



WLCSP Newsletter

FEBRUARY 2014

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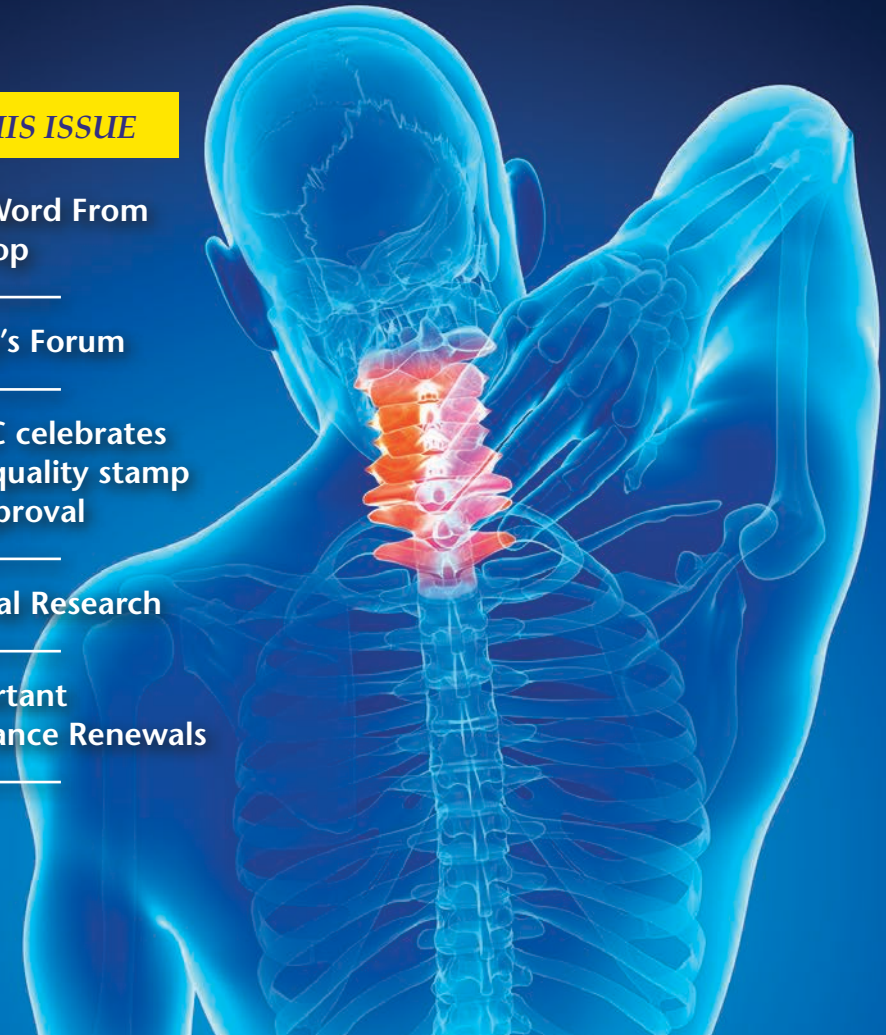
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The word from the top

Well, Christmas and the New Year celebrations lie far behind us and the few days off seem a long time ago. There is something intrinsically harder about working in the winter; the cold, the damp and the fact that it frequently doesn't seem to get properly light during the whole day conspire to make everything more difficult. The patients are less cheerful and half of them have colds anyway! But, hey, spring is only about ten weeks away and conversations will soon be turning to thoughts of holidays. As we toil away in our various professions and specialities, we have so much more to think about now. It isn't just a case any longer of treating the patient and chatting. There are standards with which to comply which make working in any healthcare profession increasingly complex. Like every clinician, you now have lots of questions to ask yourself during the course of a consultation. Did you explain everything satisfactorily? Did you obtain a valid consent? Did you need a chaperone? Did you act reasonably? Did you make good records? All this is bound up in education which, these days, is as much about procedure and safety as it is about clinical issues.

Education has a number of roles. Yes, it is to provide information and training about academic and practical subjects. Yes, it is required to maintain oneself up-to-date. But it is required for other things too. It is often a way of meeting one's peers and provides a useful way of telling whether what you do is what your colleagues do as well. After all the essence of reasonableness is doing what other practitioners would do in a similar situation. Furthermore, in a few years, mark my words, we shall be like America and we shall all have websites stating how many people we treat a week, what our success rates are and, equally importantly, what training we do to obtain the expertise. It will all go in our annual appraisals too. It is not all bad though. Increasing requirements result in better quality training, more innovative approaches and altogether more interesting speakers. Clinical work will therefore be more interesting and, before you know it, Christmas will be here again!

A very happy albeit belated 2014.

Dr. Paul Lambden
President



Fozzy's Forum

fozzy@fosterclinic.co.uk

Regional Meetings: The next meeting is on Friday 21st February at the Holiday Inn, Breakspear Way, Hemel Hemstead HP2 4UA. The meeting will commence at 7.00pm and will be finished by 10pm, there will be a free buffet and CPD certificates will be given for 3 hours.

These meetings are a great opportunity for you to network with other therapists and members in your area and to ask questions to the Board members or other practitioners. Board members present have collectively well over a 100 years of clinical experience, (Fozzy will buy you a drink if you are here and guess who within the Board has the most practitioner years under their belt), this is a

great opportunity to bring those awkward questions or clinical doubts with you to air and resolve.

Advance notice is given of a meeting to be held in Nottingham at the Holiday Inn, Castle Bridge, Nottingham NG7 1GX on Friday 20 June 2014, this meeting will include the Annual General Meeting of which every member will have due notice. Aside from the AGM there will be a similar opportunity as above to pick up new ideas, protocols and get questions answered.

For any Regional meeting it would be of great help if members who intend or wish to attend please let the admin office know. This will allow us to prepare the CPD certificates for you and likewise order the required numbers for the catering. These are FREE to attend for LCSP members, so there is no financial cost just a cost in terms of your time and commitment to your own future and the profession.

BORING, BORING, BORING, BORING But IMPORTANT!!!!!!

You have with this posting received your membership and insurance renewal, now I am fully aware that the very mention of these, particularly medical malpractice insurance is guaranteed to send the most committed insomniac into a hundred year deep sleep!

Boring it undoubtedly is, but this year it is more important than ever. There have been important changes within the insurance industry and now if you do not renew your policy on time then **YOU WILL NOT BE INSURED!** it is as simple as that.

The renewal date is 28th February if you renew before that date your professional insurance is continuous and you are fully covered for all eventualities, if you forget/leave it a week or two/ go past the 1st March, then your insurance cover is no longer valid. If you renew for example on the 14th March, then any claim that may arise with a date between 1st March and 14th March would NOT be covered or entertained by the insurers. Any members renewing after the 1st March would also be asked to sign a further declaration stating that they are unaware of any potential claims between the date of the expiry of the last years insurance and the date they renewed. The reason for this is that in some cases practitioners have made a potential mistake in treatment or the handling of a patient's problem and then quickly renew their membership and insurance in case there is a future claim. The times of when we had a 'period of grace' to renew have passed the insurers now hide behind a regulation from the FCA called 'contact certainty', I am sure that you have noticed that the same applies now in our routine insurance for house, car etc. the renewals have to be paid before the expiry date to guarantee continuity of cover.

We live in strange times and I could tell you of some bizarre claims that have occurred within the LCSP, not major incidents, but still if you are not covered properly, you would have to pay the resultant final costs, including solicitors' fees, specialists' fees etc, etc. Simple things like a hot pack or cold pack leaving a small burn mark, a skin reaction to massage cream, not major and not really foreseeable but these simple non contested cases can result in final costs of over £10,000 each, not good if you face having to pay the total bill yourself, some more extreme cases have resulted in costs totalling almost £750,000!!!

Please, Please, Please, do not mess with this, get the renewal done **NOW** to guarantee your continuity of cover, membership and insurance are intrinsically linked so both are required.

It is important, and boring, but get it done this month!

Renewals: There has been an increase this year and it is with regret that it had to be actioned but we have managed to maintain the level for the last three years but we have been faced with insurance premium increases that we can no longer absorb, likewise we wish to continue to improve and increase the range of membership facilities and benefits available to you and these all have a cost implication. However we are determined to continue to provide the maximum value possible for the membership and feel well assured that the benefits and additional services available represent excellent value for money when compared to other membership organisations.

Caradoc Newsletter: Those members who have provided the admin office with an e-mail contact address will have received the January Caradoc Newsletter with special one off January deals available. Even the admin office and LCSP has benefited from this arrangement as recently we needed some basic packs of paper for the printers and the deal available from Caradoc was cheaper at that time than the cheapest deal from Viking. Fozzy himself has likewise found the paper couch rolls are cheaper than his previous supplier. As Caradoc do send us 'limited availability deals' that are time sensitive it is very important that we do have your correct contact details for electronic distribution.

Can you believe it?

These are genuine sentences exactly as typed by medical secretaries within the NHS!

On the second day the knee was better and on the third day it disappeared.

Discharge status: Alive, but without my permission.

She is numb from her toes down.

Occasional, constant infrequent headaches.

Rectal examination revealed a normal size thyroid.

Examination of genitalia reveals that he is circus sized.

She slipped on the ice and apparently her legs went in separate directions in early December.

Patient has two teenage children, but no other abnormalities.

Large brown stool ambulating in the hall.

Patient was seen in consultation by Dr. Smith, who felt we should sit on the abdomen and I agree.

There are many more and all are genuine. I know we go on about making sure your notes and records are accurate and easy to read and understand, if this is the standard then heaven help us all !!!!!



CLINICAL TIP

Patients can ask to see their records under the Data Protection Act 1998. The request must be put in writing and a standard access fee of £10 is chargeable together with a photocopying charge per sheet copied (about 30p up to a maximum of £50). The charges may be waived. The documents must be supplied within 40 days. All records should be released but the data controller (that's you!) can exclude any information that breaches the confidentiality of a third party or any information that might 'cause serious harm' to the patient. The latter condition must be serious. Just because a patient might be upset about information in the notes does not mean they do not have the right to see it.

CNHC celebrates new quality stamp of approval

As readers will know, CNHC was established with government support to act as the UK voluntary regulator for complementary healthcare practitioners.

One of its functions is to hold a UK register of practitioners who have met national standards.

CNHC's register has now been approved as an Accredited Voluntary Register (AVR) by the Professional Standards Authority for Health and Social Care (PSA).

PSA is the independent government-appointed body that oversees the work of the nine statutory medical, health and care regulators. These include the General Medical Council (GMC) and the Health and Care Professionals Council (HCPC).

Since March 2012 PSA has also been able to accredit registers of health and care occupations that are not regulated by law and CNHC has now successfully completed this process.

Accreditation means that CNHC has met the Professional Standards Authority's rigorous standards, and practitioners on the CNHC's register can now use the new CNHC Accredited Voluntary Register quality mark. This reinforces the confidence that the public, employers and healthcare commissioners can have in choosing CNHC registered practitioners.

Harry Cayton, Chief Executive of the Professional Standards Authority said: "We are pleased to accredit the CNHC's register of practitioners. Bringing complementary health practitioners into a broad framework of assurance is good for patients, service users and the public and is the best way to promote quality. The scheme supports choice and offers enhanced consumer protection to anyone looking for health and social care services, and gives complementary health practitioners the opportunity to demonstrate their commitment."

What does this mean for CNHC registered practitioners?

All practitioners on CNHC's register can now say that they are on a voluntary register that has been accredited by the Professional Standards Authority. No additional steps are necessary. All new registrants will also automatically be included on the accredited register.



This also means that all registrants can use CNHC's revised quality mark which now includes the confirmation of registration with CNHC's accredited voluntary register. Using CNHC's quality mark shows your commitment to professionalism and high standards.

CNHC registration is already required or recommended by an increasing number of employers and commissioners of services and CNHC is working hard alongside the PSA to raise awareness of CNHC's accreditation amongst the general public and a wide range of organisations.

CNHC's aim is to enhance the importance of looking for CNHC registration and to maximise the advantages of being on CNHC's accredited voluntary register (AVR) including:

- greater awareness amongst NHS employers and commissioners
- more chance of referrals from healthcare providers and insurers
- providing additional assurance for standards of patient safety and service quality in the Any Qualified Provider (AQP) scheme in England.

What PSA accreditation is NOT – dispelling the myths!

This can seem confusing so here we dispel some of the myths:

- **PSA accreditation is not regulation.** PSA is not a regulator and having PSA accreditation does not make an organisation a regulator. CNHC is already a regulator. Accreditation means that the organisation has been accredited as the holder of an Accredited Voluntary Register or AVR.
- **PSA does not accredit individual practitioners.** PSA accredits organisations.
- **PSA does not endorse any treatment or service.** It accredits the register, not the therapy or profession.
- **PSA does not hold a register of individuals.** It holds a directory of organisations that have been accredited. CNHC is now on this directory.

As an LCSP member, if you are interested in applying to register with CNHC you can do so by contacting the LCSP office.

For more information about CNHC go to www.cnhc.org.uk or call 020 3178 2199.

Continuing Professional Development



flexible healing
A POSITIVE APPROACH TO INJURY

By Sue Bennett
FLCSP (Phys)



I have been researching for some CPD that would enhance my rehab knowledge, as I was finding that there was always a patient who couldn't fully understand what I was asking of them. In other words could not always remember how to do the movement even if it was written down. On reflection I assessed the problem was they had disconnected with their own bodies due to daily life becoming too audio/visual - desk based occupations, phones and Facebook all leading to a lack of physical activity.

I began researching for something that would give me new skills to help these people. I came up with the Franklin Method, the book 'Dynamic Alignment through Imagery', gave me what I had been searching for. An understanding how we are 'surrounded by a sea of information, impressions, and events, and you are constantly choosing to react to the environment.'

The book explains how to use imagery to create pictures, feelings, and proprioception to enable people to re-engage with their own bodies. With movements that are easy to execute. The added bonuses for me are the illustrations in the book describing joint movement, which has really enhanced my understanding.

Dynamic Alignment through Imagery,
Eric Franklin ISBN 0-7360-6789-2

I have a forthcoming workshop on the 5th and 6th April covering the Introduction to the Hendrickson Method®.

It will be taking place in a new venue, the Leeds Pilate Place in Kirkstall.

In addition to discussing the theoretical and scientific basis for Hendrickson Method, I will teach you how to perform the wave mobilization® stroke, joint mobilisation, and muscle energy technique. I will also teach you a basic treatment protocol for the lumbar, thoracic, and cervical spine, as well as a few new techniques for the hip and shoulder.

There will be lectures on Tom Hendrickson's theory and the science behind his work, and an anatomy review. We will spend some time in reviewing palpation techniques as Tom's strokes are shorter and very precise, so it will be helpful to check in with our touch at this point.

This is a very 'hands on' workshop, therapists are advised to attend in loose smart comfortable clothing as all Tom's strokes are executed through the clothing.

We will be working from Tom's book, 'Massage and Manual Therapy for Orthopedic Conditions', ISBN 0-7817-9574-5. Also there will be pre-course reading to assist you in getting the most out of the two days.

Or you could always join me in Canada, in Moosejaw, Saskatchewan on 6th & 7th September 2014. I was very honoured to be asked to go and present at LCSP Canada, AGM and conference. They requested an Introduction to the Hendrickson Method.

The new and revamped 'NJD Sports Injury Centre' in Clitheroe, Lancs is in the final stages of upgrading and extending its treatment facilities for patients and future CPD Workshops. We congratulate Nick Dinsdale on this new venture and wish him well and look forward to the resumption of further CPD courses later this year.



NJD Sports Injury Centre
Unit3, Hawthorne Business Park
Clitheroe, Lancs. BB7 1QD
Tel: 44 (1200) 427457
e-mail: nick@njdsporsinjuries.co.uk
www.njdsporsinjuries.co.uk

JOURNAL REVIEW (Jan. 2014) – Original research

The increasingly popular use of ozonised sunflower oil in sports massage may improve sports performance and post-exercise recovery.

This recent study (2013) compared three experimental conditions and found that the use of ozonised oil during Sports Massage (SMOZO) increased blood lactate removal, improved performance, and reduced the perception of fatigue. Fifteen cyclists performed 3 successive 'all-out' (supramaximal) 30-second Wingate test on a cyclo-ergometer, each test separated by 2-minute recovery. Following a 5-minute static recovery, cyclists were assigned to one of the three experimental recovery conditions i.e. i) ozonised oil sports massage (SMOZO), ii) sports massage (SM), iii) passive rest (PR). With respect to recovery, results suggest that Sports Massage enriched with ozonised oil (SMOZO) is superior to both Sports Massage (SM) without ozonised oil and superior to Passive Rest (PR). Conventional Sports Massage (SM) performed better than Passive Rest (PR). The same professional massage therapist administered all massage treatment. The massage therapist and participants were blinded in terms of massage experimental protocols.

Comments:

Although the sample size (n=15) is small, the research design and controls appear to be robust.

Paper:

Paoli *et al* (2013) Sports massage with ozonised oil or non-ozonised oil: Comparative effects on recovery parameters after maximal effort in cyclists. *Physical Therapy in Sport*, 14; 240-245.

Moderate pressure massage therapy (MPMT) appears more effective than light pressure massage therapy (LPMT) in the management of rheumatoid arthritis of the upper limb.

Rheumatoid arthritis (RA) affects about 1% of the world's population, with three-times as many females vs. males affected. Massage therapy is one of many treatments but regular ongoing treatment can prove expensive. In this 2013 study, 42 participants with RA in the upper limbs were randomly assigned to a MPMT or a LPMT group – consisting of 15 minute sessions. A massage therapist massaged the affected arm and shoulder once a week for a 4-week period and also taught the participant self-massage to be performed once-daily. Findings suggest that the combination of therapist and self-massage, administering 'moderate pressure' is effective and would likely be more cost-effective for reducing pain and increasing range of joint motion.

Comments:

These findings are generally consistent with data on massage therapy with respect to various pain syndromes. Moderate pressure compared with light pressure was considered critical for the desired benefits, partially due to stimulation of pressure receptors and increased serotonin levels. While self-massage can be beneficial and can prove cost-effective, control of confounding variables and compliance is always difficult e.g. frequency, duration, pressure of massage therapy.

Paper:

Field *et al* (2013) Rheumatoid arthritis in upper limbs benefits from moderate pressure massage therapy. *Complimentary Therapies in Clinical Practice*, 19; 101-103.

For more information and /or original papers contact Nicholas Dinsdale email: nick@njdsporsinjuries.co.uk

Date	Venue	Course Info	Cost:	Provided by:
14th – 15th February 2014	The Poplars, Laxfield Road, Stradbroke, Suffolk, IP21 5HX	Touch For Health Level 1 2 day workshop	£195.00	 Kinesiology Federation
21st February 2014	Holiday Inn, Hemel Hempstead	LCSP Regional meeting	FREE	 LCSP Register
29th – 30th March 2014	The Complementary Healthcare Practice, 94 Ock Street, Abingdon, Oxfordshire, OX14 5DH	Touch For Health Level 1 2 day workshop	£195.00	 Kinesiology Federation
5th - 6th April 2014	Leeds Pilates Place, Chantry House, Victoria Road, Kirkstall, Leeds, LS5 3JB	Introduction to the Hendrickson Method	£270.00	 flexible healing A POSITIVE APPROACH TO INJURY
10th - 11th May 2014	Britannia Hotel, Leeds	Hendrickson Study Days - Exploring a deeper of understanding of assessment method and then how to develop treatment plans according to the findings	£200.00	 flexible healing A POSITIVE APPROACH TO INJURY
20th June 2014	Holiday Inn, Castle Bridge Road, Nottingham, NG7 1GX	LCSP AGM and Regional Meeting	FREE	 LCSP Register
11th October 2014	Britannia Hotel, Leeds	Muscle Energy Techniques (Mets) for Lower Quadrant	£120.00	 flexible healing A POSITIVE APPROACH TO INJURY
11th - 13th October 2014	Britannia Hotel, Leeds	Advanced Training for Hendrickson Method Practitioners for Lower Quadrant	£390.00	 flexible healing A POSITIVE APPROACH TO INJURY
16th - 19th October 2014	Rombalds Hotel, Ilkley	Hendrickson Method Upper Quadrant Workshop (Level 2)	£445.00	 flexible healing A POSITIVE APPROACH TO INJURY

For more information or to book, please contact the course provider on the details below:



Presented by: Rachel Lead – Qualified TFH Instructor with the International Kinesiology College

Bookings and Cheques to Rachel Lead, Poplars, Laxfield Road, Stradbroke, Suffolk. IP21 5 HX

If you need more information on any of our workshops, please contact us by: Tel: **01379 388031** or **07733 105752**

Email: rachelpb@creativekinesiology.org

Web: www.ikc-info.org



Presented by Sue Bennett FLCSP (Phys)

Bookings and cheques made payable to “Flexible Healing”

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