

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



AUGUST 2011

ISSUE
NO. 9

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Editorial

This newsletter comes at a time when the Summer is fading and Christmas is creeping up. A lot has been achieved by the APCP during this year with our influence growing.

We are stakeholders for a number of NICE guidelines and this ensures that physiotherapy is taken into account when services are being planned. We have been able to contribute to the "Safe and Sustainable" consultations concerning national provision of cardiac surgery and neurosurgery. There has also been the opportunity to highlight our concerns about the new green paper on SEN and the impact that the plans could have in the long term.

We have some new leaflets under development which will be available for download on the website. These include advice on babywalkers, flat feet, plagiocephaly and how to choose footwear. We hope to be able to extend the range of leaflets available while keeping the other publications up to date.

I would encourage you to book your place for the Conference soon as it is filling up earlier than usual. The programme looks stimulating with a good range of speakers. We also hope to have an exciting range of exhibitors on hand.

Heather Angilley
APCP Chair

ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

38th Annual General Meeting

Saturday, 5th November 2011

starting at 12.30pm
Radisson Blu, Stansted

Minutes of the last AGM can be downloaded from the APCP website.

There will be 3 vacancies on National Committee - members wishing to consider being nominated for National Committee should contact the APCP Administrator before 30th September 2011.

www.apcp.org.uk



CONTENTS

| | |
|------------------------------|----|
| APCP Matters | 3 |
| APCP Regions | 6 |
| APCP Specialist Groups | 12 |
| Research & Education | 14 |
| Annual Conference 2011 | 15 |
| A Visit to St Louis | 23 |
| Focus on Working Lives | 27 |
| Here and There | 33 |

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

Professional Networks and Alliances - the changes explained

You may be aware of the planned changes by the CSP to change the name and nature of the Clinical Interest and Occupational Groups (CIOGs) to Professional Networks (PNs). The networks are grouped together into Professional Alliances (PAs) - ours is called the 'Client Group Alliance'

APCP is in an alliance with 8 others:

- Association of Chartered Physiotherapists in the Community
- Association of Chartered Physiotherapists in Oncology and Palliative Care
- Association of Chartered Physiotherapists in Therapeutic Riding
- Association of Chartered Physiotherapists in Women's Health
- ADAPT - Chartered Physiotherapists in International Health and Development
- AGILE - Association of Chartered Physiotherapists in Amputee Rehabilitation
- Chartered Physiotherapists promoting Continence
- Chartered Physiotherapists in Mental Health Care

We were pleased that the CSP allowed us to make our own decisions about which Alliance would suit our needs best. The meetings so far have been held and facilitated by the CSP and have involved the Chairs of each of the networks. We were asked to look together at the nature of future communication with the CSP and we have taken opportunity of the

meetings to get to know each other and the makeup of our respective networks.

This re-arrangement will replace the function of the CIGLC (Clinical Interest Group Liaison Committee) with each having an Alliance Executive Committee, and the Chairs of the Alliances will in turn form an Alliances' Executive Board.

There are 6 Alliances. Communication between the networks and the CSP will primarily be managed through these Alliances.

The Client Group alliance has approximately 5000 members, with APCP being the largest group with 1800 members.

At present the Alliance has put a submission to the Professional Practice and Service Sub-Committee (PPSD) to object to two requests of the CSP:

- a) for us to alter our constitution to reflect the CSP's requirement for all Network members to also be members of the CSP (previously this was 50%);
- b) for all networks to have a minimum of 100 members to be recognised - although this point is not a problem for APCP, it is for some of the other Networks and we want to stand with them in their appeal, reasoning that for some groups their area of interest is so specialist that they might never get to 100 members but should still benefit from support from the CSP.

The next meeting of the PPSD is in October so we will have more to report then.

Heather Angilley – APCP Chair

InteractiveCSP is almost back on track

With a paediatric network of some 6400 members, iCSP has for some time, been a popular knowledge sharing resource for paediatric physiotherapists. Moderated by a dedicated group of APCP members, it has facilitated debate and exchange across the country and all sections and grades of the profession. Recently the site changed. The aim, of course, was to improve the service but it has had a challenging start.

In March this year iCSP merged with the new CSP website. It was part of a move to integrate CSP's online services and create one site, with one account and one login. This was a popular request from CSP members. The new iCSP also introduced new features and new content types but otherwise aimed to be similar to the previous and popular version of the site. So far so good!

Unfortunately, however, it has taken time for iCSP to settle into its new home. Teething problems have meant that the service is not yet delivering to its full potential. Key features such as bulletins and discussion emails were temporarily withdrawn and site performance is not yet at the level of the old site. In short, the challenge of moving onto a new system and merging with the main CSP website has proved much more challenging to the site developers than they anticipated.

The developers are still working to make iCSP as robust, quick and easy to use as its predecessor. As a result it is now, we hope, returning to and improving upon the capabilities of the old iCSP. We remain confident that it will deliver its potential and will enable CSP to continue to develop and improve the online services we provide to members.

APCP Matters

However, there is no escaping that it has been a frustrating start to the new iCSP, not least for the moderators of the paediatric network. Their hard work over several years has helped make paediatrics one of the most proactive and supportive communities on iCSP. We are very keen not to lose that momentum through the initial teething problems and on their behalf we ask for your continued support of the paediatric network on iCSP.

We hope that you will now begin to see and value the improvements with the new iCSP and that you will continue to lead the way, as a clinical community, in using it to discuss your practice and share your ideas and resources.

The CSP welcomes your feedback and ideas on any aspects of the new CSP website as there is still much that we can improve and that now is our challenge for the period ahead. To access the paediatric

network on iCSP go to:
www.csp.org.uk/icsp/paediatrics

You will need to login at this point as it is for CSP and APCP members only.

Nigel Senior
Online Communications Manager, CSP

iCSP Paediatric Network Moderators

- Heather Angilley
- Renuka Dharmadhikari
- Kathie Drinan
- Helen French
- Kirsten Hart
- Nicky Hayes
- Julia Hyde
- Kerry McGarrity
- Carolyn Nichols

APCP on SKYPE

Being a member of a committee, whether it's your regional group or one of the special interest groups inevitably causes difficulties when trying to arrange meetings. Trying to get several paediatric physiotherapists in the same place at the same time can be a bit like herding cats!

Skype can be very useful for meetings on-line - the South East committee and the MSK group both regularly use it. It has the added advantage of no travelling time or travelling expenses, and you can arrange it at your leisure, in the comfort of your own home with a glass of wine close by!

For those not familiar with Skype, here is a brief how-to guide.

How to start

- Google Skype, log on to the page and download the free software
- Click on 'don't have a Skype name' which opens 'create an account'
- Select a Skype name which you don't mind your colleagues seeing, and something you'll remember. Select a password and click on 'sign in'

That's it! It helps if you have a webcam (as they usually have integral microphones) and speakers attached to your computer, if not you will need a microphone/headset to be able to talk and hear. Most laptops have these built in too.

Tips for successful conferencing

- Choose a host - the host should have the most up-to-date version of Skype as if they are

using an older version, those with newer versions can't always join in. You all need broadband as well really, as dial-up is too slow.

- The host should make sure they've got everyone's Skype names beforehand, you can search by e-mail addresses but most people have more than one email address and you won't know which one they've logged on with.
- Arrange a date and time.
- You can conference with up to 25 people but more than 4-6 gets a bit tricky to manage to complete sentences! The host clicks on 'contacts' then 'create new group'. From the contacts list, click and drag the names you want into the 'empty group' area.
- Click on 'call group'

If you want to use Skype conferencing for free you do not see people on their webcams, a major advantage some of my colleagues think! You will see their name and picture (please put a picture on your profile, all those silhouettes are boring!) and when they speak, a little blue ring appears around them so you can see who's talking without having to keep announcing yourselves.

I don't know that this will replace committee meetings, especially if your committee is large, but for the sub-groups and things like organising courses, it's invaluable.

Kerry McGarrity (APCP South East)

The CSP's Annual Representative's Conference (ARC)

About ARC

The Annual Representative Conference (ARC) offers an opportunity to learn about key issues relating to:

- Professional practice**
- Industrial relations**
- Current and future health policies**
- Education and research**
- Social and ethical issues**

By attending ARC members you will have an opportunity to enhance your understanding of:

- what issues are important and relevant to CSP members, the services they offer and to the health and wellbeing of the community;
- important changes in health and social policies within the wider political context of the four countries of the UK;
- issues which concern members as moral and ethical agents outside of their professional responsibilities;
- the structure of the profession and the ways in which the CSP and CSP members influence the wider world;
- the inter-relationship between ARC, the standing committees and Council.

By participating in ARC you will be able to:

- network with your peers, including stewards, clinical interest and occupational group members;
- actively engage with the democratic / governance processes of the CSP and experience how ARC can influence the work of the CSP;
- express views on, and influence, the direction the CSP takes in relation to professional and employment issues (including the wider trade union agenda);
- help shape the decisions made by your professional body about how the profession

might meet the future needs of service users through the design and service delivery of health and well-being services across the UK;

- develop evidence of your CPD for inclusion in your portfolio.

Each Professional Network that is recognised by the CSP is able to put forward motions to ARC. They are limited to a couple of minutes each to present it, which allows as many as possible to be submitted. They are seconded by another network who volunteers to speak about the motion to the conference for another couple of minutes. After this there is an opportunity for supporting comments, or points of disagreement which are voiced from any of the delegates. The motion is then voted on by the whole conference. If it is passed it then goes to Council for their consideration. As the process is quite long it is important that the original network keep themselves up to date with the progress of the motion through all its stages.

APCP is putting the following motion forward in October for the 2012 Conference.

"The Association of Paediatric Chartered Physiotherapists ask The Chartered Society of Physiotherapy to change the process of interviews and publication of articles with the Editor of Frontline"

On numerous occasions members have been interviewed on the telephone with regard to areas of their expertise. Changes were then made without consultation and proof reading and went to print. Often the article is therefore not a true reflection of the telephone conversation, nor are any references given. APCP ask that members are allowed to proof read articles prior to publication.

Annual Representative's Conference 2012

The 23rd Annual Representative Conference

will be held at

**The Palace Hotel, Oxford Street,
Manchester, M60 7HA**

on

Wednesday, 8th & Thursday, 9th February 2012

Five Reasons why you should consider becoming a member of your Regional Committee

Often when people read that regions are after people to join the Regional Committee it's dismissed, they think they are not the person for the job ... they haven't worked in paediatrics for long enough; they don't know how to organise courses; it's too much work; they're too young. These are all common thoughts that people have. There are many reasons why people may talk themselves out of the idea, what could they possibly get out of it!! The answer is probably more than you would think...

1. Reduction in Regional Course Costs - with the current pressures that everyone is facing in both NHS and private settings its becoming harder to access funding for external courses, but most regions enable the committee members to attend for free or at a highly discounted rate.
2. Course Selection - part of the Regional Committee's role is to organise local courses for the members - this is the ideal chance to put forward your opinions on what should be run in your area, so when you're struggling to find the course that you're looking for, your problem could be solved.
3. Networking - committee members often use the committee meetings as a chance to find out what is happening in other areas within the region and it is also an ideal time to pick to the brains of the rest of the committee when you need an additional bit of help.

4. KSF made easier - many people can dread the time when they need to gather the evidence they need for PDR's and evidencing KSF - being a committee member can help out on that front: minutes of meetings help to support communication abilities, time management and organisational skills.
5. Your Role on the Committee - it's a team approach so no one is expecting you to do it all personally - although there are roles of Chair, Secretary, Treasurer, and Regional Representative to National Committee, the key tasks are often coming up with the ideas for courses and study days, and clinical contacts which everyone contributes to and so it really is a team approach.

Most regions meet either 2-3 times a year with the date set at least a meeting in advance, so it won't take up as much time as you may think initially and you are reimbursed for travel.

Even if you still think it's not for you there is still a chance for you to help out - regions are always keen to have names of possible speakers, venues, or topics suggested and all it takes is an email to pass on your ideas.

If you are considering becoming involved, why not contact your Regional Representative or look at the pages on the APCP website? You could always try going along to a meeting to see what happens in your area.

EAST ANGLIA

Arrangements are now well underway for this year's APCP Annual Conference in our Region. We have been pleased at the number of applicants to date but have decided to extend the Early Bird Booking period to encourage you all to apply if you have missed the initial deadline.

We are anticipating a busy September and October in the run up to the Conference in November but are looking forward to meeting you all at Stansted!!

Pam Marmelstein
pam.marmelstein@bedfordshire.nhs.uk

LONDON

It has been a very busy time for London committee with 4 very well attended lectures in the last 3

months. We have had lectures on Respiratory Physiotherapy in Neonates, CFS/ME, Hypermobility and Gait, and Gait Analysis.

The lecture on Hypermobility reached capacity and the lecture on Gait was oversubscribed, so well done you enthusiastic bunch for coming out in such numbers. If you were unable to attend the Gait lecture don't worry as we plan to run it again in the near future.

After the praise comes some scolding. Shamefully there were 17 people who did not attend the hypermobility lecture after booking and 9 who did not attend the gait lecture. These people were directly responsible for those on our reserve list not being able to attend. We will therefore be tightening up our booking process, so please understand the reasons why we are being stricter. We are simply

APCP Regions

trying to improve things for all our members.

The good news is that because of our well attended lectures, we have a small surplus of money in our accounts, so we have decided to offer a place at conference 2011 to a London Branch APCP member. The name was drawn by an 'independent adjudicator' and witnessed by committee members on Friday 15th July and the lucky person to win a free place at conference this year is Lucy Gray who works at the Kaleidoscope Centre in Lewisham. We have also awarded a second bursary of £100 towards the costs, to a second London APCP member.

We believe the reasons our lectures have been so well attended, is that we are acting on your feedback, as to what you want to hear. If you are interested in a topic then the chances are most of your APCP colleagues are too ... so please contact me with your ideas to fuel our lectures

Sinead Barkey
BarkeS@gosh.nhs.uk

NORTH EAST

After much seeking I'm happy to announce that we have two new committee members to help with the running of the North East region. We welcome back Vicky Greensmith and we're also joined by Lauren Wooley. The additional help is much appreciated by the existing committee members and if there is anyone else out there who would like to join us please get in touch, as any help and input is extremely welcome.

The committee have been busy behind the scenes and we are currently in the process of organising courses for the next 18 months. These will be added onto the APCP website, so please keep checking for any details of the courses. As we have been lucky with the support in past study events we are in a position to offer the courses at a lower rate for the regional members, but places may be limited due to the venues and early booking is always advisable. We are currently organising a neonatal study day which we are hoping will take place in September which will also incorporate our AGM. Please keep checking the website for further details.

As usual we are on the lookout for suitable venues to host future study days and evening sessions that we are planning. The members of the current committee are largely based in the Yorkshire area but we'd love to be able to host events further afield with your help!

Please note that my email address has changed as shown below.

Helen Chamberlain
Helen.chamberlain@humber.nhs.uk

NORTH WEST

All quiet on the North Western front and therefore not much to feedback on. Comments from the Obstetric Brachial Plexus Palsy day were very positive, with specific note being made regarding the non-clinical input from the Erb's Palsy Group. Having first hand observations from a Mum and an older adult with Erb's Palsy was very beneficial and highlighted issues to consider when treating children with the condition and interaction with parents.

Plans are afoot to organise a twilight session to look at CPD with links to KSF. We are currently trying to source speakers for the session; no dates have been confirmed at this time. A neuro-muscular day has also been proposed for 2012 - watch this space.

Thanks to Sue Booth who has agreed to represent APCP again this year at the Kidz Up North Exhibition on Thursday, 24th November at the Reebok Stadium, Bolton – visit Sue on the APCP stand if you are attending!!

Lastly, we are looking for articles for the newsletter; any paediatric related subject is welcomed. Do not worry about it being of journal standard, it's not peer reviewed, we just want to share current best practice with colleagues around the country.

I hope you are enjoying the summer holidays! Tara
Harry Harrison
Mark.Harrison@cumbriapct.nhs.uk

SCOTLAND

It really does only seem yesterday I was submitting the last Scottish update oh how time flies!

Sadly, we had to cancel our last planned study day in May/June but am pleased to confirm our autumn study day is confirmed for 18th November when we have Virginia Knox from The Bobath Centre speaking on 'Outcome Measures'. As many of you will know Virginia was a speaker at the last APCP conference and we are delighted she has agreed to come to Scotland. This is likely to be a very popular study day so please book early.

Our Regional APCP AGM will also take place on the 18th and we would be delighted to see as many members as possible. We have a number of committee members standing down this AGM and we are always on the lookout for anyone interested in joining the committee.

Finally, good luck to Fiona McGrane from the Scottish Regional Committee who is expecting a baby in August - hope all goes well!

Liz Gray
elizabeth.gray@nhs.net

APCP Regions

SOUTH EAST REGION

Since the last newsletter we have kept ourselves busy in the South East organising a study afternoon on Hypermobility - something of a hot topic, as we were not the only region covering this subject. We were also quite proud of ourselves for holding all our planning meetings on Skype, it was a learning curve for all of us and certainly something to be repeated.

We wanted to make the course as interactive as possible and so decided on the title 'Hypermobility: More Questions than Answers' and we wanted to provide a forum to – share practise and to assist in the development of a trans-disciplinary consensus on management. Therapists were asked to complete a simple questionnaire on their experience of hypermobility to bring to the study afternoon along with any information that they give out locally – this gave us a profile of experience.

The afternoon was oversubscribed and we struggled with a number of late applicants, unfortunately having to refuse a few people places. Please, please, please can you apply in plenty of time as we don't like to turn people away and with a little more notice we might have been able to accommodate everyone - the application deadline is there for a reason!

The study evening started with an introduction to hypermobility along with differential diagnosis, we then looked at the evidence, and went on to hear about the hypermobility groups that are being run in West Sussex. After the tea break everyone was ready for the presentation by the podiatrist which turned out to be very lively. In the final part of the afternoon we divided everyone into groups covering referral pathways; leaflets and written information; treatment and management programmes; and

outcome measures. Each group was asked to gather information and this will be disseminated at the AGM and hopefully a working party formed to take this forward, definitely a work in progress.

The AGM is to be held on Thursday, 20th October 2011 – venue to be confirmed. We hope to have a Clinical Psychologist to speak to us on family focused problem solving groups and coping with pain, and then we will be hearing the follow up from our hypermobility groups and forming a working party. Following the AGM and tea break we will have Kathie Drinan talking on 'Transition not Transfer'. Kathie spoke at the APCP conference in 2010 and her talk was really well received.

We also have plans for another study evening on Thursday 8th December. All courses will be advertised on the APCP website .

Finally at our recent committee meeting we decided to sponsor a fully paid up member of the South East Region to attend conference this year. Information was recently emailed out to members about how to apply for this and the lucky winner of this full conference package (inc. 2 days at conference, conference dinner and overnight stay) will be expected to write up a report of their experience ... Good Luck!!

I hope everyone has a restful summer and that the sun shines at last and I hope to see you in the autumn.

Nicola Burnett
nburnett@valence.kent.sch.uk

SOUTH WEST

I hope you all got a chance to read the article in the last newsletter discussing the potential changes to the south west boundaries, as suggested by a few members.



Open Morning for Allied Health Professionals, including Assistants and Technicians.

Valence School, Westerham, Kent TN16 1QN
On Wednesday 19th October 2011
Time 9.15am – 2pm

Valence School is a school for children with physical disabilities and complex medical needs aged 5 to 19 years offering both residential and day places.

Programme to include talks from Physiotherapists, Occupational Therapists, and Head of Teaching and Learning at Valence School. Guided Tours and Exhibition of Specialist Equipment provided by a variety of companies.

Coffee and light lunch provided. CPD opportunity.
For further information and booking details.

Email openday@valence.kent.sch.uk
Or see school website www.valenceschool.com

APCP Regions

There was very little feedback following this to the VA or to members of the South West Regional Committee expressing a desire for things to change, so it was discussed further at the last National Committee meeting.

The decision was made to keep the South West Region as one, but to have Cornwall as a sub-group, running their own courses, etc. There will be representation from this group on the South West Regional Committee.

We had a committee meeting in May, where the main topic of conversation was the study day this year. This will be held at the Postgraduate Centre at Poole Hospital on Monday, 17th October 2011 ... put the date in your diaries!

The study will be looking at the management of the upper limb, and aims to interest both musculoskeletal and neurodevelopmental paediatric physiotherapists. Further details will be posted on the APCP website ... we recommend that you book early as last year's course was over-subscribed.

Charlotte Taylor
charlotte.karmy@poole.nhs.uk

WEST MIDLANDS

We continue to receive positive feedback from the APCP National Conference we held in Coventry last November and wish East Anglia good luck with this year's conference.

The West Midlands committee are currently planning a forum looking at postural care in the Midlands titled: 'Posture - the 24/7 Challenge'. The forum is being held at Wilson Stuart School on Tuesday, 20th September 2011. Please find further details on the APCP website under West Midlands Region.

This will be an excellent opportunity to discuss current practice in the Midlands including difficulties faced in our region. We have speakers from the acute and community setting and a guest speaker who is undertaking research in this area. There will also be the opportunity to see a selection of postural care equipment currently on the market. The event is free of charge to APCP members and we are keen to encourage other AHPs to attend. We have recently sent out a questionnaire to members to provide some information for the forum, if your department has not completed one already a link can also be found on the APCP website. We are happy to receive questionnaires up until the 1st September, the more replies we have the better informed we will be at the forum. Please come along as it promises to

be an interesting and informative opportunity to develop postural care in the region!

Please can members remember to update the email address held by APCP if it changes, so that you continue to receive information regarding study days, questionnaires, etc. from your regional committee.

The West Midlands AGM will also be held on the 20th September at the forum. New nominations to the committee are very welcome!

Katie Roberts
katie.roberts@bhamcommunity.nhs.uk

WALES

Geraldine Hastings invited us to an evening of graduand research presentations in June at the Cardiff University School of Healthcare Studies. The 5 presentations covered a range of interesting topics and were very well received, with lively discussions following each presentation, chaired eloquently by Geraldine. This was the third such event and it has proved to be an effective link between students, researchers and clinicians as well as an affordable and enjoyable way of gaining CPD and supporting our future colleagues.

The Welsh Regional Committee continues to meet regularly and we have developed a provisional diary for the following year:

Thursday, 1st September 2011

Annual Celtic Kids Equipment Exhibition
Merthy Tydfil Leisure Centre

Thursday, 6th October 2011

APCP Wales Regional Committee Meeting
Glamorgan Children's Centre

November 2011

½ Day Study Day on Spasticity Management
Gwent

December 2011

Study Evening on Oncology
Cardiff

January 2012

APCP Wales Regional Committee Meeting
LLanelli/Carmarthen

February 2012

GMFM Course
Bobath Centre, Cardiff

March 2012

APCP Wales Regional Committee
Video Conference

April 2012

AGM & CPD Session on Goal Attainment Scale
Swansea

June 2012

4th Graduand Research Presentation Evening
Cardiff University

APCP Regions

July 2012

APCP Wales Regional Committee Meeting
Aberdare Children's Centre

October 2012

Annual Celtic Kids Exhibition
Merthyr Tydfil Leisure Centre

APCP Wales Region are offering 2 free places to attend the APCP Annual Conference 'Challenging Clinical Practice', application deadline is 1st September 2011 – contact me for an application form (email below).

In addition members might like to know that The South Wales Cerebral Palsy Network has just restarted regular meetings with support from Allergan – contact Wendy Godwin for further details: wendy.godwin@wales.nhs.uk – the next meeting takes place on Wednesday, 14th September.

Welsh contributions are very much needed for the APCP journal and the newsletter. Ask for guidelines and support if you are new to writing articles. I hope you are having a lovely summer!

Gabriela Todd
gabrielatodd@btinternet.com

South Wales Cerebral Palsy Network

Wednesday, 14th September 2011
12.00-4.00pm

(Lunch will be provided by Allergan
between 12 and 1pm)
at
Serennu Children's Centre,
Newport, NP10 9LY

Assessment Skills

Use of photography to measure lower limb
joint range of movement and spasticity
Use of the Edinburgh Gait Scale and the
Observational Gait Scale to evaluate gait

This network is predominantly aimed at
paediatric therapists with an interest in
cerebral palsy and spasticity management,
and is supported by Allergan.

Places are limited.

Please confirm your attendance to Wendy
Godwin: wendy.godwin@wales.nhs.uk or
telephone and leave your details 01639 862713
by Wednesday, 7th September.

DO WE HAVE YOUR CORRECT EMAIL ADDRESS.

Information about Regional events are emailed to members and a couple of weeks ago we sent our first monthly 'APCP News' – if you haven't received any emails from APCP recently please contact va@apcp.org.uk to check if we have your correct email address listed so that you don't miss out!!

The Association of Paediatric Chartered
Physiotherapists In Wales Present the 3rd:

Celtic kids

Easy Access



Free Entry



**Accessible
Parking**



Thursday September 1st
2011

9.30am — 5pm

Merthyr Tydfil Leisure Village
Merthyr Tydfil
CF48 1UT

Wales' only exhibition dedicated to disabled children, their families and professional working with them.

Information available on mobility, seating, sleeping, toys,
leisure and much more!



For more information please contact:

Davina Isaac

Tel: 02920522600

Email: celtickids@hotmail.co.uk

Web: www.celtickids.org.uk

APCP Specialist Groups

APCP Neonatal Group

The APCP Neonatal Group ran a 2 day course in Birmingham on 'The Role of Therapists in Neonatal Care'. The course was over-subscribed and unfortunately we had to turn away a number of applicants. The course evaluations are being analysed and we hope to be able to give further feedback in the next edition of the Newsletter.

You should now be able to find links from the Neonatal pages of the APCP website to the new Neonatal Competence Framework and Tummy Time leaflet.

Since the publication of the last Newsletter, members of the APCP Neonatal Group Committee have met to discuss chest physiotherapy in neonatal care. The APCP Neonatal Group were involved in drafting the physiotherapy section for the recently updated standards on neonatal care published by BAPM. However, BAPM were reluctant to include a statement on chest physiotherapy on the basis that there is no evidence for it and that many units do not have access to such a service. This meeting was convened to examine this stance taken by the BAPM and to provide leadership in this area.

The meeting concluded that:

- the knowledge and skills of the respiratory physiotherapist are still relevant to modern day neonatal care;
- chest physiotherapy techniques are an adjunct to chest care which incorporates ventilation /respiratory support, drug management, positioning and suctioning;
- our knowledge, skills and role need to be defined in relation to chest care/management of the preterm infant;
- recommendations for safe and effective practice are needed specifying the level of the unit; target population; indications, contraindications and precautions; chest physiotherapy techniques and models of implementing chest physiotherapy in neonatal units.

The following goals have been documented for taking this work forward.

Short term goals:

- to undertake a critical appraisal of articles on chest physiotherapy techniques published in last 10 years;
- to write guidance for safe and effective practice of chest physiotherapy outlining relevant knowledge and skills with recommendations for safe and effective practice;

- to benchmark current practice by holding a sharing practice day to discuss indications /contraindications, techniques etc and present case studies.

Moderate term goals:

- to conduct a Delphi questionnaire to gain consensus opinion of chest physiotherapy practice in neonatal care;
- to work towards competency framework for neonatal respiratory physiotherapy.

Long term goals:

- to work towards a pilot research study looking at short and long term outcomes in a chest physiotherapy vs. a non chest physiotherapy group (outcomes outlined in recommendations for further research in Cochrane review 2008).

The full minutes of this meeting can be found on the Neonatal pages of the APCP website. We are looking for people interested in conducting a Delphi questionnaire to gain a consensus opinion on chest physiotherapy practice in preterm infants (possibly as part of a Masters dissertation). Anyone interested please contact Fiona Price.

Fiona Price
fiona.price@sth.nhs.uk

Paediatric Physiotherapists in Management Support

On 20 June 2011 we had a tremendous turn out for our National PPIMS day with 32 people attending. Thanks to Davina Brazier who managed to find a larger venue at short notice.

For the first part of the morning we split into two groups looking at the following areas:

Workforce Management Tools

It seems that most people are either using "Skills for Health", the "Nottingham Tool" from Ian Johns or the old "Joyce Williams" tool. We all felt that none of these really gave us a quick answer in this day and age. Wales have devised one of their own and we are going to look at this and probably combine parts of others. Watch this space!!

Outcome Measures

Various people were given tasks and in addition to the work done at the working weekend, this is coming along. I fed back from the working weekend and we then went on to discuss APCP National Conference. We have decided our next meeting needs to be before this year's Conference as we need to have pulled things together for my presentation on 'Topical Management Issues'.

The next PPIMs meeting had is provisionally planned this Monday, 17th October in Birmingham –

APCP Specialist Groups

further details will be available shortly.

In the afternoon we went into 'acute' and 'community' break out groups to discuss the challenges that are facing us and for peer support.

An excellent day was had by all!

Di Coggings
di.coggings@thpct.nhs.uk

Neuromuscular Group

We have embarked on a competencies project for physiotherapists working in neuromuscular care. Initial discussions with the core team have taken place but we still need more people to join the project. There are going to be several subgroups, including assessment, respiratory management, splinting and orthotics, posture and positioning,

contractures, injury and pain, exercise, mobility, school and community (including competencies for LSA's and TAs) so if people have a particular interest - please contact Marion.

The next study day will be in Leeds at the beginning of February 2012. The topic will be Musculo-skeletal Problems in Children with Neuromuscular Disorders. This will include back pain, injuries and fractures, upper limb problems and taping.

The Neuromuscular Group group will be hosting one day of the APCP Annual Conference in 2012 in London. We would be grateful for some help with this so if there are any young physiotherapists in London and the South East who would like some experience of helping organise this type of event, please contact Marion.

Marion Main
mainm@gosh.nhs.uk

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Research & Education

APCP and Educational Activities

To support APCP members to provide evidence of their CPD for HPC, E-KSF and potentially for accreditation of prior learning for modules at universities, all training provided under the auspices of the APCP must have clear learning outcomes. The majority of current training will have aims; however these are not always expressed as learning outcomes that individuals can evidence and put into practice.

One of the roles of the Research and Education committee is to ensure that any education activities that are run by the APCP either nationally, regionally or locally will provide evidence for our members' CPD. To facilitate this, the Research & Education Committee have produced an APCP CPD record which should be given to all participants at the start of an event. The organisers of the educational activities should insert the learning outcomes at the top of the form. This will be available on the members section of the APCP website.

It is also important that educational activities are evaluated and again the Research & Education Committee have provided an evaluation form which will also include the learning outcomes of that educational activity. It is expected that the evaluation should be shared with the speaker for their CPD and also the Research and Education Committee. This is also available from the APCP website.

In addition to the above it is important that education provided by APCP is consistent in meeting the above aims. Therefore the Research & Education Committee should be sent the learning outcomes of any proposed educational activities. This should be done at the planning stage to provide any support or help if required. It is appreciated that not everyone has experience in writing learning outcomes therefore the Education Officers are happy to assist in writing these, once aims of an educational activity have been identified.

Contact details:

Jane Reid jane.reid@nhs.net
Jo Brook J.M.Brook@uel.ac.uk

APCP Journal – we need your feedback!

APCP Editorial Committee would really welcome feedback from you, the membership, about the new layout and content of the APCP journal. As you will have seen, we have placed articles into specific categories, and included additional sections covering Book Reviews, Cochrane/Nice Summaries, and Rare Diseases. We would really like to hear your comments on the journal content, and whether you found the new sections helpful.

Please email your feedback to Eva Bower through the APCP administrator: va@apcp.org.uk

APCP Journal - Rare Diseases Relevant to Paediatric Physiotherapy

We have introduced a section in the APCP Journal for rare diseases. The aim is to provide information about conditions that we may come across only once or twice on our caseloads. The section will provide information about presentation, prognosis, and physiotherapy management.

If you have expertise in a particular rare disorder, or if there are any conditions that you would like us to cover, please contact Marion Main: MainM@gosh.nhs.uk



APCP Annual Conference 2011

‘Challenging Clinical Practice’

4th & 5th November 2011

Radisson Blu, Stansted

A packed 2-day programme with a parallel programme on the Friday organised by the APCP MSK Group.

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

**ALL BOOKINGS MUST BE RECEIVED BY
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Challenging Clinical Practice
APCP Annual Conference
Radisson Blu, Stansted
4th & 5th November 2011

Friday 4th November 2011 – Main Programme

| | |
|-------------|---|
| 09.00-09.30 | Registration |
| | Treatment approaches for children with Cerebral Palsy – what is the evidence? |
| 09.30-10.00 | Introduction – Eva Bower |
| 10.00-10.30 | The Bobath Concept Chris Barber MSc MCSP (Director of Therapy Services, The Bobath Centre for Children with Cerebral Palsy and Adults with Neurological Disability) |
| 10.30-11.00 | Conductive Education Patrick Salter (Director of The Scottish Centre for Children with Motor Impairments) |
| 11.00-11.30 | Break and exhibition |
| 11.30-12.00 | MOVE Dianne Rickard (MOVE Development Officer) |
| 12.00-12.30 | Strength Training Terry Pountney PhD MA FCSP (Director of Research & Development, Sussex Community NHS Trust) |
| 12.30-13.00 | Discussion panel chaired by Eva Bower |
| 13.00-14.00 | Lunch and exhibition |
| 14.00-14.30 | APCP survey on intervention levels for children with Cerebral Palsy Sue Coombe (APCP National Committee) |
| 14.30-15.15 | Topical Management Issues Di Coggings (APCP PPIMS Group Representative) |
| 15.15-15.45 | Break and exhibition |
| 15.45-16.15 | Spider Therapy Helen Chamberlain and Debbie Kerrison-Walker (Therapy In Praxis) |
| 16.15-17.00 | An update on the latest research in aquatic therapy Dr Heather Epps PhD MSc MCSP HT Grad Dip Phys (Consultant in Adolescent and Paediatric Physiotherapy) |



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Friday 4th November 2011 – MSK Programme

- 09.00-09.30 Registration
- 09.30-10.15 **Normal Variants in Gait**
Jenny Seggie and Luke Watson
- 10.15-10.45 **Plagiocephaly Management**
Rachel Harrington
- 10.45-11.15 Break and exhibition
- 11.15-12.00 **Indications for Surgical Intervention for Paediatric Flat Feet**
Mr Hari Prem MBBS, Ms Orth, FRCS (Consultant Orthopaedic Foot & Ankle Surgeon, Birmingham Children's Hospital)
- 12.00-12.45 **Congenital Knee Dislocation**
Jennifer Armstrong
- 12.45-13.45 Lunch and exhibition
- 13.45-14.15 **The Treatment of Paediatric Flat Feet**
Dr Paul Barrett (Ph.D Biomechanics) BMedSci, (hons) Podiatry, DipSportsPsy, MRes, SRCh. ,MChS. (Medical Director TOG Orthotics International)
- 14.15-15.00 **Hypermobility**
Speaker to be confirmed
- 15.00-15.30 Break and exhibition
- 15.30-16.15 **Muscle patterning for shoulder instability in adolescents**
Sharon Morgans
- 16.15-17.00 **Paediatric Pilates**
Sarah Robson

EVENING ENTERTAINMENT



**6.45 Pre-dinner drinks at the bar,
with a Wine Tower climbing display**
7.30 Dinner with a speaker TBC
Pub quiz competition during dinner
Post dinner DJ and dancing

Challenging Clinical Practice
APCP Annual Conference
Radisson Blu, Stansted
4th & 5th November 2011

Saturday 5th November 2011

- 08.30-09.00 Registration
- 09.00-09.30 **Inspection, Servicing and Management of Equipment: are you following the Guidelines**
Mrs Catherine Jenkins MCSP, FRSA. Director, Jenx Limited
- 09.30-10.15 **Evidence for the use of orthotics in Cerebral Palsy from a surgical perspective**
Mrs Rachael Hutchinson (Orthopaedic Consultant, Norfolk and Norwich University Hospital)
- 10.15-10.45 Break and exhibition
- 10.45-11.30 **Evidence for the use of orthotics in Cerebral Palsy from a physiotherapy perspective**
Elaine Owen MSc SRP MCSP (Clinical Specialist Physiotherapist Child Development Centre, Bangor)
- 11.30-12.00 Discussion chaired by Laura Wiggins
- 12.00-12.15 **Psychometric evaluation of the functional walking test for children with CP**
Free Paper – Aoife Quinn MSc, BSc (Physiotherapist Central Remedial Clinic, Dublin)
- 12.15-12.30 **Wee Glasgow Gait Index—a mini gait scale & neuro-biomechanics screening tool: a Pilot Study**
Free Paper – Nicola Tennant MCSP (Physiotherapist, Glasgow)
- 12.30-13.00 APCP AGM
- 13.00-14.00 Lunch and exhibition
- 14.00-14.30 **The use of dynamic elastomeric fabric orthoses in the management of childhood scoliosis: a review of the evidence**
Martin. J. A. Matthews MPhil DipORT MBAPO
- 14.30-15.15 **What is an Apophysitis? An evidence based approach**
Luke Watson BSc (Hons) SRP MCSP (Advanced Physiotherapist Birmingham Children's Hospital)
- 15.15-15.45 Break and exhibition
- 15.45-16.00 **Optimum physiotherapy management of pre-term infants on discharge from the inpatient setting: a Delphi Study**
Free Paper – Laura Eldridge MCSP (Physiotherapist Ipswich)
- 16.00-16.15 **An audit to identify the frequency and factors influencing sleep disturbance in ambulant and non-ambulant children using the Dubowitz NM Service at GOSH**
Free Paper – Katherine Finnegan MCSP (Physiotherapist GOSH)
- 16.15-17.00 **Idiopathic toe walkers**
Rebecca Davis BSc (Hons) (Paediatric Physiotherapist Birmingham Children's Hospital)

N.B. Draft programme may be subject to change – see www.apcp.org.uk for up-to-date information about the Conference programme and trade exhibitors.



APCP National Conference 2011

Challenging Clinical Practice

BOOKING FORM

Personal Details

| | | |
|---|-----------|-------|
| Name: | | |
| Postal address: | Postcode: | |
| Phone numbers: | Home: | Work: |
| Email: | | |
| Place of Work (to appear on delegate badge) | | |
| APCP Membership No. | | |
| Do you have any special needs / dietary requirements? | | |
| Places for the MSK programme on Friday are limited and will be reserved for delegates strictly on a first-come / first-served basis. Delegates need therefore to indicate their programme preference below – we will contact you in advance if we are unable to secure you a place for your chosen programme. Please note that delegates <u>will not</u> be able to ‘dip’ into both programmes. | | |
| Friday programme selection (please tick 1): | | |
| Main Programme MSK Programme | | |

Payment Details

Booking options and costs are detailed overpage – please indicate your choice and enclose a cheque for the appropriate amount.

Cheques should be made payable to ‘APCP’ and send with completed application form to:

APCP, PO Box 610, Huntingdon, PE29 9F J

Alternatively, if funding has been agreed and you wish us to send an invoice for payment, please supply details for invoicing:

NAME (to whom invoice should be addressed):

ADDRESS (to send invoice):

Please note that cancellations received before the end of September will be reimbursed the full cost minus a 10% administration charge; later cancellations may not be eligible for reimbursement.

Conference Options :

Please tick 1 option from the 5 options listed below with the relevant delegate rate.

- 1) **Full Residential Package**
(includes attendance on both days, en suite *twin* accommodation for 1 night with breakfast, refreshments and lunch on both days, Conference dinner on Friday night and access to health club and pool).

£220.00 - APCP Members Early Bird Booking
(for bookings received before 9th September 2011)

£240.00 - APCP Members
(for bookings received after 9th September 2011)

£280.00 - Non-members

£220.00 – students / therapy assistants.

You will be allocated a room to share with another Conference delegate unless you choose to pay the single person supplement (below). If you have a colleague you would like to share with please print their name here:

- 2) **Full Residential Package with Single Person Supplement**
(as above but with single occupancy accommodation)

£260.00 - APCP Members Early Bird Booking
(for bookings received before 9th September 2011)

£280.00 - APCP Members
(for bookings received after 9th September 2011)

£320.00 - Non-members

£260.00 – students / therapy assistants.

- 3) **2-Day Day Delegate**
(includes attendance both days, lunch and refreshments)

- Tick here to add attendance at Conference Dinner
(add £30.00 to the cost of your package opposite)

£150.00 - APCP Members Early Bird Booking
(for bookings received before 9th September 2011)

£170.00 - APCP Members
(for bookings received after 9th September 2011)

£200.00 - Non-members

£150.00 – students / therapy assistants.

- 4) **1-Day Day Delegate – Friday**
(includes attendance, lunch and refreshments on Friday only)

- Tick here to add attendance at Conference Dinner
(add £30.00 to the cost of your package opposite)

£80.00 - APCP Members Early Bird Booking
(for bookings received before 9th September 2011)

£90.00 - APCP Members
(for bookings received after 9th September 2011)

£120.00 - Non-members

£80.00 – students / therapy assistants.

- 5) **1-Day Day Delegate – Saturday**
(includes attendance, lunch and refreshments on Saturday only)

- Tick here to add attendance at Conference Dinner
(add £30.00 to the cost of your package opposite)

£80.00 - APCP Members Early Bird Booking
(for bookings received before 9th September 2011)

£90.00 - APCP Members
(for bookings received after 9th September 2011)

£120.00 - Non-members

£80.00 – students / therapy assistants.

Accommodation can be arranged for Thursday and Saturday nights – please contact va@apcp.org.uk for further information.

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A Visit to St Louis

Selective Dorsal Rhizotomy

My experience at St Louis Children's Hospital.

By Margaret Manton

I qualified in 2000 and I have worked with children with special needs for over eight years. Still being relatively early in my career it has been very interesting to see the momentum behind Selective Dorsal Rhizotomy (SDR) build in the UK. SDR seems to be discussed on the iCSP forums regularly with the same feeling amongst physiotherapists nationwide. Feelings of being aware of their vital role in the post-op management but having funding problems which are preventing many from being able to provide it. There is also a lack of consensus in frequency of input, the possible need to access private physiotherapy and long-term follow-up. Having had all these queries myself I was very lucky to be offered the chance to get some answers.

I was given an amazing opportunity to spend a week shadowing the physiotherapy team in St Louis Children's Hospital in Missouri where Dr Park and his team are based.

The parents of a young boy with diplegic cerebral palsy had taken the massive decision after months of research to send their son to St Louis to have his selective dorsal rhizotomy surgery with Dr Park and his experienced team. They had spent six months fundraising and after all the procedures had been paid for had decided to offer me the chance to join in with his post-op rehabilitation. Their aim was to give me the chance to learn the whole structure and approach of the post-operative team in the hope that I could take this information back to Wales and help to prepare for the increasing number of children who will be having this operation especially with the new service in Bristol.

I jumped at the chance and after gaining support from work I booked my flights and started to prepare for my journey. The St Louis Children's Hospital therapy department were very helpful and after checking that all my vaccinations were up to date I got the go-ahead. Part of my aim was to see other children who were at varying stages post-op and to discuss the post-op physiotherapy management, as well as seeing the operation performed by Dr Park. I linked with other



Dr Park and his team with Margaret on the right

colleagues from around South Wales and Bristol generating a list of queries so that my trip could be beneficial to more teams than just my own.

Brief overview of SDR

Not all patients with spastic cerebral palsy benefit from selective dorsal rhizotomy and patients in St Louis are selected for the surgery on the basis of being at least 2 years of age with a diagnosis of spastic diplegia, quadriplegia or hemiplegia. They need to have some form of mobility and to exhibit potential for improvement in functional skills after dorsal rhizotomy.

SDR involves sectioning (cutting) of some of the sensory nerve fibres that come from the muscles and enter the spinal cord. The surgeon divides each of the dorsal roots into 3-5 rootlets and stimulates each rootlet electrically.

By examining the electromyographic (EMG) responses from muscles in the lower extremities, the surgical team identifies the rootlets that cause spasticity. The abnormal rootlets are selectively cut, leaving the normal rootlets intact. Extensive information of the procedure and patient selection criteria can be found on the St Louis Children's Hospital website:

<http://www.stlouischildrens.org/content/medservices/AboutSelectiveDorsalRhizotomy.htm>



Dr Park at work



*The SDR physiotherapy team and Margaret
Left to right: Deanna, Blaire, Erica, Beth and Margaret*

Meeting the team

On first impressions I was very impressed with the facilities available for physiotherapy in the department. Although the therapy did not differ from what was offered back home, the range of equipment available meant that each day was varied from the previous. The therapy area was an open area with as many as eight treatments on-going at the same time. This was a friendly and open environment with each therapist interacting with each other and the other children throughout the sessions which gave a relaxed feel to the place.

It was interesting to see all the different children after their SDR operation. All the kids have relatively no spasticity in the lower limbs and the physiotherapists did not have to deal with the problems associated with this. Instead they had a new and different set of outcomes to monitor over the longer term.

The physiotherapy team were very welcoming. I spent my week with Blaire Ballard who has worked with the team for nearly a year. She went out of her way to ensure my experience was productive. They were surprised and impressed that an NHS physiotherapist had been able to make the journey to St Louis, had the interest in finding out about the procedure further and was enthusiastic to get involved.

Unfortunately the impression they have had of NHS physiotherapists is not the most favourable as there have been far too many stories from UK parents of unsupportive teams from home including the physiotherapists. I had the chance to explain some of the difficulties that exist in the UK in terms of funding especially in the current economic climate and tried to reassure them that although they may have the impression of NHS physiotherapists not

keen to get involved, this couldn't be further from the truth. It was beneficial to be able to represent physiotherapists nationwide and inform the team members about the NHS and how it operates.

Differences were very obvious between a public funded body such as the NHS and the insurance funded system that exists in the US. The UK children post-SDR receive physiotherapy twice a day for one week and then once a day for the next three weeks. They are then discharged home to the UK. If it is a US child then the physiotherapy continues five days a week for the next four months, after which they are reviewed and a decision is made regarding frequency of their physiotherapy for the next six months. I had many conversations with the physiotherapists regarding the frequency of treatment needed post-op and the decision-making process behind that.

My impression is that part of the decision making is historical and also based on the fact that all treatments are paid for by the insurance. No real evidence currently exists as to why, for instance 4-5 times per week achieves better results than twice a week with additional activities carried out by parents/families. In fact Dr Park is currently revising the advice he gives to the UK children and is more likely to recommend twice weekly input also stressing that the parents need to be very proactive in encouraging walking and activities every day. I felt that this was a more realistic approach and something that may be achievable for teams at home. This is especially important as the SDR operation is becoming more available in the UK and more and more parents will be considering this treatment option.

Dr Park leads the team in St Louis and holds a team meeting twice a week to discuss the ongoing care of patients; present, future and past. He highlighted to



A Visit to St Louis

me the very clear selection criteria that they had and the clear goals and expectations that they communicate to the parents. They outline the level of ambulation expected and the future level of activity that they will be expected to partake in such as recreational sports participation. These predictions are based on GMFCS, video footage, x-rays and pre-op assessments. A prediction is made on the possibility of future orthopaedic surgery also. The team in St Louis feel that their responsibility is to set the goal for the parents and home physiotherapy team – the details of achieving these goals are left with the family and home teams. The team had very open discussions with each member's opinion being valued. Each final decision is made by Dr Park.

On the Thursday of my week in St Louis I was fortunate to be allowed to view Dr Park carry out two SDR surgeries. He also allowed video and photo footage to be taken which was incredible and meant I could share this information with the teams back at home. Although I had seen some footage on the internet and through the website, nothing came close to actually seeing the surgery in person. The decision making process of which rootlet to cut became clearer and it was useful to see exactly what the children are going through, to follow them through their journey.

I had the chance to meet the parents of other children from around the UK who had made the journey to St Louis. To see all the effort that these parents have gone to was very humbling. What struck me was how some felt that they had been let down by some of their home teams. They felt that they hadn't received the support and information needed when initially considering the operation and that some professionals were against the idea and unprepared to do further research into the differences that this operation can make to the children's lives. I felt

disappointed by these feelings and did my best to try to assure parents that this is an issue that is widely being discussed currently and that the momentum is building behind it. These parents understood the pressures that their physiotherapists are under, but felt that more information should be provided at the initial enquiry phase.

Although I couldn't comment on any service apart from my own I did reassure parents that this is being discussed. It highlights the need for an information resource for professionals and parents which I am aware is currently being planned by the APCP. During my stay there were a total of six UK families with more expected. With such a steady stream of patients travelling from the UK it is clear this is becoming an established treatment option amongst the families of children with CP.

The team in St Louis have set up a facebook group which makes for very interesting reading. It's a place where parents can go to support each other and also gain information from the SDR team. Dr Park and his team regularly respond to queries and comments. So I wonder why they are facing so much difficulty in gaining support back home and what we can do to change this.

On reflection from the whole experience I was struck by the belief and enthusiasm of the team in St Louis and having seen some of the short and longer term results of this surgery I was feeling that same enthusiasm. It was inspiring to spend time with Dr Park and his dedicated team, all of whom experienced and reported the benefits of the operation. Although it's not a cure, it was apparent the immediate relief that was felt by my patient and his delight in celebrating his 'new feet'. Although he has weakness and a lot of work ahead of him he was more relaxed and confident because he didn't have to cope with the spasticity on every movement. His parents felt that, that in itself made all their efforts worthwhile.

Empowering Young People with Disabilities for the Challenges of Adult Life

Andrea Clarke

Highly Specialist Physiotherapist North West London Hospitals NHS Trust



I started out my career in physiotherapy in 1994 thinking I would go into adult neurology, but in 1996 I opted for a paediatric rotation as a Junior Physiotherapist at Northwick Park Hospital, following a rotation on the Regional Rehabilitation Unit working with Young People with Acquired Physical Difficulties. I changed my career plans as a result of this experience but those early skills are now being used working with Young People in the age range of 15-18 within Harrow as the Highly Specialist Physiotherapist spearheading the work of Transitions for this age range.

The Transition Service within Harrow had its origins in 2006. Government policies were identifying the need to look again at how services were placed to help support young people with disabilities. In 2008 the document produced by the Department of Health: *'Transition: moving on well'*, further clarified

the practice shift required in the NHS. Active local research led by the Head of Paediatric Therapy Services found Young People at 16 saying:

"I'm not old enough for Adult Services yet. I don't think Adult Services can look after me or care for me or give me what I need. I know that I need all this help to keep me well. I want to stay with Children's Services and my Mum thinks it is best and right for me and I trust my Mum anyway."

Parents as well were making comments such as:

"When will people give X some control? She's even told when to go to the toilet!" and

"Needs to be advocacy role, I don't want to have to do this forever."

Focus on Working Lives

A business case, drawn up to provide additional input for teenagers aged 16-18 years with disabilities, highlighted development needs for staff groups within both Paediatric and Adult Services in order to change working practices and perceptions of working with Young People. The business plan was approved and 3 part time posts were created for Speech and Language Therapy, Occupational Therapy and Physiotherapy to work collaboratively, with a spearhead of action to engage local health, education and social services in more co-ordinated transition work.

Starting in a New Service

In 2009 I started as the Physiotherapist on the Working with Young People's [WWYP] team. The post involved going into the local colleges and sixth forms, and engaging with lots of new agencies and professionals. I found it a huge time of 'transition' professionally for me which gave me some insight into what the Young People and their families were going through. I had returned to the NHS after 5 years in the Voluntary and Private sector, and my eldest son was transitioning into secondary school from primary too. I realised that all that I had read about this process was true - transition is potentially a bewildering time with many new people to meet, some of these people can be helpful and others are looking for a pathway too.

The Transition Pathway

The pathway was developed with local commissioners at a paediatric and adult level, to devise a clear way from Year 8 on to prepare the shift from the dependence of a child-centred culture to one which supported independence, empowerment and self management.

This provided a clear co-ordinated approach to the challenge of Transition, and was differentiated for Learning Disability and for Communication Disorders. The WWYP team collaborate to train staff, change policy, audit and co-ordinate working with the other agencies.

The Tools of the Pathway

I discovered that the tools for the pathway are crucial to making the process of Transition meaningful for the Young People:

- the PEDI is used as an initial fact finding tool in Year 8 to assess the levels of independence for the mainstream students - this has been very revealing in pinpointing areas of dependence that need to change;

- the **Healthcare Plan** (modelled on the Royal College of Nursing's Healthcare Plan) is introduced in Year 9. It starts with describing the medical information, allowing discussion with the young person about their disability. It is completed with the young person and their Link Worker who is normally the Therapist most involved in their care, and who will be the point of contact with other agencies. The document headings then address developing skills in self-advocacy, independent health-care behaviour, self-care and mobility skills, and finally social skills. Each area has jointly agreed SMART targets with the student, and is reviewed at least annually. Within Special Schools the Healthcare Plans are co-ordinated as part of the person-centred planning approach;
- the **Physical Management Plan** is a photographed document containing exercises, postural management advice and orthotic and splint information. This is done with the young person to allow shared understanding of why it is required, and it is put in place at the time when the young person is to leave school at 16, often when they need to shift more into doing physiotherapy at home rather than at school. It is then reviewed and taken into adulthood;
- the **Information Passport** is for young people who feel they lack the confidence to express their needs, or for use as a document to introduce themselves in their new academic setting.

Key Achievements so Far

Initially in 2009 going into college we found that young people who had moved there had lacked confidence to express their needs. A number of students were not using the mobility skills they had developed in secondary school. Young people did not understand their condition and why they had difficulties. They had never been taught to analyse their own posture or to understand what caused pain for them. This, as research suggests, was a really common problem and often worsened by sitting in a wheelchair for whole days at college without moving at all.

The facilities in the colleges were somewhat lacking; when we assessed the toilet it was obvious that it was very small indeed with ceiling track over the top. It was a squashed and intense experience being in there, and the staff were understandably anxious about it too. I and my Occupational Therapy colleagues worked hard to lobby for change and the new bespoke toilet that was built fitted the standard set by the Changing Places Campaign - <http://www.changing-places.org/> . Now young

Focus on Working Lives

people could have dignity and confidence with a clos-o-mat toilet and changing bed on hand with a high-low sink in place. With more spaces more complex standing transfers could be achieved maintaining mobility as part of everyday function.

Young people reported feeling isolated in their own houses and there seemed few options to address this. However with information on driving as part of the mobility section this offered new options to address this isolation. We are currently meeting with Connexions and the Youth Service in hope of addressing this from the aspect of social opportunities and integration.

In 2010 I took on a 16 year old with Duchenne Muscular Dystrophy who was in the late to end stages. He had a long admission at the Royal Brompton in ITU and when he returned to college they felt they could not manage such complex respiratory needs in their setting. This was further complicated by him nearly being 18 and therefore on the cusp of changeover between all the continuing care and social services age cut-off. He had made it very clear through his Health Care Plan that he was desperate to go back college and to see his friends. It was a significant struggle to get a carer funded to work with him at college solely for his health needs, and to get a Respiratory Consultant Physiotherapist to train staff at the college. His return to college was hugely rewarding knowing that this young person's life was limited, and yet he had got his wishes. Working closely with Speech and Language Therapies has hugely influenced my practise in terms of encouraging "Giving voice" to those who find it hard to speak up for themselves.

Limitations and Obstacles

In Transition work it is easy to lose heart at times. The system is really hard to work with and frustrating at times. Hearing Kathie Drinan's inspiring talk at the APCP Annual Conference in November 2010 was very timely after the huge battle



Andrea working with a student to develop a Health Care Plan

for the needs of the patient with Duchenne Muscular Dystrophy.

The Kennedy report noted the fact that after many years, "there is a division of funding between services for adults and those for young people. While it may be bureaucratically convenient to draw a clear line between the two streams of funding, it makes no sense at all to the young person".

It is really difficult when decisions are made about funding that are not based upon what is in the young person's best interest but upon whose budget is to be affected. The current funding crisis is making this more complicated, with re-structuring in both adult and paediatric services. However a Link Worker who knows the local services and voluntary sector opportunities at such a time can be a huge resource to young people and their families.

Implications for Practise

Key things that I have learnt from working with young people in this age range are to:

- try to avoid shielding young people too much - as paediatric professionals we often try to protect young people and problem solve for them, but young people need to become informed decision makers;
- be honest with parents and involve them in the process so that they understand the importance of their son/daughter becoming more independent - you may need to ask them to consider what would happen when they can no longer care for their son/daughter - a difficult but important consideration;
- start early with discussing Transition - 13 years old is almost too late, not too early!
- get young people involved in sport and social opportunities as much as possible, as many young people with a disability are very isolated, and need to learn excellent social skills to make it in the adult world and into the workplace;



The Working With Young People Team – from left to right: Geraldine Connolly (OT); Andrea Clarke (PT); Sue Bush (PT); Lynne O'Connell (SALT); Joanna Hickey (SALT); Siew-Lian Crossley (SALT).

Focus on Working Lives

- create a rapport with the adult services, even if you don't understand them they will teach you and you can teach them as you go;
- work with a team – helping to spur each other on;
- be passionate about what you are doing - it is infectious and will change attitudes!

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Changing Places Campaign; www.mencap.org.uk/changingplaces

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Working as a Paediatric Physiotherapist in Paradise

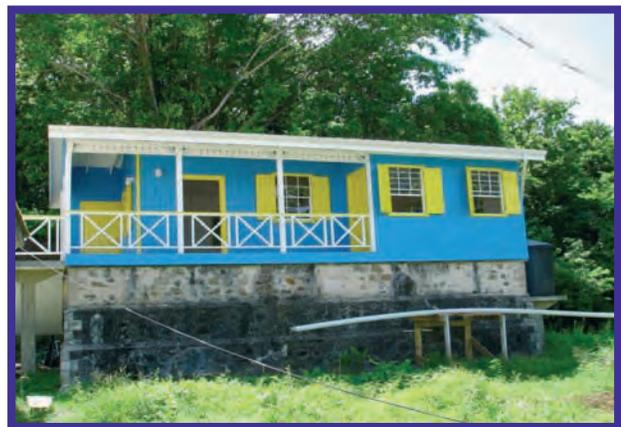
Elaine Clement – Paediatric Physiotherapist

When you mention St Lucia people immediately think of beautiful beaches, cocktails, carnival and fantastic holidays. Only 27 miles long and 14 miles wide, it has the Atlantic Ocean on its eastern shore, and beautiful beaches and the Caribbean Sea on the west coast. This is where I lived and worked for 22 years until October 2008, having originally gone out in 1986 as a VSO volunteer. I spent my two VSO years working at a general hospital in the south of St Lucia. I got married and decided to stay.

The Child Development & Guidance Centre (CDGC) was established in 1998 by Dr Brigitte Schuling (a German paediatrician) and I joined the team in January 2000 for 6 months and then on a permanent basis from September 2001.

The CDGC is unique in St Lucia, providing developmental assessments and therapy. It is a registered non-profit organisation. It originally worked out of 1 small room in a local special education school. After much fund raising, begging, and sheer hard work and determination, the new CDGC building was finally opened in 2005. The building is not ideal as there are steps up to the 2 room facility, but our own space nevertheless. The centre has 2 small light and bright rooms, overlooking Castries, capital of the island and its harbour and there are currently plans in place to expand and add another therapy room and reception area.

The CDGC provides ongoing assessment, diagnosis, intervention and support for children with developmental difficulties ages 0-16 (including Cerebral Palsy, Down's Syndrome, sensory difficulties, ASC, ADHD, general developmental delay and general speech and language



delay/disorders). Most of the children seen from a physiotherapy perspective are under 5 years of age, as transportation for older non-mobile children is a challenge. The CDGC has finally received the promise of some funding from the Government of St Lucia but this has not yet materialised. Up to this point all the major financial support has come from Förderverein Villa Kunterbunt, (a German fundraising organization), and local fundraising efforts. Recently a payment policy has been adopted. Coming from the UK this can make the therapist feel uncomfortable and takes some getting used to.

Working in St Lucia is in some ways very similar to England. My caseload had similar challenges to those seen in England, although in St Lucia I was able to see children for therapy more frequently than in the UK. Home programmes are an essential part of therapy intervention in both places but in St Lucia I probably used more pictures (not usually drawn by me thankfully!). In St Lucia, just like in England, the children and parents are the most important part of the team and we tried to set realistic goals together.



Most of the parents I worked with in St Lucia were very grateful for the input they received and were friendly and willing to try therapy intervention programmes and make physiotherapy part of their way of life.

The CDGC uses some assessment tools that will be familiar to UK therapists such as, the Alberta Infant Motor Scale, Hawaii Early Learning Profile, Denver Developmental Screener and Bailey Scales of Infant and Toddler Development. There is also a set of St Lucian Developmental assessments carried out at 6 weeks, 8 months, 3years and 5 years. These were



developed because of general differences found in the development of the St Lucian population, and are done on all children as a developmental screener. The most obvious difference is the weather which is always warm & mostly sunny. Fewer children come for appointments when it rains - a bit like when it snows in England, everything stops! However they may come the next day and expect to be seen - an appointment system is something that St Lucian's are still getting used to!

Resources are limited and therapists need to be

creative and imaginative in their work. Flexibility is the key. There are plenty of toys and basic equipment such as therapy rolls & balls. Fortunately the joy of bubbles, balloons and singing is universal! There is very little postural management equipment as it too big to fit in many homes in St Lucia and also difficult to find. Access to other agencies such as community services, disability funding and so on does not exist. However the whole approach is relaxed and comfortable and paperwork is certainly more manageable than in the UK.



I have worked with many fantastic volunteers over the years and they have always been enthusiastic and full of energy. I have also had the pleasure of working with both Dr Schuling and the current CDGC paediatrician, Dr Kim Gardner, both extremely dedicated and hard working. When fully staffed the team consists of Paediatrician and Psychologist, office manager/receptionist, OT, SALT and physio. Joint therapy sessions are often arranged – I found these daunting at first, but they are of significant benefit to therapists, children and their families, allowing the sharing of knowledge, skills and responsibility.



Therapist Wanted!

The staff at the CDGC in St Lucia currently comprise of a local Paediatrician and Psychologist with a volunteer Occupational Therapist and Speech and Language Therapist from England. Over the years the CDGC has seen many volunteer OTs and SALTs come and go from England, Germany and Australia. However, paediatric physiotherapists have been few and far between and there has been no physiotherapy cover since October 2008 apart from a 2 week stint which I did in January this year. I have every intention of returning to St Lucia which I now consider my home, however personal reasons keep me in England at present and the CDGC desperately needs a paediatric (preferably Bobath trained) physiotherapist. You could go for 3 months to a year and would be paid the equivalent of a local therapist.so what are you waiting for - therapist wanted in paradise!!!

St Lucia is a really beautiful island with lovely, friendly people. There are lots of places to visit apart from the many idyllic beaches you could climb a Piton (famous twin mountain peaks) or drink a Piton (local lager); visit the drive-in volcano or one of the many waterfalls or gardens; go snorkelling, diving, wind surfing or deep sea fishing. There are plenty of bars, restaurants, and street parties which are especially lively on the weekends, and of course you would have time to sip the obligatory cocktail! There is also quite a large expatriot population if you feel the need for the company of people from home.

For more information contact:

Dr Kim Gardner drkinggardner@gmail.com

Elaine Clement elaine_etc@yahoo.co.uk

www.cdgc.info

www.definitivecarribean.com/charity/SLADD.aspx

World Confederation for Physical Therapy- Amsterdam June 2011

Janet Wright – originally printed in Frontline 20 July 2011

A CSP award in memory of a long-serving physiotherapist and teacher helped nine members present their research at the World Confederation for Physical Therapy congress in Amsterdam last month. CSP council chair Ann Green presented medals to winners of the Robert Williams awards, who also received funding to attend the congress in Amsterdam.



Arokkiyasamy Selvanayagam, Terry Pountney, Chris Bleakley, Ayfer Kahraman, David Paul Thompson, CSP Chair Ann Green, Stuart Heron, Harriet Shannon, CSP Vice Chair Helena Johnson and Shelia Lennon.

The Robert Williams International Awards are presented every four years by the CSP Charitable Trust. They commemorate a member of the society's WCPT committee who was dedicated to promoting international links. Mr Williams, principle of the Sheffield School of Physiotherapy, died in 1982 and the awards were established two years later.

Terry Pountney of the APCP was one of those selected. Terry presented on her research looking at the 'Effectiveness of an intensive six-week graded exercise programme for non-ambulant children and young people with cerebral palsy'.

'Our population of children cannot walk independently and therefore there were few options for exercising to increase strength and endurance,' says Dr Pountney. But just three sessions a week on a treadmill or static bicycle produced significant improvements in the children's ability to stand up, compared with a control group. 'Simple, feasible and effective training programmes can be incorporated into clinical practice for this patient group who have few other exercise opportunities,' she comments.

BackCare Awareness Week 17 – 23 October 2011

Schoolchildren and their teachers are the focus of this year's BackCare Awareness Week 2011. BackCare believe young backs are being damaged by overweight schoolbags and badly-designed chairs, while thousands of primary school teachers are suffering in silence from back problems.

If you would like to be part of this exciting campaign, BackCare Awareness Week packs are available from: <http://www.backcare.org.uk/>

BackCare – the charity for healthier backs – has recently revised its professional membership scheme. Its aim is to work alongside some of the most forward thinking individuals, organisations and companies to help develop awareness of back pain prevention. To find out more visit www.backcare.org.uk

You learn how to drive a car, why not your wheelchair?

The Valence School Physiotherapy Team

The therapists at Valence School in Kent promote the importance of wheelchair skills for their students. They believe in the importance of encouraging independent mobility – in manual and powered wheelchairs – to give children with complex disabilities the ability to explore their environment; the chance to interact with their peers and other people around them and maybe most importantly, the ability to make decisions for themselves about where and what they want do for the first time in their lives. The Valence School therapists have written the articles below to highlight how they attempt to promote wheelchair skills with their pupils

Using the AKKA platform

Fran Brown and Nicola Burnett

For some children the first time they are put into a power chair is the first time they have been a part of the decision making process about where and when they should move at all. This is a liberating experience and one that we try to facilitate as soon as possible following the students' entry to school. We have found that the chance to explore and practise making independent decisions stimulates learning and social skills across the curriculum. It is particularly interesting to note that it stimulates the development of language and social interaction. There is evidence that the earlier these wheelchair skills are learnt the better but access to a personal designated power chair from the NHS can take some time to arrange.

As therapists we are keen to see our children develop, communicate with others and achieve their own independence and we have been using the AKKA platform with this in mind. It consists of a motorised wheeled wooden base/platform that the child's static seating can be pushed onto up a simple ramp, and then secured in position. The child can then begin to practise driving using a variety of switches or joysticks, which can be adapted individually, and it gives us an opportunity to assess which option is best. The AKKA can be used both indoors and outside, and along with the OT's at school we have provided a sensory area to use the equipment, providing both stimulation and fun. The AKKA helps us to show clear evidence that the child has the ability to learn to drive and it becomes much easier to persuade the wheelchair services that the child is ready to have a chair of their own or to get a charity to fund a private power chair if the wheelchair service is not able to comply. The AKKA platform will also allow children who are waiting for

their powered wheelchair provision to be supplied to begin learning and practising their driving skills. The AKKA platform can be used by many different children giving them all a chance to experience the freedom of independent mobility.



Working with Whizz Kidz

We have recently completed a joint 6 week advanced training course with Whizz Kidz working with students to further develop their wheelchair skills for when they are 'out and about'. This has included looking at different surfaces, ramps, kerbs, wheelies for the manual chair users, road safety, viewing adapted vehicles, games, team work and most importantly having lots of fun.

Whizz Kidz offers a range of training courses from those starting out learning the basic skills to the more advanced wheelchair user helping them to develop skills to assist them in everyday life gaining independence and confidence.

This is our third joint wheelchair skills course that we have run with Whizz Kidz and we can honestly

say that the students and staff involved have thoroughly enjoyed and learned lots from the course. We already have dates in the diary for two further courses and hope to continue our collaboration with Whizz Kidz after these dates.

If you would like to find out more information about the services that Whizz Kidz offer please contact:

Ruth Giller, Children and Young People's Training Manager, Whizz-Kidz
t. 020 7798 6110
4th Floor, Portland House, Bressenden Place, London, SW1E 5BH

Pedal Power

Does participation in adapted dynamic cycling affect lower limb muscle function, activity levels, and quality of life of children with Cerebral Palsy?

Why are we doing this research?

We are interested to see whether there are any benefits in outdoor cycling for children with Cerebral Palsy:

- does cycling affect the strength and length of children's muscles?
- does cycling improve their function and sitting ability?

and:

- what are the views of children and their families regarding cycling and participation in physical activities?

In order to find the answers to these questions we need to compare two groups of children with Cerebral Palsy: one group who regularly participate in cycling at Pedal Power; and another group who have not yet started cycling, or who do not cycle on a regular basis.

We are now looking for up to 20 children with Cerebral Palsy who have not yet started cycling, or who do not cycle regularly, to participate in Part Two of this study. We are looking for children and young people (aged 2-18 years) with Cerebral Palsy who live within an hour from Cardiff.

Please contact Dwan Pickering if you know any children who may be able to participate in this research - telephone 02920 687741 (24 hour answer phone) or email pickeringdm@cf.ac.uk

This 3 year project has been funded by the Nancie Finnie Charitable Trust and has received IRAS approval.

A Day at the Royal Ballet School

Jane Field

As a Paediatric Physiotherapist of over 20 years, with a passion for ballet, imagine my delight when I saw an advertisement for a course for Physiotherapists working with young dancers to be hosted by the world famous Royal Ballet School. The course was held in the beautiful White Lodge in Richmond Park.

The day began with coffee and a warm welcome from Miss van Schoor, the Principle. We were then escorted to the dance studios and watched a Year 7 girls' class which consisted of body conditioning and classical technique. Body conditioning is a daily routine for all the students. We then moved studios and observed a Year 7 boys' class. Coffee was followed by a very moving Remembrance Day silence where one of the students played The Last Post beautifully in the gardens outside the senior studios. The rest of the morning was spent observing senior students being put through their paces. There were students from all over the world, chosen not only for their talent, but for their drive and determination to be the best in the world.

We joined the students for a delicious lunch and had chance to walk round the museum before taking our

places for the afternoon lectures. The first one given by Katherine Watkins from The Laban Dance Centre, on 'The Dancing Foot and Ankle', highlighted the difference between classical and contemporary technique and the problems experienced by students at The Laban Centre. The second lecture by Janet Briggs, the Physiotherapist based at White Lodge, was entitled 'Turnout and Hip pain in Young Ballet Dancers'. We could have probably spent the whole day discussing problems but I wouldn't have missed the opportunity to observe the dancers for anything.

It was very reassuring to learn that physiotherapy is such a vital part of the school's day, not only to treat any injuries should they occur but as an essential preventative measure to ensure the students remain at their physical peak throughout their time at White Lodge. This is especially important as the day is non-stop, including classical work, conditioning, performances and not to mention fitting in G.C.S.E's.

I came away wishing I could do it all over again. The sheer determination, drive and dedication by all the students was inspirational; as was the patience and encouragement of all the staff.

A truly wonderful experience!

(Jane applied for funding for the course from the APCP North East Region)

Nancy Finnie Charitable Trust

The Trustees of the Nancy Finnie Charitable Trust invite applications from suitably qualified therapists wishing to undertake clinical research in the area of treatment / management of the child with Cerebral Palsy.

Multi-disciplinary projects are encouraged and emphasis on the development of innovative physiotherapy practice preferred. The Trust provides for an annual distribution of funds in the region of £40K.

Application forms and guidelines may be obtained by writing to the Trust's principal office at:

18 Nassau Road, Barnes, London, SW13 9QE

Applications may be sent at any time but the Trustees meet formally in January and July
(please enclose a large stamped self-addressed envelope with your application).

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- Kidz in the Middle - 29th March 2012 - Ricoh Arena, Coventry
- Kidz South - 14th June 2012- Rivermead Leisure Complex, Reading

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