



SOM Diploma in Orthopaedic Medicine

Great news to pass on as we launch the 'SOM Diploma in Orthopaedic Medicine'. Driven by the requirements for CPD within the professions of medicine and physiotherapy it has become more and more apparent that a diploma in a specific specialism is the currency of the professional development pathway.

You will already be aware of our collaboration with Middlesex University in the development of the MSc Orthopaedic Medicine programme and if you have completed, or are currently undertaking, the Membership course, the Assessment Handbook clearly outlines the stages towards its achievement.

But, let's put the SOM Diploma in Orthopaedic Medicine into context. If you have attended Modules A, B and C and have passed the final written and practical examinations, you will be a full Member of the Society of Orthopaedic Medicine. The Membership course was accredited by Middlesex University in January 2001 and is worthy of 60 Level 4 (i.e. master's level) credits, provided that, having passed the Membership exam, you then submit a reflective essay to demonstrate your achievement of the learning outcomes of the accredited course. The guidelines are provided for the essay within the current Assessment Handbook. Once that essay has been accepted, or passed, you will be entitled to the award of the 'Postgraduate Certificate in Orthopaedic Medicine' which equates to the first year, or level, of the MSc Orthopaedic Medicine programme. Please note there will be a charge to cover the processing of your essay

If you want to receive the Postgraduate Certificate itself, perhaps to claim the credits for another master's programme, you will need to apply directly to Middlesex University as it is a Middlesex University award. There is a small administrative

charge for this. If you have chosen to step onto the MSc Orthopaedic Medicine programme then there is a straightforward transfer of the credits, without charge, and no further action is necessary.

But, even if you don't choose to proceed with further postgraduate education – you will still be entitled to receive the SOM Diploma in Orthopaedic Medicine provided that you have submitted the reflective essay and have demonstrated that you have achieved all the learning outcomes of the accredited course.

Don't be confused! We're simply saying that after you have passed the Membership exams and have submitted and passed the reflective essay you will be entitled to receive both the Postgraduate Certificate in Orthopaedic Medicine – from Middlesex University – and the SOM Diploma in Orthopaedic Medicine – from the SOM itself. They are separate awards but apply to exactly the same stage of achievement.

So, if you want to receive the SOM Diploma in Orthopaedic Medicine this is

what you need to do:

1. Pass (or have already passed) the SOM Membership exam
2. Check that you are still a fully subscribing Member
3. Submit and pass your reflective essay (see notes below).

If you have already submitted and passed your reflective essay we will be issuing your Diploma within the next few weeks. If you are concerned that it hasn't come through please do not hesitate to contact Amanda Sherwood, our Administrative Director.

If you passed the Membership examination before 31 December 2000, separate guidelines for the essay are available from Amanda Sherwood (details on back page).

If you passed the Membership examination after 31 December 2000 you should follow the guidelines within the Assessment Handbook that will have been issued to you.

Lots of 'ifs' and I've tried to cover the main scenarios – but if you have any queries at all please do not hesitate to contact either Amanda or myself for further information or guidance. We're looking forward to hearing from you!

DR ELAINE ATKINS
CHAIR, SOM EDUCATION COMMITTEE



We are hugely proud of (left to right) Mike Pole-Baker MSc, Paul Hattam MSc, Margaret Rees MSc, Monica Kesson MSc, Lesley Dawson MSc and Lynne Long MSc, all of whom who looked magnificent in their masters robes, as you can see. Well done to you all!!!



EDITORIAL

There have been some encouraging developments within the last few months with the strengthening of links with other organisations involved in Orthopaedic Medicine, more details of which you will find below. In fact the very term "Orthopaedic" seems to be a bit of a sticking point now and somehow does not encompass the whole breadth of the our scope of practice. It is becoming commonplace to see the term "Musculoskeletal" used instead. It has always been a policy of the SOM to be in a state of continual review whether it be course content, manuals or even a name so I would be interested to hear the views of the membership on this issue to add to the debate within Council. Over to you!

MEG GILBERT,
EDITOR, SOM TIMES

All comments welcome -
contact details on back page

ACPOM

All Society of Orthopaedic Medicine qualified Injection therapists are welcome to join ACPOM and hence be put on the list of approved injection therapists as long as they are able to provide a copy of their qualification certificate. To be maintained on the register, all members will have to fulfil CPD, the content of which is being debated by ACPOM members at present. Further details from <http://www.acpom.org.uk>

acpom

Affiliation

We are pleased to announce the affiliation between the Cyriax Organisation and the Society of Orthopaedic Medicine. Members who have successfully completed the assessment requirements of the Orthopaedic Medicine International courses in Orthopaedic Medicine are eligible to attend the SOM Theory and Practice of Injection Therapy and Advanced Clinical Practice Modules.

Pharmacology education & prescribing rights, the need?

Authors: Solomon Abrahams, MSc, BSc, Dip Phys Sport, MCSP, SRP, OCPPP;
Nicola Speirs, BSc(Hons), BASRaT

Introduction

Currently, it is not legal for physiotherapists to prescribe, and as many physiotherapists have no formal qualifications or education in pharmacology, we are advised to refrain from offering advice.

A survey by Lansbury & Sullivan (2002) found 85.9% of physiotherapists in Australia have, at some point, advised patients on prescription medication even though they are not licensed to do so. They postulate the advice was given because of client's requests (77.9%), incorrect usage was detected (74.9%) or the present regime was ineffective. They likewise found many of the respondents felt inadequately educated in pharmacology to give the advice, yet pharmacology remains an integral part of patient's symptomatic control. Many authors have reported physiotherapists should have knowledge of commonly prescribed drugs, as this can affect patient safety and management.

Methodology

A questionnaire was sent to 1000-chartered physiotherapists in the U.K utilising simple randomisation. Questions included;

How many physiotherapists advise patients on medication?

How many have formal pharmacology education?

Should physiotherapists be able to prescribe certain drugs?

Results

Out of the 56% who responded, 99% of physiotherapists had reported being asked by their patients about their medications. 72% of physiotherapists have advised patients on medication, 81% of physiotherapists have no formal education in pharmacology, and 85% of physiotherapists wanted the autonomy to prescribe.

Discussion

A large number of physiotherapists reported being asked about medication. This could be due to the fact that physiotherapists spend time with their patients, build a rapport, and are seen as specialists within their fields by patients.

Additionally, Wick & Zanni (2002) estimate 30% - 50% of patients do not take the medication as prescribed, mainly because of the lack of information they receive from the G.P or pharmacist.

A large proportion of therapists admit to advising patients on medication, but many of the therapists (81%) have never had any formal pharmacology education. Lansbury and Sullivan (2002) recommend the appropriate registration boards and other leading organisations in the profession should consider incorporating training in pharmacology into an undergraduate degree, especially considering the number of patients that are on medication, which is expected to grow. Certainly, if physiotherapy is to continue establishing itself as a major provider to healthcare, it needs to move forward with the rest of the medical profession.

85% of therapists would like the autonomy to prescribe, however controversy amongst the profession is evident as those objecting worry about the dilution of our profession.

Conclusion

Conclusively, a large number of physiotherapists do advise patients on medication even though this is potentially dangerous if the therapist has no working knowledge of the drugs. A large proportion of therapists would like to have some formal pharmacology education for this reason, even more so than the rights to prescribe. However, a large proportion of therapists would like to prescribe certain drugs but this needs to be underpinned by an extensive and continuous learning programme(s).

References available from SOM – contact details on page 4



David Knott - SOM Chairman

David Knott is a general practitioner, GP specialist in Orthopaedic Medicine and an active teaching Fellow of the Society of Orthopaedic Medicine. David was elected as Chair of the SOM Council in 2000 and the following interview between the Editor, Meg Gilbert, and David gives an insight into his background and character!

Q. How did you first get involved with orthopaedic medicine/SOM?

A. I responded to a flyer which arrived on my desk for a course in Taunton in about 1988 which was being run by Stephanie Saunders. It was a VERY social course with events every evening. The teaching was excellent (so useful to a GP!) and I was instantly hooked. I returned for the B and C in Taunton and the rest is history.



David Knott with Anne-Marie Ainscough-Potts (Treasurer) at recent SOM Council meeting.

Q. What are your areas of particular interest (professionally and personally)?

A. Professionally - Most of Orthopaedic Medicine, especially injections, especially upper limb and shoulders. I quite like hands too. Not so keen on lower limb. Fairly unkeen on spines!

Personal - Wife Carole, daughters Imogen (7), Lydia (almost 5); enjoy mountain walking / running / keeping fit; photography; computer; classical music - as consumer - have the Bournemouth Symphony Orchestra on our doorstep

Q. What question would you most like to have put to Dr Cyriax?

A. Help! Haven't got a clue! How much do you weigh? Have you ever pulled anyone's head off?

Q. What do you do and where?

A. I live in small village in the 'Isle of Purbeck', Dorset. I have worked as a full time GP in Swanage, Dorset for last 19+ years (Oh my god!.....)

I attend 1 session per week as GP Specialist in clinic at Swanage Hospital and for the last 2 years have sat on the Local Medical Committee - quietly!

I just about manage to hold down the job as SOM chair and teach about 3-4 SOM courses and 1-2 injection courses per year, as well as a few education sessions for local GPs

Q. Any technique/treatment that you particularly find works well

A. Most things around the shoulder - but moving much more towards subacromial injections (? Bursa or not) rather than injecting individual rotator cuff tendons - given that the majority of my patients are older with degenerate rotator cuffs. I also find injecting the various lesions in and around the hand works well in most cases.



LEEDS METROPOLITAN UNIVERSITY
FACULTY OF HEALTH AND ENVIRONMENT

Continuing Professional Development at Leeds Metropolitan University

Interested in sports & exercise injury management and gaining masters credit for passing your membership? If the answer is yes then you would be welcome to study at Leeds Metropolitan University. We do not require the reflective essay to be completed and as such successful completion of the membership examination is worth 40 Level 4 (Masters) credit points of advanced standing (equivalent to two master's modules) We also give credit for Theory & Practice of injection therapy module (20 credits) .

This course has been developed with the broad musculoskeletal interests of physiotherapists, medics, chiropractors, podiatrists & sports scientists in mind. We have recently confirmed the programme for 2003/4

For further information please contact Angela Clough, Course Leader, on tel. 0113 283 2600 ext. 3438, or by e-mail: A.Clough@lmu.ac.uk or the Course Administrator; Luisa Mantovani, on ext. 3325, e-mail: l.mantovani@lmu.ac.uk

LIST OF EVENTS

CSP Congress 2003 – Defining Practice

17-19 October 2003, Birmingham
Contact: Tel: 020 7306 6622
Email: congress@csp.org.uk
www.csp.org.uk

GP Seminar – The Shoulder Joint

15 November 2003, Kidderminster
Contact: Tel: 01454 610255
Email: admin@soc-ortho-med.org
www.soc-ortho-med.org

Clinical Excellence 2003

2-4 December 2003, Birmingham
Contact: Tel: 0151 709 8979
Email: nice@sterlingevents.co.uk
www.sterlingevents.co.uk

Andry Vleeming - Movement, Stability and Low Back Pain

4th December 2003
Birkbeck College, London
Contact Tel: 020 8394 0400
www.physioiuk.co.uk

The Infrapatellar Tendon – United Kingdom Association of Doctors in Sport

5 December 2003, London
Contact: Tel: 01454 610255
Email: admin@soc-ortho-med.org
www.ukadis.org

Pain Perceptions – British Institute of Musculoskeletal Medicine and Society of Orthopaedic Medicine

6 December 2003, London
Contact: Tel: 01454 610255
Email: admin@soc-ortho-med.org
www.soc-ortho-med.org
www.bimm.org

Diane Lee - The Thorax: An Integrated Approach

5th - 6th December 2003
University College London, Archway, London
Contact Tel: 020 8394 0400
www.physioiuk.co.uk

Diane Lee - The Pelvis: An Integrated Approach

7th - 8th December 2003
University College London, Archway, London
Contact Tel: 020 8394 0400
www.physioiuk.co.uk

Work and Musculoskeletal Conditions – Royal College of Physicians, British Society for Rheumatology and the British Society of Rehabilitation Medicine

9 December 2003
Royal College of Physicians, London
Contact: Tel: 0207 935 1174 x 436

OCPPP Conference

23-25 April 2004
Venue TBC
Contact: Tel: 01327 354441
Email: towcester@physiofirst.org.uk
www.physiofirst.org.uk

Essential Orthopaedics and Trauma

David Dandy and Dennis Edwards

Churchill Livingstone, 4th Edition ISBN 0-443-07213-2. 459 pages. Cost: £26.99

This is a comprehensive text targeted at undergraduate medical students. Its stated aim is to "present the essential core of information required by students and emphasises common conditions and current orthopaedic practice." It fulfils these aims admirably by use of concise text liberally illustrated with both line diagrams and x-rays.

It comprises three sections – 1) background knowledge (which covers history & examination, anatomy, investigations and basic science), 2) trauma and 3) orthopaedics. The index is comprehensive and there is also a glossary of common orthopaedic terms.

For a student or graduate with little orthopaedic experience this is a useful background text giving basic details of a very wide range of conditions. Each condition is clearly described, often with helpful diagrams or x-rays. Standard treatment is then outlined, but not in any depth.

For a practitioner of orthopaedic medicine it is important to be aware of many of the conditions covered in order to have a holistic approach. As such this book is a useful

adjunct to standard orthopaedic medical texts. However, conditions such as supraspinatous tendonitis are covered in 3 paragraphs and the statement "physiotherapy is not always effective for this condition, although frictions and ultrasound are often used" may not concur with many experienced in the field.

All in all I feel this is an excellent book which is very good value for money. It will appeal particularly to students of orthopaedic surgery, but is a useful addition to the library of any practitioner dealing with any orthopaedic patient.

DR BRUCE THOMPSON.

FELLOW SOCIETY OF ORTHOPAEDIC MEDICINE,
FFSEM, MRCGP, DIP

Orthopaedic Massage – Theory & Technique

Whitney W. Lowe

ISBN 0 7234 3226 0. 247 pages. Cost £24.99

The general theme of the book is the principles and approach of orthopaedic massage in musculoskeletal disorders. It is a well-presented book with an abundance of clear photographs and diagrams that are clearly labelled.

The strengths are; Good layout with easy reference to regional anatomy related to pathology and treatment; Concise overview of a number of approaches; Evidence based with up to date supportive references for each chapter; Transferable generalised information across professions working in orthopaedic field; Competitively priced for a text of this nature.

Weaknesses are lack of depth of critique of any specific approach.

My personal view - An enjoyable easy to read text, well presented & referenced. I would be happy to recommend this text.

ANGELA CLOUGH. FELLOW SOCIETY OF ORTHOPAEDIC MEDICINE



THE SOCIETY OF
ORTHOPAEDIC
MEDICINE

in association with

The British Institute of
Musculoskeletal Medicine



GP SEMINAR: THE SHOULDER JOINT – A PRACTICAL APPROACH TO ACCURATE DIAGNOSIS AND APPROPRIATE TREATMENT

SATURDAY 15 NOVEMBER 2003 • Kidderminster

The aim of this one-day course is to allow delegates to refresh their shoulder anatomy and consider a logical way of examining the shoulder joint. Accurate diagnosis will allow effective treatment by those who wish to inject patients themselves and appropriate referral by those who do not. This is a hand-on practical course and by the end of the day, the GP will be able to:

- Examine and diagnose shoulder conditions accurately
- Locate key anatomical sites by palpation
- Inject shoulder lesions with more confidence and accuracy
- Consider appropriate referral

Further details from the Society of Orthopaedic Medicine
at www.soc-ortho-med.org or tel 01454 610255



THE SOCIETY OF ORTHOPAEDIC MEDICINE

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