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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**

SALLY BRAITHWAITE

Editor

It is with considerable trepidation that I take over the reigns as new editor of your journal. Lin Wakley will be a hard act to follow. She has over the last few years continued to build a publication of increasing excellence, and I hope that with the help of you all, we will together keep up the high standard she has set. I am sure that we all wish her well and hope she enjoys the free time she now has to spend. I would like to thank Lin for her continued support, as she is still providing me with tips to make journal editing 'easier'.

This edition contains two articles whose authors have been willing to share their thoughts and reflections taken from everyday practice and from an international conference. As paediatric physiotherapists we have considerable experience to contribute to everybody's learning if only we believed that what we were doing was more than good enough to share with our colleagues. We need to promote this with confidence to enhance practice for us all. Your journal is a forum in which you are invited to put forward short articles, in any form you choose in order to share your ideas with others.

Don't forget that letters to the editor is also a way of exchanging information and seeking help from other physiotherapists in all areas of practice, clinical, managerial and research. You can also use the journal to advertise courses, discover what is happening in your area or at a national level, or 'Here and There' is another way of communicating ideas that you may wish to share.

The National Committee has a fairly high profile in this journal, with reports from all the main officers which were given at conference in Bristol at the beginning of May and the next edition should contain a synopsis of the contents of some of the lectures. This was a forward looking conference, addressing many issues of concern to us all, these were not necessarily clinical, but all have impacted on our everyday clinical practice. All the lectures were of a very high standard and it was good to see the progress that is being made with the clinical guidelines which are being produced.

It is plain to see that APCP is a forward thinking association and for this to continue we all need to combine our practical experience and ideas by sharing with each other our reflections and good practice. Please use YOUR JOURNAL so that we can build a sound knowledge base and ensure that our future advances steadily.

LETTERS

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Dear Lin,

A multidisciplinary group meeting in Leeds is looking at the efficacy of Lycra garments for use in Cerebral Palsy. We are aware that there are differences between products, and various studies are being undertaken to assess their value. If any reader has information about studies undertaken, comparison of types, or criteria that they have used to secure funding, we would be very keen to hear from them.

Yours sincerely
Heather Angilley

Dear Sally,

I am at present treating two boys with Hunters Syndrome. In the past physiotherapy has not been considered to be useful in this condition. I was wondering if there are any readers doing any work with Hunters Syndrome patients who would be interested in sharing ideas and experiences.

Yours sincerely
Peggy Davies

Dear Lin,

Re: Promoting healthy playtime activities in school.

Thank you for printing my letter in the March journal as requested (copy enclosed).

However, my address for replies was omitted. I wondered whether you might consider re-printing it please.

Many thanks

Yours sincerely
D. J. Narborough
Senior Community Paediatric Physiotherapist

Re: Promoting healthy playtime activities in school.

A small working party in Derbyshire is looking at developing a training package for schools, targeting mid-day supervisors, SENCOs & ECOs.

The project aims to:

- Encourage healthy and co-operative play in schools.
- To improve children's motor and social skills.

The working party includes a Community Paediatric Occupational Therapist, Health Promoting Schools Co-ordinator and myself, a Community Paediatric Physiotherapist.

We would be grateful to hear from anyone who has similar plans or who has already established a similar project.

Many thanks

Yours sincerely,
Dawn Narborough

LETTERS

Kirsten Thomforde NZROT
Director
Medical Staffing International
35 Kesteven Ave.,
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New Zealand

Dear Christine

We recently obtained your contact details from your national organisation. Our Recruitment Agency specializes in the recruitment of Physios, OT's and SLT's into New Zealand.

We provide personal service that takes all the hassle out of jumping the hurdles of exploring work options in this country. We assist with registration and other matters and generally bring NZ alive for those considering their options here.

Kirsten Thomforde (NZROT)
Director

Karen Bashford
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Dear Mrs Braithwaite

I am currently a third year physiotherapy student, studying at the University of Ulster. For my final year project, I have decided to carry out a comparative study of the physiotherapy management of children with Cerebral Palsy (CP) between Northern Ireland and England. However, I am having some difficulty in obtaining my 'English Population'. I require details of where children with CP are being treated, be it Child Development Clinics, Acute Hospital Settings, Community, Special Schools and Other. Having contacted the secretary of the APCP, Christine Shaw, she suggested contacting you and asked for replies from the membership.

Yours sincerely
Karen Bashford
Physiotherapy Student

Dawn Holmes
Senior Physiotherapist
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Dear Mrs Braithwaite

I am writing to enquire whether any members have physiotherapy protocols in place for treatment of paediatric patients with Perthes Disease.

I would also be very grateful for any information regarding research into the role of physiotherapy for this condition.

All my searches have so far proved fruitless, so any feedback would be much appreciated.

Yours
Dawn Holmes

DEVELOPMENTAL COORDINATION DISORDER: FROM RESEARCH TO DIAGNOSTICS AND INTERVENTION

Report on the 4th Biennial Workshop on Children with Developmental Coordination Disorder (DCD IV).

7th - 8th October 1999. University of Groningen, The Netherlands.

JUDITH M. PETERS

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Over the past few years a multi-disciplinary group of researchers has met regularly to exchange current ideas on DCD (dyspraxia). Participant numbers have steadily increased and in October 1999 eighty professionals, from departments of psychology, education, child development, behavioural research, paediatrics, physiotherapy, occupational therapy, speech and language therapy, human movement science, and sports science gathered in Groningen for DCD IV. Delegates had travelled from UK, Europe, S. Africa, USA, Canada, Australia and New Zealand.

I attended the meeting as a participant invited to present my paper entitled "Clumsy, Dyspraxia and Developmental Coordination Disorder: Same or different? How do health and educational professionals in U.K. define the terms?" (Peters, Barnett and Henderson). A brief report on the Workshop is very relevant and of interest to APCP members.

The two-day programme was divided into 7 sessions with poster and verbal presentations.

**Early Detection and
Identification of DCD.**
Chair: Alex Kalverboer

Papers were presented from UK (Mary Chambers and David Sugden), Canada (Brenda Wilson) and Australia (Dawne Larkin) on the different screening tools which are being developed. This is relevant to the CSP directive in the 1998 annual report "Making Strides" - "Call for pre-school screening of dyspraxia". However, it is vital that UK physiotherapists look from a wider international perspective, and within a multi-disciplinary framework, at developing tools for assessment and outcome measurement which meet universal criteria for reliability and validity.

**Terminology and Diagnostic
Criteria.**
Chair: Marina Schoemaker

Discussion and argument surround the continued use of many disparate labels, and inconsistent definitions of terms, used for this group of children. There is disparity between professions, within disciplines and across continents. Physiotherapists in UK may shudder at the increasing adoption of ICD 10 classification "SDD-MF" (Specific Developmental Disorder of Motor Function) for data entry (which informs audit) yet the DSM IV classification "DCD" is a more frequent clinical label and the official keyword proposed for research use (Fox & Polatajko, 1994).

My presentation was well received by the Groningen delegates. We showed clear differences between the definitions and use of the terms and indicated that about 30% of health and educational professionals questioned were unfamiliar with the official classification "DCD". It is important that physiotherapists, especially those working in paediatrics are

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familiar with official terms, not only for communication with colleagues but also in order to keep abreast with research development.

Discussion about Diagnostic criteria.

Chair: Sheila Henderson

The Dutch organising committee gave a comprehensive literature review and analysis of over one hundred research articles. The majority of studies cover the age range 6-12 years and there is a dearth of pre-school, adolescent or adult research. The Movement ABC (Henderson and Sugden 1992) is the most widely used standardised motor test. The presenters stressed that since the introduction of a standardised clinical label for children with developmental coordination disorders in DSM IV and ICD 10, criteria for diagnosis and selection are increasingly derived from these manuals, although the criteria may be somewhat different for clinical diagnosis, and basic research. A discussion followed on how we all measure and obtain our core data set.

Experimental Studies.

Chair: Reint Geuze

Hermundur Sigmundsson presented studies that suggested causal links between hand-eye coordination problems (HECP) in DCD children and right hemisphere insufficiency or corpus callosum dysfunction. A paper from Australia, suggested that the DCD group may show abnormalities in the timing of imagined movement sequences. Bouwien Smits-Engelsman, a Dutch physiotherapist, gave a robust paper on the effect of physiotherapy in children with writing problems. A presentation from the Department of Psychology, Lancaster University (Mary Smyth), investigated the relationship between motor incompetence and social and physical play in primary school children. Results suggested that early detection of motor impairment predicts later school playground isolation. I emphasise that exclusion from physical play carries with it implications for a healthy adult life style and that this group of children may become future candidates on the physiotherapist's caseload.

Cognitive Strategies for Intervention:

Chair. Bouwien Smits-Engelsman

Three papers from The School of Occupational Therapy, The University of Western Ontario reflected contemporary literature on motor learning and focussed on treatment using cognitive strategies, which promote problem-solving, and use of feedback. Their results demonstrated improvement in children after fewer treatment sessions than with more traditional methods. Documented as a 'new' approach it may reflect strategies that teachers and therapists have developed as part of good reflective practice, which encourages cognition, problem solving, goal setting, positive feedback, and reinforcement.

Subtypes and Outcome:

Chair: Marianne Jongmans

Several studies have attempted to search for sub-types amongst the umbrella DCD group of children. Approaches have included descriptive methods, identifying patterns of co-morbidity, and statistical techniques using factor and cluster analysis. The problems for researchers include lack of consistency in sampling, the choice of variables and measurement tools, in addition to statistical analysis. Papers were presented from

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South Africa and Canada and Dr Amanda Kirby, head of the Healthcall Discovery Centre in Cardiff, presented some descriptive case studies on adults and adolescents labelled as DCD.

Intervention:

Chair: Helene Polatajko

The final session focussed on intervention. One paper compared sensory integration therapy with Le Bon Départ (LBD), a form of psychomotor therapy that is popular in several European countries. Other papers focussed on suitable, valid and reliable outcome instruments to assess change in function. The South African team recommended evaluation of visual function and the inclusion of visual motor therapy exercises for DCD children with visual shortcomings. David Sugden from Leeds (author of a recent valuable publication "Motor Coordination Disorders in Children" Sugden & Wright, 1998) rounded off the meeting with an overview of current intervention. Many different types of therapy, including those currently used by physiotherapists, appear to work but no one approach has yet been shown to be superior to others.

Poster presentations

Six of the twenty-one posters on display were from U.K. Having visited Dawne Larkin in the Department of Human Movement and Exercise Science in Perth Australia a few years ago, I was particularly interested in the progress of her 'Unigym programme'. This stems from a PE perspective, and combines weekly land-based activity and swimming for local children with 'DCD'. Other posters focussed on a variety of topics: Early Detection; Common links between DCD and language development; Force-plate and EMG measurements of static balance in DCD children and controls; Comparison of movement difficulties in children with DCD and those diagnosed as Asperger's Syndrome; Advantages of teaching children with dysgraphia to type; A poster from New Zealand examined the same three terms, Clumsy, Dyspraxia and DCD that were the subject of the paper I presented at Groningen and, although Miyahara used a different method, his results were in agreement with my own.

The DCD IV Workshop in Groningen presented an opportunity to hear a great variety of presentations from internationally renowned researchers and clinicians, from a wide range of backgrounds, at the cutting edge in this important field. Some clinicians appeared in slight awe of the statistical jargon of the researchers and several voiced their frustration at not being able to speak the same language, or even occasionally feeling unable to pose a suitably 'robust' question. It is important that clinical and research approaches complement and inform one another. Just as the many labels applied to the child with DCD lead to communication confusion, so the apparent jargon of research and clinician must not become counter productive to sharing of unique knowledge and progress. I look forward to DCD V planned for 2001 in Toronto.

DEVELOPMENTAL COORDINATION DISORDER: FROM RESEARCH TO DIAGNOSTICS AND INTERVENTION

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LINDSAY WRIGHTSON

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I have recently found this really exciting and positive form of treatment for long term patients.

The Start

It began with two boys; we had all been stuck and physio was a no-no. Simon is a bright lad with a right hemiplegia, and in mainstream school with no statement. He is on no medication, and has an atypical presentation. He was 11 years old and pretty brassed off with physio, which he had had on and off since he was 10 months old.

He has no spasticity in his lower leg but a weakness of the dorsiflexors and evertors, with no active movement in them. He now has a 2cm. leg length shortening with toe-strike leading to a varus calcaneum, forefoot adductus, and low tolerance to and rubbing of his A.F.O. The annual corrective plastering of the ankle and foot is becoming more difficult; he is under orthopaedic surveillance for possible muscle transference. In the forearm, the hand falls into ulnar deviation with resultant poor grip. The only sure opposition was forefinger to thumb with neutral wrist; there was also a poor resting posture of the upper limb of flexed pronated elbow, and flexed wrist and fingers. He was acquiring no new bimanual activities, and his aim was anything (new) that helped.

Jack moved into the area with a residual bilateral Erb's palsy, the right worse than the left. He was thirteen years old and said he wanted to run faster and play better snooker. We had worked on stretching biceps, arm elevation and active exercises for shoulder retractors, abductors and triceps. However, he was bored and progress had stopped. Mum was concerned about his round-shouldered posture. For a well-made athletic boy he had small rounded shoulders, he was also extremely silent and shy. During this treatment, he explained he had been bullied about his appearance, and noticeably grew in confidence and chat as we progressed.

Background

I went on a day course in November 1998 on TES, led by Diana Farragher who has had a life time interest in electro-therapy, having previously read an article about Therapeutic Electrical Stimulation, (Hazelwood, 1994). Her work has mainly been with adults, but she accepted me knowing my work is in paediatrics. It was because of this, and also that my electro-therapy skills are rusty and dated that we went to her with the first two patients for EMGs. These showed nerve regrowth, while giving the boys wonderful biofeedback on their movements, also illustrating forcefully to me just how hard these children do work to gain movement.

The science - briefly

The start point of the rationale of this form of electro-therapy is the great plasticity of muscles, and their adaptation over time, (four months), to electrical stimulation incorporating physiological nerve pulse values. (Howe 1992). With long disuse efficiently acting postural muscle, and its good blood supply becomes white muscle fibre dependent upon glycogen stored energy. Farragher (1998), suggests that TES can be used to recruit natural firing sequences to build postural muscle for lower motor neurone lesions, and CNS conditions where the peripheral nerves are intact.

Unlike the historical Faradism, of my training days - - late 60's - that delivered pulses of 70 pulses per second, which is outside the body's natural range of nerve stimulation, TES delivers pulses in defined lower ranges for definite and physiological therapeutic benefits. Hutton (1995) quotes from a lecture given by Farragher that TNS influences the muscle metabolism helping its nutritional development and repair, and also remyelination of the disused and damaged nerves. Postural muscle requires a good capillary bed for its oxygenation. The band of 5-15 pulses per second encourages these changes to occur.

When 5-15 pulses per second are given to intact nerve and muscle with a good blood supply, postural muscle units will be developed and strengthened, with fast glycolytic fibres then being recruited at higher pulse values. There is no involuntary joint movement at these low frequencies, so life can continue round the treatment. The phases of treatment last for 4 months, with the treatment needing to be done daily or on most days. The length of application may be up to three hours daily, but the apparatus is unobtrusive and highly portable. There is returning generalised sensation and warmth to the limb in the first period of treatment; in the second period exercises were taught which enhanced returning proprioception, and developed strength and range of useful movement for function.

The Treatment

Each boy and his mother were talked through the treatment, and rigorously informed that the period would be 4 + 4 months long, and would need to be carried out very regularly, i.e. 6 nights out of 7 as a minimum. Their ready agreement was obtained. Muscle groups either side of joints were chosen for maximum sensory input and for beneficial circulatory effects. The Neurotrophic stimulator Neuro 4 was used and the correct pre-programmed chip and programme selected. The chips used were, "Brachial Plexus" and "Chronic Neurological" - the electrodes were placed and photographed, initial measurements and videos recorded, aims were formulated, and the machine was demonstrated. I explained that they were my first patients, photographs and literature were sent home with the machine and regular follow-up phone calls and visits were made. After 4 months and 8 months measurements were retaken and aims reaffirmed. Exercises were gradually recorded, given towards desired

NEURO-TROPHIC STIMULATION 3 SHORT CASE HISTORIES

aims of treatment. All the boys finished both phases of treatment, which was of 8 months duration all together.

Simon's Aim

- Anything to help
- Dad's - was for improved gait and strength
- Mine - for heel strike, less foot deformity. More radial deviation of the hand and a better grip.

Start

Stands on hemiplegic leg alone 1 second
No active dorsiflexion.
Can get thumb to forefinger.

Shortly after commencement of treatment, arm and leg feels more part of self "Buzzy", was Simon's word.

3 months - limbs feel warmer to him.

5 months - 20° active dorsiflexion.

8 months - 30° active dorsiflexion.

Stands on one leg for 4+ seconds

Foot deformity contained.

Active opposition of thumb to middle finger.

Full over arm action achieved in swimming.

Spontaneously picked up and carried a plate in his right hand.

Better upper limb posture.

Measurements of limb girth were taken from superior border of patella, right and left and differences recorded.

	Jan 99	Nov 99
	inches	inches
Down 5"	2 ¹ / ₈	1 ¹ / ₈
Up 2.5"	1	¹ / ₂
Up 6"	1	³ / ₄
Up 9"	1 ¹ / ₂	⁵ / ₈

No heel strike gained.

Jack's Aims

To play better snooker

Initial posture - right scapular laterally rotated, with pronated shoulder - wing scapular, mum wished for better appearance.

My aim was for active retraction of the shoulder and improved active functional supination of the forearm. At the beginning supination was active to neutral.

NEURO-TROPHIC STIMULATION 3 SHORT CASE HISTORIES

Measurements

Girth 5" above olecranon
Jan difference between left and right 1³/₄"
June " " " " " 3/4"

Active supination was nearly full range of movement by the end of the treatment, Jack was happy about his appearance, outgoing, no longer had wing scapular, and was playing snooker in his club's top team. His limb generally felt to him as though it was part of himself. Mum was delighted!

Additional Case History began later

Harry is 13 years old, as an infant he had talipes equino-varus which was successfully corrected. He presented with pain around his ankle, and under his heel, (there was no pad of fat here): he had a fossa in the front of his lateral malleolus and the patella moved upon exercise, the lower leg and foot were generally wasted.

Harry's aim was for less pain

He had active eversion of his ankle when we started, and bought a heel pad to cushion his heel in his shoe before I suggested TES.

He had a 1/2 inch leg length difference, a limp and couldn't do squats at the start.

The pathology of CTEV post surgery is little understood but it is thought reasonable to consider it a failure of neuro-muscular development, therefore trying to use physiologically matched pulses from TES to stimulate the body's own neuro-muscular growth and repair seemed a worthwhile effort. No adverse effects from the TES treatment have been reported. Chip chosen was "Painful Post surgical foot".

He began with a daily 3 hour programme and he is thrilled with the results which began to be apparent to him at once. He has gained a resolution of his ankle pain, and also of some shin pain he previously hadn't been aware that he had had! His patella no longer jumps, he can run faster, play better football, (a passion), and says he feels safer. When running he now has useful eversion, also he has developed a normal pad of heel fat on the underside of his calcaneum, and the pit in front of his malleolus is more filled out.

He embarked on a second 4 month phase of TES with strengthening exercises, to build on the gains made. After this his legs are the same length (growth in the thigh) and can do squats, and power in eversion and dorsi flexion is now 4+, and also no limp. The difference in calf bulk has fallen from 1³/₄" to 1".

Obviously in one year, and with only two machines available to me I have not treated many children, but I wanted to share the success of this hardly

valid number of patients, (possibly not very N.I.C.E. but no "failures"), to open up the discussion as to what this form of electrotherapy can offer, compared to, say other forms of Faradic stimulation used in the more traditional fashion of motor re-education of muscles, rather than for repair and development of the motor units as with TES.

One boy has a CNS problem, another a peripheral nerve lesion and the third was residual CTEV - all different pathologies.

Note of caution. I do not know how long these effects last in these children, but presumably as long as the active movements gained are incorporated into the child's repertoire of functional activity.

(I intend to send out a questionnaire six months post treatment to ask the patients how they feel about the treatment and results).

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PROFILE

YOUR NEW CHAIRMAN

DI COGGINGS

Shall I be a doctor or a hairdresser? The thoughts of any fifteen year old.

However, when Di heard about Remedial Gymnastics at a school career evening, and was accepted by the College of Remedial Gymnasts and Recreational Therapists at Pinderfields Hospital, Wakefield, at age seventeen, any easy way out of not finishing "A" levels - she accepted.

Following qualifying in 1972, she then worked as a Basic Grade (in those days), at Hull Royal Infirmary. Her goal was to do two years as a Junior, and then specialise in Spinal Injuries. However, her last rotation was Paediatrics, and she was "hooked".

She then moved to the Sanderson Orthopaedic Hospital for Children in Newcastle, and began her Paediatric career, learning about Talipes, Spina Bifida, DDH and all other elective Orthopaedic surgery. This hospital unfortunately was then to be moved to a newly built "District" hospital in Newcastle, and wanting to continue working with children, she applied to Great Ormond Street. On being accepted as a Junior, she thought she would go for a year or two, gain more experience, and then return to the north, but it was not to be!!

In 1977 she became Senior I on Orthopaedics at Great Ormond Street, and in 1979 was appointed Superintendent III at the Queen Elizabeth Hospital for Children in East London, the sister hospital of Great Ormond Street at that time. Here she had an extremely happy thirteen years, continuing to specialise in Orthopaedics, but also neurology, intensive care, and anything else that happened to come her way!

In 1992, uncertain as to where to go next, but knowing she did not want to sit at a desk all day, she job shared a Superintendent post at The Royal London Hospital/Tower Hamlets, and became a Senior I for the rest of the week at The Royal National Orthopaedic Hospital, Stanmore. She was made to make a decision in 1994, as unfortunately her partner in crime with whom she was job sharing had to leave, due to a family move, and Di decided to go almost full time within Tower Hamlets and the Royal London Hospital.

She now looks after a staff of seventeen, working both in the community and the acute sector. She continues to do clinical work, she says due to the support of her wonderful staff, and on the time not working for the NHS, (six hours per week), sees Orthopaedic Private patients and does Medico-Legal work. Out of hours - if she can ever find the time - her interests include good food, good wine, motor racing, playing tennis and holidays!

CHAIRMAN'S REPORT 1999-2000

I am delighted to welcome you all to the 27th Annual General Meeting of the Association of Paediatric Chartered Physiotherapists.

This has been a year of both innovation and consolidation for APCP, as befits a phase which overlaps the old and new centuries. As you know, we were proud to participate in the CSP's new style Congress, held at the International Convention Centre in Birmingham in October last year. We were one of only 7 specific interest groups chosen to present a programme. It was not like having 'ownership' of our own conference - a style we are all used to - but the experience was undoubtedly stimulating. Everything was 'bigger' than at APCP conference, with 115 exhibitors in the trade displays and around 1000 physiotherapists present, but it wasn't necessarily 'better', although the standard of presentations and lectures was universally high. Those APCP members who did attend gave very positive feedback, expressing opinions such as 'THIS is the way forwards for APCP', and 'I wouldn't have missed this for the world'. Our thanks go to the London Branch who did a creditworthy job of organising the APCP event at long distance - a daunting task, to which they rose admirably! The Chartered Society plan to involve SIG's in Congress for the foreseeable future and I am sure that APCP will take part again soon.

APCP's National Committee currently consists of 22 members, with all roles having a detailed job description. Everyone works tirelessly on behalf of the Association, with common-sense, enthusiasm and humour. We have, as usual, met 4 times during the last year, with two meetings being held at CSP headquarters in London, one in Birmingham and one yesterday, here in Bristol. I would like to thank all the National Committee members for their work, and congratulate them on the quality of discussion and debate which takes place at these meetings. It is not always easy to come to decisions on the membership's behalf, particularly when items must be time-limited due to the very full agendas, but matters are always considered with interest and with rigorous attention to detail. A summary of these meetings has continued to be published in the Journal in order to keep all members informed. National Committee supports several smaller sub-committees all with specific terms of reference. These are the executive committee, the regional representatives, the editorial board and the education liaison committee. They have also held numerous meetings this year, and you will hear later about some of the work which they have been involved in.

APCP continues to maintain close links with the Chartered Society of Physiotherapy. We welcomed Gwyn Owen, the Professional Affairs Officer who has responsibility for CIG's, to our meeting in July last year, and she was able to update us on the ARC motions which had a paediatric bias, and the proposed changes to the SEN Code of Practice. The CSP continually involves CIG's in aspects of their work, and it is clear that they value our input and expertise. They have several major projects currently running in which we have participated. This year, we have provided additional data for their consultation exercise on CPD, and many of you will have had the opportunity to respond to the discussion document on this topic, which was widely circulated by National Committee members. We are also actively participating in the CSP's review of the 'Standards of Physiotherapy Practice', and in particular the revision of those relating to individual specialities. We would not wish to see the APCP standards 'watered down', but feel that the whole membership will benefit by having easier access to all the speciality standards. The CSP regularly asks for APCP's views on a variety of reports, and for comments on consultative documents from external bodies. This year we have provided evidence to the 'Garner Project' which aims to identify the information management needs of physiotherapists and occupational therapists. We have also informed the CSP's response to 'Partnerships in Action' and to the working party report of the BSRM on orthotic services. All

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documents are considered very critically, and some, such as the 'Minimum Standards of Healthcare for Children with CP', fail to reach the demanding criteria we set. We are also regularly asked, by the editor of *Physiotherapy* to identify book reviewers for texts with a paediatric theme.

It is a reflection of our growing stature within the field of paediatrics that we have been invited to provide a paediatric physiotherapy 'editor' for the new PIER website which has been set up by a paediatrician at Sheffield Children's Hospital. Its aim is to collate relevant information onto one site and to allow more effective collaboration and communication between professionals with an interest in paediatrics. So - watch this website!

In my role as APCP Chairman, I have been pleased to meet with the Chairs of two other CIG's which have overlapping involvement into paediatrics, namely Paediatric Physiotherapists in Management Support (PPIMS) and the Association of Chartered Physiotherapists in Respiratory Care (ACPRC). PPIMS is a group which has been set up by and for paediatric physiotherapists who have responsibility for the strategic planning and implementation of physiotherapy services for children and has links with the Association of Chartered Physiotherapists in Management (ACPM). Since they have identified a managerial remit rather than a clinical one, their work complements that of APCP, and many of our members will benefit from their expertise. I met with representatives of the ACPRC to promote a sense of commonality within the issue of paediatric intensive care. Whilst we agreed that clinicians from both specialities had much to offer this client group, there is still much work to be done in ensuring quality of practice.

The APCP Secretary, Christine Shaw and indeed all National Committee members receive an enormous amount of correspondence from members of the general public and the membership, and on an extensive range of issues. Once again, we have been astonished by the number of letters enquiring about private physiotherapy for children. As you can imagine, some of the letters are quite heart-rending, and I am grateful to Christine and to Di Coggings, who as Vice-Chair currently maintains the register of those of you willing to take private patients, for their prompt and sensitive replies.

Maintaining membership lists and dealing with new members falls to Teleri Robinson, our Membership Secretary. It is thanks to her that problems seldom arise with, for example, such matters as ensuring that everyone gets their copy of the *Journal*. As you will imagine, the period around re-registration, in January, is always particularly busy, and Teleri is no doubt enjoying a lull in her workload at the moment. We have this year, for the first time, had the duty of removing one member's name from the membership list, following his being found guilty of a crime and subsequently removed from the CPSM and CSP registers. I am sure that many of you will have read in *Therapy Weekly* of the circumstances surrounding this matter, and will be confident that we have acted appropriately.

Sue Whitby continues to be our very enthusiastic Public Relations Officer, and you will regularly see her quoted in therapy press. She is often frustrated at being misquoted but I am sure you will agree that, thanks to her, APCP is often not just in Frontline, but at it too!

The role of Publications Officer is carried out most effectively by Eileen Kinley. The Paediatric Manual Handling booklet has, as expected, proved to be a 'best seller'. It has been purchased by a variety of sources outside physiotherapy, including social services department local authorities and schools. Our new APCP publicity leaflet has been well received, unlike the new and light-hearted car sticker which has received mixed feedback. Because of this we have decided to withdraw it from sale - we, like anyone else, must learn from

our mistakes. Several of our publications are nearing the end of their 'shelf-life', and we are, as always, on the look out for new authors and topics.

As Clinical Governance becomes ever more important, National Committee felt that it was time to strengthen links between the Research and Education areas of our committee, thus forming a single Research and Education sub-committee, with Carrie Jackson and Terry Pountney as respective spokesmen. As you know, many members have been involved, all year, with the development of evidence based guides to paediatric physiotherapy. These are for management of hips in cerebral palsy, developmental coordination disorder and obstetric brachial plexus palsy. This work is not yet complete, but I would like to thank everyone involved for the continuing effort which they are devoting to what is clearly an enormous project.

In response to huge demand, the 'APCP Introduction to Paediatrics' course seems now to be an annual event. The 4th was held in Glasgow in June last year, and organisation of the next course, to be held in Cardiff later this year, is progressing well. We must extend our thanks to the Scottish and Welsh regional committees for their planning and running of these events. APCP's foray into Masters-level education continues, and the double module in paediatrics, running as part of an MSc Physiotherapy course at Queen Margaret College, Edinburgh, is to commence in October 2000. Lyn Campbell, Terry Pountney and also Dr Marie Donachie from QMC are lead-workers in this exciting project, and we are grateful for their motivation, organisation and commitment.

As usual, at this time of year, there are several changes to National Committee. Lin Wakley has edited the APCP Journal for the last 5 years and has now decided to take a well-earned retirement from this task. I know that Lin is grateful to the membership for submitting the articles which have allowed the Journal to reach the high standard it currently does. However, a Journal does not edit itself and we are thankful to Lin for her magnificent and tireless work, which has made the APCP Journal perhaps the best of any CIG. She, and indeed the whole Editorial board, must be congratulated. Sally Braithwaite has been working with Lin for the last few months, and is now taking over as Editor. We wish her well.

Angela Glyn-Davies is also retiring this year. She has great respect as a National Committee member, having previously been Treasurer for 4 years and a primary organiser of this Conference. She will be remembered for many things, not only for launching direct debit to the membership, but also for her good humour and ability to arrange skiing holidays around APCP's Annual Conference! We will especially miss her common sense and boundless enthusiasm.

Carrie Jackson began her National Committee 'career' as a regional representative. On becoming a nationally elected member, she was initially a member of the Editorial board, and most recently became APCP's first Research officer. She has systematically developed this new role and has disproved the myth that research is a 'dry' topic. She is to be replaced by Sarah Crombie.

I must also mention Ann Shanks here, who as a Regional Representative took on the role of CIG Liaison Officer. Sadly, due to personal and work commitments, Ann is also retiring from the committee and we thank her for her work. Mary Harrison is to take over this role.

Yesterday, at our National Committee meeting Di Coggings, the current vice-chair, was endorsed as chair and Adare Brady was elected as vice-chair. I know they will lead APCP wisely.

As I too retire, I hope you will forgive my being a little self-indulgent. I would like to thank all members of the National Committee for supporting me as Chairman, but I must particularly express my appreciation to the executive committee. Di, Julia, Christine, Sue and I have worked very much as a team, bouncing ideas off one another, and jointly making decisions. I am grateful too, to the whole membership, now standing at over 1600, for without them, there would be no APCP, and I would have missed the pleasure and immense pride I've had in being it's Chairman for the past two years. I am confident that I leave APCP in good hands and that as a dynamic and forward thinking organisation, it will continue to thrive in the 21st Century.

E. A. HARDY
APCP Chairman

TREASURER'S ANNUAL REPORT

I have bound copies of the full National and Regional Accounts for members to view if they wish, but for the purposes of this report you have four pages to view:

- The National Account Balance Sheet
- National Account - Details of Income and Expenditure
- Notes to the Accounts
- Conference 1999 Account - Income and Expenditure

Before explaining the accounts in detail I would like to take this opportunity of expressing my thanks to all the Regional Treasurers for all their hard work over the year and for completing their accounts successfully, in the standard format and returning them to the Accountant on time.

I would also like to thank the organising committee of the 1999 Conference, in particular their treasurer who, in the face of some difficulty, managed the conference account and once again submitted the information to the Accountant on time.

Now to the Accounts.

I will try to explain the balance sheets and answer any queries at the end of my report if there are any.

The following describes the income and expenditure of National Account (page 3).

Income

Courses: The figure of £2200 indicates income received from the study day and AGM on 17 April 1999 in Newcastle. Income received from 1999 Conference is identified lower down this section, the sum of £2,721.

Capitation Fees: The sum of £1,503 represents the capitation fee received from the Chartered Society of Physiotherapy and represents a figure of £1 per member at the time of submission of the claim.

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Subscriptions: These are received from members and represent the main income of the Association. The income reflects the high number of members last year (over 1500) and is a credit to all the Regional Representatives and all who encouraged the recruitment drive - long may it continue!

Publications: This figure represents the sale of APCP publications and I would like to thank Eileen Kinley, for all her hard work in the post of Publications Officer.

Bank Interest: This item is self explanatory.

Sundry: This income is received from shares owned by the Association from an Abbey National Account previously held.

Advertising: This is income received from adverts which appear in the APCP Journal and supplements which companies occasionally ask to distribute with the Journal mailing.

Expenditure

Catering and Accommodation: This figure reflects the cost of National Committee meetings which are held four times per year, which combine Editorial Board meetings, Education Liaison meetings, Executive Committee meetings and any other subgroup meetings which are required, for example the Edinburgh MSc Course planning meetings. There has been a marked increase in these costs over the past year and these are primarily due to the additional expense of the Guidelines Launch Meeting, which was held in Birmingham in May, but also include costs for the Study Day and AGM in Newcastle in April.

Committee Travel: This continues to rise each year (as expected) and the members of the Committee continue to do their best to keep their claims to a minimum. Various options of venues and modes of travel are repeatedly discussed at meetings but it is inevitable that wherever meetings are held in the Country, some people will have to travel long distances and incur overnight accommodation costs.

Lecture Fee: This is itemised as it was a belated claim for a lecturer at Conference and was submitted after the Conference Account had been closed.

Honorarium: This figure should have remained the same as last year as the same number of Officers received the £130 Honorarium but the late claim of one person is the cause of the £130 difference between the two years. For members information the Honorarium has now been increased to £150. There are nine Committee members who receive an Honorarium and they are: Chairman, Vice-Chair, Secretary, Treasurer, PRO, Editor, Membership Secretary, Research Officer, and the Education Liaison Officer.

Postage: This figure which is considerably higher than the previous year reflects the full impact of the central mailing of the Journal on National Account which has now completed a full year.

Accountancy Fees: Are self explanatory.

Course Fees and materials: Are self explanatory.

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Publications: 1999 was a busy year for the production of APCP publications. This figure represents not only the quarterly Journal but the production of the Manual Handling Booklet, the APCP leaflet and reprint of the Dyspraxia booklet.

Bank Charges: These are self explanatory.

Sundries: Include car parking fees, badges for committee and other small items.

Payment to Conference: £1000 is paid to the region organising conference. This was paid in 1999 to the London region.

Gifts: These include small gifts for the Conference 1999 organising committee.

Depreciation on Computer: This is calculated each year to depreciate by one third of its original value.

Corporation Tax: This is a tax charged to the Association on profits made from non-members attending courses, as well as other income received e.g. from advertising in the Journal. This is why it is very important for anyone organising a conference to set a differential fee and to identify members and non-members separately on the account sheets.

Page 3a. shows 'notes to the accounts' and identifies the depreciation on the computer equipment held by the Membership Secretary of the Association.

The items of stock referred to on this page are the stocks of publications held by the Publications Officer. The accountants this year decided it was better to account for these items when they were purchased and sold - they are therefore identified on the income and expenditure sheet.

The third item is the taxation fee for the year and I have the tax computation if anyone would like to view this later.

Conference Account: (Page 4) The conference organising committee had a difficult task coping with the accounts of the 1999 conference and this was primarily due to the fact that the CSP did not pay the capitation fee for delegates until December - long passed the date of the event! Those of you who attended will remember all payments were made in the first instance, to the CSP and not APCP.

The National Account therefore subsidised the conference account heavily and the eventual payment from CSP was directed straight to National Account, which is why there is a deficit and not profit, shown on this balance sheet.

Balance Sheet: (Page 2) The current assets show an item called conference debtor - this reflects a figure of £2007 which was received into the 1999 Account but includes advance payments made towards Conference 2000, such as booking of Trade display stands.

The liabilities are items which cover costings for Conference 2000, the corporation tax bill and an outstanding lecture fee.

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Accumulated Fund: As you can see the balance brought forward at the year end looks to be a substantial figure, however over twelve months this sum is used up in the running costs of the Association. The figure in brackets (deficit plus tax) indicates a loss over the year when income is compared to expenditure on all accounts.

As we need to think of the future expense of maintaining the high standard of APCP in 2000 and beyond, we need to assess the inevitable increases in running costs of the organisation - for the production of publications, quarterly Journal, running of courses and conferences and act now to redress the balance. The current subscription level of £21 has been in place for a period of three years now and following this report I will be proposing an increase in the annual subscription fee to a more realistic rate of £25 from January 2001.

I have now completed almost two years as National Treasurer and I would like to thank the members of the Committee for their continued support during this time - it has been greatly appreciated.

After the adoption of this report I would be happy to take any questions about the accounts.

JULIA GRAHAM MCSP BSc
Honorary Treasurer APCP.

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS NATIONAL ACCOUNT

BALANCE SHEET AS AT 31ST DECEMBER 1999

		1999		1998	
	Note	£	£	£	£
FIXED ASSETS					
Computer Equipment	1		364		727
CURRENT ASSETS					
Stocks	2	-		537	
Cash at Bank		40,040		38,475	
Conference Debtor		2,007		1,391	
		42,047		40,403	
CURRENT LIABILITIES					
Conference 2000 Deposits		3,000		-	
Conference Creditor		150		-	
Corporation Tax	3	590		924	
		3,740		924	
			38,307		39,479
			38,671		40,206
ACCUMULATED FUND					
Balance brought forward at 1.1.99			40,205		28,637
Less: Deficit for the year			(1,534)		11,569
Balance carried forward at 31.12.99			38,671		40,206

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INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER 1999

		1999		1998	
	Note	£	£	£	£
INCOME					
Courses		2,200		-	
Capitation Fees		1,503		1,391	
Capitation Fees - Conference		5,947		-	
Subscriptions		30,349		28,421	
Publications		3,497		3,486	
Bank Interest Received		1,407		1,813	
Sundry		37		32	
Received From Conference		-		3,463	
Advertising		1,374		17	
		<u> </u>	46,314	<u> </u>	38,623
EXPENDITURE					
Catering & Accommodation		5,616		2,501	
Committee Travel & Subsistence		7,093		5,303	
Lecture Fees		300		-	
Clerical & Computing Services		-		42	
Honorarium		1,040		1,170	
Postage, Stationery & Telephone		6,065		2,894	
Accountancy Fees		1,151		1,110	
Course Fees & Materials		172		75	
Publications		19,843		10,889	
Bank Charges & Interest		132		89	
Sundries		398		42	
Payment to North East Region		-		500	
Payments to Conference		2,686		-	
Conference Banquet		1,518		-	
Computer Expenses		832		-	
Gifts		55		59	
Depreciation on Computer Equip.		363		363	
Loss on Disposal of Computer		-		1,014	
		<u> </u>	47,264	<u> </u>	26,051
			(950)		12,572
Corporation Tax	3		(584)		(1,003)
(DEFICIT) /SURPLUS FOR THE YEAR			<u><u> </u></u>		<u><u> </u></u>
			(1,534)		11,569

EDUCATION LIAISON OFFICER'S ANNUAL REPORT

The past year has been an exciting and busy year for the education section of APCP. My thanks go to the committee of Di Coggings, Sue Walmsley and Sarah Crombie for their support and hard work. Di and Sue are leaving the committee this year after several years and we will miss their knowledge, expertise and enthusiasm but look forward to welcoming some new members. The education committee has linked with the research officer and have met together on several occasions, there is some overlap between the two areas and cooperative working has been helpful.

This time last year the guidelines was just about to be launched. Following a training day in Birmingham on critical appraisal skills and guideline development an army of paediatric physiotherapists have been reading papers. The three topics being investigated are OBPP, Hip management in cerebral palsy and Developmental Co-ordination disorder. The findings so far will be presented at conference this year. The CSP have been very supportive of this venture and suggested that initially we produce "Summaries of the evidence" to be published in our own journal and made available for wider circulation via the CSP. The planned date for completion is Spring 2001. At this point we can move on, if appropriate, to multidisciplinary guidelines with CSP backing. This project has been successful thanks to the hard work of the topic co-ordinators who have had to find the papers, send them for appraisal and finally collate the evidence and also all of you who have spent many hours critically reading and commenting on the papers. I feel very strongly that this venture is a good beginning to ensuring as paediatric physiotherapists we provide the most clinically effective treatment for our children. Many thanks to everyone who has been involved and keep up the good work.

Another new venture for APCP this year has been the development of the double MSc in Paediatric Physiotherapy at Queen Margaret College, Edinburgh. This is set to run from September 2000. Five members of APCP Di Coggings, Lyn Campbell, Liz Hardy, Carole Hurren and myself will bring their areas of specialist expertise to the module with input from the university team. We will be visiting Edinburgh in July to familiarise ourselves with the college and receive some training in facilitation techniques and marking. The course is fully subscribed which is indicative of the need for paediatric physiotherapy courses at this level.

The Introduction to Paediatrics course is running in Cardiff, Wales in November and many thanks to the Welsh committee for taking this on board. Validation of this course is currently being investigated either via the CSP or a university to improve its credibility.

The CSP are currently reviewing their standards document and APCP along with BABTT have been working with them to produce one set of standards which would be inclusive of all specialties including paediatrics. Carole Hurren, Ann Shanks and Carrie Jackson attended the first meeting. A draft report from this meeting will be available soon, the research and education committee will then review and comment upon it, returning these comments to CSP. My thanks to Ann, Carole, Carrie and Sarah Crombie for their work on this committee.

I have represented APCP on the Whizz Kidz (the children's charity for mobility aids) advisory board. This has been introduced as part of a reorganisation of the way they provide their service. This is to ensure that good liaison exists with local therapists and that appropriate equipment is supplied.

TERRY POUNTNEY
Education Liaison Officer

RESEARCH OFFICER'S REPORT

The Research Officer's work is now linking well with that of the education liaison committee although still retaining its separate role. This year has seen the CSP's project on continuing professional development/lifelong learning highlight those links again, but also raise the massive problems we all have finding time to keep up-to-date with current research/best practice.

This year's work has included adding several new projects to the new style research register, responding to enquiries from researchers and where possible putting them in contact with other researchers; collecting and co-ordinating information for the CSP for their input to NICE and Horizon Scanning projects and disseminating information gathered from the research bulletin and other sources.

Like many of the committee I have been phoned several times at work by *Frontline* research assistants - unerringly during the busiest clinic of the week - wanting a response to a 'hot' issue - *now!* It is gratifying to read an informed report and to know that APCP members are now routinely asked for their input, but the danger is that we get pressurised into making statements without any evidence to back them. Maybe we need an APCP advice sheet on 'responding positively to the press'. In the meantime my feeling is that you should insist you have thinking/research time if you need it and then discuss your response at a time convenient to you.

The research register has over twenty current projects on it now but it is still proving difficult to encourage people to register. The CSP's proposal to merge their membership wide register with those held by the CIGs has certain advantages in terms of standardisation and accessibility but would, I feel, deter those people doing small scale projects, who may feel more comfortable within a defined group. It is the larger projects with academic status and support that tend to find their way onto the CSP register and tend to be published only in prestigious medical journals. My response to the proposal was that there is a need to keep the CIG registers and that people should be given the choice whether to go onto the CSP one also.

Enquiries this year have been wide ranging as ever. Many come from students who occasionally still expect their literature search to be carried out for them, but more often are wanting to distribute questionnaires. As agreed last year this is not possible as we do not give or sell the membership list, or distribute through the journal unless the research is for a higher degree. The best route for students is to make direct contact with paediatric departments or through regional study days or conferences. And in case you'd not realised, there is a set of questionnaires from a student on the APCP stall if you would like to fill one in - it should only take 15 minutes.

The more satisfying enquiries involve some detective work: for example finding information, or contacting experts or other researchers to put people in touch with - and I would like to thank those people who have so willingly responded to being named in this way - it all takes a lot of their time.

Two major information gathering projects have been circulated by the CSP recently and as usual with very short deadlines.

The first was from the Horizon Scanning Centre at the University of Birmingham - a romantic title but, disappointingly, not about cliff tops and sunsets. They are seeking information from the field of physiotherapy/rehabilitation, to help identify and prioritise new innovations in order to assess their likely

impact in terms of resources and health outcomes preferably 1 - 3 years before their widespread use. In response I circulated details to those people involved in researching new areas of treatment and, to date, the use of Botulinum Toxin to treat children with CP has been the main response. This and other responses will be sent to Birmingham and may then be forwarded to the DoH, the HTA assessment programme and the National Institute for Clinical Excellence (NICE). More recently one has been sent directly from NICE seeking areas of clinical practice that would benefit from going through their appraisal system i.e. assessing their clinical and cost effectiveness and making recommendations about their use in the NHS. As this arrived just before Easter and as I was about to take leave, I couldn't distribute it in time for people to meet the deadline of May 3rd. However as the exercise seems likely to be repeated annually, I have sent it to researchers whom I hope will be able to contact the CSP by phone or prepare a response for the next round.

The encouraging thing about these two projects is that they illustrate that physiotherapy interventions are being considered seriously within the overall services supplied by the NHS and the important role that CIGs play in informing the responses that CSP makes to government.

I feel that the resources of the research register and APCP's work to produce Clinical Effectiveness Guides has been enormously helpful in responding accurately to them and this will in turn help keep the profile of physiotherapy high.

Finally, this years Jenx Award attracted three very good entries and the winner is to be announced after this AGM. Please encourage your colleagues to enter next year.

CARRIE JACKSON

PUBLIC RELATIONS OFFICER'S ANNUAL REPORT

The last year seems to have been even busier. I have been contacted by all sorts of people, who are interested in children's issues.

I hope that you all read the Paediatric features in *Frontline*. I think it is good to see that Paediatrics is getting mentioned a lot more. The reporters are rarely physiotherapists and so I try to see information that is going to be printed, to ensure it is correct. I don't always get a chance to proof read articles, as reporters are very reluctant to share their ideas, before publication. Even if I help to get people's names right it's a bonus. As an example I don't actually run our asthma clinic. I had phone calls as a result of the mention of the respiratory work, and the SCOPE/APCP document so was able to spread the APCP word a little further. Quotes get altered and misquoted all the time.

Reporters continue to work to very short deadlines and always want to speak to someone now! I hope everyone who was contacted was happy to speak to the reporter. Please also let me know if you would rather not speak to 'inquirers'.

Last year Jill Brownson co-ordinated the sending out of the ring binders containing "Working together, Parents and Physiotherapist", to all NHS Trusts in ENGLAND AND WALES, which is the area SCOPE covers. Unfortunately physiotherapy services in Scotland, and all voluntary or private services did not get a free copy, and quite a lot of the physiotherapy departments in England and Wales got missed off the original list. I have spent a lot of time trying to make sure everyone now has their copy. I have had lots of letters and

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calls from people who had not received their copy. Hopefully everyone who should have one has one now. I hardly dare say this, but if there is anyone here who has not seen a copy please speak to me later today.

Because it was so difficult to find out where physiotherapists who work with children are based and there was no list, I have decided to try and compile one. All the regional reps. will collate lists from their areas, so please let them know your work address.

Requests for material for open-days etc. have increased lately. I am hoping that we will be able to produce more information for you all soon. I did not manage to collect enough photographs to produce a good display board to show our work off, so plan to organise a new one. If anyone has any high quality photographs, which we could use, please let me know.

Maybe we could commission a student or a selection of medical photographers. Some Trusts may not charge if we are able to say the photos would also be used in our own Trusts - schools etc.

A physiotherapist from Glasgow has suggested a regional competition to get some words or pictures with the title - "Children's Physio is"

As PRO I co-ordinate the Regional Representatives committee. We meet regularly at National Committee meetings and are able to keep you all in touch with the work of APCP. I am also the representative for members overseas. We have over 50 overseas members, so don't forget to continue your membership if you go overseas and tell your friends in the rest of the world to join APCP.

Please keep up the good work out there and encourage everyone working with children to join us.

SUE WHITBY

HONORARY MEMBERS

All APCP members are eligible to propose a nomination for the honour of Honorary Membership of the Association of Paediatric Chartered Physiotherapists. This year we have received two nominations in respect of Lin Wakley and Carole Hurren.

Lin Wakley is, as you know, our retiring Editor, and you have already heard today of her merits.

Carole Hurren served on APCP National Committee for several years, retiring 2 years ago. She was responsible for developing and leading the Education Liaison Committee, as it was then known. She is well known for her APCP publications, especially for 'Statutory Assessment of Children and Special Educational Need'. Although technically retired from National Committee, Carol continues to be an excellent resource and is one of the organisers of this conference.

I am sure you will endorse the decision of National Committee, that both nominees more than meet the requirements for Honorary Membership, and as both are here today, I know you will join me in congratulating them now.

E. A. HARDY
APCP Chairman

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SPECIAL NOTICE

I must inform the membership that National Committee has authorised the removal of the name of one of our members from the membership list.

Andrew Christopher Apsey, from Barking in Essex was convicted on March 24th, 1999 on six counts of indecent assault against a child. Mr Apsey denied the charges but failed to clear his name at appeal. The offences did not involve a breach of the physiotherapist/patient relationship, as the child was not at any time Mr Apsey's patient. However, they were deemed to reflect adversely on Mr Apsey and the profession, and he was subsequently removed from the register of CSP and CPSM.

Mr Apsey worked for Redbridge Health Care Trust and also in private practice.

This is, to my knowledge, the first time such an issue has arisen in APCP, and I hope the membership will feel we have dealt with the matter appropriately.

LIZ HARDY
APCP Chair

SUMMARY OF ISSUES DISCUSSED AT NATIONAL COMMITTEE MEETING ON 4TH MAY

Membership:

Membership numbers continue to rise and have now reached 1613.
It was proposed at national committee and agreed unanimously by the membership at the AGM that the subscriptions, which have remained the same for three years, be increased to £25.00 in January 2001.

Public Relations:

The PRO, Sue Whitby, continues to respond regularly to requests for information and comments from the press, including *Frontline*.
It has been decided that APCP's display boards and publications material require to be updated.

Education :

Work on the Clinical Guidelines is progressing thanks to the work of the education and research committee. The current evidence was presented at Conference and a briefing paper will be ready for Conference 2001. The work, time and costs involved in the writing of the Guidelines is huge and should not be underestimated.

Possible validation of the Introduction to Paediatric Physiotherapy course is being pursued via the CSP or a university.

Research:

There is a Physiotherapy Research Foundation Award available for 2000. Apply to Marion Attew at CSP for details of this and other funding.

Useful web sites :

Events watch via www.health-news.co.uk

Discern at www.discern.org.uk

www.chiq.org.uk

www.quackwatch.com

Two new projects have been added to the research register this quarter and the register contains well over 20 names.

C.I.G. Liaison:

Due to insufficient applicants the C.I.G. conference was cancelled earlier this year and is due to be rescheduled in September at CSP. Likely topics will be clinical governance and review of C.I.G.s

The Journal :

Lin Wakley has handed over the reins as editor to Sally Braithwaite. The committee welcomed Sally and assured her of their support. She would welcome contributions, ideas and letters for the Journal. Members should remember that the Journal is an ideal forum for giving information to the wider membership and accessing specific information.

Publications :

The booklet "Statutory Assessment of children with SEN" is currently being printed.

ARC :

ARC this year unfortunately ran concurrently with APCP conference. However it was disappointing that only one member was able to take up attendance at ARC, despite APCP having four places assigned to them.

Correspondence :

The main focus of the correspondence to committee members continues to be from parents looking for private paediatric physiotherapists with specialists knowledge for their children.

A full copy of the minutes of the meeting can be obtained from your regional representative.

The next meeting will be on Friday 7th July at CSP.

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REGIONAL REPORTS

EAST ANGLIA

We had an excellent Study Day in March at Cambridge on the issues of Talipes, Torticollis and Erb's palsy. Jeanne Hartley from G.O.S. was our speaker and gave us a very comprehensive, practical update on these conditions. The attendance was high, and many thanks to Jeanne for making it such a worthwhile day.

The C.F. Study Day is now finalised for the 1st July at Bury St. Edmunds. The speakers will be Veronica Bastow from King's Lynn and Dr. Richard Isles of Addenbrooke's Hospital. Fiona Down is organising this course and can be contacted on 01480 415203.

The date and venue for our weekend course on matters pertaining to S.C.B.U. is finalised. It will be held in Addenbrooke's Hospital, Cambridge, on Friday 22nd and Saturday 23rd September. Programme details, costs, and information on B & B accommodation will follow.

At the March A.G.M. 6 new committee members were elected:- Linda Fisher, Kath Cooke, June Fisher, Dixie Bayly, Sue Chillingworth and Penny Large. A very warm welcome to you all.

Yolande Noble, our temporary secretary, has now returned to Australia with her family. She was warmly thanked by Janet Durrant, chairman, for stepping in at short notice and doing such a competent job. The post has now been split : Linda Fisher is minutes secretary, and Sue Chillingworth is branch secretary.

TRICIA BROSNAN

NORTH EAST

On behalf of the Committee and NE members I would like to take this opportunity to thank Teleri Robinson, retiring chairperson, and Georgina Keighley, retiring secretary, both of whom have done a magnificent job, working relentlessly for the branch over a great number of years. Teleri will be continuing her important role on the National Committee as membership secretary and Georgina will continue to

be on our local committee. At our next committee meeting new replacements will be appointed and will be announced in the next Journal.

The AGM and Study Day - Orthotics, on Saturday 4th March was extremely well attended. It must prove that we as paediatric physiotherapists consider orthotics to be a very important adjunct of our therapy management. Perhaps we should now have a workshop to develop our skills at making DAFO footplates. Watch this space!!!

We have secured the services of the Leeds Regional JCA team for our next Study Day on Wednesday 14th June at Dewsbury. Hopefully you have all received a flyer and have by now applied as it promises to be an excellent programme.

Correction from the flyer - Margaret Mayston will be only speaking for ONE day, Friday 10th November 2000 and not on the Saturday as well, as printed. Further details will follow nearer the time.

Hoping that you all have a lovely summer especially those going on holiday.

MARY HARRISON

SOUTH EAST

In March, we had our AGM and study day on Paediatric Manual Handling. This was extremely well-attended - in fact we were over subscribed. Pat Alexander ran an interesting and thought provoking day on the dilemmas we are faced with when handling children for therapy.

At our AGM we appointed several new members to our committee.

Sulu Mehta joins us as our new treasurer, Carol Dooley has now been appointed as chair, and Holly Grant as secretary. We are also joined by Peta Smith, Karen Jefferies, Jeanette Bowden and Claire Hay who have kindly agreed to be on the committee.

REGIONAL REPORTS

Our next Study Days on November 10th/11th 2000 will be on gait analysis. More details will be given in the next newsletter. Any ideas for future Study Days, please let your committee know.

SARAH CROMBIE

SCOTLAND

On 24th March in Ayrshire Jenny French led a most successful Study Day on Move a Tool for inclusion. We were pleased to share this with colleagues from education.

The AGM business was successfully concluded prior to lunch.

Our thanks and goodbye to retiring reps and welcome to new ones. It's good to have someone from each area again.

Final plan for Autumn Study Day is Friday 17th November. Jeanne Hartley, senior orthopaedic physiotherapist G.O.S. will speak on the management of Erbs, Talipes and Torticollis. Venue : Enigine Shed, St. Leonards Lane, Edinburgh EH8. For those interested in developmental supportive care this is to be held on 2nd and 3rd November at Heriot-Watt.

LESLEY SMITH

TRENT

On behalf of the Trent regional members I would like to thank our out going Chairman Ann Peters for all her hard work over the years. Ann is continuing in her co-ordinators role within the working party on moving and handling in schools and also as a conference committee member.

It is with great pleasure that I welcome Penny Smith and Sarah Westwater-Wood to the regional committee following a well attended AGM in April. They will be representing the Leicester region. At the AGM we enjoyed an interesting and thought provoking lecture on Dynamic Ankle Foot Orthoses by Mike Carter of IOS.

The committee face a busy year ahead organising the conference for 2001. I would therefore ask the regional membership to consider which courses they wish to be held. Clearly, practical assistance in the organising of evening and day courses would be required and greatly appreciated by the committee who would provide active support. Should any member wish to discuss this further please contact me.

LOUISE KELLEHER

WEST MIDLANDS

It is with some sadness that I write my final regional rep's report. Your new rep will be Fiona Nicholson who is our new branch chairman. I expect you would all like me to give her our very best wishes for her term of office. Fiona can be contacted at the Children's Hospital in Birmingham, 0721 333 9480 and will be happy to talk to any of you. Welcome also to Helen Copestake who has joined the committee.

The A.G.M. in March had a very interesting lecture by Vinnette Cross, but was not as well attended as it might have been, despite the lure of a buffet supper.

We still have a small amount of money for allocation in our educational bursary. If you are an APCP member and have completed a course within the last six months that you have had to fund for yourself and wish to apply for some of this money, contact Christina Ebrey, 27 Oak Leaf Drive, Mosley, Birmingham, B13 9FE for an application form. You will need to hurry, the closing date for requests is 30 June, and don't forget you will be asked to report back to the branch in some way on the course you have attended.

We have one lecture evening on 17 May 2000 at Victoria School, Northfield, Birmingham. For my sins I have been asked to talk about the work I have been doing to build up a physiotherapy service for children in main stream education. The start will be at 7.00 p.m. prompt and I will look forward to seeing some of you there.

SALLY BRAITHWAITE

REGIONAL REPORTS

NORTH WEST

The February A.G.M was successfully combined with a presentation from 'Second Skin' and interactive discussion on the pro's and con's of lycra splinting.

Future Study Days planned:-

Sharing Day on Paediatric Manual Handling Issues in June

NIDCAP System with Inge Warren in November
'Legal Issues' 2001

Don't forget the Video Library Contact Liz Roylance at Hebden Green School, Cheshire.

Study Bursaries available. Forms via Treasurer Lesley Turner, Queens Park Hospital, Blackburn.

Finally - Good luck to Lorna Stybelska who is moving up to Carlisle and welcome to Pam Moss who has joined the committee.

I am handing over the Regional Rep's role to Gill Holmes. She will enjoy the challenges and the chance to meet other physio's across the U.K!

SUE WALMSLEY

SOUTH WEST

The Study Day/AGM at Salisbury on 4 March was well attended and very interesting. The subject was Syndromes and there was some disappointment that the speaker on Rett Syndrome was unable to attend. However, Carole Hurren saved the day by organising an impromptu problem-solving discussion which was very useful. Thank you, Carole. Several long standing members retired from the SW Committee and I am delighted to report that several new members were put forward and elected, including ones from Cornwall, Devon and Gloucestershire. At last the far western reaches of the region have some representation so it should be easier to organise some Study Days in these areas.

There was a Wessex Workshop afternoon at Poole on the subject of Conductive Education in March. The next one is on Wednesday 5 July, 1.30 - 3.30 p.m. at North Hants Hospital, Basingstoke. The subject is "CP or Not CP?" the differential diagnoses of CP and metabolic disorders by Dr Pleydell-Pearce. Contact Sue Moll for further details: 01256 313694.

It was good to meet lots of members from the SW region at Conference 2000 in Bristol and I hope you all enjoyed it as much as I did.

PAM EVANS

NORTHERN IRELAND

The AGM was held in February, and we had an excellent turn out, we all enjoyed a very informative talk by Carrie Spence on "Head Injuries". Unfortunately we had to cancel the talk in March, "A Pharmacology Update", but hopefully we can rearrange this in next year's programme. The committee will be getting together soon to arrange next years programme if anyone has any specific topics they would like to hear about, please let myself know or any of the committee members.

The study day on the "Neurophysiological basis of the Bobath concept" with Dr Margaret Mayston as the lecturer was excellent, it was a pity the numbers were not higher!

We welcome Felicity Dickson, Annette McParland and Diane Turkington onto the committee.

I would also like to congratulate Adare Brady on behalf of all N.I.A.P.C.P. members on her recent appointment to Vice Chair of A.P.C.P.

JUDITH MORRISON

WALES

Following an excellent day on Paediatric Manual Handling with Pat Alexander, we had our AGM at Trinity Fields Special School on March 17th. Thank you to all those who made the effort to join us at the end of the day, more so to help finish off the lovely food left over from lunch! We welcome two new members to the committee, Dawn Pickering and Liz Atter. Croeso! And because it was such a successful day, we're hoping to organise another one for next year, especially for those who were on the reserve list.

On May 17th, we had a very interesting talk on the "Management of spinal problems in children" with Paul Davies, Consultant Orthopaedic Surgeon, Llandough Hospital, which led to much discussion on current issues etc.

There will be a Study Day on "Neuromuscular Conditions" with Marion Maine on June 16h at the Royal Glamorgan Hospital.

And the "Introduction to Paediatrics Cymru 2000 is still ongoing! All lecturers have been contacted and have agreed to talk on the course, so it's now a matter of typing up the draft programme. There has been plenty of interest shown from all over the UK so we're all quite excited and looking forward to it very much. We're still hoping to arrange a midweek social night - a quiet drink or two maybe!!

As always, let me know of any ideas/suggestions etc for next year's programme or if you have any other general queries. Enjoy Summertime! Hwyl fawr!

SIAN HOWELLS

APPLICATION FORM FOR APCP PUBLICATIONS

TITLE	PRICE	QUANTITY
Serial Splinting in Hemiplegic Cerebral Palsy by Margaret Jones (2nd Edition)	£3.50	
The Children Act 1989 'A Synopsis for Paediatric Physiotherapists'	£2.50	
Dyspraxia - A Handbook for Therapists by Michelle Lee and Jenny French	£5.50	
Guidelines for Calculating Caseloads	£1.00	
Baby Massage	£1.00	
Standards of Practice for Paediatric Physiotherapy	£2.50	
Statutory Assessment of Children and Special Educational Needs	£4.00	
Tests and Measures Resources Pack (2nd Edition)	£3.50	
Haemophilia Booklet	£3.50	
Human Postural Reactions - Lessons from Purdon Martin by Dr. John Foley	£5.00 (incl. of P&P)	
Manual Handling Booklet	£10.00 (incl. of P&P)	

* Post and Packing	Single Copies	£0.50	TOTAL BOOK ORDER	£
	2 - 5 Copies	£1.00	*POST AND PACKING	£
	6 - 10 Copies	£2.50	TOTAL :	£
	over 10 copies on request			

TERMS: **STRICTLY CASH WITH ORDER**

**Cheques and postal orders should be made out to "APCP Publications" and included with order.
(International Money Orders accepted)

SEND ORDERS - WITH PAYMENT to :

**Eileen Kinley, Superintendent Physiotherapist,
Royal Liverpool Children's NHS Trust, Alder Hey Hospital,
Child Development Centre - Physiotherapy Department, Eaton Road, Liverpool L12 2AP**

Name and Address for delivery:

.....

.....

HERE AND THERE

ATTENTION PAEDIATRIC PHYSIOTHERAPY MANAGERS!

Paediatric physiotherapy managers throughout the U.K. have formed a support group known as Paediatric Physiotherapy in Management Support (PPIMS). The group is open to physiotherapists who have responsibility for the strategic planning and implementation of paediatric physiotherapy services. The group meets 3 times per year, with the last meeting being held in Edinburgh on March 17th, 2000. If you want to influence the direction of paediatric physiotherapy services, we need your knowledge and expertise to contribute to our agenda of improving children's physiotherapy services.

For more information, contact Dawn Swards, Secretary, at the Manchester Children's Hospital, on 0161 727 2344. For a membership application form, please contact Jane Hedley, Membership Secretary, at Royal Aberdeen Children's Hospital, on 01224 681818, ext. 54053.

**Copy for the
SEPTEMBER 2000 JOURNAL
must be with the editor by
1st AUGUST 2000**

The editorial board reserve the right to edit all material submitted

COURSES

North West Region STUDY DAY

A DEVELOPMENTAL
APPROACH TO THE CARE OF
THE HIGH RISK INFANT ON
THE NEONATAL UNIT AND
BEYOND.

Tuesday 14th November 2000

Speaker : Inga Warren OT MSc

Venue : Royal Manchester Children's Hospital

**Cost : APCP Members £40.00 Non Members £50.00
including Coffee and Lunch**

For more information or application form **please send SAE by Tuesday 17th October to** : Mrs Jean Johnson, 16 Dunoon Close, Holmes Chapel, Cheshire CW4 7LL.

CHILDRENS HEAD INJURY FROM HOSPITAL TO HOME

A Multidisciplinary approach

Dates : 16th, 17th & 18th October 2000

Venue : Fairburn House (Nuffield Institute), Clarendon Road, Leeds.

**Cost : £220 - doctors
£160 - Other healthcare professionals
(Daily rates available)**

A three day course aimed at all members of the multi-disciplinary team covering acute management of Paediatric Head Injuries through to discharge home and reintegration into school.

For further information and/or application form please contact Catherine McAndrew, Paediatric & Child Health, D Floor, Clarendon Wing, Belmont Grove, Leeds LS2 9NS

University College London

MASTER OF SCIENCE AND GRADUATE DIPLOMA IN NEUROPHYSIOTHERAPY

A one year full time or up to five years part time Modular Course.

Course tutor : Margaret Mayston, PhD, MCSP of Physiology Department, University College London and the Bobath Centre.

The course will provide physiotherapists working with neurological movement disorders (adult and paediatric) with a theoretical basis for clinical practice. The course will also comprise of a skills component to enable therapists to gain greater expertise in the management of clients with neurological disorders. It will enhance the physiotherapists' awareness of other aspects of client management and will provide them with a framework to develop evidence-based practice and to have the opportunity to investigate a particular area of interest in depth.

For further details and an application form please contact :
Mrs Fiona Cook, MSc Administrator, Institute of Human Performance,
RNOHT, Brockley Hill, Stanmore, Middlesex, HA7 4LP. Telephone :
020 8954 8856 Email: msshhp@ucl.ac.uk

COURSES

MSc IN THE MANAGEMENT OF CHILDHOOD DISABILITY

This is a part-time multi-disciplinary, modular course lasting two years and one term. Students may also study individual modules and 'stand-alone' courses or accumulate credits over a period of up to five years. Applications are invited for admission in September 2000.

The key components of the course are :

- Normal physical, emotional and cognitive child development, how this relates to the abnormal, and the implications for the child and family.
- Theoretical and practical skills in the management of children with special needs.
- Research methods and application of these to clinical audit, service provision and evidence based practice.
- The social influences that impact on the health of the child and family both in the UK and world-wide.

Students are encouraged to develop a questioning attitude. Group work, self-directed learning and a research project are important elements of the course.

We offer an opportunity for students of distinction level to extend their research to MPhil/PhD study.

Applications are invited from a wide variety of professionals, including occupational therapists, physiotherapists, speech and language therapists, psychologists, nurses, doctors and teachers of children with special needs. A first degree or equivalent professional qualification is required. Applications are expected to have a minimum of two years post qualification experience. Successful applicants may apply for one of five £1000 bursaries.

For further information please contact :

Dr Jane Burridge, Post-Registration Co-ordinator
School of Health Professions and Rehabilitation Sciences, University of
Southampton, Highfield, Southampton, SO17 1BJ.
Tel: 023 8059 5908 Fax: 023 8059 5301 Email: jhb1@soton.ac.uk

Notes for Contributors

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

Manuscripts should be sent to Mrs Sally Braithewaite, 531 Church Road, Yardley, Birmingham, B33 8PG.

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 :

**DEVELOPMENTAL
COORDINATION DISORDER
From Research to Diagnostics
and Intervention**

**Neuro-Trophic Stimulation
Case Studies**

**Conference 2000
AGM
Officers Reports**

