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The Word from the Top...

Well, here we are! Another Christmas and Covid-19 is still a daily talking point. Last year, I wrote about 55,000 deaths, which sounded terrible. Yet the statistics now are telling us 144,000 deaths and about ten million reported cases. It has been another year of disruption to professional and personal activities but the healthcare professions in general have risen magnificently to the challenges and patients are being seen in large numbers. Some office working and face-to-face meetings have been re-established but much non-clinical work remains home-based, and seems likely to remain so for the foreseeable future. I was in London last week in an office in the City. I met three others on a floor with over 100 desks and just five people in it in total (including me!). Goodness knows what all the unproductive space is costing the Company.

The European experience is suggesting that we may not be over the worst of the infection even now although the numbers of people vaccinated are impressive. I have been asked questions about the necessity for and information about vaccination in the LCSP practices. I don't have a definitive answer. It has been said that there is no reason why practitioners should announce their vaccination status; after all they don't do so in respect of other conditions. Similarly, why should the patients state whether or not they are protected? Furthermore, although vaccination gives substantial protection, it is not in any sense a guarantee. On those bases, it may be that, using

precautions (masks, gloves, etc.) and perhaps adopting measures such as improving ventilation in the surgeries is sufficient.

However, the Department of Health has taken an unequivocal line with respect to Health and Social Care Staff. People working in the Social Care sector were required to have both doses of vaccine by the 11th November to work in a care home in England regulated by the CQC. Now the Department is requiring healthcare staff to be similarly vaccinated by the 1st April 2022, apart from those who do not have a face-to-face role or who are medically exempt. The Department is emphasising how safe the vaccine is and has published data at the time of writing this piece confirming that nearly 19 out of 20 NHS staff have received the first vaccination and over 90% have received the second vaccine, a number approaching 1.4 million.

Of course, influenza vaccine has not been made mandatory and really is equally important. After two years where natural immunity is bound to have waned as a result of not congregating in social or work groups, many of us may be vulnerable to a virulent strain which could cause serious illness and fatalities in large numbers.

Overall, it appears that there is no clear-cut recommendation for our membership. I know some practices have signs up stating that the staff are fully vaccinated. Others regard such information as an intrusion on privacy. Yet others ask what they should answer if asked directly by a patient whether they are vaccinated,

and do the practitioners have a right to ask the patients the same question.

I am sorry that I don't have definitive answers at present. Hopefully some clarity will emerge in due course.

Turning to Christmas, I must express my most sincere thanks to everyone who has worked so hard during 2021 to keep the wheels of the LCSP turning and to make it a continuing success. The Board Members have provided considerable support and displayed their customary enthusiasm to develop the Society. May I thank, most sincerely, the stalwarts Beryl Harper, Melvyn Eyres, Pauline Kelly, Doug Powell and Les Davies for their huge contributions and also Vic Johnson for his assistance and successful management of the Society's investments and assets. This year there are two more members to thank most profoundly for their contributions adding value and diversity to the skills on the Board. Firstly, Jo Lade, known to many of you and whose considerable knowledge of all things Social Media-related has been invaluable to the Society and who joined us in the latter part of last year. Also I and my fellow Board members are delighted that Tim Paine has joined the Board. Tim adds considerably to sports and educational elements of the business and has agreed to take on the role of Director of Education for the Society.

Finally, and as I have said many times before, a huge thank you to Steve Foster, Fozzy, and to Christine



Frosdick, who have worked so very hard during the year for the benefit of the Society. Fozzy has been amazing and earlier in the year, he fell under the surgeon's knife in respect of his knee, but he continued to look after the LCSP during his convalescence to make sure everything continued as it should. I am pleased to report that his knee is now fully recovered. His 'coffee mornings' held during the year have remained very popular and joined by many LCSP members. Christine, as always, has done a sterling job ensuring that the LCSP service functions have been well organised and managed.

So, thank you to all those with whom I am fortunate enough to work, and thank you to you all for your support, involvement and commitment to the Society. May I wish you all a relaxing and merry Christmas and a very happy 2022.

Dr. Paul Lambden

President
August 2021

LCSP and Social Media

As we reach the end of 2021, we've been reflecting on what's been a fantastic year on social media. We created our new social media pages earlier this year, following the launch of our new website, and it's been great to see their success since setting them up!

Both our Facebook page and LinkedIn page are continuing to grow, and the content we've been sharing has received a positive response so far. There is a huge range of content on our pages, so we like to think there is something for everyone and whether it's a CPD opportunity, a welfare resource, or information you can use in your clinics, the majority of the things we share are free to access too. If you've not visited the pages, you may be wondering what sort of information and posts we share, our content includes:

- **CPD opportunities including training courses and informative articles**
- **The latest industry research and journal articles**
- **Industry new and insights, including contributions from LCSP members**
- **Welfare and wellbeing content for both practitioners and patients**
- **LCSP news, updates and event reminders**

Our aim is to ensure there is a diverse selection of resources on our pages and create an online hub for students and practitioners to access links to other related organisations. If there is anything specific you would like to see us including, please do let us know. We want our social media pages and website to offer an online hub of best resources and information for our members.

If you haven't yet followed our page or given us a like, please do so - there is huge value for both you, our members, and the Register itself!

Find us on Facebook here, or search @LCSPRegister
www.facebook.com/LCSPRegister

Find us on LinkedIn here, or search 'LCSP Register of Remedial Masseurs & Manipulative Therapists'.
www.linkedin.com/company/lcsp-register-of-remedial-masseurs-manipulative-therapists



Common Abbreviations in Physical Therapy

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

Fozzy's Forum

fozzy@fosterclinic.co.uk

2022 Subscription Rates:

The Board of the LCSP Register is very aware of the complex and difficult times that have been experienced by many practitioners over the past 18 months or so. We are actively working together to streamline and consolidate our outgoings and are hopeful that this fine balancing act will result in membership rates for 2022 being held again at the previous levels as they have been for now the last 3 years. The LCSP Board would never sanction a rise in subscription rates unless it was absolutely necessary.

As far as the rates for the insurance cover goes, we have not yet entered into the discussions over these and would expect more details much nearer the time of renewals which is now of course 1st April 2022 together with membership subscriptions.

Scam Watch:

There continue to be the ever present 'dodgy activity' on your bank account e-mails and texts coming in almost daily, several clinic owners are reporting contacts claiming that they (the business) is owed several thousand Pounds in overpayments of Business Rates. Likewise it seems that the 'nice' branch of the HMRC also want to give us businesses some money back for overpayments. Covid loans and Bounce Back loans also figure almost daily in all our inboxes. There has been another flurry of activity centred around 'Digital Advertising Boards' in both hospitals and GP surgeries, with the callers stating that they have received your contact details from the Professional Body, this is clearly not the case as we do not and never have released your details to 3rd parties. Stay wised up, we all work too hard for our money to give it away to these chancers!

Present PPE Guidelines:

The present guidelines for the usage of PPE etc have not changed from the previous National announcements. We are all aware that in some quarters the routine use of PPE has slipped or been reduced. The LCSP Register is committed to the maintenance of best practice for the safety of both patients and practitioners.

Indeed in a recent study published in the BMJ it was found that the use of a type 11R face mask was 53% effective in reducing transmission and more effective than social distancing. The continued use of masks, ventilation, cleaning protocols and enhanced PPE if judged appropriate in certain cases will be the most effective means of patient/therapist safety and clearly demonstrates to all your high level of professionalism and Covid security.

Medical Abbreviations:

With student members coming to the LCSP Register from Sports Therapy UK, we have been requested to re-print this (on the following pages) which you can copy or laminate as a reference with the common medical abbreviations that you as students as indeed the rest of us as established practitioners come across every day. We are all in the allied or paramedical field and this stuff is just part of the accepted terminology.

I hope that you find it useful.

Business Opportunity:

Would anybody like the chance to relocate to Norfolk to buy/lease/rent an established, fully equipped and dedicated facility? That is the chance being offered to somebody, it is a very good practice, I should know as it is mine !!!!! Fozzy is retiring from



clinical work after 38 years, so that's right the clinic has been established that long and as you can imagine has a massive client list, there are rental rooms also to give secondary incomes. If somebody is interested then contact me. It would be a shame to see this list of patients and contacts just disappear and the building becomes some apartments.

Christmas and New Year Office Closure:

Really not worth mentioning again this year as Christine and myself have the capacity to work remotely as well as covering the office physically. However there might be a few days over the festive time when we are on not on our 'A Game' and respond the same day. Christine has her family commitments so patience please, Fozzy though having no family or friends will be about. So if you do have a serious concern or problem then send an e-mail to Fozzy direct and he will try to assist. Please all enjoy your festive season and I sincerely wish that 2022 brings us all greater optimism and opportunities.

Ho! Ho! Ho! to you all...

Fozzy

Owning or working in Multi Disciplinary Centres.

Over the past years we have seen a massive growth in 'Multi Disciplinary' clinics which provide a vast array of Health Care Professionals offering a big choice of complementary and alternative therapies all under one roof. Other situations have seen a coming together of just two or three practitioners similarly working from just one location. Indeed this note was prompted by a small holistic centre close to my own office, now closed and the sign affixed to the door states that they have moved to a 'Wellness Hub' in the next district.

The opportunities and benefits of this type of arrangement are quite clear and the resulting services attractive to potential clients. This concept is also beneficial to the clinic owners who do not wish to burden themselves with 'running' the clinic. Therapists who have recently graduated or are building a client base or who only wish to work part time are also drawn to these types of flexible business arrangements.

Irrespective of whether you are an owner maybe wishing to source income from spare treatment space or capacity or indeed a therapist wishing to work within a larger entity there are additional considerations that have to be faced. Usually the Clinic owners and the practitioners in the clinic often assume that, each has his/her own liability insurance and that is sufficient.

Unfortunately, in these difficult and litigious times it may not be that straightforward. By working under a corporate identity made up of more than one practitioner a third entity or body is created, 'The Company' which can have mutual responsibilities for actions of other persons within the Company.

Let's look at how the connections between parties can cause potential problems:

Between the Practitioner and the Clinic:

- *Is there an employee/employer relationship?*
- *Is the practitioner merely renting a room?*
- *Is the practitioner generating their own patients/clients or is the Clinic providing same?*
- *Who owns the patient records if the practitioner leaves?*

We accept that the practitioner is insured but will that insurance remain in place perpetually, especially if the practitioner is on a working trip and moves out of the Country and as such has no incentive to have continuous cover in the UK?

Who is responsible if a patient trips on a rug/mat/floorboard? Is it the practitioner who the patient came to see or the owner of the Clinic who maintains the property?

Who is liable if there is a complaint about the treatment? The Clinic or the practitioner?

Who is responsible for non-clinical services that a patient may require such as appointments, medical records, referrals, invoices and receipts?

Between the Clinic and the Patient:

- *Who does the patient pay – the Clinic or the practitioner?*
- *Does the patient consider the Clinic as the supplier of the treatment or the practitioner?*
- *If two therapists cross refer a patient, who is responsible in the event of a complaint?*

If you say, as an acupuncturist, used a colleague (a masseur) as part of the patients' treatment plan, and a claim is subsequently made against you for whatever reason from the massage treatment, will your insurers deal with the claim arising from a potential fault on the part of the masseur?

Always put yourself in the patients' position, what impression is given to the patient? What is the patients' perspective of who is the provider of the service or services they are receiving?

Between the Practitioner and the Patient:

- *Who owns the patient notes, records and information?*
- *Who should have the above on a practitioner ceasing to work?*

Combined Responsibility:

Are you as the owner/renting practitioner clear and happy about the respective expectations of services and dividing lines as far as responsibility and ownership are concerned?

Finally, I am certainly not saying avoid these situations, the multi disciplinary clinics are here to stay; indeed I have run just such an establishment very happily for the past 35 years. But what I would suggest is that you are aware of the exposures and potential risks and take advice to safeguard yourself and patients from any misunderstandings or conflicts. It is better to be prepared before the absence of agreements or lack of clarity turns into a problem.

Fozzy

| Date | Venue | Course Info | Cost: | Provided by: |
|---------------------|---|---|-----------------------------|--|
| Throughout the year | Bookings and further information about venues at www.mcloughlin-scar-release.com | McLoughlin Scar Tissue Release Technique ® (MSTR®) | One day workshop £150.00 |  |
| Throughout the year | Online Workshop | Neck, Jaw and Chest Online Workshop. For more information – learning.susanfindlay.co.uk/courses/neck-jaw-and-chest-massage | £99.00 | SUSAN FINDLAY |
| Throughout the year | Online Workshop | Transverse Soft Tissue Release (TSTR) Online Workshop. For more information - learning.susanfindlay.co.uk/pages/transverse-str | £99.00 | SUSAN FINDLAY |
| Throughout the year | Online Workshop | Oncology Massage Online Workshop. For more information - https://learning.susanfindlay.co.uk/courses/oncology-massage | £99.00 | SUSAN FINDLAY |
| 12- 13 March 2022 | Britannia Hotel, Bramhope, Leeds. LS16 9JJ | Muscle Energy Technique for the Thoracic Spine and Ribs | 2 day workshop £340.00 |  |

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

All workshops are subject to change.

We take the health and safety of our colleagues very seriously and we are monitoring the situation closely.



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

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

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Tel: 01379 388031

or 07733 105752

Email: rachelpbck@gmail.com

Web: www.ukkinesiology.com

SUSAN FINDLAY

Presented by: Sue Findlay

Bookings

To register use this link – https://us02web.zoom.us/join/register?uZYLcO6qqj0sG9UVP9ONpUJOIWxFCM0H_1Y1y

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