

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

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

EDITORIAL

LIN WAKLEY
Editor

Unfortunately I was unable to attend the conference this year but have had many favourable reports about the quality of the lectures and the entertainment. A large part of this issue is the reports of the AGM held during the Annual Conference. Hopefully we will have transcripts of the lectures in a later issue. I do feel however that you should all have comprehensive reports of the AGM as soon as possible. I would like to thank all the Officers who presented reports for sending me copies so promptly.

There is no theme to this issue but I have included a selection of interesting articles which members have sent me over the past months. I am continually surprised at how often I am asked if I would like an article for publication. I am always glad to receive any material although I cannot guarantee we will print it. It depends mainly on available space. Please keep sending anything you think will be interesting for other members. Have you done an audit, set up a new service or need advice? By you sending articles and letters the Journal can only grow and serve you, the members.

The next issue is 'Acute Respiratory Care'. Have you anything that you would like to share? Maybe there is some burning issue you wish to be discussed. If you write soon enough we may be able to generate some response from other readers.

Remember this is your Journal!

COPY FOR THE SEPTEMBER 1997 JOURNAL
MUST BE WITH THE EDITOR
BY 1ST AUGUST 1997

The board reserves the right to edit material

LETTERS TO THE EDITOR

Jacqui Ford
Senior Paediatric Physiotherapist
Wilfred Sheldon CDC
St. Giles' Road
London SE5 7RN

Valerie Peat MCSP
Chelsea and Westminster
Healthcare
Paediatric Physiotherapy
Department

Dear Lin,

I would appreciate it if you would publish this letter in the next APCP journal.

I have recently "inherited" a foot clinic and am looking into the differing management regimes used for pes planus/flat feet. I am particularly interested in the use of orthotics/exercises and the optimum time for intervention.

I would appreciate hearing from our colleagues who have experience/opinions in this matter.

Thank you in anticipation

Yours sincerely
Jacqui Ford

Dear Lin Wakley

Following my brief announcement at this years excellent APCP Conference in Wakefield, may I follow my plea for information with this letter for the next journal.

I have recently been appointed Superintendent III Paediatric Orthopaedic Practitioner at the Chelsea and Westminster Hospital in London. I essentially follow the same guidelines as the Adult Orthopaedic Practitioners - running my own clinics alongside the consultant - assessing, ordering, appropriate investigations, diagnosing, deciding on the management of the child and then cross-referring and re-referring, as appropriate. I am often the child and family's first and only contact with the hospital.

My remit is ever evolving and expanding and I run the Ilizarov Fixator programme, have primary responsibility for the management of children with congenital deformities and have a large teaching role particularly with regard to low temperature thermoplastic splinting; one of my own special interests. I act as a resource centre for paediatric physiotherapists, and to that end I'd be very grateful to hear from anyone who is involved in innovative practice, research or service development within paediatric orthopaedics that would be of interest and/or application to myself and other colleagues.

I am also an executive committee member of the newly formed clinical interest group for physiotherapists working as Extended Scope Practitioners - ESP, i.e. 'A clinical physiotherapy specialist with an extended scope of practice who sees patients referred to the consultants unit for assessment, clinical diagnosis and management of musculo-

LETTERS TO THE EDITOR

skeletal disorders'.

As far as I am aware, I am the only existing paediatric practitioner, but I'd be delighted to hear from anyone working in a similar situation elsewhere.

If anyone has any queries regarding ESP membership, please contact our Membership Secretary, Vivienne Green. Physiotherapy Department, Stepping Hill Hospital, Poplar Grove, Stockport, Cheshire, SK2 7JE

I look forward to hearing from you all soon.

Best Wishes

Yours Sincerely

Valerie Peat MCSP SRP
Paediatric Orthopaedic Physiotherapy Practitioner

Gill Jones MCSP
Eastbourne & County
Healthcare
Kings Drive, Eastbourne,
East Sussex BN21 2UD.

Dear Lin

At our last staff meeting several physiotherapists queries whether there was a better way to record physiotherapy intervention than SOAP notes. We would like to know if there is a more appropriate way of record keeping, particularly for children with a neurological condition, and we would be grateful to hear from other therapists who are using any other method successfully.

Many thanks to the Paediatric Physiotherapy Departments who kindly gave me ratios of numbers of physiotherapists/assistants to children in SLD schools in response to my telephone calls. This was very useful information and the Commissioners are due to announce soon whether we have been successful in increasing our physiotherapy staffing into our local SLD school.

Yours sincerely

Gill Jones MCSP

Carol Watson MCSP
Physiotherapy Department
Dorin Park School
Wealstone Lane
Upton-by-Chester
CH2 1HP
Tel. 01244 373884

Dear Lin

Re: Clinical Standards in Paediatric Physiotherapy

Our department is trying to develop clinical standards in our working practise. We would be very grateful to hear from anyone who has already set standards in paediatrics and is willing to share their hard work.

Yours sincerely,

Carol Watson, Sen. Physio.

LETTERS TO THE EDITOR

Sue Whitby
Hinchingsbrooke Healthcare
Primrose Lane
Huntingdon
Cambridgeshire
PE18 6SE

Dear Lin

I am interested in writing protocols for assessment and treatment for children, who have conditions regularly referred for Paediatric therapy (physiotherapy and OT).

These would include, where possible, length of a course of treatment and the amount of intervention.

Rather than "re-invent the wheel", I am writing to you to ask if you are already using such documents, created to act as a guide for staff in your Therapy Departments. If possible, please could you send me copies of your protocols.

I feel it would be useful to research documentation used in Paediatric therapy departments, but that would be the next stage!

I think that putting procedures into place will most probably create the need for a proper, prioritised waiting list. If you have any brilliant ideas, I would be grateful for these, too. Therapists are always reluctant to keep anyone waiting, but in the current climate I think "priority lists" are essential.

Thank-you in anticipation,

Yours sincerely

Sue Whitby

Deputy Superintendent Paediatric Physiotherapist.

Amanda O'Sullivan
Cerebral Palsy Ireland
Sandymount Avenue
Dublin 4

Dear Editor,

I am a physiotherapist working in a school and clinic in Dublin. We have recently started to use the Star Seating System for some of our children. We have had difficulties with each of the chairs we ordered, e.g. tray not fitting, hip angle set up at 80°, and hydraulics not working, amongst other things.

I was wondering, have other therapists had similar problems with the Star Seating system.

Yours sincerely,

Amanda O'Sullivan

Physiotherapist-in-charge

Mrs Emma Burn
Senior 1 Paediatric
Physiotherapist
Rehabilitation Department
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Rake Lane
North Shields
Tyne and Wear
NE29 8NH

Dear Lin

Our Trust have recently asked us to provide them with information so they can produce a policy on NHS paediatric physiotherapists working in conjunction with private therapists.

I would be grateful if anyone could send me information on their thoughts, current practice or policies in their area.

Your sincerely

Emma Burn

TARGETED TRAINING:

A NEW PHYSIOTHERAPY OPTION FOR THE MANAGEMENT OF CHILDREN WITH CEREBRAL PALSY

DR. PENNY BUTLER

The Movement Centre

The Movement Centre opened a few months ago to offer Targeted Training for children with difficulties of learning movement control as a consequence of cerebral palsy. The Movement Centre is backed by a charity called The Movement Foundation. It is sited in the grounds of the Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust at Oswestry, Shropshire but is independent of the hospital. It provides an assessment service and, for suitable children, a therapy package including appropriate equipment for use at home and/or school between quarterly reassessments.

Targeted Training

Targeted Training has been carefully researched and developed over several years and has a sound biomechanical background^{1,2}. The emphasis is on promoting control of the vertical posture, which is biomechanically the most challenging position. Targeted Training simplifies the learning process of attempting to control multiple joints simultaneously, for example all the spinal joints if learning to sit. It focuses carefully on individual joints progressively, starting at the cervical spine and working downwards so that the reference planes of the eyes and vestibular apparatus are always controlled^{3,4}. Specially designed equipment is used to stabilise the appropriate segment and to eliminate the complications which would be introduced by all the other joints not yet under control. Specific movement goals are identified at assessment, such as the gaining of head control, sitting balance or hip/knee control, with the agreement of the child's regular physiotherapist, the family and, when possible, the child. The necessary equipment is available on hire, thus dramatically reducing costs. Targeted Training is not manpower intensive, requiring only overview and reassessment, thus helping to relieve the burden on physiotherapists and without placing an excessive burden on families. The regular quarterly reviews provide a measure of progress which can be used for clinical audit.

Preliminary research results have been encouraging, with an average improvement in trunk control of 54% in a group of six children who all learned to sit independently⁵ and an average improvement in force control at the knee of 60% in a group of six ambulant children⁶.

TARGETED TRAINING:

Suitability for Targeted Training

There are contraindications to Targeted Training and these are bony deformity which precludes the gaining of control at the relevant joint, uncontrolled epilepsy and the severely multiple handicapped child for whom the only practical option is maintenance and care. The child's age is not necessarily a factor - children have acquired sitting balance for the first time at the age of seven years, but size is a factor due to safety constraints with the equipment currently available. Volitional active cooperation is not necessarily required since the equipment ensures the correct motor learning. The majority of children seen so far have had learning (intellectual) disability.

Families of children with cerebral palsy are very vulnerable and it is only too easy to create unrealistic expectations. It is thus essential that the child's physiotherapist and consultant (paediatrician and/or orthopaedic surgeon) are involved and aware of all that is going on. For this reason, a consultant or other medical referral is requested.

An initial assessment at The Movement Centre costs £350. If the child's needs can be met by Targeted Training, an episode of treatment lasting an average of nine months will cost £1300 and includes the cost of orthoses, such as ankle foot orthoses, equipment hire and quarterly reassessments.

Other activities of The Movement Centre

The clinical service is only one facet of the work of The Movement Centre. An education programme is planned for physiotherapists and others, both to inform people about The Movement Centre and to enable therapists to use Targeted Training in their own departments. There will also be a research programme to continue the development of effective methods of promoting movement control and their application. The biomechanical basis of Targeted Training is not restricted either to children or to cerebral palsy. Some success has been achieved in adult traumatic brain injury⁷ and it is hoped to extend the work to adults who have had a stroke.

For further information about any aspect of the Movement Centre, please contact

Dr. Penny Butler
The Movement Centre
The Robert Jones and Agnes Hunt Orthopaedic and District Hospital
NHS Trust
Oswestry
Shropshire SY10 7AG

TARGETED TRAINING:

Tel: 01691 404248 (Tuesdays and Thursdays) or fax (same number) at any time.

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INTEGRATION INTO MAINSTREAM SCHOOL

THE ROLE OF THE PHYSIOTHERAPIST IN THE INTEGRATION OF PHYSICALLY DISABLED PUPILS INTO A MAINSTREAM HIGH SCHOOL ENVIRONMENT.

BELINDA SMITH

Senior I Paediatric
Physiotherapist,
Salford Community Health
Care NHS Trust
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Wentworth High School, situated in Ellesmere Park, Eccles, is the designated Barrier Free High School for Salford. Salford's response to the requirements of the 1981 Education Act was to integrate physically disabled pupils, where practicable, into mainstream schools. Previously these pupils had been placed within a Special School which accommodated a wider 2 to 16 age group.

The opportunity arose in 1990 to redesign an amalgamating High School so that disabled youngsters could have physical access to all parts of the building, and to all areas of the curriculum - a "Barrier Free" High School. There was a recognised need for certain developments of care to be provided, e.g. personal hygiene facilities, ongoing therapy management, and a central person to co-ordinate the pupils integration into the "mainstream" curricular environment.

A multi-disciplinary team including Physiotherapy and Occupational Therapy services were involved throughout the entire planning, building and implementing process.

The school building was planned in order to allow complete access to physically disabled pupils, and it has been resourced to allow full access to the curriculum. A "Barrier Free Co-Ordinator" was appointed (a full time post) to act as the link between the original school for the physically disabled pupils, and the new school into which they were to integrate. This post was consolidated into the new schools establishment. The Barrier Free Co-ordinator is also the Therapists main contact person for any matters relating to the pupils.

Salford's Community Paediatric Physiotherapy Services offers various forms of support to pupils at the school. The type of support offered is adjusted to meet the differing and changing needs of each individual.

Prior to entry in the school a full assessment is carried out, in conjunction with the Paediatric Occupational Therapist, in order to determine the access and support requirements of each individual. This assessment may be repeated at any time if indicated by changing circumstances.

Close relations are maintained between the Barrier Free Department and the P.E. Department. Disabled youngsters are integrated into all P.E. lessons, although they may require a modified form of the group activity. The Physiotherapist carries out P.E. assessments as required and works together with the designated Barrier Free P.E. Co-Ordinator to devise

INTEGRATION INTO MAINSTREAM SCHOOL

appropriate P.E. programmes.

Daily physiotherapy sessions take place by arrangement with the school prior to the commencement of lessons, these take the following forms:-

1. Exercise sessions in the school gym:-
 - mat exercises to music
 - circuit training
 - gait and mobility training
2. Weight training/resisted exercise sessions
3. Problem solving/treatment sessions in the Physiotherapy base
4. Co-ordination of the supply and monitoring the performance of walking aids, orthoses, wheelchairs and other appliances.

School medicals take place throughout the year, these provide an efficient means of communication and enable the Physiotherapy and medical management to be co-ordinated. The medical examination takes the form of a "team-meeting" between the pupil and his/her parents, the Consultant Community Paediatrician, School Nurse and Physiotherapist. These meetings allow discussion of health related matters or any other concerns that may need to be expressed by any of the "team".

The Consultant provides a direct link to the Royal Manchester Children's Hospital which facilitates liaison with Orthopaedic or Neurology Clinics, or In-patient episodes. A visiting Orthotist calls when required (usually ever 2-3 weeks), for footwear and orthotic appliance provision and maintenance.

The Physiotherapist also attends and contributes to the statutory Annual Review Meeting arranged by the school for each physically disabled studented pupil.

Typical Gym Exercise Session

Exercise to music, each patient on a mat (which may be a firm mat in the case of a person performing balance activities, or a softer crash mat in the case of someone, with for example, rheumatoid arthritis who will be carrying out stretching procedures).

A typical group may consist of up to 12 youngsters with a mixture of disabilities - cerebral palsy, orthopaedic conditions, spina bifida, rheumatoid arthritis, and motor and sensory neuropathies.

Assistance may be required to get down to and up from the mats but, where possible, this is done in a manner that should assist the patient in

organising and planning their own transfer routine. Certain pupils, such as those at risk of fractures from osteoporosis and the larger/weaker neuromuscular patients, are not required to transfer onto mats as the hazards of transfer outweigh the benefits in these cases. Pupils who do not participate in the mat sessions are offered alternative exercise therapy, either individual standing/transfer practise or weight training sessions.

Exercises are performed in a varied sequence, and are planned to work all major muscle groups and to stretch most joints. Due to the nature of the disabilities of the group members, particular emphasis is placed upon stretching the ankle, knee, hip and shoulder joints, and strengthening the quadriceps, hip extensors/abductors, trunk and shoulder muscles. Balance activities are also included in each session.

Circuit Training Sessions

These are alternated with the mat exercise sessions, and consist of a series of activities stationed at various points around the gym. This type of session requires a higher staffing level, both from a safety viewpoint, and to ensure full compliance with the activities. The mat sessions may be managed by a single Physiotherapist (although they run more efficiently when a second Physiotherapist or trained assistant is there to help). The circuit training requires a minimum of two staff and has only run efficiently when three staff have been involved.

Typical activities for the circuit training sessions are:-

1. Step ups
2. Sit ups
3. Sitting to standing from a low/medium height box
4. Press ups (full or part, to stretch hips if appropriate)
5. Balance activities - wobble boards, "wobbler" game, large therapy ball
6. Static exercise bike
7. Resistance band activities
8. Co-ordination activities such as stepping into overlapping hoops
9. T.A. stretches with block

To Summarise

Wentworth High School Physiotherapy Programme

The "problems"

1. High School pupils with a range of medical conditions requiring Physiotherapy input.

INTEGRATION INTO MAINSTREAM SCHOOL

The patient population consisted of the following categories:-

- Cerebral Palsy - spastic diplegia 4
- hemiplegia 3
- quadriplegia 1

Spina Bifida 5

Motor Neuropathy 2

Juvenile Rheumatoid Arthritis 2

Orthopaedic Condition 2

2. School curriculum prevents withdrawal of pupils from classes on a regular basis.
3. Adolescent attitude results in generally reduced compliance to therapy in several classes
4. Homework and social life reduce the incentive to work at home exercise programmes.
5. Less contact between Physiotherapist and parents than with primary age pupils, mainly due to after school commitments of pupils.

The "solutions"

Therapy offered in different forms to suit different categories of patient:-

1. Before school group exercise sessions in the school gym - optional but strongly recommended. The school transport is arranged earlier to deliver pupils for 8.30 a.m.
2. "Weight training" sessions.
3. Problem based "Clinic" - which offers electrotherapy modalities for musculo-skeletal problems.
4. After school hydrotherapy group.

Outcomes of the Programme

The Pupils View

Regular group participants felt their physical skills had improved. Youngsters felt encouraged to maintain their independent mobility about school, spending less time in a wheelchair than previously. The opportunity to practise skills, to receive monitoring and feedback on performance, and to work on particular areas of difficulty were valued.

Individual therapy sessions were found useful for the treatment of specific problems (mainly "aches and pains").

The timing of the sessions (08.30am - 09.15am) is convenient, as no lesson time is missed.

The School View

The Barrier Free Co-Ordinator and P.E. staff have commented favourably on the programme. Good attendance levels are a positive indicator of success, particularly as attendance is voluntary.

The timing and location of sessions is convenient and school staff have direct access to the Physiotherapist when advice or information is required.

The Physiotherapist provides a direct communication link between hospital clinics, consultants and other therapy colleagues. Information relayed is timely and relevant.

The Physiotherapists View

The level of attendance and participation is encouraging and promotes a positive environment.

The current programme (gym/clinic sessions) allows regular monitoring, advice and/or intervention to a large number of pupils in a time efficient manner. Activities presented within the gym sessions are flexible, allowing changes to be made as required to meet the changing needs of each individual and to provide variety.

Clinic sessions provide essential individual therapy time, and have a high regular attendance.

Liaison with teaching staff, particularly P.E. and technology staff allows the fullest integration of the pupils to all aspects of the curriculum.

The Consultant Paediatricians View

The School doctor is pleased and encouraged by the success of the Physiotherapy programme and actively encourages attendance.

The team approach to school medical examinations works efficiently. Information exchange is open and relaxed, opinions considered, problems addressed, and goals agreed.

UNDER THE SPREADING MANGO TREE:

THE BRITISH PALAWAN TRUST

DR. IAN MCKINLAY

Pay attention at the back there - who can put the finger on Palawan on the map? There is a population of over 600,000. Until recently there was no orthopaedic service on the island - not even for conservative management of fractures, tuberculosis of the spine, osteomyelitis, consequences of polio (for which immunisation had yet to reach most villages) or congenital limb deformities.

A religious charity for people with disabilities. The House of Andrew Foundation, sent a physiotherapist. She did not have to worry about maintenance of her department or a workshop - they didn't exist. No paperwork on proposed management policies - she made them up. This was care in the community in the third largest island in the Philippines, 400Km long and 40 Km wide. It is a tropical island with forests and a torrential rainy season, taxis and two stroke motor bikes, televisions in bamboo houses on stilts, buffalo carts and tree frogs.

During the Seven Years War of 1756-1763 the British were fighting the French, the Swedes and the Austrians were fighting the Prussians and the Saxons, but the Spanish were at a loose end till 1761 when they sided with the French. Lieutenant-Colonel William Draper, in the service of the British East India Company took 15 ships and 2000 troops, Indian and British, to attack Manila and captured the Philippines from the Spanish governor and garrison of 600 who surrendered when the invaders captured Manila in October 1762.



The Rehabilitation Unit at Puerto Princesa Bahatata



Typical 'crowded' beach!

The plan was to use the islands to grow cloves, peppers and other spices, Palawan was controlled by a Mohammedan ruler, the Sultan of Sulu, who kept the Spanish at bay but ceded Palawan to Alexander Dalrymple, aged 24, on behalf of the British East India Company on 17th September 1763. What they didn't know was that The Treaty of Paris, ceding North America to British control, had been signed on 10th February 1763 so the war had been over for 7 months! Word of this reached the Philippines on April 1st 1764 and within 10 days the British force returned to India, leaving 600 Sepoys whose descendents still live in two districts of Manila.

The unpleasantness between the British and Spanish gave the Filipinos their first revolutionary opportunity and the state of Ilocos was liberated under the administration of Diego Silang with British protectorate status. He was assassinated by the Spanish but his wife, the long-haired machete waving Gabriella Silang, kept up successful guerrilla warfare against the Spanish for a further 4 months before she was captured and hanged in September 1763. They inspired the reforming nationalist movements which achieved independence a century later.

By 1990 the small dirty crowded unfinished government hospital in Puerto Princess was packed with patients on hard wooden boards with plaited bamboo leaf mattresses, shared with a couple of watchers. Drugs, needles, drips and x-ray plates had to be bought by the patient or watchers from the chemist across the road. There were taps but running water rarely flowed through them. Surgeons washed with water from a plastic dustbin ladled over their hands. Two operations at a time were performed in a tiny unventilated theatre, watched by an audience of relatives through the window.

UNDER THE SPREADING MANGO TREE:



Domicillary Cast Change

A private hospital, run by a Christian charity, was smarter, cleaner and usually had running water. It was too expensive for most people. Outside hospital, care was provided by private GPs, community doctors, district nurses, herbalists and bone-setters. Those who could afford it flew to Manila for treatment.

Dr. Antonio Socrates, "Soc", came to Ipswich to train in orthopaedic surgery as a registrar with Mr. Louis Deliss and his colleagues. He learned his speciality and they learned about Palawan. Together they set up the British Palawan Trust in May 1990 as a registered charity. "Soc" put the names and addresses of 25,000 doctors on the database of his word processor and wrote to them appealing for funds to set up an orthopaedic service in Palawan. In a year 2,630 had sent over £80,000. Charities such as UNESCO, ECHO (Equipment for Charity Hospitals Overseas) and Direct Relief International gave help and equipment. In March 1992 "Soc" went home and started up his service. In October Mr Deliss went to help sort out administrative details and it grew from there as a service for basic orthopaedic and trauma care as well as a lobby for improved polio vaccination.

From 1992-94 over 1,000 patients were treated. Its two five-bedded wards were full, even overflowing. The British Palawan Trust Land-Rover Ambulance transported patients by road or along the beach at low tide where no roads existed. As well as giving medical advice and surgical treatment, the service has trained families in the care and rehabilitation of their patients. With the help of Handicap International they arranged training for a prosthetic technician in Manila. They also set up a charity

UNDER THE SPREADING MANGO TREE:



'Soc' visiting an outlying 'hospital'

for the disabled, including those with non-orthopaedic disabilities. Facilities are being developed to help disabled children to integrate with local schools.

Equipment is scarce. Artificial limbs and appliances are made from local materials. Wheelchairs are used till they are beyond repair - the BPT has helped as resources allow. The mango tree provides a canopy for orthopaedic surgery. It is a lot cleaner in the open air than in the hospital. Safer than under a coconut tree; a falling coconut can fracture the skull or an adult femur.

Anyone interested to help should contact

The British Palawan Trust
c/o Department of Orthopaedics,
The Ipswich Hospital, Ipswich, Suffolk IP4 5PD
Tel. No.: 01473 712233 (Department of Orthopaedics) or
Midland Bank PLC, 41 Woodbridge Road, Ipswich IP4 5QN
Sort Code 40-25-46
The British Palawan Trust bank account number is 61063235

HEMIPLEGIA AND HEMI-HELP

LIZ BARNES

Parent

When I first started taking my son Jonathon to the CDC as a baby, I felt humbled, even a little guilty: our problems seemed so mild compared to those of other people we met there, whose children had much more serious disabilities. I remember one of the physios saying how rewarding it was to work with children with hemiplegia, because she actually felt she was getting somewhere - they learned to walk, their speech was usually normal, most of them would go off into mainstream education; and I thought how lucky we were.

And yet this relative 'normality' has its down side. Dr. Robert Goodman of the Maudsley Hospital, who since 1989 has been heading a research study into the causes and effects of childhood hemiplegia, has described it as a Cinderella condition. Because the children can walk and talk, because they can cope in mainstream schools, they are often left to do just that, with a minimum of support. In their everyday lives they may never meet another child with a disability, facing similar or different problems. They spend all their time with able-bodied children, and have to try to keep up with them, academically and physically. And this creates stresses from which more seriously disabled children, attending special schools, are sheltered.

In this situation the role of the physiotherapist cannot be overestimated. From the start she (more rarely, he) not only works with the child and teaches the parents to work with the child: she is the parents' main interface with the system. The parents of a newly diagnosed child inevitably feel anxious about the future; often they are also confused about what hemiplegia is, and may feel guilty - perhaps it was somehow their fault that their child was born with a disability. (They can be reassured on this point: Dr. Goodman's research suggests that there is no genetic factor involved, nor does it seem to depend on anything the mother does or does not do in pregnancy. Very premature babies are at a slightly greater risk, but generally the brain trauma which results in a congenital hemiplegia seems to be a chance event some time in pregnancy.) The person fielding all these emotions is often the physio. And later, when the child is at school and no longer regularly attending a CDC or DCU, the community physiotherapist is probably the only person outside the family dealing directly with his or her hemiplegia (if anyone spots a community paediatric OT can they point them in my direction?).

Of course, by this stage the child is probably becoming bored with therapy - there are more interesting things going on in his or her expanding world! Many of the parents who have attended Hemi-Help workshops have been



INFORMATION & SUPPORT FOR
CHILDREN WITH HEMIPLEGIA

much cheered by hearing David Scrutton of the Institute of Child Health expounding his ideas on this subject. He argues that whilst it is important for therapists and parents to continue monitoring certain basic functions, there is no need to go on imposing a regime of exercises on an unwilling child. Instead, parents should encourage the child to take up a sport or hobby which will not only benefit them physically, but make an important contribution to their psychological well-being. Some children with hemiplegia feel happiest attempting sports under the aegis of an organisation catering specifically for special needs, such as Riding for the Disabled, but others can cope with joining a 'normal' club or group. My son, now aged ten, has been attending swimming classes at our local pool since he was six, is working for his Grade 6 Water Skills badge, and yesterday announced with great pride that he had just swum 800 metres (although he actually much prefers football). Other children we know of do karate or play tennis, and one teenager has tap-dancing lessons which have done wonders for his balance and co-ordination. Other hobbies, such as playing a musical instrument, can help develop control of the affected arm. Hemi-Help have a factsheet on which instruments are the most suitable.

The psychological boost given by achievement in a sport or hobby is particularly important, since many children and young people with hemiplegia suffer from low self-esteem. This is not necessarily linked to any lack of success in one sphere or another, but may be one of the invisible problems which can be more disabling than the more obvious physical ones. Dr. Goodman's research has shown that over 50% of children with hemiplegia have one or more of these associated problems (this does not include associated medical conditions such as epilepsy or hemianopia).

Some children have emotional and behavioural problems of one kind or another - apart from low self-esteem these include intense shyness, difficulties with socialisation, extreme anxiety about life, or on the other hand aggressive or unco-operative behaviour. It is one thing to cope with a 'terrible-two', quite another to have a 'terrible-ten'. Other common associated problems can seriously affect the child at school - visuo-spatial difficulties, specific learning difficulties (especially with reading and/or maths), attention deficit disorder. After realising the extent and the serious effects of these problems, Robert Goodman set up a specialist Brain and Behaviour Clinic at the Maudsley, to which children may be referred from all over the country (and since it is funded directly by the DOH it is free to GPs). The clinic has now been going for two years and experience to date suggests that some 80% of referred children and their families can be helped, usually by a combination of advice, counselling and in some cases diet or medication.

HEMIPLEGIA AND HEMI-HELP

Hemi-Help, the national organisation for children with hemiplegia and their families, arose directly out of Dr. Goodman's research study. Through hospitals and CDC's he recruited four hundred families in the London area for the study, and he and his researcher Carole Yude decided to keep the families in touch with the research and each other by producing a regular newsletter. When Carol's grant ran out it looked as though that might be the end of it, but a handful of parents came together and decided to form their own group. That was five years ago, and Hemi-Help membership has now grown to 900 families and over a hundred professionals throughout Great Britain. We also maintain close links with two 'daughter' organisations in Northern Ireland and the Irish Republic. Our aims are threefold: to provide information and support for children with hemiplegia and their families, to increase public (and professional) awareness of the condition, and to facilitate further research into hemiplegia and its associated conditions.

Hemi-Help is still run entirely by volunteers, most of them parents, but we manage to offer our members a wide range of services. Our telephone information and support line is open from 10am to 1pm, Monday to Thursday, and we can put families in touch with others in their area or who have faced similar problems. We run regular workshops for both parents and professionals: topics have included physiotherapy, education and epilepsy (which as many as 30% of children with hemiplegia also suffer from at some stage). Our bi-monthly newsletter keeps members up to date on new disability legislation and the latest research results as well as on our own activities, and gives members themselves an opportunity to share their anxieties and experiences. We also produce leaflets and factsheets on a wide range of subjects of interest to members, from shoes to schools.

Given the problems, both physical and academic, our children face at school, education is one of our greatest concerns, and to help children, their parents and teachers overcome these difficulties Hemi-Help has published booklets for teachers in both primary and secondary education. We are also intending to make a video to help children understand their hemiplegia and show them that they can still enjoy a wide range of activities.

Whilst we want our children to be as integrated as possible, there are situations where they cannot compete with their able-bodied peers, and so we run very popular sports and activity days which give them a chance to try new things in a relaxed setting. We are also interested in the development of practical aids. With the help of a grant from BBC Children in Need we produced magnetic board and ruler sets to help children anchor paper and draw straight lines, and one of our members has invented

HEMIPLEGIA AND HEMI-HELP

adjustable bicycle stabilisers which help children gradually improve their balance and eventually cycle unaided.

We are anxious that as many people as possible have access to the help and information we can offer, and so make no charge for either membership or literature (in our five years of existence we have had funding from a variety of sources, from members' coffee mornings through the London Marathon to BBC Children in Need, the DOH and McAlpines). Until recently we have charged professional members a small fee, but, again in the interests of increasing awareness, we have decided to offer professional membership free. So we look forward to hearing from you. You are the professionals who have the closest contact with children and their families - join Hemi-Help and keep yourselves (and them) informed about hemiplegia.

For further information contact Hemi-Help at 166 Boundaries Road, London SW12 8HG, or phone 0181 672 3179 between 10 and 1, Monday to Thursday.

ANNUAL GENERAL MEETING 1997

The 24th Annual General Meeting of the Association of Paediatric Chartered Physiotherapists was held on Friday 4th April 1997 at Bretton Hall, University of Leeds, Wakefield, West Yorkshire.



LYN CAMPBELL

BSc (Hons) MCSP

Chairman's Report

As I stand here this morning and welcome you all to the 24th AGM of our association I find it hard to believe that I am now the chair of APCP. When I first started in paediatrics, the chairman and national committee seemed like another world and I certainly hope this is not how we appear to you all.

This morning I shall try to give you an overview of the work of your committee during the last year, as we are all very aware that we are here as your representatives and the importance of that role.

I know it has been said before but for new members of APCP I thought it would be helpful to briefly give a summary of the structure and workings of your committee.

The National Committee of the APCP consists of one locally elected member from each of the APCP regions in the United Kingdom, plus 9 nationally elected members. It is the Regional Reps who are your direct voice to the APCP and thus they play a very significant role. The executive members are selected from the national committee and these are the Chair, Vice-Chair - Liz Hardy, Secretary - Mary Goy, Treasurer - Angela Glyn-Davies, Public Relations Officer - Alex Winney, Post Registration Education Officer - Carole Hurren, Publications and CIG Liaison Rep - Carol Foster, and Membership Secretary Elizabeth Harty.

We rely on you, the members, feeding back information to your local rep to keep us informed of the views of all APCP members.

We continue to have 4 meetings a year of the National Committee, which are normally held at CSP headquarters in London. We all appreciate the expense of these meetings and are therefore trying to economise as much as possible and hold most of the subcommittee meetings prior to the national committee meeting. The Regional Reps, under the chairmanship of the PRO, meet on the morning of a national meeting, to allow direct feedback to the full meeting in the afternoon.

To enable all members of the National Committee to have a chance to be involved in the organisation, we have this year issued a questionnaire to all, to allow everyone an opportunity to highlight their specific interests and in what way they feel they could help the APCP. We have to thank Liz Hardy for all her work in this area.



The National Committee

Last year an extensive review of the CSP was launched and many of you will have been asked to fill what was a very detailed questionnaire, the results of which were published in *Frontline* in February. You may or may not be aware that all the clinical interest groups were asked to be directly involved in the process. We were sent a set of questions and were asked to discuss these, which we did at our October national committee meeting last year. The results from this were compiled and forwarded to the CSP. It will be interesting to see if these results differ in any way from those already published. I think we all feel that it is a very positive move by the CSP that they are involving their membership in how the Society should go forward into the next century.

The Collaborative Liaison Group which was set up to instigate co-operative practice between paediatric physiotherapists, occupational therapists and speech and language therapists, under the chairmanship of Penny Robinson, has not been able to meet since July of last year. It is planned to start these meetings again shortly and it is very much the wish of the Chairs of the three associations, that there should be this liaison between the paediatric groups. Jill Brownson continues to be our representative on that committee.

The work that has been ongoing between APCP and SCOPE has at last come to fruition and an information leaflet has now been printed. We would like to thank Jill Brownson, Fiona Corkhill and Viv Williams for their input into this project on our behalf.

The APCP have continued to be actively involved in submitting evidence to the House of Commons Inquiry into Children's Health. We have to

ANNUAL GENERAL MEETING 1997

thank Fiona Corkhill in particular during the last year for her personal interest and input to this work. The first part of this evidence was published in February and we were delighted that many of the points we had highlighted were given prominence in the published document. It now remains to be seen how many of these recommendations will be implemented.

We were also asked to comment on a Guide to the Development of Paediatric Palliative Care Services. It is very gratifying that the APCP's opinions are being sought in so many different fields.

The Post Registration Education Committee continue to work hard and this year another Introductory Course to Paediatrics will be held, but Carole Hurren will give more details in her report.

I was pleased to attend a Manual Handling Consensus Conference in October at the CSP, as this is becoming increasingly an important role for us. Three of us represented APCP, but again I'm sure Carole will mention this in more detail.

With the increasing focus on the importance of research to develop evidence based practice, Carrie Jackson continues as our Research Officer and I know she would like any of you who are actively involved or have an interest in research to contact her.

The Journal continues to be published to a very high standard and we have to thank Lin Wakley, who unfortunately has not been able to attend this conference, for all her hard work. We are still working towards Central Mailing for the Journal and we hope it will start later this year.

I am delighted that we have a new publication available at this conference which gives guidelines on the Statementing of Children with Special Educational Needs and it also has sections which are specific to Scotland and Northern Ireland. We have to thank Carole Hurren in particular for the endless hard work she has put into this booklet; but also to the many others who have helped with proof reading and constructive criticism.

Carol Foster continues to be our representative on the Clinical Interest Groups Liaison Committee. This is a very important role as it is through this link that APCP has some input into the CSP Council itself.

The World Congress, WCPT, was attended on our behalf by Terry Pountney and Carol Foster. They brought to the committee's attention the need to raise the profile of Paediatrics and of the APCP at such conferences and this comment will be acted upon at future such events.

ANNUAL GENERAL MEETING 1997

We had hoped to host a supper during the Conference but due to an administrative error, our offer was not accepted.

I attend on behalf of the APCP, part of the 7th Annual Conference of the National Association of Paediatric Occupational Therapists, which was held in Edinburgh in September 1996 on behalf of the APCP.

The 1997 CSP Annual congress will be held in Edinburgh from 19 to 21 September where the theme will be 'Measurement - the Ultimate Challenge'. We are delighted that Mary Goy has been asked to chair and organise the section on Paediatrics and this is well in hand. We will also



The Chairman, Lyn Campbell with the Conference Organisers.

be having a board to enable us to promote APCP at the Conference.

Clinical Effectiveness is an area which is being given a lot of prominence at present and this year the National Committee will be holding a working weekend in October where we will be exploring this subject. We hope that some form of documentation will result from this in due course.

Today I am very pleased to be able to welcome Jill Brownson, who was the previous chair of APCP, as an honorary member of our Association. And finally, I would like to conclude by thanking all the committee for their support and hard work throughout the year. They give large amounts of their own time to serve APCP, and this is over and above their very busy work and family commitments. The APCP could not continue without their dedication.

Thank you.



**ANGELA
GLYN-DAVIES**
Honorary Treasurer

Treasurer's Report

You have 2 Balance Sheets to look at - these are the National Accounts but each region has their own accounts too and I have bound copies of the whole of APCP accounts for you to view if you wish.

All the Regional Treasurers produced their accounts on Standard Balance Sheets and the Accountants find this most helpful. I should like to thank all those Treasurers for their good efforts.

I should like to explain certain items on the balance sheets which I hope will clarify them but I will try and answer any queries at the end if you have any.

If you look at Expenditure the only item to note is that the old Amstrad word processor is no longer an asset and has been written off.

Income needs more clarification. To go through Income to start with - the first item 'Courses' reflects the later fee payers for the Introduction to Paediatrics' Course most of whom paid the previous year as you can see. The increased subscriptions income is due to the fact that a great recruitment drive got us over 1,200 members which is really excellent. You will also note that £5,900 was paid from Conference 1996 which I will come back to later.

ANNUAL GENERAL MEETING 1997

The Advertising Income is from charges for advertisements appearing in the Journal for the first time last year.

And now to explain a little about Expenditure. The first two items reflect the costs of National Committee Meetings 4 times a year and these combine Editorial Board meetings, Post Reg Ed., Executive Committee, and any other subs - group's meetings.

- The Honorarium are those paid to the National Committee members according to the Constitution and to the organisers of the Introduction to Paediatrics' Course.
- The Publications include the 4 Journals and the printing of the Baby Massage Booklet and reprinting the Dyspraxia Handbook and the Standards' Booklet.
- The payment to Conference Accounts include the float for this year's Conference which will be repaid and fees for certain members to attend other conferences which had been decided by the Committee.
- Lecture Fees are those for the Paediatrics' Course.
- Please note that the surplus is only £787 more than the previous year and I will come back to this figure later.



Mary Goy, Secretary and Angela Glyn-Davies, treasurer, make final preparations for the AGM.

ANNUAL GENERAL MEETING 1997

I should just like to explain the £5,900, paid into the National Conference Account. S.E. Region were quoted a price for B & B from the University, whose conference organisers subsequently changed hands and raised the quotation, this was then the basis for the Conference Fee. When the committee came to finalise the costs, the University decided to honour their original quote but it was too late to change the fee for the Conference as people had already started applying - hence the unexpected profit - not a necessary requirement for conference organisers.

As it is not an expectation of conference organisers to make this profit, I feel we should disregard it as Income when calculating this to offset against Expenditure - this money is paid into a high interest contingency fund in any case. If we do this you will see that, looking at page number 3, there would, in fact, be a deficit of £5,712 and clearly we should not be running the Association at a loss. You will also see that it costs approximately £30,000 to run the Association which based on 12,000 members is exactly £25 per member if subscriptions were the only income.

I have checked with the CSP and with the exception of the very small Clinical Interest Groups our Association has one of the lowest subscriptions' rates.

I am sure you all now realise that I am going to suggest an increase in subscriptions - but we have managed to maintain them at the same level for two years and we do our best to keep all expenditure to a minimum at all times.

Before I make the formal proposal I should like to thank all my fellow committee members for making our meetings friendly, stimulating and interesting as well as hard working.

After the adoption of the report I will take any questions you may like to ask.

I propose that the subscriptions be raised to: £21.

Adoption of Accountants to Inspect our Accounts

Hill Prince are our present accountants and I propose we adopt them for next year.

Both proposals were passed by the members.

ANNUAL GENERAL MEETING 1997

NATIONAL ACCOUNT INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER 1996

	1996		1995	
	£	£	£	£
INCOME				
Courses	1,035		5,025	
From Course Account	-		2,109	
Capitation Fees	1,196		1,050	
Subscriptions	21,355		20,010	
Publications	2,661		3,678	
Bank & Building Soc. Interest	738		730	
Sundry	29		9	
CSP Repayment	-		60	
Sale of GMFT Manuals	-		340	
Funds From Conference Account	5,900		-	
Advertising	285		-	
		33,199		33,011
 EXPENDITURE				
Advertising	-		43	
Pro Stands Congress	-		110	
Catering and accommodation	2,630		2,319	
Committee travel and subsistence	5,665		6,104	
Clerical and computing services	-		321	
Honorarium	915		900	
Postage, stationery and telephone	2,203		2,430	
Accountancy fees	1,028		1,116	
Course fees	440		-	
Publications	11,957		12,212	
MEM fees	395		1,269	
Bank charges and interest	122		103	
Sundries	681		32	
Payments to Scottish Region	-		1,900	
Software	-		652	
Purchase of GMFT Manuals	-		332	
Gifts	-		179	
Payments to Conference Accounts	1,200		-	
Lecture Fees	1,589		-	
Depreciation on Word Processor	598		-	
		29,423		30,022
SURPLUS FOR THE YEAR		3,776		2,989



ALEX WINNEY
MCSP

PRO Report

In last years report I commented that the worst thing about being PRO was being placed on the spot answering queries and giving comments to Journalists; worse was to come! When I thought that I had survived the report giving at the AGM and was relaxing over a coffee out came this enormous microphone (I might be prone to a slight exaggeration!) 'Hello, can I ask what you are doing here?' and please would you do an interview for our local radio.' I hopefully did justice to the APCP and was not too awe-struck by being once again put on the spot.

During the past year I have been asked to give comments on a variety of subjects from obesity in children, lack of exercise within schools and within the school curriculum, smoking advertisement policies put forward by the various political parties and most frequently this year, as in previous years the APCP's viewpoint on the use of "Baby Walkers". Consequently we have decided to put together a small fact sheet that we can refer to and send out to Journalists.

Arising from the discussion of Baby Walkers within one of the Regional Representative's meetings was the fact that babies are now very rarely placed in prone. Many therapists around the country expressed their concern and felt that a lot of their time was spent advising parents to place their children on their tummies and allow them some time in this position. With this in mind it was decided to approach the CSP and suggest that as one of their promotional days they could put forward a "Back to Front Day" and stress the importance of this position in a child's development. We are awaiting their reply

We continue to have a steady overseas membership with over thirty people living and working abroad. Journals are sent to members living anywhere from Dublin to Dubai, Nepal to New Zealand and Peru to Poland. Sending the Journals out can cause the local postlady some consternation as she has to work out which zone each country belongs to and which countries are in the common market and which aren't and so on. I have learnt not to go to the post office on pension days as the whole transaction can take up to twenty minutes - nothing is worse than the glares you receive from fellow post office users there to collect their pensions! An increasing number of therapists trained abroad are requesting membership of the Association not only for the excellent Journal that is published but also for the contacts that the Association has and the information that it can supply.

The APCP continues to be represented at the CSP Congresses with two of its members attending the World Congress held in Eastbourne last

year and further members attending the Annual Representatives Conference this time held in Llandudno. Though at times the content of these Congresses/Conferences seems very far away from Paediatrics we must continue to attend and put forward our ideas and our ideals and continue to raise the profile of Paediatrics and the APCP.

News from the PR department at the CSP has been scarce with no new information being sent out since Christmas. There has been a great deal of change within that department during the past year but they are continuing to publish some very good explanatory leaflets which you can obtain by writing to them. Any new information from them will be passed onto your Regional Representatives who will forward it to you.

In conclusion as I said last year and will reiterate this year the Association is here to represent you and hopefully you will approach the National Committee Members or your Regional Representatives with continuing thoughts and ideas so that the Association can continue to thrive and expand.

Very many thanks to you all and my fellow Committee Members.

Post Registration Education Report - AGM 1997



CAROLE HURRAN

This has been another busy year with 2 formal meetings of our sub committee in addition to a good deal of liaison over the phone, by fax and at home.

Sue Leech has been part of an organising committee in the North West led by Carole Williams to plan the next APCP Introductory Paediatric Course. It will be held at Chester College from 15th to 19th September and offers residential accommodation for the 5 days if required. Topics cover a wide range including neurodevelopmental, orthopaedic and respiratory care, dyspraxia and legal aspects of paediatric physiotherapy. Places are already being taken up on a strictly first come first served basis - so early application is advised.

The Postgraduate Certificate in Paediatric Studies run at the University of Central England in Birmingham has had to be cancelled this year due to lack of interest. This is very unfortunate, particularly at a time when the CSP are promoting the development of such accredited courses. Anyone considering this type of course, worth 36 credits at M level, should contact the Faculty of Health and Social Sciences at UCE for information and let me know, so that APCP can actively encourage a successful course next year. I attended a Collaborative Conference at the CSP in October with representatives from universities and clinical interest group course teams. The main focus was the aim to encourage higher education institutions' development of CPD opportunities for chartered physiotherapists and how programmes might be developed, delivered and funded. The CSP are committed to supporting teams wishing to find a higher education partner and could act in a brokering role between teams and institutions and provide ongoing support.

The CSP also ran a workshop on Manual Handling which was attended by Lyn Campbell, Margaret McKensie and me. The new edition of the RCN booklet "Handling Patients" is awaited which should contain additional information on paediatrics before a decision is made by the CSP to publish guidelines in collaboration with CIGs. This has delayed publication of our own hand-out as the goal posts of no lift versus safer lifting continue to move. Information on manual handling trainers across the country with expertise in paediatrics would be helpful as requests for help continue to come in.

Last year's APCP survey of how well paediatric physiotherapists believed the Code was working in their locality revealed large differences in interpretation and provision across the country by LEAs, particularly with regard to funding equipment and time taken to provide adaptations

in mainstream schools. Insufficient physiotherapy staffing and difficulties in recruitment add to the problems of providing an effective advisory service to education as more disabled children move out to mainstream education. The role of the physiotherapist has necessarily developed as assessor, consultant and trainer working through education staff to ensure children's physical needs are met at school.

The promised publication of the APCP booklet of guidelines on Statutory Assessment of Children with Special Educational Needs is ready just in time for our Annual Conference and I hope you will take the opportunity buy a copy - and that you find it helpful. It contains information on the 1993 Education Act and Code of Practice and gives detailed advice to physiotherapists on managing the process of assessment and report writing, together with suggested formats for the Statement Advice and Annual Review Reports. Northern Ireland and Scotland have different legislation and procedures which are outlined in Parts II and III of the booklet.

The committee have quite a collection of tests and measures now but do need feedback from members on what you actually use to assess and record, and the pros and cons of each 'instrument' or check list. Please send in copies with a brief resume of the test's purpose, ease of use and any problems encountered.

The committee depends on the information that individual members can give, in order to build up a useful knowledge base and respond appropriately to requests for advice, and promote professional development for paediatric physiotherapists.

My thanks go to Sue Leech, Diane Coggins and Terry Pountney for their help and support this year, which I believe has been a very rewarding one.



CARRIE JACKSON

Research Officers Report

Those of you who have attended previous Annual General Meetings may notice that this is the first time a Research Officer's Report has been presented. The Research Officer's role is a relatively new one and reflects a growing awareness of the importance of research in the development of Physiotherapy and I would like to use a couple of examples to illustrate this.

Research is a subject that has the same effect on many of us as lightning does on a conductor. It is diverted straight down the path of least resistance and out of sight. Perhaps this is because we know that research takes an enormous amount of time and energy and we simply do not have reserves of either - our caseloads and administrative tasks are already greatly overstretching us.

However, maybe we **should** be interested in research because, used as an ally, not an 'enemy', it can help us to rationalise our treatments and alleviate unnecessary stress.

For example, lycra body suits, the dynamic splints that are being marketed in the UK by a Western Australia company, at an annually recurring cost of over £1,000 each, could potentially improve the functional skills of many clients and reduce physiotherapy input, postural support equipment needs, etc. In our area, we have very little chance of obtaining Health Authority funding for such new products because there is insufficient evidence of clinical effectiveness. There has to be clear research evidence, preferably from several projects, to show the product is clinically effective and hopefully therefore, cost effective - before central funding will be considered. At the same time, purchasers are questioning the clinical effectiveness of established therapy practises - why do young children with cerebral palsy need intensive physiotherapy? And how is it they are never discharged?

How should we react to such questions?

The optimists might feel "Ignore them it will turn out right in the end"; the academics might rise to the 'research' challenge and the pessimists might feel why do anything - it won't make any difference. For most of us however, there is a positive alternative, one which is achievable and valuable. We can start looking at the research that has been undertaken already and ask "Has it formed part of a systematic review and, most importantly, do the findings support our clinical practice?"

How then do we do this?

The first step, for some a huge one, is to put a line through a session in our diaries and write "Time out for Study". Then, find the nearest medical library's journal section, or CD Rom and get searching! For novices like myself, a phone call to the CSP for advice and a copy of their "Literature Searching" information sheet is a good start.

If we should find evidence that supports our treatment or encourages us to make changes for the benefit of our clients, we have strengthened our case with the purchasers. We may be able to write a clinical guideline based on the evidence found, in order to publicise the why and how of our interventions.

And the research officer's role? - I feel it includes the following:-

- Raising awareness of the role of research.
- Encouraging members to find, evaluate and use research to improve their clinical effectiveness.
- Highlighting the links between research, clinical effectiveness and continuing professional development.
- Facilitating education in the skills required for "using" research - i.e. critical appraisal, dissemination of information, changing practice, etc.
- Supporting researchers, i.e. information about funding opportunities, links with other researchers, etc.
- Building a database of reviews and research articles.
- Providing a contact for enquiries and the CSP.

What has been achieved this year

- A register of researchers is being set up
- Reviewers have been recruited for a selection of journals.
- Funding opportunities have been circulated.
- Enquiries have been responded to.
- The CSP clinical Effectiveness Roadshow has been attended.
- A link has been established with the CSP Research Department.

So thank you very much for listening. I hope I may have planted some seeds of reassurance and interest about research. Please keep on reaching it and using it and - if the Hot Air Balloon of Paediatric Physiotherapy ever begins to lose height, I hope you will now think twice about jettisoning the research officer first!

Thank you.

There were no vacancies for the National Committee and there were no nominations for Honorary Members.

BOOK REVIEWS

PLAY HELPS: TOYS AND ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS

Roma Lear

4th Edition Published by Butterworth Heinemann
1996

ISBN 0-7506-2522-8

254 pages

This book is the 4th edition of a book that has been invaluable to many therapists and parents who work with children with special needs. Lear's friendly and anecdotal style of writing makes for easy reading and it is hard not to be enthused by her passion for play.

The purpose of the book is to enable all children the access to toys that they can play with despite any physical or learning difficulties. It aims to do this without recourse to expensive equipment and consequently allows a continuing variety of toys to be produced. The toys described in the book can all be made simply with a few basic materials. This edition includes more toys and games than the previous one and is organised in a different fashion. The two introductory chapters with hints on toy making and making play possible are useful additions.

The book is conveniently arranged beginning with hints on toymaking and ideas on how to keep toys in reach of children who have difficulty in reaching or retaining toys. She cites such simple examples as cutting a box diagonally in half to use as play corner.

The following chapters are divided into play activities to promote each of the five senses. This edition of the book does not have an index but each chapter has a contents list. This was introduced to encourage browsing and seems to be effective. The contents are grouped according to the function of the toy e.g. in the sight section; Learning to identify colours and aiming games. This makes selecting an appropriate toy much simpler. The instructions on how to make the toys are clear and detailed with diagrams to aid explanations.

The only poor element of the book is illustration. These are all line drawings and do not always provide a good picture of how the finished article appears.

This book would be useful to any professional or carer who works with children with special needs. It is bursting with ideas for toys and games and is a resource book to inspire new ideas for activities. It should be available in special schools and paediatric therapy departments as a resource book.

Terry Pountney MA MCSP

PHYSIOTHERAPY AND THE GROWING CHILD

Yvonne R. Burns and Julie Macdonald

Published by WB Saunders, 1996

ISBN 0-7020-1942-9

No. of pages - 500

Price - not shown

This book sets out to provide a resource for physiotherapists working with children by adopting a fresh approach to a clinical textbook.

It provides, throughout the book, fictitious case histories to illustrate particular points or aspects of conditions.

The 21 chapters of the book are grouped into 8 sections; each section has a prologue to outline the aims of the section and each chapter is well referenced.

The layout of the book is extremely clear; photographs, illustrations and charts are all pleasingly presented, with perhaps the mixed blessing of being so well laid out that it is easy to become side-tracked.

The case histories are presented as vignettes, boxed and set apart from the text by shading - sometimes recording clearly the process and progress of a condition and at other times asking the reader

BOOK REVIEWS

questions or giving reminder points or 'thought provokers'.

The book is so comprehensive in its content that it covers topics rarely encountered in other text books - in the context of Management of a Severe Closed Head Injury drowning is discussed in some considerable detail (partly I suppose because the author identifies drowning as being the leading cause of injury/death for children 0-4 years in Australia and the USA).

The problems encountered in reading a book seemingly intended primarily for an Australian readership often centre around the different systems and terminology and this is no exception. On many occasions I found myself frustrated by not knowing or remembering the abbreviations used, for example CBR - Community Based Rehabilitation or SMD - Severe and Multiple Disability.

I liked the comprehensive analysis of Assessment Tools and in fact the whole chapter on the Assessment process which was followed by a readable introduction to the use of evaluation, research and outcomes. Similarly the chapter on Aids and Orthotics was extremely comprehensive despite the omission of any mention of the Dynamic Foot Orthosis.

Throughout the book there is a constant and useful reminder of the aims and principles of physiotherapy treatment and identification of the common problems encountered, coupled with hard facts and data for example the comprehensive paragraph describing the characteristics of respiration in the young infant.

To summarise; this is a book which I found myself dipping into time and again. My criticism rests with the slightly irritating use of unfamiliar abbreviated terms and a few omissions. The book is very well referenced but I would have liked to have seen some reference to the work done by Chailey on levels of lying ability and sitting ability particularly with reference to postural management; and surprisingly for such a comprehensive book there is little in the

way of detailed recommendation for the inexperienced therapist of how to actually treat a child who presents with a hemiplegia or diplegia, whereas the management of conditions such as Respiratory Distress Syndrome are more than adequately covered.

However I would recommend this book; its content would make it a valuable addition to any paediatric physiotherapy department's library. I envisage it being used just as much by the experienced therapist dipping into it for refreshment of ideas as by the therapist newly into paediatrics.

Jill Brownson MCSP

Helping physiotherapy to help your child



"HELPING PHYSIOTHERAPY TO HELP YOUR CHILD"

This new leaflet was launched at the Conference this year. It is the first fruits of a collaboration between APCP and the Advisory Assessment Service of SCOPE; it is evidence that we have come a long way from the perception by paediatric physiotherapists that an independent assessment from SCOPE undermined them, and from SCOPE that therapists were not fighting their families' cause hard enough.

The leaflet is for parents and highlights the importance of parental involvement; its aim is to empower parents by giving them information about physiotherapy and what they can expect. Clearly and most importantly it aims to empower children to develop better physical skills by ensuring parents, physiotherapists (and voluntary organisations) are all working in partnership together.

The leaflet is written in very simple terms; we expect that some families who see this leaflet may not have even seen a Paediatrician, let alone been given a diagnosis, and so in spite of the SCOPE logo appearing on the cover there is no mention of Cerebral Palsy in the text.

We hope that members can help in the distribution of the leaflet: 40,000 have been printed and we would like to see it made available at Health Centres, GP surgeries, and Child Development Centres across the country. The project was jointly funded between APCP and SCOPE; thanks and acknowledgement must be given to Sally Wright, Isobel Chilton and Sally Holt from SCOPE and to Fiona Corkhill from APCP, also to the departments within SCOPE who advised on design, layout and marketing and organised a press release.

Copies of the leaflet are available from APCP Public Relations Officer and the Regional Representatives, or directly from SCOPE tel: 0171 387 9571.

The next project, already underway, is far more ambitious. It is an information system that allows parents to play a full and active part in planning physical development for their child with Cerebral Palsy; within the document choices will be explained and services that might reasonably be expected to be found in all health service provision explained and defined.

It will be a dynamic document allowing for additions at each stage of the child's development. The use of the system should empower parents to work with therapists, improve communication, avoid misunderstandings and dispel anxieties before they become insurmountable issues surrounding conflict, commitment and unrealistic expectation. Once again we are hoping for national impact - we will keep members informed about its progress.

Mark Fox Head of Client Service. SCOPE

Jill Brownson APCP

APCP PUBLICATIONS

BOOK/TITLE	QUANTITY	PRICE LIST
SERIAL SPLINTING IN HEMIPLEGIC "CEREBRAL PALSY"		£3.50
<i>by Margaret Jones (2nd Edition)</i>		
THE CHILDREN ACT 1989		£2.50
<i>'A Synopsis for Paediatric Physiotherapists'</i>		
PAEDIATRIC PHYSIOTHERAPY		£2.50
<i>Guidelines for Good Practice</i>		
DYSPRAXIA - A HANDBOOK FOR THERAPISTS		£5.50
<i>by Michele Lee and Jenny French</i>		
GUIDELINES FOR CALCULATING PAEDIATRIC PHYSIOTHERAPY CASELOADS - FACTSHEET		£1.00
BABY MASSAGE - AN INTRODUCTION FOR PARENTS - FACTSHEET		£2.50
STANDARDS OF PRACTICE - PAEDIATRIC PHYSIOTHERAPY		£2.50
STATUTORY ASSESSMENT OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS		£4.00
<hr/>		
Post & Packing	Single copies	£0.50
	2-5 copies	£1.00
	6-10 copies	£2.50
	Over 10 copies	Charged according to weight.
Terms: Strictly cash with order		
Cheques and postal orders should be made out to "A.P.C.P. Publications" and included with order. International Money orders accepted.		
SEND ORDERS WITH PAYMENT TO:		
Carol F. Foster, A.P.C.P. Publications		
Birmingham Childrens Hospital Physiotherapy Department, Ladywood Middleway, Ladywood, Birmingham, B16 8ET		
Please supply Name and Address for delivery		

MEMBERSHIP MATTERS

The membership secretary and treasurer are very pleased that we have a record number of members for this time of the year. The numbers, region by region, on 1st May are as follows :-

East Anglia	138	N. West	172
London	138	Overseas	35
N. Ireland	47	S. East	97
N. East	119	Scotland	86
Wales	30	S. West	128
W. Midlands	107	Trent	68

Total = 1165

Central Mailing

I am hoping we will be able to introduce central mailing by the end of this year. In order to do so we need to have everybody's correct postal code. Could you all please check your address labels and if your code is incorrect, write to :

Mrs Elizabeth Harty,
APCP Membership Secretary,
43 Address West Road,
Dungannon
N. Ireland BT71 6NG.

REGIONAL REPS REPORTS

NORTH EAST

Mrs Teleri Robinson MCSP
Physiotherapy Department
Pinderfields General Hospital
Aberford Road
Wakefield WF1 4DG

We are just about recovered from organising the 1997 National Conference. Thank you to everyone for helping to make it a success. It was great to meet so many old and new friends.

We are planning the next study day which will include the North East AGM. It is a little late this year because of the conference so please do make an effort to attend.

We will have two vacancies on the regional committee so if you are interested in joining the committee or would like to make any nominations please contact me as soon as possible.

Please let me know if you have any ideas for further study days so that we can make plans for the coming year at the next committee meeting.

N. IRELAND

Mrs. Adare Brady MCSP
Physiotherapy Department
Antrim Hospital
45 Bush Road
Antrim
N. Ireland BT1 2RL

The new Committee elected at the Annual General Meeting on 10.03.97 is hard at work preparing the programme for the incoming year.

Can I ask all APCP members to remind colleagues who have lapsed to renew their membership, and also encourage new members to join?

LONDON

Mrs Diane Coggings MCSP
7 Union Street
High Barnet
Herts EN5 4HY

The London Branch Annual General Meeting went extremely well and was well supported. Thank you to all those members who attended, and we hope you enjoyed the evening.

- Our next study evening will be a follow up to the talk on multiple level surgery. It will be held on Tuesday, 8 July 1997 at The Royal London Hospital, and the title will be "The indications for and the rehabilitation of children who have multiple level surgery." Please encourage all your colleagues to attend. A flyer and an application form can be found in your journal now.
- For Autumn we are planning a discussion evening on "DAFO's, AFO's and serial casting". Please watch this space for further details.

Many thanks to Barbara Dobrin who has had to stand down from our committee, and we welcome Ali Carter to replace her.

REGIONAL REPS REPORTS

I would like to congratulate the organisers of this years conference in Wakefield, and I am sure that, like myself, those that went thoroughly enjoyed it.

We do hope to meet many more of you at our forthcoming events.

EAST ANGLIA

Mrs S Whitby MCSP
3 Manor Way
Hail Weston
Huntington
Cambridgeshire
PE19 0LG

We have nearly made our 150 members for East Anglia. Let's go for 200+ in 1997! We can use all our efforts recruiting new members, especially those new members of staff who are only just beginning to specialise in paediatrics. Don't forget to tell them about our "Introduction to Paediatric Physiotherapy" course this Autumn.

Now we are all getting more involved with Continuing Professional Development (CPD) we can really help ourselves by planning courses, study days, seminars etc. to improve and consolidate all that knowledge.

We, as a large group of paediatric physios, are ideally placed to organise just what we want.

PLEASE LET YOUR COMMITTEE KNOW WHAT YOU WANT TO LEARN ABOUT.

We need lots of ideas to plan next year's programme. We would like to organise study days/meetings in all areas of the region, so please talk amongst yourselves and let us know. I repeat this item because only one member replied last time. I hope this means that you all agree with the ideas that the committee thinks of.

We have three new members on our committee this year - Barbara Haslam and Fiona Down from Cambridgeshire and Kishan Kooner from Norfolk. Welcome to all of you. We would love to have some representatives from the East of the region. Please think of joining us.

I had a wonderful time at conference in Wakefield and would like to thank everyone who made it such a success, on behalf of all our region. It is always the most friendly and enjoyable occasion.

REGIONAL REPS REPORTS

The following Representatives have not sent a report

SOUTH EAST

Mrs T Pountney MCSP
Child Development Centre
Southlands Hospital
Hammy Lane, Shoreham By Sea
W. Sussex. BN43 6TQ

WEST MIDLANDS

Mrs. C. Foster MCSP
Physiotherapy Department
The Children's Hospital
Ladywood Middleway
Birmingham B16 8ET

WALES

Mrs Donna Morris MCSP
Paediatric Physiotherapy Department
Prince Charles Hospital
Merthyr Tydfil
Mid Glamorgan CF47 9DT

NORTH WEST

Miss Sue Leech MCSP
4 Hartland Avenue
Urmston
Manchester M41 9QG

SCOTLAND

Mrs Lesley Smith MCSP
Physiotherapy Department
Royal Hospital for Sick Children
Yorkhill NHS Trust
Yorkhill
Glasgow G3 8SJ

SOUTH WEST

Ms Julia Graham MCSP
Paediatric Physiotherapist
Child Health Services, Lodden NHS Trust
G. Floor, The North Hampshire Hospital
Aldermaston Road, Basingstoke
Hants. RG24 9NA

TRENT

Mrs S. Pargiter MCSP
West Hall
Main Road
Bleasby
Nottingham NG14 7GH

COURSES

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

ILIZAROV Method

Basic Course

Date : September 1-3, 1997

Venue : The Royal College of Surgeons of England

Course Convener : Mr Hamish Simpson, Honorary Consultant Orthopaedic Surgeon and Clinical Reader, Oxford University.

Aimed at SIOs, Junior registrars, nurses and physiotherapists. The course offers an additional day for nurses and physiotherapists to work in small focus groups according to speciality.

Course objective : To promote good practice. To teach the Ilizarov method; an interdisciplinary approach to surgery which aims to teach total patient management from the application of frames through to counselling for simple problems (linear in particular) involving the tibia.

Course content :

Application of frames for linear problems (tibia only).

Day 1 - Nurses and physiotherapists modular day. This day provides an opportunity for nurses and physiotherapists to work in small focus groups concentrating on their particular speciality. The day will use short lectures and discussion groups.

Days 2 and 3 - Surgeons, nurses and physiotherapists. History of Ilizarov, its method, components and basic principles. Multi-focal and mono-focal frames. The concept and biology of callus distraction. Corticotomies. Practical workshops; nuts and bolts, wire and half pin insertion on dry bones. The building of mono-focal tibial frames to support Corticotomies. The building of bi-focal tibial frames.

Fee : £350 SHO's/junior registrars, £275 nurses/physiotherapists

Apply to Victoria Tuxworth, Raven Department of Education, The Royal College of Surgeons of England, 35/43 Lincoln's Inn Fields, London WC2A 3PN

(tel: 0171 973 2105, fax 0171 973 2117, email: vtuxworth@reseng.ac.uk).

Closing date August 12, 1997.

Paediatric Rheumatology Therapy Course

November 5th - 7th 1997

A three day course covering all aspects of treatment of children with Juvenile Chronic Arthritis and allied conditions.

Who for? Physiotherapists and Occupational Therapists.

Venue: University of Birmingham Conference Park, Edgbaston.

Cost: £290 residential - fully inclusive of all meals, and accommodation in single en suite rooms and all lecture notes.

£190 non-residential - fully inclusive of coffee, lunch and tea for three days.

The course is a basic course for therapists who have little or no experience of treating children with JCA. All aspects of treatment will be covered, and there will be some practical sessions including splint making.

Details from: Mrs Ann Parkin MCSP

Childhood Arthritis Unit, Children's Hospital

Birmingham B4 6NH

0121 454 4851 Ext 6824

COURSES

NAPOT Annual Conference 1997



NAPOT Wessex

TRANSITIONS

New directions in Paediatric Occupational Therapy

Dates: 24 - 26 September
Venue: Bournemouth

- Renowned Speakers
- Seminars and interactive workshops
- Extended exhibition
- Hotel accommodation
- Evening cruise around The Solent
(to be confirmed)

Submission of Short Papers and Poster Presentations by May 31st, 1997 to:

Lesley Platts, Children's Unit,
Salisbury District Hospital,
Salisbury, Wiltshire SP2 8BJ



ERME HOUSE, STATION ROAD
PLYMPTON, PLYMOUTH, DEVON PL7 3AU
TELEPHONE 01752 346861 FACSIMILE 01752 344611

CONTROVERSIES IN CEREBRAL PALSY POST GRADUATE MEDICAL CENTRE, DERRIFORD HOSPITAL, PLYMOUTH FRIDAY OCTOBER 10TH & SATURDAY OCTOBER 11TH

This annual multidisciplinary conference organised by the Special Families Trust (formerly the Trengweath Trust) aims to promote a wider understanding of cerebral palsy. Leading experts from Britain and abroad will be speaking on a range of topical and controversial subjects. On the second day a discussion on assessment methods is presented by professionals from SCOPE's Advisory Assessment Service.

For further details write or ring Special Families Trust, Erme House, Station Road, Plympton, Plymouth, Devon. PL7 3AU. Tel: 01752 346861

COURSES

N.W. Region APCP

Respiratory Update

Date Venue: Friday, October 3rd 1997

**Giving for Living Research Centre,
Royal Manchester Childrens' Hospital
Hospital Road
Pendlebury
Manchester
M27 4HA**

Tel: 0161 727 2155

The purpose of this course is to provide an update on Medical and Therapeutic practises in CF, Acute Respiratory Care, including ventilation and the role of the Physiotherapist in the S.C.B.U.

Fee to include lunch, tea and coffee

Members £30.00

Non-Members £35.00

Students £20.00

Closing date 12th September 1997

For application form and programme please contact:

**Mrs. Elizabeth Roylance
Supt. Physio
Child Development Centre
West Park Hospital
Prestbury Road
Macclesfield
Cheshire
SK10 3BL**

Tel: 01625 661428

(Please enclose S.A.E.)

July 7-8 London

Sensory Integration Network (UK and Ireland):

Visual spatial interactions in adaptive movement and behaviour; St Pancras Hospital Conference Centre, Two-day multidisciplinary course for occupational therapists, physiotherapists and speech and language therapists who have training in the application of SI approach. This course will examine visual/spatial impalements amongst individuals with developmental delay to include deficits in visual perception, visual motor and ocular motor functions, visual impairment or blindness, visual defensiveness and inadequate temporal/spatial management. Intervention will be discussed from a sensory integrative frame of reference focusing on functional outcomes. Speaker: Susanne Smith Roley. Apply to Dido Green, Newcomen Centre, Guy's Hospital, St Thomas Street, London SE1 9RT. Fee: £150 SI Network members. £175 non-members including tea and coffee, but excluding lunch. Closing date June 13.

June 25-20 (9 am-5 pm) London NW3

Early intervention with the high risk infant: The Royal Free Hospital. This two-day course is for occupational therapists and physiotherapists who work with infants and children at risk due to disability, prematurity and prenatal drug exposure. The course will focus on neurobehavioural and developmental assessment, and implementation of appropriate interventional strategies. The format will include lectures, slides, case history presentations and interactive assessment through the viewing of video tapes. Presenters: Jean Gardner Cole MS, Nidcap presenter and Brazelton trainer, Boston Medical Centre, USA, and Betty Hutchon SROT DipCot, Head Paediatric Occupational Therapist, The Royal Free Hospital, London. Apply to Caroline Carey, Course Administrator, Therapy Services Department - LGI, The Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG (tel. 0171 830 2632). Fee: £100.

COURSES

Association of Paediatric Chartered Physiotherapists

APCP INTRODUCTION TO PAEDIATRIC PHYSIOTHERAPY

15 - 19 September 1997 incl.

at

Chester College - Chester

This five day course is for physiotherapists interested in, or who have recently commenced their first paediatric post.

Topics will include Child Development, Cerebral Palsy, Orthopaedics, Respiratory Care and Legal aspects.

Cost will be:

- Residential (Full Board) - £320 Members £340 Non Members
- Non Residential - £200 Members £220 Non Members

For further information and application form, please send a S.A.E. to:-

Carole Williams
14 Higher Lane
Lymm
Cheshire
WA13 0AP

Tel. No.: 01925 75 4226

Places will be allocated on a "first come, first served" basis.

JOAN LACEY'S NEUROLOGICAL ASSESSMENT OF THE PRETERM INFANT COURSE

Dates : Monday 24th November - Friday 28th November 1997

Venue : Kent and Canterbury, Ethelbert Road, Canterbury, Kent.

Another rare opportunity has arisen for Physiotherapists to study with Joan Lacey. Joan's clinical work and research is carried out in her capacity as Physiotherapist in Charge of the Dept of Perinatal Medicine in the large Neonatal Intensive Care Unit, of the King George V Hospital, Sydney.

Joan has been conducting extensive research and developing her neurological assessment over the past 20 years. She has published her work in numerous Professional Journals and presented her papers at both National and International Congresses around the world.

From her research findings and experience in the clinical setting she has developed an assessment aimed particularly at the preterm infant. This has more recently evolved from being used as a research tool for predicting babies who had acquired neurological sequelae, into being an assessment to help formulate an early intervention programme for these vulnerable babies. These programmes are aimed at promoting optimal neuromotor and neurobehavioural development both in the nursery environment and also on discharge home.

Joan will be visiting this country for 2 weeks. The first week she will be conducting follow-up study days for the 20 Physiotherapists who successfully completed this course during her visit last year. The second week offers places for 12 Physiotherapists to benefit from Joan's easy lecturing style and generous sharing of information and vital practical sessions. Priority will be given to applicants who already work or who have access to a Neonatal Intensive Care Unit.

The course includes Physiotherapy intervention in Respiratory Care of these high risk infants. Joan will also present her latest research results of the effects of chest physiotherapy on the neurological outcomes at one year of age, of infants born at very low gestational age.

COURSE FEE: £425 payable within two months of acceptance.

For application forms or more information please contact : Peta Smith, Senior Physiotherapist, Mary Sheridan Centre, 43 New Dover Road, Canterbury, Kent CT1 3AT. Telephone : 01227 783042

Closing date for applications is July 31st, 1997.

COURSES

NORTH DOWNS COMMUNITY HEALTH TRUST

Paediatric Physiotherapy,
The Jarvis Centre,
Stoughton Road,
Guildford GU1 1LJ
Tel: 01483 783148

A COLLABORATIVE LEARNING MODEL IN THERAPY.

Course Director : Sophie Levitt
Date : September 25th & 26th 1997
Venue : The Jarvis Centre

The workshop will focus on the practical and emotional advantages of a collaborative learning approach. The needs of young children with complex disabilities will be the focus. The course will be highly participative to facilitate learning and reflection on current practice.

Cost : £90.00

Places will be limited

Enquires to : Mrs Peggy Davies
The Jarvis Centre (as above)

JOB OPPORTUNITIES

YMDDIRIEDOLAETH
IECHYD CYMUNED
GWYNEDD
COMMUNITY
HEALTH TRUST



NORTH WEST WALES **SENIOR I COMMUNITY PAEDIATRIC PHYSIOTHERAPISTS**

£17,525 (x3) - £20,075 (plus 1997/8 pay award)

TWO NEW POSTS have been funded by the North Wales Health Authority to further develop our community paediatric service. These are full time posts but applicants who would prefer to work part time are welcome to apply as hours could be negotiable. The areas of work are:

Post 1 - Bangor & Caernarfon area.

Post 2 - Bangor, South coast of Anglesey and Llandudno areas

North West Wales has an unbeatable quality of life; glorious scenery with breathtaking coastlines and the spectacular Snowdonia National Park, combined with extremely attractive house prices and excellent transport links with the remainder of Britain. Additionally Bangor is a university town with many cultural amenities. Removal expenses may be negotiated.

The successful applicants will be joining the experienced Child Development Team which includes close working with Paediatricians and the Specialist Orthopaedic Consultant. We provide a habilitation service for children of 0 to 16 years who have development delay/disabilities and their families. Integration of children with disabilities is well advanced in our area. Work will be carried out in homes, nurseries and schools as well as the Child Development Centres in Bangor and Caernarfon. The Superintendent Physiotherapist and Senior staff have extensive postgraduate training in a variety of fields so local training is available. Therefore an interest in Paediatrics is essential but experience is not. The ability to speak Welsh is desirable and if a non Welsh speaker is appointed in-service language training will be made available. The ability to drive is essential and the Trust operates a lease car scheme subject to mileage assessment.

Informal enquiries to:- Elaine Owen, Superintendent Community Paediatric Physiotherapist. Tel: (01248) 364700

Closing date 23 June 1997.

Application form and job description from Personnel Department, Bryn y Neuadd Hospital, Llanfairfechan, Conwy, LL33 0HH. Tel: (01248) 682594/5.

Unless otherwise stated applications will not be acknowledged. Shortlisted candidates will be contacted within 3 weeks of closing date. The Trust operates a no smoking policy and is working towards equal opportunities.

Charges for Recruitment Advertisements

1/2 page - 15 cms wide x 9 cms deep - £75

Full page - 15 cms wide x 19 cms deep - £150

Notes for Contributors

The Editorial Board welcomes research material; referenced articles and evaluations of physiotherapy practice; informal articles.

Manuscripts should be sent to Lin Wakely, 2 Ash Bank, Pipers Ash, Chester, Cheshire, CH4 7EH, U.K.

Copy to be submitted should be typed on one side of the paper, double spaced and with ample margins. All pages should be numbered consecutively.

Manuscripts should provide the title of the article and the author(s) name(s) and full postal address for correspondence.

References should be given in the Harvard System.

In text Author(s) name and initials followed by the date of publication. Use a,b, to indicate more than one publication in the same year. Where there are 3 or more authors use first name followed by et al.

For books Laszlo, J. & Bairstow, P. (1985) *Perpetual Motor Behaviour* (Rinehart and Winston)

For chapters

within books Morley, T.R. (1992) Spinal deformity in the physically handicapped child, in : G.T. McCarthy (Ed). *Physical Disability in Childhood* (Churchill Livingstone)

For articles Scott O.M., Hyde S.A., Goddard C.M., Dubowitz V., (1981a) Prevention of deformity in Duchenne muscular dystrophy. *Physiotherapy* 67(6), 177-80.

Tables and Figures

The approximate position of the tables and figures should be indicated in the manuscript.

Keys to symbols should be included.

Tables should be numbered by Roman numerals and figures by Arabic numerals.

Figures should be supplied in a finished form, suitable for reproduction. Figures will not normally be redrawn.

Proofs will be sent to authors if major alterations have been made to the text.

The Editorial Board reserves the right to edit material submitted for publication.

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In this issue

Targeted Training

Integration into Mainstream School

Under the Spreading Mango Tree

Hemiplegia and Hemi-help

**Reports from the
Annual General Meeting**

