



Letter from our Patron

Our Patron, Patsy Cyriax has written praising the SOM for the excellent teaching provided on its courses and congratulating the team on producing the textbook¹ to accompany the course.

However, she raises the following questions that should give every reader of *SOMTimes* food for thought. Targeting the medical profession she asks: 'What has been done, or is being done, to get teaching of examination and treatment into the syllabuses of medical schools? Which medical schools now routinely teach these skills to their undergraduates? What has been done, or is being done to make GPs aware of the treatments that their patients could, and should, receive on the NHS?'

Her comments are undoubtedly just as pertinent to Universities providing

graduate courses in Physiotherapy.

She notes that, like her, most of her friends are unable to afford health insurances and need to take the route via their GPs. She cites a common scenario that may well ring a bell with many of us:

'Patients go to their GP with backache/neck ache/pain in the shoulder/elbow/knee, etc. They're given a painkiller; a muscle relaxant pill; the name of a nearby osteopath. When their condition does not improve they may make a fuss and may be granted an appointment for an x-ray; the x-ray shows 'no bony abnormality', so the patient is sent back to the GP.' And where does the patient go from there?

Patsy feels passionately that 'this is what was happening in the 1920s, 80 years ago, when Jimmy (Cyriax) was

Orthopaedic Houseman at St Thomas's and was unhappy with the system then!'

Her frustration was compounded by overhearing a physiotherapist discussing a patient's diagnosis and saying 'Your x-ray is normal and there is no other way of finding out what structure is the cause of your trouble'.

She challenges the SOM to continue the work of its founder, Dr James Cyriax, in promoting the assessment and diagnosis of soft tissue lesions and 'getting the treatment to the patients who need it'. She acknowledges that it will need 'strong, aggressive and united work' to achieve this.

¹ Kesson M, Atkins E 2005 *Orthopaedic Medicine - A Practical Approach*, 2nd edn. Elsevier, Oxford

Ed: We're grateful to our Patron for raising these points; now what are your views?

THANK YOU MEG

Meg Gilbert has now retired as editor and we would all like to thank her for all the hard work she has contributed to ensure the successful launch and continued publication of *SOMTimes*. Many thanks to Nick Shaw for taking over the role.

MSc Graduation Day

Congratulations to Ben Ashworth, Tendayi Mutsopotsi and Satya Sharma who graduated in style at Wembley Conference Centre on 6 July 2006. Extra congratulations to Satya Sharma who won the Cyriax Prize for the best dissertation submitted in orthopaedic medicine during the academic year.

Preparation for the new Validated MSc Orthopaedic Medicine is progressing well and the programme is aiming to start in January 2007, subject to validation. Please contact Amanda Sherwood for more information and to apply or visit the web site at www.somed.org

Response From Editor, Dr N Shaw

Our Patron has written to the SOM reminding us that our prime objective is to get effective treatments to patients who really need them and commenting that for many, if not the majority, access to early effective treatment remains barred by a system that has not changed over the years (consider how the Health of the Nation's backs has changed since the CSAG Report of 1994)

That there has not been any significant change is, perhaps, surprising given the number of reorganizations that continue to affect the Health Service but as Gerald Fiennes (formerly General Manager, Eastern Region, British Railways) observed - "when you reorganize, you bleed" - and the NHS continues to hemorrhage.

The great majority of musculoskeletal problems presenting to the Health Service will come through the general practitioner's front door. It is now two years since the new GP Contract was introduced and, unfortunately, the "Quality and Outcomes Framework" which underpins

the Contract gives no incentive for general practitioners to develop musculoskeletal skills or services and without development of services, patients will continue to meet the delayed and often ineffective treatment that our Patron describes.

The Department of Health has issued its Musculoskeletal Services Framework for consultation and it's to be hoped that this will help commissioning groups, be they Primary Care Organizations or Practice-based, develop more effective and appropriate services.

As Members of the SOM, we know that the system of orthopaedic medicine developed by Dr James Cyriax, our Founder, allows for a precise and speedy diagnosis and effective treatment of almost all non-surgical musculoskeletal conditions. We must continue to press those responsible for commissioning to use and develop our skills for the benefit of those patients who have not yet seen the benefits of Health Service reorganization.

DR NICHOLAS A SHAW SEPTEMBER 2006



Prescribing

NHS policy has been focussed on increasing access and choice of services for patients since the publication of the NHS plan. Traditional professional boundaries are becoming blurred, the most conspicuous example being the extension of prescribing rights to a range of health professionals (non medical prescribers). The pace of change has been rapid and significant for not only nurses and pharmacists but also for allied health professionals, all of whom are now able to train to become non medical prescribers.

There are two categories of prescribing- supplementary prescribing and independent prescribing.

Supplementary prescribing

Supplementary Prescribing is a voluntary partnership between an independent and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.

Physiotherapists, Chiropodists/ Podiatrists, Optometrists and Radiographers joined the Nurse and Pharmacy professions in 2005 in being able to train as Supplementary prescribers.

Clinicians working in a multidisciplinary setting with patients with long term conditions will be able to see advantages in being able to become supplementary prescribers. For example an appropriately trained physiotherapist working in a multidisciplinary rheumatology clinic would be able to adjust patients medication provided this has been agreed and documented within the patients' management plan.

Independent prescribing

An Independent Prescriber is a practitioner responsible for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Up until last year, independent prescription was limited to Doctors and Dentists. However in November 2005, Patricia Hewitt, Health secretary announced the extension of independent prescribing rights to appropriately trained Nurses and Pharmacists whereby they will have access to the full drug formulary to use within their scope of practice.

Independent prescribing for AHP's is likely to follow at some stage in the future although this does not appear to be a priority at present for the DoH. Until then, supply and administration of drugs such as steroid injection or analgesics can continue to be done within the framework of a patient group direction.

Training

Supplementary or independent prescribers are expected to:

- Be working within a Multidisciplinary team.
- Have access to the patient record.
- Be working in a specialist role with an identified need for prescribing which benefits patients.
- Have a minimum of 3 years relevant postgraduate experience.
- Prescribe only within their scope of practice.
- Have their employers support.



- Have an approved medical practitioner mentor.
- AHP's will need to be HPC registered.

A curriculum framework for AHP prescribing training has been devised by the Department of Health. This framework describes a generic and multiprofessional programme similar to the shared pharmacist and nurse training already in place which comprises a minimum of 27 days theory and 12 days in practice mentored by a Doctor.

At a prescribing update in November 2005 the following universities were planning AHP prescribing courses: Derby, Nottingham, Lincoln, London metropolitan, Homerton, Chester, Hertfordshire, Bolton, Northumbria, Oxford Brookes, Liverpool John Moores, Edge hill, Manchester Metropolitan, Huddersfield, Leeds, Bradford, Plymouth, Leicester De Montfort, Birmingham and Black Country, SE London, South Yorkshire and Essex.

ALISON SMEATHAM - CLINICAL SPECIALIST
PHYSIOTHERAPIST AND SOM TUTOR

Further information can be found in CSP paper PA 58 and on the DOH website (medicine matters: a guide to mechanisms for prescribing, supply and administration of medicines. July 2006)

NB: The issue of mixing steroid and local anaesthetic continues to cause problems for many physios endeavouring to formulate PGD's within their Trusts. This has been brought to the attention of the National Prescribing Centre by SOM and we are hoping that clarification will follow in the near future.

Society of Orthopaedic Medicine
British Institute of Musculoskeletal Medicine



2 DECEMBER 2006
HILTON METROPOLE HOTEL, LONDON

KEYNOTE SPEAKER:
PROFESSOR STUART MCGILL (Waterloo, Canada)

We have arranged an impressive list of authoritative speakers who will present their findings and opinions from an evidence-based practical, investigative and surgical perspective. The symposium aims to widen our knowledge for the effective prevention and management of pain that may be associated with posture and we shall welcome your questions to stimulate discussion. Email: admin@somed.org or info@bimm.org.uk

Further details from:

www.somed.org or www.bimm.org.uk

Posture
IT'S A PAIN!



June 2006 monthly evidence summary

The following is a selection of articles published in June 2006 that may be of interest to SOM members

Abdominal aortic aneurysm presenting as back pain to a chiropractic clinic: a case report

Patel SN Kettner NW

JOURNAL OF MANIPULATIVE AND PHYSIOLOGICAL THERAPEUTICS.

JUNE 2006 29 (5) P409 PMID 1676271

Description of patient with low back pain referring into lower limb. X-ray revealed degenerative change and abdominal aortic aneurysm (AAA). The aneurysm was treated with elective surgical repair.

This case study gives brief overview of AAA including underlying pathophysiological mechanisms, clinical diagnosis, diagnostic imaging, and treatment options. This article is a useful guide to differential diagnosis of low back pain and a reminder that AAA is a diagnosis that must be considered in the geriatric/high-risk patient population particularly when many patients with degenerative back pain are not routinely x-rayed. When AAA is suspected urgent medical opinion should be sought.

Back pain in direct patient care providers. Early intervention with cognitive behavioural therapy (CBT)

Menzel N Robinson M

PAIN MANAGEMENT NURSING. JUNE 2006 7 (2) P 53-63 PMID 16730318

This article will be of interest to those working in an occupational health setting or involved with manual handling training/ back pain prevention programs.

It is a Pilot study that suggests CBT may be of value as a secondary prevention strategy for work related back pain. There are some methodological flaws acknowledged by the authors. These include use of a self selecting small sample with a short follow up period recommendations for correcting these in longer term study are made. It is also not clear whether any analysis of pre-treatment differences between groups was carried out.

Literature is cited that suggests a possible link between psychological stress and spinal loading hypothesising that mental stress may initiate a biomechanical response via increased muscle co-activation increasing spinal compression.

This introduces the idea that back pain prevention programs and manual handling guidelines should consider this psychological dimension and take steps to reduce the psychological as well as the physical stresses of the job. The suggestion is made that failure of many programs to address psychological issues may be the reason why in some organisations despite investment in preventative programs the incidence of work related back pain has not been reduced.

Extra median spread of sensory symptoms in carpal tunnel syndrome (CTS) suggests the presence of pain related mechanisms

Zanette G, Marani S, Tamburin S

PAIN. 2006 JUNE; 122 (3): 264-70 PMID 16530966

This article is most likely to be of interest to those members involved in the diagnosis and treatment of carpal tunnel syndrome and those interested in chronic pain physiology. It provides some useful guidance on diagnosis and suggests how CTS may be an under diagnosed condition, highlighting that a number of patients with carpal tunnel syndrome can present with an extra median distribution of symptoms.

In this study a median distribution was found in 60.6% of subjects with CTS a glove distribution 35.2% and ulnar distribution 4.2%. Electrodiagnostic tests and cervical spine MRI were used to help confirm diagnosis and to help exclude other causes such as cervical radiculopathy.

The article includes a useful discussion of some of the possible neurophysiological mechanisms behind a-typical presentations and also for the presence of chronic neuropathic pain in CTS.

Extra-median spread of sensory symptoms was associated with higher levels of pain and parasthesia and the authors suggest that central nervous system mechanisms of plasticity may underlie the spread of symptoms in CTS. Increased pressure of the median nerve may trigger spontaneous discharges in the sensory fibres. This ectopic activity may cause changes in the dorsal horn receptive field and contribute to the spread of sensory complaints outside the median nerve territory

The article concludes that the diagnostic suspicion of CTS should not be confined to patients with symptoms in the median nerve territory. Enhanced awareness of all patterns of presentation of CTS is important to avoid underestimation of the number of affected patients. The authors stress the value of electro diagnostic procedures in patients with a-typical symptom distribution.

Interrater reliability of a passive physiological intervertebral motion test in the mid thoracic spine

JOURNAL OF MANIPULATIVE AND PHYSIOLOGICAL THERAPEUTICS

JUNE 2006 29 (5) 368-73 PMID 16762664

Several studies have investigated the reliability of palpatory findings. This study looked at passive physiological intervertebral motion (PPIM) of a mid-thoracic spine motion segment. Much manual therapy treatment is based upon accurate palpation. As with any modality evidence supporting effectiveness is important. This study contributes to the body of evidence.

Fair to substantial interrater reliability was demonstrated using very experienced manual therapy clinicians. In clinical practice however not every patient will be seen by similarly experienced clinicians. It is therefore not known whether less experienced clinicians are as reliable and whether this has an effect on treatment outcome.

Physical therapist examination, evaluation and intervention following the surgical reconstruction of a grade III acromioclavicular joint separation

PHYSICAL THERAPY 2006 JUNE 86 (6) 857-69

This case report describes the examination, intervention, and outcome of a patient following the surgical reconstruction of a grade III acromioclavicular (AC) joint separation. A useful description of indications for surgery, examples of outcome measures, assessment tools and suggestions for rehabilitation exercises.

Many thanks to Debbie Cox (SOM Research Fellow) for this contribution.

BOOK REVIEW

Orthopaedic Rehabilitation Science; Principles for clinical management of nonmineralized connective tissue.

Katie Landon
£34.99

Publisher - Butterworth Heinemann 2003
ISBN 0-7506-7347-8

As a musculoskeletal physiotherapist, I spend the vast majority of my time trying to have an effect on the connective tissue of my patients, and as a tutor, trying to rationalise and explain the effects that orthopaedic medicine treatments have on these tissues. Having had mixed results on both counts, I decided it was time to update myself on the science behind my treatment and lectures. The snappy title of this book convinced me that it would have the answer to all my questions.

The author- Katie Landon is a Physical Therapist and throughout the book she effectively attempts to incorporate clinical practice and theory. The first few chapters examine the structure, function and properties of connective tissue, including sections on individual tissues such as tendon and cartilage. There are fairly large sections on molecular biology which lost me at 'glycosylation of hydroxylysine to galactosylhydroxylysine' and for most clinicians these sections would seem of limited interest. Of much greater interest and relevance were the sections on repair and ageing, hypermobility and the effects of immobilisation and exercise on connective tissues, all of which provide plenty of evidence based material on which we can attempt to rationalise our treatment.

The intervertebral disc got a chapter of its own which was interesting but the content would probably be familiar to people who have read 'Clinical anatomy of the lumbar spine'.

The final chapter contained information on therapeutic modalities (electro and cryotherapy) used in commonly encountered clinical conditions. Again, the information was based on the available evidence but tended to confirm that little is known about the effect of these modalities on connective tissue.

At £34.99 this book is probably not going to be at the top of most clinicians shopping lists. However I would recommend it as a good reference addition to a library and certainly as a valuable source of material for people who want to underpin their clinical activity with updated theoretical knowledge.

ALISON SMEATHAM - CLINICAL SPECIALIST PHYSIOTHERAPIST AND SOM TUTOR

CALL FOR NOMINATIONS

There are three (3) vacancies on Council and nominations to replace retiring members of the SOM Council may be put forward by any FULL member of the SOM. Self nominations are accepted providing they are seconded by a current full member. A nomination form has been sent with the AGM papers to all SOM full Members, but further copies are available from the SOM office.

LIST OF EVENTS

Posture - it's a pain! SOM/BIMM SYMPOSIUM 2006

www.somed.org
LONDON, UK
2 December 2006

OCPPP Annual Conference and Education Day

NOTTINGHAM, UK
20-22 April 2007

Bone Research Society Annual Meeting

www.brsoc.org.uk
ABERDEEN, UK
3-5 July 2007
Tel: +44 (0)1453 549929

Advances in the Molecular Pharmacology and Therapeutics of Bone Disease

http://www.paget.org.uk/
OXFORD, UK
10-11 July 2007
Tel: +44 (0)1453 549929;
Fax: +44 (0)1453 548919

International Symposium on Paget's Disease

OXFORD, UK
12-13 July 2007
Tel: +44 (0)1453 549929;
Fax: +44 (0)1453 548919

SOCIETY OF ORTHOPAEDIC MEDICINE ANNUAL GENERAL MEETING

2 DECEMBER 2006, 12.50

Kings Suite, London Hilton
Metropole, Edgware Road, London

All Members are invited to attend



THE SOCIETY OF ORTHOPAEDIC MEDICINE

COUNCIL MEMBERS AND STAFF

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