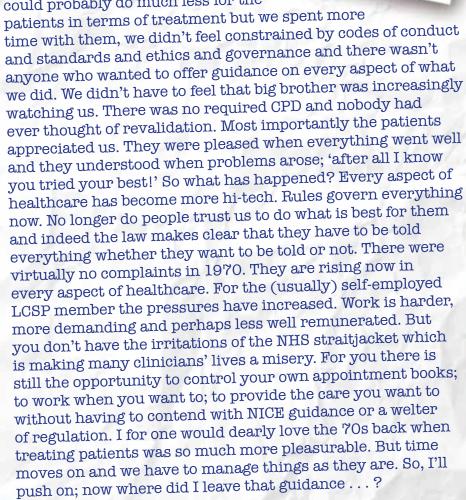


## The word from the top ....

Doesn't it feel hard to be a practitioner of healthcare these days? Those of us who are, how shall I put it, more mature have seen so many changes. If we go back to the 70s, all healthcare was so much more relaxed. Let's face it we could probably do much less for the



Dr. Paul Lambden

President

## **CLINICAL TIP**

Good communication is vital. Complaints, claims and referrals to the regulator for the most part involve failure of communication. Its impact is felt across every aspect of the consultation from taking the history to explaining the diagnosis and treatment plan to the patient. The result is confusion on the part of the patient and consequent dissatisfaction which manifests itself as a complaint. To help keep yourself safe (1) don't sit behind a desk piled high with books or equipment, (2) don't take telephone calls during consultations, (3) look the patient in the eye when you speak to them, (4) let them talk and try not to interrupt, (5) look interested, (6) watch body language; you can learn a lot from anxiety, appearance and eye contact, (7) avoid techno speak and jargon and finally, (8) remember, you still enjoy a powerful position in society and you can influence patients; share decisions and communicate well.





#### **FUTURE REGULATION?**

Further to the article I produced last time and subsequent duplication on the members forum of the website requesting your comments and opinions a big thank you to those members who did reply and respond with their thoughts, I simply cannot believe that the greater majority of you do not have an opinion on this potentially big change to your working practices. I do not have to make any decision or firm commitment yet, so if you want to be heard let me know, come to the AGM or Regional Meetings or go to the Forum in the members section of our website and have your say.

## **REGIONAL MEETING OCTOBER:**

Another opportunity to meet with colleagues and friends and get updated on important developments within the profession. The venue will be the Holiday Inn, Bridgefoot, Stratford-upon-Avon CV37 6YR. This venue we have used several times and members find it convenient with its large car park and close proximity to the historic town. The meeting is on Friday 18th October and will commence at 7.00 pm there will be a free buffet and CPD certificates of attendance will be provided. Please notify the admin office if you are attending to allow us to cater appropriately.

#### MEMBERSHIP/INSURANCE

For members convenience the Master Policy for your Insurance is contained within the Members section of our website, it has been placed there as we know historically if a hard copy is sent to members then it invariably gets 'filed' and in the unlikely event of needing it that file then cannot be found. If you do need a separate hard copy and cannot access a computer then the office will be pleased to supply you with a copy.

#### CONTINUING PROFESSIONAL DEVELOPMENT:

The courses which have been provided by NJD Sports Injury Clinic are hoping to resume at the end of this year or very early next. The delay is due to the providers awaiting planning consent for their new premises which will enable them to provide an even higher standard of further training for delegates.

Proposed 1 day CPD courses include:

- Electrotherapy
- Management of Sports Injuries
- Management of Low-Back/Pelvic problems
- Advanced Massage Techniques
- Musculoskeletal screening of Cyclists/Triathletes prior to Bikefit.

All of the above courses will be evidence based with all support literature fully referenced.

#### **MEDICAL ABBREVIATIONS**

Due to repeated requests included in this publication overleaf is a "pull out and keep" reference guide to common medical abbreviations.

Fozzy

## **Common abbreviations in Physical Therapy**

#	number; fracture	c/w	consistent with	Нх	history	NKA	No known allergies	PWB	Partial weight bearing	S&S	signs and symptoms
π ~	approximate; similar	CXR	Chest X-ray	IIA	nistory	NKDA	3	1 440	rantar weight bearing	stat	immediately
@	at	DBE	Deep breathing exercises	ICS	intercostal space	NL	Normal limits	q	every; each	Sx	Symptoms
	Positive	D/C	discontinue; discharge	I&D	Incision and drainage	noct	at night		every morning	JA	Symptoms
+ve		DDD	Degenerative disc disease		Insulin dependent diabetes	NOF	Neck of femur	qam qd	every day; once a day	т	temperature
-ve	Negative twice; three times		Drug history	ואוטטו	mellitus	NOH	Neck of humerus		every hour	T4	thyroxine
2x, 3x	•	DHx	,	IHD	Ischaemic heart disease	NPO		qh ~2b	,	T21	•
AAA	Abdominal aortic aneurysm	DIB	Difficulty in breathing		. Intramuscular		Nothing by mouth	q2h	every 2 hours		Trisomy 21(Down's syndrome)
Ab	Antibody	DJD	Degenerative joint disease	1101/1.111	. Intramuscular	NSAID	Non-steroidal anti-inflammatory Drug	qhs	every bedtime	TAA	Thoracic aortic aneurysm
ABC	airway, breathing, circulation	DM	Diabetes mellitus	KAFO	Knee ankle foot orthosis	NT	not tested; not tender;	qid	4 times daily	tab	tablet
abd	abdomen	DNA	Did not attend(common) or	KAI O	Knee orthosis	INI	nasotracheal	qm	every morning	TAH	Total abdominal hysterectomy
Abn	abnormal(ity)	DOD	Deoxyribonucleic acid	NU	Kilee orthosis	N&V	Nausea and vomiting	qn	every night	TB	Tuberculosis
Abx	antibiotics	DOB	Date of birth	Ι Λ	Local anaesthetic	NWB	Non-weight bearing	qod	every other day	TBI	Traumatic brain injury
ACL	Anterior cruciate ligament	DU	Duodenal ulcer	LA		INVVD	Non-weight bearing	qpm	every evening	TENS	Transcutaneous electrical nerve
ACTH	Adrenocorticotrophic hormone	DVT	Deep-vein thrombosis	Lab	Laboratory	OA	Osteoarthritis/Oral airway	qν	as much as you like	TUD	Stimulation
ADH	Anti-diuretic hormone	Dx	diagnosis	lac	laceration		•	QOL	Quality of life	THR	Total hip replacement
ADL's	Activities of daily living			LBP	Low back pain	000	occasionally			TIA	Transient ischaemic attack
ADR	Adverse drug reaction	ECG	Electrocardiogram	LE	Lower extremity;	OD O/F	Overdose; once daily	RA	Rheumatoid arthritis; room air	tid	three times daily
ΑE	Adverse effects/event	EEG	Electroencephalogram		Lupus erythematosus	O/E	On examination	RBC	Red blood cell count	tiw	three times a week
AEA	Above elbow amputation	EIA	Exercise-induced asthma	LL	Lower limb/lower lobe	OPD	Out patient department	RDI	Recommended daily intake	TKA	Through knee amputation
AKA	Above knee amputation	EMG	Electromyography	LP	Lumbar puncture	OREF	Open reduction & external	reg	regular(ly)	TKR	Total knee replacement
AP	Antero-posterior	EENT	Eyes, ears, nose and throat	LTOT	Long term oxygen therapy	ODIE	fixation	RF	Rheumatic fever; rheumatoid	TOS	Thoracic outlet syndrome
ARON	Active range of movement	EOR	End of range	LVF	Left ventricular failure	ORIF	Open reduction & internal fixation		factor	tsp	teaspoon
AS	Ankylosing spondylitis	ESR	Erythrocyte sedimentation rate			ОТ		ROM	Range of movement	TTP	Tender to palpation
		EUA	Examination under anaesthetic	ME	Metabolic equivalents/	OT	Occupational therapist	RR	Respiratory rate	Tx	Treatment
BEA	Below elbow amputation				Myalgic encephalomyelitis;	DA		RTA	Road traffic accident		
BKA	Below knee amputation	FB	Foreign body	meds	medication	PA	posteroanterior; pulmonary	RTC	Road traffic collision	UAS	Upper abdominal surgery
BMI	Body mass index	FFD	Fixed flexion deformity	MHx	Medical history	PADL	artery Personal activities of	Rx	treatment; drug; prescription	UE	Upper extremity
BP	Blood pressure	FH(x)	Family history	MI	Myocardial infarction	PADL	daily living	Rxn	reaction	UL	Upper limb/upper lobe
BSA	Body surface area	FNA	fine needle aspiration	MM	Muscle	PC	Presenting condition/pressure			UMN	upper motor neuron
Вх	biopsy	FROM	Full range of movement	MMR	measles, mumps, rubella	1 C	control	SAH	Subarachnoid haemorrhage	unk	unknown
	,	F/U	follow up	MND	Motor neurone disease	PCA	Patient-controlled analgesia	SALT	Speech & language therapist	URTI	Upper respiratory tract
CA	Carcinoma, cancer	FWB	Full weight bearing	MRI	Magnetic resonance imaging	PD	Parkinson's disease / peritoneal	SBP	systolic blood pressure		infection
CAD	Coronary artery disease	Fx	fracture			10	dialysis / Postural drainage	SC	subcutaneous	USS	Ultrasound scan
CC	chief complaint			MRSA	Methicillin-resistant	PE	Pulmonary embolus; physical	SCI	Spinal cord injury	UTI	Urinary tract infection
CDH	Congenital dislocation	GA	General anaesthetic		Staphylococcus aureus		examination	SDH	Subdural haematoma		
CDIT	of the hip	GH	Glenohumeral/General Health	MS	Mitral stenosis/Multiple	PI	present illness	SH	Social history	WBC	White blood (cell) count
CHD	Coronary heart disease	GI(T)	Gastrointestinal (tract)	N 41.14	sclerosis	PID	Pelvic-inflammatory disease	SIJ	Sacro-iliac joint	wk	week
CNS	Central nervous system	J.(.)	Castronicestina. (cracty	MUA	Manipulation under anaesthetic	PMH	Previous medical history	SLE	Systemic lupus erythematosus	WNL	Within normal limits
c/o	Complains of	Hb	Haemoglobin		anaestnetic	PMR	Polymyalgia rheumatica	SLR	Straight leg raise	wt	weight
CP	Cerebral palsy; chest pain	HBP	High blood pressure	MAD	Nothing abnormal discovered	PNS	Peripheral nervous system		Spinal muscle atrophy		3
CPR	Cardiopulmonary resuscitation	HI	Head injury	NAD	Nothing abnormal discovered	POP	Plaster of Paris	SOA	Swelling of ankles	x/12	number of months
CSF	Cerebrospinal fluid	h/o	history of	NAI	Non-accidental injury	prn	as required	SOB	Shortness of breath	x/24	number of hours
	Computed tomography	H&P	•	NBI	No bony injury	PROM			R Shortness of breath at rest	x/52	number of weeks
CTEV		ΠάΓ	History and physical examination	neg	negative	PSH	Past surgical history		E Shortness of breath on	x/7	number of days
CTEV	Congenital talipes equinovarus	ЦDI		ווטטוויו	Non-insulin dependent	Pt	Patient	2000	exertion	XR	X-Ray
CVA	Cerebrovascular accident	HPI	History of present illness	NI/IZ	diabetes Mellitus			c/n	status post; no change	7111	/ nay
CVS	Cardiovascular system	HTN	Hypertension	N/K	Not known	PVD	Peripheral vascular disease	s/p	status post, no change		

## ANNUAL GENERAL MEETING

This will be held on Friday 21st June at the Holiday Inn, Waterside Park, Caton Road, Lancaster LA1 3RA at 1900. Details pertaining to this meeting are enclosed, after the AGM there will be a further presentation by Dr Paul Lambden our President promising a lively topic and interesting debate. These meetings are an ideal way to meet with fellow colleagues and also meet with the Board of the Register in an informal setting and put ideas or questions direct. If you wish to attend this free event please let the admin office know so that a CPD certificate can be produced for you and we can provide appropriate catering for all.

Profiles of the two candidates who are seeking your vote:

### Beryl Harper

Beryl qualified as a remedial massage therapist at the Northern Institute of Massage, Blackpool in July 1983. Two years later she became a tutor at the institute and taught for over 20 years.



Beryl has a very varied

and busy practice in the Rossendale Valley, where she also teaches Yoga two nights a week.

Beryl has always believed that the value of massage for the treatment of musculoskeletal pain is greatly underrated and over her years in practice has searched to find a therapy that is massage based and pain free, yet manages to penetrate into the deeper soft tissue where most musculoskeletal problems linger.

In 2004 she was asked to review a book entitled Massage for Orthopaedic Conditions by Dr. Tom Hendrickson, here she found what she was looking for. Since then she has completed the course run by Dr Hendrickson in San Francisco and has not been disappointed by what she has learned.

Beryl served as President of the London and Counties Society of Physiologists, later to become the LCSP Register of Remedial Masseurs and Manipulative Therapists from 2000 to 2009, and continues to serve on Council.

In her spare time she is learning to play the piano, enjoys reading, attends concerts and is an avid theatregoer.

### **Pauline Kelly**

I initially became interested in a remedial massage and treatments having experienced a

knee injury back in 1981. I began my Remedial Massage course in 1984/5 and progressed to Manipulative Therapy. During this period, I was privileged



to be asked by Mrs Woodward to join the Council, a proud moment indeed.

I began my practice in 1989, and soon became extremely busy. My vision was to open a multi disciplinary complementary clinic, this I did in 1999, after much consideration, I named it the Soma Clinic. It consisted of 12/14 practitioners, 2 receptionists, and probably the first Floatation tank in the area.

I was delighted to be given a Fellowship of the Society in 2004 and also the opportunity to be accepted into the Health Professionals Council for Physiotherapy.

There is no doubt that massage is one of the most wonderful tools we can offer in the treatment of muscular skeletal problems, I'm very proud to be involved in such a profession and this organisation in particular.

My spare time is taken up with delightful grandchildren, golf, and walking.

## Continuing Professional Development



H flexible healing

By Sue Bennett
FLCSP (Phys)



## **Muscle Energy Technique**

One of my favourite techniques, Muscle Energy Technique enables me to create treatment plans that can be specific, pain free, but most importantly, allow the patient/client to be 'present' in their own body. The patient takes part in their own recovery, which in my experience can lead to more rapid recovery.

It is important that the therapist "coaches" the patient into making the 'contraction' in isolation of a specific muscle, so that they do not recruit other muscles to create the movement.

To create a specific isometric contraction, the secret is to work out just how much resistance you need to give to allow a response within the muscle's alpha nerves, to deliver a small isolated contraction, allowing the gamma nerves to set a new resting tone.

During my years in clinical practice I have found that the gentleness of the resistance being offered, along with gentle palpation, encourages the client to engage the correct muscles.

Leon Chaitow's, 'Muscle Energy Techniques' and John Gibbons' 'Muscle Energy Techniques - A Practical Guide for Physical Therapists', both state that one should offer 10-20% resistance. The question I pose is how do we measure this pressure? Patients often don't understand what 10-20% feels like, or how to measure that movement/contraction.

Tom Hendrickson offers the opinion that, 'the therapist typically applies only modest pressure requiring only 10-20% of the clients available strength'. He goes on to state, 'in acute conditions, only a few grams of pressure are required to make a neurological change'. Hendrickson also goes on to mention, a good cue is 'don't let me move you.' This cue allows the therapist to set the amount of resistance needed to create the

correct amount of isometric contraction that will be of benefit. Another cue one can use is 'match my touch', which CAN be just a few grams of pressure. This encourages the patient/client not to try too hard, during an isometric resistance. I have found that this approach works really well with those patients/clients presenting chronic pain patterns, as well as those patients that play semi-pro sport, where some muscles have become over dominant. For example, when quadriceps override hamstring function, the therapist must coach the client to contract the hamstrings, which neurologically establishes a new resting length on short, tight quadriceps. Thus enabling the tissue to return to correct functional balance.

Therapists attending the workshops facilitated by "Flexible Healing", over the past eighteen months have requested that we run a series of one day classes, exploring Muscle Energy Technique in greater detail.

#### **Upcoming workshop dates:**

15- March 2014

Muscle Energy Technique for the upper quadrant

11- October 2014

Muscle Energy Technique for the lower quadrant

Due to the recent response during the introduction of the Hendrickson Method, led by senior instructor Giles Gamble, delegates attending wondered how they could become involved in this year's upcoming Practitioner Programme. So, we are proud to announce a level 1 upper quadrant training commencing on the 22-25 September 2013, followed by level 2 upper quadrant training commencing on the 28 September – 1 October 2013.

With any questions or queries, contact Sue Bennett at info@flexible-healing.co.uk

or by phone at 01943 461756

Congratulations to our member Nicholas Dinsdale from Clitheroe, Lancs. who recently won the National Standard Distance Duathlon Championship 2013 (age-group 55-59) by a clear 3 minute margin. This means that Nick has qualified to represent Great Britain in the World Duathlon Championships in Ottawa, Canada in August this year. All the more impressive when you know Nick has chronic inflammatory arthritis and was told 8 years ago he would not work again and don't even think about running or cycling! Also representing Great Britain and qualifying at the same event as Nick is double Olympic gold medallist, James Cracknell OBE who finished third in his respective age group (40-44) and thereafter presented Nick and others with their medals. Well done Nick and our best wishes for the Worlds.



# CPD Workshops 2013-14

Date	Venue	Course Info	Provided by:	Cost
21st June 2013	Holiday Inn, Lancaster	AGM	E CSP Register	FREE
22 <sup>nd</sup> - 25 <sup>th</sup> September 2013	Britannia Hotel, Leeds	Hendrickson Method Upper Quadrant Workshop (Level 1)	H flexible healing	Four day workshop £445
28 <sup>th</sup> September - 1 <sup>st</sup> October 2013	Britannia Hotel, Leeds	Hendrickson Method Upper Quadrant Workshop (Level 2)	TH flexible healing	Four day workshop £445
12 <sup>th</sup> - 13 <sup>th</sup> October 2013	Britannia Hotel, Leeds	Introduction to Articulation and Mobilisation for Massage Therapists with Andrew Mansfield	H flexible healing	2 day workshop £230
12 <sup>th</sup> - 13 <sup>th</sup> October 2013	Britannia Hotel, Leeds	Hendrickson Method Study Days - Exploring the Nervous System	H flexible healing	Two day workshop - £190.00
26 <sup>th</sup> - 29 <sup>th</sup> January 2014	Britannia Hotel, Leeds	Hendrickson Method Lower Quandrant workshop (Level 1)	H flexible healing	Four day workshop £445.00
1 <sup>st</sup> - 4 <sup>th</sup> February 2014	Britannia Hotel, Leeds	Hendrickson Method Lower Quadrant Workshop ( Level 2)	H flexible healing	Four day workshop £445.00
15 <sup>th</sup> March 2014	Britannia Hotel, Leeds	Muscle Energy Techniques (METs) for Upper Quadrant	H flexible healing	One day workshop - £120.00

With regards to courses run By NJD Sports Injury Clinic, we are currently in the process of rescheduling the courses from Mondays to weekends and once dates are confirmed the details will be available on the LCSP website and future issues of the newsletter.

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



Presented by: Nicholas Dinsdale BSc (Hons), MSc Sports Injuries & Nicola Dinsdale BSc (Hons), MSc Sports Injury Rehab (ongoing)

**Bookings and Cheques to "Nicholas Dinsdale"** 36 Moorland Crescent, Clitheroe, Lancs. BB7 4PY

If you need more information on any of our workshops, please contact us by: Tel: 01200 427 457

Email: nick@njdsportsinjuries.co.uk Web: www.njdsportsinjuries.co.uk



## Presented by Sue Bennett FLCSP (Phys)

Bookings and cheques made payable to "Flexible Healing"

Flexible Healing 45 St David's Road, Otley, West Yorkshire, LS21 2AW.

If you need more information on any of our workshops, please contact us by: Tel: 01943 461 756

Email: info@flexible-healing.co.uk Web: www.flexible-healing.co.uk



