We feel this is a very exciting development and allows us to offer a fellowship award to those APCP members who have achieved a level of expertise and supporting body of work, have advanced the profession as a whole by forwarding the boundaries of professional knowledge or by furthering the aims of the professions mapped to the pillars of CSP practice. No more than four fellowships a year will be awarded.

APCP has established a new specialist group committee PPIPPs - Paediatric Physiotherapist in Private Practise. We are very much looking forward to seeing this enthusiastic and committed group lead on a number of initiatives including developing resources for both parents and members – so watch this space!

Work developing clinical skill frameworks has been a major focus and we are close to publishing our first APCP 'Guidance for Practise' these are fully referenced, researched and benchmarked descriptors of practise at novice and advanced practitioner levels. We plan to have this completed in early 2017 for neuromuscular conditions and aim to follow in a similar format for neurodisability, respiratory, MSK and neonatal conditions.

APCP delivered 5 "train the trainer" events across England to establish 150 CPIP-UK trainers who are now delivering training of a standardised physical assessment for Cerebral Palsy based on the CIPIS model developed in Scotland based on the Swedish CPUP system of patient management surveillance. APCP continues to work alongside colleagues from British Academy Childhood Disability, British Society of for Children's Orthopaedic Surgery and NHS England to develop a business plan for a national programme.

Our honorary president Dr Eva Bower has agreed to develop an APCP Evidence based systemic review policy and this will support our plans to undertake a full review of all current APCP publications and leaflets.

Today we also launch our APCP Policy on joint working with equipment manufacturers - this will be shared widely with equipment companies so that we can work together to improve outcomes for CTYP by supporting collaborative working whilst maintaining our professional independence and safe guard the interest of our patients. This document can also be found on the APCP website.

Ever keen to embrace modern technologies and social media to share, network and engage, we are actively working to develop APCP webinars and online training opportunities.

So to conclude, as APCP continues to go from strength to strength we remain focused on our core objectives to provide a forum to promote exchange of ideas; best practice; CPD; research and development, develop links with other relevant organisations, to represent paediatric physiotherapy on behalf of the CSP and finally promote the role and benefits of Paediatric Physiotherapy. APCP couldn't do this without the dedication and hard work of individuals who give up their time, experience and expertise to go 'the extra mile' both literally and metaphorically.

I should like to pay particular thanks to our National Committee members and National Committee working groups for their tireless work and commitment but especially I like to give thanks to their families and work colleagues who support them and accept their absence from both at home and the work place to undertake this work - without that I for one could not stand here today.

Thank you.

**The adoption of the fellowship has been proposed by****Proposer:** Liz Gray**Seconded:** Sarah Westwater-Wood**This report has been proposed by****Proposer:** Michelle Baylis**Seconded:** Nicola Burnett**6. Treasurer's report – Nicola Burnett**

The accounts for 2015 have been examined by the accountants; Nicklins Business Advisors. There was surplus of approximately £16,000 for the national accounts.

The surplus in 2015 was due to several factors, the general committee expenses, travel, subsistence and accommodation have been reduced with committee being encouraged to book travel early for cheaper fares and the sharing of accommodation when required. The course income is also up considerably with more courses being run and many of these being well attended and we did receive a £5000 education grant from GW Pharmaceuticals, which had no strings attached and we have put this towards funding some of the training for CPIPS. The national conference in 2015 also made a small profit.

The other factor that contributed to this rise in surplus was the fact that very little was paid out in the way of Research and Project bursaries, less than £3000 of a potential £10,000 budget.

On the advice of our auditors in 2015 we decided to make some small changes in the way we recorded the income and expenses.

Historically the regions, with the exception of the North East have chosen to run separate accounts which gives them control of their income and expenses and the ability to manage their own affairs, these accounts are audited individually by the national auditors. This will remain the same.

The specialist groups and North East region accounts are kept within the main account with all their income and expenses running through the national account. In 2015 to simplify the accounts we have recorded together all course income and expenses whether it be a course run by the national committee such as ITPP or a specialist group course or NE region but continuing to keep our own separate record of the income and expenses of these groups.

For 2016 we have had already paid out for a couple of research bursaries as approved by the education and research committee but we do have more money available so if you are thinking about doing some research then please do apply, we would like to spend this money.

Another expense that has increased for 2016 is the second administrator, which means that we now have a business and a media administrator who both see to the smooth running of the APCP including event organization.

To benefit all members we have been exploring the possibilities of digital and online learning, whether it be through webinars, accessing recorded lectures or other interactive mediums. We are hoping to have available some of the lectures from this conference for our members and we are also consulting with the CSP on how to take online learning forward in the future. If anyone has a special interest in this area or is knowledgeable about the practicalities then please do let me know.

Finally, I would like to propose the continued appointment of Nicklins LLP as Auditors for the 2016 accounts.

**Proposer:** Sarah Westwater-Wood

**Seconded:** Cate Naylor

### **7. Adoption of the Auditors- Nicola**

Nicklin Partnership of the West Midlands remains the adopted auditor.

This is proposed by

**Proposer:** Nicola Burnett

**Seconded:** Katherine Heffernan

### **8. Media and Information report- Chris**

As some of you may know I took over from Kathie Drinan in July having originally been drafted into the national committee as the PPIPS Committee rep... I know that Kathie invested a lot of time this year collaborating with organisations such as CP Sport, Wheelpower and EFDS to improve sporting opportunities for our families. We will continue to maintain and expand these relationships, to provide ever increasing opportunities for children and young people to participate and be included in sport. Because as good as we all think Physiotherapy is, it doesn't mean anything unless we improve the child or young person's capacity to function in their everyday life.

Since taking over the PRO role Sarah Dewhurst and I have provided preparation exercises for the FFA. We modified the FIFA 11+ which is for those not in the know, the recognised FIFA preparation activities for young footballers. So the frame footballers will feel that they are following something just like their able bodied peers.

Our social media presence is ever improving and we have more than doubled our FB likes from last year. I would love to take credit for that but the thanks for that go with our media administrator Kerry. The APCP Closed members Facebook group also continues to grow and offer another forum for sharing information between our members.

2016 Has seen the reworking of the working with Children APCP document and Jane, Kerry and the working group which has been a massive piece of work so thanks to them and all involved.

The role of the PRO is to promote paediatric Physiotherapy and historically that has been improving interdisciplinary relations. The changing nature funding of statutory services in the U.K. has seen many social enterprises, CIC and private companies take a stakeholding in paediatric Physiotherapy. This has left many paediatric physios no longer being NHS employees. What I see as one of the APCP important roles is ensuring that despite differing employers, that physiotherapists working together for the interests of the family.

I believe that joint working between the NHS/private sector is not always working as well as it could and I am keen to explore that in the coming months. We are also seeing that more families are choosing private Physiotherapists as well as other professionals such as personal trainers and strength and conditioning coaches.

I do wonder what chance do we have of working together with other with professionals, if we can't work with each other. So please do come and speak to me over the next 2 days about your experiences of joint working and how we can make it more effective.

### **9. Research and Education Report – Sue Bush- Research Officer**

There are currently 3 Research Bursaries running:

Stuart Clarke has almost completed his research project to evaluate the impact of progressive muscle strengthening and fitness training upon individuals with neuro-disabilities.

Phil Harniess research project is ongoing with one interview completed and analysed and more to follow. Some of his bursary will be used to fund transcription of future interviews.

Victoria Selby has had to pause her research this year but hopes to resume in 2017.

Jennifer Harris has gained ethical approval) in May 2016 and recruitment for the project commenced in June and completed July 2016 (with one additional student being recruited in September 2016). Data collection started in September and the students are now trialling her intervention. Her bursary was used to produce an information booklet for participants 'Everybody Active Every Day' to explain her research.

I attended the 3<sup>rd</sup> #Count Me In! International Scientific Meeting on Supporting Children's Participation in Plymouth. It was a lively and thought provoking event and I would encourage you to consider attending future meetings.

I am also taking part in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Neurodisability Case Note Review. This review will result in a report which will be discussed in Parliament. The Case notes of all children and young people with cerebral palsy admitted to hospital over a two-week period will be examined and the quality of care they received assessed. Any areas of concern will be addressed with the hospitals involved and a report submitted to parliament for discussion so this has the potential to improve care.

As you have heard we have finalised the policy for Joint working with equipment manufacturers.

The Education officer, Sarah Westwater- Wood, supported the West Midlands team running a fully subscribed and very successful 'Introduction to Paediatric Physiotherapy' course for 60 delegates in Birmingham. 12 candidates submitted case studies and all passed.

Sarah represented APCP at the Future of Physiotherapy conference.

As Liz told you Sarah has finalised the Fellowship policy.

Anna Boon led on a scoping exercise looking at education in paediatric physiotherapy in countries across Europe – this showed varying levels of teaching in paediatrics at degree level and very few broad based introductory level post-graduate courses. This indicates a possible audience for our Introduction to paediatrics course among our European colleagues. National committee will discuss how to take this forwards.

Sarah Westwater- Wood is now to become Research Officer and Anna Boon will take her place as Education officer.

#### **10. Election of committee members**

This year 3 members have come onto National Committee;

- Chris Smith who will take on PRO role
- Virginia Knox National Committee member
- Linda Walsh National Committee member

#### **11. Any Other Business**

No other business raised.

#### **12. The next AGM**

This will be on the 3<sup>rd</sup> November 2017 at the Conference in Cardiff at approximately 1230hrs.

We look forward to seeing you there.

**Meeting closed at 10.55** in readiness to uphold the two-minute silence for Remembrance Day.

**Harri Creighton-Griffiths**

**Secretary to the National Committee**



The Association of Paediatric  
Chartered Physiotherapists

Annual Conference 2017

*Expanding Horizons*



3-4 November 2017

Mercure Cardiff Holland House Hotel and Spa

Bookings open 1 March 2017, places are limited so please book  
early.

*(If you are seeking funding from your employer, please apply early as we expect places  
will sell out very quickly and will **not** be able to hold bookings without payment.)*

Please see website for details: <http://apcp.csp.org.uk>



The programme is not quite finalised as yet but the Conference Committee are working hard to pull it together. The venue does not lend itself so much to workshops, as we had last year but instead we are running two lecture streams on each day. We do listen to your feedback on your evaluation forms and have based much of this year's conference on requested topics.

On Friday 3 November we have our keynote speaker Karen Middleton and then one stream based on Neurodisability and Research with some first rate speakers including Virginia Wright from Toronto speaking on 'Taking the GMFM into the land of quality of movement and advanced motor skills assessment' and Roslyn Livingstone from Vancouver speaking on 'Augmenting early mobility experiences for children with CP' We also have the ever-entertaining Charlie Fairhurst who proved such a hit last year!

The second stream on Friday is based on MSK and hypermobility and includes talks on 'European EDS hypermobility variants' by Jane Simmonds and 'Osgood-Schlatters disease' by Jenny Strickland.

On Saturday 4 November we move into one stream on paediatric pain with talks on 'Lessons learned from pain clinics', 'chronic fatigue' and psychology based therapy.

The second stream focuses on sport and participation with talks from Georgette Mulheir from Lumos, Sufability, Ice Cool Kids and Frame Football in the UK. We are also honoured to have Sophie Christiansen speaking to us about her Paralympic journey.

Please see the website for updated details as they become available. Booking will open on 1 March and we expect to sell out fairly quickly.

Just a quick heads up for 2018! Conference will be in Manchester and due to overwhelming demand the last couple of years, we have more or less grown out of hotel based venues so the committee is currently looking into Conference Centres and larger venues so we don't have to turn any of you away. Details soon!

## Call for Abstracts

APCP Conference 2017 is in Cardiff on 3-4 November 2017. Please submit abstracts for free paper/posters by **July 1<sup>st</sup> 2017**.

Submission forms and advice are available from [va@apcp.org.uk](mailto:va@apcp.org.uk).

Please read the accompanying advice when writing your abstract and include all the information requested. Full details of methodology, data and analysis are needed for the committee to assess your submission. If sufficient information is not included your submission may be rejected.

If you require advice to help write your abstract prior to submission, please contact the Research Officer at [research@apcp.org.uk](mailto:research@apcp.org.uk)

# APCP Fellowships



APCP Fellowships have been introduced to acknowledge and honour members of the Association of Paediatric Chartered Physiotherapists who have made an exceptional contribution to the advancement of physiotherapy or rendered outstanding service to the profession.

## APCP Fellowship Awards

The Fellowship awards are an accolade intended as a prestigious award to celebrate the achievement of individual APCP members' service to the profession and wider paediatric physiotherapy community.

APCP Fellowships will be awarded annually by the APCP National Committee at the Annual Conference dinner on the recommendations of the APCP Awards Committee.

A Fellow shall be entitled to use the designator letters 'FAPCP' and the description 'Fellow of the Association of Paediatric Chartered Physiotherapists'.

## Criteria for the Award of Fellow

A nominee/applicant for award of Fellow must have been a full professional member of APCP for at least 5 years (this includes interrupted membership) who has advanced the profession as a whole, by forwarding the boundaries of professional knowledge and/or furthering the aims of the profession and/or the Association.

An applicant's profile in forwarding the boundaries of professional knowledge and/or furthering the aims of the profession and/or the Association should be mapped to the pillars of CSP practice (leadership, research/education, clinical knowledge or skills, practice, service development).

Concomitant with the award of Fellow is an undertaking to be available to be called upon jointly or individually to advise the APCP National Committee on matters pertaining to the advancement of paediatric physiotherapy.

## Fellowship Nomination and Application

Application for the award of APCP Fellow is a two-stage process:

- **Nomination** - individuals must be nominated by 2 individuals (see Fellowship Nomination Form)
- **Application** - successful nominees will be invited by the APCP Awards Committee to submit a full Fellowship application\*

\* There is a £50.00 processing fee for individuals submitting full Fellowship applications.

Applications will be reviewed by the APCP Awards Committee and successful applicants will be invited to attend the Annual Conference dinner for presentation of their Fellowship Award.

Full Information on APCP pages see below link...

<http://apcp.csp.org.uk/apcp-fellowships?networkid=421439>

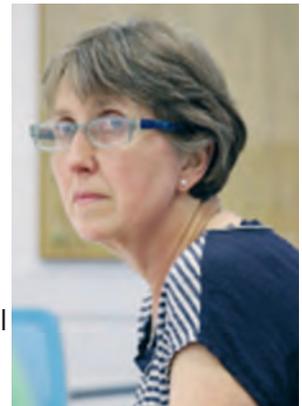
## Meet The National Committee

The Treasurer: Nicola Burnett

A Five-Minute Interview...

### **What does your role involve in a nutshell?**

As Treasurer, it is my role to oversee the finances of the APCP. I monitor the payments in to the accounts and make payments out of the account for committee and special interest group expenses as well as newsletter and journal costs and postage amongst many other things. I also prepare the paperwork to be sent to the accountants for the annual audit and work with the regional treasurers gathering their accounts to for audit.



### **How did you get involved with national committee?**

I came onto National committee as a regional rep for the South East and then took on the Treasurers role when it became vacant at the end of 2014.

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

I am employed by Kent Community Health Foundation (NHS) Trust as the Lead Physiotherapist at Valence School in Westerham, Kent. It is a maintained school for over 100 physically disabled children and those with complex medical conditions aged 4 to 19 years, and is residential in the upper school. To relax I have a wide range of interests from daily dog walking and regular swimming to trying to race my Laser sailing dinghy, skiing, paddle boarding, waterskiing and reading. This is not to mention spending time with my family and my three rugby mad boys and husband – so lots of standing on touch lines.

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

I have got to meet many inspirational paediatric physiotherapists and network with people from around the country. It is great to hear what others are doing and keep up to date with the latest ideas. The opportunity to organise national conference 2016 was an awesome experience and I am now looking forward to being involved with Conference 2017.

### **What would be your advice on how to get involved?**

I would urge members to go to local meetings and perhaps join the local committee. It is a great way of networking and meeting like-minded people, also you can help decide on and organise local courses, lectures and study days.

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## CPIP UK Update

The training on CPIP is being shared across the UK. The National Network committee is meeting twice a year to support physiotherapists working in each region to promote the CPIP programme.

The national CPIP Network committee is led by Michelle Bayliss (APCP Vice chair) and has a physiotherapist representative from each APCP region as well as Charlie Fairhurst representing the Paediatricians and Guy Atherton representing Paediatric orthopaedic surgeons. Representatives from NHS England also attended the last meeting to discuss how different funding pathways for CPIP UK are being considered.

145 physiotherapists have now been trained to be CPIP Trainers at the 5 events held during 2016. Training courses were provided by the Scottish CIPIS team in London, Liverpool and Birmingham. The 145 physiotherapists who attended, have since then cascaded this training to 350 physiotherapists and issued them with practitioner numbers. This is excellent news, as once regions have gained funding for the CPIP patient management system, each physiotherapist will need a practitioner number to access the system. This is to ensure the best standardisation of the data being recorded by making sure that everyone who enters data has done the standardised training programme.

### **CPIP Northern Ireland Region**

In Northern Ireland the physiotherapy managers of each of the five health care trusts have identified two physiotherapists' to join a new regional neuro-disability physiotherapy network. As a first step, a training day was held on September 2016 to validate a regional orthopaedic assessment protocol for lower limb range of motion and spasticity measurement in children with Cerebral Palsy; the current CPIPS protocol was used for this purpose. The day comprised demonstration, video training, and practical sessions, and finished up with repeatability testing. These physiotherapists are now responsible for instructing the paediatric physiotherapists in their region. The plan is for CPIPS measurements to form part of the standardised assessment protocol in the Regional Cerebral Palsy Pathway. A further update day is planned to assess the progress of training for physiotherapy clinicians in the different trusts, and to offer support and further training as required. The Regional Orthopaedic Service is also in the process of auditing their current method of hip surveillance in Northern Ireland and we also look forward to having discussions with our Orthopaedic Consultants following the outcome of their audit.

**Tina Weston**

**Northern Ireland Representative**

### **CPIP South East**

The region is steadily moving forwards with the CPIP. We have a steering group and we have met regularly over the past year.

Our meeting in July involved both our SE steering group and SE Paediatric Orthopaedic Network(SEPON) inviting paediatricians, orthopaedic consultants, and radiographers and physiotherapists to discuss the practicalities of implementing the CPIP registry. This was well attended by all professions although we were missing a radiographer but it was fantastic to have all the paediatricians from the area and we certainly felt that the SE had spread the word and was moving forward. Most areas are keen to start CPIP clinics and practise the assessments, despite not yet having the patient management system.

We are all very excited in the SE to push forwards with CPIPSE. Our plans in the region are to;

- Continue with regular SE steering group meetings
- Plan for more physiotherapists to attend a train the trainer event
- Continue to run regular CPIP training days
- CPIPSE logo to be designed
- Radiologist study day to be planned by the orthopaedic surgeons

We are looking forwards to the further development and implementation of CPIP and to see what NHS England can do for us to keep it all on track in 2017

**Elaine Hopper**

**South East Representative**

### **CPIP South West**

We are continuing to meet quarterly as a region and mix of surgeons, paediatricians and physiotherapists to maintain impetus in taking CPIP forward.

Bristol and South Gloucestershire CCG have had a bid submitted by the working party of that area to try to secure enough funding to host the management programme for the whole region. We hope to hear in the next few months.

Local areas are putting together business proposals for implementation of the service particularly around physio and admin support.

We are now trying to get sub groups locally to come together to look at local implementation with paediatricians, orthopaedic surgeons and physios involved. They will then liaise with other local stakeholders.

**Ruth Jacklin**

**South West CPIP Representative**

## **CPIP Trent**

We have CPIP trainers in Lincolnshire and Nottinghamshire who are supporting physiotherapists across the rest of our region. In these three areas, we now have a good proportion of physiotherapists trained in how to take the measurements.

In Nottinghamshire, Derbyshire and Lincolnshire our orthopaedic consultants and paediatricians are meeting and working together to develop a local professional network. The next meeting is planned for January 2016. Our Nottinghamshire orthopaedic consultant Miss Kathryn Price has taken the lead on the development of CPIP and the application for funding for the patient management system and work on this is ongoing. Miss Price and myself are attending our local BACCH meeting in June to share information on CPIP to the Community Paediatrics Teams to help further support this.

In Sheffield, key physiotherapists have been identified to take a lead on CPIP and are starting to use the CPIP measurements, at present they do not have a trainer locally but I am hoping to support them with some training until another train the trainer event is planned.

I am hoping that I will be able to contact the Leicestershire team before this is published in March as this is one area I have not been able to reach in the Trent Region.

**Sarah Dewhurst**  
**Trent Representative**

## **CPIP Wales**

The CPIP Wales group has members from all Health Boards in Wales. We also have a member from Bobath Cymru.

We met for the first time in September 2016 in Llantrisant with Physiotherapy representation from 5 of the 7 Health Boards, Bobath Cymru and an enthusiastic Paediatrician.

We have shared our knowledge and experiences of CPIP so far and discussed how we plan to take CPIP forward across all areas of Wales. We have Physiotherapists from 5 Health Boards who have completed 'Train the Trainer' and this training is now being cascaded to other team members so that assessments can start to be completed. There was a positive reception to a presentation made at the APCP Wales AGM in October and so word is spreading.

We are working with our Orthopaedic colleagues to gain consensus on CPIP although this is quite a challenge due to the number of Paediatric Orthopaedic Consultants involved.

We are looking for possible ways of funding to be able to access the Patient Management System for our children in Wales.

Our next meeting is planned for Friday 24th March in the Prince Charles Hospital in Merthyr Tydfil. If you would like to attend, please contact me at [Philippa.Burgess@wales.nhs.uk](mailto:Philippa.Burgess@wales.nhs.uk)

**Philippa Burgess**  
**Wales Representative**

Please see the CPIP pages of the APCP website for further information on who is your regional representative and updates on how the local/national CPIP agenda is progressing.

<http://apcp.csp.org.uk/cerebral-palsy-integrated-pathway-developing-uk-wide-programme>

**Sarah Dewhurst**  
**Newsletter Editor**

### EAST ANGLIA

We have had a few changes to the East Anglia committee recently. We have said goodbye to Cat McMaster, leaving us after being on the committee for 8 years and we have welcomed Dani Smith from Chelmsford to the team.

We ran a successful course on strength training in Paediatrics in Bury St. Edmunds in October last year which was well attended. The course involved several speakers and covered a range of topics including: the principles of strength and conditioning, muscle strengthening in neuromuscular conditions, gym groups, and functional electrical stimulation.

We are planning to send out a survey to all APCP members in the East Anglia region to gain information on what courses you would like to be held locally, if there are any areas of good practice members would be happy to share with others within in the region and if there is a way we can organise some networking or service improvements sharing events. It would be great to get a good response to this survey to improve the service we provide as APCP committee within our region, so please check your emails.

We have some plans for courses to run this year but do not have any confirmed dates yet as we would like to consider the feedback from the survey. Please check the APCP East Anglia webpage for updates on up and coming events and courses.

**Harriet Hewitt**  
[eastanglia@apcp.org.uk](mailto:eastanglia@apcp.org.uk)

### LONDON

London committee have been reflecting on another year of lectures that appear to have been well received. Unfortunately, things ran away with us towards the end of the year and we failed to provide our London members with a November/December lecture. We apologise but speakers were hard to come by. Our last event was our AGM but without our usual cheese and wine due to the venue restrictions. We had small numbers, however it ended up working well for the event, which was a

discussion about SDR. This was following on from our previous lecture by Chris Smith, which raised a few discussion points at the time. It was unfortunate not to have drawn the same crowd, we weren't sure if the lack of support reflected on the absence of the usual sustenance or perhaps the night's drawing in! We hope to continue to deliver a programme across 2017 that reflects the variety of areas our London members work within.

We have some exciting things on the horizon for APCP in 2017 including hosting the Introduction to Paediatric Physiotherapy (ITPP) course. We are yet to confirm a date or venue. This is likely to bring some extra work for London committee, so bear with us if lectures slow down during the month the course runs, but with the help of National Committee we hope to deliver an excellent programme, which will promote our unique area of physiotherapy and entice our junior colleagues. Please support the event by spreading the word, particularly among those rotational staff who have dipped into paediatrics and thrived! We continue to have issues filling positions within paediatric physiotherapy across the country and so we need to promote the wonderful area we work in to support the profession as a whole. For those of you I met at APCP conference in Brighton I hope you had as wonderful weekend as I did. Well done once again APCP for a great event and learning opportunity.

**Natalie Drane**  
[london@apcp.org.uk](mailto:london@apcp.org.uk)

### NORTH EAST

The North East have seen a vast reduction in committee members in the last year. We have dropped from 10 members to 4. Members have left due to traveling, leaving their posts in the region or being unable to fulfil the commitment.

Our last two meetings have been cancelled at short notice including our meeting on the 20th January as there have not been enough members attending to run the meeting with only two confirmations.

As a committee we feel that part of the problems may be due to:- There is an active

clinical interest group in the Newcastle area (Northern Paediatric Interest Group) who have a large membership and who are arranging courses and evening lectures. Their annual subscription rate is £3.00. Some members asked have said that with the CSP fees continuing to rise and the APCP rising they cannot afford both. Others have said that their events are more local and easier to access meaning that funding is not required for travel and accommodation for training events.

We also have a large children's teaching hospital who are running a series of evening lectures to income generate for their training budget. These have been covering many areas of practice and have been reasonable priced and central for the north of the region to access.

We believe that the region is geographically very large and finding a central venue for APCP meeting requires all committee members to travel considerably this meaning that all meetings take up 4- 5 hours out of the work place which seems to be getting more and difficult to have granted.

We have tried to have a recruitment drive to join the committee but we are finding as people leave there are no replacements lined up.

We cancelled our training event in July as only four people registered.

We will be asking for advice and suggestions from the APCP National Committee in moving forwards.

**Alan Macdonald**  
[northeast@apcp.org.uk](mailto:northeast@apcp.org.uk)

### **NORTH WEST**

The North West committee have planned two training sessions since spring 2016, but whilst "To stretch or not to stretch" was well attended in June the session regarding "Getting Kids into Sport" planned for November had to be cancelled due to lack of interest. The committee will send out a survey to NW APCP members to find out what their thoughts are regarding venues, topics and any barriers to attending CPD events and adjust our planning process accordingly.

We have had some thoughts regarding rotating the training round three set venues within the region to ensure equity for all regards accessibility.

Our AGM is planned for May 2017 where feedback will be given following this survey.

APCP national conference will be hosted by NW in 2018. If anyone has any ideas for a title to compete with "Brighton Rocks" please get in touch.

Details of all events will be posted on the APCP website

**Julie Johnson**  
[northwest@apcp.org.uk](mailto:northwest@apcp.org.uk)

### **NORTHERN IRELAND**

Our NI committee is phasing transition to a new group of committee members. We are hoping to organise some events in the new year. Members will be informed what is happening by email. We would continue to encourage any potential new committee members to contact us prior to the AGM in the new year. We would really appreciate your support.

**Sheila McNeill, outgoing Regional Representative.**  
[northernireland@apcp.org.uk](mailto:northernireland@apcp.org.uk)

### **SCOTLAND**

A big hello to all the Scottish membership. Hopefully you have all made it through the worst of the bad weather and the warmer climate of spring is on its way! Wishful thinking maybe...

Thanks to those of you who managed to make it along to the autumn study day. Held on Friday 30<sup>th</sup> September 2016 at Braidburn School in Edinburgh, the study day entitled 'Best Practice for Managing Children with Cerebral Palsy in the Community' was well attended by physiotherapists from around Scotland. We were very fortunate to secure Dr Paul Eunson who gave a fascinating insight in to the process of producing a NICE guideline, as he discussed the spasticity guideline which is of course of interest to many paediatric

physiotherapists. Other speakers of note were Sarah Westwater-Wood who is a lecturer at the University of Nottingham, as well as being the new Research Officer within APCP. Sarah gave an enthusiastic and thought-provoking lecture on the ‘Overview of Strength Training in Cerebral Palsy’ which certainly gave the audience something to think about. We are very grateful to Sarah and all of our speakers for giving up their time to come along and contribute to providing high quality training through our study days.

The overall feedback from the study day was very positive, and as always, we listen to and actively seek the opinions and thoughts of the membership to help guide us in our planning of future study days. We are committed to making training opportunities affordable and of the highest possible quality in order to provide our membership with what they want and need. So please support these events if you can, and provide us with on-going feedback to aid the process.

The Scottish Committee was disappointed that there were no applicants for the bursary which was available to support a place at the national conference. Information regarding this was sent to each APCP Scotland member via email yet no applications were received. It is our intention that a bursary will be available once again this year and we would urge members to seize the opportunity to attend these excellent training and networking events with financial support from APCP Scotland. This year’s conference will be held in Cardiff on 3<sup>rd</sup> and 4<sup>th</sup> November 2017 with more details becoming available soon.

We also held our AGM during the Scottish study day, where it was brought to light that there will be several vacant positions on the Scottish APCP Committee as of autumn 2017. These include the following:

- Secretary
- Treasurer

If you would be interested in finding out more about the roles then please get in touch via the Scotland region page on the APCP website.

There is also a vacancy for a non-NHS physiotherapist to join the committee with immediate effect as I am standing down from

both Scottish and national committees as I embark on another period of maternity leave. However, I have also just about exhausted my allotted time of service on both committees and would urge anyone who is currently working outside of the NHS perhaps for a charity, tertiary service or within private practice to get in touch should you be interested in becoming the next Non-NHS representative. It’s been a great way for me to keep in touch with what’s happening within the wider world of paediatric physiotherapy and is a great way of networking. I’m delighted to be handing the National Committee Scottish Rep baton on to Audrey Ducker who works within NHS Grampian, and wish her every success in this role.

So, it only leaves me to say cheerio for now, and wish you all continued success for the forthcoming year. I look forward to seeing many known faces at APCP training events in the future and once again encourage you to support your local APCP events wherever possible.

**Kirsteen Grieve**  
**Scotland@apcp.org.uk**

### **SOUTH EAST REGION**

2016 was a busy year for the South East committee, culminating with hosting APCP conference in Brighton. Conference was the result of 2 years planning and a lot of hard work and commitment from all members of the South East conference committee in conjunction with the neuro-disability specialist group and supported by the national committee executives. I would like to take this opportunity to extend my personal thanks to everybody involved, in particular Nicola Burnett who was a key driving force behind what I can only describe as a thoroughly enjoyable and successful conference albeit the unplanned faulty towers feel to the event.

Moving forwards in 2017 the South East committee is undergoing some changes with people stepping down for a host of reasons. We would like to extend our thanks and gratitude to Nicola Burnett for all her hard work as she steps down as Chair after serving her maximum time on the committee. We would also like to wish Emma and Bethany all the best as they take a break from committee to go on maternity leave.

With all the recent changes, we are embarking on an on-going recruitment drive to fill the vacant posts on committee. If you feel that you would like to join us to help organise and host study events within the South East region, please get in touch. Being on committee offers a great opportunity to network through the region, attend some study events for free and contribute to the on-going progression of APCP.

If you have any ideas for study events that you would like to see hosted within the region, please get in touch with your suggestions. All study events will be posted on the website so keep a look out.

**Becky Hindle**  
**southeast@apcp.org.uk**

Follow me on twitter:  
APCP South East Rep @TheAPCPSErep

### **SOUTH WEST**

I am the outgoing Regional Rep and thought I would take the opportunity to encourage anyone thinking about getting involved with a Regional APCP Committee to do so. Apart from the work involved I have had the chance to visit all areas of the UK and meet so many paediatric physiotherapists passionate about physiotherapy and make many new friends.

With small numbers on Regional Committees, all members are actively involved to share the work of the committee. Each committee has officer roles Chair, treasurer, Regional Rep and secretary, as well as the committee members who are involved with the CPIP UK, planning the study days and engaging with the regional members. We aim to have committee members across the region.

As Regional Representative, you attend the 3 National Committee meetings and the AGM at Conference each year. This gives you the opportunity to meet colleagues from across the UK and become actively involved with the work of National Committee. You are the link between the Regional and the National Committee.

Some other opportunities during my time as Regional Rep include, hosting Conference

in the SW, representing the APCP at ARC, the Primary Care Conference, CSP UK, the Kidz Events and the AHP Celebration Day in Gloucestershire.

During 2016 the SW hosted a CPIP Training day where trainers who had attended the Train the Trainer events, the day was well attended. Ruth Jacklin is representing the SW at the Regional and National CPIP meetings.

We also hosted a day course on the assessment and management of the paediatric knee which received good feedback, with the request for similar courses for other joints.

The committee are planning courses for 2017, including gait assessment and early intervention for babies at risk of neurodevelopment delay.

Your new Regional Rep is Lucy James

**Katherine Heffernan**  
**Outgoing SW Regional Rep**  
**southwest@apcp.org.uk**

### **TRENT**

This is my first time writing to you as after taking over from Laura Clifton as Regional Representative in December 2016. The committee has entrusted me with the role while Laura is taking on the role of new mum to her beautiful little boy. I would like to, on the behalf of the committee, thank Laura for her exceptional standard of work and commitment over the past year, and to wish her and her new family all the best over the next year.

Over the past year the Trent region has continued to hold regular meetings. As the demographic of the committee has grown we have turned to the aid of technology to facilitate meetings. The committee has agreed to a ratio of 2:1 physical to virtual (Skype) meetings to best meet the needs of the region and the committee. To date, this has worked well and will hopefully continue to be successful.

Owing to the success of the evening lecture covering strength training and exercise prescription run by Trent in 2015, our Trent Regional Chair Sarah Westwater-Wood (MPhil, MCSP, APCP, SFHEA, Director of

Assessments, School of Health Sciences, The University of Nottingham) and Matthew Humphreys (CP Sport Athlete- Race Runner) were invited to present at the 2016 Conference in Brighton, which was once more delivered to an outstanding standard, and equally well received.

Funding for annual conference was awarded to Trent Regional Secretary, Rebekah Tinney, who reported back to the committee on the high quality of conference. Deserved congratulations to Sarah, Matthew and the South-East Region for all of their hard work! Rebekah has provided further feedback on her conference experience for the newsletter review.

The Trent team will continue to meet regularly in 2017 to plan events. We as a committee value your feedback which we hope is reflected in the direction of training and the delivery of events. Please look out for further information regarding forthcoming Trent events on the APCP bulletin.

We have welcomed new members to the committee this year, further representing Nottinghamshire and Lincolnshire. The Sheffield and Leicester areas remain unrepresented on our committee. We strive to ensure that we continue to meet the needs of our local APCP members, therefore would like to take the opportunity to ask anybody working in these areas, who are interested in the planning and organising of local networking and training events to contact me to help us support Physiotherapists across the region.

**Charlotte Hookings**  
[trent@apcp.org.uk](mailto:trent@apcp.org.uk)

## WALES

We have a very exciting time ahead for us as a region as we are the hosts of this year's Annual Conference! I'm sure the next few months are going to fly by as the preparations are well under way for a conference with an international flavour- roll on November!!

Looking back to the latter end of 2016, we had a successful AGM and CPD event held in October. As our geography is huge between our representatives and members, we believe that video conferencing is the way forward to engage our members. We managed a 4-way

video conference for our AGM and despite a few initial teething problems and technological disagreements, we eventually managed to hook up and bring members from all corners of Wales together on one screen. There were no changes in the election of our honorary officer's roles and we have managed to recruit a representative from the independent sector and a support worker representative, which completes our committee. Attendance at the event was up on previous year and we were able to offer this free of charge to our members. Two excellent talks given by Helena Webb of ABMU Health Board on Chronic Pain and from Rhiannon Rogers of Cwm Taf Health Board on an Introduction to CPIPs were well received by our members and I personally would like to thank them for giving their time to prepare their talks and present.

We sent Jacqueline our regional rep to national conference in Brighton, and by all accounts, she had a fantastic time! We look forward to hearing all about it in our next committee meeting. We also paid one lucky applicant to attend the conference on behalf of our Wales members and that lucky person was Ellen Thomson a band 7 physiotherapist in Powys Teaching Health Board. We look forward to having some feedback on her experience of conference during 2017 and look forward to reading her blog that she intends on writing to summarise some of what she learned during the conference.

We are in the process of arranging a "Get on the Ball Course" in South Wales. The arrangements are in the very early stages, but hopefully we will be able to bring you more details of this soon, so keep your eyes peeled!

**Angharad Eynon-Harries**  
[wales@apcp.org.uk](mailto:wales@apcp.org.uk)

## WEST MIDLANDS

In June 2016 we ran a very successful, fully booked "Introduction to Paediatric Physiotherapy Course" at The Holiday Inn at Birmingham Airport. Delegate feedback was extremely positive.

It was followed in July 2016 by our AGM and Regional Research Update evening. This was

a platform for people to produce and discuss posters of case histories, innovative practice, treatments or research to their peers in a less formal, more friendly, supportive environment than National Conference. We were delighted at the response with over 20 posters submitted.

Topics included :

- 3 different posters on various uses of FES in Children
- “Epilepsy surgery at Birmingham Children’s Hospital – a patient journey”
- “An equestrian simulator and a real horse – complimentary approaches within Hippotherapy”
- “Major trauma services – The impact on local services”
- “The management of hypermobility syndromes in children – a group approach”
- “Anterior or posterior walkers for children with Cerebral Palsy”
- “A trial of Woodcast as a splinting material”

These are just a few of the varied topics covered. Some will feature in newsletters in the near future.

On January 19th 2017 we have our first lecture evening of the New Year. This is Dr. Pauline Christmas MCSP talking on “Upper Limb management in Cerebral Palsy”. It will be at the lecture theatre, Moseley Hall Hospital Birmingham B13 8JL and starts with nibbles at 5.30 and the lecture at 6.00 prompt. Cost £5 members and £10 non-members and is open to PT’s and interested OT’s.

In May 2017 we hope to run one of our popular forums discussing “Serial Casting” with a questionnaire prior to the event. Feedback and discussion will be generated leading to sharing best practice. Companies will be invited to show their products to demonstrate the advantages and disadvantages of each. More information will follow once this has been finalised.

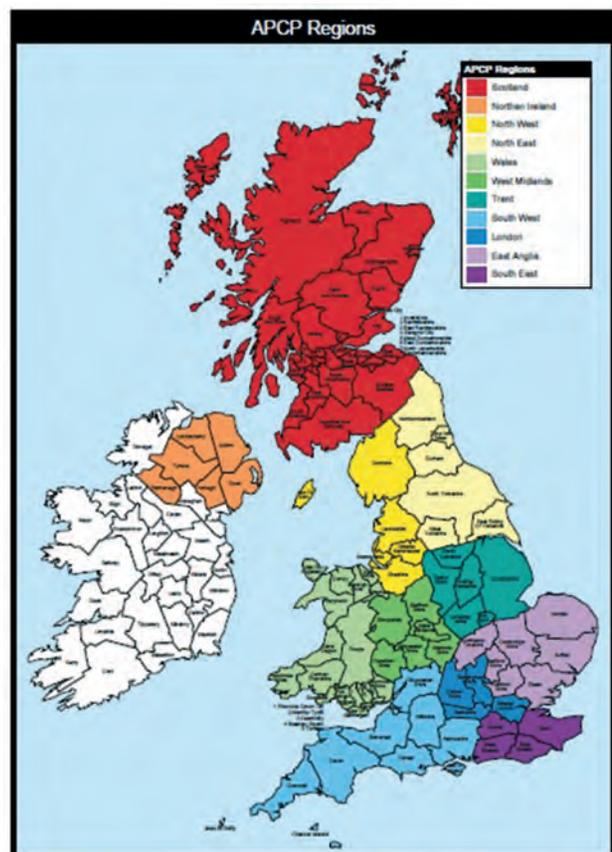
We welcome 2 new members to our committee,

Dr. Pauline Christmas and Sophie Kearns.

Do not forget we can offer a small bursary each year to an APCP member to help fund a relevant course. Contact the treasurer for details.

We look forward to seeing many of you at the evening lecture or ½ day forum next year.

**Sheila Clayton**  
[westmidlands@apcp.org.uk](mailto:westmidlands@apcp.org.uk)



APCP has a number of Specialist Committees focusing on specific clinical / occupational fields within paediatric physiotherapy. Each Specialist Committee is comprised of nationally elected members and is represented at National Committee by a Specialist Committee Representative

### MSK

The committee has had a busy end to 2016 and start of 2017.

In October, we ran a knee study day in Somerset. The event was well attended and we were rewarded with some excellent tuition from Dr Sol Abrahams and Mr. Simon Thomas.

If anyone would like to host a repeat one of the MSK study days (“the knee”, “the hip” or the “introduction to paediatric MSK conditions”) or have other suggestions for courses you would like please contact us. A limited number of free places can be offered in return for a free venue.

From course feedback, we are aware that members would like study days on the paediatric spine and another on foot and ankle and will work towards fulfilling this demand.

We have made significant progress on developing a framework of paediatric musculoskeletal guidelines. Like the guidelines that have been produced by the neonatal group and those being developed by the neuromuscular group; the framework is designed to establish a guide which will prepare physiotherapists to deliver safe, quality care to children requiring musculoskeletal assessment and treatment. This is a large piece of work which will continue to be added to as new evidence is gathered. It is hoped that therapists will be able to use the framework as a basis for their ongoing learning and development.

We are looking forward to being part of the annual conference, offering support to all physiotherapists who have an MSK caseload.

**Vicki Easton**  
**Representative MSK Specialist Committee**

### Neonatal

The Neonatal Group held another joint AHP day on the last Thursday in September in Edinburgh, please see the course review for more details. A management of neonates in the community setting course is also planned for the spring, see APCP website for more details. We are also hoping to run a LAPI update day, please get in touch if you are interested either through APCP or to Adare. We are delighted to welcome our new member Phillipa Ransom to the committee.

**Hilary Cuickshank**  
**Representative Neonatal Specialist Committee**

### Neurodisability

The specialist committee is now two years old, and with neurodisability being the theme of the annual APCP conference in 2016, the group was kept busy devising, planning and preparing the parallel programme. Many of the group members directly facilitated and presented the well-attended workshops. As a new group we have made an energetic start on achieving the goals of our 2015 to 2020 five year plan. The UK wide development of the Cerebral Palsy Integrated Pathway continues with wider discussions amongst professional partners such as paediatricians and orthopaedic specialists. There are now designated regional representatives forming a nationwide network aiming

to support the implementation and funding of the pathway. Expertise to collect data is growing through regional “train the trainer” training and the existing NHS data collection systems may support the collection of data. Katie Kinch has been a motivating, expert in bringing the Scottish experience to bear in England and Katie is part of an effective CPIP working party within our group. The group is working on practice guidelines documents and the Guidelines for Spinal Cord Injury is an excellent clinical information tool and a detailed piece of work presented to our group by Kirsten Hart. We are working on a strategy for other titles and collaboration with the respiratory group over this will be crucial.

The group recognises the need for more post graduate training opportunities in neurodevelopmental paediatrics. Our meeting in January after conference was aimed at planning our next courses and succession planning of the group members is a focus so that the wide area of expertise represented within the group can continue. Discussions about how Neurodevelopmental assessment and treatment training can be incorporated into the intermediate paediatric training course will be a key part of increasing training opportunities in this area. A study day in the autumn of 2017 will also be planned and delivered.

**Jenny McLaughlin**  
**Representative Neurodisability Specialist Committee**

## Neuromuscular

The Neuromuscular group are expecting to be publishing the Guidance Document for Paediatric Physiotherapists Managing Neuromuscular Conditions in early March 2017. This will be available on-line on the APCP website and it is hoped will be a user-friendly resource for all therapists working in the community, secondary and tertiary centres. We look forward to having feedback from colleagues!

The next Neuromuscular group Study day is to be held in Leeds on Thursday 25th May 2017. Topics will cover neuromuscular assessment including the North Star scale, contracture management, exercise, activity and strength training and we hope to include workshops on stretches and casting. Details of the course will be advertised via APCP bulletins

Physiotherapists may be aware there is a new (and reportedly effective) treatment for Spinal Muscular Atrophy (SMA) type 1, which is usually a devastating illness with 85% of infants dying within the 1st year of life. The company (Ionis/Biogen) conducting the RCT have stopped it after interim analysis and are currently evaluating the data - although preliminary results have been presented. The company are in the process of applying to the regulatory bodies but it will be at least a year before the treatment can be prescribed in the UK.

In the meantime, the company are offering an ‘extended access programme’ (EAP) and will supply the drug free of charge to designated centres. Initially this was only the original trial sites in the UK - Newcastle and GOS; there are approximately 100 patients with SMA type 1 in UK who will be eligible for the EAP which is a huge demand for the mentioned centres; the discussion on opening other ‘approved’ centres in UK to deliver the therapy is currently on going.

The drug is given by intrathecal injection and so there needs to be a clear pathway for being able to admit, treat and observe ( 4 hrs ) infants, so there are a number of other aspects that need to be considered - ie beds, anaesthetic support, impact on other services etc,

The infants need 4 loading doses in the first 2 months and then an injection at 4 monthly intervals

This is really exciting news, there is a potential treatment for what is a truly awful disease.

**Lindsey Pallant**  
**Representative Neuromuscular Specialist Committee**

## PPiPs

The committee has its next meeting in February 2017, where we are going to further develop our focus and plans for this year. Last year we completed a survey identifying perceived needs of our special interest group which included areas such as forums, peer support and mentorship. If you have any further ideas or points you think we could discuss at our meeting please feel free to email us. Indeed we have had contact from some members seeking support/advice. We are continuing with on-going projects and look forward to a productive year.

**Crystal Solomon Le Bars**  
**Representative PPiPS Specialist Committee**

## PPiMs

We have achieved some of our goals in 2016.

We organised a successful Masterclass which took place in Birmingham in November, entitled 'Safe and Effective Staffing', facilitated by JJ Consulting. A separate event report has been published for this.

I contributed to the writing and publication of 'Working with Children- Guidelines to Good Practice', which we hope will prove to be a valuable resource to Paediatric Physiotherapists. It is available on the APCP website. We are now making progress with SEND Guidelines, and a new 'Working Together' document.

There continues to be excellent interaction between team leads at local level. I am a member of West Midlands PPiMs, and I have found this group invaluable for peer support, and as an opportunity to discuss various challenging issues. We publish the minutes of our meetings on the PPiMs site of iCSP, and this may give ideas for discussions in other local regions.

It is disappointing that the PPiMs site is quiet. You don't have to call yourself a PPiMs group to join, just be in a role where you have some leadership responsibility. PPiMs means Paediatric Physios in Management Support. This is a great time to be a Paediatric Physiotherapist, but it's good to access support for all of the aspects of developing a service in line with changing legislation and expectation.

Please contact me directly if you would like to discuss any aspect [ppims@apcp.org.uk](mailto:ppims@apcp.org.uk)

**Jane Sellar**  
**Representative PPiMs Specialist Committee**

## Respiratory

A big welcome to the new members on our committee which takes us up to our maximum allowed of 12. Currently our main focus is planning for a series of training days. We plan to run a general respiratory day focussing on practical work (e.g. suction, cough assist) which will be repeated on different dates in 2017 in locations across mainland UK. As soon as these dates are finalised we will be advertising them via email and on APCP website. They will also be open to non-APCP members.

**Rachel Evans**  
**Chair Respiratory Specialist Committee**

## Education Report

Since the last newsletter update the Research and Education Group met as a part of the National Committee meeting, prior to the APCP conference in Brighton. And what a conference it was! It surpassed the expectations and provided us with amazing learning opportunities - fantastic speakers and great workshops. So many experienced and passionate minds under one roof!

The excitement was double for me as it was my first day as an Education Officer. In my new role I will continue to support the specialist and regional groups in delivery of their existing courses including the APCP ITPP course and hopefully will be able to patronage new learning opportunities for APCP members.

Back to Brighton though! During the AGM meeting the APCP Fellowships were launched. These prestigious awards have been introduced to celebrate and acknowledge the achievement of individual APCP members' service to the profession and wider paediatric physiotherapy community. The details of this policy is available on the website.

Furthermore, the Group reported back the findings from a scoping project into paediatric specialism in physiotherapy across Europe. This project commenced in November 2015 aiming to gain a better understanding of the professional journey and learning opportunities of paediatric physiotherapists in within different European countries . Amongst other findings, it transpires that the APCP ITPP course is quite unique in its setup and can create potentially interesting options to support European paediatric physiotherapy networking. We are eager to publish the results and outcomes of the project in full in the next APCP Journal.

The next Introduction to Paediatric Physiotherapy course will be hosted by the London Region in the early summer - the venue and the exact date are still to be confirmed.

**Anna Hebda-Boon**

**Education Officer**

**education@apcp.org.uk**

## Research Report

I am delighted to be new to the post of Research Officer and aware of the importance of supporting APCP members in developing high quality relevant research.

Initially I will be familiarising myself with the role, responsibilities and existing protocols, for example the research bursary awards process. The forthcoming APCP working weekend 2017 will be an opportunity to review the Research and Education groups five year plan and set out specific targets for my tenure as Research Officer.

**Sarah Westwater-Wood**

**Research Officer**

**research@apcp.org.uk**

### Public Relations Officer Report

APCP Conference Neurodisability- From Birth to Transition (#APCPBrightonRocks) was arguably our most successful yet with another outstanding line up. The conference was sold out well in advance and had a waiting list for delegates. The success of the two day national conference couldn't happen without the hard work behind the scenes which involves two years of planning and hard work by the hosting region, organising committee and all the members that contribute their skills and expertise to the content. A big thank you goes out to everybody who was involved.

With plans in full flow for APCP Conference 2017 Expanding horizons (#APCPCardiffCalling), you can guarantee that the international speakers that we have confirmed, will make Cardiff one to remember. We would also advise you to book early, not only to make the most of the early-bird discount but to prevent you from missing out like so many did this year.

Aside from conference the national committee have been extremely productive, working with several projects including looking at ways in which we can improve joint working across primary, secondary and tertiary care as well as in the independent sector. The result of this being a working party to explore joint working more fully and provide practical guidance, which isn't present in the CSP 'subsequent and concurrent treatment' paper. Members from all sectors of paediatric settings are represented in the working party.

Jane Sellar and her diligent team have completed the mammoth task of reviewing the Working with Children document, which is now available for viewing on the APCP website. We strongly advise you give it a read as it's an essential reference document for physiotherapists working with children. Thanks to all involved in this outstanding work.

As part of the frame football development group, Sarah Dewhurst has been working on some preparation activities for Frame Football, incorporating the FIFA 11+ evidence based warm-up for young footballers. We are disseminating these along with some general good practice advice for frame football in the new year. This project has seen the APCP working in partnership with a number of stakeholders in trying to develop the sport nationally.

**Chris Smith**

**Public Relations Officer**

**[Chris@apcp.org.uk](mailto:Chris@apcp.org.uk)**

### Media and Publications

I thought it might be helpful to share some of the resources we have been adding to our website, in case you haven't come across them, they're 'behind the scenes' type of things rather than headline news! Firstly, some of our policies may help you in your everyday work and liaison, Working with Manufacturers, Visual Identity and Advertising are all very important to protect our brand and what we stand for.

We are looking forward to the new evidence for writing guidelines currently being looked at by our honorary president Dr Eva Bower which is due out soon, so we can refresh and review our existing publications.

Chris has mentioned the new Working with Children already but do please take a look, it contains updated and important information for all paediatric physiotherapists. A working party has also just started working on an updated version of the previous 'Writing reports for SEN' to give guidance on writing for EHCP's. We look forward to reading it in due course.

We continue to be active on social media, our Facebook page has currently 2582 likes and remains very interactive with information regularly reaching several thousand readers. People continue to use the Closed FB Group, mainly for clinical discussion and job adverts and Twitter came into it's own at our recent national conference.

**Kerry McGarrity**

**Media Administrator**



## THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

*A Professional Network of the Chartered Society of Physiotherapy*

### Visual Identity Policy

Why is our brand important? Our brand is at the heart of the APCP's work to promote the value of paediatric physiotherapy, paediatric physiotherapists and associated health workers. To be successful, the APCP needs to effectively support our members and the profession by making sure that we are known and respected by the right people, and can influence their thinking and actions. It's our way of communicating our messages so they stand out in a clear and engaging way. The logos we use are part of this communication.



The APCP lozenge logo (left) can **only** be used by APCP committees and associated partner organisations. It should not be used by members on websites or stationery or publications other than those written or approved by the APCP.

The 'APCP' logo can be used by APCP members freely. It can be used for such items as stationery, websites and plaques. The artwork can be supplied to members via an electronic file. To request a copy of the logo, please contact the APCP Media administrator at **office@apcp.org.uk** with details of your intended use, including your full name and membership number.



The 'Crawling Babies' logo can **only** be used by APCP Committee for use on APCP products.

*For information on all APCP activities visit:*

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

January 2016



## THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

*A Professional Network of the Chartered Society of Physiotherapy*

### Policy on Joint Working with Equipment Manufacturers

(Based on the document: BTS AND BIOMEDICAL INDUSTRIES: JOINT WORKING & COMMERCIAL SPONSORSHIP)

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#### Introduction

Children and young people (CYP) with a range of neuro-disabilities have benefited from using a range of postural management equipment innovations over the last few decades. However there is little good quality research to support the use of such equipment. Some Commissioning groups are questioning funding applications for expensive equipment and requesting evidence to support the applications.

Equipment manufacturers seek to develop new products in response to requests from parents and Allied Health professionals. They seek collaboration with therapists to produce equipment that will best meet the needs of CYP and therapists. Thus it is in the best interest of the CYP that opportunities for collaboration with industry can be taken where there is the potential for improving outcomes

APCP and the equipment companies share certain goals, but their roles and responsibilities are different and subject to different pressures. APCP has a responsibility to ensure that CYP and their parents/carers receive the best independent advice so that they may make their own decisions about their health. The equipment industry has the burden of substantial development costs as well as responsibilities to employees and share-holders that have to be met by sales of their products.

Commercial sponsorship and collaboration with industry can be of great benefit to research and education. It is important that this is not provided or accepted at the expense of compromising the professional independence of the APCP and its members, and its responsibility to safeguard the interests of patients.

APCP is a professional organisation, open to public scrutiny. This being the case, all its activities must be free from commercial or personal interests.

#### Joint Working

'Joint working' applied to the NHS has been defined by the Department of Health as 'Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.'<sup>1</sup>

Joint working should be conducted in an open and transparent manner. This means that the details of the arrangement are freely available and the rationale for the arrangement are clearly stated. The length of the arrangement, the potential implications for CYP and the NHS, along with the perceived benefits for all parties should be clearly outlined before entering any agreement. Where there are reasons to enter into an agreement with

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confidential components, the reasons for this must be clearly stated. Joint working is distinct from sponsorship, where industry simply provides resources.

A company may provide support for a research project that a Research Fellow and/or supervisor have designed because the company is interested in the scientific question being addressed. Such an arrangement is unlikely to cause problems as long as the initial agreement is clear with respect to finance, intellectual property rights and publication strategy. Companies often wish to see manuscripts prior to publication which is reasonable; they should not be able to veto publication or insist on changes to a manuscript.

Joint-working arrangements may require that some aspects of the research are subject to confidentiality agreements. This is to protect innovative approaches so that companies and individuals benefit from them. Confidentiality agreements should not extend to details of funding or remuneration and should only include those pertaining to the research. If confidentiality agreements are required the reason for them should be stated.

The guidance will be reviewed regularly and will be amended and added to following discussion, debate and review

1. Best practice guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations. Department of Health 2008. <http://www.dh.gov.uk/publications>

<http://www.nihr.ac.uk/policy-and-standards/standard-research-agreements.htm>

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November 2016



## THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

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### APCP Advertising Policy

In addition to the Code of Advertising Practice (CAP code) [www.cap.org.uk](http://www.cap.org.uk), enforced by the advertising standards authority, the APCP reserve the right to refuse any advert for a product or service that:

1. Actively promotes or seems to promote poor posture, diet or healthcare practice
2. Actively undermines or seem to undermine CSP or APCP policies, both stated and inferred,
3. Is deemed likely by the CSP or APCP to bring the profession into disrepute
4. Does not appear to have any therapeutic benefit

In addition the APCP reserves the right not to advertise or promote private practices or centres offering any type of therapy, treatment or exercise.

This is not intended to be an exhaustive list; final decisions will be made by the APCP Executive Committee.

#### Advertising

##### **Newsletter and journal**

All adverts should be submitted by e-mail. Adverts must be received by the publication deadline.

Job advertisements cannot be included either in the Newsletter or the Journal. If advert guidelines are not fulfilled, items will not be published. The APCP reserve the right to decline adverts, particularly for events/products that do not meet the guidelines of the advertising policy.

##### **Website**

All advertising which appears on the APCP website must be booked via the business administrator.

The APCP can provide links to other websites from their own but the links should be to additional resources, information etc. which readers might find useful, or may have even requested. Not covert advertising.

Ultimately APCP executive committee will have the final editorial decision.

*For information on all APCP activities visit:*

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

**November 2016**



## THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

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### Charges for Advertising

Quarter page advert	£200.00
Half page advert	£300.00
Full page advert	£500.00
Inserts to newsletter or journal	Please request cost from the business administrator on the APCP website.

### Sponsorship

Sponsorship can be sought for all APCP events. If you are considering sponsorship then in the first instance contact the business administrator with the following information: - What sort of company/products would be involved - How much sponsorship revenue you are able to provide - Is there exhibitor space? - Delegate numbers (estimated) - Event information, i.e. date, time, place

Sponsorship could include the following: - Delegate bags - Information/company booklets in delegate bag - Pens - Banners /posters - Event exhibition - Event dinner/lunch - Event reception

Please be mindful that the sponsorship needs to be a mutually beneficial arrangement to both the company and the APCP.

### Membership Lists and Delegate Lists

Under NO circumstances would the conference/study day delegate lists be provided to companies or agencies without the individual's consent. This is against the Data Protection Laws.

*For information on all APCP activities visit:*

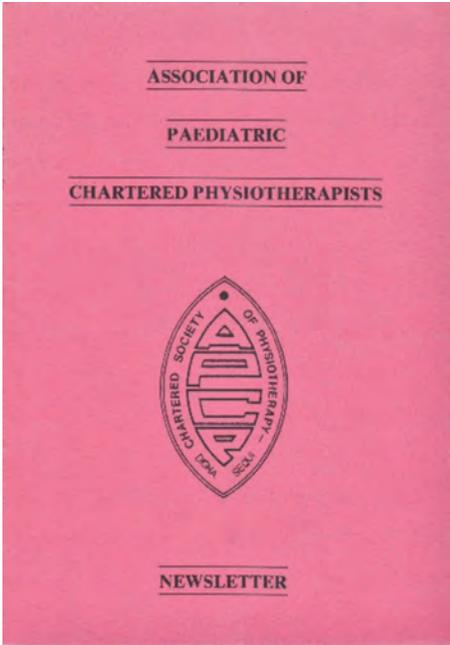
**<http://apcp.csp.org.uk>**

**November 2016**

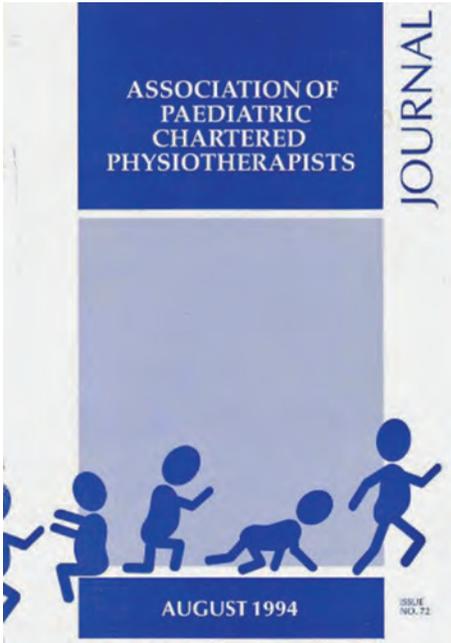




The first booklet form of the newsletter happened in May 1979, issue 11. In A5 size.

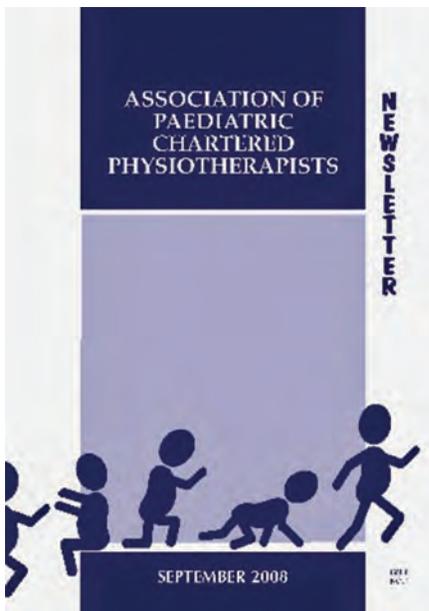
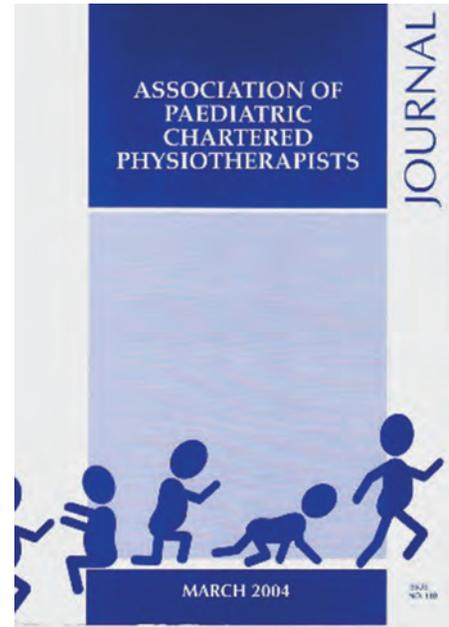


Then in May 1984, issue 30, the first pink A5 newsletter appeared. I'm sure lots of you, like me, remember this one!



In August 1994, issue 72 (we don't do change quickly do we!) the first glossy A5 newsletter was born. It hasn't really changed that much in looks since, maybe we were overdue for something new anyway!

Then in March 2004, issue 110, we changed size and started producing A4 newsletters, mainly because we were getting more articles and otherwise the A5 size would have been a mini-book each time.



Lastly, big change, we separated our Journal and Newsletter in September 2008 and the Newsletter became issue 1 and the Journal became volume 1 number 1, the same numbering as they are today.

We hope you are looking forward to the new look newsletter pinging into your inboxes, rather than thinking onto your doormats! Do please let us know what you think as it is all new and if you have strong feelings the newsletter should still be carbon-based, let us know!

## Courses

### Joint AHP Neonatal Conference, Bethnal Green, London

#### Thursday 29<sup>th</sup> September 2016.

This was the 3<sup>rd</sup> national AHP Neonatal Conference specifically designed to cater for the needs of experienced AHP's working in neonatal care. The course was fully subscribed with 93 delegates attending on the day from all over the UK and beyond.

The line-up for the day included a nice variety of speakers from a range of different backgrounds. The talks regarding nutrition from Dr Colin Morgan and Dietician Gillian Kennedy provided a fantastic insight in to an area of neonatal care that most of us are less familiar with. Dr James Boardman's talk allowed us to see how far the field of neonatal care has developed over the past few decades and the positive effect that has had on neonatal outcomes. Family Integrated care from both the Leeds and London teams were very inspiring, presenting a simple concept with positive outcomes in a way that made it feel achievable to rest of us. The use of technology and the development of apps to support different areas of practice was a new and exciting concept which I am sure we will see a lot more of in future conference line ups.

However, the star of show was Nicola O'Connor, a parent who presented "The impact of prematurity on the family and the child as a learner - birth to 12 years" This was the most highly rated talk with 70/83 delegates who responded rating this presentation as "Excellent". Nicola spoke with both passion and emotion and really conveyed with enthusiasm, the rollercoaster ride that is the neonatal journey, not just in the first few years of life but throughout childhood. She demonstrated the personal value of therapy at different stages in her son's life and highlighted the importance of therapists in supporting families to be prepared for the longer-term consequences of premature birth.

The organisers have received some very positive feedback regarding the day with the vast majority of delegates who provided feedback rating the presentations as "excellent" and "good". Satisfaction with the organisation of the conference both in advance and on the day was generally good despite the small matter of not receiving the delegate packs until lunch time. The comments presented below reflect a snapshot of some of the positive feedback received from delegates:

- "Increased insight of the nutritional side of NICU and the impact on development. As a whole it was an excellent day, which helped support my learning and development of knowledge in the neonatal environment"
- "I was particularly interested in Jade Kant, Lisa Smith & Hannah Gormley - Family Integrated Care - the first year and Annie Aloysius - Neonatal staff and parent education as both present models that can be implemented in Neonatal Units"
- "Family Integrated Care - excellent to know that the practices we are working on in our unit are being promoted elsewhere, inspired to be able to take things forward"
- "Best parent talk I have ever heard. A real insight in to a parent's perspective and the journey of a family beyond the NNU"

For me personally, the day was a great opportunity to hear such a fantastic snapshot of some of the latest evidence and practice developments from so many different professionals and to be able to think about how that should impact on my practice. I always come back feeling inspired!

So apart from a few issues with the heating, the day was a great success with many delegates stating that they are already looking forward to next year. As usual there have been some fantastic suggestions for next year including the display of poster presentations to showcase other research and quality improvement work during the breaks which will further enhance the conference as a

learning opportunity. All of the suggestions will be put forward to the organising committee for consideration so watch this space!

See you in Edinburgh in Sept 2017!

**Suzanne Offer, Paediatric Physiotherapist,  
Inverness.**

### [Safe and Effective Staffing Levels for the Allied health Professions Masterclass](#)

[Dr Fiona Jenkins and Dr Robert Jones](#)

#### [West Midlands Study day](#)

There were 38 delegates from all parts of the UK - Scotland, England, Wales and Ireland gathered in a smart new conference venue in central Birmingham.

This Masterclass presented by Dr Fiona Jenkins and Dr Robert Jones (JJ Consulting) was aimed at physiotherapy leads in paediatrics but would have been equally suitable for other AHPs and adult services colleagues.

For many years Managers and Services Leads from the Allied Health Professions have been searching for that elusive definitive method of determining safe and effective staffing levels across all services, specialities and geographies.

This is obviously multi-factorial and no methodology can be based on numerical calculations alone. This Masterclass discussed quality, patient experience, risk management, data collection and analyses, need, demand, capacity and dependency amongst other topics.

In the morning, the initial emphasis was on quality. We discussed recent investigations and reports into quality of care e.g. Francis and Berwick reports. We discussed the Patient experience, safety and risk and worked through the JJ Management Quality Matrix.

After lunch, we discussed activity analyses, need/demand and worked through the JJ10 steps methodology for calculating safe and effective staffing levels and which included many 'real life' examples.

The day finished with discussions about the importance of data collection, bench marking, the '7 Days a Week' question and finished with some advice on making a business case and 'pitching'.

Whilst it is true to say the Masterclass raised more questions than answers, it did however give a starting point, a tried and tested 10 step methodology to work through, a clear steer in the right direction and provoked much thought and discussion about the questions we need to ask of ourselves and of others. The area that raised the most questions and thoughts was the question of the dependency levels of patients within the cohort for whom the service is to be provided – and which is key to the methodology i.e. how do we assess dependency and how do we prioritise?

To sum up – we learned a methodology for starting us off on the road to determining safe and effective and quality driven staffing levels for the AHPs which does include professional judgement. This methodology can be used for services large and small, in-patients, out-patients, community, schools and across all specialities. It can be used for a proposed new service, a service redesign or an existing service under review and we learned that Quality considerations are as equally valuable as safety considerations.

Inevitably, we didn't get all the answers we craved but it was an extremely thought-provoking and worthwhile day.

**Mairi McCrae**

**AACP Member**

## [APCP MSK Committee Study Day - The Assessment and Treatment of the Paediatric Knee](#)

[October 14<sup>th</sup> 2016](#)

### [South West Region](#)

I attended the course led by Dr Solomon Abrahams (Consultant in Physical Therapy and author of Sports Injuries in Adolescents and Children) and Mr Simon Thomas (Consultant Paediatric Orthopaedic Surgeon at Bristol Children's Hospital).

The course was informative and interactive with lots of opportunities for practical work and sharing of experience.

It was very detailed on how to assess the paediatric knee. It was great to have the opportunity to practice these assessments with support and guidance from Dr Abrahams. The size of the group allowed for him to provide advice to all and there were also several of the MSK committee on hand to guide the practical sessions, making sure all participants had the support they needed. Having sessions from both Dr Abrahams and Mr Thomas also gave the delegates both the physiotherapy and orthopaedic perspective on knee conditions.

I also found the information on rehabilitation and exercise interesting and useful, but there was less opportunity for this. As most the time was spent on a detailed and informative discussion about knee and lower limb pathologies and differential diagnosis of these.

I am looking forward to further MSK courses around other joints and I feel a further course on knee exercises and rehabilitation would also be useful.

**Sarah Dewhurst**

**APCP Member**

## [APCP Neonatal Group Journal Critique](#)

**Rethinking preventive post-discharge intervention programmes for very preterm infants and their parents**

***(van Wassenaeer-Leemhuis et al., 2016)***

### [Validity and Methodology](#)

This study is recent narrative review with the aim of examining and discussing the efficacy of family-centred early 'preventive' intervention programmes for preterm infants. It builds upon the recent Cochrane Reviews by the Spittle et al group, to explore in further detail the studies that use a more clearly defined family-centred approach. It is a relevant topic for both acute neonatal therapists and community early intervention therapists.

They identified their target population as preterm infants who had undertaken a family-centred intervention programme whilst in-patient in the acute neonatal setting or early post-discharge from a neonatal unit. The outcomes of interest were obtained at 24 months, or beyond in some of the studies, and focused upon motor, cognition and behaviour of the infants as well as parental stress and well-being. There continues to be a potential difficulty

within early intervention literature where potential clouding of the sampling can occur with some infants who have emerging neuro-disability such as cerebral palsy over the course of the study, whilst others do not. This was not discussed as to whether it was a potential confounder within this review of the selected studies.

The authors highlighted that they used the (Spittle et al., 2012) Cochrane review to inform their search. Interestingly they did not source from the recently updated Cochrane review (Spittle et al., 2015). However, as expected, the Cochrane review had a rigorous systematic review methodology, RCTs were only included for analysis to ensure a consistent quality. Van-Wassenaer et al, 2016 finally selected 5 suitable articles but did not further discuss the quality of the studies, presumably because the Cochrane review had covered this.

They did not combine their results for further analysis, likely due to large heterogeneity between the studies under scrutiny but this was not discussed, except that their aim was to write a narrative review. The differences between studies were laid out including different interventionists (e.g. Portage to nurses to physiotherapists) and the nature of the interventions (e.g. from education groups to a more 1-1 MDT approach).

### Outcomes

With regards to the 'bottom line' of results, there were in all areas (cognitive-motor-behaviour) clinically and statistically positive and significant results in certain outcomes of some studies, whilst there were also conflicting non-significant findings or significant findings but not clinically important changes in others. Confidence intervals were provided to enable precise estimates.

Some selected outcomes for discussion were brought out. Including:

- One of the foundations of successful family-centred early intervention is the inclusion of supporting a dyadic and responsive parenting approach
- Educational approaches to teach parents of development and activities showed only small, insignificant and/or unsustainable improvements
- Motor improvement was only found in programmes carried out by physiotherapists whilst also employing a responsive parenting approach (explained within the paper)
- Programmes initiated post-discharge from hospital were more effective and had more sustained effect than those undertaken solely in hospital (neonatal unit)
- Cognitive outcomes were improved clearly in 3 of the programmes but only one showed improvements in both motor and cognition
- Although not universal most programmes measuring parental stress demonstrated improvements
- There was questions of timing and intensity but generally the interventions with more sessions had more successful outcomes

### Application to context

It is well known to anyone working with this population in early intervention that it is a complex area. This article is part of an increasing body of research that highlights the need for multifaceted programmes that put the development of parental-infant dyad and responsiveness to their baby's behaviour, alongside sensorimotor intervention. Physiotherapy input should not interfere with the former but facilitate it as much as the motor input-output is a focus.

In terms of local application, the authors acknowledged that the families involved in the studies were not well described and this raises questions as to the transferability into local populations. Is the intervention impacted by certain circumstances? For example where there are multiple children in the home, single parents, very young parents or families with lower socioeconomic status. Within the NHS system how would these programmes look, are they feasible within the current constraints? Local services need to be creative in application to overcome some of these challenges if the benefits are worth the costs.

This also raises a larger discussion point for this area of research. It is evident that more emphasis is required within early intervention research to understand, not just whether programmes work but why the interventions work (sometimes), and in what circumstances or conditions are they more (or less) likely to work. Otherwise we will continue to receive the answer that they work 'sometimes' and to 'some extent' (Pawson et al., 2004).

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### Bayley and Davies Make History For British Para Table Tennis In Rio!



Will Bayley and Rob Davies made history in Rio by becoming Paralympic champions in their respective classes - the first time that GB has taken two gold medals in table tennis at a Paralympic Games. Bayley also combined with Aaron McKibbin and Ross Wilson to take bronze in the men's class 6-8 team event.

Table tennis is a game of the finest of margins with literally millimetres between a ball hitting the edge of the table or just missing. With only the best players in the world qualifying to compete in a Paralympic Games every

match is tough and there were some major upsets in the singles competition including defeats for overwhelming favourites Victor Didukh from Ukraine (men's class 8), Ma Lin from China (men's class 9) and Patryk Chojnowski from Poland (men's class 10).

Having taken silver in London 2012 Bayley had spent the last four years dreaming of gold in Rio. He arrived in Brazil as the reigning men's class 7 world champion and world number one but after a 3-1 defeat in his first group match to the Brazilian Israel Stroh he had to beat the Chinese player Keli Liao 3-0 in his second group match to progress to the knockout stages.

"I still believe I can win this competition," said the 28 year old after his defeat to Stroh and he showed his character and belief by playing superbly to beat Liao 3-0 and wins against the Egyptian Sayed Youssef and Jordi Morales from Spain took him through to his second Paralympic final and his sixth consecutive major final. As Bayley prepared to play his third match point in his semi-final against Morales an ecstatic Brazilian crowd nearly took the roof off Riocentro3 when Stroh clinched a five set victory in the other men's class 7 semi-final against Yan Shuo from China to take him through to the final.

"I'm not surprised he's got to the final," said Bayley, "but I'm excited about playing him again."

The enthusiasm of the Brazilian supporters created the atmosphere of a mini Maracana Stadium and the GB team came out in force to try and make as much noise as the home crowd in the final. When Bayley clinched a tense third set to take a 2-1 lead in the match it proved to be the turning point as Bayley grew in belief while Stroh's confidence slowly ebbed away. He established a clear lead in the fourth and with the score at 10-4 he only needed one of his six match points to take the gold before leaping on to the table in celebration - an action that earned him a yellow card from the umpire to which he responded by giving her a hug.

"The third set was a massive win," he admitted afterwards. "I don't think he believed he could win after that and I did. Table tennis at this level is just about belief. If you believe you can do it you've got a chance and if you don't, it's game over. When I won I thought I should do something but it was probably a rubbish celebration. If I did it now I probably wouldn't be able to get on the table but it was the adrenalin that helped me jump on the table - I've never moved so fast in my life."

Davies had also been motivated for the past four years by disappointment in London when he was eliminated in the group stages of men's class 1 after a narrow defeat to the then World number one Jean-Francois Ducay of France. Like Bayley he also came to Rio as World number one and he too had to fight hard to win his group with 3-2 wins against Sylvio Keller from Switzerland and the Italian Andrea Borgato. The Welshman appeared to grow in confidence with each match and a 3-0 quarter-final win over his old rival Ducay and a 3-1 win against the Hungarian Endre Major in the semi-final took him through to his fourth consecutive major final and his first Paralympic final.

His opponent was the Korean Ki-Won Nam, who had beaten Davies on both their previous meetings at the Slovenia Open last year. As in Bayley's final the third set was to prove pivotal with Davies fighting back from 8-5 down to win it 11-9 and take a 2-1 lead. At 5-9 in the fourth a service error by Joo handed Davies five match points but he only needed one as Joo netted and GB had a second gold.



"At end of the second set I just kept mentally strong," said Davies. "Our team psychologist Tim Pitt has really helped me and I was mentally strong at the end there and bold. It was a really great match and I knew I was going to have to play my best today and thankfully that was what I did. Luckily I could get forward and I was moving well and again; our team physio Jason Beaumont has done a brilliant job here keeping me fit for this competition. I was feeling great today."

While there was ecstasy for Bayley and Davies there was also agony for some of the GB players including Sue Gilroy who came so close to winning her first Paralympic medal at her fifth Games - losing her bronze medal match to the Serbian Nada Matic 3-2 having led 2-0 - and David Wetherill, who had match point in his quarter-final against the World champion Alvaro Valera from Spain but eventually lost the match 3-2.

Bayley, McKibbin and Wilson had won a bronze in men's class 6-8 team four years ago and they reached the semi-finals in Rio with wins against Belgium and class 7 World champions and London 2012 silver medalists Spain. A 2-0 loss to Ukraine left them facing China in the bronze medal match after the class 8 World champions were surprisingly beaten by Sweden in their semi-final.

Having made a slow start to the doubles in their semi-final against Ukraine, McKibbin and Wilson immediately took the initiative against the Chinese pair Zhao Shuai and Ye Chao Qun by taking the first set 11-7 and the second 11-9 to lead 2-0.

Zhao and Ye hit back to take the next two sets and at 0-3 in the fifth it appeared as if China now had the momentum. But McKibbin and Wilson came back to level at 9-9 and then a short serve from McKibbin was netted by Zhao to set up match point. They only needed one as another short serve was netted by Ye and McKibbin and Wilson had taken the doubles 3-2 for a 1-0 lead in the match.

In the first singles Wilson faced Zhao, who earlier in the competition had retained his men's class 8 Paralympic singles title. The 21 year old played well despite a 3-1 loss which left McKibbin needing to beat Sun Churen in the deciding singles to take the bronze. The 25 year old made the perfect start, taking the first set 11-6, but the Chinese former World number three came back to edge the second 11-9 and levelled again at 2-2 after McKibbin had won the third set 11-3.

After so many great matches over the past 10 days it was perhaps fitting that this one went down to the wire as well. There can be no greater pressure than playing a deciding set in the deciding singles against China to win a Paralympic medal but McKibbin showed his maturity and character by clinching the set 12-10 on his second match point to win the bronze and set off wild celebrations by his team mates.

"To be honest I think the fifth game was down to nerves," said McKibbin. "I was so nervous but I could see in his face that he was praying for me to miss and at the end I thought I just need to go for this and play to win and if I lose playing to win then fair enough. Thankfully it paid off. We won a bronze medal in London but I personally think this is a greater achievement. We have had such hard opponents all the way through and the competition is getting stronger and stronger."

Wilson has endured a series of injuries in the last four years and was playing in only his seventh competition since London 2012.

“We really wanted to start well and from the go we went out there and just gave it absolutely everything,” he said. “I was feeling the nerves the whole way through the last match but we believed in him (Aaron). We do that as a team - we believe in each other and I think that is what makes us get these results and I can’t believe we’ve done it.”

Bayley, who had secured the decisive singles win in the quarter-final against Spain, admitted that he would rather play than watch.

“It was agony watching,” he said. “They were superb - we’ve come through a lot in this tournament and had to beat some good teams. Overall the tournament has been fantastic for us and I’m proud of the boys - they held their nerve superbly.”



### Big dreams, small beginnings

I am Kashmira Medhekar and I have been working in Birmingham Community HealthCare Trust since January 2004. I trained as a Physiotherapist in India and came to UK with my husband to experience working and living in the UK. Now having worked here with children for more than 10 years it was time to take my learning back to my roots. My clinical professional Lead Michelle Baylis has been very supportive of this initiative of mine and I am very thankful for that. I hope to continue my work and would also be interested to hear from other therapists who would be interested in joining me, particularly those with skills in appropriate paper based technology

Over the last 2 years I have been working with an organisation called The National Association for the Blind (NAB). NAB was founded in 1947 and is a national non-government organisation that provides a range of services to visually impaired people in India. Their head office is in Mumbai where they have a Braille press and a talking books library. They also have an outreach services for children in rural areas and scholarships to access equipment and vocational services. Their client group also includes children with moderate to severe complex disabilities and their families.

My work has been to support their outreach services in and around Mumbai. They employ about 10 teaching assistants each with around 10 children on their caseload. I provided training to the assistants in basics of handling, positioning, postural management and positioning for eating and drinking. On my very first visit in the summer of 2014, I conducted a 2-day training session, via power point presentations, on postural management and cerebral palsy. The following 4 days were spent on parent workshops and home visits. I conducted another short visit to the same organisation in April 2016 and followed up on the training in 2014 with further workshops with parents and teaching assistants.

My objective for 2017 is to make equipment out of low cost items which will be safe and appropriate to use as therapy and positioning tools and to liaise with local tailors to make low cost positioning aids for sleep systems.

I received very good feedback from both visits. They found the practical nature of the workshops and postural management advice very beneficial. The workshops included advice on orthotics, handling children, some practical advice on ADL activities and onward referrals for medical and orthopaedic reviews.

I observed that some very basic seating and very unsafe standing equipment were being used. Free orthotics services were available but there were long waiting times between the assessment and supply.

Private medical care in the big corporate hospitals of Mumbai is absolutely state of the art but affordable only for the well to do citizens of the area. People save for years to be able to afford good medical care in their old age. There is no MDT working currently.

Children travel vast distances in Mumbai to be seen by orthopaedic surgeons and neurologists at government hospitals. Older children that cannot be carried by parents have absolutely no access to these services. As the child grows, attending various appointments becomes even more difficult due to lack of wheelchair and disability access into most public buildings.

NAB organised themselves very well and my short time was very wisely spent. As transport is a huge issue in Mumbai, children that could be brought to the workshops (physically carried by parents) were invited and older children and their families were offered home visits. I do feel they are positive and ready as an organisation to go the next step and adopt some principles of postural management. The key here would be to make low cost, sustainable equipment from local materials, by local people who have received training to do this. The Director of NAB Mrs Archana Joshi has promised her full support with this project. I have undergone APT (Appropriate paper based technology) training in December 2016 from Jean and Kenneth Westmacott and hope to take my new furniture making skills back to the organisation in April or August of 2017. I plan to run a workshop for a week initially to provide some basic training. They can then begin to practice to make small equipment like therapy benches and wedges, then move onto chairs and standing frames over the next few years.

This project has huge potential. I have very keen and passionate people waiting in India to receive the training and I believe we have the resources and talent within the APCP to provide it. Joint working in this way is beneficial for everyone involved. I plan to continue to support the organisation in whatever little way I can alongside looking after my young family here. If other physiotherapists and healthcare professionals could also support the NAB to provide postural management training and advice alongside mine, the continuity of training and support will be ensured, making this project a bigger success. The ethos has to be little and often..... one brick at a time!

I have had a fantastic experience of working in India and would recommend and encourage it. It is a fulfilling and rewarding experience and the perspective it brings is hugely beneficial for return to work back in the UK. I am happy and willing to support anyone who is interested. I am keen to hear about similar experiences from other therapists. I am a member of ADAPT and have found a wealth of knowledge and resources on their website. As a very new member of ADAPT, I have yet to attend their yearly conference and meet other therapists but am very keen to further develop my links with them and would highly recommend it to other therapists interested in working abroad.

### **Kashmira Medhekar**

#### **Paediatric Physiotherapist**

#### **Birmingham Community HealthCare NHS Trust**

[Kashmira.medhekar@bhamcommunity.nhs.uk](mailto:Kashmira.medhekar@bhamcommunity.nhs.uk)

Organisation: National Association for the Blind (India)

11, Khan Abdul Gaffar Khan Road, Worli Seaface

Mumbai 400 030

Phone: 66838686

Email: [nabin@vsnl.com](mailto:nabin@vsnl.com)/ [nabhsg@gmail.com](mailto:nabhsg@gmail.com)

Website: [www.nabindia.org](http://www.nabindia.org)

### **Why volunteer ?**

Why would a community paediatric physiotherapist working in Rotherham choose to spend 6 months working voluntarily in the remote Himalayan Kingdom of Bhutan? What better reason than the opportunity to use my skills to help others less fortunate than myself whilst experiencing living in a different country, all whilst having some time out to reflect on life. To have a new challenge, in a new environment and



meet people I would never meet at home. As anyone who had volunteered knows it is not a purely selfless action. I have done a lot of traveling but the richest experiences seem to be when you have the opportunity to live and work with a community rather than just observing from the outside. When my husband saw the advert looking for a paediatric physiotherapist to go and volunteer in Bhutan for 4 months we jumped into action. The job description had my name written on it! The organisation I volunteered for was called Health Volunteers Overseas, an American non-profit organisation which sends health professionals to developing countries primarily to improve global health through teaching of the local staff. The opportunity was self-funded although accommodation was provided and, once there, the cost of living was minimal however the personal gain was high.

Once accepted for the project a few months of planning and researching followed which was exciting, busy, frustrating at times and filled with anticipation. Flights were booked, injections and health insurance organised, a years career break negotiated. There can be a lot of paperwork involved in getting the correct visas and work permits and the level of bureaucracy in Bhutan became apparent a few weeks before leaving when we were informed that for my partner to come with me we needed to be married! This led to a further round of planning! As we had planned a sabbatical for a year, organising some further travel plans and other voluntary work in India also kept us busy.



We arrived in Bhutan from Kathmandu Nepal in the aftermath of the 2015 earthquake feeling quite shaken ourselves. The first thing you noticed was the quiet and the colours, clear blue skies, lush green mountains, pine trees, clean fast running blue glacial rivers and prayer flags fluttering everywhere- picture book! Bhutan is a remote Himalayan Kingdom high in the Himalayas (the capital Thimphu is at around 2500 metres altitude). It has a population of just 75000 people many of whom live a rural, subsistence farming lifestyle. Buddhism pervades and is as much a lifestyle as a religion.

Before I left the UK I had had several skype calls with the project coordinator and email dialogue with the one paediatric physiotherapist in Bhutan. I was aware that my role would be primarily to teach the physiotherapy technician students, as well as providing continuing education to the Bhutanese physiotherapists and technicians. At the Jigme Dorji Wanchuck National Referral Hospital (JDWNRH for short!) in Thimphu, the capital. This is part of the efforts of HVO to strengthen existing PT services and help promote rehabilitation as part of the existing Primary Health Care system. The structure of PT is quite different to what we are used to here in the UK. There are only 9 or 10 qualified PTs in the whole country. The bulk of the work is completed by physiotherapy technicians who have a 2 year in house training carried out mostly by international volunteers like me following a set curriculum. Most of the volunteers are American but a few British and Canadians also volunteer. Health care and education are free in Bhutan. However accessing these resources can be difficult for many rural dwellers with poor transport infrastructure and road conditions and many of the more mountainous places still only accessible by foot. There are no occupational therapists in the Bhutan and only half a speech therapist (he is the audiologist the other half of the time).

My role turned out to be somewhat different to my initial expectations. The physiotherapy technician students had nearly completed their paediatric module when I arrived so I only had a few weeks of teaching a group of 3 very quiet students. This was a very different experience to teaching at home as asking questions is not the norm, rather they learn by rote. Initially they looked alarmed when I leapt on the floor to demonstrate something and were even more surprised that I want them to do some hands on practical work with some of the children. However they quickly got used to my western ways, even joining in with singing nursery rhymes on occasions!

Prior to my arrival, plans had already been put in place (unbeknown to me and with great formality through the Ministry of Health) for some of





the technicians who work in the more remote parts of the country and deal with the paediatric population to come to the capital for some specialist training. 2 separate groups came, each for a month, arriving after several days travel from their respective homes. I was asked to teach them the principles of paediatric Bobath therapy! Knowing this before would have been useful so I could prepare a bit but thanks to a reasonable internet connection and my lovely colleagues in Rotherham all the teaching tools I needed came my way! I decided to focus on the hands-on skills as well as an understanding

of movement patterns. We had lots of fun practising facilitation of normal movement and analysing children's movement patterns and it was great to see them practising new found skills with some of the children who came to physiotherapy. It is difficult to know the incidence of disability in Bhutan as many people do not access services, often because they don't know they exist. It would have been useful to know prior to arrival that a high proportion of the children with cerebral palsy had a dyskinetic presentation, with a much lower incidence of spastic cerebral palsy, the reverse to how children present in the UK. I also noted that most of the children who did attend the physiotherapy department had more severe presentations. I think the families of the less affected children do not see the importance of physiotherapy once their child is mobile, only reappearing if there is a problem.

Seating and wheelchairs are a big issue as most people don't have anything! Those that do, have standard issue wheelchairs- one size fits all-adult or children. Even if you are fortunate enough to have a wheelchair using it is almost impossible as many road conditions are no more than tracks and where there are pavements they are often uneven with high kerbs. The non-mobile children arrived at the physiotherapy department carried on their mothers or a family members back regardless of age. A shipment of equipment for the UK based charity PhysioNet (the first ever shipment to Bhutan) had arrived just before me. A room full of specialist seating and standing frames that no one knew how to use and that were not all complete were sitting disused. Many hours were spent trying to make useable chairs out of them by piecing together parts from the existing ones and being creative with other materials ( bits of foam, wood whatever was available) to make them functional. A few children identified by Karma the physio as most in need were offered them. I even tried making an insert for a standard wheelchair from plywood with some help from a hospital handy man.

Disability is not much understood in Bhutan with many children, particularly outside of the capital having no access to services. This lack of knowledge is due to a number of factors- living in rural locations, lack of education, a belief in karma (fate), limited opportunities for education for those with additional needs as well as lack of understanding that despite disabilities these children have potential and can have a meaningful and fulfilling life. At times I found the limited opportunities for some of the lovely and bright children, with little access to education, equipment, or to the world, difficult to accept and had to try not to criticise or impose my western values, but try and promote a change in attitude.

Once a week, Karma the physiotherapist or one of the physiotherapy technicians visited Changanka School the only inclusive school in Thimphu. Of 1000 students around 60 have additional needs predominantly autistic spectrum disorders, downs syndrome and cerebral palsy. All have some level of independent mobility as the school is definitely not wheelchair accessible and would be a challenge for anyone with balance issues. Some classes are inclusive with a few SEN classes in English, maths and Dzongkha (local language). Chairs are again an issue with plastic chairs or benches being the order of the day for all children. I showed the head teacher some simple chair designs. One child then came with her father to the physiotherapy department to get advice from me on how he could make his daughter a chair as he was a carpenter. By the time I left a few months later it was still work in progress- nothing gets done quickly in Bhutan!

Somehow, I got involved in helping in a project funded by UNICEF to write a manual and provide training regarding child protection and disability. Although Bhutan have ratified on UN 'Rights of a Child' they

only produced their own child protection rules and regulations in January 2015. The document is quite comprehensive but unfortunately there is no infrastructure as yet to support it.

Once word got out that a foreign paediatric physiotherapist was in town requests came in- I did a hydrotherapy session with a young boy in the pool of a 5 star hotel and yoga with the son of a local cafe owner who had some coordination difficulties. The referral process in Bhutan is ad hoc and sometimes children turn up for a while (come to the capital for hospital appointments or medical needs) and then disappear again. I felt like the children who access services are only the tip of the iceberg and that there are many more children with neurodevelopmental difficulties not accessing support as they are unaware there are services available. There is little infrastructure for those with disabilities save a couple of organisations who are pioneering the way forward in Bhutan helped with foreign aid.



I loved working in Bhutan, both because of the work and the Bhutanese people I met, some of whom I would now call friends. The lovely head of physiotherapy was happy to negotiate the bureaucracy of the hospital and immigration department to get my work visa extended. In total, we stayed a wonderful 6 months, having a few weeks' travel to the east of the country at the end of our stay. An amazing opportunity and one few westerners get to experience. We then moved on to India and another volunteer opportunity through links that I made at the previous years ADAPT conference.

What skills did I need to volunteer? I think the things that served me best were having enthusiasm and a big smile (well most of the time) together with a sense of humour. Patience is definitely required as if you think things get done slowly in the NHS try getting things done in Bhutan! The ability to see outside the western health system/ physiotherapy box and adapt knowledge to a very different system will mean that what you do and what you leave is useful and meaningful to that society rather than to you. To work in another culture we need a desire to share skills and ideas and learn from others rather than feel that we are there only to teach.

So I have returned to my home and work one year later. All feels very familiar, sitting in the same office, same children back on my caseload, and yet I can see things through new eyes. My life has not changed but somehow the experience has made things seem deeper and richer. I appreciate how fortunate the children and families whom we provide services for are in the developed world are to have all the resources available. But we as therapists are also fortunate to have opportunities for learning and development and a wealth of resources at our finger tips. Maybe I am more adaptable now, and rather than feeling frustrated when resources and staff are limited and expectations are increased and caseloads get bigger, I try and remember the children and families I worked with in Bhutan and India who had so little opportunity to be part of the world, and be grateful for what we have and what we can give.

**Victoria Johnson**  
**APCP Member**

### **Redundant equipment? PhysioNet needs you**

I first heard about the charity PhysioNet at an ADAPT conference (ADAPT is a professional network of the CSP for those interested in overseas work). The charity collects used equipment items from all areas of the UK. This can be adult or paediatric equipment. This is taken to a central store in Boroughbridge, North Yorkshire. Here items are sorted, repaired, cleaned, and stored ready for shipment. Some items, wheelchairs and bikes, go to local prisons for refurbishment providing much needed employment for inmates.

The recipients, mainly developing countries but also countries that have experienced disasters or conflict, are responsible for contributing towards the cost of shipping or land transfer . The charity arranges the loading, shipping, insurance and import taxes waiver.

While I was working I only had time to contact my local equipment providers to tell them of the charity and encourage donations. However, I was able to get more involved when I retired from the NHS. This coincided with a posting on iCSP requesting help specifically for the paediatric equipment and liaison with the recipients .

A small team of paediatric physios gathered in the Autumn of 2015. Volunteers now visit the store every three weeks to review the donations, check for suitability and safety, and request any missing parts from the manufacturers. Responses from equipment manufacturers have varied. We have been able to pass on user manuals for most models but when parts are required we sometimes have to improvise, for example making our own straps/covers in order to make items safe and usable. Jenx have been extremely generous in providing parts and advice.

We are aware of the difference of opinion about whether items should be sent overseas. Some of us that have worked overseas are familiar with the “equipment graveyard” that can occur. However, in the right hands the equipment can make a huge difference to an adult or child’s life. In the near future, we hope to accompany a consignment to support the recipients in the assessment, use and maintenance of equipment. Once we have established links with the recipients we could then support them by e mail.

What you can do to help...

Please remember PhysioNet when you come across equipment approaching the end of its NHS life. Most items are welcomed, for example: positioning , mobility and therapy equipment, boots, gaiters, slings, spare wheelchair cushions, artificial limbs (stripped for components). The charity prefers to collect a number of items together and will need time to organise pick-up.

If you know of any overseas groups/ organisations that would be grateful for equipment please direct them to the website. Sometimes a container can be shared between more than one organisation. If you doing any fundraising please consider supporting Physionet. If you have any questions about the charity visit the website [www.physionet.org.uk](http://www.physionet.org.uk) or email me [hangilley@gmail.com](mailto:hangilley@gmail.com)

**Heather Angilley**  
**APCP Member**



*Duke of Cambridge in Nepal recently with recipients of Physionet equipment.*





# The instant impact of Functional Electrical Stimulation on a child with Hemiplegia (CP) – A case study

Shabnam Moledina  
Shabnam.moledina@bhamcommunity.nhs.uk

## Introduction

Functional electrical stimulation (FES) is an evidence based treatment modality that uses electrical stimulation through the peripheral nervous system to activate muscle contractions in patients with damaged musculoskeletal or nervous systems. (Baker et al 2000). The impulse from the stimulator causes the muscle to contract in a manner very similar to a natural contraction. Through reciprocal inhibition spasticity is inhibited and range of movement is increased.

NICE have accepted FES as a safe and effective treatment for the treatment of foot drop of central neurological origin, such as that in Cerebral Palsy.

Children with Cerebral Palsy (CP) present with muscle weakness and spasticity, the ankle joint being affected in almost all patients. The most common presentation is spasticity in the gastrocnemius and soleus muscle and subsequent weakness in the antagonist dorsiflexor muscle, tibialis anterior. This results in inadequate active dorsiflexion and foot-drop during gait (Cavlak & Kavlak 2005). Treatment options traditionally used for this problem are orthotics, serial casting, botulinum-toxin A injections and strengthening exercises. All but the last option result in further weakening of the ankle complex.

FES stimulates contraction in tibialis anterior after heel rise to facilitate dorsiflexion through swing through and allowing heel strike. Hence acting as a dynamic AFO. Seeing as the muscle actively contracts, muscle strength and size increase with use. Studies have shown increase in cross sectional areas and muscle torque. (Damiano et al 2012)

## Aim

The aim of this report is to show the instant benefits of FES to a 15 year old girl with Hemiplegia.

## The Patient

This case study is about a 15 year old girl with left hemiplegia CP, GMFCS Level 2. She was referred to the FES clinic by her physiotherapist for FES to help improve her gait. She has had ongoing physiotherapy since diagnosis in infancy and currently receives physio at school once every 6 weeks. She has had AFO's in the past, but rejected them due to discomfort. She has also had botulinum – toxin A injections in December 2014 into her calf complex under general anaesthetic, with no functional benefit.

## Problems

Tires easily - wheelchair at school  
Trips/falls daily  
Gait: intoeing on left with no heel strike.  
No active dorsiflexion in sitting with knee flexed.

## Treatment

Fitted with Pace® Dropped Foot Stimulator for her left leg. Wired footswitch, with 2" round electrodes in standard position. The exercise setting was enabled on the stimulator for her to use for up to 20mins a day. The goal was to gradually build up use of the stimulator and gain independence of setting up with supervision from parents over the summer holiday, with the aim of using in school next term.

## Parameters

Dorsiflexion Heel Rise (DFHR), PW 50%, current 46mA, RR50ms, Ext 150ms, FR 50, time out 2500ms, delay 0, frequency 35 Hz, waveform Asym, polarity normal.

## Results

Objective markers were taken pre and post FES. This included a timed 10m walk test, VAS of various symptoms, active DF ROM and video of gait.

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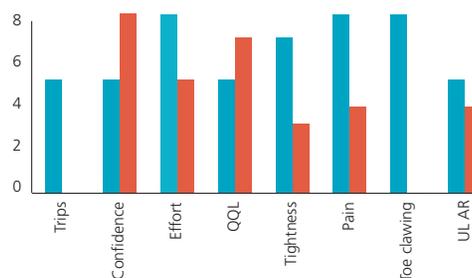
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## VAS of symptoms experienced during walking

Figure 1 Graph showing change in VAS of symptoms experienced during walking



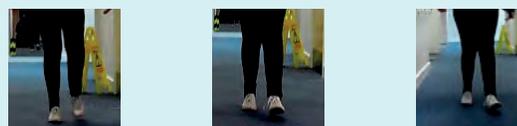
## Activity of tibialis anterior

	Pre stim	With stim	Post stim (carryover)
Active DF ROM	0°	20°	10°

## Gait without FES



## Gait with FES



## Discussion

This case study shows electrical stimulation improved dorsiflexion in this child with Hemiplegia CP.

Immediate changes in gait with the PACE ® Dropped foot stimulator were seen during walking. Video gait analysis shows a more symmetrical gait with improved toe off, swing through and heel strike, as well as a wider base of support. After 8 weeks of using the FES the patient reported dramatic improvement in VAS scores of symptoms experienced during walking. The most significant being no trips and improved quality of life.

Even more interestingly, when the stimulator was used as an exerciser, immediate carry over in muscle memory was seen. Prior to stimulation the patient had no active dorsiflexion. After 60 seconds of exercise stimulation to tibialis anterior, she was able to achieve 10° active DF independently.

This report shows that electrical stimulation can provide good and instant benefit to patients with Hemiplegia. This is in line with a meta-analysis that concluded the FES is an effective intervention for CP patients with associated gait impairments (Cauraugh et al 2010). It can be used as an adjunct to other treatment options or as an alternative. This patient has previously had orthotic devices and botulinum-toxin-A injections, both of which did not provide the desired effects. FES was able to do this. It is the authors belief that FES should be readily available and considered for all children with CP hemiplegia. The author acknowledges that this case study only reports on the short term outcomes and a more longitudinal study would be worthwhile to establish long-term outcome as well as compliance of the device.

# Cerebral Palsy Sport

Website address: [www.cpsport.org](http://www.cpsport.org)  
Contact phone number: **0115 925 7027**  
Contact e-mail address: [info@cpsport.org](mailto:info@cpsport.org)



## Our purpose

Cerebral Palsy Sport is the country's leading disability sports organisation supporting people with cerebral palsy to reach their sporting potential. Our vision is that everyone with a physical disability is able to access a sport of their choice. Our mission is to improve quality of life of people with physical impairments through the provision of appropriate sport and recreational activities.

## Who we represent

Cerebral palsy is a condition that affects muscle control and movement. Some people with the condition are lightly affected, whereas others may have associated difficulties which could include speech, spatial awareness, hearing, learning, visual difficulties and epilepsy.

Our aim is to increase participation, raise aspirations and promote inclusion of children and adults with cerebral palsy in sport and physical activity. We offer support and advice to parents, support workers, teachers, coaches, physiotherapists, occupational therapists, sport providers and other professionals on how to adapt sports for people with cerebral palsy.



Find us on Facebook: **Cerebral Palsy Sport**

Follow us on Twitter: **@CP\_Sport**

Registered Charity No. 1088600

## People with Cerebral Palsy

Cerebral palsy is a condition that affects muscle control and movement. It is usually caused by an injury to the brain before, during or after birth. Children with cerebral palsy have difficulties in controlling muscles and movements as they grow and develop. 1 in 400 children are born with cerebral palsy (estimated 30,250 in UK,) with 1,800 babies being diagnosed with the condition each year. There are 3 main types of cerebral palsy, the most common being spastic cerebral palsy. Present in around 75-88% of people with the condition.

## Our support

Cerebral Palsy Sport provide sporting opportunities for children and adults with cerebral palsy in athletics, bowls, football, junior sports, swimming and table cricket. To ensure these opportunities are inclusive for all levels of ability (particularly those with limited or restricted movement) adapted versions of these mainstream sports have been developed. These include polybat, frame/walker football and adapted athletic disciplines.

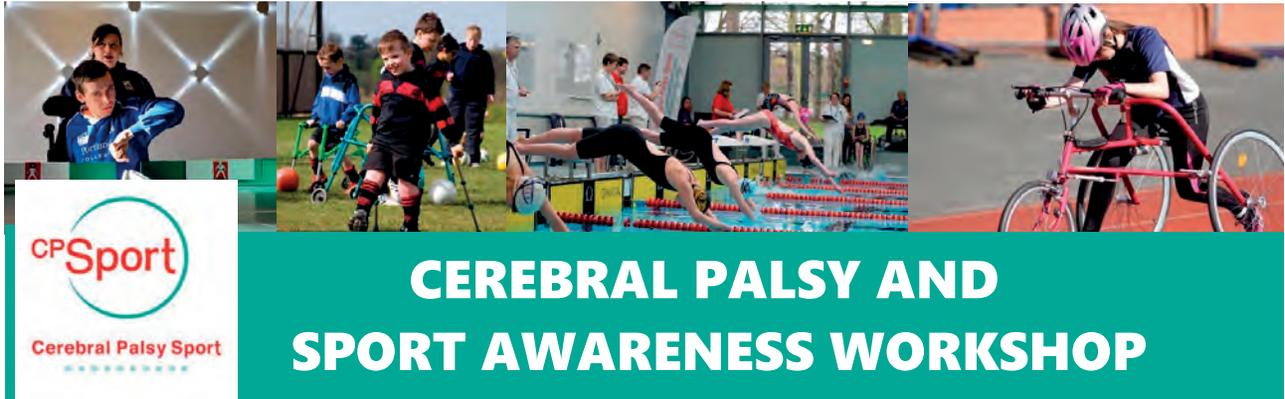
We run a series of multi-sport activity days around the country, that offer children and young people a chance to try a variety of sports in a fun, safe environment. Whilst the activity days are geared towards participation for young people with cerebral palsy, they also educate teachers, support workers and sport providers offering practical experience of inclusive sport and physical activity opportunities.

Cerebral Palsy Sport organise coaching and training sessions in athletics, bowls, football, junior multi-sports, swimming and table cricket for people wanting to reach their sporting potential. We also offer a referral service for children and adults, signposting them to appropriate sporting competitions, mainstream opportunities and sports clubs.

## Participation pathways for impairment group

Cerebral Palsy Sport offer a number of sporting pathways for people with cerebral palsy who want to develop their skills, participate regularly or compete in the following sports:

- **AthleticStart event and Athletics Series:** an introductory programme of athletics including Racerunning, plus a countrywide series of competitive athletics events leading up to a National Athletics Championships.
- **BowlStart:** Cerebral Palsy Sport in partnership with the Bowls Development Alliance have developed a series of introductory sessions throughout the year, alongside National pairs, teams and individual Championships that are run annually.
- **KickStart Football:** we have developed an innovative CP Kickstart Football development programme across the country in partnership with the FA, clubs and county sports partnerships for ambulant cerebral palsy players and those who use frames/sticks.
- **Junior SportStart:** A grass roots junior multi-sport programme delivered into schools and clubs across the country to provide opportunities to participate, play and enjoy sport.
- **SwimStart Swimming Programme:** a series of development swimming sessions introducing young people with cerebral palsy to water and build up to development galas and an annual National Swimming Championships.
- **Table Cricket:** a National Table Cricket Community League running across the country supporting participation and coaching development. Culminating in a Table Cricket National Finals at Trent Bridge.



# CEREBRAL PALSY AND SPORT AWARENESS WORKSHOP

Cerebral Palsy and Sport Awareness Workshop will provide knowledge and understanding of what Cerebral Palsy is, the opportunities within disability sport and give guidance and advice to those who lead sport and physical activity.

## COURSE DETAILS

**This course will cover:**

- What is cerebral palsy?
- What are the issues and barriers for people with cerebral palsy when accessing sport?
- Benefits of sport to people with cerebral palsy
- Different ways of supporting people with cerebral palsy
- How to promote sport to people with cerebral palsy
- Different pathways and opportunities available with CP Sport

**Cost:** £30 per person

**Dates:** 22<sup>nd</sup> February 17

17<sup>th</sup> May 17

27<sup>th</sup> September 17



**Venues:** CP Sport Unit 21, Heathcoat Building, Science and Technology Park, University Boulevard, Nottingham, NG7 2QJ

**Time:** 6pm-9pm

**For full information on Cerebral Palsy Sport CPD opportunities please visit <http://www.cpsport.org/> or contact CP Sport on 0115 925 7027 or [Lisa.morton-smith@cpsport.org](mailto:Lisa.morton-smith@cpsport.org)**

Unit 5, Heathcoat Building, Nottingham Science & Technology Park, University Boulevard, Nottingham, NG7 2QL.

Telephone: 0115 925 7027. Email: [@cpsport.org](mailto:@cpsport.org)

Find out more about the work of CP Sport at [www.cpsport.org](http://www.cpsport.org)

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## Fun 'n' Games - a New Therapy Resource to Improve Upper Limb Function for Children with Hemiplegia

<http://research.ncl.ac.uk/hemiplegiaresearch-fungames>

Unilateral cerebral palsy (hemiplegia) is the commonest form of cerebral palsy affecting around 12000 children in the UK. Children with hemiplegia tend to neglect their affected hand, often choosing one-handed strategies or asking others for help with everyday activities even though these activities are much easier to do if the two hands are used together. Encouraging the use of both hands from an early age could help with independence later in life, and we know from research evidence, including our own, that repeated practice improves children's ability to use both arms and hands. We also know that this practice needs to be done often, preferably by spending some time on this each day.

We have recently produced a website with free downloadable ideas for fun activities for children age 3-10 years with hemiplegia which encourage children to use both hands together in play. These suggestions are many of the activities which were used in our play-based therapy trial described below. The activities are targeted at families but are searchable by therapy goal so as to be of maximal use to therapists as well.



The instructions were developed by Emma Kirkpatrick whilst undertaking a PhD at the Institute of Neuroscience, Newcastle University, supervised by Dr Anna Basu and with advice from senior paediatric occupational therapist Janice Pearse. The project was funded by WellChild and by a Henry Miller studentship from Newcastle University. The instructions were made as part of a trial comparing two forms of play-based therapy to improve upper limb function in children with hemiplegia age 3-10 years:

[Effect of parent-delivered action observation therapy on upper limb function in unilateral cerebral palsy: a randomized controlled trial](#) by Emma Kirkpatrick, Janice Pearse, Peter James and Anna Basu

In this study we looked at a brain network called the "mirror neuron system". You activate this when moving but also when watching the same movement performed by others. We know that careful watching and copying are an important way of learning new activities. We wanted to see whether adding "watching and copying" into therapy would improve hand function more than repeated practice of movements alone. We also wanted to develop a play-based therapy that parents/carers could use at home.

### What did we do?

We developed a series of play activities useful for children with hemiplegia. For each game or toy, one set of instructions focused on watching and copying a parent's moves. The other set focused on repeated independent practice, with the parent supporting rather than repeating the activity.

70 children aged 3 to 10 years took part in the trial in two random groups. Everyone followed a therapy programme for 3 months. This consisted of 15 minute sessions, 5 days a week. All children completed the same range of assessments.

### What did we find?

At 3 months, there was no difference in the improvement of hand function between the two groups. However, both groups improved significantly on all three outcome measures (Assisting Hand Assessment (AHA), Melbourne Assessment of Unilateral Upper Limb Function - 2 (MA2), Abilhand-KIDS).

### What does it mean?

Watching movements before copying them does not seem to create better results than repeated practice if done at home with parents. However, play activities with parents, which focus on particular hand movements, do lead to small but significant improvements in hand function.

### How can I find out more?

Read our open access research article here:

<http://onlinelibrary.wiley.com/doi/10.1111/dmcn.13109/full>

Kirkpatrick, E., Pearse, J., James, P. and Basu, A. (2016), Effect of parent-delivered action observation therapy on upper limb function in unilateral cerebral palsy: a randomized controlled trial. *Dev Med Child Neurol*, 58: 1049–1056. doi:10.1111/dmcn.13109

### What does the Fun 'n' Games website include?

We wanted to make the materials used for home-based therapy in the trial freely and widely available, and this is why we developed the website. The full website contents are:

- Home page with a quick overview
- Background explaining the rationale for developing the website, including a link to the open access publication of the trial
- Instructions/advice for optimal seating when working on hand function
- A link to the downloadable pdfs, accessed after completion of a form providing some details regarding the person requesting access
- A glossary covering helpful terminology, with illustrative videos
- Useful links to other relevant websites
- A page providing some information about the team



<http://research.ncl.ac.uk/hemiplegiaresearch-fungames> Twitter: @FUNnGames4HCP

We hope you find the materials useful!

## Worcestershire Health and Care NHS Trust Paediatric Musculoskeletal Outcome Measures Survey

### **Introduction:**

'Worcestershire Health and Care NHS Trust' is commissioned to provide paediatric physiotherapy (PT) to children and young people aged 0-18 years within Worcestershire. Paediatric musculoskeletal (MSK) PT is provided within the Worcestershire paediatric community PT team and at present this consists of a small team of staff offering PT to children in six clinic locations across the county. Referrals are received from GP's, Consultants and health care professionals within Worcestershire. Referrals are also received from Consultants and health care professionals based outside of Worcestershire typically from acute secondary and tertiary centres. These include Birmingham, Bristol, Oswestry, Dudley and Cheltenham where there are paediatric orthopaedic and rheumatology consultant led services.

The Worcestershire paediatric PT team has transferred onto electronic notes this year (2016). This move has provided the service with the opportunity to develop pathways to improve the evaluation of patient care. This service development has included working towards benchmarking outcome measure use in paediatric MSK patients.

'The Association of Paediatric Chartered Physiotherapists' (APCP) holds an online database of paediatric outcomes measures (APCP, 2016a). This is an excellent central resource for APCP members where there is a facility to provide comments on the use of outcome measures within the database and make recommendations on other outcome measures used by members. The database does not currently include information on the frequency of the outcome measure use in paediatric MSK clinical practice. Therefore the Worcestershire service planned to establish the use of the available and any additional outcome measures in paediatric MSK clinical practice via an online survey.

### **Aims and Objectives:**

The aim of the survey was to benchmark outcome measure use in 'Chartered Society of Physiotherapy' (CSP) members treating paediatric MSK patients, to provide recommendations for improvements in outcome measure use in the Worcestershire paediatric MSK PT service and raise the profile of outcome measures in MSK paediatric PT by sharing this survey's findings with CSP members treating paediatric MSK patients.

The objectives were:

1. To identify the demographics and place of work of CSP PT's treating paediatric MSK pts.
2. To identify the grade and specialism's of CSP PT's treating paediatric MSK pts.
3. To identify how patients are accessing paediatric MSK physiotherapy and the weighting of paediatric MSK patients of PT's caseloads.
4. To identify the frequency of use of the outcome measures described on the APCP database.
5. To identify the frequency of use of other available outcome measures not described on the APCP database.
6. Use the results from this survey to make developments in the use of outcome measures in the Worcestershire Paediatric MSK PT teams and use new pathways developed for electronic notes to enable electronic data collection.
7. Share the results of the survey within the paediatric MSK network.

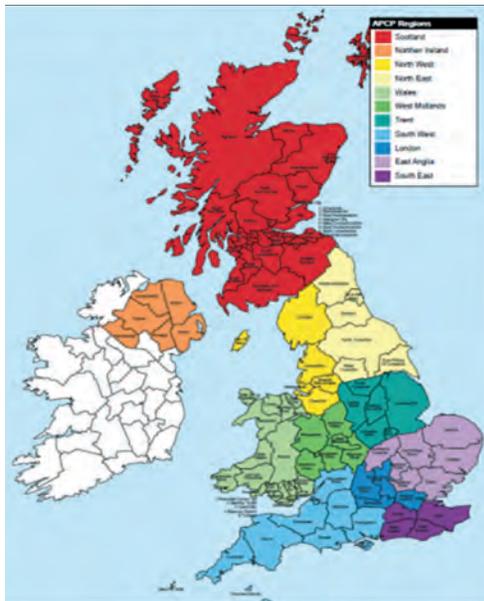
### **Methodology:**

A survey was designed using 'Survey Monkey' and consisted of 10 questions. The questions were a mixture of open and closed questions including likert scoring. Half the questions had the opportunity to add comments and where 'other' was an option, space was provided to report on this. A survey monkey link was emailed out to APCP members and posted on the iCSP MSK and Paediatric pages. A request for PT's treating paediatric MSK patients to complete the survey (via iCSP or emailing [caroline.watkins1@nhs.net](mailto:caroline.watkins1@nhs.net)) was printed in the 'information exchange' section of 'Frontline' magazine in the issues 5<sup>th</sup> October 2016 to 7<sup>th</sup> December 2016. The survey took place from 18<sup>th</sup> April 2016 to 12<sup>th</sup> December 2016.

### **Results:**

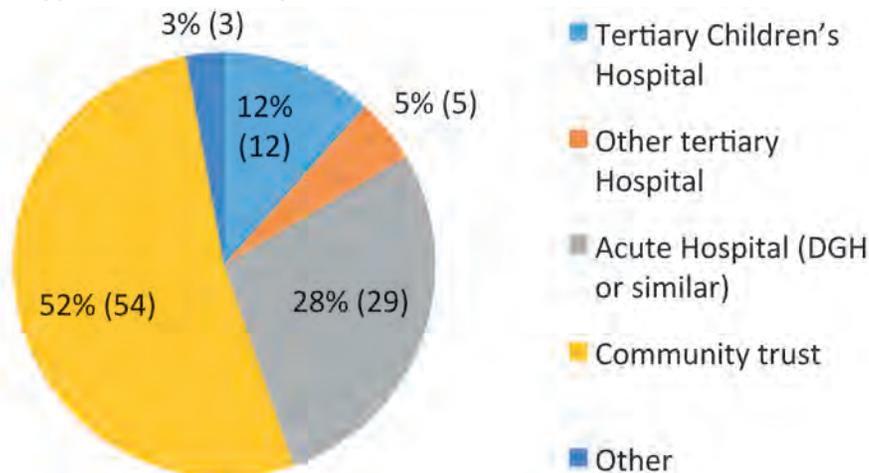
There were 104 completed responses received (including 2 email requests for the survey) and the results of the 10 questions are based on 104 responses unless otherwise specified.

1. Who is your employer? (please state the name of your NHS trust / location). Data summarised by APCP regions (CSP, 2016a).



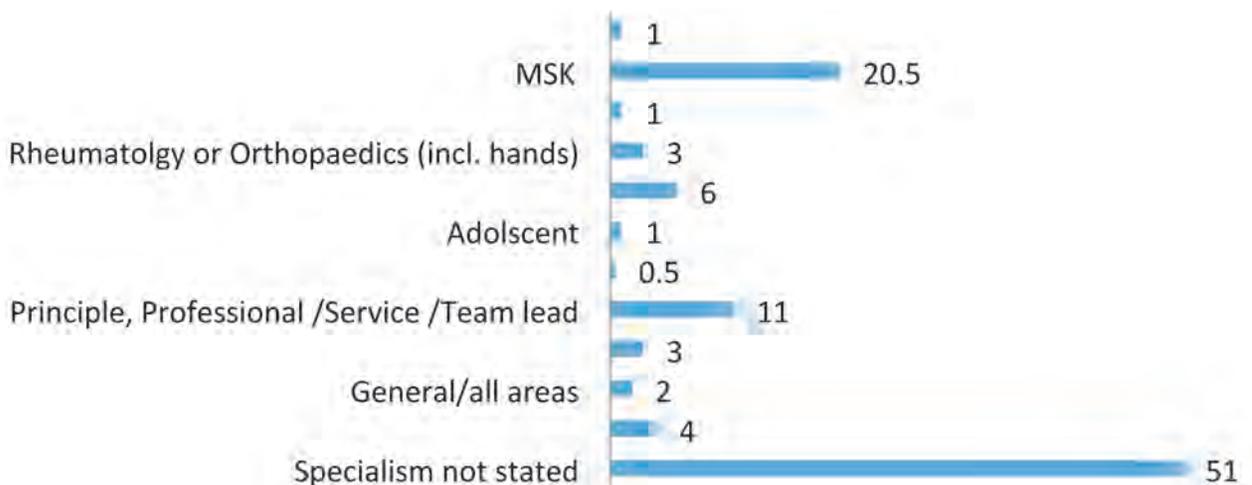
Scotland	5.8% (6)
Northern Ireland	0% (0)
North West	11.5% (12)
North East	6.7% (7)
Wales	6.7% (7)
West Midlands	7.7% (8)
Trent	4.8% (5)
South West	3.8% (4)
London	26.9% (28)
East Anglia	6.7% (7)
South East	12.5% (13)
Ireland	2.9% (3)
Self employed	0.96% (1)
Not specified	1.9% (2)
No response	0.96% (1)

2. What type of location do you work?

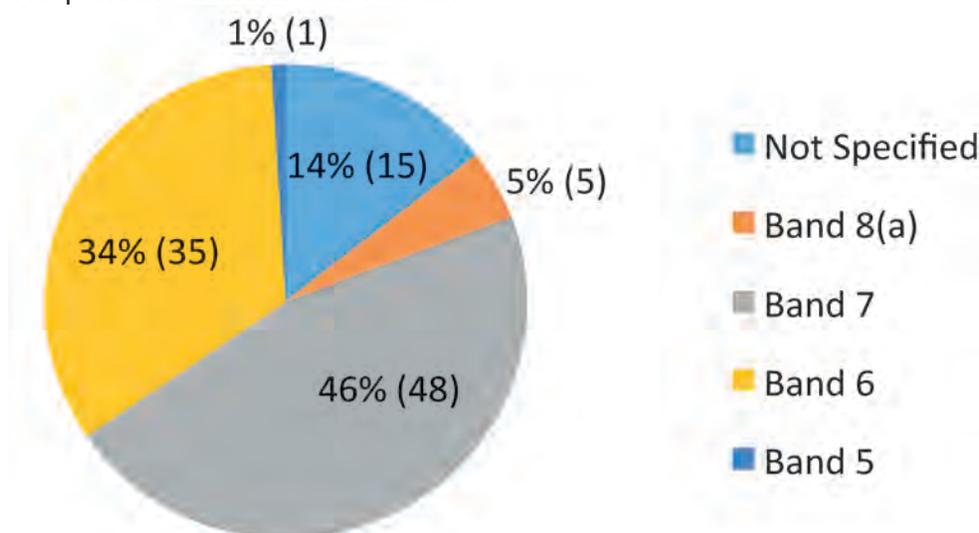


3. What is your job role (title & band)? (i.e. paediatrics / adult, MSK, band 5-8).

- a. Of the respondents 100 (96.2%) were Paediatric physiotherapists, one worked as a paediatric and adult MSK PT, and three did not specify.
- b. Job role / titles of respondents were:



c. Respondents banded their role as:



d.

Of the 20.5 PT's who specifically identified themselves as MSK PT's: 12.5 were band 7, 7 were band 6 and 1 was a band 8a.

4. Who makes referrals to your service?

Other responses included: self referral (10), schools, pain team, AHP's, other consultants etc.



5. What estimated percentage of the patient groups below do you work with (answers to total 100%)?

Parent Group %	<30%	30-70%	>70%	Total
Paediatric MSK	21.6% (22)	60.8% (62)	17.6% (18)	100% (102)
Paediatric Orthopaedics	56.7% (55)	38.1% (37)	5.2% (5)	100% (97)
Paediatric Rheumatology	88.4% (84)	6.3% (6)	5.3% (5)	100% (95)
Other: 47 responses.	Including: neuro-developmental, respiratory, neonatal, CFS, chronic pain. 40 responses stated the % of their 'other' patient group.			

6. For the following outcome measures described by the 'APCP' and identified as suitable for all patient groups, how often do you use the stated outcome measure in your paediatric MSK / Orthopaedic / Rheumatology patients?

a. Faces Pain Scale - Revised (FPS-R).

Described at: <http://apcp.csp.org.uk/documents/faces-pain-scale-revised-fps-r> (APCP, 2016b).

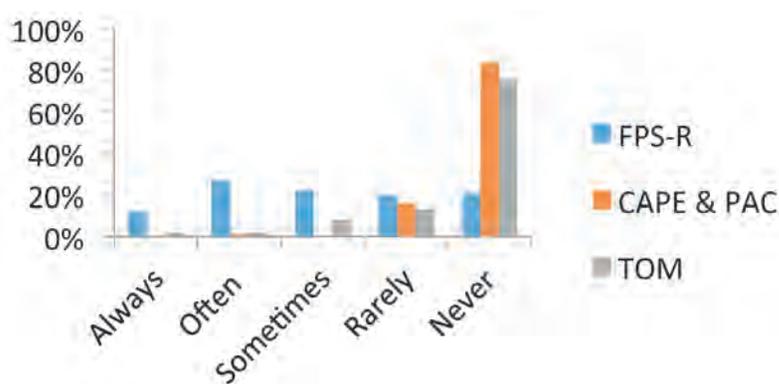
b. Children's Assessment of Participation and Enjoyment (CAPE) and Preferences of Activities of Children (PAC).

Described at: <http://apcp.csp.org.uk/documents/childrens-assessment-participation-enjoyment-cape-preferences-activities-children-pa> (APCP, 2016b).

c. *Therapy Outcome Measure (TOM)*

Described at: <http://apcp.csp.org.uk/documents/therapy-outcome-measure-tom> (APCP, 2016c).

	Always	Often	Sometimes	Rarely	Never	Total
FPS-R	11.7% (12)	26.47% (27)	21.57% (22)	19.61% (20)	20.59% (21)	100% (102)
CAPE & PAC	0% (0)	0.97% (1)	0% (0)	15.53% (16)	83.50% (86)	100% (103)
TOM	1.96% (2)	1.96% (2)	7.84% (8)	12.75% (13)	75.49% (77)	100% (102)
Comments (total no.): summary	FPS-R (13): use Wong and baker, use VAS, use dependant on age of child. CAPE & PAC (5): Patient Specific Functional Scale. TOM (7): There's a new TOM addition, some services planning to start using TOM.					



7. For the following outcome measures identified as outcomes for all patient groups in the APCP 'outcome measure matrix', how often do you use the stated outcome measure in your paediatric MSK / Orthopaedic / Rheumatology patients? Available at: <http://apcp.csp.org.uk/publications/paediatric-outcome-measures-online-search> (APCP, 2016a).

- Pediatric Evaluation of Disability Inventory (PEDI)*
- Goal Attainment Score (GAS)*
- Canadian Occupational Performance Measure (COPM)*
- Australian Outcomes Measures (AusTOMs)*
- East Kent Outcome Measures Score (EKOMS)*

	Always	Often	Sometimes	Rarely	Never	Total
PEDI	0% (0)	1.94% (2)	12.62% (13)	26.21% (27)	59.22% (61)	100% (103)
GAS	7% (7)	16.50% (17)	21.36% (22)	20.39% (21)	34.95% (36)	100% (103)
COPM	0.98% (1)	1.96% (2)	1.96% (2)	3.92% (4)	91.18% (93)	100% (102)
AusTOMs	0% (0)	0.97% (1)	0.97% (1)	2.91% (3)	95.15% (98)	100% (103)
EKOMS	1.94% (2)	0% (0)	1.94% (2)	1.94% (2)	94.17% (97)	100% (103)
Comments (total no.): summary	PEDI (3): Subj / obj Ax 20 mins so not enough time. GAS (6): modified version, complex pts, botox pts, never in MSK all other community pts. COPM (4): used by OT's, use this as a team to report on for commissioners. AusTOMs (1): use Patient Specific Functional Scale. EKOMS (2): modified version.					

8. For the following 'generic mobility' and 'Patient reported outcome measures' (PROMs) how often do you use the stated outcome measure in your paediatric MSK / Orthopaedic / Rheumatology patients?

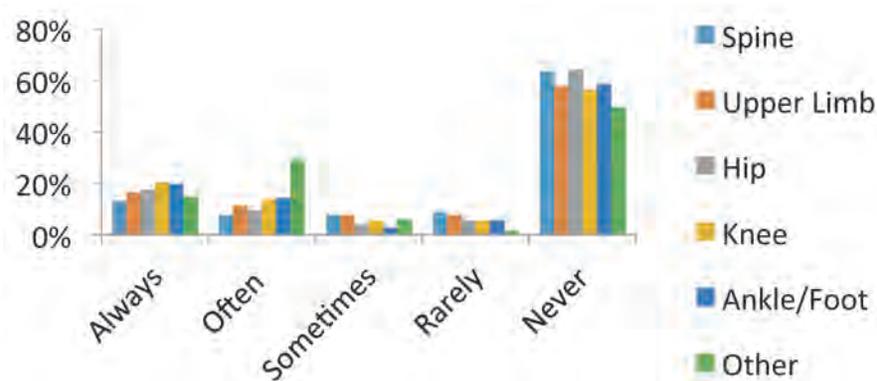
- a. Timed up and go (TU&G)
- b. Paediatric Balance Scale (PBS)
- c. 10 metre walk test (10MWT)
- d. 6 minute walk test (6MWT)
- e. PedsQL
- f. Eq-5D-Y (please state version in comments i.e. 3L, 5L)
- g. Wong baker faces pain rating scale (WBFPRS)

	Always	Often	Sometimes	Rarely	Never	Total
TU&G	0% (0)	9.71% (10)	24.27% (25)	25.24% (26)	40.78% (42)	100% (103)
PBS	0.98% (1)	8.82% (9)	20.59% (21)	17.65% (18)	51.96% (53)	100% (102)
10MWT	0% (0)	8.82% (9)	23.53% (24)	29.41% (30)	38.24% (39)	100% (102)
6MWT	0.96% (1)	6.73% (7)	23.08% (24)	25.96% (27)	43.27% (45)	100% (104)
PedsQL	2.97% (3)	3.96% (4)	11.88% (12)	22.77% (23)	58.42% (59)	100% (101)
Eq-5D-Y	0.99% (1)	1.98% (2)	3.96% (4)	17.82% (18)	75.25% (76)	100% (101)
WBFPS	9.71% (10)	18.45% (19)	20.39% (21)	10.68% (11)	40.78% (42)	100% (103)
Comments (total no.): summary	TU&G (2). PBS (1): use movement ABC instead of PBS. 10MWT (1). 6MWT (3): use modified balke test. PedsQL (3): noted to be the best outcome measure for a paed's MSK caseload but was difficult and expensive to get hold of and hence never implemented. Eq5D-Y (5): No longer used, stopped using in favour of TOMS. WBFPS (2).					

9. Do you use any other outcome measures not already mentioned in your paediatric MSK / Orthopaedic / Rheumatology patients?  
In particular any outcome measures for patients with problems affecting the: Spine: Shoulder / Elbow / Wrist / Hand: Hip: Knee: Foot / Ankle: Other (including functional etc).

	Always	Often	Sometimes	Rarely	Never	Total
Spine	12.66% (10)	7.59% (6)	7.59% (6)	8.86% (7)	63.29% (50)	79
Upper Limb	16.25% (13)	11.25% (9)	7.50% (6)	7.50% (6)	57.50% (46)	80
Hip	17.33% (13)	9.33% (7)	4% (3)	5.33% (4)	64% (48)	75
Knee	20% (15)	13.33% (10)	5.33% (4)	5.33% (4)	56% (42)	75
Ankle/Foot	19.44% (14)	13.89% (10)	2.78% (2)	5.56% (4)	58.33% (42)	72
Other	14.49% (10)	28.99% (20)	5.80% (4)	1.45% (1)	49.28% (34)	69

Large amount of comments for this section, I have noted outcome measures / Ax tools not previously commented on (objective markers have not been listed). Spine (23): My MOP, SARROM, TUSS, ODI, the young spine questionnaire, Oswestry back pain questionnaire (disability index), modified schoebers, FAS, Cobb angle. Upper limb (33): Digital/hand dynamometer, ARAT, DeBry shoulder program, QDASH/modified DASH, UEFS, OBBP measures, Oxford shoulder score, Kapangi scale. Hip (23): Goldsmith, Edinburgh gait score. Knee (30): QASL, LEFS, care aims, KOOS-child, Norwich Ax. Ankle / foot (28): FPI, Y- balance test, balance excursion, FLEE, Lysholm, SEBT, 3 hop distance test, oxford foot ankle questionnaire. Other (35): Bruinicks oswestry balance Ax, MMT3/8, Functional disability index, Chaq, ASK, Quebec, Patient global impression of change, Pgals, Jaqq, CMAS.



10. Thank you for your time in completing this survey. Please feel free to provide any additional comments below or email: [caroline.watkins1@nhs.net](mailto:caroline.watkins1@nhs.net) for any other enquires.

Fourteen respondents wrote comments, including: further support for 'Patient Specific Functional Scale' (PSFS) as a quick and easy to use measure in MSK pts (2), request for publication of results to help support outcome measure PT service development (6), challengers of suitable outcome measures for paediatric population (1), use of objective markers (3) / patient set goals as alternatives (1), use of VAS, number of treatments and level of improvement on D/C as service outcome (2).

### **Discussion:**

The survey had responses from all APCP regions except Northern Ireland, with the highest proportion of survey respondents working in the London region (26.9%). Over half of respondents (52.4%) worked in community / health centre locations, and 96.6% were working as paediatric physiotherapists. 20.5 (19.7%) respondents identified their job specifically as MSK and 60.9% (12.5) of these were band 7's. Referrals to services were typically being made by a range of consultants, GP's, HPC's and other professionals, but 10 respondents identifying 'self referral' as an access route to services.

Overall there were more respondents working with MSK patients (30-70% MSK caseload: 60.8%, >70% MSK caseload: 17.6%) compared with orthopaedic and rheumatology patients. The 20.5 respondents having MSK as their title / role can be noted alongside these figures but not concluded on as 51 respondents didn't define their PT role. Nearly half of respondents (47) were also working with 'other' patient groups from CFS / chronic pain, to neuro-developmental / respiratory. The percentage split of caseload where other was selected was given by 40 of these 47 respondents and the 'other' caseload ranged from 10-80%. The data gained is not accurate enough to draw further conclusions regarding the level of specialisation in MSK.

The responses gained for 'APCP outcome measures identified as suitable for all patient groups', found that the Faces Pain Scale - Revised (FPS-R) was the most used (always 12%, often 27% and sometimes 22%) outcome measure for clinicians treating MSK / orthopaedic / rheumatology patients. The Faces Pain Scale is quick, free and used to measure pain (APCP, 2016b), so this survey's results would correspond with this scale's suitability for the patients treated by the sample surveyed, but clinicians made comment that they were using alternatives such as VAS, and Wong and Baker. The TOM was used regularly by a few of the surveyed clinicians (always 2%, often 2% and sometimes 8%) and the CAPE/PAC was the least used (often 1%, rarely 16%). These outcomes require the purchase of a manual for completion (APCP, 2016c,d) but the comments received did not state this as a barrier to use. There were positive comments for CAPE/PAC and TOM where services were planning to introduce these measures and one service had piloted the TOM but 'did not feel that it worked well within the paediatric MSK service'. It would be helpful to gain further information from the clinicians who are using these measures regularly within MSK / orthopaedic / rheumatology patients to help support future clinical use.

The responses gained for outcome measures identified as outcomes for all patient groups in the APCP 'outcome measure matrix', found that GAS was the most used (always 7%, often 17%, sometimes 21%), followed by PEDI (often 2%, sometimes 13%) for clinicians treating MSK / orthopaedic / rheumatology patients. One clinician identified time constraints limiting the use of PEDI. COPM, AusTOMs and EKOMS were used regularly by a few of the surveyed clinicians, but further information on their use would be beneficial to support future clinical use.

The responses gained for the listed 'generic mobility' and PROMs, demonstrated that clinicians were using the generic mobility outcomes more than the PROMs (PedsQL and Eq5D-Y) for paediatric MSK / Ortho / Rheumatology patients (see question 8 results table). PedsQL was noted to be difficult and expensive to get hold of and Eq-5D-Y was noted to have previous but no present use. The CSP has previously held a licence for the Eq-5D outcome measure but this has now expired (CSP, 2016b). The Wong Baker Faces Pain Rating Scale (WBFPRS) was included in this question and received regular use but it should be noted that it may not be strictly classified as either a generic or PROM.

The responses gained for 'any other outcome measures' used in MSK / orthopaedic / rheumatology patients identified a wide variety of outcome measures and assessment tools. A selection of these have been listed in the results section, but further information on the advantages / disadvantages reliability / validity / specificity / sensitivity would be needed prior to making recommendations.

The final question of the survey gave respondents the opportunity to provide any comments or ask any questions. The comments provided here alongside previous survey comments showed how paediatric MSK physiotherapists are keen to share their knowledge of outcome measures that are working well in their clinical practice. Where there are limitations / barriers to the use of outcome measures respondents were demonstrating methods to measure effective practice via alternative means such as objective markers.

### **Limitations:**

The survey was shared via the CSP website, frontline magazine and APCP but only a direct email was sent to APCP members. Therefore there was some sampling bias and this is reflected in the results failing to capture 'adult MSK physiotherapists' treating paediatric patients. The survey design had some limitations particularly for the questions on job role and caseload. This caused some gaps in the data gained and therefore made full interpretation difficult. The questions asked about outcome measures used in MSK / orthopaedic / rheumatology patients, but there is a possibility that some of the responders included outcome measures used in other specialisms.

**Conclusion:**

This survey has provided an opportunity to review the use of outcome measures in paediatric MSK PT and found that a wide range of outcome measures are in clinical use. The results show that further evaluation would be beneficial for the outcome measures that are frequently used by paediatric MSK physiotherapists, including those that have not yet been added to the APCP outcome measures matrix. The clinical use of outcome measures is an area of opportunity for continuing to develop quality assurance for our patients (CSP, 2012). The APCP has the facility to add comments about the experience of using outcome measures and to request the addition of outcome measures not currently on the website (APCP, 2016a). The use of this facility provides an opportunity to share and develop clinical practice for outcome measures in all areas of paediatric PT.

**Acknowledgements:**

Thank you to all those who have helped in developing this questionnaire including the advice received from the APCP MSK special interest group. Thank you to the 104 clinicians who gave their valuable time to complete this survey. It is noted that copying and pasting the survey monkey outcome measure links would have been time consuming but hopefully informative.

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**Caroline Watkins**







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**TECHNOLOGY  
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Technology in Motion Ltd,  
2 Mortec Office Park, York Road,  
Leeds LS15 4TA

Tel: 0330 100 1800

Fax: +44 (0)113 273 6527

Email: [info@technologyinmotion.com](mailto:info@technologyinmotion.com)

Web: [www.technologyinmotion.com](http://www.technologyinmotion.com)



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