

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

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19 Main Street,
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9 Greenacres,
Birdham,
Chichester.
W. Sussex. PO 20 7 HL

P.R.O.

Miss M.E. Carrington,
202 Boroughbridge Road,
York. YO2 6BD

AUGUST 1982 - NEWSLETTER NO. 24

WORLD CONGRESS 1982

In May 1981 I was asked by an American physiotherapist to read her paper at the World Congress to be held in Stockholm in May 1982. She would be prevented from going because of family commitments and since it was obviously too good an opportunity to miss, I agreed, putting to the back of my mind the fact that I would actually have to participate when I got there.

Nearer the time, however, most of the Department had been cornered to hear me read my bit - not many can have had their initial experience of public speaking in the large therapy room delivering the paper from an upturned waste paper basket to a Consultant Paediatrician seated on a child-sized chair at the other end of the room.

I had been fortunate in getting accommodation with a Swedish physiotherapist who lived in the suburbs north of Stockholm. Karin and her twelve year old son met me at Central Station and it was not long before I had the first taste of Swedish hospitality which was to feature so largely throughout the entire Congress week.

The Congress was held at an Exhibition Centre in Alvesjo, a fifteen minute train journey from the centre of Stockholm. The facilities were very impressive, one main lecture hall for the main topic session and four other lecture rooms for the concurrent sessions and special interest groups. A continuous programme of films and videos was available in the film studio, and for the first time at a World Congress, there were poster sessions. These I found extremely useful as it gave the opportunity to discuss points with the authors of various papers which had been given. Each day the Congress Newsletter "The Midnight Sun" was issued with up to the minute reports, announcements and information on the forthcoming day's activities.

Our other needs were catered for by three restaurants, a shop, a bank and post office. Behind all this was the smooth running efficiency of the organising committee who really had done an excellent job.

The Congress was opened by Princess Christina. The main topic of the week was "Man in Action" and the opening lecture dealt with the problem of lifting. "Bend your knees and not your back" is no longer the adage and instead we must lift close to the body, not twist, and ask for help when possible.

Since my main interest was paediatrics, I tried to arrange my time table to include as many relevant special interest groups, paper sessions, poster sessions and films as could be fitted in. Some sessions inevitably overlapped even when some lectures started at 7.30 a.m. - "The Sunrise Session" !

Monica Steen, a therapist from Uppsala, Sweden, gave an excellent special interest session on Minimal Brain Dysfunction. She provided a description of the three groups of M.B.D., dyspraxia, ataxia and athetoid, and the various stages of their progression through therapy. It was a marvellous opportunity to have an overview of the problem and I certainly came away with plenty of new thoughts and ideas, not only for therapy sessions but also for assessments and the need to organise workshops for parents. The influence of Jean Ayres was evident and a great deal of imagination had been used to create a stimulating environment for the children to demonstrate their ability on scooter boards, hammocks and the like.

Mrs. Steen also presented a paper on the "Specific Training Programme for Integrated Down's Syndrome Children". This was particularly relevant with the 1981 Education Act imminent. Sweden has had integrated schooling since 1975. This project with Down's children was carried out at a primary school in Uppsala where two small classes of mentally handicapped students had been integrated into the school. The D.S. children were assessed for muscle power, both static and dynamic, and also for motor age, (using the Philadelphia Motor Age Examination test). During a period of eight months, these children took part in a programme of vestibular stimulation and by the end of the programme, their muscle strength, speed, accuracy and general co-ordination were improved, thus also enabling the children to mix and take part to a greater extent in games and school room activities in their normal primary school.

Of the other papers that were given, two of the more practical ones were presented by two physiotherapists from South Africa, Mrs Agnes Wenham and Mrs. M. Bosman. The Ortho-paediatric exercises are based on Detleff Neumann-Neurode's systematic baby gymnastics. Neumann-Neurode found that mild orthopaedic problems, common in the general population, frequently already exist in babies. These exercises are aimed at preventing further development of these problems. The optimum time for doing these exercises is between 4 - 9 months. The condition most frequently treated included mild kyphosis and mild scoliosis, constantly inverted or everted feet, flat feet and valgus ankles, signs of general weakness (often inactive babies with ligamentous laxity or poor alignment of joints, and some chronic chest conditions. Many of the exercises and equipment details are found in Agnes Wenham's book "Lend Baby a Hand". (William Heinemann Medical Books Ltd.)

Another paper given by Kathleen Manella from California discussed Behaviour Medicine in the management of Spina Bifida. She described the use of behavioural modification techniques to improve the effectiveness of traditional physiotherapy programmes.

The sessions were very varied, but one soon got to know the paediatric people and it was not long before one was exchanging ideas with therapists from different countries - surely what a World Congress is meant to be all about. I enjoyed it tremendously and I am still finding thoughts springing to mind that had been implanted during the Congress week.

Tess James,
Child Development Unit
Damers Road,
Dorchester.

The Asthmatic Child in Sport and Play.

Part of the Fisons Asthma Essay prize of a trip to Norway included the opportunity to attend the Seminar on 'The Asthmatic Child in Sport and Play'. Norway is an excellent choice of venue with its superb facilities for sport built with a combination of excellent practical design, decorated by the best Norwegian artists working in their lovely natural materials. It is the home of the Voksentoppen Clinic where Dr. Sven Oseid has pioneered a holistic approach to the asthmatic child concentrating on physical activity programmes, and influencing physiotherapists in many countries to try out similar programmes.

One of the main purposes of the seminar was to present much of the current research on factors affecting children's asthma to a multinational audience. This work is widespread and covered the mechanisms of exercise induced asthma (EIA) and influence of drugs; standardisation of exercise tests; and the effects and practice of physical exercise and play on asthmatic children.

Because of the large number of variables, e.g. climate, pollen count, drug therapy, physical and psychological state of the child, it is very difficult to prove many of the answers to questions raised. However the papers suggested interesting conclusions which provoked much fascinating and useful comment during the splendid dining and dining and sightseeing which occupied the evenings.

Some of the interesting points are as follows:

1. Our goals are control of symptoms and the child's ability to cope with the disease.
2. Physical and psychosocial complications can be reduced if problems are anticipated early enough.
3. Physical activity and play are important means by which children can be guided to normal social and emotional development in their own environment.
4. Patients with asthma can be divided into district subpopulations.
5. It is important to distinguish between the EIA and exacerbations of asthma after exercise.
6. When EIA is prevented by premedication many physiological changes are modified. Increase in airways resistance and hypoxaemia are abolished with no increase in histamine levels.
7. Normal and asthmatic subjects respond to exercise with bronchoconstriction but differ in the magnitude of response. This may be caused by increased release of mediators associated with basal mast cells. It may well be due to other factors of hypersensitivity.
8. The increased release of mediators can be inhibited by Sodium cromoglycate.
9. The temperature and humidity of inspired air determines the airways response to exercise. Cold, dry air increases the risk of EIA. Humid warm air has a protective influence.
10. The cooling of the bronchial mucosa by evaporation and corrective respiratory heat loss is thought to be the initiating stimulus for EIA bronchoconstriction. It is less important in swimming than in running.
11. Natural humidification and nasal breathing prevents EIA at mild or moderate intensities. No data is available on its effects at high intensity exertion.
12. The type of exercise appears to influence the severity of EIA. Swimming does not readily induce EIA.

13. Short periods of exercise immediately after a run which induces bronchoconstriction will produce a partial reversal of the bronchoconstriction 7 x 30 second sprints at 2.5 minute intervals after exercise were used.
14. Broncho-obstruction after exercise appears to occur in the large airways.
15. Exercise tests should be standardised with regard to duration, intensity, type of exercise and nature of inspired air. Failure to do this has led to different interpretations of the effect of drugs.
16. EIA appears to be provoked by different pathways either alone or in combination. Therefore repeated provocation tests after medication are necessary to help identify suitable treatment.
17. Inhaled beta-2 agonists such as salbutamol, terbutaline, fenoterol or rimiterol used either alone or with sodium cromoglycate are the most effective drugs in treatment and prophylaxis of EIA. There is not the same protection when given by mouth.
18. Bronchial responsiveness to histamine seems not to be reduced by treatment with sodium cromoglycate during the non pollen season.
19. A warm up period of five minutes before moderate exercise is beneficial since it produces bronchodilation in most asthmatics. The warmer the climate and the more clothes worn, the less time is needed for warm up.
20. A warm drink and scarf worn over the mouth will help to protect against bronchoconstriction.

Use of Physical Exercise Programmes

The principles of exercise training start with premedication of prophylactic drugs, adequate warm up period, interval training and submaximal work load. It has been found that training increases physical fitness, and the childrens' attitudes to games and to their asthma. It does not appear to alter the resting peak flow but may minimise the fall in peak flow following exercise. While it cannot be shown that it significantly improves the asthma, one study found that their children had fewer school absences, visits to the doctor and less medication taken.

The programme encouraged the children to take exercise and gave them and their parents increased confidence in their ability.

The programmes carried out vary widely but many include training in inhaler technique, exercises to improve muscle power, general fitness and endurance, games to stimulate enjoyment and social relationships with peers, and swimming.

Involvement of parents and communication with schools is an important factor in helping the child to cope with his environment.

There is no doubt that the use of exercise with asthmatic children is exciting wide interest. The opportunity afforded by the seminar to examine and discuss the work in progress has been most valuable but many of the answers still remain elusive. Much work is already being done by physiotherapists in this field and 50 asthmatic swimming clubs have been set up in this country. We are ideally poised to seek out the information which can lead to a better understanding of the ways in which we can help our asthmatic patients. Someday countless children may grow up to be glad of it.

Joyce Gemmell, M.C.S.P.
Senior Physiotherapist,
King's Mill Hospital,
Mansfield.

HALLIWICK REVISITED.

The Halliwick Method is a way of teaching someone, abled-bodied or disabled to swim. Most human beings float in water, once this fact has been understood the swimmer can then go on to learn methods of propulsion, lateral, vertical and combined rotations. As a by-product of this muscles are strengthened joints mobilised and relaxation is promoted, though this may not be the primary aim at the outset. Halliwick is a particularly good way of teaching children to swim as they usually enjoy the games and rhymes used in the method and the emphasis is always on the fun aspect of the activity. When I first started using this method to teach children to swim, I looked little further than the fun of the games to achieve the end product of a water happy child who could swim. As I became more practised and observed more and more physically handicapped children enjoying these games, I realised that there were also many functional aspects to Halliwick.

Lateral rotations are initiated by a head turn followed by an arm and/or leg crossing the mid-line and a twist of the hips. From a practical point of view it is obviously much easier to roll in water, where the body is totally supported, than on dry land. Resisted rolling not only teaches the ability to correct an unwanted roll, it also strengthens the muscles used for rolling, may increase body awareness and improve balance. The child learns to initiate a roll in such games as Ten in the Bed and then to facilitate it by using an arm, in games such as Rolling round a circle. The latter also incorporates crossing the midline - an activity some handicapped children find extremely difficult. All these activities should enable the child to accomplish rolling more easily on dry land.

Head control is as important in a vertical rotation as it is in a lateral rotation. The swimmer rotates backwards by moving his head back and forwards by moving it forwards. The resistance of the water on the body makes this a fairly smooth movement and also helps in strengthening. As head control is necessary for so many activities on land this has obvious advantages. Once the swimmer has learned to initiate a vertical rotation by head control the next step is learning to bend in the middle, and to do this the hips have to be flexed. Games such as Catching Toes, Eggs for Breakfast and Ding Dong Bell can be used to facilitate hip flexion and this can be further emphasised whilst doing Bicycle Races - more hip flexion from a sitting position. The latter not only helps towards a better sitting position it also incorporates head control, breathing control and dissociated leg movements - which a number of spastic children find difficult. Another game which helps with hip flexion is a precursor to Catching Toes. The swimmers line up in supine with their feet against the poolside and their heads on the helpers shoulders. They are at first encouraged to relax, then on the word 'go' they sit up from the lying position, and grasp the rail at the poolside. This not only facilitates hip flexion but encourages arm extension also - very similar to the way sitting is taught using Conductive Education.

Eggs for Breakfast is a very useful game for promoting hand/eye coordination. This time the swimmers are in a circle, supine with their heads on the helpers shoulder and their toes pointing into the middle. 'Poached Eggs' are placed in the centre of the ring, the swimmers encouraged to go to 'sleep', and when 'Eggs for Breakfast' is said they wake up, sit up and try to catch an egg. This can prove extremely difficult when the water is turbulent, the pool noisy (and therefore distracting) and the swimmers excited. However, the competitive element of this game can inspire many to seemingly impossible feats. I know one very ataxic boy who managed to catch an egg in each hand - much to his own and everyone elses astonishment! Once a child has achieved something like this in the pool it can give them the confidence to try more complex fine motor activities on land.

There are a number of games which encourage the child to be more independent and adventurous - two qualities which are all too often lacking in handicapped children.

Space Shuttles (this used to be called Spaceships until Columbia came along) is one such game. The helper has her arms around the swimmer, thus enclosing him in a spaceshuttle. The swimmer twists one of the helpers ears to open the doors, the helper opens her arms and the spaceman goes for a spacewalk all around the outside of the Shuttle. Initially the swimmer may hold on to the helper, but ultimately he walks unaided. Once the swimmer gets back into the Spaceshuttle a twist of the other ear closes the doors. Many children who cannot walk unaided on land can do so in the water. It may take a long time for them to adjust to this idea but once they do they take great delight in 'spacewalking' - which can also promote better balance in sitting and standing. Of course the ultimate independence for all children is the ability to swim, without the aid of anyone or anything, an independence so many will never achieve on land.

Breathing control comes into its own in the water. Although lip closure, jaw control and breathing control are all encouraged whilst on land it does not really make a lot of difference if they are practised by the child or not. However, if the child does not close his mouth when it comes in contact with the water he will either choke or swallow the water. Because of this many children will hold their heads well above the water and often extend their necks as well, so they are looking at the ceiling. Most of the games used in the Halliwick Method encourage blowing when the face comes in contact with the water. On particularly good game is blowing poached eggs. 'Poached eggs' are flying saucer shaped plastic covered ping-pong balls which, when blown at the correct angle flip over. The child's mouth has to be in contact with the water and he has to blow before the egg will flip. This encourages lip closure, as the mouth is so near the water, and puckering of the lips for blowing. A further progression is humming whilst totally submerged. The most natural thing to do whilst under water is to hold the breath. This encourages tension in an already tense body. Humming encourages lip closure and a slow controlled breath out, which in turn encourages relaxation.

As can be seen, there are a number of functional skills which can be gained from the use of the Halliwick Method and which should have some benefits on land. Having said that, it should always be remembered that the functional aspect is the most important.

Acknowledgement: Swimming for the Disabled Association of Swimming Therapy.

Ann Bevan,
Senior Physiotherapist,
Community Paediatric Physiotherapy,
Tredegar House, 97-99 Bow Road, London E5

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Miss Elvira Hobson

Gill Riley and Marion Whyte represented ACPG at a reception, held at the Middlesex Hospital, to mark the retirement of Miss Hobson after some 20 years as Professional Consultant at C.S.P. Headquarters.

Paediatric physiotherapists owe a lot to Miss Hobson as she was intimately concerned in both the furtherance of post-registration education and the formation of many of the Specific Interest Groups.

Her breadth of knowledge of areas directly and indirectly concerned with physiotherapy and the physiotherapist, her enthusiasm and deep commitment made for excellent public relations.

We extend to her our best wishes for a long and happy retirement.

Marion Whyte.

Proceedings of National Committee 19th June 1982

A meeting of regional representatives was held and chaired by the PRO Miss Carrington. Duties of regional representatives were discussed and related to ways in which stronger links could be forged between regional and national committees. It was suggested that proceedings of national committee meetings should appear in future Newsletters, that a list of organisations with whom we liaise should be available, and that a directory of paediatric physiotherapy facilities would be useful.

Information on any research projects should be listed on the back of the new application forms.

A regional representatives meeting will be held annually before the June national committee meeting.

Full Committee Meeting

Annual Conferences.

- 1983 Lancaster on 8th, 9th and 10th April. The title is "Use Your Head" The cost has not yet been fixed.
- 1984 Cyncoed College of Higher Education, Cardiff.
Title: "The Acutely Ill Child".

Correspondence.

Letters included a reply from Lois Dyer regarding the proposed meeting with representatives from APCP and the DHSS to further the DHSS's knowledge of the skills of paediatric physiotherapists. (This meeting was held on 23rd July.)

Car Parking Tickets

Physios are not exempt as are doctors on emergency home visits. Stickers for domicilliary physios can be obtained from the OCPP (June Physiotherapy). They are for information only and not tenable in law. Those experiencing difficulty should get in touch with the Community Physiotherapist's Association to make a joint case although the Dept. of Trade have been approached already.

Associate Members of S.I.G's

These members should have a professional interest in physiotherapy and not commercial interests.

Subscriptions and tax allowance.

This will be announced in the April 1983 Journal if exemption is agreed for SIG's.

Addressed label service from C.S.P.

Cost and feasibility are being investigated by Mrs. Holt, Hon. Treasurer. The CSP would require the CSP number of ALL members who, at present, are not sending this information in on APCP application forms.

OrthoKinetics Chair

Survey to be carried out on the metal telescopic bar on the O.K. Chair as some had split and were in need of replacement.

Cindico Buggys and Child Proof Brakes on 8LC wheelchairs

There was some discussion as to whether Cindico buggys had been withdrawn by the DHSS and were no longer being supplied. Would members please let the Newsletter Editor know what is happening in their regions and also whether child proof brakes on the 8LC are available.

Post Registration Education Committee C.S.P.

The CSP Education Committee is now split into pre and post registration committees.

The N.E. London Polytechnic is offering a part time block release degree course over 2 years.

The Post Reg. Committee are designing a proposed introductory course for basic grade and Senior II paediatric physios.

Maclaren Burnett Buggy

The foot rests for the Maclaren Burnett Buggy have caused problems to manufacturers but these should be available within the next few weeks so regional reps can begin trials on the buggy.

CSP Congress at Cardiff

APCP has a study session including presentations on Cystic Fibrosis, Portage and Failure to Thrive and will also be organising a display board.

Royal College of Physicians

Conference on Paediatric Neurology in London 14/15th October.

Constitution

Voting for Executive Committee will be by paper ballot at A.G.M.

Regional Committees

There was a preliminary discussion as to whether the existing regions should be altered for better liaison.

Stockport Odd Feet Association.

Would APCP lend support for the removal of VAT from odd shoes. (see page 13)

Next meeting 16th OctoberPOST REGISTRATION EDUCATION - Update

Opportunities for (paediatric) physiotherapists to consolidate previous knowledge, gain further skills and expertise, or to launch into new fields allied to professional practice, are ever expanding.

There are the well established skills courses, e.g. Peto, Bobath and others (such as those organised by Castle Priory); opportunities exist to explore the fields of management and counselling; chances to update clinical knowledge provided e.g. the day conferences organised by the APCP Regions (together with the wide ranging information published in this excellent newsletter of ours). Many further education establishments have post-graduate courses open to interested physiotherapists e.g. Newcastle's part time B.Sc in Health Studies, Southampton linked Post Graduate Diploma/Masters and so on. That excellent institution, the Open University has courses which can be taken either as an Associate or an Under-graduate Student. Physiotherapists who feel that they have a (research) project which will stand up to extreme scrutiny may well apply to a University or Polytechnic to have this ratified as work toward the award of e.g. an M.Phil.

Details of some courses which may be of interest to physiotherapists will be available in September from either - Miss M. Stewart, CSP Headquarters or Marion Whyte, Tredegar House, 97-99 Bow Road, E.3 (courtesy of Miss Stewart).

What is APCP doing? At last we can report some good and some "bad" news !

First the good news: The Education Sub-Committee has set up two development teams. The first (led by Pam Eckersley, Vice-chairman Education Sub-Committee) will be concerned with the drawing up of a detailed syllabus for a broad based introductory course in paediatric physiotherapy. This course will comprise of some 90 contact hours spread over 2 - 3 months and will be aimed at Basic Grade/Senior II staff. The course syllabus could be made available to any suitable body, and it will complement, in a structured manner, the inservice training and education junior staff receive from their seniors. The pilot courses will probably be run in Manchester and London.

Second - as you will see, in the July issue of "Physiotherapy", the CSP is backing the establishment of Post-Graduate Diplomas in Physiotherapy in at least four Polytechnics. A course development team has been set-up at the North East London Polytechnic for a linked Post Grad. Dip./Masters course. A group of paediatric physiotherapists (led by Marion Whyte) is to plan the paediatric module of this course. However it should be pointed out that the numbers of physiotherapists who are able to take up this, academic, option will be very small. What of others?

Now for the "bad" news. APCP feel, very strongly, that our professional body should be prepared to give professional recognition to those therapists who have successfully completed the CSP "validated" courses, both extant and projected. The CSP awards membership to students completing recognised pre-graduate courses. Should they not give professional recognition and credence to the physiotherapists who have undertaken suitable and professionally approved post-registration courses. We wear our "MCSP" with pride! - also it is honoured outside the boundaries of the profession. Is it not time that thought was given to post-registration qualifications that would, eventually, have equally wide acceptance.

In the present climate we feel that it would be dishonest of us to draw up a course, for more senior paediatric physiotherapists, which could commit these hard working clinicians to a very heavy academic schedule over some 12 months. We recognise the argument that those involved in such courses would gain a lot on a personal level and we do not disagree with this fine altruistic motive which is, as always, expected of us. However what has this motive achieved for us in the, not so distant, past? The criticisms and attitudes to our profession embodied in the Clegg Report - i.e. mere technicians who had received a basic training and had no need of any thing more!

We can see endless Clegg-type reports in the future unless the profession starts to appreciate its own value and does something positive that is recognisable by outside bodies, for qualified experienced physiotherapists.

All is not gloom - the word "bad" at the beginning of this section is in inverted commas for a reason - at last there are signs of maturation. We are delighted that the Post-Registration Education Committee of the CSP has become a full committee in its own right; we have every hope that this marks the breakthrough that so many people have worked for over the years. We expect that this committee of our elected representatives will be representative of the wishes of the membership and will take us forward in a positive dynamic way. We appreciate that the CSP has to be involved in student education and in the omnipresent Industrial Relations field, but we need to shake off the shackles of hide bound traditions and, like our American cousins, found the new traditions of the future.

APCP has been accused of being overly critical of the CSP. We feel that we have tried to point out (and, indeed, will continue to point out) the deficiencies in the system as we see them and as they apply to paediatric physiotherapists. The breeze of change is detected and we will, whole-heartedly, support every development put forward by this new Committee, which we consider will raise the standards of all members of the profession and which, by extension, will improve the quality of patient care - our *raison d'être*.

EQUIPMENT

PHYSIOFORM. New from Carters (J. & A. Ltd.,) Westbury, Wilts. (See p. 5 'Trade Exhibition' in Newsletter No. 23). A covered foam modular support system capable of providing support in sitting, supine, prone etc. The kit comes in three sizes for children, adolescents and adults.
Price: Small Medium Large. Expensive but well worth looking at. Prices to follow.

TODDLE BOOTS. Wool and soft leather boots for handicapped children who have difficulty in keeping shoes on. £3.75 for 0 - 3 size., £4.75 for 4 - 8 size from "Reedcrafts", 53 Reedman Road, Long Eaton, Derbyshire. NG10 3FD

MACLAREN - BURNETT BODY SUPPORT SEATS. The Major Buggy takes on a new look with the addition of a mould and hold liner cushion and pump to support those with poor sitting ability. There is also a rigid support shell on a Major Buggy chassis available which has a lining of polystyrene beads moulded via a two section valve system. Both these options are also available as reclining static chairs. Prices exclusive of VAT - Major Buggy £60., Major Buggy chassis £53., Reclining Frame £40., Rigid shell seat and vacuum pump £120., Large body support liner £70., small body and support liner £60., intermediate seat £80. The manufacturers say that the whole range is available through DHSS. Contact Andrews Maclaren Ltd., Long Buckley, Northampton. NN6 7PF. Tel.0327 842662.

FLEXISTAND MAJOR. Joncare can now provide support for older children and adults up to 6'2" and 18 stone in weight. The frame allows controlled flexibility. From Joncare, Radley Road Industrial Estate, Abingdon, Oxon. Tel.0235 28120/29353.

DART THROWING MACHINE. For use by physically handicapped wheelchair bound or ambulant cerebral palsied children, the machine can be attached to the chair or to a stand and can be adjusted to alter the flight path. It enables the child to have a competitive game of darts. Details from: Mr. R. Henshall, "Buxoma", 45 Moorview Road, Widegates, No. Looe, Cornwall.

MIKE AYRES EQUIPMENT. Mr. Ayres is a designer experienced in providing stimulation play equipment for mentally and physically handicapped children and adults. He is able to take on special projects on a consultant basis. Contact him at:- 13 Thornhill Place, Maidstone, Kent. ME14 2SF. Tel. 0622 - 674527

WOODEN TABLES & CHAIRS. As supplied to I.L.E.A. basic design wooden chairs, without arms, in primary colours. Round tables at a low height. Tables £24.95 Chairs £14.95. House of Lambeth, 220 Farmers Road, London SE5 0TW. Tel.01-582 3979/2767

STAYPUT PAD. A plate anchoring device in soft PVC. The plate is pressed on to the pad and rotated to form a seal. 4" in diameter. Price £3.50. inc. p. and p and VAT. From:- Dolling Marketing International, 13 - 17 Southgate Road, Potters Bar, Herts. EN6 5DS. Tel. 0707 53765

CUSTOM BUILT TRAMPOLINE. Made to order by Mr. Holdsworth, 28 Wallingford Road, Cholsey, Nr. Wallingford, Oxfordshire. Price £80. (5' x 3").

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PUBLICATIONS.Who Cares for the Carer?

Booklet by the Equal Opportunities Commission with recommendations to the Government on the implications of the policy of using women in the home to care for the elderly and handicapped. It is often expensive in terms of finance and energy. The EOC wants more money for carers and increased support services. From: Equal Opportunities Commission, Overseas House, Quay Street, Manchester. M3 3 HN. Tel. 061-833.9244

Coming Into Hospital.

Revised leaflet from NAWCH designed to inform parents of a child's special needs. Encouragement is given to parents wishing to be resident. From:- National Association for the Welfare of Children in Hospital, Exton House, 7 Exton Street, London SE1 8UE. Send SAE 9" x 4"

National Children's Bureau .

The Representation of Children's Rights and Interest. Free from NCB, 8 Wakley Street, London EC1. Tel. 01-278-9441

Publications for Parents.

Series of leaflets from The Spastics Society for parents on various aspects of cerebral palsy, including feeding the profoundly handicapped child. From the Press & Publications Officer, The Spastics Society, 12 Park Crescent, London W1N 4EQ. Tel. 01-636-5020

Handicapped Children: Early Detection, Intervention & Education

Report of a UNESCO Study 1978-79 containing case studies from eight countries including the U.K. From: Special Education Unit, UNESCO, 7 Place de Fontenoy, Paris, France. Published in English.

Significant Differences Between Retardation and Mental Illness.

A position paper published free of charge from ILSMH, 13 rue Forestiere, B - 1050 Brussels, Belgium.

Active Worksheets.

Designs for play, leisure and learning. Also communication aids. They range from simple 'kitchen table woodwork' to sophisticated electronic, woodwork or metalwork designs; best undertaken at evening classes or by a technical college. Prices from 20p to £1.60. Catalogue containing list of 34 ideas available. Contact Judy Denziloe. Tel. 0707-44571 at Toy Libraries Association, Seabrook House, Darkes Lane, Potters Bar, Herts, EN6 2HL.

Guidelines on Ethics Related to Research in Physiotherapy.

Available from Mrs. V. Heap, Health Services Research Unit, Cornwallis Building, University of Kent, Canterbury, Kent. Price 50p (cheques made out to "Unikent"). Useful and informative booklet outlining briefly, but pertinently, aspects of this subject as they might affect clinical, as well as research, physiotherapists. Every department should have one.

Play Aids Catalogue.

Produced as a result of the National Play Aids Exhibition in June 1982 in Newcastle. 67 pages of ideas with photographs or line drawings. Very good value at £1.50 including p. & p. The exhibition will be touring round several regional venues but arrangements are not yet fixed. Information from:- Handicapped Persons Research Unit, Newcastle upon Tyne Polytechnic, No. 1 Coach Lane, Coach Lane Campus, Newcastle upon Tyne, NE7 7TW. Tel. 0632-664061

The Use of Microelectronics in the Education of ESN(S) Children.

Jim Sandhu. 62 pages. £2.00 inc. p & p.
Available as above.

The Effect of the Physical Environment upon the Educational Development of Children with Severe Mental and Physical Handicaps.

Jim Sandhu. 64 pages. £1.50 inc. p & p. Available as above.

The Role of a Constructional Furniture System in Special Schools.

Trevor W. Harding, ATD, D.A. (Manc) M.Phil. Research Fellow 1980. Systematic evaluation of the furniture needs of teachers and children in special schools. 136 pages. £3.00 inc. p & p. Available as above.

Research into the Clothing Needs of M.H. and P.H. Children and the Development of Appropriate Designs.

Frances Coleman. M.Phil. Research Fellow 1978.

A report funded by the National Fund for Research into Crippling Diseases. Of interest to teachers, therapists and nurses and all who deal with handicapped children. 200 pages £3.00 inc. p & p. Available as before.

Housing for the Disabled.

An information pack designed by the Department of the Environment to accompany their film "Housing for the Disabled". From:- DOE Film Unit, Room P1/001, 2 Marsham Street, London SW1P 3EB. Tel. 01-212-7983/4335. 4 weeks delivery.

Britain for the Disabled.

A booklet issued by the information services division of the British Tourist Authority., 64 St. Jame's Street, London SW1A 1NF. Tel. 01-629-9191
It covers medical arrangements, transport facilities, access to buildings, places to visit, organised holidays and useful addresses.

Sources of Information on Handicapped Children.

Information sheets, recently updated, from Ace Publications, 18 Victoria Park Square, Bethnal Green, London E29 PB. Tel. 01-980-4596. 30p each. Also a summary of the 1981 Education Act, £1.50 inc. postage.

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BOOKS

1. A Baby in the Family - Loving and being loved. James & Joyce Robertson. Penguin Handbook in the Health and Medicine Series. £2. 95
A book about long term caring and emotional development which the authors hope will encourage the ordinary natural reactions of parents towards their children.
2. Educating Pupils with Special Needs in the Ordinary School. Seamus Hegarty and Keith Pocklington with Dorothy Lucas.
NFER - Nelson. £14.45 (Part I - NFER project)
3. Integration in Action. S.Hegarty, K Pocklington with D. Lucas.
NFER- Nelson. £10.95. (Part II - NFER project)

These two titles represent the findings of a DES funded research project which ran from 1977 to 1980 to determine the principles of good practice for the education of children with special needs in the ordinary school in the light of the 1981 Education Act. The information is aimed not only at teachers but at all those involved e.g. health and social services personnel also. Part I is recommended reading for the Open University Course "Special Needs in Education."

4. Lecture Notes on Paediatrics. S.R. Meadow, R.W.Smithells. 4th Ed. 1981
Blackwell Scientific Publications. £6.00. A quick reference book for medical students and all who work with children.
5. Paediatrics. N.C.Barnes. N.R.C. Robertson. 1981
Update Books. This book deals with the problems of the primary health care team outside the hospital.
6. Motoring and Mobility for Disabled People. Ann Darnborough & Derek Kinrade.
Royal Association for Disability and Rehabilitation, 25 Mortimer Street, London W1N 8AB. Tel. 01-637-5400. £1.75p inc. postage.
7. An ordinary place. Bob and Linda Tuckey.
NFER - Nelson. £5.50. The philosophy and practicalities involved in running a day centre for the handicapped.

8. Outdoor Pursuits for Disabled People. Norman Croucher
Woodhead Faulkner. £4.75
Information on a wide range of sports activities and holidays.
9. Useful Addresses for Parents with a Handicapped Child. Ann Worthington
"In Touch", 10, Norman Road, Sale, Cheshire. £1.00 inc. postage.

ARTICLES.

1. Biofeedback and its clinical applications. Brit. J. of Hosp. Med. 25/6
(June 1981) p. 601
2. Perthes Disease: A concept of Pathogenesis. Harrison & Burwell
Clinical Orthopaedics. May 1981. p.115
3. Hip Adduction/Abduction Deformity and apparent leg length Inequality.
Ireland and Lipman Kessel. Clinical Orthopaedics. Nov-Dec. 1980. p.156
4. Results of Selective Treatment of Spina Bifida Cystica. Lorber J,
Salfield S.A.W. Arch. of Dis. Child 1981. 56. 11, 822-830
5. Coordination of Services for Children under Five. Bradley M.
Health Visitor. Vol. 55.7 July 1982. p.351-354
6. Genetic Counselling and the work of a Medical Genetics Centre. Harris R.
Weetman M. Health Visitor. Vol. 55.7 July 1982. p. 343-345
7. Sickle Cell Disease. Anionwu E.
Health Visitor. Vol.55.7 July 1982. p. 336 - 340
8. The Young Adult with Spina Bifida. Castree B.J. Walker J.H.
Brit. Med. Journal 1981. 283 (6298) 1040-2
9. Management of Asthma in the Child aged under six years. Jones R.S.
Brit. Med. Journal. 198 ii (6280) 1914-16
10. Growing out of Asthma: clinical and immunological changes over five years.
Hill D.J., Hosking C.S., Shelton M.J., Turner M.W.
Lancet 1981 ii (8260/1) : 1359-62
11. A Singular Approach to the profoundly Handicapped. Watts T.
Nursing Mirror. June 9th 1982 p.20 - 22
12. Letter in Brit. Med. Journal Vol. 284 9th Jan 1982. p.97
S.C. Gallannaugh., Orthopaedic Consultant - In answer to a question
on the value of exercises for flat feet and posture with physiotherapy
supervision, the writer feels that exercises would be time wasting and
points to the postural variations naturally occurring in childhood.

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ORGANISATIONS

Stockport Odd Feet Association

This group now have the support of six M.Ps who will be bringing the attention of the Government to the fact that wearers of odd sized shoes are paying VAT on two pairs of shoes in order to buy one wearable pair. Hopefully VAT on the second pair can be waived. S.O.F.A. would like individuals to write about this issue to their local M.P.

Research Trust for Metabolic Disease in Childhood

This group will be holding its inaugural meeting in September 1982 at Leighton Hospital, Crewe, Cheshire. Anyone interested in the work of the Trust should contact Mrs. Lesley Greene, Hon. Sec., 9 Gerard Avenue, Nantwich, Cheshire. C.W.5 5JR

S.P.O.D.

Sexual and personal relationships of the disabled has changed its address:- The Diorama, 14 Peto Place, London NW1 4DT. Tel. 01-486-9823/4

Spinal Injuries Association.

This organisation has also changed its address:- 5 Crowndale Road, London NW1 1TV. Tel. 01-388-6840

Link

A support group for sufferers of Neurofibromatosis and their families. Contact: Mrs. Trish Green, 14 Willow Way, Sherfield on Loddon, Basingstoke, Hants. Publicity for this new group would be appreciated.

Tuberous Sclerosis Association.

Formed in 1977 by a parents group. Children often present with mental retardation, white skin patches, epilepsy, facial rash, tumours and behavioural problems. The group has a newsletter - Scan. Further details from:- TSA (G.B.), Church Farm House, Church Road, North Leigh, Oxford OX8 6TX. Tel. 0993-881-238

Research Group for Autists

49 Orchard Avenue, Shirley, Croydon, Surrey, CRO 7NE. Tel. 01-777-0095
Research study on link between 'Fragile X' chromosome and autism.
Available price 30p.

Save the Children Fund

Playtrac is coming ! Playtrac stands for Play Travelling Resource and Advice Centre. It is a mobile unit which tours the country visiting long-stay hospitals which care for children. The unit has a display of toys and equipment for children with special needs, photographs of play in hospital and information on helpful organisations. Playtrac's two experienced staff would like to hear from anyone interested in having a visit. A preliminary meeting to plan a programme for the individual hospital is arranged first, with consultations of all involved staff. Contact - Dianne Sandler or Jill Hutcheson, Save the Children Fund, Jebb House, 157 Clapham Road, London SW9 OPT Tel. 01-582-1414.

ASBAH Mobility Adviser

Mrs. Leonie Holgate is now available to advise on all aspects of mobility - car adaptation, motability schemes, motability allowance etc. She can be contacted by 'phone on Burgh Heath 56222 every Thursday from 9 a.m. to 3 p.m. or you can write to her at Banstead Place, Park Road, Banstead, Surrey.

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FILMS

Organisations that distribute films of interest to physiotherapists:-

1. Central Film Library, Government Building, Bromyard Avenue, Acton, London W3 7JB, Tel. 01-743-5555
2. Cinexsa Film Productions Ltd., 209 Manygate Lane, Shepperton, Middlesex. TW17 9ER. Tel. 98 25950
3. Concord Film Council Ltd., 201 Felixstowe Road, Ipswich, Suffolk IP2 9BJ Tel. 04737 6012

4. National Audio/Visual Aids Library, 2 Paxton Place, Gipsy Road,
London SE2 7 9SR. Tel. 01-670-427/8/9
5. Town & Country Productions Ltd., 21 Cheyne Row, Chelsea, London SW3 5 HP
Tel. 01-352 7950

A.P.C.P. REGIONAL REPORTS.

Scotland. Reg. Rep. Miss M. Booth, MCSP, 210 Union Grove, Aberdeen AB1 6SS

In Edinburgh a paediatric local interest group (PLIG) has recently been formed and meetings are held about once a month. For information please contact Miss M. Grant, MCSP, Supt. Physio, Royal Hospital for Sick Children, Edinburgh.

In Aberdeen the paediatric therapists' group continues to meet once every three months. For information please contact Mrs. F. Rust, MCSP, Senior Physio, Royal Aberdeen Children's Hospital, Aberdeen.

Mrs. Marie Muir, MCSP (Supt. Physiotherapist, Royal Hospital for Sick Children, Glasgow) has been a member of The National Medical Consultative Committee Working Group on "Report on Paediatric Unit Size and Location in Scotland". This is the first time a paediatric physiotherapist has been invited to participate in such a committee and we are very grateful to Mrs. Muir for her valuable contribution.

North West. Reg. Rep. Mrs. M. Down, MCSP, 62 Swann Lane, Cheadle Hulme, Stockport, Cheshire, SK8 7HU

Oct. 2nd-3rd "The Multiply Handicapped - Assessment, Vibration,
1982 Biofeedback and Equipment".

Brockhall Hospital, Old Langho, Blackburn. Details from Mrs. C. Ball,
23 Warrenside Close, Wilpshire, Blackburn, Lancs, B81 9PE
Fees £12. per day. Overnight accommodation £3. Application by 5th Sept.

A study day will be held in the New Year. The N.W. Committee are busy organising the APCP Conference 1983 in Lancaster. A competition was held in a local primary school to design a poster to head the programme.

North East. Reg. Rep. Mrs. M. Soper, MCSP, 29 Garth Terrace, Burtonstone Lane, York, YO3 6DU

An evening meeting was held on July 1st when members had an opportunity to see a video film made by Leeds University for the Regional Child Development Centre, on the handling and treatment of the cerebral palsied child.

We would be very interested to hear of any similar teaching or recording ideas that members would be willing to share with others.

Future plans include a day course on asthma and one on the treatment of the C.P. child. Details will be announced later.

Midlands & Trent. Reg. Rep. Miss R. Dawson, MCSP, 19 Main Street, East Bridgford, Nottingham, NG12 8PA

Derby/Nottingham Area. Day Course on Muscular Dystrophy is planned for early November. Further details from Regional Representative.

Members: 122

Birmingham Branch.

Nov. 27th "The Severely Multihandicapped Child".
'82 Post Graduate Centre, Dudley Road Birmingham.

- 9.30 a.m. Registration and Coffee
- 10.00 'Underlying causes, pathology and genetics of Severe Multihandicap'
Dr. Stewart Green, Senior Lecturer in Paediatrics, Institute of Child Health, Birmingham.
- 11.45 'Vibration. A useful tool for the physiotherapist'.
Miss M.E.Carrington, Supt. Physiotherapist, Paediatrics York District Hospital.
- 1 - 2 p.m. LUNCH
- 2 p.m. Mrs. Heather Jones, Senior Education Advisor, RNIB.
'Sensory Stimulation with particular reference to Visual Stimulation'.
- 3 p.m. Mr. W. Bulman, Principal Lecturer in Education, Westhill College, Birmingham.
'Communication through music'.
- 4 p.m. TEA

Applications to Mrs. A. Mark, Paediatric Physiotherapy Dept.
'c' Block, Dudley Road Hospital, Dudley Road,
Birmingham B18. Closing date 11th October.
Cheques to APCP Birmingham Branch. Fee £7.50. Lunch extra.

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

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

The Study Day on Children's Hips in Bristol has been postponed until the autumn. The programme for 1982/3 is under discussion.

South East. Reg. Rep. Miss S. Raymond, MCSP., 58 Gates Green Road, West Wickham, Kent.

Oct. 9th "Physiotherapy Techniques used in the treatment of
1982 Cerebral Palsy". The Mary Sheridan Centre, 43 New Dover Road, Canterbury, Kent.
Registration 10 a.m.

Speakers: "Bobath" Mrs. Joyce Seccombe, MCSP, Senior Physiotherapist, Ashford Child Development Centre.
"P.N.F." Miss J. Guymer, MCSP, Dip.T.P. Westminster Hospital.
"Doman-Delacato". Mrs. Diane Pepper, MCSP, Senior Physiotherapist Eastbourne Paediatric Assessment Centre.
"Peto". Mrs. Mavis Meredith, MCSP, Senior Physiotherapist, and Mrs. Celia Laundon, Teacher, Ingfield Manor School.

Panel discussion.

TEA - 3.15 p.m.

APCP Members £5.50. Non-members £6.50. Applications to Miss S. Raymond. SAE please.

EAST ANGLIA. Reg. Rep. Mrs. P.A.White, MCSP, 24 Maltings Drive, Wheathampstead, Herts.

LONDON. Reg. Rep. Miss G. Riley.
Seventy two people attended the successful course on seating by the team from Chailey Heritage Hospital on May 17th.

Oct. 9th "Deformities". Guy's Hospital.
1982
For further programme details as available, contact the Reg. Rep.

COURSES DIARYSPEECH THERAPY SPECIAL INTEREST GROUP. (Mental Handicap)

- 16th Sept. "Special Aids for Special People"
1982 Lecture Theatre, Walton Suite, Southern General Hospital, Sheildhall Road, Glasgow. Course Director: Roger Jefcoate, Consultant Assessor and Lecturer on electronic equipment.
- Speakers include Mr. Jefcoate, Mrs. Judy Denziloe, National Development Officer - ACTIVE. Miss Rachel Hirst, Leeds ACTIVE. Fees - Professional £5.50. Voluntary workers and disabled people £5. Speech Therapy SIG members £4.00. Active members £4.
- Applications:- Mrs. G. Wheelton, Senior Speech Therapist, Speech Therapy Dept., Priory Park, Main Road, Castlehead, Paisley.

ASSOCIATION OF ORTHOPAEDIC CHARTERED PHYSIOTHERAPISTS.

- 24th Nov. "Management of Congenital Foot Deformities in Children"
1982 Mary Marlborough Lodge, Nuffield Orthopaedic Centre, Oxford. Details from the Course Secretary, Mary Marlborough Lodge.
- 30th Mar. "Orthoses for the Hand"
1983 12 places only. Priority for APCP members. Apply as above.
- 15th-16th
April '83 "Motivation and Movement". University of East Anglia CSP. East Anglian Board Congress. Further information from Miss D. McKenzie, Supt. Physiotherapist, West Norwich Hospital, Bowthorpe Road, Norwich.

NAIDEX.

- 13th - 15th
Oct. '82 Exhibition of Aids for Disabled. Cunard International Hotel, Shortlands, Hammersmith, London, W6 8DR.
Information - RADAR, 25 Mortimer Street, London, W1N 8AB

DISABLED LIVING FOUNDATION

- 9th or 10th September 1982 Wheelchairs
- 13th or 14th Jan. '83. Communication Aids
- 10th or 11th or 14th March 1983. Hoists
- 12th or 13th May 1983 Personal Toilet and the problems of incontinence.
- 14th or 15th July 1983 Children's Equipment.
- 10 a.m. to 4 p.m. Fee £17.00 inc. meals. Applications to:-
Course Secretary, Aids Centre, The Disabled Living Foundation,
346, Kensington High Street, London W14 8N5. Tel. 01-602-2491. Ext. 28
25 places per day.

INTERNATIONAL FEDERATION OF ADAPTED PHYSICAL ACTIVITY.

- 30th Aug. to West London Institute of Higher Education.
2nd Sept. 1983 International forum for exchange of views on diagnostic therapeutic measures for physical education and recreation of disabled children and adults.
- Applications to Mr. J. Biddle (after November 1st 1982), West London Institute of Higher Education, Borough Road, Isleworth, Middx TW7 5DV.
Tel. 01-568-8747

NATIONAL CENTRE FOR CUED SPEECH.

14th Sept. to 23rd Nov. 1982. Beginners Course DB/3 (82)

16th Sept. to 2nd Dec. 1982. Intermediate Course. D/1 3 (82)

National Centre for Cued Speech, London House, 68 Upper Richmond Road, Putney, London SW15 2RP. Tel. 01-870-5335

Courses are held from 11 a.m. to 12.30 p.m. for 10 sessions.

Fees: £25.00 for professionals.

ACTIVE

30th October 1982 Autumn Conference and Exhibition. London College of Furniture, Commercial Road, London, E1. Speakers include Elizabeth Fanshawe of Disabled Living Foundation. The day is mainly for discussion in groups. Fee: £7.50 non-members. £6.50 members. Applications to Judy Denzibe, Active, Seabrook House, Darkes Lane, Potters Bar, Herts, EN6 2HL. Tel. 0707-44571
Closing date: 22nd October.

THE SPASTICS SOCIETY.

September 1982 "Disability and Technology in the 80's". Brighton. Information: Distech '82, The Spastics Society, 12 Park Crescent, London, W1N 4EQ

NORDIC COUNTRIES.

September 1982 Conference of the Nordic Association for Rehabilitation on Medical, Educational and Social Aspects of Integration. Finland Information: Swedish Central Committee for Rehabilitation. FACK, Box 303, 161 26 Bromma 1, Sweden.

INTERNATIONAL CONFERENCES 1983.

June 1983 "Psychological and Pastoral Questions Related to Children suffering from Chronic Disease and Facing an Early Death". Italy. Information: International Catholic Child Bureau. Special Care Commission, International Catholic Child Bureau 53, Rue de Babylone 75007, Paris, France.

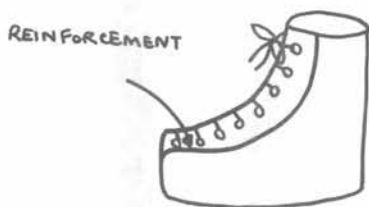
27th June to 1st July 1983. XVth World Federation of Haemophilia Congress, Stockholm, Sweden. Information: Congress Secretariat, Stockholm Convention Bureau, Jakobs Torg 3, S - 111 52 Stockholm, Sweden.

4th - 9th September 1983. 4th World Congress of International Society for Prosthetics and Orthotics, London. Information: Prof. J. Hughes, National Centre for Training and Educational in Prosthetics and Orthotics, University of Strathclyde, 73 Rottenrow, Glasgow, G4 ONG

AIDS IDEASSheepskin bootees for wheelchair children.

These can be made fairly easily from parts of an old sheepskin coat (obtained from jumble sales) and are similar to those which used to be produced by Antartex. Consisting of three pieces, sole, sides and tongue, it is not difficult to cut your own pattern. Holes are punched with a leather punch, and the number will vary with the size of the boot. The holes can be strengthened by sticking strips of lightweight leather or similar material about $\frac{3}{4}$ " wide along the length of the opening. When stitched with a leather work needle and button thread, all one needs to buy are the laces. Total cost about 30p.

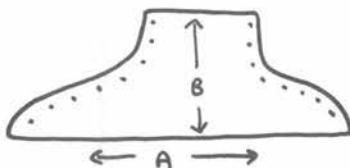
Ann Cooke,
Senior School Physiotherapist,
Chichester.

FINISHED BOOT

PATTERN CAN BE
CUT FROM
SIMILAR SIZED
SHOE

SOLE

APPROX
2"

TONGUEUPPER.

A = CIRCUMFERENCE OF SOLE MINUS 1".

B - ALLOW DEPTH TO FIT SNUGLY AROUND ANKLE.

