

BACPAR

SUMMER 1994

BRITISH ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN AMPUTEE REHABILITATION

Letter from the Chairperson

ON BEHALF OF the officials and Executive Committee of BACPAR I would like to welcome all new members in this our first newsletter, which will hopefully become a regular feature.

The first meeting for physios working in amputee rehabilitation was held at Roehampton in 1989. This was a small group of approximately ten and one of our first aims was to make contact with other physios working in the area. The first meeting was followed by larger and larger groups which met in Oxford and then Sheffield 1992.

It was at the Sheffield meeting that the idea of becoming a Clinical Interest Group was first voiced and a small group was charged with initiating the procedure. A second meeting was held at Leicester in 1992 and a CSP Professional Affairs Officer spoke to the group about the advantages of CIG status. Progress then became quite rapid, a committee was appointed, letters were placed in the journal and an inaugural meeting was held in Birmingham in May 1993. At that meeting attended by over 80 people, Officers and an Executive Committee were elected, a constitution was agreed and BACPAR was officially created, CIG status being achieved in October 1993.

To date BACPAR has 150 members and held its first successful study day in March 1994, Regional groups are in the process of being set up (see list of Regional Reps). Future plans include further study days, a stand at the Centenary Congress and our 1st AGM in October 1994.

The Executive Committee would be happy to hear from any members with ideas for further study days or events please pass on your ideas via the Regional Reps.

I hope all members continue to have a valuable association with BACPAR and look forward to seeing many of you at the AGM in October.

Best Wishes,
Michele J. McCreadie
Chairperson - BACPAR

INTRODUCING . . .

the **BACPAR** *newsletter*

First of all we need
a logo...

LOGO COMPETITION

Can you design a tasteful, repeatable, easily recognisable logo for BACPAR?

Entries please to:
Penny Broomhead,
Leicestershire Disablement Services Centre,
Leicester General Hospital NHS Trust,
Gwendolen Road,
Leicester.
LE5 4PW
by 23rd September 1994

The lucky winner will be announced at the AGM and receive a lavish prize!!

The first issue of the BACPAR newsletter includes information from the committee about our progress so far as a newly formed Clinical Interest group, plus news from the Scottish Physiotherapy Amputee Research Group (SPARG). Individual BACPAR members have sent news of projects they have been involved with, especially where foreign travel is involved! We also have

Continued . .

From page 1 . .

various articles on specific topics.

As we become more organised and established, we hope this newsletter will evolve into a journal containing plenty of news about members but also articles and papers.

If you would like to contribute, please do so in any form.

In particular send us information about members, (personal and professional) requests for information, queries about problems you may have encountered, or how you solved them.

If you have any suggestions for regular features or specific topics please let us know.

Copy date for next issue:
1st April 1995.

Penny Broomhead
P.R.O., BACPAR

Summary of BACPAR National Executive Committee Meeting

20 January 1994

Our first National Executive Committee Meeting since verification of our existence as a CIG was held at Birmingham DSC on 20 January 1994.

All executive officers were present and nine regional representatives.

We had a very full agenda but succeeded in working through all items plus numerous AOBs in our allocated time (thanks to our Chairman keeping control of a very talkative group!).

Our current membership stands at around 150, and the bank balance at a healthy £1500 approximately.

Michele had attended the CI Group Liaison Committee Meeting at CSP HQ on 10 January and fed back information from this.

Main points discussed were:

- Flexible working
- Clinical Care Profiles
- Audit of CIG Standards in CSP Standards Pack
- Criteria for "Clinical Specialist" grading and role of Research Officers within a CIG.

We then went on to discuss whether or not now was an appropriate time to nominate "Vice Presidents" for our group. It was decided to defer action on this subject until the AGM in October.

The exact policy on "Associate" and "Departmental" membership was formulated and written details submitted to Di Quinlivan, who in turn will supply details to any interested parties.

I have since written to the following organisations informing them of our existence and inviting the

professional groups to join us as Associate Members if they wish.

<i>College of Occupational Therapists</i>	<i>DSC Nurses</i>
<i>Royal College of Physicians</i>	<i>BLESMA</i>
<i>APO</i>	<i>REACH</i>
<i>Rehabilitation Engineers</i>	<i>STEPS</i>
	<i>BASA</i>
	<i>Limbless Association</i>

Student physiotherapists are eligible to attend all day courses and pay the same rate as full members.

Ros Ham had written to us asking if we would be interested in becoming involved in the new "Amputee Course" being organised. We all agreed we should be involved and replied to Ros asking for further information.

Plans for the Study Day on 7 March were finalised and each regional representative asked to "drum up support". The National Executive Committee is to attend en-masse and have a business meeting afterwards, if necessary.

Regional representatives are beginning to organise local study days and meetings and so await information from them!

Sue Lein, Anne Roberts and Sue Hardie have compiled a "Comprehensive Guide to Running a Course." Copies are being circulated to Committee members and regional representatives.

Future plans were discussed and are:

- Publication of Newsletter by Hon PRO (packed full of useful information).
- We need a logo for our group so artists, please get to work.

- We will be at Congress in September but need to establish a noticeboard and artwork to put on an impressive display. Anyone with brilliant ideas please let us know.
- It is our intention to develop a library of teaching videos, so anyone who has made a video on amputee care could we please see it? Also, Anne Roberts (our Research Rep) is compiling a book/articles/reference list.

Our next Committee meeting is at Birmingham DSC on 16 or 23 June at 11.00 am.

S M Pearce
Hon Sec BACPAR



Membership Renewal ! Don't Forget to renew your membership in September.

**Please send the enclosed form stating
present membership number and
cheques to
Mrs D Quinlivan,
Membership Secretary.
Address on Application form.**

Due 1st October, 1994

Report from Research Officer

A comprehensive book list has been compiled for reference. Please contact me if you would like a copy or have any useful additions that you may have come across.

I have not included separate journal articles as these would be too numerous to mention but again if anyone has read a useful/interesting article, perhaps you could share this with others via the newsletter.

I would like to compile a reference list of any therapists involved in research/development in the amputee rehabilitation field. If you or a colleague are involved in any projects, please let me know.

I have been contacted by COST, the Committee for Science and Technology, who are running a project on unconventional medicine. They would like to identify all those carrying out research within the broad field of complementary medicine. The idea is to build up a collection in this field and develop a database of research. They have conferences/workshops to which we are invited. For further details please contact me.

Information pack

An information pack on '*How to run a study day*' has been compiled. These guide-lines are intended to help anyone wanting to set up a short course.

A copy has been sent to each Regional representative of BACPAR, so if you would like to look at a copy please contact your local rep.

**Anne Roberts
Research Officer
Harold Wood**

Regional Update

Regional reps have been busy around the country.
The following lectures and meetings have taken place this year.

West Mids: The Iceross Concept, including a demonstration of casting techniques by John Bobash, Andrew Sharpe, Philip Douris; Prosthetists, Oak Tree Lane Centre.

Wessex: Counselling; Shirley Allen, Nurse, Portsmouth DSC. Prosthetics; Graeme Goodie, Prosthetist Portsmouth DSC

North London: (NE + NW Thames): The Intelligent Prosthesis, Saced Zahedi, Senior Research Engineer, Blatchfords.

Oxford: Introduction to the Limb Centre, Louise White, Physiotherapist Northampton.

East Anglia: Check out procedures for above and below knee amputees. Malcolm Nield, Prosthetist, Addenbrooke's DSC.

Rehabilitation of amputees in France, Dr. S. Lachman, FRCP, Addenbrookes DSC.

Mersey: The Active Amputee, C. Croasdale, Prosthetist, Wirral Limb Centre.

North-West: Demonstration of Knee Mechanisms, Richard Hirons, Prosthetist.

Management of Psychosocial Aspects of Amputation, Ros Newton, Social Worker, Manchester DSC.

The Canadian Amputee, Jo McBrearty, Physiotherapist, Manchester DSC.

Successful rehabilitation of the bilateral above knee amputee, Carolyn Toole & Jo McBrearty, Physiotherapists, Salford SOLP & Manchester DSC.

Northern: Amputees - a practical approach to Amputee Rehabilitation. Study day organised by Jane Cumming, Physiotherapist Cleveland DSC.

Yorkshire: Early Walking Aids, David Linford, Vessa. Practical workshop run by Sue Pearce & Shep Shepherd, Physiotherapists, Leeds Prosthetic Centre & Amanda Lambert, Hull DSC.

Forthcoming Events

Future courses and study days include:

West Midlands: Monday 10th October 1994
Counselling and Information
Services; Darrel & Brenda
Mason Baker
4.30 - 6.00 pm.
Wolverhampton DSC.

Contact: Judith Noakes
021-627-1627 Ext. 53215

S.W. Thames: Friday 14th & Saturday 15th
October 1994.
The Rehabilitation of the
Lower Limb Amputee.
The Roehampton 2 day
Introductory course.
Roehampton DSC.

Contact: Penny Buttenshaw.

North West: October 1994.
Prosthetic Update,
Manchester DSC.

Contact: Carolyn Toole

and last but not least:

The first BACPAR AGM

will take place on
20th October 1994 at
Roehampton DSC.

The 1995 National Study Day is
planned for Thursday 9th March at
Kings Health Care Rehabilitation Cen-
tre, Crystal Palace. The topic will be
the Diabetic Amputee.

For further information

*about all these events contact your
regional representative.*

*There is a full list of committee
members and regional reps at the
back of the Newsletter.*

SPARG

SCOTTISH PHYSIOTHERAPY AMPUTEE RESEARCH GROUP

National Centre for Training & Education in
Prosthetics and Orthotics
University of Strathclyde
Curran Building
131 St. James Road
Glasgow
G4 OLS
Tel 041 552 440 ext. 3297

SPARG was established in June 1991 by a group of senior physiotherapists working with amputees in Scotland. Since that first meeting the group has gradually increased in size to include all senior physiotherapists who have a declared interest in and professional responsibility for amputee rehabilitation in Scotland.

The aims of SPARG are:

- 1 To develop and implement a standardised system of information collation and analysis for amputee patients.**
- 2 To evaluate current physiotherapy practice with regard to the management of amputees and to disseminate the results.**
- 3 To act as a forum for discussion and debate**

SPARG's first project has been to satisfy the first aim, that is, to develop a physiotherapy discharge form (DSF) for use with all primary amputees throughout Scotland. The form was developed from two already in use and piloted over a period of six months in selected Centres. It has now been in use nationally for 18 months.

Data for a year ending in September 1993 has been collected centrally and entered onto computer. The Scottish Office has funded the post of a research assistant who is in the process of extracting and analysing

the data. Initial reports have proved both fascinating and encouraging. The final report will provide detailed information about rehabilitation outcomes with respect to the amputee population in Scotland for the year. It will also allow regional comparisons of the effects of different physiotherapy regimes on this category of patients.

SPARG members remain keen to continue use of the DSF nationally. The form is in the process of being amended and will replace the old form later in the year.

The database that has been developed is compatible with the current information technology strategy within the NHS. It is expected that individual centres will begin to enter their own data onto computers which ideally will be networked to allow rapid and interactive retrieval of data and reports by the clinical staff.

SPARG meets twice a year and the next meeting is to be held on 27th October, 1994 at 11.00 in the National Centre for Training and Education in Prosthetics and Orthotics (address as above). There is an open invitation to BACPAR members should anyone wish to attend this or any of the following meetings. There is no doubt that travel north and south of the border can be a problem because of the time and cost involved so SPARG and BACPAR will continue to co-exist and liaise closely with one another through Sue Pearce, BACPAR Secretary, Helen Scott, Vice Chairman of SPARG and the two groups newsletters.

Helen Scott
Vice-Chairman, SPARG

Amputee Mobility Aid

This is a new articulated, early walking aid for the below knee amputee developed by "Rehabilitation Service Ltd." (RSL) at Harold Wood Disablement Services Centre and now marketed by "Vessa Ltd."

It allows assessment and re-education of knee function as the patient can flex and extend their own knee joint. The stump is supported by an inflatable bag, as with the PPAM aid, so it also helps to decrease oedema. As the bag is divided into two sections i.e. a patella and distal bag selective inflation is possible if pressure loading is contra-indicated on any part of the stump. It is also possible to load the limb via the thigh corset.

It can be adjusted for height, thigh length and limb circumference easily using differing stump containers and tube lengths.

I have found it very helpful in the rehabilitation assessment of the new BKA.

For more details contact either myself or "Vessa".

Anne Roberts,
Disablement Services Centre,
Harold Wood Hospital,
Gubbins Lane,
Harold Wood,
Romford,
Essex. RM3 0AR

Change of Address

Amputee Care, including the Artificial Limb Service, is moving from Dulwich to a purpose-built Rehabilitation Centre in Crystal Palace. From 28th March, 1994 our new name and address will be:

**King's Healthcare
Rehabilitation Centre
Bowley Close
Farquhar Road
London SE19 1SS
Tel: 071 346 3700**

Sue Hardie
Kings Healthcare Rehabilitation Centre

Patient Information Leaflet

The Rehabilitation Unit at Halton General Hospital have had a patient information leaflet compiled for them by students at Liverpool University Occupational Therapy Department. It was completed as part of a research project and involved discussions with present clients about the sort of information they felt it appropriate to include. Most of the information deals with straightforward issues like who the physio and occupational therapist are, what their particular roles are and what the normal routine is for a client post-amputation. It is hoped that this will help allay fears both pre and post-operatively.

**Mary Rowland
Halton General Hospital**

Gibraltar Trip

Caroline Vinent, Superintendent Physiotherapist, at St. Bernard's Hospital in Gibraltar invited us to give a three day course on "The Multidisciplinary Approach to the Rehabilitation of The Lower Limb Amputee"

Kevin Harney FBIST, Sandra Riglin SRN, Fiona Carnegie Dip. COT, Maggie UDEN MCSP and myself travelled to Gibraltar in early February. Our welcome and the hospitality we received was marvellous and I'm pleased to say that the course was very well received. The course members were from the OT, nursing and physiotherapy professions who all joined in stimulating discussions about the topic and how to manage the amputee in their own particular environment. Communication between our two centres has continued and they have welcomed the support and information we have been able to give them to try and improve their system of amputee rehabilitation.

**Penny Buttenshaw MCSP
Roehampton Rehabilitation Centre**

Visit to Seattle

In March 1994 five of us from the Vascular Unit at The Royal Hallamshire Hospital, Sheffield, went to Seattle, USA having been successful in our application for a 1993 Trent Health Authority Travel Award. The purpose of the award is to enhance the quality of service in the Trent Region by enabling staff to visit a centre of their choice which is considered to be a centre of excellence. Each of us had set our own objectives, mine relating to the rehabilitation of vascular patients and amputees, but many of our aims overlapped.

At this stage I do not want to go into any particular details as we are currently consolidating our findings and recommendations which we will be presenting to Trent in June. However, you may find some of the following points interesting. As we only had a limited amount of time in Seattle the following is my understanding of the system and I apologise if there are any inaccuracies.

Generally the health system is more cost-conscious and efficient due to the funding implications. The doctors ward round was at 6.00 am at one hospital with another round at the end of the day. Planned treatments are often scheduled for the evening and night e.g. planned investigations and elective surgery to ensure full use of facilities and space. Patients undergoing planned major surgery may be admitted the day of surgery and they go straight to the pre-operative area, e.g. open heart surgery, and are discharged after five days with district nurse follow-up to deal with infusions etc.

The level of physiotherapy input to amputees varied between hospitals. Those with private insurance may not have pre-operative input as the source of funding has to be established before the patient can be treated. Post-operatively the input is aimed at getting the patient mobile and home. At The Veterans Administration for Servicemen the funding is universally from the Government so there are not the same restrictions to treatment. Hence there is input from all disciplines and a comprehensive rehabilitation programme until discharge.

In Seattle they use a rigid dressing of plaster of Paris on the amputation stump which has a fitting on the end for a prosthetic foot to enable early walking training. This is used in some areas of the UK but is widespread in the USA.

Generally there are excellent facilities for the disabled in the USA due to national and local laws e.g. all public buildings have to have access and facilities for the disabled or they may be fined. All public buses in Seattle have space for two wheelchairs which facilitates community re-integration. The inpatient amputees at The Veteran's Administration would go out by bus in the evening to the movies, restaurant etc. One bilateral amputee even went skiing on a sit-ski at two weeks post-op!

It is in this area of facilities for the disabled that they are much more advanced in the USA and this is one of the areas which we will be presenting back as a result of our visit.

Gillian Astill
Royal Hallamshire Hospital, Sheffield

World Federation of Occupational Therapists

I was very pleased to be asked to give a paper in the session entitled "Multiprofessional Education in Prosthetics and Orthotics".

The other speakers in that session were Professor J. Hughes from Strathclyde University and Annette Leveridge, OT from Mount Vernon Hospital.

Physiotherapy for amputees:

The Roehampton Approach by B Engstrom & C Van de Ven.

The second edition of the above book has already outsold the first edition. Encouragingly sales have also increased from overseas.

Penny Buttenshaw MCSP
Roehampton Rehabilitation Centre

Addenbrookes trials 'Intelligent' knees

The Disablement Services Centre (DSC) at Addenbrookes is expanding its trial of a new artificial limb which includes an 'intelligent' knee joint.

Addenbrookes is the first centre in the region to supply this state-of-the-art prosthetic limb. The DSC at Addenbrookes have already issued 11 'intelligent' knees and have four patients waiting to get their new legs.

Ann Davies
Peterborough General Hospital

Quality in Disablement Services Conference

The Quality in Disablement Services Conference was held on the 21st October, 1993 at the Research and Teaching Centre, Royal Orthopaedic Hospital, Woodlands, Birmingham. Over one hundred people attended from a wide range of clinical and managerial backgrounds.

The conference was co-ordinated and organised by Michele McCreadie, clinical Audit Co-ordinator, Disablement Services and chaired by Dr. Jim Unsworth, Chair of the Committee on Clinical Audit (Rehabilitation Medicine).

Nine speakers presented their work on audit or quality initiatives within Disablement Services, all of which were well received by the audience.

The first speaker was Caroline Smith, Senior Researcher with CASPE Research who presented the preliminary findings of a Department of Health funded project to develop an audit tool for wheelchair services. The objective of this study is to investigate the factors associated with a successful outcome of wheelchair prescribing.

Jane Machlachlan Professional and Technical Services Manager in Wolverhampton, was the second speaker who presented a multi-disciplinary based audit of a district wheelchair service which was undertaken with the support of Regional Nursing and Therapy Audit Funds.

There then followed Sue Barnard a Research Therapist with Wessex RHA who presented an audit of the Portsmouth Wheelchair Service and Provision. The audit raised several important issues and resulted in the purchase of forty indoor/outdoor powered wheelchairs which were provided for young, severely disabled, full time users.

The morning session was concluded by Eve Greenfield, Research OT at Addenbrookes DSC, Cambridge who presented the results of a survey in East Anglia, looking at the unmet need for Special Seating and the setting up of a special controls clinic for powered chairs.

The afternoon session commenced with a presentation from Shemara Bradbury, Senior Prosthetist with Blatchfords at Harold Wood

DSC. Shemara described how the clinical team at Harold Wood had overcome the problem of inaccessible clinical information by introducing Problem Orientated Medical Records (POMR) which is a systematic way of recording a patients progress through treatment.

Paul Richardson, Head of Rehabilitation Engineering, Kings Healthcare then presented a Quality System Audit of the Prescription Process, Wheelchair, Seating and Accessories the next stage of which is to construct and trial a model prescription system.

Two shorter presentations then followed, the first from Michael O'Bryne of Orthopaedic Services on their experience of the BS5750 process and the second from Richard Hirons, Chairman of APO on Guidelines on Good Orthotic and Prosthetic General Clinical Practice which are soon to be published. The conference ended in a more light-hearted vein with an interesting talk from Robin Luff, Consultant at Dulwich DSC entitled "Are you fitting Comfortably?" which made extensive use of Patient Satisfaction information.

In conclusion, the conference provided an interesting and informative day for all those who attended and featured examples of original research work, quality initiatives and audit cycles all relevant to the work of Disablement Services. These individual and co-ordinated quality and audit initiatives already in place will form a base from which to further progress.

Copies of the conference proceedings are available at a small charge from:

Clinical Audit Co-ordinator,
Sheffield DSC,
Northern General Hospital,
Herries Road,
Sheffield S5 7AT

(0742) 561571 (ext: 5591)

Michele McCreadie]
Chairperson, BACPAR



The Multi-Disciplinary approach to the elderly amputee study day

BACPAR's first National Study Day was held on March 7th 1994 at Leicestershire Disablement Services Centre. Being our first study day since the formation of BACPAR on October 1993 we wanted a topic that would be interesting and relevant to the majority of physiotherapists who have an involvement with amputees, hence "The Multi-disciplinary Approach to the Elderly Amputee". The speakers were chosen for their level of expertise which was reflected in the quality of the lectures.

The majority of the 70 course members were physiotherapists but it was encouraging to see occupational therapists, nurses and prosthetists.

Dr. Datta, Consultant in Rehabilitation Medicine at Sheffield DSC was our first speaker. He spoke about level selection for lower limb amputees and the factors which should be considered when the team is deciding the level of amputation most appropriate for the individual. He emphasised that the factors should not be considered in any particular order of importance but that some may be more relevant in individuals. For the second part of his talk he discussed the through-knee/Gritti Stokes level of amputation and the perceived advantages and known disadvantages of surgery at this level.

Sarah Hilton, Senior I Physiotherapist at Sheffield DSC gave a lively and enthusiastic talk on Physiotherapy Assessment for the Elderly Amputee. She discussed the importance of a multi-disciplinary team approach to the assessment and management of amputees with liaison at all stages to ensure common goals with the patient.

Doreen L'Estrange, Social Worker, and Meg Hardwicke, Occupational Therapist, described their respective roles in the team approach to amputee management in Peterborough.

The optimal setting for prosthetic rehabilitation is often a point for discussion. In the afternoon our three speakers talked of their experiences and the advantages and disadvantages in this area. Dr. Lachman, Consultant in Rehabilitation Medicine at Addenbrooks Hospital, talked about prosthetic rehabilitation as an in-patient; Shep Shepherd told us about the Low Dependency Hostel Scheme which was run for a period of time in Leeds; Judith Noakes talked of her experiences during the ambulance strike of 1989/90 when she visited patients at home for their rehabilitation.

Some physiotherapists have strong ideas as to where successful prosthetic rehabilitation should take place. The afternoon forum highlighted that all three settings discussed have their advantages and disadvantages, but intensive rehabilitation by skilled and experienced therapists is essential for a successful outcome following amputation.

Gillian Astill
Royal Hallamshire Hospital, Sheffield

Unfortunately many people missed the advert for our first study day in December's Physiotherapy Journal. In future we will aim to place all courses under "Amputees".

ISPO Blackpool '94

Both BLESMA awards for best paper presentations went to physiotherapists - *Mrs D. Quinliven* (Stanmore DSC) on "Weight distribution in Below Knee Amputees" and to *Mrs S. Hardie* (Kings Healthcare Rehabilitation Centre) on "Perception of Information given and Post-operative Anxiety symptoms in Lower Limb Amputees".

Di Quinlivan
Stanmore DSC

Perception of information given and post-operative anxiety symptoms in lower limb amputees

Synopsis of presentation at ISPO Blackpool 1994

The loss of a limb is an understandably stressful life event, which some writers have paralleled to the death of a loved one, and produces a range of psychological reactions. Acute anxiety is now a well recognised symptom of the normal psychological reaction to limb loss and such symptoms are of considerable interest to all members of the amputee care team involved in the post-operative care and rehabilitation of amputees. The patients understanding of, and response to, any information he or she may receive regarding the amputation is also of relevance.

A pilot study was therefore carried out to examine the association, if any, between the patient's appreciation or perception of any information received regarding their care and their level of post-operative anxiety.

The subjects were 20 adult lower limb amputees (18 male and 2 female), with a mean age of 55.3 years, attending the centre for first prosthetic fitting. Nineteen subjects had peripheral vascular disease and one had chronic osteomyelitis. The self-rating Hospital Anxiety and Depression Scale was used to measure anxiety as it has been specifically designed and validated for use in non-psychiatric settings and is reasonably "user friendly". Subjects were asked to comment by means of a questionnaire on the way they felt about the information they received from the doctors, nurses and physiotherapists. Confused patients were excluded from the study using the six item Short Orientation - Memory - Concentration Test.

Fifteen subjects had asymptomatic or borderline anxiety according to the HAD Scale. Of these, thirteen felt appropriately informed by the doctors and nurses and twelve felt appropriately informed by the physiotherapist. In contrast, all five subjects who demonstrated case level anxiety felt inappropriately informed in some way.

It is suggested that there is a significant association between perception of information received and post-amputation anxiety levels and that well regulated information giving is essential to the well being of any amputee.

S.M. Hardie (Senior Physiotherapist)
King's Healthcare Rehabilitation Centre
Bowley Close Farquhar Road London SE19 1SS

The synopsis of "Weight distribution in Lower Limb Amputees" will be in Newsletter No. 2

Roehampton Rehabilitation Centre
Rehabilitation of the Lower Limb Amputee
An Overview

This video is designed to show the team approach to amputee rehabilitation. It does not give an in-depth description of the work involved in each individual profession. It shows the necessity of each professions' role in this very specialised field of rehabilitation.

The Roehampton Rehabilitation centre at Queen Mary's University Hospital has been internationally known in this field since 1918.

This video by Luker Productions Ltd was devised by the physiotherapy and occupational therapy departments at the centre.

The cost of the video is £19.50. (*plus £2.50 postage and packing*)

Cheques should be made payable to:

"AMPUTEE COURSE FUND"

and can be obtained from:

PHYSIOTHERAPY & OCCUPATIONAL THERAPY DEPARTMENT

**Roehampton Rehabilitation Centre
Queen Mary's University Hospital
Roehampton
London SW15 5PR**

BACPAR

BRITISH ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS
IN AMPUTEE REHABILITATION

HONORARY OFFICERS

Chairperson

Michele McCreadie
Sheffield DSC
Northern General Hospital
Herries Road
Sheffield S5 7AT

Secretary

Sue Pearce
Superintendent
Physiotherapist
Chapel Allerton Hospital
Chapeltown Road
Leeds 7

Membership Secretary

Di Quinlivan
Physiotherapy Department
Stanmore DSC
Royal National Orthopaedic
Hospital Trust
Brockley Hill
Stanmore
Middlx HA7 4LP

.....
HONORARY OFFICERS
.....

Public Relations Officer

Penny Broomhead
Leicestershire DSC
Leicester General Hospital
NHS Trust
Gwendolen Road
Leicester
LE5 4PW

Treasurer

Sue Hardie
Kings Healthcare
Rehabilitation Centre
Bowley Close
Farquhar Road
London
SE19 1SS

Research Officer

Anne Roberts
Physiotherapy
Harold Wood DSC
Harold Wood Hospital
Gubbins Lane
Harold Wood
Romford
Essex

.....

REGIONAL REPRESENTATIVES

.....

Northern Jane Cumming
Cleveland DSC
Middlesborough
General Hospital
Ayresome Green Lane
Middlesborough
Cleveland

Oxford Louise White
Limb Centre
Northampton
General Hospital
Billing Road
Northampton
NN1 5DB

.....

Yorkshire Robert Shepherd
Prosthetics Service
Chapel Allerton Hospital
Chapeltown Road,
Leeds 7

.....

West Midlands Judith Noakes
Oak Tree Lane Centre
Oak Tree Lane
Selly Oak
Birmingham
B29 6YA

.....

North West Carolyn Toole
Salford School of
Physiotherapy
University College
Salford
Main Campus
Frederick Road
Salford M6 6PY

.....

East Anglia Ann Davies
Physiotherapy
Peterborough District
Hospital
Thorpe Road
Peterborough
PE3 6DA

.....

Mersey Mary Rowland
Rehabilitation Unit
Halton General Hospital
Runcorn
Cheshire

.....

Wessex Sandra Shevel
DSC
St. Mary's Hospital
Milton Road
Portsmouth
Hants SO3 6AD

.....

Trent Gillian Astill
Physiotherapy
Department
Royal Hallamshire
Hospital
Glossop Road
Sheffield

.....

SW Thames Maggie Uden
Roehampton
Rehabilitation Centre
Queen Mary's University
Hospital
Roehampton Lane
London SW15 5PR

.....
REGIONAL REPRESENTATIVES
.....

SE Thames Sue Lein
Gillingham DCS
Medway Hospital
Windmill Road
Gillingham
Kent ME7 5NY

.....
North Thames Anne Roberts
Physiotherapy
Harold Wood DSC
Harold Wood Hospital
Gubbins Lane
Harold Wood
Romford
Essex

and

Di Quinlivan
Physiotherapy
Stanmore DSC
Royal National
Orthopaedic Hospital
Trust
Brockley Hill
Stanmore
Middx HA7 4LP

.....
South West Emma Kidner
Exeter Mobility Centre
Princess Elizabeth
Orthopaedic Hospital
Wonford Road
Exeter EX2 4DU
.....

Scotland Helen Scott
Physiotherapy
Southern General
Hospital
Govan Road
Glasgow
G51 4TF

.....
Ireland Pamela Mercer
Physiotherapy
Musgrave Park Hospital
RDS
Stockmans Lane
Belfast
BT9 7JB

.....
Channel Islands Judith Moore
Physiotherapy
King Edward Hospital
Castel
Guersney
C.I.

.....
Wales Vanessa Davis
ALAC
Mornton Hospital
Swansea
SA6 6CG
.....