Treatment of the older patient

Making your practice dementia friendly

Treating patients with osteoporosis

Free poster and sample leaflet inside
Welcome to this latest edition of OT which focuses on the subject of care of the elderly patient. Within my own practice I’ve noticed a distinct increase in the number of elderly patients using osteopathy, but whether this is a reflection of the impact that financial pressures are having on the NHS or some other factor, such as an ageing demographic, is difficult to establish. Over the coming months, the issue of health care will be central to the manifestos of the political parties as we approach the next general election and I can’t help wonder what the implications of changes in the political landscape will mean for osteopathy.

In order to meet the future demands of an evolving health care market we need to ensure that we continue to produce highly skilled practitioners, and the responsibility for this sits largely with the osteopathic educational institutions. It is interesting to note then, that over the course of the last few months, we have seen the completion of two consultation processes that are likely to affect the future of the osteopathic profession within the UK. They include the Subject Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-registration Education (GOPRE). Both documents are designed to structure, guide and influence the delivery of osteopathic education over the coming years.

The Subject Benchmark Statement for Osteopathy defines what can be expected of a graduate in terms of what they might know, do and understand at the end of their studies and forms part of the quality standards required of all osteopathic education within the UK. As such, it is used as reference in the design, delivery and review of academic training and provides a general guidance for articulating the learning outcomes associated with individual osteopathic programmes.

The Guidance for Osteopathic Pre-registration Education is intended to provide clarity about the intended outcomes expected of osteopathic training at an undergraduate level. As suggested by its title, the document is intended as guidance but may also be used to inform the design of the osteopathic curriculum at this level. Both documents have been made widely available for comment during the consultation period.

Whilst the vast majority of osteopaths within the UK are not involved in education, these documents and the process of their development should be of interest to us all. This is because; in setting out the expectations for the delivery of osteopathic education they define the very nature of the osteopaths who will graduate into the profession. These expectations range from clinical skills and knowledge expected of the graduate through to their understanding of the principles that underpin the profession.

The iO, in partnership with other key stakeholders, has been actively involved in representing the interests of the profession throughout the development of these documents. However, it’s interesting to reflect on the influence that these initiatives will have on the shape of the profession in the years to come, given that the future voice of osteopathy is probably currently sitting in a classroom. This is why it’s been important that this process has been so widely consulted.

As osteopaths, we get tremendously excited by our interpretation of the past and how this informs our behaviour in the present. However, the future of osteopathy over the coming decades resides with those who are newly graduating into the profession and will be built upon the skills, knowledge and understanding that their undergraduate training has given them. This is why, at the iO, we’ve worked throughout this process to ensure that the DNA of osteopathy is appropriately reflected within the training of osteopaths such that new graduates understand the foundations of osteopathic principles and are able to translate them into a healthcare environment that is evolving in line with advances in medicine.

In the same way that to remain relevant we need to reflect as a profession and, where appropriate, evolve then the Subject Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-registration Education will continue to be periodically reviewed to ensure that they remain fit for purpose.
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About this edition of Osteopathy Today

Life expectancy in the UK has increased significantly over the last 20 years. However, the number of years that we can expect to live for with good health has not kept up.

In the UK, as with the rest of Europe, we have an aging population, currently there are 10 million people in the UK aged over 65, and this figure is expected to double by 2050. However Quality Adjusted Life Years (QUALYs) – the number of years that people stay alive for with good health is not keeping up. According to the World Health Organisation Musculoskeletal dysfunction is the 4th biggest reason for morbidity.

Dementia UK: The Second Edition, a recent report by the Alzheimer’s Society, has doubled the estimate for the number of people who are currently living with early onset dementia, which has implications for communicating with these patients and gaining consent. In this issue you can read advice on treating patients with dementia and how to become a Dementia Friend by improving your knowledge of the condition and learning how you and your staff can support people who are living with the condition.

Osteoporosis effects men as well as women and osteopaths are in a key position to raise awareness, offer prevention advice and direct patients and carers to sources of support. Our CPD article considers the role of osteopathy in the diagnosis and treatment of osteoporosis and Louise Jamieson Hull presents a case study that illustrates how osteopathic treatment can complement other medical interventions in supporting patients. May is ‘Osteoporosis Awareness and Prevention’ month and this issue also has some useful material that you can use in your website, newsletters and press releases to raise awareness of what osteopaths can do to help patients with osteoporosis.

Do continue to share your feedback and suggestions for further themes and articles for future editions with us. The forums on our new website are the ideal place to share your views and discuss interesting topics with other osteopaths, simply log in, then click on the ‘Join The Community’ button at the bottom of every page.

Happy reading

Nik Watson, Editor

It’s your OT. Get involved!

We really hope that you like the new style of Osteopathy Today and we would love to hear your views on it. We also welcome contributions from members. If you would like to submit an article, send us a letter for publication, share your news or debate a topic please contact the editor by emailing comms@osteopathy.org or telephone 01582 488455.

Upcoming themes for the next few editions are as follows:

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<td>May</td>
<td>Career Progression - In this issue we plan to feature articles that may help osteopaths to plan their next career moves and develop their businesses. We are keen to hear from those who have followed an unusual or innovative career path or who wish to share their advice on career development with other osteopaths.</td>
<td>13 March 2015</td>
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<td>July</td>
<td>Persistent and Chronic Pain - Treating patients with persistent pain is becoming acknowledged as a specialized field, requiring additional training and experience. We would welcome submissions on this topic from people who have experience of working with this group of patients and those who have views about how osteopaths can help those with chronic pain.</td>
<td>15 May 2015</td>
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<td>September</td>
<td>Women’s Health and Paediatrics - 98% of osteopaths have told us that they treat pregnant or post-partum women and nearly three quarters of osteopaths treat infants or young children. We will have contributions from some of the top names in these fields of work but we would welcome comments, opinions and case studies from practitioners with experience in the area.</td>
<td>17 July 2015</td>
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<td>November</td>
<td>Men’s Health - During ‘Movember’ the national spotlight will be turned on to men’s health. How can osteopaths work with male patients to help them maintain and improve their health? What are the common ailments that men present with in osteopathy clinics and what are the best ways of addressing them? Do you specialise in the treatment of men? Please send your articles, news and views on this topic to us.</td>
<td>18 September 2015</td>
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<td>January</td>
<td>Over to you… Got a hot topic you’d like to see us explore in OT? If you’ve ever complained that your area of interest isn’t covered in Osteopathy Today, this is your chance to suggest a theme that’s close to your own heart.</td>
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Mentoring and Advanced Clinical Practice

Have your say...

The ODG’s Advanced Clinical Practice and Mentoring projects are exploring the need for additional support for osteopaths as they develop throughout their careers. The initial research has identified a range of options, from mentorship training and clinical interest groups to standards frameworks and advanced practice registers. Though any scheme developed will be voluntary, it could have a profound influence over the landscape of UK osteopathy. This is why it is essential you have your say.

Over the coming months there will be a profession-wide survey giving you the opportunity to share your views on all the options that have been identified. Watch out for an email from GOsC inviting you to participate in the survey. This is your chance to shape how these projects develop. For more information, please visit www.osteopathy.org/development-of-the-profession/

Do you feel that you have what it takes to mentor others? Are you a new graduate who would like the opportunity to access a professional mentor?

The Osteopathic Development Group is currently conducting research on mentoring in osteopathy and is looking for an expression of interest from osteopaths who wish to take part in the project pilot. If you would like to know more, please contact matthew@osteopathy.org
NSpine Returns for 2015

After the resounding success of the 2013 conference, The Centre for Spinal Studies and Surgery at the Queens Medical Centre, which includes the spinal osteopathy team, are delighted to once again welcome delegates back to Nottingham for their next major NSpine meeting.

Dates:
25th and 26th June 2015

Venue:
Nottingham Conference Centre, UK

Theme:
Craniocervical to Cervicothoracic Spine

NSpine is the UK’s most comprehensive spine review course; a unique learning environment which seeks to amalgamate the latest research and practice in the treatment of the spine. Catering to all manner of professionals across the globe’s healthcare industry, from doctors and nurses through to osteopaths and physiotherapists, we gather the leading lights in spinal disciplines to advance your knowledge of best practice procedures.

NSpine takes place every two years to provide the latest knowledge for spine healthcare professionals. Growing from strength to strength at each meeting, NSpine provides ascendant medical professionals with the supplementary material they need to forge best practice in their careers.

At NSpine 2015 osteopaths will be running many presentations jointly with physiotherapy colleagues where the subject matter is of mutual interest. They have secured some of the UK’s leading experts on the management of cervical spine pain, such as Professor Roger Kerry (Cervical Artery Dysfunction), Professor Roger Knaggs (Pharmacology and Cervical Pain) and Dr Greg Hobbs (Injection therapy for cervical spine pain). Along with resident faculty for the Centre for Spinal Studies and Surgery in Nottingham, topics covered will also include structural and neurological assessment of the cervicothoracic spine, management of the degenerative spine, managing patients who have had spinal surgery, and assessment and treatment of patients with cervicogenic headaches and dizziness.

Sessions will be running openly in parallel over the two days of the medical conference, allowing delegates to move between sessions and construct a programme that best matches their interests.

Feedback from the last conference was that this was the best CPD learning experience that many of the delegates had been on. There will be ample opportunity to hold open discussion with colleagues across all of the healthcare professions, and take away knowledge and skills based on the latest research. This course is therefore ideal for those who wish to expand their knowledge of pathology affecting the spine.

For more information, go to http://www.nspine.co.uk/ and click on the link for osteopaths.
11th International and Interdisciplinary Symposium

Report by Dr Raymond Perrin, DO, PhD

Dr Raymond Perrin recently spoke at the 11th International and Interdisciplinary Symposium of Osteopathy “Fluids and Osteopathy”, organized by the Osteopathie Schule Deutschland and held in Berlin in December. Here he details some of the presentations that took place at the event.

The conference showcased the latest fluid research findings and their applications in osteopathy and osteopathic practice. The other lecturers were from all parts of the globe, as well as some who were closer to home such as Univ.-Prof. Dr. med. Joachim Bauer and German osteopathic educator Ralf Vogt.

New Zealand osteopath Phillip Beach, an osteopath and chiropractor, talked about archetypal postures and contractile fields. Looking at the history of mankind one was able to model maps of large fields of movement in the body as well as looking at postures developed not only in one’s personal development but also through mankind’s evolutionary history.

Dr. Bruno Chikly MD, DO (US), leading osteopathic physician in the field of brain and lymphatic drainage from Arizona and author of ‘Silent Waves’ gave a lecture demonstrating that by palpation of the brain and spinal cord one can assess the CSF drainage that forms a pivotal role in the fundamentals of my own research over the past twenty five years. He also gave workshops on how to palpate and treat CSF disturbance in the cisterns, parenchyma and the ventricular system.

Also from the US were leading osteopathic scientist Dr. Lisa M. Hodge PhD who showed that using animal model studies osteopathic treatment did not show a detrimental effect to malignancy. Her work received a voice of disapproval from one of the delegates in the crowd who was angered that osteopathy had to rely on animal experimentation. I felt proud that with demonstrations within our own conferences...osteopathy had finally arrived!

One of the leading members of The Cranial Academy in the US, Dr. R. Paul Lee lectured on the intelligence of the tide and of course last but never least Prof. Dr. Frank Willard with the latest anatomical findings of the lymphatic system.

My main lecture was Swimming Against The Tide…. The Treatment of Neurolymphatic Disorders given on the first morning to an amazing 800 delegates, followed by workshops on the physical signs of Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and the therapies that help the disorder.

Also from the UK was the BSO’s Jerry Draper-Rodi questioning the way osteopaths conventionally treat lymphatic problems and John Lewis (who gave a rendition of his wonderful cranial osteopathy song at the conference gala dinner) and it was a pleasure to meet former BSO lecturer Maxwell Fraval, who has been one of the leading osteopaths in Australia since. He went back to basics of osteopathic philosophy giving workshops on the rule of the artery in clinical practice.

The highlights for me were the discovery of a whole new micro-circulation system which was shown in a multi-colour film using electron-microscopy by Professor Bauer and the confirmation of new discoveries regarding the lymphatics and cerebral spinal fluid that forms the basis of most of my work with CFS/ME. Also of interest to practitioners is that recent research has shown that even exerting maximum pressure when working on soft tissue there is no evidence of any damage to lymphatics.

One very interesting feature found in the foyer of the wonderful conference centre was the stand with curios brought over from the US by Jason Haxton, director of the osteopathic museum in Kirksville, with many interesting exhibits from the museum including one of A T Still’s famous boots.

Unfortunately due to the punishing schedule of lectures, meetings and workshops that I had agreed to give I didn’t have time to take a proper look. I’ll just have to go to Kirksville one day and see the whole exhibition...one for my bucket list!
Our range of six patient information leaflets has been updated with a fresh new - iO branded - look. They are designed to provide basic information about osteopathy, how it can benefit a range of different patient groups and what patients can expect during treatment. It includes a space for you to add your practice contact details. A copy of About Osteopathy has been enclosed with this issue of OT for you to look at.

They are ideal for displaying in your reception area or to place in locations that are happy to help you advertise your practise. They are also useful for when you are attending events or giving presentations, or to give to patients before their first appointment.

Sample packs, which are ideal for the smaller practice, are available consisting of 60 leaflets (ten copies each of six subjects) at just £15.20 including postage and packing. Larger quantities of individual titles are also available, with discounts for larger orders. Visit the iO website http://bit.ly/1K8C3wx for full details.

George Reginald Foster
12th April 1919 - 29th October 2014, By Ron Bishop

As a naturopathic and osteopathic student I remember George fondly as a very calming, caring and healing influence... a wonderful mentor. In the early days I distinctly remember his characteristic Citroen cars and his black Labrador dogs... a busy, loving man leading a full life.

George was born in London. His father, George Charles Foster, was a practitioner in herbal and homeopathic medicine, so it wasn’t a surprise that young George followed in his father’s footsteps and trained as a herbalist, homeopath and then as an osteopath and served the public for over sixty years. George worked in his clinics around London and Essex from 1949 until 2010, only being thwarted in the end by failing eyesight, finally retiring at the age of ninety. George was a member of the British Naturopathic and Osteopathic Association initially and then a Member of the Register of Osteopaths and then on the register of the General Osteopathic Council.

His career was interrupted by the Second World War in which he served in Egypt and was a decorated soldier with the 8th Army in the Royal Army Ordinance Corps. George was in the Territorial Army before being enrolled into the British Army.

George (and his wife of seventy three years, Lily) relaxed away from clinical work by sailing yachts, playing golf and going skiing. Even then George served for many years as the secretary of his sailing club up on the Essex coast in Maldon.

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The French government has recently agreed that all osteopathy students who start their training from September this year must now complete a five year training programme that includes 4860 hours of training before they qualify. The new rules bring the standards of training towards levels attained by osteopaths studying to Masters level in the UK and other European countries where osteopathy is regulated. There are currently over 70 schools in France teaching osteopathy, but only between 10 and 12 of these have programmes of study that require students to receive the new levels of training. Schools will now have a period of time to bring their syllabuses into line with the new standards.

As UK osteopaths already train to Masters level they will still be able to use their qualification in France once they have registered with one of France’s professional bodies, similarly French students can continue to study and qualify in the UK if they wish and return to France to practice.

France introduces new standards for osteopathic education

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This is an important step towards regulation for French osteopaths as the French public can be reassured that qualified osteopaths recognised by the French authorities will have a consistent standard of training, skills and knowledge.
Applications for the 2015 Nottingham Spinal Fellowship Programme now open

The NHS represents a national institution, providing access to high quality patient care based upon clinical need, not an individual’s ability to pay, and as such is free at the point of use. The underpinning values of the NHS are respect, dignity, compassion and putting patients at the heart of their own healthcare in order to improve patient safety, experience and outcomes.

Over half (51%) of the osteopaths surveyed in the iO Professional Census suggested that they would be interested to contract with the NHS, at least in part, if the opportunity arose. However, mechanisms for achieving this are difficult to come by. It has been suggested that there is a perception within the NHS that osteopathic understanding of the NHS culture, values and beliefs is lacking and that there are inconsistencies between the experience and skills set imparted at undergraduate level and those required when working as part of an NHS team. In addition, lack of previous NHS experience is often a major stumbling block for osteopaths at NHS interviews.

The iO sponsored Spinal Fellowship post, hosted at the Centre for Spinal Studies and Surgery at the Queens Medical Centre (part of Nottingham University Hospitals NHS Trust) is designed to redress this disparity. The osteopathic team at the hospital treats patients with complex and chronic spinal conditions who have been referred by consultant surgeons and physicians and are considered by their NHS peers as specialists in their own right. The first osteopathic fellow to study on the programme, James Booth, is now employed in the centre as Consultant Spinal Osteopath.

This innovative training programme, the only one of its kind, is designed for osteopaths who want to specialise and develop advanced clinical skills in neuromusculoskeletal therapy in a world-renowned secondary care NHS setting. Through networking, eLearning, hands on clinical and reflective practice, candidates are encouraged to enhance their current knowledge and understanding, and are offered the opportunity to challenge and critically evaluate their clinical reasoning and treatment approach.

Osteopathic fellows also assist in the collection of data that will eventually be used to promote the profession and provide an evidence base to support the inclusion of osteopathy in a secondary care setting. This comprehensive data collection started in 2011 and uses standardised and well-respected data collection tools, Spine Tango Conservative, the Oswestry Disability Index and the Neck Disability Index.

What is really interesting about this patient group is that they all have surgical targets. They have either had surgery, but still have symptoms, or due to other co-morbidities are unable or unwilling to have surgery. They have often had a course of physiotherapy, pain management, medication and other interventions, with only limited success, but have achieved substantial improvements through osteopathy.

Of these patients 68-71% achieve the minimum statistically significant clinically important change, a stunning result in this complex patient group who have tried and failed everything else. Both neck and back pain patients report a statistically significant decrease in pain on their Visual Analogue Scale. 85% fully or partly achieve their functional outcome goals, and are often able to reduce their reliance on pain medication. Furthermore, 93% of patients with neck conditions and 87% with back pain report that they are very satisfied with the treatment that they have received from their osteopaths.

The iO sponsors the post and contributes £12,000 to remunerate the successful osteopathic candidate for time out of clinic. In return, the candidate is expected to commit to working 2-days-per-week at QMC for 12 months. Applications are now being accepted for the September 2015 intake. If you think you have what it takes to study on this unique programme, email Matthew Rogers, iO Head of Professional Development at matthew@osteopathy.org and ask for an information pack. There will be an open day for interested osteopaths to visit QMC and meet the staff in Nottingham on 5th June 2015. The closing date for applications will be 27th May 2015. Interviews will be held on 17th June 2015, in London. Please keep the date free.

iO Convention 2015

This year’s convention is shaping up to be even more exciting than last year’s hugely successful event. Continuing with the theme of bringing the profession together, we will once again be partnering with the leading lights of UK osteopathy to showcase the very best that osteopathy has to offer and deliver a uniquely diverse programme of lectures, workshops and networking opportunities to meet all your professional development needs.

In addition to last year’s highly successful core streams, we will be hosting the BSO’s biannual Education Conference and introducing a new Applied Research stream in partnership with NCOR and iJOM. Our Diagnostic and Clinical Skills stream will showcase cutting edge approaches to clinical education being pioneered by the OEIs and many of the Osteopathic Alliance’s postgraduate colleges will once again be running masterclasses in the Applied Osteopathy stream. OSCA UK will also be running a full day of sports osteopathy workshops. And to top it all off, the iO’s Business Development stream will give you the opportunity to work with experts in the field to take your practice to the next level.

Join us at The Runnymede on Thames Hotel in Egham
20th - 22nd November 2015
Save the date!
The discussion of gluteal muscle strength by John Gibbons (Osteopathy Today, December) was an unusual osteopathy article because the terminology, clinical reasoning and treatment methods were similar to those used by physiotherapists. It is worth acknowledging that rehabilitation of muscle weakness was not a treatment approach advocated by AT Still. However it has been part of the culture of physiotherapy since the profession was involved in the care of polio patients in the early twentieth century. All credit to John Gibbons for expanding the osteopathic parameters.

The increasing crossover between osteopathy and physiotherapy is a rarely discussed subject. In her book Alternative Medicine, Roberta Bivens makes the point that there has always been a give and take of ideas between orthodox medicine and complementary therapy. This is in contrast to AT Still’s belief that osteopathy is both separate and superior. “It is not only a request and a demand, but an order to be remembered that osteopathy as a science is wholly independent of all other theories.”

One reason why osteopaths might be moving away from traditional osteopathic philosophy as a guide to clinical practice is that evidence is revealing its weaknesses. AT Still wanted osteopaths to focus on the structure of the body. “The osteopath must remember that his first lesson is anatomy, his last lesson is anatomy, and all his lessons are anatomy.” Today medical imaging research is finding that structural imperfections are normal. Turner et al (2007) found that 85% of pain free individuals had structural abnormalities on MRI of the lumbar spine. Therefore the correlation between structure and health is weak. It is now more helpful to think of the body as a neurophysiological system rather than a mechanical one. For osteopaths who don’t want to have their thinking restricted by nineteenth century philosophy there is an obvious appeal to integrating ideas from physiotherapy. It would have been interesting to hear John Gibbons’ thoughts on why he preferred not to follow the traditional osteopathic paradigm.

James Winterborn
Patient groups and treatment confidence

iO Census 2014 Results II: Clinical practice – by Maurice Cheng

In this second instalment of our iO Census 2014 analysis, we’ll be looking at the key clinical practice results reported by the 12 percent of osteopaths who supported the Census.

**Patient groups**

The table below sets out the patient groups seen by osteopaths, ranked from the most frequently seen (adult women) to the least (animals).

The most popular groups of patients are adults and older people, with sports people also featuring strongly.

Paediatric care was at the lower end of patient frequency, 30-40% of osteopaths never see infants or young children.

The most specialised patient group was animals, with only some 12 percent of osteopaths ever treating, of which a quarter (3%) specialised in this patient area.

Recognising that whilst osteopaths must only ever treat patients that they are trained and competent to treat, we wanted to explore how positive they felt about their own knowledge and abilities. We asked those who ever treated a particular patient how confident they were in treating them. The table below shows the responses from everyone who told us that they treat a specific group, and here you can see, for example, that while the numbers of osteopaths treating animals is low, one third of these said they were very confident, and over 40% said they were reasonably confident.

In general, confidence about specific patient groups tracks the frequency of seeing those groups, with adults and the elderly at the top, and infants and young children, as well as animals and palliative care at the bottom of the confidence scale. Although the majority of osteopaths feel very or reasonably confident about treating the patients they see we have identified that CPD in some areas, where osteopaths have expressed lower confidence – paediatrics in general, but also a reasonable number around sports people and palliative care – might be welcome.
When asked about treatment approaches and adjunct therapies, respondents gave the following responses.

Some 70% of osteopaths use adjunctive therapies of one form or another, the most popular being massage, and dry needling, both being used by around a third of respondents. Drilling down into the demographics of osteopaths gives a number of interesting differences:

- Massage and dry needling are more popular with younger (44 and under) osteopaths, whereas naturopathy and electrotherapies are most frequently used by older osteopaths (over 55)
- Males tend to favour massage and dry needling, and electrotherapies, whereas female osteopaths show a stronger preference for pilates
- Osteopaths who do not use adjunctive therapies are proportionally higher in Scotland/Ireland/Wales, SW England and the Midlands – around 40%.

Nearly all osteopaths (99%) prescribe exercises for patients, using the following methods:

The two most popular forms of exercise prescription are in the form of handwritten notes, and using the recommendations of professional exercise instructors – often, it would seem, using handouts created by the osteopaths themselves. This is particularly prevalent among younger (under 34) and female osteopaths.

The least popular options for exercises were books, DVDs and generic online resources – I suspect colleagues have a preference for researching and customising the exercise programmes they prescribe!

Do these findings make sense and/or ring a bell with you? Do let me know – I’d also greatly appreciate any ideas you have for the reasons behind these findings, and what they might mean for the profession in terms of clinical and personal development. As usual – to maurice@osteopathy.org.
What exactly do the various sections of the liability policy offer and are they all really necessary? There are three specific heads of liability cover included in your IO osteopaths insurance policy:

Medical malpractice
Professional negligence by act or omission by a health care provider in which the treatment provided falls below the accepted standard of practice in the profession and causes injury to the patient, with most cases involving a clinical error.

The cover also extends to include libel and slander and breach of confidentiality.

Public liability
Injury or damage to third party property which arises from accidents or events that is not related to your professional decisions but connected with your profession; e.g., a patient tripping over a loose floorboard.

Products Liability
This section covers your liability arising from the sale or supply of defective products. For example if you supply an orthotic that is defective and causes a complication; any liability arising from the sale and supply of products such as orthotics.

There are many providers of Indemnity Insurance and whilst price comparison appears to be the main criteria for selection, the scope of cover and services vary considerably.

What you are buying is the quality of the cover and the service and this is not easy to determine at the outset. The Institute of Osteopathy and its team of advisors handle over 50 cases each year advising insured members on how to deal with adverse events and complaints from patients. I am pleased to say that, in the vast majority of cases, matters are brought to a satisfactory conclusion for both parties solely through correspondence.

Over the next few editions I shall look at each of these in more detail to explain the scope of cover and how it applies to your profession.
Dear iO,

I would like advice about taking on an unusual patient.

I met with a gentleman yesterday who is looking for a professional to assist him with his rehabilitation post stroke in 2009. He has been left wheelchair bound with left body paralysis but full mental capabilities. He was receiving a visit at home by a private physiotherapist until the spring this year when she departed on maternity leave and he is unable to contact her.

He would like assistance with maintenance of the joints and tissues on the paralysed side of his body and he wants to be able to get out of his chair and walk a few steps so that he can use the lavatory unassisted. He has done this in the past.

The treatment would be provided in his wheelchair at home with walking exercise in the kitchen with the use of a stick.

This is all new to me. I have experienced patients who have suffered a stroke but not those left with this level of disability and I have not previously been involved in rehabilitation of this sort. I have already made this clear to him. This is a different sort of contract of care in that it will be booked weekly with no clear end to the treatment unless/until he reaches his goal as described above.

My concerns are around if I should be taking on a patient of this type, am I the right person for him? Are there any different legal implications? What am I not thinking of?

I have consulted the NICE guidelines and I plan to create full patient notes and an examination as well as contacting his GP and Consultant and any other care teams to make sure I have as much information as I can get.

If you have any advice on this matter please let me know as soon as possible.

Kind regards,

This is an interesting ethical dilemma.

As I see it, the issues raised in your email fall into 3 main areas: communication, informed consent and understanding your limitations.

The field of neuro-rehab is a specialist field of manual medicine that is not covered in any depth in the undergraduate osteopathic training. Conversely, physiotherapy training is divided up into MSK, respiratory and neuro-rehab. As such, at qualifying, they may not be as confident in the treatment of MSK conditions as an osteopath, but have a broader scope of practice as well as specialist training and experience in these fields, that the NHS develops further with on-job training rotations upon qualifying.

The Osteopathic Practice Standards require osteopaths to promote patient’s health and protect them from harm. Under section A3 (Communication and patient partnership), it suggests that you should ensure that the patient understands what they can realistically expect from you as an osteopath, and why their expectations may not be realistic. i.e. neuro healing can occur for up to 2 years. If his stroke occurred more than two years ago, further improvement will be very limited or unlikely whether he sees you, a physio or has no treatment, and you would simply be helping him manage the symptoms of his disability. It is possible that osteopathic treatment would only provide short term benefit, but if that helps him manage day-to-day and he is properly informed, that may be acceptable.

With respect to Section B2 (Knowledge and skills), there is a requirement that the osteopath demonstrate sufficient knowledge and skills drawn from formal training, research, self-reflection and feedback to inform your clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional. This is reiterated in section A5 which states that the most appropriate treatment for a patient may include referring them to a different therapist or not treating them at all.

If you do not feel competent to treat him (i.e. as you are not specifically trained in neuro rehab, you don’t know what you don’t know) B3 suggests that it is your responsibility to recognise and work within the limits of your training and competence. You could of course chose to set this as a training need and participate on a neuro-rehab course to address this.

The patient needs to be properly informed of these concerns and have realistic expectations of what osteopathy can achieve. You need to communicate all this to the patient and allow him to make an informed decision (informed consent) and ensure he feels confident to review and possibly end treatment at any stage. This should also be recorded in your notes.

Matthew Rogers, Head of Professional Development

Got a dilemma, need advice? Share your problem with us and we could print it, anonymously, along with some guidance. Send your question to comms@osteopathy.org.
Dementia Friendly Practice

Former BOA president Mathew Cousins took a break from his career to care for his grandmother, who lived with dementia for many years. He is now a Dementia Friends Champion and volunteers to raise awareness of dementia and how, by creating dementia friendly communities, more people who are living with dementia can live fulfilling and independent lives as part of the Alzheimer’s Dementia Friends Project. Interview by Nik Watson

‘Dementia is ostensibly in the position cancer was 15 years ago’, says Mathew, ‘when you mention that you’re caring for someone with dementia, people feel uncomfortable talking about it, and that needs to change.’

To this end the Alzheimer’s Society set up the social action movement Dementia Friends and is aiming to sign up 1m Dementia Friends by the end of this year. Mathew is one of an army of volunteers who is spending time running information sessions around the country that are helping people improve their understanding and awareness of dementia and how to support the 835,000 people who are currently diagnosed with dementia in the UK, a figure that’s predicted to rise to 1.1m by 2025. He makes the point that people living with dementia want to live dignified, full and independent lives and all they need is a little help and understanding.

Dementia is a progressive illness, and those who are living with the early stages are far from the stereotype of housebound, confused and in need of round the clock care, in fact two thirds of all people with dementia live in the community and one third live alone. Around 42,000 people have early onset dementia, meaning that they are under the age of 65, and some of these individuals are still in employment – which further demonstrates how many people who are living with dementia are still functioning and productive members of society.

For osteopaths having an understanding of dementia and the needs of those people caring for them, especially as out of the 6.5 million careers in the UK 670,000 act as the primary carer for someone with dementia, is an important step towards making dementia friendly communities. Mathew says,
‘One person in 14 over the age of 65 is living with dementia right now.’ Many of these people will also have other health issues that maybe amendable to osteopathic treatment. There are a few ways that osteopaths can make their practices more dementia friendly.

**Communication**

Good communication is a vital part of what we do as osteopaths. The Alzheimer’s Society has a great factsheet that gives tips and advice for communicating with someone with dementia and on how to encourage the person to communicate in whichever way works best for them, that can be found on their website.

- Avoid asking too many direct questions. People with dementia can become frustrated if they can’t find the answer. If you have to, ask questions one at a time, and phrase them in a way that allows for a ‘yes’ or ‘no’ answer.

- Speak at a slightly slower pace, allowing time between sentences for the person to process the information and to respond. This might seem like an uncomfortable pause to you but it is important for supporting the person to communicate.

- Clear signage and information leaflets. Keeping things simple and easy to understand and apply will ensure that all patients feel comfortable when visiting your clinic. Advice on writing in plain English is available from the Plain English Campaign.

- Providing written information that patients can take away and read to remind themselves of the treatment or advice you’ve given them.

**Safeguarding**

Osteopaths can have a role in safeguarding, protecting vulnerable people from abuse. They are trained to be observant and have the opportunity to see and speak to patients at length in a relaxed environment. If they are working with a vulnerable person and they notice an injury that the patient finds hard to explain, or the explanation from their carer doesn’t seem right, it may be indicative of abuse. Osteopaths who work with vulnerable people are advised to find out local procedures for discussing and reporting concerns about abuse, by checking their local council’s website or contacting the local social services department for advice. Reporting suspicions of abuse can usually be done anonymously and will alert the professionals charged with protecting vulnerable people to investigate further, they can then decide whether or not abuse is taking place and what action to take to ensure the individual is not being harmed.
Dementia and Consent

Most patients can give consent to treatment. In order to do so they must be able to understand and retain information about the nature of the treatment offered, the benefits and disadvantages of that treatment, any available alternatives and the consequences of undergoing no treatment. They must also be able to confirm their agreement for the clinician to proceed. Those patients who suffer, for example, dementia, may lack the capacity to consent but should not be denied treatment simply on the basis of inability to do so.

The Mental Health Act 2005 includes provision for those patients who are incapacitated by mental deterioration and allows the appointment of appropriate people as Lasting Power of Attorney (Personal Welfare) advocates who may act as proxy decision makers. If the patient does not have an LPA(PW), the treating clinician must make an assessment about the patient’s ability to assess, understand and retain information that will allow him or her to decide whether to proceed. In reaching this decision, the judgement is the clinician’s.

Although a patient may not be able to understand information about a complex course of treatment, he or she may be able to agree to progress with a simple procedure. If the judgement of the clinician is that the patient does not have the capacity to consent to treatment, then any treatment that is proposed must be undertaken in the patient’s best interests. In order to establish ‘best interests’ the clinician should attempt to discover the patient’s past wishes, encourage the patient to participate as much as possible, consult and seek counsel from people such as friends, carers and relatives and devise a plan which meets the treatment needs with a minimum of intervention.

The osteopath should record detailed notes about reaching the decision concerning lacking capacity, who else was consulted, their advice, what the treatment plan was and why it was recommended. Good notes will ensure that the osteopath can answer any questions that might subsequently arise. There is therefore no reason for dementia to prevent appropriate treatment.

Dr Paul Lambden
Dementia

Dementia is not a disease in its own right. It is a term used to describe a broad range of signs and symptoms which include a decline in a person's mental ability and is usually the result of damage caused to the brain by a specific illness or by brain cells wearing out at a faster rate than would be considered to be normal.

The Alzheimer’s Research Trust Dementia 2014 report suggests that some 850,000 people are living with dementia in the UK, and that this number is forecast to double over the next 30 years as a result of our aging population. 1 in 3 of those over the age of 65 will die with some form of dementia, and yet only 2.5% of the government medical research budget is spent on it, compared with 25% spent on cancer. With these statistics in mind, dementia is likely to affect all of us, either directly or indirectly, through the course of our lifetimes.

The ‘Making a Difference in Dementia’ strategy launched in 2013 by the Department of Health suggests that all healthcare professionals must be aware of the signs and symptoms of dementia in order to be able to respond compassionately to the concerns and anxieties of patients and their carers and should not ignore these or try to ‘jolly them along’. This national strategy strives, amongst other things, to improve public and professional awareness of dementia, encouraging appropriate help seeking and referral, as well as better quality of support for carers (the ‘new deals for carers’).

The exact combination of symptoms that might present themselves will depend on the underlying cause of the dementia in the individual living with it. These diseases might include:

- Alzheimer's disease: the most common cause of dementia in which brain cells die at a faster rate than would be normal from ageing alone.
- Vascular dementia: caused by altered blood flow to the brain, usually as a result of stroke or a blood clot.
- Dementia with Lewy bodies: small protein deposits that disrupt the brain's normal function.
- Other less common forms of dementia including motor neuron disease, Creutzfeld Jacob Disease (vCJD), Huntington’s disease, HIV related dementia, Down’s syndrome and Korsakoff’s disease.

Dementia is a progressive degenerative illness which means that the symptoms will get worse over time. People living with the condition may exhibit a variety of symptoms including difficulty with:

- Short term memory. The capacity to recall further back in time (long term memory) usually remains intact
- Reasoning, clear thinking, and making rational judgements, often even relating to simple daily tasks like getting dressed
- Communication: finding the right words, language production or comprehension
- Abstract thinking such as calculations when the part of the brain that recognises numbers and their use is effected
- Decreased inhibitions: which might for example present with the inappropriate removal of clothing
- Interpretation of their environment: they may be able to see a door handle, but not realise how to use it or what it is for
- Loss of initiative: people with dementia may lose interest in activities that they previously enjoyed
- Change in behaviour: dementia can cause sufferers to become confused, fearful or even aggressive. This can be distressing, but it should be remembered that this is not the person’s fault.

If a patient that attends your clinic presents with these symptoms, it may be appropriate to raise the subject. Assessment of the patient’s symptoms by a suitably qualified specialist can help to rule out other treatable causes such as urinary and chest infections, poor sight or hearing or medication interactions and side effects. If dementia is diagnosed early, many forms can now be managed with medications that slow the progress of the disease and maintain quality of life and independence. It also gives the patient the opportunity to plan for the future and get the right support services into effect. You could start the conversation by mentioning that you have noticed these symptoms, asking if they have noticed them and whether they are concerned by them, and then offering to write a letter to the patient’s GP to ask for their opinion on the possibility of referral to a specialist dementia assessment team. This should always be with the patient’s consent, and should be recorded in the patient’s notes.

Resources:

1. **Age UK**
   A national charity offering a number of advice and home support services for older people. They have a free national advice line and publish a range of books and fact sheets.
   - Tel: 0800 169 6565
   - [http://www.ageuk.org.uk/](http://www.ageuk.org.uk/)

2. **Independent Age**
   A UK charity established for over 150 years dedicated to offering free advice, befriending services and campaigning for older people.
   - Tel: 0800 319 6789
   - [http://www.independentage.org/](http://www.independentage.org/)

3. **Alzheimer’s Society**
   The society provides up to date information to help with every aspect of dementia. Their free fact sheets answer many of the most common questions and runs a National Dementia Helpline where people can speak to trained advisors.
   - Tel: 0300 222 1122

4. **The Office of the Public Guardian**
   Operating within the framework of the Mental Capacity Act 2005, this organisation assists with decision making for people who may lack the capacity to make decisions for themselves. They may also be able to advise on issues such as setting up Lasting Power of Attorney.
   - Tel: 0300 456 0300
We Use TM2

“When you think of the time, therefore money saved when the system is up and running, the small cost of moving with the times is worth every penny. I only wish I had done this years ago”.

Irene Phillips B.Sc. (Ost),
Director of The Backcare Clinic
Research in Focus
Crowdfunding research into treatment of children

NCOR are looking for help with the cost of producing a systematic review into manual treatment of pre-school children. Crowdfunding may not be something you’re familiar with. NCOR’s Austin Plunkett discusses why charities and research institutes are increasingly turning to donations to fund research.

In the January edition of Osteopathy Today we explained why NCOR are looking at fundraising for research into the treatment of children. We mentioned the Osteopathic International Alliance’s finding that 10% to 25% of osteopaths around the world regularly treat babies and children [1] and how the lack of robust evidence in this area regularly draws criticism [2]. It is NCOR’s hope that research in this area can encourage constructive discussion as well as exploring how we as osteopaths can most effectively care for our young patients.

To conduct a major piece of work such as a systematic review is time-consuming and can be costly. NCOR is a charity, whose day-to-day funding is by contributions from the Osteopathic Educational Institutions, the IO and the GOsC, and the Osteopathic Educational Foundation. This income allows us to retain a team of four part-time staff, but does not provide enough spare revenue to fund a large systematic review.

It is increasingly common for charitable research institutes to use “crowdfunding” as a means of boosting income for particular projects. Even Cancer Research UK, one of the country’s largest charities, highlights their individual research teams and encourages donors to sponsor the project that matters most to them [3]. Websites such as Experiment.com and PetriDish.org have drawn praise from people including Bill Gates. These platforms allow researchers to ask for donations towards research projects that otherwise may not receive enough funding.

NCOR’s campaign is up and running, and you can see our latest updates on social media. Follow us on Twitter and Facebook for the latest news. If you’re familiar with hashtags then use #ncordonor to join in the discussion – if not, you can read more about hashtags at http://bit.ly/hashtags-explanation


It would also be very helpful to ensure the word spreads among osteopathy patients. From our surveys we know that the majority of osteopathy patients are happy to be asked to help support the profession. Print our leaflet about PREOS, Patient Reported Experiences of Osteopathic Services, and leave a few in your waiting room or clinic. The leaflet is available as a downloadable Word document from http://bit.ly/ncor-preos-leaflet

Everyone who donates to our campaign will be able to download an early copy of the report of the systematic review. If you would prefer to donate by bank transfer or cheque then please contact Austin Plunkett on a.plunkett@qmul.ac.uk.

We have had several enquiries about what will happen to the findings of the review. We will seek to publish the findings as this is good research practice and provides information for all clinicians whether in osteopathy or other healthcare disciplines, and for parents/carers. Some osteopaths have asked about “negative” findings; the findings of the review will highlight where existing research might recommend treatment or signpost where there is currently insufficient evidence highlighting the need for future research. All of the findings will help osteopaths to reflect on their practice and develop it further. We hope that this research will prompt constructive discussion and collaboration.

Remember to share your thoughts on our campaign – and let us know if you have donated! – by joining the conversation on social media:

Facebook http://facebook.com/NCORnews
Twitter http://twitter.com/ncor_uk
LinkedIn http://bit.ly/ncor-linkedin

References:


Using PROMs in clinical practice
Thank you to those osteopaths who have been piloting our Patient Reported Outcome Measure (PROMS) app in their practices. We are still looking for volunteers to join the pilot. If you would like to know more about what is involved, please contact Carol Fawkes by email at c.fawkes@qmul.ac.uk or by telephone on 07732178308.
Why a systematic review?

By Austin Plunkett, NCOR

A systematic review is a scientifically rigorous way of conducting a literature review that is transparent and reproducible by others to make sure there is relatively little bias in the findings.

When we look at the existing ‘osteopathic’ research there are very few trials and the majority are fairly small. The researchers will often conclude that further larger trials are needed i.e. more patients that are recruited into a study. The more patients that are recruited, the more confident we can usually be that the observed effect is not due to chance, and is instead due to the intervention that is being studied: meaning we can be more confident in the results.

Of course, there are many other important factors alongside the number of participants, but this alone causes a significant stumbling block for much osteopathic research. Osteopaths typically have access to relatively small numbers of patients – not the hundreds or sometimes thousands that are often mentioned in more robust trials.

If we know that larger numbers of patients give us greater confidence, but we do not have the funds or capacity to conduct large-scale trials, where does that leave us?

This is a situation where a systematic review can be appropriate. Reviews aim to analyse all recent existing research. Data from each study can be extracted and pooled -- this is known as “meta-analysis” and is often a component of systematic reviews, though not always. At NCOR we don’t have access to thousands of patients, but we do have access to thousands of research papers. We can take an overview of the data from many small trials and other relevant studies. As part of this process we can also examine the quality of the research, so we can have some measure of the confidence of our overall review.

Research is often regarded as being about “proving” what we do. It should more correctly be recognized as “improving” what we do.

Rather than producing more trials with low numbers of patients, poor credibility and non-generalisable data, reviews can add to the body of evidence by summarising current research, they can help determine which interventions are useful and which are not, and they can help identify where there are gaps in our knowledge.

For more information about systematic reviews, including how they are planned and conducted, see our tutorial at http://bit.ly/ncor-systematic-reviews
Treating Older Patients - Case Reports

The following published case studies, compiled by the team at the National Council for Osteopathic Research, may be of interest to osteopaths.


This paper looks at the clinical relevance of fracture findings in elderly men in Sweden. The epidemiology, fracture pattern, and prevalence of vertebral fractures in 1,400 men are examined, along with the findings of a questionnaire evaluating their back pain and daily activities. The authors discuss the clinical relevance of their findings.

The full paper is available here: http://bit.ly/elderly-vertebral-fracture


The authors discuss an elderly headache patient who presents after a consultation with a neurologist. The 62 year old man complained of left-sided headache, with neck and facial pain. His medical history revealed various conditions including depression, obesity and arterial hypertension. He had also had sinus surgery. The authors discuss the complications of the diagnostic process with this patient, with reference to cervicogenic headache, migraine, and giant cell arteritis.

The full paper is available here: http://bit.ly/headache-workup


This case report describes a 79 year old female patient with left shoulder pain and restricted movement. The author reflects on whether the shoulder symptoms were prodromal of Parkinson’s disease which was diagnosed 7 months following this initial presentation. The differential diagnostic process is highlighted, with the author giving careful consideration to acromioclavicular joint degeneration, cervical myelopathy, rotator cuff tendinopathy, and adhesive capsulitis.

Simpson also reflects on the unmasking of her symptoms over several appointments, and his own diagnostic reasoning and awareness of the symptomatology of Parkinson’s disease.

The full case history is available here: http://bit.ly/parkinsons-case-history

Need some help making sense of the papers?

Visit: http://www.ncor.org.uk/learning-online/critical-appraisal/ for some help with how to critically review a paper.

Don’t forget, all UK registered osteopaths and final year osteopathy students have free access to a number of Elsevier Journals, including the International Journal of Osteopathic Medicine, via the o zone, the General Osteopathic Council website for osteopaths.

http://www.osteopathy.org.uk/ozone/resources/research/research-journals/