Physiotherapy
CPD Courses, Lectures & Workshops
2014/2015

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We are fortunate to work with such an esteemed group of clinicians all of whom have an ability to teach their chosen specialist subject better than anyone else we have come across in our 22 years as chartered physiotherapists.

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Tel: **01202 568898**
Email: info@heseminars.com

Regards

**Ken Joy** MCSP
Managing Director
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<td>Acupuncture</td>
<td>Kam-Wah Mak BSc, Dip Ac, Cert. Ed. MCSP</td>
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<tr>
<td>ACL Rehab Update</td>
<td>Dr Lee Herrington PhD, MSc, MCSP, SRP, CSCS</td>
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<tr>
<td>Anterior Knee Pain: Differential Diagnosis &amp; Treatment</td>
<td>Dr Lee Herrington PhD, MSc, MCSP, SRP, CSCS</td>
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<tr>
<td>Cervical Arterial Dysfunction - a guide for clinicians</td>
<td>Alan Taylor MCSP MSc MLACP &amp; Roger Kerry MCSP FMACP MSc</td>
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<tr>
<td>Complex differential diagnosis of the Cervical Spine</td>
<td>Dr Neil Langridge DClinP MMACP MSc (Manip Ther) MCSP</td>
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<tr>
<td>Clinical Reasoning, Motor Patterns &amp; Behaviours in Low Back Pain</td>
<td>Mark Webster UKCP registered psychotherapist</td>
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<tr>
<td>Cognitive Behavioural Therapy for Physical Health</td>
<td>Howard Turner BSc BAppSc MCSP</td>
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<tr>
<td>Combined Approach to the Sacro Iliac Joint</td>
<td>Dr Chris McCarthy PhD, FMACP, FCSP</td>
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<tr>
<td>Combined Movements: Mobilisation (IV+) &amp; Manipulation (IV-)</td>
<td>Alan Sealy BSc (Hons), Grad Dip Manipulative Physiotherapy</td>
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<tr>
<td>Dizziness - Vestibular Assessment, Treatment &amp; Rehabilitation: level 1 &amp; level 2</td>
<td>James Moore M.Phty (Manips), BSc (Hons) MCSP, CSCS</td>
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<tr>
<td>Evidence Based Exercise Prescriptions for Rehabilitation</td>
<td>Dr Raphael Brandon PhD MSc ASCC, Head of Sport Science &amp; Medicine, England Cricket</td>
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<tr>
<td>Examination of the Active Foot &amp; Ankle</td>
<td>Fraser McKinney MSc MCSP</td>
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<td>Fascial Release Techniques</td>
<td>Graham Sinclair Smith Grad Dip Phys MCSP</td>
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<tr>
<td>Hamstring Injuries: Assessment, Treatment &amp; Rehabilitation</td>
<td>James Moore M.Phty (Manips), BSc (Hons) MCSP, CSCS</td>
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<tr>
<td>Immediate Care in Sport &amp; Exercise Medicine (intermediate level)</td>
<td>Tony Bennison specialist sports first aid trainer</td>
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<tr>
<td>Knee Injury Assessment &amp; Rehabilitation</td>
<td>Dr Lee Herrington PhD, MSc, MCSP, SRP, CSCS</td>
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<td>Muscle Energy Techniques: Lumbar Spine &amp; Pelvis and Thoracic Spine &amp; Ribs</td>
<td>Jay Cookson MCSP MMACP</td>
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<td>Mulligan Concept: Nags &amp; Snags</td>
<td>Ed Wilson BA (Hons) MCSP, HPC Registered, MCTA, CMP</td>
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<tr>
<td>Myofascial Trigger Points course</td>
<td>Ed Wilson BA (Hons) MCSP, HPC Registered, MCTA, CMP</td>
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<tr>
<td>Paediatric Orthopaedic workshop</td>
<td>Peter Beirne Grad Dip Phys MCSP</td>
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<td>Paediatric Respiratory workshop</td>
<td>Paul Ritson Grad Dip Phys MCSP</td>
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<tr>
<td>Practical Podiatric Biomechanics</td>
<td>Paul Harradine MSc, BSc (Hons), SRCh, Cert Ed, Podiatrist</td>
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<tr>
<td>Respiratory Care Update &amp; Advanced Respiratory Care</td>
<td>Matthew Quint MCSP MPhil Mary-Ann Broad MCSP</td>
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<tr>
<td>Spinal Manipulation: Facilitating Rehabilitation</td>
<td>Dr Neil Langridge DClinP MMACP MSc (Manip Ther) MCSP</td>
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<tr>
<td>Sporting Hip &amp; Groin</td>
<td>James Moore M.Phty (Manips), BSc (Hons) MCSP, CSCS</td>
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<tr>
<td>Sport &amp; Exercise First Aid</td>
<td>Tony Bennison specialist sports first aid trainer</td>
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<tr>
<td>Sports Injuries. an essential guide to aetiology, assessment &amp; treatment</td>
<td>Dr Ian Horsley MScc MCSP CScc NW regional physiotherapy lead - English Institute of Sport</td>
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<tr>
<td>Sports Massage Masterclass</td>
<td>Julian Berriman BSc (Hons) Ost</td>
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<tr>
<td>Tendinopathies Masterclass</td>
<td>Prof Jill Cook PhD &amp; Dr Jeremy Lewis PhD. PT.</td>
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<tr>
<td>The Athletic Shoulder: Specific rehabilitation strategies</td>
<td>Dr Ian Horsley PhD MSc MCSP CScc and Ben Ashworth MSc Bsc (Hons) MCSP</td>
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<tr>
<td>The Grumbling Groin: Management strategies for persistent groin pain</td>
<td>James Moore M.Phty (Manips), BSc (Hons) MCSP, CSCS</td>
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<tr>
<td>The Shoulder, Theory &amp; Practice (9th edition)</td>
<td>Dr Jeremy Lewis PhD. PT.</td>
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<tr>
<td>The Sporting Hand Wrist &amp; Elbow</td>
<td>Ian Gatt MSc OMT MAACP MCSP BSc (Hons), Lead Physiotherapist - GB Boxing</td>
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<tr>
<td>The Sporting Wrist &amp; Elbow</td>
<td>Jay Cookson MCSP MMACP</td>
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<tr>
<td>Whiplash Associated Disorder - a guide for clinicians</td>
<td>Alan Taylor MCSP MSc MLACP &amp; Roger Kerry MCSP FMACP MSc</td>
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</table>
Anterior Cruciate Ligament: Rehabilitation Update

Dr Lee Herrington PhD, MSc, MCSP, CSCS

Presenter
Lee qualified as a Chartered Physiotherapist in 1990 from Manchester University, having previously completed a degree in Human Biology from Loughborough University. In 1996 was awarded an MSc in Sports Injury and Therapy from Manchester Metropolitan University (with distinction). In 2007 was award a PhD for research into anterior knee pain from the University of Salford. He has also been certified by the National Strength and Conditioning Association (USA) as a strength and conditioning specialist and by the Cincinnati Sports Medicine Research and Education foundation as a Sportsmetrics™ trainer.
Currently: Senior lecturer in Sports Rehabilitation, University of Salford; Visiting Lecturer in Sports Physiotherapy, Manchester Metropolitan University and Bath University; Associate editor of the BMC Journal Musculoskeletal Disorders, Member of the editorial advisory board to the journal Physical Therapy in Sport and The Knee and Research officer and committee member of Association of Chartered Physiotherapists in Exercise Therapy
He has worked with elite sportspersons for the last nineteen years including time with Great Britain Rugby League and Wigan Warriors Rugby League Club as well as Lancashire and Yorkshire Rugby League academy sides and the Great Britain Women’s Basketball Team. He has been involved in consultative work for a number of professional football clubs and individual elite level sportspersons from a multitude of sports including athletics, climbing, hockey, martial arts, sailing, swimming, and triathlon. He is currently the head Physiotherapist to the Great Britain Swimming Team and a consultant physiotherapist at the English Institute of Sport in Manchester. Lee has taught nationally and internationally on topics related to knee injury and sports injury rehabilitation, with over fifty peer reviewed articles published in the field of exercise rehabilitation and as presented his research at many international conferences.

Course Description
Injury to the Anterior Cruciate ligament is a significantly disabling problem for the professional sportsperson and recreational athlete alike. Clear management strategies are required to return the patient to their chosen sport as quickly yet as safely as possible. Current practice is to either reconstructed or rehabilitate and cope with the ligament deficiency. Both these approaches require appropriate management in terms of exercise rehabilitation and return to sport criteria. This course aims to provide participants with strategies to both appropriately managed both the ACLR and ACLD patients and monitor treatment progress towards a successful outcome.

Course aims
- To provide participants with the necessary background knowledge to provide exercise rehabilitation to both the ACL deficient and ACL reconstructed patient.
- To provide participants with the skills necessary to assess function and performance of these patients

Course content
- ACL anatomy and functional biomechanics
- Nature of ACL injury
- Assessment of ACL injury
- Functional assessment of ACL injury
- ACLD identification of copers
- ACLR; types of surgery & implications for rehabilitation
- ACLR (& ACLD) Rehabilitation
- Monitoring & performance measurement
- Complications
- Return to sport criteria
- Prevention of ACL injuries; an introduction to the Sportsmetrics programme

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual, and CPD certificate of attendance - 7.5hrs).
Lee Herrington’s recent publications and presentations

Publications
Herrington, L. 2000 Rehabilitation of Anterior Cruciate Injury SportEx-Medicine 7, December, 13-20
Herrington, L. 2004 The rehabilitation of two patients with functionally unstable ACL deficient knees; a case report. Physical Therapy in Sport 5,4,175-178
Herrington, L., 1996 EMG Biofeedback: What can it actually show? Physiotherapy 82,10,581-583
Herrington, L., Payton, C. 1997 The effect of corrective taping of the patella on patients with Patellofemoral pain Physiotherapy 83, 11,566-572
Herrington, L. 1998 The role of Vastus Medialis Oblique in Patellofemoral Pain Syndrome Critical Reviews in Physical and Rehabilitation Medicine 10(3),257-263
Herrington, L. 2002 The reliability of a clinical measurement used to determine the medial/lateral orientation of the patella Manual Therapy 7,3,163-167
Herrington, L., Williams, S., George, K. 2003 The relationship between arthroscopic findings and isokinetic quadriceps performance in Patellofemoral pain syndrome patients: an initial investigation Research In Sports Medicine 11, 1, 1-9

Presentations
Herrington, L. 2001 Patellofemoral pain and break phenomena 1st International Conference on Movement Dysfunction, Edinburgh, September
Herrington, L. 2003 The inter-tester reliability of a clinical measurement used to determine the medial/lateral orientation of the patella World Confederation of Physical Therapy 14th International Conference, Barcelona, June
Herrington, L. 2003 The effect of patella taping 2nd International conference on Biomechanics of the lower limb in Health, Disease and Rehabilitation, Salford, September
Herrington, L. 2003 The effect of patella taping: A review Regional seminar on current issues in sports injury, surgery and rehabilitation, John Moores University, Liverpool, December
Anterior Knee Pain
Differential Diagnosis & Treatment

Dr Lee Herrington PhD, MSc, MCSP, CSCS

Presenter
Lee qualified as a Chartered Physiotherapist in 1990 from Manchester University, having previously completed a degree in Human Biology from Loughborough University. In 1996 was awarded an MSc in Sports Injury and Therapy from Manchester Metropolitan University (with distinction). In 2007 was award a PhD for research into anterior knee pain from the University of Salford. He has also been certified by the National Strength and Conditioning Association (USA) as a strength and conditioning specialist and by the Cincinnati Sports Medicine Research and Education foundation as a Sportsmetrics™ trainer.
Currently: Senior lecturer in Sports Rehabilitation, University of Salford; Visiting Lecturer in Sports Physiotherapy, Manchester Metropolitan University and Bath University; Associate editor of the BMC Journal Musculoskeletal Disorders, Member of the editorial advisory board to the journal Physical Therapy in Sport and The Knee and Research officer and committee member of Association of Chartered Physiotherapists in Exercise Therapy.
He has worked with elite sportspersons for the last nineteen years including time with Great Britain Rugby League and Wigan Warriors Rugby League Club as well as Lancashire and Yorkshire Rugby League academy sides and the Great Britain Women’s Basketball Team. He has been involved in consultative work for a number of professional football clubs and individual elite level sportspersons from a multitude of sports including athletics, climbing, hockey, martial arts, sailing, swimming, and triathlon. He is currently the head Physiotherapist to the Great Britain Swimming Team and a consultant physiotherapist at the English Institute of Sport in Manchester.
Lee has taught nationally and internationally on topics related to knee injury and sports injury rehabilitation, with over fifty peer reviewed articles published in the field of exercise rehabilitation and as presented his research at many international conferences.

Course Description
The course is delivered through a series of lectures, practical demonstrations, and practical tutorials. A course handbook will be available to support all materials presented.
The course investigates the many and varied causes of anterior knee pain, looking at the features of each of these individual pathologies which allow for differential diagnosis of these conditions. Assessment of anterior knee pain section is very interactive with frequent opportunities to practice the assessment techniques demonstrated. Treatment strategies for the treatment of the three commonest causes of anterior knee pain; patellofemoral pain, patella tendonosis and fat pad syndrome are included and treatment techniques included are taping techniques, joint mobilisations and exercise rehabilitation procedures.
The delegates will have frequent opportunities to practice during this interactive course.

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Background
Anterior knee pain (AKP) is a common clinical entity in patients of all ages and activity levels. The category of conditions placed within the grouping AKP could be defined as involving pain, inflammation, muscle imbalance and/or instability of any component of the extensor mechanism of the knee. The breadth of conditions within this grouping is often one of the main reasons why treatment can prove unsuccessful. Once these conditions are present they frequently become a chronic problem forcing the patient to severely limit activities. For treatment of AKP to be successful appropriate specifically targeted rehabilitation programmes need to be established. These can only be developed if accurate diagnosis of the underlying cause of the AKP is recognised. It is the purpose of this course to describe the common clinical conditions which present with AKP, how to ascertain their differential diagnosis and their own particular management.

Course aims
- Develop an understanding of differential diagnosis of anterior knee pain
- Develop an understanding of the causes of altered Patellofemoral joint stresses & mal-tracking
- Gain an insight in the examination and treatment of the causes of altered Patellofemoral joint stresses & mal-tracking
- Gain insight into the examination and treatment of patella tendonosis and fat pad syndrome

<table>
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<tr>
<th>AM</th>
<th>PM</th>
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<tr>
<td>Anterior knee pain differential diagnosis</td>
<td>Treatment of patellofemoral pain, patella tendonosis and fat pad syndrome.</td>
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<tr>
<td>• Distinguishing the features of patellofemoral pain syndrome, patella tendonosis, iliotibial band friction syndrome, plica syndrome, fat pad syndrome, traction apophysitis and local nerve entrapment</td>
<td>Incorporating the use of:</td>
</tr>
<tr>
<td>Assessment of anterior knee pain</td>
<td>• exercise rehabilitation strategies</td>
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<tr>
<td>• Incorporating: motion control testing, passive joint tests, muscle length tests and</td>
<td>• joint mobilisations</td>
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<td></td>
<td>• soft tissue stretching</td>
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<td></td>
<td>• taping</td>
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Lee Herrington’s recent publications and presentations

Publications
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Herrington, L. 2003 The effect of patella taping: A review Regional seminar on current issues in sports injury, surgery and rehabilitation, John Moores University, Liverpool, December
Course Description
This is a case study based masterclass on complex differential diagnosis of people with cervical spine dysfunction. Knowledge and practice about Cervical Arterial Dysfunction (CAD) will form a key focus of the day. Differential diagnosis of people with chronic and complex presentations will contextualise this knowledge.

The course draws together evidence over the last decade regarding adverse events (prevalence and incidence data) relating to patients with cervical spine dysfunction together with laboratory and clinical data regarding the patho-mechanics of arterial dysfunction, and the presenting features in people with cervical spine dysfunction. Clinical reasoning models supported by clinical practice and psychology studies will be utilised as frameworks for decision-making. Furthermore, recent clinical studies and clinical trials regarding assessment and rehabilitation of people with cervical spine trauma (e.g. whiplash) will be used as a basis for structuring the clinician’s thought process.

The course is in-line with forthcoming International Standards regarding Cervical Arterial Dysfunction.

Learning Outcomes
- Demonstrate knowledge and assessment skills for the differential diagnosis of people with cervical arterial dysfunction
- Demonstrate knowledge and assessment skills for the differential diagnosis of people with other complex cervical spine presentations
- Demonstrate knowledge and confidence in decision-making regarding people with true “red flag” presentations, and those with treatable dysfunction
- Understand what constitutes ‘safe’ techniques in ‘risky but treatable’ patients.

Lecturers
Roger Kerry MSc FMACP MCSP
Associate Professor at the Division of Physiotherapy Education, University of Nottingham. 10 years teaching on undergraduate and postgraduate Physiotherapy / Manual Therapy programmes; 10 years of postgraduate clinical courses for Altered Haemodynamics and Manual Therapy, Vertebrobasilar Insufficiency, Cervical Arterial Dysfunction (CAD), Clinical Reasoning. Presented at 25+ international conferences since 2002, primarily on Cervical Arterial Dysfunction and Clinical Reasoning. 19 peer-reviewed articles (primarily CAD / haemodynamics); 6 book chapters (Haemodynamics / CAD / Clinical Reasoning / Manual Therapy). Primary research in haemodynamics and manual therapy; literature review programmes in CAD; doctoral programme in philosophy of science (causation in evidence-based physiotherapy). Working party member of IFOMPT Standards for CAD 2007-2012. 15 years of clinical experience, specialising in patients with complex head and neck complaints.

Alan J Taylor MSc MLACP MCSP
Lecturer at the Division of Physiotherapy Education, University of Nottingham; Associate Lecturer at Manchester Metropolitan University; Visiting Lecturer at numerous other institutions. 15 years of teaching postgraduate clinical courses for Altered Haemodynamics and Manual Therapy, Vertebrobasilar Insufficiency, Cervical Arterial Dysfunction (CAD), and Sports Medicine; - all topics related to altered haemodynamics and clinical reasoning. Devised and taught over 100 one-day and two-day courses in these areas. Presented as guest speaker at numerous courses and conferences in the UK and Worldwide since 2002. Works as expert witness in the field of medical negligence related to altered haemodynamics and CAD. Author of over 15 peer-reviewed articles (primarily CAD / haemodynamics/Sports injury); 2 book chapters (Haemodynamics / CAD / Clinical Reasoning / Manual Therapy). Primary research in haemodynamics and sports medicine; Member of literature review programme in CAD commissioned by the MACP. 25 plus years of clinical practice, specialising in patients with complex head and neck complaints.

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual with extensive references and CPD certificate of attendance - 7.5hrs).
Clinical Reasoning, Motor Patterns & Behaviours in Low Back Pain

Dr Neil Langridge DClinP MMACP MSc (Manip Ther) MCSP

Presenter
Neil is a consultant physiotherapist with a special interest in spinal function. He has worked in the NHS, private sector and armed forces and treats complex spinal patients as well as working in a spinal triage environment. He has attained a clinical doctorate at the University of Southampton and completed his MACP training in 2002 and his MSc in 2003. He is the Vice chair of the MACP and provides mentorship and examination support on MACP courses. He has presented all over the U.K and abroad whilst leading manual therapy sessions at a number of Universities. His current post in the NHS covers ESP leadership, complex patient management, and research activities.

Course Description
This one day intensive course will explore and examine the sub classification of low back and specifically the role of motor dysfunction and movement behaviours upon movement. The course will give participants the background knowledge in motor control whilst also placing this into the wider context of low back pain disorders. Group work will play a large part of this interactive day as participants will be given time to consider how the spine and neurological control of movement alter with pain and behavioural adaptation to loss of function. Two lectures will set the scene regarding models of low back pain and the background of motor control linking its relationship to proprioception, balance, cognition, skill acquisition and emotion. Participants will develop novel ways of approaching movement disorders to directly take into practice. The underpinning approach will be clinical reasoning and appropriate decision-making.

Course Outline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Learning outcome</th>
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<tr>
<td>Lecture- sub classification of Low back pain</td>
<td>Understand the mechanisms and background to the research in sub-classification of LBP</td>
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<tr>
<td>Group work – the subjective examination</td>
<td>Understand the relevancy of questions in relation to sub-classification</td>
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<tr>
<td>Lecture – Movement dysfunctions and deficits in motor control</td>
<td>Understand the way in which motor control links to pain and dysfunction of movement.</td>
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<tr>
<td>Practical – Observation and analysis of posture</td>
<td>Learning to analyse posture and link to classification</td>
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<tr>
<td>Analysis of movement</td>
<td>Learning to deconstruct movement dysfunction</td>
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<tr>
<td>Functional re-training leading to management</td>
<td>Learning to re-construct movement patterns for re-training</td>
</tr>
</tbody>
</table>

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Cognitive Behavioural Therapy for Physical Health - 1 day course

An Interactive Workshop

Mark Webster (Director, South Hampshire CBT Ltd)

**Tutor**

Mark Webster - Mark is a UKCP registered psychotherapist. Following a first career in computers he started clinical work in 1990 with addictions, qualifying in Cognitive Analytic Therapy (CAT). Later he specialised in Personality Disorders and trained in Dialectical Behavior Therapy (DBT) eleven years ago. From DBT he developed an interest in Acceptance and Commitment Therapy (ACT) and his business has been successfully developing ACT based programs in addiction for the last eight years. The business continues to expand and now offers a generic CBT service as well as ACT training in the local area. Since 2003 he has been running workshops throughout the UK and is Chairman of the ACT Special Interest Branch within BABCP (the national lead body for CBT). Mark has a longstanding interest in Mindfulness, its application to chronic pain and integration with CBT.

**Aim of this training**

This one day introductory workshop to Cognitive Behavioural Therapy (CBT) strategies for Physical Health aims to enhance the clinical practice of health care practitioners (HCP) in physical health practice, to address biopsychosocial needs of patients.

It is a practical and pragmatic approach to learning useful skills that can be applied by practitioners in their own setting.

It will enable health care practitioners to assist patients in managing their own psychological problems, using a range of problem solving approaches that include cognitive and behavioural techniques.

**Learning Objectives**

- Understand CBT approach and terminology
- Develop CBT understanding of Chronic Pain, Anxiety and Depression
- Apply CBT concepts to case examples
- Use basic CBT skills with Physical Health patients

**Fee:** £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course handouts and CPD certificate of attendance - 7.5hrs).
One Day Introduction to CBT Strategies for Physical Health

- CBT skills designed for short consultations
- Practical and interactive training
- Enhance management of chronic pain conditions
- Improve coping skills for ‘heartsink’ patients
- Empower patients to adapt and change
- Applies equally to managing practitioner stress

Course programme

<table>
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<th>Time</th>
<th>Content</th>
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<tr>
<td>08.45 - 09.00</td>
<td>Registration</td>
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<tr>
<td>09.00 - 10.00</td>
<td>Introduction to CBT</td>
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<tr>
<td>10.00 - 10.30</td>
<td>Basic Principles of CBT</td>
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<tr>
<td>10.30 - 11.00</td>
<td>Separating ‘thoughts’, ‘feelings’ and ‘behaviour’</td>
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<tr>
<td>11.00 - 11.30</td>
<td>Coffee</td>
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<tr>
<td>11.30 - 12.15</td>
<td>Approaches to Chronic Pain using CBT</td>
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<tr>
<td>12.15 - 13.00</td>
<td>Overview of anxiety and depression</td>
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<td>13.00 - 14.00</td>
<td>Lunch</td>
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<tr>
<td>14.00 - 15.00</td>
<td>Practical skills for using CBT in clinical practice (case studies)</td>
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<tr>
<td>15.00 - 15.30</td>
<td>Coffee</td>
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<tr>
<td>15.30 - 17.00</td>
<td>Practical skills (exercises)</td>
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<tr>
<td>17.00</td>
<td>Course ends</td>
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Feedback
There will be opportunities for participants to evaluate their own knowledge and skills before and at the end of training. This helps to identify areas of need for enhanced skills during the training. The participants are also invited to give feedback on training sessions at the end of each session, formally and informally.

We expect that participants will feel more confident and skilled. We also hope that patients with whom you work will become more empowered to address their own physical and psychological problems effectively.
Cognitive Behavioural Therapy for Physical Health - 2 day course

An Interactive Workshop

Mark Webster (Director, South Hampshire CBT Ltd)

Tutor
Mark Webster - Mark is a UKCP registered psychotherapist. Following a first career in computers he started clinical work in 1990 with addictions, qualifying in Cognitive Analytic Therapy (CAT). Later he specialised in Personality Disorders and trained in Dialectical Behavior Therapy (DBT) eleven years ago. From DBT he developed an interest in Acceptance and Commitment Therapy (ACT) and his business has been successfully developing ACT based programs in addiction for the last eight years. The business continues to expand and now offers a generic CBT service as well as ACT training in the local area.
Since 2003 he has been running workshops throughout the UK and is Chairman of the ACT Special Interest Branch within BABCP (the national lead body for CBT). Mark has a longstanding interest in Mindfulness, its application to chronic pain and integration with CBT.

Aim of this training
This two day introductory workshop to Cognitive Behavioural Therapy (CBT) strategies for Physical Health aims to enhance the clinical practice of health care practitioners (HCP) in physical health practice, to address biopsychosocial needs of patients.
It is a practical and pragmatic approach to learning useful skills that can be applied by practitioners in their own setting.
It will enable health care practitioners to assist patients in managing their own psychological problems, using a range of problem solving approaches that include cognitive and behavioural techniques.

Learning Objectives
- Understand CBT approach and terminology
- Develop CBT understanding of Chronic Pain, Anxiety and Depression
- Apply CBT concepts to case examples
- Use basic CBT skills with Physical Health patients
- Gain insight into ‘heartsink’
- Improve patient motivation and treatment concordance
- Manage practitioner stress

Fee: £240 by cheque or online, payable to 'Health Education Seminars' (includes refreshments, course handouts and CPD certificate of attendance - 15hrs).
Two Day Introduction to CBT Strategies for Physical Health

- CBT skills designed for short consultations
- Practical and interactive training
- Enhance management of chronic pain conditions
- Improve coping skills for ‘heartsink’ patients
- Motivate patients to adapt and change
- Manage practitioner stress

Course programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Time</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.45</td>
<td>Registration</td>
<td>09.00</td>
<td>Start and review of Day</td>
</tr>
<tr>
<td>09.00</td>
<td>Introduction to CBT</td>
<td>10.00</td>
<td>‘Heartsink’, making sense of personal reactions</td>
</tr>
<tr>
<td>10.00</td>
<td>Basic Principles of CBT</td>
<td>10.30</td>
<td>Separating ‘thoughts’, ‘feelings’ and ‘behaviour’</td>
</tr>
<tr>
<td>10.30</td>
<td>Coffee</td>
<td>11.00</td>
<td>Coffee</td>
</tr>
<tr>
<td>11.00</td>
<td>Approaches to Chronic Pain using CBT</td>
<td>11.30</td>
<td>Managing ‘heartsink’, practical skills &amp; exercises</td>
</tr>
<tr>
<td>12.15</td>
<td>Overview of anxiety and depression</td>
<td>12.15</td>
<td>Overview of anxiety and depression</td>
</tr>
<tr>
<td>13.00</td>
<td>Lunch</td>
<td>13.00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14.00</td>
<td>Practical skills for using CBT in clinical practice (case studies)</td>
<td>14.00</td>
<td>Motivation, overview &amp; basic skills</td>
</tr>
<tr>
<td>15.00</td>
<td>Coffee</td>
<td>15.00</td>
<td>Coffee</td>
</tr>
<tr>
<td>15.30</td>
<td>Practical skills (exercises)</td>
<td>15.30</td>
<td>Putting it all together, exercise</td>
</tr>
<tr>
<td>17.00</td>
<td>Course ends</td>
<td>17.00</td>
<td>Course ends</td>
</tr>
</tbody>
</table>

Feedback
There will be opportunities for participants to evaluate their own knowledge and skills before and at the end of training. This helps to identify areas of need for enhanced skills during the training. The participants are also invited to give feedback on training sessions at the end of each session, formally and informally.

We expect that participants will feel more confident and skilled. We also hope that patients with whom you work will become more empowered to address their own physical and psychological problems effectively.
Combined Approach to the Sacroiliac Joint

Howard Turner BSc BAppSc MCSP

Presenters
Howard Turner comes from a sheep farm in New South Wales, Australia. He holds a physics degree from Melbourne University and a physiotherapy degree from Latrobe University. He has lived in the UK since 1990, working in the NHS in London until 1994 and since in private practice. He has recently moved to live and practice in Cheshire. Howard was involved in the UK McConnell teaching programme 1995-2000, teaching shoulder and PFJ courses and lectures extensively in the UK and abroad. He compiled and began teaching the SIJ course in 1996.

Why the SIJ?
It would appear obvious from the anatomy of the region that the sacroiliac joints are of crucial structural importance. The sacrum has been called the keystone of the pelvis and the foundation of the spine. In saying that “…the pelvic girdle is the crossroads of the body, its architectural centre (and) the meeting place of the locomotor apparatus…” Fred Mitchell, the creator of Muscle Energy Technique, expressed the importance of their function in interposing the forces ascending through the lower limbs and descending through the trunk. Despite these structural relationships, treatment of the pelvis is missing from most undergraduate physiotherapy courses and is considered by some to be unnecessary. This contrasts with many ‘alternative’ approaches that consider pelvic treatment to be of fundamental importance. Research has clarified the situation. It is increasingly evident that the shock absorbing torsional control provided by the sacroiliac joints is vital to the health of the spine and vital to the performance of the stabilising musculature in the surrounding area. The degree of motion may be small, but a disruption of control of that movement can have far-reaching consequences. As well as specific SIJ pain, disorders of the pelvis are clinically related to lumbar mediated pain, to disorders of lower limb rotational control such as patellofemoral pain, ITB and hip problems, tibial and foot pain, and disorders further up the kinetic chain such as shoulder and neck pain. It may be going to far to insist, as one prominent alternative therapist does, that “…9 out of every 10 cases of back pain are due, without exception, to pelvic misalignment…” but nevertheless it is a fascinating area to understand and a rewarding one to treat. Learning to effectively manage disorders of the pelvis will be a valuable addition to the arsenal of any manual therapist.

Course Description
The course will cover manipulative, mobilisation and muscle energy techniques and exercise prescription for pelvic motion dysfunction. The course consolidates traditional models of pelvic girdle assessment and treatment with current research and philosophies of management. It aims to provide a straightforward yet comprehensive approach to the wide variety of pelvic disorders that present to manual therapists. Clinical reasoning models that are traditionally osteopathic in nature will be modified and updated to complement contemporary physiotherapy practice. Sacroiliac instability will be discussed in detail in view of current research on the functional anatomy and mechanics of stability of the region.

Components of the course have been taught on the Masters’ programme at University College London and for the Manipulative Association of Chartered Physiotherapists.

Course Objectives
- To enhance the delegate’s knowledge of sacroiliac biomechanics and pathomechanics in view of current management strategies and recent research findings
- To enhance delegate’s manual skills in the effective management of sacroiliac dysfunction

Upon completion of the course, delegates should be able to perform the following:
- Assess and interpret pelvic motion patterns
- Effectively utilise muscle energy techniques, mobilisation and manipulation to optimise pelvic symmetry and motion
- Effectively manage sacroiliac instability with manual treatment and exercise programmes
- Integrate management of sacroiliac motion dysfunction with management of adjacent dysfunction
- Recognise the contribution of SIJ dysfunction to lower limb and other disorders

<table>
<thead>
<tr>
<th>Day 1 (09.00 - 17.00hrs)</th>
<th>Day 2 (09.00 - 16.00hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Applied anatomy &amp; biomechanics of the pelvis and pelvic girdle dysfunction</td>
<td>The biomechanics of pelvic stability and pelvic rehabilitation</td>
</tr>
<tr>
<td>Utilising leg length discrepancy to assess the pelvis</td>
<td>Functional assessments of stability</td>
</tr>
<tr>
<td>Utilising leg length discrepancy to treat the pelvis</td>
<td>Assessing intra-articular SIJ dysfunction</td>
</tr>
<tr>
<td>Assessing myofascial disorders of the pelvis – a modified osteopathic model</td>
<td>Passive movement assessment of the SIJ and interpretation</td>
</tr>
<tr>
<td>Treatment of myofascial presentations</td>
<td>Treatment of intra-articular SIJ dysfunction</td>
</tr>
<tr>
<td>‘Piriformis syndrome’ – a demonstration of useful positional release and taping techniques to complement rehabilitation strategies</td>
<td>Specific tests of SIJ stability and accelerated rehab</td>
</tr>
<tr>
<td>Conclusions and Questions</td>
<td></td>
</tr>
</tbody>
</table>

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Combined Movements
Mobilisation (IV+) and Manipulation (IV-)

Dr Chris McCarthy PhD, FCSP, FMACP

These courses are only open to Members of the Chartered Society of Physiotherapy

Presenter
Dr McCarthy is the immediate past chair of the UK Manipulation Association of Chartered Physiotherapists (MACP) and is a Consultant Physiotherapist at the London Spine Unit, UK. He is a Spinal fellow in Orthopaedics and investigates and manages orthopaedic spinal pain in conjunction with two spinal surgeons. His PhD investigated the role of exercise in OA and lead, in part, to the national recommendation of exercise for this condition. He was awarded the young investigator of the year award by the British Society of Rheumatologists in 2001 for this work. His post-doctoral studies have investigated the issue of sub classification of non-specific low back pain and these are ongoing. Prior to taking up his current post he was an Assistant Professor of Rehabilitation at the Medical school of Warwick University. He has recently published “Combined Movement Theory: Rational Manipulation and Mobilisation of the Vertebral Column” with Churchill Livingstone, a text book encouraging the integration of mobilisation and manipulative techniques using Dr Brian Edward’s combined movements principles. He instigated and co-authored the MACP's guidance document for pre-manipulative screening and has published over 40 peer reviewed articles whilst lecturing internationally on combined movements and manipulation. He has recently been awarded fellowship of both the Musculoskeletal Association and Chartered Society of Physiotherapists for advances in Manual Therapy.

Course Description
Spinal manipulative thrust technique (SMTT) has been used by physiotherapists and other manual therapy professions for many years (1). Seminal authors in the field of musculoskeletal therapy including Cyriax, Grieve and Maitland have described spinal manipulative thrusts and recommended their consideration in the management of spinal dysfunction. At post-graduate level SMTT continues to be requested and taught and there appears to be no decline in the popularity of these techniques despite the scarcity of evidence to support their continued use. Passive movement of the vertebral column is used commonly in the management of spinal dysfunction. One of the most popular paradigms of passive movement treatment in spinal dysfunction is the Maitland Concept and the corollary of this, Combined Movement Theory (CMT). The aims of this course are to introduce the fundamental similarities in approach between SMTT and CMT and introduce a process of SMTT selection based upon CMT. It is envisaged that adopting this rational of SMTT selection will provide the participant with a method of applying SMTT that integrates the two concepts.

Aims of the Course

- **An Exploration of the Combined Movement Approach:**
  This course aims to provide participants with an opportunity to explore the treatment of spinal dysfunction using the Combined movement concept of treatment advocated by Brian Edwards. This concept offers participants a rational way to select patient presentations suited to this method of treatment and a clinically reasonable way of incorporating manipulative thrust and end of range mobilization techniques into a passive movement treatment approach. The philosophy of the course is to facilitate the learning of participants by encouraging self directed exploration of the issues and avoidance of a didactic teaching style.

- **Selection of Type and Position of Treatment:**
  This course does not set out to provide participants with a handful of manipulative thrust techniques rather encourages participants to develop skills in the selection of mobilisation and manipulation techniques in the appropriate clinical scenarios. An important tenant of this course is the emphasis on CMT being a component of a holistic approach to spinal dysfunction and not that this approach is the panacea to all spinal pain.

- **The Development of Practical Handling Ability:**
  The course contains a large component of practical skill development however this element is grounded in the theoretical background of analytical assessment, validity of technique and risk /benefit. Before participants begin palpating the rational behind techniques are discussed.

- **Development of Clinical Reasoning Skills:**
  Participants may not have successfully performed a manipulative thrust at the end of the two days but will know when, where and how to achieve it. More importantly they will know why they would consider this approach and what they should expect from it.

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Learning Outcomes of the Course
On completion of the two, two-day course participants will be able to;

- Clinically reason what patient presentation type should be suited to the CMT approach.
- Have developed the skills to determine primary movement patterns suggesting source structures and corresponding starting positions for treatment.
- Developed skill in palpating the cervical spine anteriorly, and the rest of the spine posteriorly. The participant will be able to palpate muscle spasm and passive joint restriction.
- Clinically reason the decision of when to mobilise and when to manipulate a spinal joint. Appreciate the complexities of the issues surrounding pre-manipulative screening and the risk/benefits of end of range mobilisation and SMTT's.
- Appreciate the evidence base behind mobilisation and manipulation in the treatment of spinal dysfunction.
- Clinically reason progression and regression of treatment and be conversant with the notation of treatment.

Structure of The Course With Examples Of Teaching Strategies

- **Introduction to CMT and SMTT (Lecture format)**
The course begins with a formal lecture encouraging interactive discussion regarding the effects, effectiveness and applicability of SMTT. The lecture introduces the evidence on effectiveness of SMTT in light of the evidence of its effects. This approach allows participants to interpret the strengths and weaknesses of the available literature in the field. During this lecture the importance of developing palpatory skill is highlighted and discussion of the issues encouraged.
- **Introduction to Examination Principles.**
Participants are given a case presentation and interactively develop an approach to examination. Basing the practical examination on a clinical presentation facilitates the reasoning behind the structure of the differential examination and emphasizes the flexibility of the approach. Practical techniques that will be explored will include, Anterior palpation of the cervical spine with discussion of the applied anatomy. Combined PPIVM’s and PAIVMS and discussion of the validity of the appreciation of “end feel”.
- **The progressive development of combined starting positions.**
Participants will be guided through a process of developing skill in appreciating the feel of progressively more combined and complex starting positions for treatment. An understanding of the underlying structures being placed under tension will be emphasized throughout this process.
- **Development of the ability to judge the suitability of manipulation.**
The strongest indicator for whether a manipulative or mobilisation technique is utilized is the quality of the “end feel”. Participants will be able to make a confident assessment of this before the end of the course. Prior to SMTT’s the risk / benefit and VBI issues are discussed. This lecture (at the start of the second day) encourages an open debate regarding the risks and benefits of SMTT in the cervical spine and covers the issues of VBI testing, guidelines and contraindications. Participants will be given case study clinical presentations and asked to discuss their views on suitability for SMTT / end of range mobilisation.
- **End of range mobilisation / SMTT techniques**
Having developed confidence in being able to identify whether a joint is “suitable” for a SMTT participants are encouraged to work with their models to identify levels that may be manipulated. Agreement between the models and operators is encouraged throughout this process. Prior to SMTT techniques models are screened for potential VBI and a process of consent is established. SMTT’s will only be conducted under the agreement of both operator and model that the joint feels suitably positioned to thrust and that the technique will only be conducted under the supervision of the tutor. Post SMTT the reassessment of the joint’s end feel and change in local paraspinal muscle tone is emphasized. Participants will be able to feel the immediate changes that are produced by the technique and thus will develop a better understanding of when these changes are indicated.
- **Discussion of the reasoning behind starting positions and the progression and regression of treatment.**
Participants are presented with case presentations and in small groups reason the starting positions for treatment and the progression and regression of a treatment programme. Included in this are discussions on home exercise procedures.
- **Summative discussion collating / reiterating and synthesizing what has been covered in the weekend.**
Group discussion is encouraged to ensure that the key themes of the weekend are reiterated and that participants feel confident to utilise the principles of the CMT approach into their clinical practice.
# Timetable of the Cervical Weekend (Thoracic / Lumbar Spine similar)

These courses are only open to Members of the Chartered Society of Physiotherapy

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td><strong>09.00</strong></td>
<td><strong>09.00</strong></td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td><strong>LECTURE</strong></td>
</tr>
<tr>
<td>Justification for this approach.</td>
<td>INTRODUCTION TO MANIPULATION</td>
</tr>
<tr>
<td><strong>PRINCIPLES</strong></td>
<td>What is an SMTT?</td>
</tr>
<tr>
<td>Concept of Treatment Dose. Indications.</td>
<td>How effective is it as a treatment?</td>
</tr>
<tr>
<td><strong>ASSESSMENT PRINCIPLES</strong></td>
<td>What are the indications?</td>
</tr>
<tr>
<td>Prime Movement.</td>
<td>What are the contra-indications?</td>
</tr>
<tr>
<td>Prime Combination.</td>
<td>VERTEBRAL ARTERY CONSIDERATIONS</td>
</tr>
<tr>
<td>Irregular Pattern.</td>
<td>Protocol for use. Discussion of risk benefit and</td>
</tr>
<tr>
<td><strong>TREATMENT SELECTION / PROGRESSION</strong></td>
<td>limitations of our knowledge in this area.</td>
</tr>
<tr>
<td>Severe, Inflammatory Nature.</td>
<td>“VBI” case studies presented and discussed in groups</td>
</tr>
<tr>
<td><strong>10.15</strong></td>
<td><strong>10.15</strong></td>
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<tr>
<td>TEA</td>
<td>TEA</td>
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<tr>
<td><strong>10.30</strong></td>
<td><strong>10.30</strong></td>
</tr>
<tr>
<td><strong>PRACTICAL</strong></td>
<td><strong>PRACTICAL</strong></td>
</tr>
<tr>
<td><strong>EXAMINATION AND TREATMENT</strong></td>
<td><strong>COMBINED PPIVMS</strong></td>
</tr>
<tr>
<td><strong>ACTIVE MOVEMENTS</strong></td>
<td><strong>HIGH VELOCITY LOW AMPLITUDE MOVEMENT</strong></td>
</tr>
<tr>
<td>Ranking, Prime movement, Prime combination.</td>
<td>High Acceleration, Low amplitude thrusts in minimal</td>
</tr>
<tr>
<td><strong>DIFFERENTIATION</strong></td>
<td>at mid range.</td>
</tr>
<tr>
<td>Muscular restriction, Neurogenic restriction.</td>
<td><strong>ANTERIOR PALPATION</strong></td>
</tr>
<tr>
<td><strong>ANATOMIC</strong></td>
<td>Anatomy, Paraspinale tone, fibrosis,</td>
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<tr>
<td><strong>Sympathetic trunk.</strong></td>
<td>Sympathetic trunk.</td>
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<tr>
<td><strong>12.15</strong></td>
<td><strong>12.00</strong></td>
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<tr>
<td><strong>LUNCH</strong></td>
<td>LUNCH</td>
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<tr>
<td><strong>13.00</strong></td>
<td><strong>12.45</strong></td>
</tr>
<tr>
<td><strong>PASSIVE MOVEMENT</strong></td>
<td><strong>VERTEBRAL ARTERY TESTING.</strong></td>
</tr>
<tr>
<td>Physiological movement</td>
<td><strong>MANIPULATIONS</strong></td>
</tr>
<tr>
<td>Accessory movement</td>
<td>Pairs, cooperating in the process of developing the</td>
</tr>
<tr>
<td><strong>REGULAR PATTERNS</strong></td>
<td>skill to identify suitable levels for manipulation or</td>
</tr>
<tr>
<td>Ext, ipsilateral lateral flex, ipsilateral rotn.</td>
<td>mobilisation</td>
</tr>
<tr>
<td>Flex contralateral flex, contralateral rotation.</td>
<td><strong>IRREGULAR PATTERNS</strong></td>
</tr>
<tr>
<td>Ext, ipsilateral lateral flex, contralateral rotn.</td>
<td>Ext, ipsilateral lateral flex, ipsilateral rotn.</td>
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<tr>
<td>Flex, contralateral lat flex, ipsilateral rotn.</td>
<td><strong>15.15</strong></td>
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<tr>
<td><strong>15.15</strong></td>
<td><strong>14.30</strong></td>
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<td>TEA</td>
<td>TEA</td>
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<tr>
<td><strong>15.30</strong></td>
<td><strong>14.45</strong></td>
</tr>
<tr>
<td><strong>TREATMENT</strong></td>
<td><strong>PROGRESSION OF TREATMENT</strong></td>
</tr>
<tr>
<td>Case Studies, Discussion of:</td>
<td>Integration of manipulations and mobilisation</td>
</tr>
<tr>
<td>Group discussion of case studies</td>
<td>techniques.</td>
</tr>
<tr>
<td>Review of key themes of the day.</td>
<td>Case studies</td>
</tr>
<tr>
<td><strong>17.00</strong></td>
<td><strong>15.30</strong></td>
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<tr>
<td><strong>CLOSE</strong></td>
<td><strong>SUMMATIVE DISCUSSION</strong></td>
</tr>
<tr>
<td></td>
<td>Reiteration of principles and discussion of key</td>
</tr>
<tr>
<td></td>
<td>themes.</td>
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<tr>
<td><strong>16.00</strong></td>
<td><strong>CLOSE</strong></td>
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</table>
“Dizziness” - level 1

Vestibular Assessment, Treatment & Rehabilitation

A practical evidence-based introduction

Alan Sealy, BSc (Hons), Grad Dip Manipulative Physiotherapy, MCSP

Tutor
Alan graduated from Sheffield Hallam University in 1996, where he also took his post graduate manipulative therapy qualification in 1999. With a background in manual therapy, Alan now works as a clinical Specialist in Vestibular Rehabilitation. Initially within the NHS, and as a partner in private practice in Sheffield, Alan developed an early interest in dizziness and balance disorders. Whilst on a lecture tour in Norway he was invited to establish ‘Balanseklinikken’, in Oslo. As the Director of Rehabilitation in Scandinavia’s busiest balance clinic, he estimates that he has treated and helped over 4,000 dizzy patients. This considerable experience is utilized in research and educational courses throughout Scandinavia and the UK. Now based in Aberdeen, his time is split between his private practice, lecturing and research.

Course Description
This one day introductory course is suitable for practitioners (physiotherapists, osteopaths, chiropractors, doctors and other health professionals) with little or no previous experience of vestibular disorders wishing to learn how to successfully assess and treat the dizzy patient. The course is practical in nature, evidence based and fully referenced. A mix of theory lectures and practical sessions make up the 7 hours of contact time. Participants completing this course will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated subject.

On completion, the participants should be able to:

- Understand what we mean by dizziness and vertigo and how we balance
- Understand the scale of the problems associated with dizziness and recognise the need for vestibular assessment
- Recognise the common peripheral vestibular disorders and differentiate these from central nervous system pathology
- Incorporate a basic vestibular examination into their usual neuro-musculo-skeletal assessments.
- Plan appropriate rehab programmes based upon individual assessment and clinical reasoning.
- Diagnose and treat common variant positional vertigo (BPPV)
- Utilize the most appropriate outcome measures

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
## Course Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Theory</th>
<th>Practical</th>
</tr>
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</table>
| 09.00  | Introductions – course aims  
What is vertigo?  
Background / scale of problem | Anatomy & physiology of vestibular system                                  |
| 10.30  | Coffee                                                                 |                                                                           |
| 10.45  | Common Vestibular pathologies  
(BPPV, neuritis, menieres)  
Vestibular Assessment  
(history, P/E, functional balance testing, ophthalmology, vestibular tests, posturography, VNS) | Practical vestibular Assessment (1)  
Basic Opthalmology  
Functional  
Head impulse  
Head shake  
Nystagmus video examples |
| 12.45  | Lunch                                                                 | Lunch                                                                    |
| 13.30  | Summary of AM  
Practical Vestibular Assessment (2)  
Dix-Hallpike positional test;  
Epley particle repositioning manoeuvre | Vestibular rehabilitation exercise programmes                             |
| 15.30  | Coffee                                                                 | Coffee                                                                   |
| 15.45  | Cervical vertigo, a form of ‘compensated vertigo’?  
• Cervical proprioceptive / ischaemic vertigo | Differentiation tests groupwork                                          |
| 16.15  | Application of rehabilitation principals  
Problem solving / Clinical reasoning approach using case studies | Summary (10mins)                                                          |
| 17.00  | Close                                                                  |                                                                           |
Session 1

An introduction to vertigo – a gentle wake-up!
The vestibular system is introduced and we consider the problems posed by vertigo, dizziness and balance disorders. Real-life examples will be discussed, setting the physical symptoms within the psycho-social model. This section is fully referenced in order to support proposals to establish a vestibular rehabilitation service in your area.

Anatomy & physiology of the vestibular system
A tough session, but the better you understand how the vestibular system functions, the easier diagnosis becomes.

Session 2
Common vestibular pathologies
We look at the most common vestibular disorders: BPPV, neuronitis, Meniere’s, illustrated by case studies.

Vestibular assessment – “every history tells a story”
A detailed look at history taking, special questions, the physical examination and vestibular testing

Practical: Vestibular examination (1) - “Look into my eyes”
- Relevant cranial nerve and Occular muscle testing
- Demonstration and practice of examination tests and procedures, easily incorporated within a standard neuro-musculo-skeletal examination.
- Diagnosis of some common vestibular disorders using nystagmus video-clip examples

Session 3
Summary from the morning sessions

Practical:- Vestibular examination 2, “The magic cure”
- Demonstration and practice of the Dix-Hallpike positional vertigo test and the Epley particle re-positioning manoeuvre,
- We concentrate on the most common variant BPPV, posterior canaliathis, accounting for 90% of all BPPV

Vestibular Rehabilitation (VR) exercise programmes
- This section is fully referenced in order to convince health-care providers of the need for, and value of, VR.
- We learn how to prescribe relevant, specific and effective rehab programmes, based upon patient needs and clinical reasoning, rather than a recipe-based model.

Session 4
Cervical Dizziness
- A fully referenced presentation & discussion on the importance of neck-related dizziness. There is as yet no consensus between the ENT medical & manual therapy worlds either on its role in dizziness or the mechanism behind the symptoms. The evidence is presented and a new model proposed to explain cervical dizziness as a form of ‘compensated vertigo’.
- The evidence and ‘best practice’ behind Vertebro-Basilar-Insufficiency (VBI) testing

Clinical differentiation tests
- Vestibular / positional / cervicogenic / ischaemic,

Session 5
The application of vestibular rehabilitation programmes in practice
- VR exercise prescription and demonstration, involving small group presentations
- Problem-solving approach, based upon real case-studies

Summary:- the ‘10 minute vestibular examination’!
“Challenging Dizziness” - level 2

Advanced level Vestibular Assessment, Treatment & Rehabilitation

Alan Sealy, BSc (Hons), Grad Dip Manipulative Physiotherapy, MCSP

Tutor
Alan graduated from Sheffield Hallam University in 1996, where he also took his post graduate manipulative therapy qualification in 1999. With a background in manual therapy, Alan now works as a clinical Specialist in Vestibular Rehabilitation. Initially within the NHS, and as a partner in private practice in Sheffield, Alan developed an early interest in dizziness and balance disorders. Whilst on a lecture tour in Norway he was invited to establish ‘Balanseklinikken’, in Oslo. As the Director of Rehabilitation in Scandinavia’s busiest balance clinic, he estimates that he has treated and helped over 4,000 dizzy patients. This considerable experience is utilized in research and educational courses throughout Scandinavia and the UK. Now based in Aberdeen, his time is split between his private practice, lecturing and research.

Course Description
This one day advanced course is suitable for practitioners (physiotherapists, osteopaths, chiropractors, doctors and other health professionals) with some previous knowledge and experience of vestibular disorders. The course is practical in nature, evidence based and fully referenced and is an up-to-date and in-depth look at treatment concepts and rehabilitation strategies for complex vertigo, dizziness and balance disorders.

On completion, the participants will have:
• Developed their understanding of the pro-active, multi-factorial nature of the balance system,
• Reviewed the peripheral and central nervous system pathways involved in vestibular disorders
• Reviewed up to date ideas behind vestibular disorders, and more challenging forms of compensated vertigo (visual vertigo, cervical vertigo, phobic postural vertigo)
• In practice, learnt to diagnose and treat positional vertigo (BPPV), canaliathis and cupuloliathis variants, in the posterior, lateral and anterior semi-circular canals
• Planned appropriate rehab programmes based upon individual assessment and clinical reasoning.
• Practiced & progressed treatment interventions to the dysfunctional side, incorporating gaze, cervical manual therapy and functional exercise
• Learnt to integrate vestibular treatment & cervical manual therapy within a neuro-musculo-skeletal assessment, to optimally treat cervical dizziness

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
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<thead>
<tr>
<th>Time</th>
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<tr>
<td>09.00</td>
<td>Introductions – course aims</td>
<td>The physiology of balance</td>
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<td>The background to falls &amp; balance disorders</td>
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<td>10.30</td>
<td>Coffee</td>
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<td>10.45</td>
<td>Neural pathways involved in Vestibular disorders</td>
<td>Practical vestibular Assessment (1)</td>
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<td>• Posterior, lateral &amp; anterior BPPV canaliathis &amp; cupuloliathis</td>
<td>Cranial nerve testing</td>
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<td>• Vestibular asymetry</td>
<td>Tilts &amp; ocular muscle tests</td>
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<td>• Central vestibular / cerebellar disorders</td>
<td>Saccades &amp; Smooth-Pursuits</td>
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<td>Nystagmus &amp; eye movement neurology</td>
<td>Dynamic Visual Accuity</td>
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<td>Vestibular Assessment – beyond the basics</td>
<td>Rotating Chair</td>
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<td>‘Head Thrust’ Impulse test</td>
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<td>‘Head shake’ test</td>
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<td>Practical diagnosis from Nystagmus video examples</td>
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<td>12.45</td>
<td>Lunch</td>
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<td>13.30</td>
<td>Summary of AM</td>
<td>Compensated vertigo</td>
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<td>Practical Vestibular Assessment (2)</td>
<td>• Cervical vertigo</td>
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<td>BPPV</td>
<td>• Visual vertigo</td>
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<td>• positional tests (Dix-Hallpike, lateral, anterior canals);</td>
<td>• Phobic postural vertigo</td>
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<td>• particle repositioning manoeuvres (Epley, Semont, BBQ)</td>
<td>• Mal de Debarquement</td>
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<td>- Home treatment protocols</td>
<td>Ischaemic vertigo</td>
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<td>Upper cervical instability discussion</td>
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<td>15.15</td>
<td>Coffee</td>
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<td>15.30</td>
<td>Progressing Vestibular rehabilitation programmes</td>
<td>Differentiation tests groupwork</td>
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<td>Rehabilitation v. Treatment or both ?</td>
<td>Practise of VBI and upper cervical instability if necessary</td>
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<td>Stimulating the dysfunctional side practical</td>
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<td>16.15</td>
<td>Problem solving / Clinical reasoning</td>
<td>Summary (10mins)</td>
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<td>• case studies of challenging conditions</td>
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<td>17.00</td>
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Session 1

**Falls and balance disorders – the hidden epidemic**
A quick review of the scale of vestibular disorders, the implications and the costs. The link between vestibular disorders and falls-risk is highlighted.

**The physiology of balance**
A comprehensive and up-to-date summary of how we balance. We move away from old concepts of balance training and see balance as a complex pro-active system, dependent upon well functioning multi-sensory inputs and central nervous system sensory organisation. This, and the appropriate motor-output response, is then modulated by the context of task and environment, and by what we think and feel.

Session 2

**Neural pathways of vestibular disorders**
We look at what happens when things go wrong! Effective treatment depends upon identifying the location along the neural pathway of a disorder (eg. Canal, otolith, peripheral nerve, brain stem, cerebellum, cortex).

**An introduction to nystagmus and the neurology of eye movements.**
Understanding the neural pathway and recognising patterns of eye movements allows accurate diagnosis of vestibular disorders

**Beyond the basics - Interpretation of specialised vestibular assessments.**
Making sense of results from laboratory and clinic assessments is not always easy. We will focus on information which is of particular use in diagnosis & treatment. We consider Computerised Dynamic Posturography; Calorics; ENG / VNG and Subjective Visual Vertical (SVV)

**Vestibular Assessment – Practical tests to use in your clinical examination**
Easy to use assessment tools that integrate with your neuro-musculo-skeletal assessment. These are clinical tests to aid in diagnosis and use as measures of treatment effect.

Session 3

**Summary from the morning sessions**

* Practical:- Vestibular examination 2, “Benign Positional Vertigo -The miracle cure”
  - Demonstration and practice of positional vertigo tests for the posterior, lateral and anterior semi-circular canals,
  - Interpretation of nystagmus patterns for canalolithiasis and cupulolithiasis variants.
  - Particle repositioning manoeuvres: Epley, Semont, BBQ, home regime

* Cervical dizziness & ‘Compensated Vertigo’
  - Patients often present without the classical signs of peripheral vestibular disorders. Headaches, unsteadiness, sensitivity to light & sounds are often typical of a ‘compensated vertigo’.
  - We discuss vestibular compensation in detail and the links with cervical dizziness and visual vertigo. The evidence is presented and a new model proposed setting these conditions (along with phobic postural vertigo and Mal De Debarquement) within the context of a compensated vertigo.
  - Vertebral-basilar Insufficiency and Ischaemic vertigo
  - The evidence and ‘best practice’ behind upper cervical instability testing and Vertebro-Basilar-Insufficiency (VBI)

Session 4

**Vestibular Rehabilitation (VR) exercise programmes – the art & the science**

- This section is fully referenced in order to convince health-care providers of the need for, and value of, VR.
- Relevant, specific and effective rehab programmes, based upon patient needs and clinical reasoning, rather than recipe-based models.
- Exercise progression and practical rehab tips for specific conditions eg. Visual vertigo, phobic postural vertigo, Mal-de-debarquement, central vestibular disorders
- ‘Hemi-sphericity’ – exciting new ideas on stimulating the dysfunctional side
- ISQ ? – get the maximum treatment effect

**Clinical differentiation tests**
- Vestibular / positional / cervicogenic / ischaemic,

Session 5

**Vestibular Rehabilitation Therapy (VRT) in practice**

- Clinical reasoning exercises. Problem-solving in small groups, based upon challenging case-studies

**Summary – Don’t miss the big picture !**
Dynamic Taping

Ryan Kendrick
Specialist Musculoskeletal Physiotherapist, Developer of Dynamic Tape

This presentation will be of particular interest to physiotherapists, osteopaths, chiros, sports therapists and sports rehab professionals

Tutor
Ryan earned his Bachelor of Physiotherapy degree from the University of Queensland, Australia in 1994 and a Masters in Musculoskeletal Physiotherapy in 2000 under the same world renowned guidance of Gwen Jull, Carolyn Richardson, Paul Hodges and Bill Vicenzino. Ryan has worked extensively in the area of Musculoskeletal & Sports Physiotherapy with roles including Personal Physiotherapist to former world number four, Greg Rusedski on the ATP Tennis Tour and British Davis Cup team, and Team Physiotherapist for Essex County Cricket Club.

As a Private Practitioner he has been involved in the management of European Tour Golfers and Olympic and Commonwealth Games athletes in the disciplines of swimming, rowing, archery and triathlon to name a few. Ryan has also been a clinical tutor in Musculoskeletal Physiotherapy on the Bachelor and Masters programme at Griffith University, Australia and has taught Dynamic Taping extensively throughout Australia, New Zealand, USA, Germany, UK, Sweden, Norway, Netherlands, Czech Republic, Honk Kong and Canada. Ryan is the developer of Dynamic Tape and PosturePals.

The UK workshops have been extended from 4hrs to 6hrs as 95% of delegates who attended in 2013/early 2014 said that the workshops were fantastic

BUT that they wanted MORE time to cover MORE techniques

Workshop
Originally developed in Australia for athletes, sports & MSK physiotherapy it is increasingly becoming an essential tool for therapists of all disciplines.

Dynamic Taping workshops are highly practical 6 hour workshops which provide participants with a clear understanding of the major principles and equips them with a number of techniques that can be used immediately in clinical practice.

Dynamic Taping utilises a specially designed, highly elastic completely different from rigid sports tapes and kinesiology tapes including Tex Tape, Curetape and K-Active. It's unique properties and four way stretch allow for a truly biomechanical approach to taping, something that integrates well with a clinician's clinical reasoning process.

The tape is applied in a way that allows the elastic energy to mimic muscles, absorb load or to modify movement patterns. It can be used to facilitate or inhibit, assist or resist or to offload. In addition to this biomechanical approach it has also proved extremely effective for lymphatic taping due to its durability, versatility and superior comfort.

Dynamic Taping can be incorporated into clinical practice immediately and is ideally suited to physiotherapists and sports rehabilitation professionals

Fee: £90 (inclusive of vat) includes handouts, light refreshments & CPD certificate (6hrs).
Workshop Outline

Introduction – 0.5 hours
- Aims & Objectives
- Properties of tape required for Dynamic Taping & familiarisation with tape
- Application Guidelines

Part 1. Mechanical Mechanisms – 0.5 hours
- Direct & Indirect
- Tendinopathy Model
- Mechanical changes
- Functional Implications
- Kinematics
- Continuum of tendon pathology
- Load as a driver
- Dynamic Taping Mechanical Mechanisms of Action

Part 2. Physiological Mechanisms – 0.5 hours
- Pain Physiology - a modern approach
- Manual Therapy and the pain system
- Dynamic Taping and neurophysiological mechanisms

Part 3. Common Applications – 4.5 hours
- Application Guidelines/Precautions/Contraindications
- Comparison with rigid tapes and kinesiology tapes
- Upper Limb
- Lower Limb
- Trunk
- PosturePals

Part 4. Graduation
- Course evaluation
- Science Supplement
- Certificate of Completion

Aims & Objectives

By the end of this 6hour workshop delegates will be able to:
- identify indications and contraindications to this intervention
- be cognizant of the scientific basis of Dynamic Taping including background science (physics, biomechanics and pain physiology), and the mechanical and physiological mechanisms of action of Dynamic Taping
- identify the various stages of tendinopathy (according to Cook & Purdham, 2009)
- determine when Dynamic Taping is indicated and who will benefit
- recognise the significant difference in physical properties and methodology between Dynamic Taping, Kinesiology Taping and Rigid Sports taping and identify ways in which these can be used in combination to optimise your treatments
- safely and effectively apply a number of basic Dynamic Taping techniques
- begin to develop your own Dynamic Taping applications based on your assessment, treatment approach and the individual needs of your clients
Evidence Based Exercise
Prescriptions for Rehabilitation

When 3 x 10 reps is & isn't the right thing to give!

Dr Raphael Brandon PhD MSc ASCC
Head of Sport Science & Medicine - England Cricket

This presentation will be of particular interest to physios, doctors, sports rehab professionals, personal trainers, sports therapists & strength coaches

Speaker:
Raphael Brandon is one of the UK's leading Strength and Conditioning Coaches, with a blend of research skills and over 15 years of practical coaching experience within elite sport. Currently he is the Head of Sport Science & Medicine at England Cricket, having been previously the Director of Performance Solution at the English Institute of Sport and Head of S&C for the English Institute of Sport - the key provider of sport science and medicine services to the UK's Olympic athletes - working directly with the GB Athletics Team and oversees the delivery of S&C to the majority of our Olympic and English team sports. Raphael has completed his PhD thesis into the Neuromuscular Response to Elite Strength Training Methods and is a guest lecturer on the Queen Mary's University London Sport Medicine MSc degree.

Presentation
Topics / issues covered during the evening will include:
• discuss the difference between movement control and strength training
• the neural and physiological adaptations to resistance exercise
• how to target specific rehabilitation goals with specific training methods and exercises

This presentation will conclude with an Open Forum Q&A session

Fee: £40 (inclusive of vat) includes handouts and CPD certificate (2.5hrs)
Examination of the Active Foot & Ankle

Fraser McKinney  MSc MCSP  1st Team Physiotherapist - Newcastle Falcons RUFC

Course tutor
Fraser McKinney currently works as the 1st Team Physiotherapist for Premiership Rugby team Newcastle Falcons having previously been the Head Physiotherapist for British Basketball in the 4 year lead up to and at the London 2012 Olympics.
He has an undergraduate degree in Physiotherapy from Sheffield Hallam university with an MSc in Sports Physiotherapy from Cardiff University and has now completed two thesis on ankle injuries.
Throughout his growing career Fraser has worked with and developed close associations with teams and individuals from international Athletics, Superleague Netball, Challenge Cup Rugby League, women’s professional Football, Kayaking and professional Tennis and Squash.
An academic interest in foot and ankle injuries in sport combined with extensive clinical physiotherapy skills across many settings has given Fraser a strong knowledge base around the topic of ‘foot & ankle’ anatomy, injuries, rehabilitation and treatment interventions. Fraser has presented at the International Amateur Athletics Federation (IAAF) conference, lectured at the University of Leeds & Salford University at post graduate level and professionals looking to develop their knowledge around the topic of the ’foot & ankle’.

Course Outline
This course is aimed at all physiotherapy practitioners wanting to reaffirm clinical assessment skills and learn new concepts & treatment possibilities in relation to the foot & ankle. The course starts with a refresher of the anatomy of the foot & ankle with a bias that allows and develops into an understanding of the biomechanics, clinical reasoning behind the handling skills, assessment pathways and treatment possibilities.
This broad understanding approach is integrated with existing treatment models and guided by clinical experience from top UK surgeons & diagnostic practitioners and from the tutors own clinic experience.
The course runs a strong bias towards a manual therapy approach to assessment of the region while treatment options vary from soft tissue, manual therapy, exercise therapy and discussions around alternative approaches of Neural treatment & surgical management and orthotics ‘when to prescribe & not’.
Although there is a strong clinical research bias behind the teaching of this course it remains practically driven to ensure all participants feel comfortable with their handling skills and able to clinical work through a structured assessment plan built on a back bone of clinical guidelines.
The course will investigate specific injury types commonly seen in both an NHS setting and sporting environment. All participants should leave feeling more confident at understanding and assessing the foot & ankle while realising the treatment options available.

Aims & Objectives
• Understanding of foot and ankle anatomy and biomechanics
• Able to manually handle a foot & ankle with an ability to differentiate between structures
• Perform and understand the mechanism behind a clinical assessment of passive & active testing of the Foot & Ankle
• Understand the mechanism of varying injuries and subsequent subjective and objective findings
• Ability to asses and treat a varied range of ankle & foot injuries
• Realisation of the whole body effect of the ankle and subsequent risk factors
• Awareness of alternative treatment pathways

Workshop will include:
• Foot & Ankle anatomy review
• Practical - hands on review of anatomy
• Epidemiology of injury and clinical reasoning behind assessment
• Foot & ankle assessment
• Evidence of rehabilitation
• Foot & Ankle treatment (lecture & practical)
• Alternative treatment options & assessments
• Open forum for questions

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Fascial Release Techniques
for Physiotherapists

Graham Sinclair Smith  Grad Dip Phys MCSP

Presenter
Graham qualified from the Grampian School of Physiotherapy, Aberdeen, in 1991. The majority of his clinical work has been based in the North East of England working in various hospitals and private clinics in the region. Presently, his clinical work load is exclusively private, based in Tynemouth, close to Newcastle-Upon-Tyne. Over the last 12 years he has had a special interest in soft tissue techniques and for the last 8 years he has taught both nationally and internationally on the connections between the fascial support of the visceral organs and common musculoskeletal conditions. Graham’s PhD research is looking at the global impact of abdominal scarring on posture, movement and low back pain. For the past 2 years he has been a member of the executive board of the CSP clinical interest group CPMaSTT as advisor on issues regarding fascial release. He is the organiser of the Fascial and Soft Tissue Conference bringing together clinical and research leaders within this field.

Course Description
This is a 2-day course is for manual and orthopaedic therapists who want to add an extra dimension to their practice.

It will present the theory and application of fascial assessment and treatment: taking you through a wide range of treatment techniques including peripheral, spinal and abdominal. You will become familiar with the assessment at both local and global levels with guidance on how to quickly and easily integrate this approach into your normal musculoskeletal protocols.

In order to develop the subtle palpation skills used within fascial therapy there is a large practical element to this course.

Course Aims
- Understanding of the Physiology of normal and abnormal fascia
- Appreciation of the underlying research on the release phenomenon
- The ability to assess the fascial system locally and globally
- Development of the subtle palpation skills necessary for assessment and treatment
- Development of a rational that integrates fascial assessment and treatment into existing MSK approaches.

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
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<tr>
<td>09.00</td>
<td>Introduction &amp; Aims of the course</td>
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<tr>
<td>09.15</td>
<td>Structure &amp; function of Fascia</td>
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<td>09.45</td>
<td>Physiology &amp; Release Phenomenon</td>
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<td>10.15</td>
<td>Release Principles</td>
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<td>Break</td>
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<td>11.00</td>
<td>Release: Practical</td>
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<td>Upper Quadrant</td>
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**Day 2**

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<td>Global assessment of fascia: Theory and practical</td>
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<td>10.45</td>
<td>Break</td>
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<tr>
<td>11.00</td>
<td>Global assessment continued</td>
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<td>12.00</td>
<td>Lunch</td>
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<td>13.00</td>
<td>Spine and Hard structures: Theory and practical</td>
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<td>14.00</td>
<td>Viscera and Scars: Theory and practical</td>
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<td>14.30</td>
<td>Break</td>
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<td>14.45</td>
<td>Viscera and Scars: continued</td>
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<td>15.30</td>
<td>Putting it all together</td>
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HAMSTRING INJURIES
Assessment, Treatment & Rehabilitation

James Moore  M.Phty (Manips), BSc (Hons) PG Dip App Biomechanics MCSP, CSCS

This presentation will be of particular interest to manual therapists, doctors & strength coaches

Speaker
James is a highly experienced musculoskeletal physiotherapist and is currently British Olympic Association’s Intensive Rehabilitation Unit Manager at Bisham Abbey National Sports Centre. He was previously Head of Medical Services at Saracens rugby club. In addition to private clinical work he has worked throughout the UK, USA & Australia with professional athletes ranging from Premiership Rugby, American Football, Major League Baseball, Body Builders and Athletics. He completed his Masters in Musculoskeletal Physiotherapy at the internationally recognised Queensland University, and has also completed post graduate studies in applied biomechanics. He was the medical team leader for Gloucestershire County Cricket for two years, and was previously he National Clinical Lead Physiotherapist for UK Athletics and a Consultant Physiotherapist for England RFU.

Presentation
Topics / issues covered during the evening will include:

- **Anatomy & Functional Biomechanics**
  Muscle orientation and their different roles, depending on pennation, cross sectional area, tendon slack and sarcomere length. Functional roles based on the literature and interaction with synergists and antagonists in relation to pelvic and knee stability, the running cycle and during cutting manoeuvres

- **Risk Factors**
  Literature review of intrinsic vs. Extrinsic factors, potential morphological and biomechanical actors in sprinting

- **Incidence & Diagnostic Challenge**
  The role of different imaging in diagnosis and prognosis, the location of different strains related to mechanisms.
  Differential diagnosis with other pathologies and key signs.
  Present a new classification comparing clinical tests vs imaging

- **Testing**
  Key hamstring tests and signs of different tissue pathologies, and related synergistic tests to guide the rehab

- **Rehabilitation**
  Literature review of key elements for rehabilitation of the hamstrings, S&C vs. Running rehab vs. Tissue loading and techniques vs. Motor control. What key outcome tests do we use to guide the rehab

- **Specific Exercise Selection & Algorithm**
  Present a guideline algorithm for exercise selection in return to running.

Fee: £40 (inclusive of vat) includes handouts, refreshments & CPD certificate (3hrs)
Immediate Care in Sport & Exercise Medicine

INTERMEDIATE Level Sports First Aid course

This course has been developed with a leading UK Emergency Medicine Consultant, elite Sports Physician and Performance Director

Course Description

A brand new, 2 day Intermediate level, externally assessed sports trauma course suitable for physical therapists, sports and healthcare professionals who are expected to deal with medical and trauma emergencies in sport and exercise settings.

- On completing the course and passing the written & practical assessments, delegates will receive an EFAW certificate (valid for 3 years) an Automated External Defibrillator (AED) certificate (valid for 1 year) and a certificate in Spinal Immobilisation & Extrication (valid for 3 years).
- The use of plastic dummies is kept to an absolute minimum, so that delegates experience first hand how to deal with human casualties.

The course is delivered over two days with particular attention given throughout the course to applying the information to real-life sports specific scenarios, incorporating real life trauma and sporting incidents as well as gaining practical hands-on skills. Clinical Reasoning in time pressured situations is a key component of this intensive course, which will equip all delegates with the fundamental skills and knowledge to apply in any trauma scenario they are likely to encounter. The inclusion of the tutor’s and delegate’s own sports trauma experience will further aid the learning experience.

Tutor

Tony Bennison – Trained as a Combat Medical Technician with the British Army in 1987 he served in various theatres and on attachments to civilian A&E departments and the London Ambulance Service. He is a Lecturer in Resuscitation at Middlesex University, training Doctors, Nurses, Physiotherapists and Midwives in Basic, Paediatric, Maternal and Advanced Life Support, Trauma Management and Resuscitation Ethics. He is a qualified Rugby coach, League and Union and has lectured extensively for Association of Chartered Physiotherapists in Sports Medicine and British Association of Sport and Exercise Medicine.

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual, EFAW certificate, AED certificate and Spinal Immobilisation & Extrication certificate valid for 3yrs - 16hrs CPD).
Immediate Care in Sport & Exercise Medicine

Course Outline

Day 1 (08.30am - 17.30pm)

- Course intro - rationale, other courses, etc
- Emergency care in SEM – practical skills review
- The legal and professional minefield – the Duty and Standard of Care; case studies
- Assessment of the collapsed patient 1 – AcBCDE
- The Cardiac Emergency - Basic Life Support with adjuncts: Resuscitation Council Guidelines 2010, Adult and Paeds algorithms; AED demonstration
- Sudden Cardiac Death in sport and exercise: cardiac pathologies in athletic populations
- Case studies: Video review and discussion of case studies
- Assessment of the collapsed patient 2 – AcBCDE
  - Dysfunction - assessment of unconsciousness: AVPU/GCS, intrinsic (e.g hypo) vs extrinsic (trauma) causes, Latest perspectives in head and neck injury/concussion assessment: Vienna Consensus, JRCALC
  - Expose – cavities and compartments, incl isolated limb injury, # reduction, peripheral pulses, etc
- Patient extrication demo and practice: log rolling – supine, prone and awkward
- Medical case studies: asthma, anaphylaxis, glycaemic, heat, cold, etc – emergent vs non-emergent, assessment and management

Day 2 (09.00am - 16.30pm)

- Assessment of the collapsed patient 3 – AcBCDE in depth
- Trauma and medical case studies - Video reviews and discussion
- Final course assessments: written and practical
  Students will sit a 25 question MCQ test and will also take turns managing a practical trauma and resuscitation (time-pressured) scenario.

On completion of the course delegates will receive the nationally-recognised ‘Emergency First Aid at Work’ certificate which is valid for 3 years, also a certificate in Automated External Defibrillation (AED) which is valid for 1 year and a certificate in Spinal Immobilisation and Extrication.

Course duration: 2 days (16 CPD contact hours)
Knee Injury Assessment & Rehabilitation

Dr Lee Herrington PhD, MSc, MCSP, CSCS

Presenter
Lee qualified as a Chartered Physiotherapist in 1990 from Manchester University, having previously completed a degree in Human Biology from Loughborough University. In 1996 was awarded an MSc in Sports Injury and Therapy from Manchester Metropolitan University (with distinction). In 2007 was awarded a PhD for research into anterior knee pain from the University of Salford. He has also been certified by the National Strength and Conditioning Association (USA) as a strength and conditioning specialist and by the Cincinnati Sports Medicine Research and Education foundation as a Sportsmetrics™ trainer.

Currently: Senior lecturer in Sports Rehabilitation, University of Salford; Visiting Lecturer in Sports Physiotherapy, Manchester Metropolitan University and Bath University; Associate editor of the BMC Journal Musculoskeletal Disorders, Member of the editorial advisory board to the journal Physical Therapy in Sport and The Knee and Research officer and committee member of Association of Chartered Physiotherapists in Exercise Therapy

He has worked with elite sportspersons for the last nineteen years including time with Great Britain Rugby League and Wigan Warriors Rugby League Club as well as Lancashire and Yorkshire Rugby League academy sides and the Great Britain Women’s Basketball Team. He has been involved in consultative work for a number of professional football clubs and individual elite level sportspersons from a multitude of sports including athletics, climbing, hockey, martial arts, sailing, swimming, and triathlon. He is currently the head Physiotherapist to the Great Britain Swimming Team and a consultant physiotherapist at the English Institute of Sport in Manchester. Lee has taught nationally and internationally on topics related to knee injury and sports injury rehabilitation, with over fifty peer reviewed articles published in the field of exercise rehabilitation and as presented his research at many international conferences.

Course Description
This course aims to:

- Introduce the participant to a detailed examination of the knee from an anatomical, functional and clinical perspective
- Relate knee anatomy to function
- Understand the nature of extrinsic & intrinsic (overuse) injuries of the knee
- Gain insight into typical history & examination findings of acute intrinsic knee injuries
- Develop an understanding of differential diagnosis of anterior knee pain
- Develop treatments for knee effusion, muscle inhibition
- Rehabilitation approaches to strengthening & neuromuscular control
- Use of bracing, taping & orthosis

Course content
- Knee assessment
  - Anatomy & palpation
  - Subjective examination
  - Observation
  - Screening tests
  - Active movement tests
  - Passive (& special) tests
- Typical injury presentations
- Differential diagnosis of anterior knee pain
- Management of effusion and muscle inhibition
- Aspects of strength training for knee injury
- Neuromuscular training for knee injury
- Specific rehabilitation examples

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual, and CPD certificate of attendance - 7.5hrs).
Muscle Energy Techniques: Lumbar Spine and Pelvis

Jay Cookson
BSc MMACP MCSP PGD Manipulative Physiotherapy SRP CMP

Presenter
Jay Cookson works as the musculo-skeletal clinical specialist/lead for the Southampton City PCT. He also works as an ESP in spines, shoulders and the lower limb for the same trust. These varied roles involve the clinical supervision and development within the trust. Combined with his NHS commitments he is also an external lecturer at the School of Health Professions at the University of Southampton, lecturing neuromusculoskeletal physiotherapy and applied anatomy. Jay considers himself to be a manual therapist with an enthusiasm for the teaching of advanced handling skills and clinical reasoning.

Course Description
This course will provide a comprehensive outline of the biomechanics of the lumbar spine and pelvis. It will enable therapists to identify dysfunction of this area of the body and will equip them with varying treatments to correct these dysfunctions. There will be a focus on clinical reasoning throughout the course, making the recognition of lumbar spine and pelvis problems easier. Treatments will include all the MET’s for all the dysfunctions, as well as, basic manipulation. Close attention will be given to good handling and alternative methods where appropriate.

Course Outline
1. Introduction
2. Bony palpation. Palpation of all bony landmarks and soft tissue.
3. Sacral Torsions and side bent sacrums. Biomechanics and identification of backward and forward sacral torsions, moving to treatments of these.
5. Lumbar spine dysfunction. Looks at biomechanics (type 1 and 2) to enable the identification of dysfunction in a different manner from the more widely used theories.
6. Pubic Symphasis dysfunction. Considers the application of the theories to this area of the pelvis

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Muscle Energy Techniques: Thoracic Spine and Ribs

Jay Cookson
BSc MMACP MCSP PGD Manipulative Physiotherapy SRP CMP

Presenter
Jay Cookson works as the musculo-skeletal clinical specialist/lead for the Southampton City PCT. He also works as an ESP in spines, shoulders and the lower limb for the same trust. These varied roles involve the clinical supervision and development within the trust. Combined with his NHS commitments he is also an external lecturer at the School of Health Professions at the University of Southampton, lecturing neuromusculoskeletal physiotherapy and applied anatomy. Jay considers himself to be a manual therapist with an enthusiasm for the teaching of advanced handling skills and clinical reasoning.

Course Description
This course will provide a comprehensive outline of the biomechanics and anatomy of the thoracic spine and ribs. It will enable therapists to identify dysfunction of this area of the body and will equip them with varying examination/treatment tools to identify and correct these dysfunctions. There will be a focus on clinical reasoning throughout the course, making the recognition of thoracic spine and rib problems easier. Treatments will include all the MET’s for all the dysfunctions, as well as, basic manipulation. Close attention will be given to good handling and alternative methods where appropriate.

Course Outline
1. Introduction.
2. Anatomy and biomechanics of the thoracic spine and ribs.
3. Bony palpation. Palpation of all bony landmarks and soft tissue.
4. Structural rib dysfunction. Identification of anterior/posterior and internal/external ribs leading to treatment
5. 1st and 2nd rib dysfunction. Explores the common dysfunction of these ribs, their presentation and their treatment.
6. Respiratory rib dysfunction and diaphragm release
7. Thoracic spine dysfunction. Looks at biomechanics (type1 and 2) to enable the identification of dysfunction in a different manner from the more widely used theories.

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
The Mulligan Concept - Nags, Snags, Mobilisations with Movement etc - have changed considerably over the years since they were first introduced. There are new techniques, new ways of doing old techniques, and scientifically-grounded explanations for the concept now. There is also a considerable body of research to support it.

**Tutor**

Ed Wilson is an Accredited Mulligan Concept Teacher and a member of the Mulligan Concept Teachers Association. Ed has been teaching the basic Mulligan Concept course (Nags, Snags, MWM's) nationally and internationally since 1993, and the more advanced level course since 1998. He has published many articles on the techniques and their rationale. His latest major contribution is a chapter in "Positional Release" by Leon Chaitow (2007) Harcourt Publications, Edinburgh. The influences of Mulligan's pain free approach and Chaitow's comprehensive soft tissue "bodywork" methods have been incorporated into "Trigger Points, Pain and Muscle Tone", a course taught by Ed since 1999. His BA (Hons) in Social Sciences included extensive study of psychology, and how pain behaviour is influenced by physiology and biochemistry is still of particular interest to him. Ed is also a member of the International Advisory Board of the Journal of Bodywork and Movement Therapy, the official journal of the National Association of Myofascial Trigger point Therapists and the Australian Pilates Method Association.

**Course description**

This practically orientated 2 day course will introduce the concept and use of NAG's, SNAG's and Mobilisations with Movement in the treatment of musculoskeletal conditions as developed by Mr. Brian Mulligan of New Zealand. The course consists of short lectures and practical sessions. Participant numbers are limited to a maximum of 18. The course is open to physiotherapists only.

This course will cover the theory and practical application of a wide range of NAG's, SNAG's and Mobilisations with Movement's. An understanding of the relevant anatomy and biomechanics will be provided and spinal and peripheral techniques will then be taught under close supervision. Techniques using a treatment belt and strapping will also be included.

Finally the application of the techniques to the patient's pathology will be discussed to ensure that the concept can be applied to each individual's clinical case load.

**Course objectives**

On completion of this course participants will be able to:

- Describe the underpinning theory of NAG's, SNAG's and Mobilisations with Movement (MWM's).
- Demonstrate and justify the use of spinal NAG's and SNAG's in the cervical, thoracic and lumbar spine.
- Demonstrate and justify the use of peripheral MWM's for the shoulder, elbow, wrist and hand, hip, knee and foot and ankle.

**Preparation**

Pre course reading of one article and the book by Brian Mulligan is recommended.

It is recommended that participants buy a copy of Mulligans book as full descriptions of techniques are not contained in the course manual.

The book is recommended by the Mulligan Teachers Association as the source of these.

**Fee:** £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 14hrs).
<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Time</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30</td>
<td>Registration</td>
<td>09.00</td>
<td>Revision of day 1, C1/2 Treatment</td>
</tr>
<tr>
<td>09.00</td>
<td>Introduction to the Mulligan Concept followed by upper limb techniques</td>
<td>10.00</td>
<td>Introduction and theory of Mulligan's peripheral approach to the treatment of soft tissues and joints</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch</td>
<td>10.15</td>
<td>Treatment of finger, hand and wrist</td>
</tr>
<tr>
<td>13.30</td>
<td>Upper Limb cont’d., cervical spine - NAG's and SNAG's, headaches and vertigo</td>
<td>10.30</td>
<td>Break</td>
</tr>
<tr>
<td>17.00</td>
<td>Close</td>
<td>11.00</td>
<td>Treatment of elbow, shoulder and acromioclavicular joint</td>
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<tr>
<td></td>
<td></td>
<td>12.45</td>
<td>Lunch</td>
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<tr>
<td>13.30</td>
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<td>13.30</td>
<td>Treatment of ankle and knee conditions</td>
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<tr>
<td>15.00</td>
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<td>15.00</td>
<td>Break</td>
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<td>15.15</td>
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<td>16.15</td>
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</tbody>
</table>


Myofascial Trigger Points

Ed Wilson
BA (Hons) MCSP, HPC Registered, MCTA, CMP

Tutor
Ed Wilson is an Accredited Mulligan Concept Teacher and a member of the Mulligan Concept Teachers Association. Ed has been teaching Mulligan Concept courses (Nags, Snags, MWM's) since 1993. and Trigger Point courses nationally and internationally since 1993. Developed partially from Mulligan’s painfree articular philosophy and Leon Chaitow’s comprehensive soft tissue “bodywork” methods, Ed has incorporated this into "Myofascial Trigger Points with Ed Wilson", a course taught by Ed since 1999. His BA (Hons) in Social Sciences included extensive study of psychology, and how pain behaviour is influenced by physiology and biochemistry is still of particular interest to him. Ed is also a member of the International Advisory Board of the Journal of Bodywork and Movement Therapy, the official journal of the National Association of Myofascial Trigger point Therapists and the Australian Pilates Method Association.

Course description
This practical clinically based course is ideal for those wanting to expand their knowledge of trigger point assessment and treatment from a manual therapy, non needling perspective. This theoretical and practical course is designed to investigate and eliminate the cascade of effects from an agitated nervous system, and their effects on muscle tone. Suitable for orthopaedic outpatients, post-operative in-patients and neurologically-compromised patients. Trigger points mapping and treatment techniques ranging from acupressure to positional release will be taught within a painfree concept. Needles will not be used. Participants are recommended to review basic functional anatomy and physiology, with particular emphasis on muscle location, action and innervation. The course helps to bridge the divide between acupuncture and manual therapy although it is taught from a western medical perspective. The course will firstly enhance your understanding and management of trigger points for pain relief throughout the whole body. The impact on trunk and lower limb biomechanics will be covered and ultimately self treatment by the patient. An emphasis on good clinical reasoning is underpinned throughout by using case examples and a problem solving approach. The therapist who would most benefit from this course would be those treating musculoskeletal, neurologically-compromised, postop, frail or elderly patients or children. It provides an excellent alternative for those needle-phobic patients presenting with trigger points.

Participant numbers are limited to a maximum of 20.

Course objectives
On completion of this course participants will be able to:
- Discuss the debate surrounding the onset and treatment of Trigger Points
- Describe and discuss the mechanisms behind patient pain and dysfunction/disability in relation to Trigger Points
- Conduct an effective assessment for the presence of Trigger Points
- Discuss and demonstrate effective treatment of Trigger Points using manual therapy
- Discuss and demonstrate the effective use of Trigger Point therapy in conditions as diverse as pathoneurodynamics, muscle weakness, joint stiffness, complex regional pain syndromes etc.
- Understand and appreciate the importance of the roles of body chemistry in pain production –for example, the roles of endorphins, serotonin, blood oxygenation, viral illnesses etc.

This course differs from traditional Trigger Point courses as aggressive techniques are not used. If there is no rationale for strong techniques but there is good evidence to support less aggressive ones, then the more gentle ones should be taught and used. This philosophy emerged from the tutors long exposure to Mulligan’s painfree articular techniques.

Fee: £240 by cheque or online, payable to 'Health Education Seminars' (includes refreshments, course manual and CPD certificate of attendance - 14hrs).
## Course timetable

### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>08.45</td>
<td>Registration</td>
</tr>
<tr>
<td>09.00</td>
<td>Start</td>
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<tr>
<td></td>
<td><strong>Trigger Points: The debate surrounding their aetiology and diagnosis</strong></td>
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<td></td>
<td><strong>Mechanisms of pain production:</strong></td>
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<td></td>
<td>· Radicular</td>
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<td></td>
<td>· Somatic</td>
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<td></td>
<td>· the influence of facilitated cell bodies i.e. wide dynamic range cells</td>
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<tr>
<td></td>
<td>· the significance of the autonomic nervous system</td>
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<tr>
<td></td>
<td><strong>Mechanisms of pain sedation recruiting predominantly A Beta and A Delta stimulation</strong></td>
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<td></td>
<td><strong>Palpation for trigger points as part of overall musculoskeletal assessment</strong></td>
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<tr>
<td></td>
<td><strong>Treatment technique practice. Soft-touch and ice</strong></td>
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<tr>
<td></td>
<td>· below the knee</td>
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<tr>
<td></td>
<td>· above the knee</td>
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<tr>
<td></td>
<td>· shoulder girdle</td>
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<tr>
<td>17.00</td>
<td>Close</td>
</tr>
</tbody>
</table>

### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</table>
| 09.00  | **Points around trunk anterior and posterior**  
Palpation  
Clinical uses: static posture
    trunk movements
    relation to L.L. biomechanics and function.  
**Points in relation to pathoneurodynamics**  
Changes in SLR  
Discussion of causes and effects “Cascade”  
**Failure of effects**  
Referred from other sites  
Other treatments considered e.g. CTM, spinal mobs.  
Onward referral considered.  
**Palpation and treatment of other areas with particular emphasis on shoulder girdle muscles.**  
**Palpation and treatment: Cx and head**  
**Self-treatment**  
**Problem solving and summary.** |
| 16.00  | Close                                                                                                                                 |

N.B Depending on the number and interests of participants schedule may vary from course to course.
Paediatric Orthopaedic workshop

Peter Beirne  Grad Dip Phys MCSP

Presenter
Peter Beirne graduated from Royal Liverpool Hospital College School of Physiotherapy in 1991. After working initially at Broadgreen Hospital, Liverpool he started work at the North Wales Sport Injury Clinic on a part time basis, and also at Alder Hey Children’s Hospital, Liverpool. In 1996 he took a full time position at Alder Hey. At this time he began to develop the Paediatric Orthopaedic Service within the Trust and also became involved with the English and Welsh Athletics Teams. Following promotion to Superintendent at Alder Hey in 1996, he continued to develop the inpatient and outpatient Orthopaedic service and worked closely in setting up the Paediatric Ilizarov service. During this time he was also heavily involved in the Haemophilia service and setting up National guidelines into the treatment of paediatric conditions. He became a member of the British Athletic Team and attended numerous international meetings as athletic team Physiotherapist, culminating in 1998 when he was part of the Medical Team supporting the English Team at the Commonwealth games in Kuala Lumpur. Since 1996, he has also been employed as Physiotherapist to the Everton Football Academy. His work encompasses the full time and academy players as well as setting up a musculoskeletal screening programme and assisting in the audit of injuries and musculoskeletal research.

Becoming a Clinical Specialist in 1998 he set up the adolescent knee pain clinic and the Ponsetti method clinic with the Orthopaedic surgeons to treat babies with Talipes deformities. For the past several years he has presented the Paediatric Orthopaedic Modules at Liverpool and Salford Universities at undergraduate level. As well as lecturing locally and nationally on Orthopaedics and children in sport, the most recent being at the APCP Introduction To Paediatrics Course in Liverpool, 2003.

Course Description
This introductory course focuses on a specific area of Paediatric therapy - orthopaedics. The course comprises a mix of theory and practical workshops. The delegate will gain an introduction and insight into the assessment, management and problem solving in this challenging client group. Practical skills will also be taught in the workshops. Throughout, this course will be led in an open style, encouraging delegate participation and exchange of ideas and information.

An advanced level course for experienced paediatric therapists will follow in next year.

Course outline

- Growth and development of the skeleton
- Growth phases and how they affect the body
- Common orthopaedic problems and management
- Use of X Rays in Paediatrics with conditions discussed
- Children in sport, including the effects of puberty
- Talent identification and age banding
- Role of physiotherapy
- Effects of training and exercise
- Talipes – cause, presentation and management
- Ponsetti technique explained and taught in workshop format

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Paediatric Respiratory Workshop

Paul Ritson Grad Dip Phys MCSP

Presenter
Paul Ritson graduated from Royal Liverpool Hospital College School of Physiotherapy in 1988. He has worked at the Royal Liverpool Children’s NHS Trust (Alder Hey) since 1990, specialising in the respiratory speciality of Paediatric Intensive Care since 1993 having completed the Brompton Hospital Validated Respiratory Course. Since 2000, Paul has worked as a Clinical Specialist Physiotherapist on the Paediatric Intensive Care Unit at Alder Hey. This extensive unit caters for all specialities including cardiac surgery and his role also includes teaching to all of all grades of staff, from Doctors to Health Care Assistants. He is also the Resuscitation Trainer for the Physiotherapy, Occupational Therapy, Speech Therapy and Orthotic Depts. For the last 10 years Paul has co-organised and lectured on Paediatric Respiratory Care on the Mersey Region On Call Course for newly qualified Physiotherapists. He has also delivered the Paediatric respiratory module at the University of Liverpool for the past 7 years and at the University of Salford in Manchester for the last 5 years. In October 2003, he was co-organiser of the APCP Introduction to Paediatrics course – an annual course lasting 1 week, validated by the APCP. He has been an invited speaker at national conferences, including ACPRC Conference, Advanced ITU courses at University College and Great Ormond Street Hospital, London. At present, he is part of a group of Physiotherapists starting a Paediatric Intensive Care Physiotherapist Interest Group, which will be affiliated to the APCP. In March 2004, an ‘On Call Physiotherapist Survival Guide’ was published, to which Paul wrote one chapter and co authored a second.

Course Description
This 1 day course focuses specifically on Paediatric Respiratory therapy. The course comprises a mix of theory and practical workshops. The delegate will gain insight into the assessment, management and problem solving in this challenging client group. Practical skills will also be taught in the workshops, including CXR interpretation in respiratory patients. Therapists carrying out on call duties involving children will find this course particularly useful. Throughout, this course will be led in an open style, encouraging delegate participation and exchange of ideas and information.

Course outline
- Anatomy, physiology and the differences between children and adults
- Methodological approach to respiratory assessment
- Problem solving and clinical reasoning for respiratory patients
- Positioning for ventilation and perfusion in the paediatric age group
- Interpretation of Paediatric CXR’S
- CXR workshop
- Humidification (workshop)
- Suction and airway management (workshop)
- Distraction and trickery in paediatrics (workshop)
- Problem solving skills using the case study approach (workshop)

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual, and CPD certificate of attendance - 7.5hrs).
Practical Podiatric Biomechanics

Paul Harradine
MSc, BSc (Hons), SRCh, Cert Ed, Podiatrist, FCPodMed

Presenter
Paul Harradine graduated from the Northampton School of Podiatry in 1994. He is currently the Company Director of The Podiatry & Chiropody Centre, Portsmouth, as well as running a number of private podiatric clinics in Portsmouth and Southampton. He was the Clinical Lead Specialist in podiatric biomechanics within Portsmouth HealthCare NHS Trust between 2000 – 2004. Paul also has a Masters of Science in Sports Injury and Therapy, Certificate in Professional Studies ‘Sports Podiatry’, Post Graduate Certificate in Sports Science from Manchester Metropolitan University and a Certificate in Education. Paul has regularly taught podiatric workshops to podiatrists, physiotherapists and Naval Medical personnel over the past 11 years. He is a fellow of the College of Podiatrists in Podiatric Medicine.

Course Description
This intensive 2 day theoretical and practical course is based on extensive clinical experience in assessment and treatment of lower limb and gait dysfunction, as well as extensive reference to research publications. A number of pathologies will be presented together with appropriate assessment and treatment techniques. The evidence supporting the use of the assessment and treatment procedures will also be presented. Participants completing this course will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated subject.

Course Outline
- Introduction and Historical perspective
- Anatomy re-cap & Abnormal foot morphology
- Podiatry & Physiotherapy – Compliment or Conflict?
- Current theories on foot dysfunction and Gait Dysfunction
- High Gear/Low Gear Propulsion
- Screening for foot related causes of lower limb injury and gait dysfunction
- Gait Analysis – theory
- Lower limb assessment – practical session
- Gait Analysis – practical session
- Treatment options
- Functional orthosis
- Case Studies
- Questions and Answers

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual, and CPD certificate of attendance - 15hrs).
Paul Harradine’s recent publications


Harradine P. The Role of plantar pressure foot pressure measurement within podiatry. Podiatry now: Continuing Professional Development Supplement, October. 2006.


Harradine PD. The Experiences of establishing and running a multi-practitioner clinic. PodiatryNow. 8(1); 2005


Harradine PD & Jarret J: Podiatric Biomechanics, the efficacy of a service within the NHS. The Foot. 11(1):2001


Bevan LS, Harradine PD, Durrant B: The effect of temporary immobilisation of the 1st metatarsophalangeal joint upon in-shoe gait analysis parameters – a preliminary study. British Journal of Podiatry. 7(2); 2004
Tutor
Matthew graduated from Leeds in 1991. Since then he has worked in a variety of locations in the UK and abroad. Early in 2001 Matthew moved to Portsmouth to take on the post of "Physiotherapy Respiratory Clinical Specialist". This post has combined an active clinical role with a significant teaching commitment. Since then, Matthew has been involved in the continuing development of the multi professional ALERT course for the recognition and treatment of acutely ill patients and has recently lead the development and launch of the ACPRC "On Course for On Call" course. Matthew's current research interests lie within aerosol delivery to the lung, having completed his MPhil at the University of Southampton, which has investigated the effect of posture on the deposition of inhaled aerosols in healthy subjects.

Mary-Ann is a Clinical Specialist in Critical Care, working at The University Hospital of Wales in Cardiff. Since graduating from Edinburgh in 1991, she has worked in her joint areas of special interest of Critical Care and Oncology in Cambridge, London and Cardiff. Her current job role also involves tracheostomy management and a high commitment to education.

Mary-Ann completed a secondment looking at on-call and emergency duty training funded by the Welsh Assembly in 2002. She has been a member of the UK national on call project team since inception in 2000. She has undertaken studies reviewing the on call support tools produced by the CSP and ACPRC and co-authored the On Course for On Call Programme.

Mary-Ann’s interest lies with education and training. She has a Masters in Critical Care from Cardiff University where she undertook a study investigating the use of the CSP Respiratory On Call Guidance and their effect on self-perceived competence.

Course Description
This course is aimed at equipping therapists with a commitment to providing out of hours respiratory physiotherapy with a sound grounding and directing their future learning. Built around case studies, it covers assessment, interpretation of ABG’s, chest x-rays and other investigations and the identification of key problems which are amenable to physio intervention. Treatment strategies are discussed from the point of starting intervention and the progression of treatment. An open teaching style is adopted with the positive encouragement of participation of the group. There are some practical elements and so all participants should come suitably dressed with a willingness to be involved.

Course Outline
- Introduction & Course Objectives
- Respiratory assessment
- Respiratory anatomy
- Respiratory physiology and pathology
- Treatment of volume loss
- Treatment of sputum retention and increased work of breathing
- Adjuncts to respiratory physiotherapy
- Open Forum – Questions & Answers
- Review of Course Objectives & Course Feedback

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Advanced Respiratory Care (2 day)

Matthew Quint MCSP MPhil and Mary-Ann Broad MCSP

**Tutors**

Matthew graduated from Leeds in 1991. Since then he has worked in a variety of locations in the UK and abroad. Early in 2001 Matthew moved to Portsmouth to take on the post of “Physiotherapy Respiratory Clinical Specialist”. This post has combined an active clinical role with a significant teaching commitment. Since then, Matthew has been involved in the continuing development of the multi professional ALERT course for the recognition and treatment of acutely ill patients and has recently lead the development and launch of the ACPRC “On Course for On Call” course. Matthew’s current research interests lie within aerosol delivery to the lung, having completed his MPhil at the University of Southampton, which has investigated the effect of posture on the deposition of inhaled aerosols in healthy subjects.

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Mary-Ann’s interest lies with education and training. She has a Masters in Critical Care from Cardiff University where she undertook a study investigating the use of the CSP Respiratory On Call Guidance and their effect on self-perceived competence.

**Course Description**

This higher level course is aimed at primarily at physiotherapists working at specialist respiratory centres/hospitals. With a mix of teaching styles (interactive, specific workshops and lectures) this course will cover:

- Evidence based practice and critiquing skills
- Advanced assessment skills
- Physiology of ventilation
  - Including aerosols and humidification
- Introduction to imaging (CT’s etc)
- Effects of invasive ventilation
- Non Invasive ventilation
- Trachaeostomy weaning and trouble shooting
- Round up, Q&A’s

Additional topics (acute and non acute subjects) can be covered depending on the specific learning needs of the specialist unit.

An open teaching style is adopted with the positive encouragement of participation of the group. There are some practical elements and so all participants should come suitably dressed with a willingness to be involved.

**Fee:** £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Spinal Manipulation
Application with clinical reasoning

Jay Cookson
MSc MMACP MCSP CMP

Tutor
Jay works as an ESP with the Neuro Spinal surgeons at the regional Wessex Neuro Centre in Southampton. He assesses complex spinal cases referred to the centre from across the region from both primary and secondary care. He is also the ESP for the Orthopaedic Knee team. Jay has worked in private practice as well as the NHS and feels very fortunate to have taught courses to many physios working with Premiership football and rugby clubs. He has lectured all over the UK and abroad on a number of manual therapy topics. He has a keen interest in golf and is a PGA accredited lecturer on swing biomechanics and performance enhancement. He is a member of the England and Wales Blind golf Team (Jay suffers with significant visual loss). He has worked with such golfers as Ian Woosnam and many other professionals. Jay is the Chair for the Committee for Education and Approval within the MACP and sits on the Executive board.

Course Description
This course combines lectures and practical sessions to present spinal manipulation to delegates. There is a strong focus on:

- Clinical Reasoning, including indication and contraindications
- Case studies to facilitate clinical reasoning
- Theory underpinning manipulation
- Assessment of spinal dysfunction/biomechanics
- Handling and execution of manipulative techniques through demonstration and supervision
- Links to other manual therapy modalities and therapeutic intervention

Discussion and interaction is encouraged throughout to highlight the use of manipulation to different therapeutic situations.

Course Outline

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td>Introductory lecture</td>
<td>Thoracic cross pisiform manipulation</td>
</tr>
<tr>
<td>Lumbar PPIVM and manipulative</td>
<td>Thoracic AP manipulation</td>
</tr>
<tr>
<td>positioning</td>
<td>Rib manipulation</td>
</tr>
<tr>
<td>Lumbar Manipulation</td>
<td>Cervicothoracic manipulation</td>
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<tr>
<td>SIJ assessment</td>
<td>Thoracic case study</td>
</tr>
<tr>
<td>SIJ manipulation</td>
<td>CAD Lecture</td>
</tr>
<tr>
<td>Lumbar case study</td>
<td>Cervical spine/CAD/stability assessment</td>
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<tr>
<td>Thoracic assessment</td>
<td>Cervical manipulation</td>
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<tr>
<td></td>
<td>Cervical case study</td>
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<tr>
<td></td>
<td>Discussion and close</td>
</tr>
</tbody>
</table>

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Spinal Manipulation: 
Facilitating Rehabilitation

Dr Neil Langridge DClinP MMACP MSc (Manip Ther) MCSP

Course Description
This course will introduce delegates to manipulation and refresh the skills of those currently using Grade V techniques. It is primarily practical and aims to give participants increased assessment/palpation skills as well as new manipulative treatment ideas. Many of the assessment techniques can be applied in all aspects of manual therapy and will have relevance to day to day practice. The course content will be applicable to patients ranging from athletes to the more sedentary. It aims to link manipulation to rehabilitation via specific techniques, movement loss and exercise. The course will feature a number of demonstrations specifically linking the technique to motor control and loss of function. Theoretical aspects will underpin the concepts of manipulation and manual therapy as well as exploring the motor control system. The three lectures will cover indications and background, the sensorimotor spine and cervical artery issues. There will be an opportunity to present/discuss specific cases. It will be as evidence based as possible and accompanied by a referenced course manual. The course will allow time for close 1:1 supervision. The course is suitable for physiotherapists, osteopaths and chiropractors ONLY

Presenter
Neil is a consultant physiotherapist with a special interest in spinal function. He has worked in the NHS, private sector and armed forces and treats complex spinal patients as well as working in a spinal triage environment. He has attained a clinical doctorate at the University of Southampton and completed his MACP training in 2002 and his MSc in 2003. He is the Vice chair of the MACP and provides mentorship and examination support on MACP courses. He has presented all over the U.K and abroad whilst leading manual therapy sessions at a number of Universities. His current post in the NHS covers ESP leadership, complex patient management and research activities

Course Outline
Day 1
• Introduction Lecture
• Lumbar Spine PPIVMs
• Lumbar Rotation Grade V
• Linking the spine – Lecture
• Patient demonstration
• Lumbar extension/flexion bias
• Thoracic assessment and PPIVM
• Thoracic screw down

Day 2
• Recap
• Thoracic A/P Grade V
• Thoracic Rib Grade V
• Upper Thoracic PPIVMs
• Thoracic A/P in sitting Grade V
• Upper Thoracic Rotation
• CAD - Lecture
• Cervical PPIVMs plus stability tests
• Cervical Grade V. Opening/closing
• Cervical spine cont'd
• Clinical decisions and manipulation - discussion

Fee: £240 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Sporting Hip & Groin

Course developed by:
James Moore  M.Phty (Manips), BSc (Hons) PG Dip App Biomechanics MCSP, CSCS &
Mark Young  B.Phty (Aus), PG Cert (AIS), MAPA, MCSP

This popular 2 day course will enable therapists to tackle the problem hip & groin patient, from the weekend warrior to the elite athlete.

**Tutor: James Moore**
James is a highly experienced musculoskeletal physiotherapist and is currently British Olympic Association’s **Intensive Rehabilitation Unit Manager** at Bisham Abbey National Sports Centre. He was previously Head of Medical Services at Saracens rugby club. In addition to private clinical work he has worked throughout the UK, USA & Australia with professional athletes ranging from Premiership Rugby, American Football, Major League Baseball, Body Builders and Athletics. He completed his Masters in Musculoskeletal Physiotherapy at the internationally recognised Queensland University, and has also completed post graduate studies in applied biomechanics. He was the medical team leader for Gloucestershire County Cricket for two years, and was previously he National Clinical Lead Physiotherapist for UK Athletics and a Consultant Physiotherapist for England RFU.

**Co-developer: Mark Young** is an accomplished physiotherapist with a unique mix of research and clinical skills. He was awarded the post graduate scholarship at the Australian Institute of Sport in 2003, where he worked with several elite sports at the AIS headquarters. He is passionate about the need for research, and has had his own research published in the BJSM. He has previously worked as a consultant to Nike Athletics, working with some of the world’s leading athletes on the World Athletics Tour, and with the English Institute of Sport, in association with UK Athletics, at their North London High Performance Centre in Lee Valley. Mark was the National Lead Physiotherapist for the England & Wales Cricket Board, prior to returning home to Melbourne, Australia where he is now Head of Performance at **Geelong Cats**, Australian Rules Football Club.

**Course outline**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(anatomy, functional biomechanics &amp; diagnosing hip &amp; groin pathology)</td>
<td>(rehabilitating the hip &amp; groin)</td>
</tr>
<tr>
<td>• Functional anatomy review</td>
<td>• Movement dysfunction &amp; pattern recognition</td>
</tr>
<tr>
<td>• Joint biomechanics &amp; movement patterns</td>
<td>• Functional examination</td>
</tr>
<tr>
<td>• Subjective &amp; objective examinations</td>
<td>• Imaging &amp; surgical considerations</td>
</tr>
<tr>
<td>• Adductor-related pathologies</td>
<td>• Structuring a rehab program</td>
</tr>
<tr>
<td>• Abdominal-related pathologies</td>
<td>• Muscle impairment - low or high load?</td>
</tr>
<tr>
<td>• Hip joint-related pathologies</td>
<td>• Rehab exercises - which exercise, when?</td>
</tr>
<tr>
<td>• Manual therapy techniques</td>
<td>• Putting it all together</td>
</tr>
</tbody>
</table>

The course has a strong practical component, so please bring a pair of shorts.

**Fee:** £250 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
# Course Timetable

## The Sporting Hip & Groin - Day 1
*(anatomy, functional biomechanics & diagnosing hip & groin pathology)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Anatomy</td>
</tr>
<tr>
<td>09.30</td>
<td>Practical</td>
</tr>
<tr>
<td>10.00</td>
<td>Biomechanics</td>
</tr>
<tr>
<td>10.45</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>11.00</td>
<td>Adductor related groin pain</td>
</tr>
<tr>
<td>11.45</td>
<td>Practical</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.15</td>
<td>Abdominal related groin pain</td>
</tr>
<tr>
<td>14.00</td>
<td>Practical</td>
</tr>
<tr>
<td>14.45</td>
<td>Hip joint related pain</td>
</tr>
<tr>
<td>15.30</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>15.45</td>
<td>Practical</td>
</tr>
<tr>
<td>17.00</td>
<td>Finish</td>
</tr>
</tbody>
</table>

## The Sporting Hip & Groin - Day 2
*(rehabilitating the hip & groin)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00</td>
<td>Functional assessment</td>
</tr>
<tr>
<td>09.20</td>
<td>Practical</td>
</tr>
<tr>
<td>10.00</td>
<td>Adductor related rehab</td>
</tr>
<tr>
<td>10.45</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>11.00</td>
<td>Practical</td>
</tr>
<tr>
<td>12.00</td>
<td>Abdominal related rehab</td>
</tr>
<tr>
<td>12.45</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.30</td>
<td>Practical</td>
</tr>
<tr>
<td>14.15</td>
<td>Hip joint related rehab</td>
</tr>
<tr>
<td>15.00</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>15.15</td>
<td>Practical</td>
</tr>
<tr>
<td>16.15</td>
<td>Putting it all together</td>
</tr>
<tr>
<td>17.00</td>
<td>Finish</td>
</tr>
</tbody>
</table>
Sport & Exercise
First Aid

Health & Safety Executive recommended

Course Description
A Health & Safety Executive recommended, attendance course - the minimum level of First Aid training required for those acting in an emergency. This is an essential course for sport and exercise Healthcare Professionals and Manual Therapists who are routinely expected to deal with medical and trauma emergencies despite having little or no formal grounding in these areas. Evidence continues to show how quickly these skills erode and how real-world variables can confuse the time-critical decision making process. This course allows the pitchside practitioner to re-evaluate their emergent skills and knowledge and discuss their own concerns and experiences amongst their peers. The certificate is accepted by all sport and therapy governing bodies for insurance and CPD purposes (6 hours).

Delegates receive training in a range of First Aid subjects, including:

- Legalities of First Aid: Duty and Standard of Care, professional obligation and scope of practice
- The Primary Survey in sport and exercise: AcBCDE
- Basic Life Support with adjuncts: Resuscitation Council Guidelines Oct 2010, Adult and Paeds algorithms; AED demo
- Sudden Death Syndrome: incidence of HCM and other pathologies in athletic populations
- Assessment and management of the unconscious casualty: GCS vs AVPU
- Latest perspectives in head injury/concussion assessment: CogSport, Maddocks, SAC
- Assessment and management of neck injury: NEXUS, Canadian C-spine rule
- Management of trauma, medical and environmental scenarios: case studies and open forum

On completion of the course delegates receive the nationally-recognised 'Emergency First Aid at Work' certificate, which is valid for 3 years.

Tutor
Tony Bennison – Trained as a Combat Medical Technician with the British Army in 1987 he served in various theatres and on attachments to civilian A&E departments and the London Ambulance Service. He is a Lecturer in Resuscitation at Middlesex University, training Doctors, Nurses, Physiotherapists and Midwives in Basic, Paediatric, Maternal and Advanced Life Support, Trauma Management and Resuscitation Ethics. He is a qualified Rugby coach, League and Union and has lectured extensively for Association of Chartered Physiotherapists in Sports Medicine and British Association of Sport and Exercise Medicine.

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and HSE “Emergency First Aid at Work” certificate valid for 3 years - 7.5hrs CPD).
Sports Injuries

An essential guide to aetiology, assessment and management

Dr Ian Horsley PhD MSc MCSP CSCS
NW Regional Physiotherapy Lead - English Institute of Sport

This course will be of particular interest to physios, osteopaths, sports rehab professionals, personal trainers & sports therapists

Tutor

Ian has been a physiotherapist for over twenty years. In that time he has spent a considerable amount of time working with sportmen and women. He worked as a physiotherapist for England Rugby Union, for 14 years, in with various teams, and spent the last 6 years working with the Elite Playing squad, as physiotherapist to England ‘A’. Currently Ian is Lead Physiotherapist in the North West for the English Institute of Sport, and Technical Lead for the North directorate, as well as being clinical director of Back In Action Rehabilitation, in Wakefield, West Yorkshire. Ian has just completed his PhD research in examining musculoskeletal causes of shoulder injuries within professional rugby, and is currently reviewing the role of physiotherapy within the management of musculoskeletal injury. He has published several articles in peer reviewed journals on the subject of musculoskeletal injury management, was a member of the HQ HQ Performance Physiotherapy team at the London 2012 Olympic Games and the 2010 Commonwealth Games. In his spare time, Ian spends most of his time ferrying his children around to their various social and sporting engagements, and desperately trying to get some time with his wife!

Topics / issues covered during the day will include:

- Introduction to Sports Injuries
- The Inflammatory process & it’s significance to sports injuries
- PRICE - the latest evidence and protocols
- Ligament healing
- Tendon Healing
- Management of Muscle Injuries
- Mechanotherapy for Knee Rehabilitation
- Hamstring Injuries
- Putting it all together!

Fee: £130 (includes handouts, light refreshments and CPD certificate - 7.5hrs).
Sports Massage Masterclass

Julian Berriman BSc (Hons) Ost

Tutor
Julian has over 10 years experience working within the area of manual therapies. His roots are very much in the area of sports massage and sports therapy having run his own sports massage clinic and lectured over many years in this area. Julian originally qualified with Premier Training International and went on to be the Programme Manager for their Sports Massage Therapy course. He has lectured and presented for Premier on both a national and international stage and has also produced advanced courses for them in the areas of core stability, functional training and flexibility. Julian now combines his time with Premier with his work as a registered osteopath which gives him the opportunity to integrate all his therapy, communication and physical training skills.

Course Description
This course is designed for healthcare professionals looking for a revision of the practical application of massage and therapists practicing sports massage who wish to further develop their skills. The course has been extremely well received by a wide variety of people including Chartered and Sports Physiotherapists, Osteopaths, Chiropractors, coaches and those trained in other soft tissue techniques.

Key statement
The greater the biomechanical efficiency of an individual the less their risk of developing overuse type injuries and / or developing compensatory movement patterns. One of the primary aims of any treatment therefore, is to optimise the client’s range of movement.

Range of movement available at a joint is dictated by the limitations of:
- Mobility
- Flexibility
- Pain

Course outline

Fundamentals review
Couch set up and use, posture, biomechanics, application of force, hand positions.
Techniques – effleurage, petrissage, vibrations and shaking

Advanced techniques
Techniques from the following areas will be demonstrated and integrated to provide attendees with treatment options.

Increasing mobility - soft tissue mobilisation techniques: techniques used in sports massage which are primarily used to help increase ROM, by attempting to remove physical restrictions to movement i.e. increasing mobility:
- Frictions
- Soft tissue release

Increasing flexibility - neuromuscular techniques: although the reduction / removal of physical adhesions may bring about the ‘potential’ for an increased ROM, as muscle length is also controlled by the neuromuscular system, for any improvements to be fully realised (i.e. in terms of flexibility), this too needs to be addressed:
- muscle energy techniques (METs)
- trigger point therapy
- positional release

Decreasing pain - massage: although the restrictions in movement attributed to pain can be reduced using non-massage modalities (e.g. ice / rest), the therapeutic benefits of touch should not be overlooked. Often the relaxation response elicited using techniques such as effleurage and petrissage serve as extremely useful adjuncts to both soft tissue mobilisation and neuromuscular techniques.

Joint articulations: general joint articulations can be integrated within the sports masseur’s treatment to support gains in mobility and flexibility and to further assist in pain reduction.

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Tendinopathies Masterclass: Theory & Practice

Upper & Lower Limb Tendinopathies

Prof Jill Cook PhD
Professor & Senior Research Fellow at the School of Medicine, Nursing & Health Sciences, Monash University in Australia

Dr Jeremy Lewis PhD FCSP
Consultant Physiotherapist, Sonographer, and Visiting Professor

www.LondonShoulderClinic.com

Presenters
Prof Jill Cook is a Professor in Musculoskeletal Health in the School of Medicine, Nursing & Health Sciences, Monash University in Australia. Jill’s research areas include sports medicine and tendon injury. After completing her PhD in 2000, she has investigated tendon pathology, treatment options and risk factors for tendon injury. Jill currently supplements her research by conducting a specialist tendon practice and by lecturing and presenting workshops both in Australia and overseas.

Dr Jeremy Lewis is Visiting Professor of Physical Therapy at the University of Haifa. He currently works as a Consultant Physiotherapist at St George’s Hospital in London, UK. He is also the Research Lead for the Therapy Department at the Chelsea and Westminster Hospital in London, UK. Jeremy’s main research interest is the rotator cuff and is currently involved clinical, laboratory and cadaver research in this field. Jeremy also has a Master of Science in Manipulative Physiotherapy, and Postgraduate Diplomas in Sports Physiotherapy, and in Biomechanics. He has also completed MSc modules in injection therapy for soft tissues and joints. Since 1992, Jeremy has taught and lectured internationally in the USA, the Cayman Islands, the Middle East, UK, Ireland, South Africa and Europe.

Course Description
This is an evidence-based theoretical and practical course that is based on extensive clinical experience in the assessment, diagnosis and rehabilitation of upper and lower limb tendon pathologies.

Presented by two of the world's leading clinical experts on tendinopathies, this course is a MUST ATTEND event for all manual therapists and sports rehabilitation professionals.

Learning Outcomes
1. To develop a better understanding and knowledge of the structure and function of normal tendons and changes associated with tendinopathy.
2. To develop a comprehensive subjective and physical evaluation strategy and management protocols for the major upper and lower limb tendinopathies.
3. To develop greater understanding and knowledge of the role of imaging and injections in the assessment and management of tendinopathies.
4. To develop a comprehensive understanding of the physiological response to tendon loading and the evidence base for exercise.
5. To develop greater understanding of the relevance of nutrition on the impact of tendon health.
6. To develop greater understanding of other interventions that may be used in the management of tendinopathies including taping, surgery, manual therapy, electrotherapy and acupuncture.

Fee: £260 by cheque, payable to ‘Health Education Seminars’ (includes refreshments, buffet lunch, course manual and CPD certificate - 15hrs).
<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Time</th>
<th>Day 2</th>
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<tbody>
<tr>
<td>9.00 - 9.45</td>
<td>Introduction</td>
<td>9.00 - 9.15</td>
<td>Intro to Day 2</td>
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<tr>
<td></td>
<td>Normal tendon structure</td>
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<td>Questions and discussion</td>
</tr>
<tr>
<td>9.45 - 10.30</td>
<td>Tendon pathology</td>
<td>9.15 - 10.00</td>
<td>Injections and medications</td>
</tr>
<tr>
<td></td>
<td>Aetiology and pathology</td>
<td>10.00 - 10.30</td>
<td>Nutrition and tendon health</td>
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<tr>
<td>10.30 - 10.45</td>
<td>Coffee / Tea Break</td>
<td>10.30 - 10.45</td>
<td>Coffee / Tea Break</td>
</tr>
<tr>
<td>10.45 - 11.30</td>
<td>The role of imaging in diagnosis and Management of tendinopathies</td>
<td>10.45 - 11.30</td>
<td>Tendinopathy risk factors</td>
</tr>
<tr>
<td>11.30 - 12.45</td>
<td>Tendon physiology: Response to loading and unloading. The evidence for exercise</td>
<td>11.30 - 12.45</td>
<td>Achilles tendinopathy. Specific assessment and management</td>
</tr>
<tr>
<td>13.30 - 14.45</td>
<td>Lateral epicondylopathy. Specific assessment and management</td>
<td></td>
<td>Patellar tendinopathy. Specific assessment and management</td>
</tr>
<tr>
<td>14.45 - 15.00</td>
<td>Coffee / Tea Break</td>
<td>14.45 - 15.00</td>
<td>Coffee / Tea Break</td>
</tr>
<tr>
<td>15.00 - 17.00</td>
<td>Rotator cuff tendinopathy. Specific assessment and management</td>
<td>15.00 - 16.00</td>
<td>Other interventions</td>
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<tr>
<td></td>
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<td></td>
<td>The alternatives and the evidence</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Taping, surgery, manual therapy, electrotherapy, acupuncture</td>
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<td></td>
<td></td>
<td>16.00 - 16.30</td>
<td>The future</td>
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<td></td>
<td>16.30 - 17.00</td>
<td>Discussion</td>
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</tbody>
</table>
The Athletic Shoulder
Identification of specific rehabilitation strategies

Ben Ashworth MSc BSc (Hons)
First Team Physiotherapist - Arsenal FC

Dr Ian Horsley PhD MSc MCSP CSCS
NW Regional Physiotherapy Lead - English Institute of Sport

This brand new 2 day course will enable all therapists to tackle the problem Shoulder, from the amateur sportsman to the elite athlete.

Tutors
Ben is a highly experienced musculoskeletal physiotherapist. He worked in Premiership rugby with London Wasps before taking up a role at the Olympic Medical Institute for the British Olympic Association. Ben currently works as First Team physiotherapist at Arsenal FC having previously been the Lead Physiotherapist in London for the English Institute of Sport, working with Olympic medallists from Rowing and the Lead Physiotherapist for British Judo at the 2012 London Olympic Games. Ben’s exposure to elite level rugby and Olympic Judo has fuelled his specific interest in the sporting shoulder. He has recently been appointed as an Honorary lecturer at UCL where he is responsible for coordinating the MSc Sports Rehab module & hopes to commence his PhD.

Ian has been a physiotherapist for over twenty years. In that time he has spent a considerable amount of time working with sportsmen and women. He worked as a physiotherapist for England Rugby Union, for 14 years, in with various teams, and spent the last 6 years working with the Elite Playing squad, as physiotherapist to England ‘A’. Currently Ian is Lead Physiotherapist in the North West for the English Institute of Sport, and Technical Lead for the North directorate, as well as being clinical director of Back In Action Rehabilitation, in Wakefield, West Yorkshire. He has just been awarded a PhD in which he conducted research examining musculoskeletal causes of shoulder injuries within professional rugby, and is currently reviewing the role of physiotherapy within the management of musculoskeletal injury. He has published several articles in peer reviewed journals on the subject of musculoskeletal injury management, and was a member of the HQ physiotherapy team at the 2012 London Olympics and 2010 Commonwealth Games. In his spare time, Ian spends most of his time ferrying his children around to their various social and sporting engagements, and desperately trying to get some time with his wife!

Course description
This new course has been created to combine systematic methods of assessment and functional rehabilitation of the shoulder, and is applicable to the elite sport and outpatient environments. Both tutors have diverse backgrounds in the management of the athletic shoulder in high performance settings, and have combined their experiences with up to date research to present a course that will allow clinicians to apply new concepts to their existing knowledge in this area.

Course outline
The intensive 2 day course will include:

- Functional anatomy & biomechanics
- Shoulder assessment
- Proprioceptive assessment & management tips
- Functional kinetic chain testing
- Lumbopelvic, cervical & thoracic spine relationships to shoulder function
- Post-op return to play pathways
- & a wide range of practical exercise solutions to shoulder problems

The course has a strong practical component, so please bring appropriate clothing.

Fee: £250 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
The Grumbling Groin

Management strategies for persistent groin pain

James Moore  M.Phty (Manips), BSc (Hons) PG Dip App Biomechanics MCSP, CSCS

This presentation will be of particular interest to manual therapists, doctors & strength coaches

Speaker
James is a highly experienced musculoskeletal physiotherapist and is currently British Olympic Association’s Intensive Rehabilitation Unit Manager at Bisham Abbey National Sports Centre. He was previously Head of Medical Services at Saracens rugby club. In addition to private clinical work he has worked throughout the UK, USA & Australia with professional athletes ranging from Premiership Rugby, American Football, Major League Baseball, Body Builders and Athletics. He completed his Masters in Musculoskeletal Physiotherapy at the internationally recognised Queensland University, and has also completed post graduate studies in applied biomechanics. He was the medical team leader for Gloucestershire County Cricket for two years, and was previously he National Clinical Lead Physiotherapist for UK Athletics and a Consultant Physiotherapist for England RFU.

Presentation
Topics / issues covered during the presentation will include:

- Should we treat the pathology or the pain?
- Core stability versus trunk strength
- Push or pull – What should we do with the adductors?
- Surgical advances - Is it the hip or the groin?

Fee: £40 (inclusive of vat) includes handouts and CPD certificate (2.5hrs)
The Shoulder: Theory & Practice  

Dr Jeremy Lewis  PhD FCSP  
Consultant Physiotherapist, Sonographer, and Visiting Professor  
www.LondonShoulderClinic.com  

Presenter  
Dr Jeremy Lewis is a New Zealand born, Australian trained physiotherapist. He works in the NHS as well as working privately in central London. He has been awarded a Fellowship of the Chartered Society of Physiotherapy, which is the highest award the Society can bestow on one of its members. He has been acknowledged as one of the 5 most eminent clinicians in his profession (UK DoH [Department of Health] National AHP Clinical Expert Database). He assesses and treats patients with complex shoulder problems. Jeremy has also trained as a sonographer and performs ultrasound guided shoulder injections, (including intra-articular hydro-distension procedures for Stage III frozen shoulder) as part of the rehabilitation process if required and appropriate. He has also completed an MSc (Musculoskeletal Physiotherapy), and Postgraduate Diplomas in Sports Physiotherapy, and in Biomechanics, as well as MSc modules in injection therapy for soft tissues and joints. He also has a Postgraduate Certificate in Diagnostic Imaging (Ultrasound) (University of Leeds, UK). Since 1992, Jeremy has taught over 250 shoulder workshops internationally to over 5000 health professionals in the USA, Australia, New Zealand, the Cayman Islands, Brazil, Chile, Argentina, The Azores, Norway, Denmark, Switzerland, the Middle East, Ireland, South Africa, India, extensively throughout Europe and throughout the UK. He has also lectured on the shoulder at many international conferences. His main areas of research interest are rotator cuff tendinopathy, shoulder pain syndromes and lateral epicondylopathy. He currently supervises PhD and MSc students. Jeremy is an associate editor for the journals; Shoulder & Elbow and, Physiotherapy.  

Course Description  
This evidence-based theoretical and practical course is based on extensive clinical experience in assessment, diagnosis and rehabilitation of shoulder pathology, as well as extensive reference to research publications from a variety of disciplines. New models of shoulder assessment including the Shoulder Symptom Modification Procedure (Lewis JS (2009) British Journal of Sports Medicine) and a new model for staging the continuum of rotator cuff tendinopathy (Lewis JS (2010) British Journal of Sports Medicine) will be presented. Emphasis will be placed on clinical reasoning to support management decisions. Participants completing these courses will gain a greater understanding of the anatomy, biomechanics, assessment and evidence-based treatment of this interesting and complicated region of the body. This course remains a ‘work in progress’ and is continually being updated with the emergence of new research and clinical understanding. As a result, many people have participated on two and some on three occasions. This course will be fun, thought provoking, and provide opportunity to discuss ideas and share experiences.  

<table>
<thead>
<tr>
<th>2 Day Course programme - 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td><strong>Day 2</strong></td>
</tr>
<tr>
<td><strong>Introduction and epidemiology</strong></td>
<td><strong>Discussion and Questions</strong></td>
</tr>
<tr>
<td><strong>Function</strong></td>
<td><strong>Sensory-motor control</strong></td>
</tr>
<tr>
<td>This session reviews aspects of clinical and functional anatomy and biomechanics of the shoulder. Use is made of an individualised functional assessment approach to tailor treatment planning for a patient’s individualised needs.</td>
<td>Theoretical and practical session exploring the importance of incorporating sensory motor education in the management of all shoulder conditions. Includes practice of techniques.</td>
</tr>
<tr>
<td><strong>Assessment and Management</strong></td>
<td><strong>Subacromial Pain Syndrome (SPS) and Rotator Cuff Tendinopathy</strong></td>
</tr>
<tr>
<td>This clinically orientated session highlights the components of the subjective and physical examination of the shoulder that will assist the clinician in the clinical reasoning process. It will include the Shoulder Symptom Modification Procedure (SSMP) involving a structured algorithm to help the clinician determine what procedures should be used in patient management. The SSMP involves techniques to determine; the influence of scapular position on symptoms, scapular repositioning procedures, functional glenohumeral repositioning tests, techniques to determine the influence of the posture on the shoulder symptoms and an assessment of the cervical and thoracic region on shoulder symptoms.</td>
<td>This practical and theoretical session involves a very detailed and in-depth review of this multi-factorial problem. The current evidence based research across a number of professions evidence regarding the aetiology and pathology of this condition will be presented in detail.</td>
</tr>
<tr>
<td><strong>Assessment and Management (cont.)</strong></td>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
</tr>
<tr>
<td>Continuation of the earlier session. This theoretical and practical session critically appraises the evidence to support the use of imaging in helping to establish a diagnosis and critically reviews special orthopaedic tests used in the assessment of the shoulder.</td>
<td>Continuation of the earlier session.</td>
</tr>
<tr>
<td><strong>Assessment and Management (cont.)</strong></td>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
</tr>
<tr>
<td>Continuation of the earlier session. This final theoretical and practical session introduces neuromodulation</td>
<td>Continuation of the earlier session. This practical and theoretical session will explore a model for the continuum of rotator cuff tendinopathy including recommendations for EBP management. This session includes a critical appraisal of injection therapy in the management of subacromial pain syndrome and critically compares outcomes between surgical and non-surgical intervention. Multimodal management of the continuum of rotator cuff tendinopathy. Recommendations for staged progression of sub optimally loaded, normal, reactive, disrepair and degenerated RC tendon.</td>
</tr>
</tbody>
</table>

Fee: £270 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, lunch, course manual and CPD certificate of attendance - 15hrs).
### 3 Day Course programme - 2015

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td><strong>Introduction and epidemiology</strong></td>
<td><strong>Discussion and Questions</strong></td>
</tr>
<tr>
<td><strong>Function</strong></td>
<td><strong>Case presentation</strong></td>
</tr>
<tr>
<td>This session reviews aspects of clinical and functional anatomy and biomechanics of the shoulder. Use is made of an individualised functional assessment approach to tailor treatment planning for a patient’s individualised needs.</td>
<td>Patient One</td>
</tr>
<tr>
<td><strong>Assessment and Management</strong></td>
<td><strong>Sensory-motor control</strong></td>
</tr>
<tr>
<td>This clinically orientated session highlights the components of the subjective and physical examination of the shoulder that will assist the clinician in the clinical reasoning process. It will include the Shoulder Symptom Modification Procedure (SSMP) involving a structured algorithm to help the clinician determine what procedures should be used in patient management. The SSMP involves techniques to determine; the influence of scapular position on symptoms, scapular repositioning procedures, functional glenohumeral repositioning tests, techniques to determine the influence of the posture on the shoulder symptoms and an assessment of the cervical and thoracic region on shoulder symptoms.</td>
<td>Theoretical and practical session exploring the importance of incorporating sensory motor education in the management of all shoulder conditions. Includes practice of techniques.</td>
</tr>
<tr>
<td><strong>Assessment and Management (cont.)</strong></td>
<td><strong>Subacromial Pain Syndrome (SPS) and Rotator Cuff Tendinopathy</strong></td>
</tr>
<tr>
<td>Continuation of the earlier session. This theoretical and practical session critically appraises the evidence to support the use of imaging in helping to establish a diagnosis and critically reviews special orthopaedic tests used in the assessment of the shoulder.</td>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
</tr>
<tr>
<td><strong>Assessment and Management (cont.)</strong></td>
<td>Continuation of the earlier session. This practical and theoretical session will explore a model for the continuum of rotator cuff tendinopathy including recommendations for EBP management. This session includes a critical appraisal of injection therapy in the management of subacromial pain syndrome and critically compares outcomes between surgical and non-surgical intervention. Multimodal management of the continuum of rotator cuff tendinopathy. Recommendations for staged progression of sub optimally loaded, normal, reactive, disrepair and degenerated RC tendon.</td>
</tr>
<tr>
<td>Continuation of the earlier session. This final theoretical and practical session introduces neuromodulation techniques to reduce shoulder pain.</td>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
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<tr>
<td><strong>Discussion and Questions</strong></td>
<td><strong>Case presentation</strong></td>
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<tr>
<td><strong>Case presentation</strong></td>
<td>Patient One</td>
</tr>
<tr>
<td><strong>Coffee / Tea Break</strong></td>
<td><strong>Sensory-motor control</strong></td>
</tr>
<tr>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
<td>Theoretical and practical session exploring multimodal management of the continuum of rotator cuff tendinopathy including recommendations for staged management and progression of sub optimally loaded, normal, reactive, disrepair and degenerated rotator cuff tendon. Research evidence will underpin recommendations.</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>SPS and Rotator Cuff Tendinopathy (cont.)</strong></td>
</tr>
<tr>
<td><strong>Case presentation</strong></td>
<td>Continuation of the earlier session. This practical and theoretical session will explore a model for the continuum of rotator cuff tendinopathy including recommendations for EBP management. This session includes a critical appraisal of injection therapy in the management of subacromial pain syndrome and critically compares outcomes between surgical and non-surgical intervention. Multimodal management of the continuum of rotator cuff tendinopathy. Recommendations for staged progression of sub optimally loaded, normal, reactive, disrepair and degenerated rotator cuff tendon. Research evidence will underpin recommendations.</td>
</tr>
<tr>
<td><strong>Discussion and Questions regarding patient presentations</strong></td>
<td><strong>Case presentation</strong></td>
</tr>
<tr>
<td><strong>Coffee / Tea Break</strong></td>
<td>Patient Two</td>
</tr>
<tr>
<td><strong>Treatment and Rehabilitation Practical</strong></td>
<td><strong>Discussion and Summary</strong></td>
</tr>
<tr>
<td><strong>Introduction to the Contracted Frozen Shoulder</strong></td>
<td><strong>Information</strong></td>
</tr>
<tr>
<td><strong>Discussion and Summary</strong></td>
<td>The two day course covers the same content but does not include patient assessment and presentations. From 2013 (Edition 9) The Contracted Frozen Shoulder Section is not included in the 2 and 3 day versions of The Shoulder: Theory &amp; Practice. It is now presented as a standalone 1 day Master-Class. The reason for this is that the substantial increase in the theory and evidence based literature together with new practical techniques and procedures meant that it was impossible to include in the 2 day course. For more information on The Contracted Frozen Shoulder Masterclass, please go to: <a href="http://www.LondonShoulderClinic.com">www.LondonShoulderClinic.com</a></td>
</tr>
</tbody>
</table>

An introduction to the assessment and management of Frozen Shoulder is briefly covered in the 2 and 3 day The Shoulder: Theory & Practice programmes.
Learning Outcomes

1. To develop a better understanding and knowledge of the clinical anatomy and biomechanics of the shoulder girdle.
2. To develop a comprehensive subjective and physical evaluation strategy for the shoulder that considers local and referred sources of pain and directs the clinician to develop an appropriate management plan.
3. To develop greater confidence with the physical assessment of the shoulder region and a better understanding of the evidence for the use of the selected assessment techniques.
4. To gain proficiency in the Shoulder Symptom Modification Procedure.
5. To develop a greater understanding and knowledge of various pathologies of the shoulder girdle.
6. To develop greater competency in the management of patients with a variety of shoulder pathologies including; the acute shoulder, subacromial pain syndrome, rotator cuff, the stiff and restricted shoulder, shoulder pain syndromes, and pain referred to the shoulder.
7. To review the research evidence relating to the influence of posture and muscle imbalance and its relationship with shoulder pathology.
8. To review the evidence underpinning the pathology, and the assessment and management of various shoulder conditions, especially the continuum of rotator cuff and biceps tendinopathy.
9. To review the research evidence evaluating the use of diagnostic imaging as part of the management for musculoskeletal disorders of the shoulder.
10. To review the research evidence evaluating the use of injections as part of the management for musculoskeletal disorders of the shoulder.
11. To develop a greater confidence in the use of exercise therapy, hands on therapy & taping techniques for the shoulder.

Participants Comments

- “Complete change to the way I think about shoulders. Best course I have ever done”.
- “Many thanks again for an inspiring course. I loved it”
- “Great explanations, very in-depth, great synthesis of research evidence”.
- “Thank you, thank you, fantastic, great teaching style, great sense of humour”.
- “Excellent rationale for phased rehabilitation”.
- “One of the best courses I have ever done”.
- “100% useful. Very inspirational. Best shoulder course yet”.
- “One of the best courses I have been on, all courses should aim to be this good”.
- “What an amazing course. Have had an unbelievable result this week I also have to say that I have never been able to sit solidly at a course where there is a lot of theory and not zone out at some point. I think you talk so well and you’re so interesting that I was gripped the whole time! That’s a first for me and only been qualified 20 years!!
- “Excellent information with references to support course content”.
- “Before I did this course the world was flat!”
- “Excellent, I have changed how I treat the upper limb and neck pain and have had excellent results”. [from participant who had re-attended]
- “Brilliant presentation, extremely useful material and very appropriate for current practice”.
- “Jeremy was relaxed and informative and gave us a lot of valuable information in a non-threatening way, the evidence base was excellent”.
- “Excellent teacher”. “Inspirational course”.
- “Probably one of the most useful and reassuring courses I have been on”.
- “By far the most informative, research based and thought provoking course I have been on”.
- “Course leader was excellent and the course was very stimulating and thought provoking”.
- “The tutor had great depth of knowledge, great sense of humour, was very relaxed and very approachable”.
- “The presentation was excellent and the evidence base brilliant and relevant to me as a clinician and provided me with great ideas for rehabilitation”.
- “Excellent presentation style. Enjoyed lectures and practical sessions. Very impressed with depth and breadth of knowledge and how well it relates to clinical practice”.
- “Up to date research, excellent techniques, enlightening, holistic, course should be compulsory”.
Selected publications


The Sporting Hand, Wrist & Elbow
Examination & Treatment

Ian Gatt
MSc OMT MAACP MCSP, Lead Physiotherapist - GB Boxing

This brand new bespoke 1 day course will enable therapists to approach any neuro-musculoskeletal condition affecting the Hand, Wrist & Elbows of the elite athlete to the general public.

Tutor
Ian Gatt is a Senior Physiotherapist with the English Institute of Sport (EIS). He is the Lead Physiotherapist for the GB Boxing programme and worked with the squad throughout the build-up to the 2012 Olympics and during the Games where he was an accredited member of Team GB. Ian works closely with the coaches and support staff to help manage injuries and rehabilitation, and develop strategies and techniques to minimise the risk of injury. One example of this was the development of a new method of wrapping the boxers’ hands prior to training and competition which led to 20% fall in the incidence of hand injuries in the second part of the London cycle. He is currently looking at further areas to effectively prevent and manage injuries in the hands and wrist. Ian qualified with a BSc (Hons) in Physiotherapy. He went on to specialise in Orthopaedic Manipulative Therapy (OMT), and completed an MSc in Sport Physiotherapy. Ian joined the EIS in April 2007 and has worked with GB Boxing since 2009. He has also been an Associate Lecturer at Sheffield Hallam University for the past 6 years.

Course description
This new course has been shaped to combine effective methods of assessment and functional rehabilitation of the hand, wrist & elbow. It is applicable to elite sports, private practice, and outpatient environments. The tutor has a strong background in the management of these areas, and will present a course that will allow clinicians to enhance their existing knowledge and impact positively in their respective practice.

Course outline
The intensive 1 day course will include:

- An overview of Hand/Wrist & Elbow injuries
- An understanding of how to assess Hand/Wrist & Elbow injuries and how this links to treatment/Rehab plans
- An understanding of how the Hand-Wrist-Elbow is a mechanically linked complex and should be considered as a unit when treating these areas.
- Provide a clinical reasoning for treatment/rehabilitation with consideration of acute through to progressive phase, and evaluation of post-op rehabilitation pathways.
- Provide an understanding of Prevention strategies

The course has a practical component, so please bring appropriate clothing.

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 15hrs).
Whiplash Associated Disorder for Clinicians

Alan Taylor MSc MCSP MLACP & Roger Kerry MSc FMACP MCSP

Presenters
Alan Taylor and Roger Kerry are both physiotherapists and work at the Division of Physiotherapy Education, University of Nottingham, UK. Their interests in whiplash associated disorder stem from earlier work in differential diagnosis of complex cranio-cervical dysfunction. Together they have been teaching matters related to whiplash associated disorder for almost a decade. They have over 30 international peer-reviewed papers and several book chapters related to cervical spine dysfunction and have presented at over 20 international conferences. Alan works as a medico-legal expert witness in this field, and Roger is an honorary Fellow of the Musculoskeletal Association of Chartered Physiotherapists. This course may be facilitated by one or both of these speakers.

Course Description
This brand new 1-day event is a focussed workshop on contemporary issues related to whiplash and whiplash associated disorder (WAD). It combines the most valuable features of our previous 2-day Masterclass and aims to give the clinician a thorough understanding of the evidence and best practice related to the patient group, in a time-efficient manner. The main purpose of the workshop is to ensure that attendees understand how they can optimise their clinical practice to achieve the best possible outcomes for their patients. This will be done through dissemination of published evidence and hands-on, interactive case-study practical sessions.

Topics covered include
• "It’s all just for the compensation" Really? A meaningful and real-world synthesis of the best and latest evidence surrounding whiplash and whiplash associated disorder.
• “But I don’t know how to test the cranial nerves” Risk assessment: assessing for serious pathologies, especially cervical arterial dysfunction and ligamentous instability.
• “It’s just a stiff neck and tight muscles” No it’s not. Assessment of patients with WAD, based on a contemporary understanding of what WAD REALLY is.
• “Chin-up, chances are you’ll get better” Really? Who is most likely to suffer chronic pain? Understanding which patients to focus treatment on.
• “Have this exercise leaflet, and we’ll do some mobilisation” No we won’t. What works and what doesn’t work according to the evidence. Practical sessions for best management strategies

Learning outcomes
On successful completion of this workshop, you will be able to:
1. Recognise and interpret the best of the evidence surrounding this area
2. Demonstrate knowledge and skills related to risk assessment for serious pathologies
3. Differentiate sub-groups of patients regarding risk of chronicity and chance of responding to treatment
4. Understand which interventions work, and which don’t
5. Demonstrate advanced assessment and management strategies based on latest evidence
6. Reflectively evaluate your own practice to ensure that you are optimising your knowledge and skills, and maximising patient potential

Fee: £130 by cheque or online, payable to ‘Health Education Seminars’ (includes refreshments, course manual and CPD certificate of attendance - 7.5hrs).
Publications/Presentations for Alan Taylor and Roger Kerry

Journal Articles

Book Chapters
Conferences


Kerry R 2004 Vertebrobasilar Insufficiency – the debate and the evidence? Keynote lecture. CSP Congress, Birmingham, UK

Kerry R 2005 Haemodynamics and pain – the role of the vertebrobasilar insufficiency test. Invited speaker. PRS conference, Nottingham, UK


Kerry R 2006 Vertebral Artery Testing: How certain are you that your pre-cervical manipulation and mobilisation tests are safe and specific? Invited speaker, Health Education Seminars 2nd Evidence Based Practice Conference. London, UK


Kerry R, 2007 Vertebrobasilar Insufficiency and cervical Artery Dysfunction. Invited Speaker, IFOMT Subgroup Education Session, World Confederation for Physical Therapy 15th International Congress, Vancouver, Canada

Hollowell J, Kerry R, Walsh D 2007 Is balance training important in chronic low back pain? Poster presentation, World Congress on Low Back and Pelvic Pain, Barcelona


Kerry R 2009 Cervical arterial dysfunction and manual therapy: the state of the science. Invited speaker. NVMT annual conference, Verdhooven, Holland

Suggested reading for delegates

Mechanics and background
Yoganandan N et al 2002 Biomechanical analyses of whiplash injuries using an experimental model. Accident Analysis and Prevention 34: 663-671

Diagnosis, Prognosis, Classification
Walton DM et al 2009 Risk factors for persistent problems following whiplash injury: results of a systematic review and meta-analysis

Management

General (Books)

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