

ATOCP

MEMBERS

Newsletter

Editor's Report

Welcome to the latest edition of the ATOCP newsletter! Apologies for the slight delay, with Vic Smith away on maternity leave, I am delighted to be stepping into her shoes as Editor.

We have news from our highly successful annual conference, details of sponsorship and award winners and further updates from our ever-expanding group of local branches.

A big thank-you to Rachel for all her hard work and leadership to date, ATOCP would not be where it is now without her guidance and welcome to Anthony and Julie in their new roles as Chair and Vice Chair respectively. We look forward to another busy but rewarding year.

Victoria Crawford
ATOCP Magazine Editor

Chairperson's Report

It was fantastic to see so many of you at our annual conference in November. The day was a huge success with inspirational lectures and a keynote debate on the abolition of hip precautions following surgery. This debate provoked quite a bit of media attention and was quoted in Frontline and the Daily Mail. The executive committee are committed to ensuring practice changes nationally in response to our members almost unanimous vote in support of the abolishment of hip precautions....so watch this space!!

Our ATOCP branches continue to expand with new London and Wales branches opening this year. These provide members with great local CPD and networking opportunities so please do check out the details for your local branch on the website. If you are interested in setting up an ATOCP branch please get in contact, we'd love to hear from you!

I have thoroughly enjoyed my time as ATOCP Chairperson over the last two years. As I head off on maternity leave I am pleased to handover this role to Anthony Gilbert, who I am confident, will continue to develop the ATOCP.

Rachel Martin
ATOCP Chairperson

UPDATE

ATOCP 2016 conference



On the 26th November, ATOCP members gathered within the inspirational setting of the Wolfson College in Oxford for what proved to be our largest ATOCP conference to date.



Professor Keith Willett, National Director for Acute Episodes of Care, NHS England, kicked off the day with a thought provoking presentation on how to bring about change in the NHS. He gave an overview of how the best practice tariff system had been used to drive forward improvements in standards of care for hip fracture patients. The same

system was then used to tackle inequalities in trauma care services across the acute setting. He successfully championed the cause for turning the focus towards rehabilitation and the work needed to bring about similar changes in this area.

Research-based talks followed presented by Professor Sallie Lamb, Oxford Clinical Trials Research Unit Co-Director, and Karen Barker, Clinical Director for Musculoskeletal Services at the Nuffield Orthopaedic Centre. They gave an insight into the highs and lows of conducting research whilst working in clinical practice. The need for good quality, well powered, trials was argued along side the need for a more pragmatic approach to research by physiotherapists working at a grassroots level.



ATOCP committee members David Keene, Rebecca Kearney and Mark Williams also took to the podium to feedback on some of the trials that they have been involved in. There were further talks on ACL rupture management from Loretta Davies, CRPS management by Neil O'Connell and on back pain in older adults by Ester Williamson. Our many thanks go out again to all those who contributed on the day including Justine Theaker and Liz Tutton.

The day culminated in a lively and interactive debate into the validity of hip precautions following total hip replacements. Toby Smith, Lecturer in Physiotherapy, University of East Anglia, set the scene with a useful summary of his 2016, Cochrane review into assistive devices, hip precautions, environmental modifications to prevent dislocation after hip arthroplasty to start proceedings.

Jane Harrison, lead physiotherapist for the South West London Elective Orthopaedic Centre in Epsom, Surrey, then presented data following the abolition of hip precautions in her Trust which showed a 65 per cent cost saving on providing ADL equipment compared to when mandatory hip precautions had been in place which required ADL equipment to be provided as routine for all patients undergoing elective total hip replacement. This was supported by Mr Stafford, consultant orthopaedic surgeon, South West London Elective

Don't forget that copies of the PowerPoint presentations given on the day are now available on the ATOCP website

Orthopaedic Centre, Epson, who revealed a surprisingly lower dislocation rate post removal of hip precautions than seen previously when hip precautions were in situ concluding that removal of the hip precautions was safe and did not put any patients at increased risk of dislocation.

Anthony Gillbert, vice chair for ATOCP and research physiotherapist at the Royal National Orthopaedic Hospital, Stanmore, took the stand to argue the case for keeping hip precautions. With support from Mr Stranks, consultant orthopaedic surgeon, Hampshire Hospitals Trust, they highlighted the need for caution when total hip replacement surgery is performed via the posterior surgical approach as the joint capsule and soft tissues can take up to 6 weeks to fully repair. They advised that hip precautions were necessary to stop patients going beyond their limits and putting themselves at unnecessary risk of dislocation.

We'll let you judge for yourselves who were the victors on the day...

YOU CAN ALSO VIEW THE HIP PRECAUTION DEBATE IN FULL AT

<https://www.youtube.com/watch?v=l5pqrEde1Z0>



The ATOCP are delighted to provide details of their 2016 award winners, many many congratulations to all winners and participants, there was some tough competition!!

PLUS.....

THE 2017 AWARDS ARE NOW OPEN FOR SUBMISSIONS SO WHY NOT SUBMIT SOMETHING TODAY AND YOU MAY BE REWARDED FOR THE WORK YOU HAVE PUT IN...?

Category: Under Graduate

WINNER – ANNA STEPHENSON

'An investigation into the effects of grade 2 cervical mobilisations on peripheral pain response in relation to cervical radiculopathy'

2ND PLACE: TOM SOAR

'The effect of tendinopathy on tendon mechanical and material properties of the Achilles tendon: a Systematic review'

Category: MSc

WINNER: JOANNA WINTON

'A prospective exploration investigation of musculoskeletal co-morbidity as a prognostic indicator of short-term outcome following arthroscopic subacromial decompression'

2ND PLACE: EMMA BRANGWIN

'Surgical fixation of rib fractures: A service evaluation following the recent introduction at Trust X'

Category: Service Evaluation / Audit

WINNER: RACHEL CATLOW

'What are the barriers to timely discharge after elective orthopaedic surgery? A qualitative service evaluation'

All winners received £250, a free place at ATOCP conference 2017 and a cut glass trophy with runners up receiving £150. Please view the winning posters on the next page.

AN INVESTIGATION INTO THE EFFECTS OF GRADE 2 CERVICAL MOBILISATIONS ON PERIPHERAL PAIN RESPONSE IN RELATION TO CERVICAL RADICULOPATHY



Stephenson, A & Patel, R

Physiotherapy Department, University of Leicester



Introduction:

Cervical radiculopathy affects approximately 1 in 1000 adults per year (Zundert et al 2007) and the resulting radicular pain has a high impact on the patient's quality of life (Daffner et al 2003). It most commonly occurs at levels C6/C7 and tends to occur unilaterally (Eubanks 2010). There is no firmly established protocol or definitive treatment progression for the condition, although it has been shown that cervical mobilisation can elicit concurrent effects on pain perception in those who are experiencing radicular pain.

Purpose:

The aim of the study is therefore to examine the effect of passive accessory cervical mobilisation on pain response peripherally to the nerve root, in order to assess its potential effectiveness for clinical treatment of cervical radiculopathy.



Picture 1:
Positioning of
the pressure
pain algometer
over
the
dermatomal
area of the C6
nerve.

Pain pressure threshold (PPT) was taken to be the point at which the pressure applied elicits a sensation of pain distinct from discomfort or pressure (Fischer 1987).

Participants:

A convenience sample of 24 healthy asymptomatic participants was recruited from the Leicester Cohort of Coventry University physiotherapy students

Methodology:

This study is a single-blinded, within-subject, quantitative design, adopting a quasi-experimental approach.

Pain pressure threshold was measured using an AlgoMed Computerized Pain Pressure Algometer to assess pain response within the C6 dermatome, as a baseline and post-intervention. The pain pressure algometer readings were taken by an independent assessor, with each participant in prone position to obscure visual feedback to the participant so that this would not have an influence on their response.

After taking the initial pain pressure threshold reading for a baseline, the intervention was administered by the researcher; 3x30 seconds (as used in practice (Magee 2006)) of grade 2 unilateral postero-anterior mobilisations at spinal level C6, on the side of the dominant hand. (for consistency). Pain pressure threshold was measured immediately after the intervention and after an interval of 5 minutes to establish any potential latent effect.

Results:

Statistical analysis was carried out using 2 separate paired t-tests. There was a significant increase in pain pressure threshold noted immediately post-intervention ($p=0.001$) although the difference after a 5 minute interval was not significant ($p>0.05$).

Results:

Figure 1: Boxplot graph mapping the pain pressure threshold (PPT) in Newtons before, immediately after and 5 minutes-post intervention.

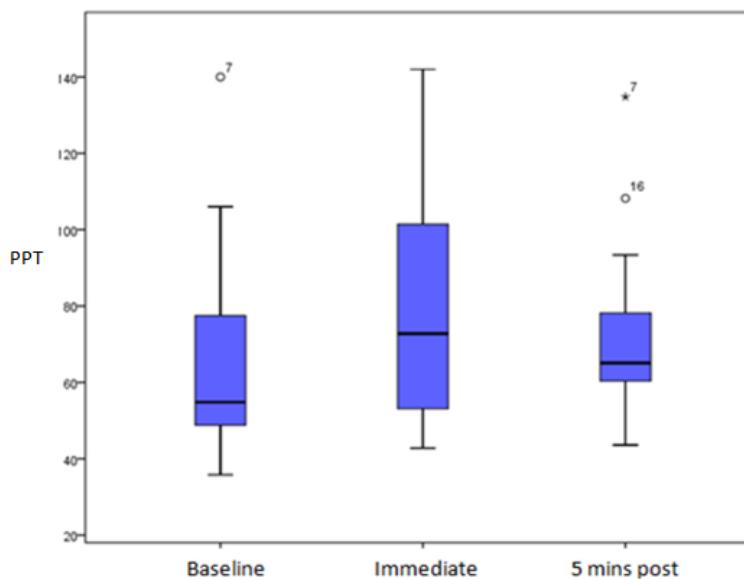


Figure 2: Table of descriptive data

	Baseline Measurements	Immediately Post-Intervention	5 Minutes Post Intervention
Mean PPT (Newtons)	65.90	78.67	71.13
SD (Newtons)	25.13	29.24	19.97
95% Confidence Interval	55.29 - 76.51	66.32 - 91.01	62.7 - 79.57

Each mean value fits within the 95% confidence interval indicating that the results are representative of the target population. The relatively large SD indicates a wide spread of data from the mean

Discussion & Conclusion:

This study finds that passive cervical mobilisation at a specific level, produces a significant increase in pain pressure threshold within the corresponding dermatome peripherally. This provides preliminary evidence supporting the potential effectiveness of the use of cervical mobilisation as a treatment for cervical radiculopathy. There did not appear to be a latent effect of the mobilisations on pain response. Further research using symptomatic participants and recruiting a larger sample size needs to be carried out to look at the long term effects of cervical mobilisation on radicular pain, in order for the findings to be applied to clinical practice.

Keywords: Cervical radiculopathy, cervical mobilisations, pain pressure threshold, (peripheral) pain response

References:

- Zundert, J.V., Patjin, J., Kessels, A. Lame, I., Suijkom, H., Kleef, M. (2007) 'Pulsed radiofrequency adjacent to the cervical dorsal root ganglion in chronic cervical radicular pain: A double blind sham controlled randomized clinical trial'. *Pain* [online] 127 (1-2), 173-182.
- Daffner, A.S. Hilibrand, B.S. Hanscom, B.T. Brislin, A.R. Vaccaro, T.J. (2003) 'Impact of neck and arm pain on overall health status'. *Spine* [online] 28, 2030–2035
- Eubanks, J.D. (2010) 'Cervical Radiculopathy: Nonoperative Management of Neck Pain and Radicular Symptoms'. *American Family Physician* [online] 81, 33-40

Acknowledgements:

Ethics approval by Coventry University Research Ethics Committee

Presented at Association of Trauma and Orthopaedic Chartered Physiotherapists (ATOCP) Annual conference 2016

The effect of tendinopathy on tendon mechanical and material properties of the Achilles tendon: a Systematic review



UNIVERSITY OF
LEICESTER

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Introduction:

Although the Achilles tendon (AT) is the strongest tendon in the human body, it is one of the most commonly injured and ruptured tendons, due to the high stresses placed on it during locomotion (Arya and Kulig 2010). Despite its common nature, Achilles tendinopathy is a complex condition (O'Neill, Watson and Barry 2015) and remains notoriously challenging to treat (Arya and Kulig 2010). It is known that tendinopathy results in a larger cross sectional area (CSA), increased ground substance, hypercellularity and collagen fibre disruption (morphological properties) but conclusive evidence of how this alters mechanical (stiffness) and material (Young's modulus) properties is limited (Arya and Kulig 2010).



The Achilles tendon. Source:
<http://www.medicalnewstoday.com/articles/240819.php>

Purpose:

This study aimed to systematically retrieve and review relevant literature to assess how tendinopathy affects tendon stiffness in the AT and in doing so meet the following aim: **To describe the relationship between tendinopathy and the mechanical (stiffness) and material (Young's modulus) properties of the AT.**

Methods:

A systematic review was undertaken to identify relevant literature in the following databases: AMED, CINAHL, MEDLINE, SPORTDISCUS, SCOPUS and Web of Science. Articles were included if they included patients with a diagnosis of Achilles tendinopathy and healthy controls, were full scientific experimental studies that reported stiffness, stress/strain or Young's modulus, provided original data and were written in English. All included articles were assessed for quality using the modified Quality Index (Munteanu and Barton 2011).

Results:

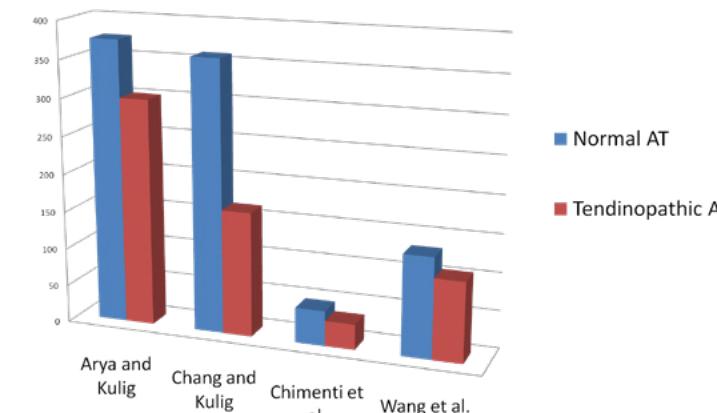
In total 5144 studies were identified from the six databases, in total seven studies met the inclusion criteria. All the included studies assessed specific measures of stiffness in normal ATs compared with tendinopathic ATs. Five studies compared patients who had Achilles tendinopathy with healthy controls, whilst two compared the legs of individuals with unilateral Achilles tendinopathy. Four studies assessed for midportion Achilles tendinopathy, one assessed for Insertional AT (IAT) and one included both midportion and IAT. The mean methodological quality of the included studies was 12.4 out of 17 with a range of 11-14 on the modified quality index. AT stiffness was reported four times, AT strain was reported three times, leg stiffness, strain ratio and Young's modulus were all reported once.

In summary, all seven studies found statistically significant ($p<0.05$) differences between normal ATs and tendinopathic ATs: tendinopathic ATs appear less stiff than normal ATs.

Results:

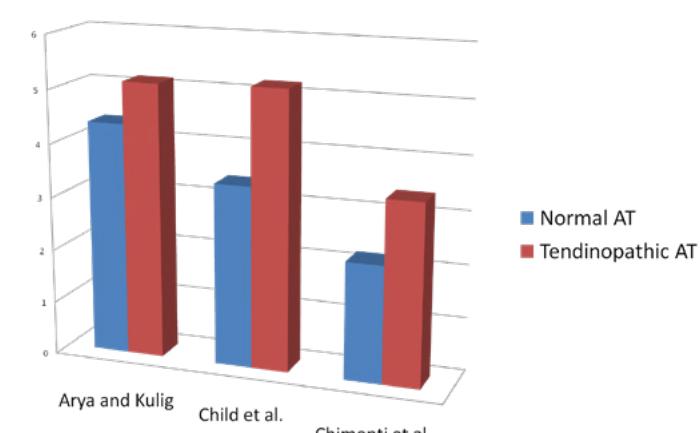
All four studies that reported **AT stiffness** (Arya and Kulig 2010, Chang and Kulig 2015, Chimenti et al. 2014, Wang et al. 2012) found that tendinopathic ATs showed significantly decreased stiffness compared to normal ATs (fig. 1).

Figure 1: A graph to show the difference in the mean AT stiffness in normal ATs and tendinopathic ATs in four studies



All three studies that reported AT strain (Arya and Kulig 2010, Child et al. 2010, Chimenti et al. 2014) found that tendinopathic ATs showed significantly higher strain compared to normal ATs (fig. 2)

Figure 2: Fig. 7: A graph to show the difference in the mean AT strain in normal ATs and tendinopathic ATs in three studies



Discussion and implications:

The results support the view that tendinopathy results in a mechanically weaker tendon, a view previously under significant debate in the literature (Arya and Kulig 2010). It is well known that tendinopathy increases the water content and ground substance of tendons resulting in an increased CSA (Maffulli, Moller and Evans 2002). Furthermore, it is generally assumed that a larger tendon is a stronger tendon (Arya and Kulig 2010), however, the results of this review suggest otherwise. This discrepancy between increased CSA and decreased stiffness may be due to a host of histological changes such as disorganised, thinner collagen fibres, increased water content (Chang and Kulig 2015) and increased weaker type III collagen fibres (Cook, Khan and Purdam 2002).

Child et al. (2010) demonstrated that any type mechanical loading of the AT increases tendon stiffness. Conversely passive stretching increases AT strain and decreases the AT stiffness (Chimenti et al. 2014) – an undesirable outcome for tendinopathic ATs. This study supports the notion that a treatment that improves the mechanical properties of the AT may significantly improve the prognosis for patients (Chimenti et al. 2014).

References:

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Chimenti, R. L., Flemister, A. S., Tome, J., McMahon, J. M., Flannery, M. A., Xue, Y., and Houck, J. R. (2014) 'Altered tendon characteristics and mechanical properties associated with insertional achilles tendinopathy'. *Journal of Orthopaedic and Sports Physical Therapy* 44 (9), 680-689
Cook, J. L., Khan, K. M., and Purdam, C. (2002) 'Achilles Tendinopathy'. *Manual Therapy* 7 (3), 121-130
Maffulli, N., Moller, H. D., and Evans, C. H. (2002) 'Tendon healing: can it be optimised?'. *British Journal of Sports Medicine* 36, 315-316
Munteanu, S. E., and Barton, C. J. (2011) 'Lower limb biomechanics during running in individuals with achilles tendinopathy: a systematic review'. *Journal of Foot and Ankle Research* 4 (15)
O'Neill, S., Watson, P. J., and Barry, S. (2015) 'Why are Eccentric Exercises Effective for Achilles Tendinopathy?'. *International Journal of Sports Physical Therapy* 10 (4), 552-562
Wang, H.-K., Lin, K.-H., Su, S.-C., Shih, T. T.-F., and Huang, Y.-C. (2012) 'Effects of tendon viscoelasticity in Achilles tendinosis on explosive performance and clinical severity in athletes'. *Scandinavian Journal of Medicine and Science in Sports* 22, 147-155

Acknowledgements:

Ethics approval by Coventry University Research Ethics Committee P40151

PREPARING FOR COMPLEXITY: Exploring Musculoskeletal Co-morbidity as a Prognostic Indicator of Short-term Outcome Following Subacromial Decompression

Joanna Winton (Advanced MSK Practitioner) Denise Prescott (Senior Lecturer)
Jo Gibson (Clinical Physiotherapy Specialist) Matthew Smith (Consultant Orthopaedic Shoulder Surgeon)



BACKGROUND

Physiotherapists need to recognise the complexity of multiple musculoskeletal co-morbidities in today's aging population and the impact they can have on treatment outcomes¹. Arthroscopic Subacromial Decompression (ASAD) is a frequently performed technique in shoulder surgery but reported success rates demonstrate variability. Inadequate post-operative rehabilitation is reported as a factor associated with ASAD failure². Consequently, physiotherapists have a vested interest in the identification of prognostic indicators for surgical outcome.

AIMS

- The primary aim of this prospective observational cohort study was to explore the relationship between musculoskeletal co-morbidity and short-term outcome following ASAD.
- Through isolation of statistically significant prognostic indicators, it may be possible to develop a clinical prediction rule capable of identifying patients at high risk of not improving sufficiently within the first 12 weeks after ASAD.

METHODOLOGY

Inclusion Criteria

Patients undergoing primary ASAD
Concomitant ACJ excision, biceps tenotomy or tenodesis were included

Exclusion Criteria

Previous ipsilateral shoulder surgery
History of fracture in shoulder complex
Adhesive capsulitis
Shoulder instability
Glenohumeral arthritis
Full thickness rotator cuff tear

Cohort

31 consecutive patients recruited
25 subjects completed the study
21 females / 4 males
Mean age 52.2 years (29-76)
14 dominant shoulders operated on
20 subjects with symptoms > 12 months

Ethics

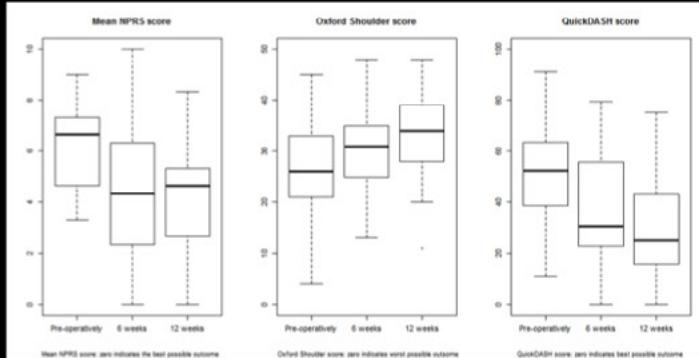
The study was approved by the Research Ethics Service Committee East Midlands Nottingham 1

Outcome Measures

Baseline data for musculoskeletal co-morbidity was collected pre-operatively using a modified Standardised Nordic Questionnaire³
Numerical Pain Rating Scale, QuickDASH and Oxford Shoulder Score were completed by subjects pre-operatively and at six and twelve weeks post-operatively
Fisher's exact tests and Mann-Whitney U tests were used to identify predictive factors ($P \leq 0.05$) associated with higher or lower improvement rates and final outcome at twelve weeks

RESULTS

Course of Recovery after ASAD



Prognostic Indicators

NPRS Status at 6 weeks			
Cervical Spine	Improved (n=14)	No Improvement / Deteriorated (n=11)	p-value
Chronic problems	2 (14%)	6 (55%)	0.032
	12 (86%)	4 (36%)	
	0 (0%)	1 (9%)	
Functional Outcome on OSS at 12 weeks			
Operated Shoulder	Restricted (n=20)	Normal (n=5)	p-value
Dominant	9 (45%)	5 (100%)	0.046
	11 (55%)	0 (0%)	

IMPLICATIONS FOR CLINICAL PRACTICE

- Chronic problems in the cervical spine are significantly associated with poorer short-term improvement in pain at six weeks following ASAD.
- These patients should be identified pre-operatively so that interventions can be applied to minimise its detrimental impact on the shoulder.
- Subjects who have their dominant shoulder operated on are more likely to report normal function at the twelve week stage post-operatively.
- Patients that have their non-dominant shoulder operated upon should be encouraged to use the arm functionally at an early stage, which may precipitate more rapid return to normal function post-operatively.
- These results should be interpreted with caution due to the small sample size and findings need to be validated in a larger cohort study before a clinical prediction rule can be developed.



UNIVERSITY OF
LIVERPOOL

AOTCP 2016 AWARDS: Emma Brangwin MSc Project Abstract

TITLE:

Surgical fixation of rib fractures: A service evaluation following the recent introduction of the procedure at Trust X

ABSTRACT

BACKGROUND:

Multiple rib fractures may occur in a major trauma patient resulting from blunt trauma to the thorax. A flail chest is when 3 or more ribs are broken at multiple sites which causes altered respiratory mechanics as well as considerable pain. Patients often require ventilatory support for long periods with associated complications but surgical fixation via the application of plates is a way of reducing these complications.

OBJECTIVES:

Part A- Conduct a Systematic Review of the evidence for surgical fixation versus conservative management from the last 10 years to determine the quality and strength of evidence, whilst also obtaining results with which Trust X data may be compared. Part B- Perform a Service Evaluation to explore the outcomes following the introduction of the procedure in Trust X in Autumn 2014.

METHODS:

Part A- MEDLINE, EMBASE, CINAHL and Web of Science were searched on 16th March 2016 and PICO inclusion/exclusion criteria applied to the returned searches. The CASP tool was then used for data synthesis of the remaining papers. Part B- Following ethical approval, a retrospective review of 12 patients records who underwent the procedure was performed to determine duration of mechanical ventilation, incidence of pneumonia and critical care and hospital length of stay (LOS).

RESULTS:

Part A- 7 studies, 636 participants, including 1 RCT and 6 retrospective studies showed a favourable impact on the outcomes of interest though not always significant. Strength of findings were limited by several inherent flaws and susceptibility to bias. Part B- 12 patients underwent surgical fixation with mean ventilator duration of 2.75 ± 3.4 days, critical care LOS 8 ± 10 days, hospital LOS 24 ± 15 days and incidence of pneumonia 42%.

CONCLUSION:

Limited reliability due to heterogeneity, weak designs and susceptibility to bias but Trust X results compared favourably to the surgical fixation groups within published studies. Results from pending RCT's are required to confirm optimum patient selection for this procedure as well as determining long-term outcomes and cost-effectiveness.

AOTCP 2016 AWARDS: Rachel Catlow Project

TITLE:

What are the barriers to timely discharge after elective orthopaedic surgery? A qualitative service evaluation

1. **Rachel Catlow**
2. *Gemma Bruce*
3. *Rosalind Moss*
4. *Anthony Gilbert*
5. *Anju Jaggi*

Therapies Department, Royal National Orthopaedic Hospital, Stanmore, UK

BACKGROUND:

One patient every 6 days, on a single female ward, stays longer than required after elective orthopaedic surgery due to avoidable social reasons. This results in annual estimated costs to the NHS of £35000 in excess bed days for this ward alone. Understanding delayed discharge from a user perspective can be useful.

AIM:

To explore staff and service users' perceptions of a safe hospital discharge.

METHOD:

Using two real clinical scenarios a total of five focus groups with 2-5 participants each were conducted to explore opinions on length of stay and discharge from hospital. Focus groups were audio recorded, transcribed and inductive thematic analysis conducted to identify relevant themes.

RESULTS:

Some patients are reluctant to go home without visible sign off from the consultant and would prefer prior notice of intended day of discharge. Nurses are more likely to accommodate patient wishes to stay longer when the patient is elderly

or lives alone. Nurses revealed an internal conflict between sending patients home in a timely manner and the culture of providing good care.

CONCLUSION:

There are several reasons why patient stay may be prolonged. Likely causes are poor discharge planning and nursing culture. Improved pre-operative planning and clinician education may address this.

CONFLICTS OF INTEREST:

2 of the project members (AG & RM) are members of the ATOCP executive committee.

197 WORDS

ATOCP local branch updates



NEW

ATOCP South Wales

The South Wales branch had its launch event on Wednesday 22nd March with guest speakers talking about the NHFD, stiff elbows and associated surgery and implications of the new NICE guidelines for back pain. Please get in touch if you are interested in further networking and information sharing across trusts in South Wales.

We have a Facebook page (South Wales ATOCP) and a Twitter account (@ATOCP_SWALES). Please show your story- like, follow and share!

George Fanthom
ATOCP South Wales Chair

ATOCP South

We have some great educational events planned for 2017. Full details will be launched soon on our website page and bookings will be through eventbrite

FUTURE DATES FOR YOUR DIARIES

EDUCATIONAL EVENINGS

15h November

PROGRAMME AND SPEAKERS TBC

6.00 - 9.15pm

Hamworthy Club, Canford Magna, BH21 3AP

Non Members £10 /// ATOCP Members £5
(includes hot buffet dinner)

DAY COURSES

10th November 2017

ORTHOPAEDIC STUDY DAY

8.30am - 4.30pm

Hamworthy Club, Canford Magna, BH21 3AP

Non Members £35 /// ATOCP Members £20
(includes hot buffet lunch)

Aimed at Tech/HCA/Student level covering high quality lectures on fracture healing and management options for common orthopaedic pathologies in the morning. The afternoon is dedicated to practical sessions on moving and handling, orthotics devises and an orthopaedic procedure demonstration

For further details or to book

www.eventbrite.co.uk

For more details visit the 'regions' page on the ATOCP website

<http://atocp.csp.org.uk/regions>

NEW

ATOCP London

The London branch underwent an exciting re-launch this year with an educational event in May. Thanks to Emma Stewart and Katie Monnington for their talk on the changing concepts in rehabilitation after THA, Professor Alister Hart for his talk on considerations for rehabilitation after THA: the surgeons perspective and Rachel Mandel for her discussion on the clinical reasoning behind the use of hip precautions after THA.



Plans are already underway for the next event so don't miss out, contact @ATOCP_London for details



ATOCP North West

There have been 2 events in Liverpool and Southport in recent months which have been well attended. We have been gaining members and interest at each event and look forward to adding details of further events in the near future. If you are a member of the ATOCP and in the North West why not get in touch. We are delighted that Manchester has been chosen as the host venue for the ATOCP conference 2017 in October and are hard at work in looking for ways to support this event.

Julie Blackburn
ATOCP North West Chair

COMING SOON

ATOCP Oxford

If you are a member in Oxford or the surrounding areas please email the branch chair, Jon Room, via the new email address oxfordatcp@gmail.com for information on the first branch meeting. You can also follow the branch @ATOCP_Oxford on Twitter.

Oxford Branch Committee

ATOCP Sponsorship



£2000 of sponsorship

is available each year to AOTCP members to assist with the funding of education and research.

//// APPLY NOW!! ////

ATOCP Sponsorship Report

by Ash Shattock

2016 was a busy year and we sponsored four members and another wonderful Physio Matters podcast with Toby Smith. If you haven't listened yet go to itunes and check it out, plus all the other excellent thought provoking podcasts they have produced.

We sponsored two MSc modules, one doctorate and some qualitative research into Hip precautions. You will see more about these in future newsletters as part of the process of receiving sponsorship is a necessity to feed back to our members.

This year we have had several applications again and are hopefully going to sponsor our 3rd Physio Matters podcast.

Please see ATOCP sponsorship information in the newsletter or on the website about how to apply. I will be stepping down from this role and Rosalind Moss will be taking over. Her contact email is rosalind.moss@hotmail.com

Funding for Msc's, Courses, Research, Audit.

The criteria for application is:

- ATOCP membership for 1 or more years
- Minimum experience of 3 years post qualification
- Applicants must agree to present a report to their local branch and/ or a national ATOCP course
- Applicants must agree to submit a report for publication in the magazine

If sponsorship money is used to help fund course fees, the course must have an orthopaedic based research or evaluation aspect to it. The applicant is expected to submit a post course critique to the executive committee.

In your application please refer to the following guidelines:

- The purpose of the project, why it is important to you
- The background of the project – how does it fit in with current trends
- What the money is going to be used for
- The approximate costs

For further details contact rosalind.moss@hotmail.com



QUOTE BY KATRINA MITCHELL

I am very grateful for the financial support the ATOCP gave me towards my MSc research project. I was able to complete and submit my project on weight bearing fractured ankles early and receive a merit pass for my effort. Am now in the process of discussing if publication is appropriate.

Thank you.



Research Update

It's been an exciting start to the new year for the research teams. A national survey has been launched that we need the ATOCP community to respond to:

Investigating cryotherapy use after knee replacement - We are conducting a survey of orthopaedic physiotherapists and surgeons across the UK to determine how many departments use cold therapy application after knee replacement surgery, and to assess the variation in practice across the UK.

<https://goo.gl/forms/Gt5eVmr1yRMYVkCe2>

We are also calling on the ATOCP to shape the future of research!!!! Oxford Trauma is launching a James Lind Alliance Research Priority Setting Exercise (PSP) in the area of broken bones in older people. We would like to invite you to participate in the survey, which will take you approximately 10–15 minutes to answer. This can be found online at www.ndorms.ox.ac.uk/broken-bones-in-older-people.

Finally, we would like to remind all members of the upcoming launch for clinical academic career funding, details can be found: <http://www.nihr.ac.uk/funding-and-support/funding-for-training-and-career-development/training-programmes/nihr-hee-ica-programme/>

Thank you for your support!

Student Update

The ATOCP are improving our links with the university students. To achieve this we have contacted the universities and requested link people to liaise with. We have sent newsletters with information about the interest group and the awards. There are still some universities that I have not been able to make contact with. If anyone is part of a student body and wants the information please contact Katrina Mitchell, katrina1981@yahoo.com

Katrina Mitchell



David Keene and Rebecca Kearney
ATOCP Research Leads



SUBMISSION DATE

April 1st to August 1st 2017

*D*on't miss out on your opportunity to gain recognition for the hard work that you have already done. Have you done a piece of research or audit? Have you engaged with redesigning or setting up a new service or even developed a new role?

Please email your entry to
garethboyden@hotmail.com

There are 4 main categories:

- Undergraduates Dissertation
- Service Evaluation/ Audit
- Masters project
- Professional/doctorate

////// PRIZE MONEY ////

First place £250, runner up £150

PLUS each winner also receives:

A free place at ATOCP conference in October 2017

A cut glass trophy

Their work published in the ATOCP newsletter and website

How to enter

To enter send us a 200 word abstract covering;

- Background
- Aim
- Method (including analysis)
- Results
- Discussion
- Conclusion

All award winners will be required to produce a poster for viewing at the ATOCP conference with pdf copies going into the 1st edition of the news letter after the conference and onto the website.