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The Bowen Technique

The Bowen Technique is a holistic, remedial therapy tool. It differs from many other forms of therapy in that it does no attempt to inflict the will of the therapist or a specific outcome onto the patient. Instead, it offers the body an opportunity to restore structural integrity. There is no situation where it cannot be used safely and to good effect. People of every age can be treated: newborn babies, geriatrics and everyone in between.

The technique consists of a series of moves across muscle, tendon and other soft tissue. The therapist's fingers or thumbs apply gentle pressure to effect a movement of the tissue. There is no use of HVTs, hard tissue manipulation, deep or prolonged pressure, massage and oils, or specific equipment.

Practitioners do not make claims, diagnose nor treat specific conditions. The person is treated not the problem. Some common presentations, though, that respond well are uncomplicated back and neck pain, frozen shoulder, sports injuries, hay fever, asthma and migraines.

Mr Tom Bowen of Geelong, Australia developed the technique over a number of years. It is not known how he came by his remarkable talents. He never studied medicine or any formal therapy. He did

observe, however, many sports trainers and worked on greyhounds and racehorses before transferring his attentions to humans.

Bowen's approach was based on understanding what patients really needed. His work was so unique and special because of his deep intuition. His colleagues, who later became his disciples, all had different views of the work he was doing. Bowen possibly altered his technique with different patients. A master can do this because the technique and understanding of it are coming from his mind. The poor disciple may not see the whole picture, only part of it, and develop a system as he sees it, without the glorious insights of the one he has copied.

The technique is developing into something that was perhaps not originally intended. It has become formalised into a structured format to gain recognition from bureaucratic regulatory authorities in their drive to have evidence based outcomes. The Bowen Technique has become establishment. Bowen himself was certainly not establishment and was rejected by it for using the word osteopath, even though he had thousands of successful treatments. Pioneers like Bowen need unfettered space to develop and those copying his techniques can hopefully find that space.

For more information on The Bowen Technique:
www.thebowentechnique.com

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Alan Borthwick

Every Breath You Take: The Buteyko Revolution

Did you know 90 percent of the general population in the West over-breathe? They suffer from some degree of chronic "hidden" hyperventilation. Hidden hyperventilation has been shown to be associated with over a hundred complaints from simple fatigue to hypertension and asthma.

You can check your own breathing. Sit comfortably, making sure you are breathing quietly and normally for a minute through your nose. Keep your mouth closed. On an out-breath, lightly nip your nose and hold your breath until you feel you want to breathe again. Then, release your nose and ensure you return to your normal depth and rhythm of breathing immediately afterwards. You should not need to take a large in-breath or deeper breath. If you do, you have held your breath too long. You are trying to establish what is called the Control Pause, how long you can *comfortably* hold your breath after a normal out-breath.

Check below to see how good your breathing is:

<u>Control Pause</u>	<u>% CO₂ in alveoli</u>	<u>Breathing Rate</u>
45 - 60 seconds	6.0 - 6.5	Normal for one person
35 - 45	5.5 - 6.0	Breathing for 1- 2 persons
25 - 35	4.5 - 5.5	Breathing for 2 persons
15 - 25	4.3 - 4.5	Breathing for 3-4 persons
10 - 15	4.0 - 4.3	Breathing for 4-5 persons
5 - 10	3.5 - 4.0	Breathing for 5 plus

To improve your breathing, you will need to learn to breathe less so that your Control Pause is under 45 seconds. Here are some simple exercises you can try. If you get any dizziness or feel unwell in any way, stop them and consult a Buteyko teacher.

1. Make sure you always breathe through your nose: your mouth is for eating and speaking, your nose is for breathing.
2. Practice periods of 5 to 10 minutes of reduced breathing, try to relax totally and get the feeling of slight air hunger (not starvation). This requires a lot of practice for some people to get it right.
3. After 2 above, check your pulse before and after a Control Pause. If the Control Pause is up and the pulse is down or unchanged, you are breathing less. If the Control Pause is down or pulse goes up, you need more practice.
4. If you snore at night or breathe through the mouth, try taping your lips gently together with micropore tape, not to seal them completely but just to act as a reminder to keep the mouth closed.
5. Try to avoid sighing and yawning.

Check your progress over the next few weeks. With perseverance, you should get up to Control Pause of 45 seconds. If not, book in for a full Buteyko course. You can find a practitioner on the website www.buteykokent.co.uk

Michael Lingard

The Remedial Use of Tai Chi in Hospital

The Royal Hallamshire hospital in Sheffield is the first hospital trust in the UK, if not in the world, to use Tai Chi for vestibular/balance rehabilitation.

Tai Chi Chuan is a Chinese martial art and exercise system developed by a Taoist ⁽¹⁾ monk called Chang San-Feng during the Yuan Dynasty of the fourteenth century. Its aim is to strengthen the body, increase energy levels, develop correct body posture and to increase mental concentration of the novice Taoist disciples. This will help sustain long and difficult meditative practices, as well as provide for their self-protection.

It has been used for centuries in China as a health exercise to maintain mobility, suppleness and mental alertness. Handed down via several families who made various changes to the movements whilst retaining the original principles, such modifications resulted in what are known as the five traditional family styles of Wu Chian Chuan, Chen, Yang, Sun and Hau. The style used in vestibular/balance rehabilitation at the Royal Hallamshire hospital is the Wu Chian Chuan.

Tai Chi consists of a series of postures with specific transitional movements making one sequential smooth movement. The movements are slow and quiet. The body weight is carried alternately on one leg then the other, with a corresponding alternate straightening and bending of each leg in a carefully balanced and continuous rhythm under sustained effort. The arm and upper body movements are made with minimal muscle tension, the arms out-stretching and withdrawing in co-ordination with the leg and body movements in continuous flowing patterns. This smooth movement encourages relaxation, a natural, slow, deep breathing rhythm and mental concentration. The unusual concentration involved in performing a long, complicated movement accurately and without pause may produce feelings of relaxation and mental well-being.

(1) An alternative spelling is *Daoist*

(2) An alternative spelling is *Qigong*

Tai Chi interests researchers because of its reputation among the Chinese as a therapeutic exercise routine, suitable for the aged and those with chronic disease. Several research studies have shown improvements in the balance of the elderly who have experienced falls.

In our study at the Royal Hallamshire, a combination of Tai Chi Chuan and Chi Kung ⁽²⁾ (a series of individual exercises that conform to the principles of Tai Chi Chuan and are sometimes used as 'warm-ups' before the practice of Tai Chi Chuan) proved most effective. The combination of both these exercise systems allows specific applications: allowing greater exercise concentration for particular muscle groups, and the ability to alter intensity, pace and the manipulation of balance in line with the patient's own natural balance characteristics. The patients are not encouraged to be out of balance and then learn to correct the deliberately induced imbalance as this may compound the learnt balance difficulties; they retrain and develop the natural inherent balance. Any subsequent improvement in this will inspire confidence and lessen the anxiety associated with imbalance difficulties.

Although our audit project has shown improvements in balance and psychological outcomes, long-term follow-ups are needed. These will help determine the time-related effects of the intervention compared to those who did not continue after the initial phase of rehabilitation.

The co-operation between the consultants, the medical physicist, the audiology technicians, the stress management personnel and the Tai Chi teacher is ongoing and allows for a free exchange of information, close supervision and appropriate intervention in line with best practice for the patient. This was demonstrated by the identification of various problems experienced by patients during practice that required referral to other medical treatments.

Consent Form

Please consider adding this to your patient questionnaire for your own protection

CONSENT: I hereby give my consent for [your name] to examine my person for the determination and application of both Remedial Treatment and/or Therapy, diagnosed as appropriate, resultant from the examination. Such Treatment and/or Therapy will be explained to me.

Name.....

Signature.....

GOsC Consultation Document

This is part of a document sent with a questionnaire to so-called interested parties, but not to you who it affects. Please read. The consultation period is until 10 December 2005.

PROTECTION OF TITLE

Section 32(1) of the Act states that, "A person who (whether expressly or by implication) describes himself as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any kind of osteopath, is guilty of an offence unless he is a registered osteopath [with the GOsC]".

There are three reasons why it is important to ensure that those who breach section 32(1) of the Act are prosecuted:

1. for the protection of the public - although not all unregulated practitioners are incompetent, many are;
2. all unregistered practitioners who describe themselves as osteopaths cloak themselves in the respectability of the regulated profession to attract patients and gain public trust that they would not otherwise gain;
3. the deficient actions of unregulated practitioners tarnish the reputation of osteopaths.

Over the years the GOsC has expended a great deal of time and energy trying to persuade bodies such as the Trading Standards Department and the Crown Prosecution Service, to prosecute breach of section 32(1). However, apart from one or two individual regional offices of the Trading Standards Department taking action under trades' description legislation, such effort has gone unrewarded.

For this reason, the GOsC has implemented a policy of bringing private prosecutions against offenders. As the GOsC does not have police powers to enter and seize, the GOsC has, on occasion, employed private investigators to gather evidence. Registration under the Regulation of Investigatory Powers Act 2000 may be of some benefit in this.

The GOsC has been hampered by a relatively short limitation period of six months to initiate a prosecution. Section 17 of the Magistrates' Court Act allows just six months from the alleged commission of the offence to the laying of an information (requesting the magistrate to issue a summons).

Perhaps the greatest difficulty in prosecuting breach of section 32(1) relates to offences of implied description. Offenders are often adept at the use of semantics to mislead the public, while at the same time evading the criminal standard of proof of "beyond reasonable doubt". The GOsC proposes a tightening-up of the law, to make it harder for offenders to escape prosecution. The GOsC considers this a major step to protect the public and the reputation of the profession.

Proposal 34

To: enhance section 32(1) of the Act to:

- a. prohibit the advertisement of “osteopathic treatments” and similar terms by anyone other than GOsC registrants;
- b. place the onus on an alleged offender not to cause, suffer or permit him/herself to be described as an osteopath;
- c. prohibit organisations from using the term “osteopath” and its derivatives in their names, unless they solely represent osteopaths, or are otherwise approved by the GOsC;
- d. include breach of section 32(1) of the Act in the Trading Standards Department's list of offences;
- e. list the GOsC in Schedule II to the Regulation of Investigatory Powers Act 2000;
- f. exempt breach of section 32(1) of the Act from section 17 of the Magistrates' Court Act.

Current situation

34.1 Proposal 34a: There is no express prohibition of non-osteopaths advertising “osteopathic treatments” and similar.

34.2 Proposal 34b: No offence is committed if a third party falsely describes someone else as an osteopath.

34.3 Proposal 34c: Organisations exist to represent the interests of non-osteopaths but which have in their titles the prefix “osteo”, the term “osteopath”, or its derivatives. Many of their membership/registrants failed to gain entry on to the GOsC Register because they failed to demonstrate sufficient competence or good character.

34.4 Proposal 34d: The GOsC has been unsuccessful in persuading Trading Standards Departments to prosecute breach of section 32(1).

34.5 Proposal 34e: The GOsC sometimes instructs private detectives to gather evidence of breach of section 32(1).

34.6 Proposal 34f: Section 17 of the Magistrates' Court Act imposes a time limit of six months from the alleged commission of an offence to the request for magistrates to issue a summons for breach of section 32(1).

Issues

34.7 Proposal 34a: Section 32(1) protects title and not function. However, the offer of “osteopathic treatments” and similar has the effect of misleading the public into believing that the person making the offer is an osteopath. The difficulty in taking court action solely for the use of such terms is that it is difficult to prove that they imply osteopathic status.

34.8 Proposal 34b: Under section 32(1), it is illegal for any person to describe him/herself as an osteopath. To prove the offence, the prosecutor must prove that the alleged offender or his/her agents brought about the description. This is very difficult in some circumstances. For example, in 1993, when the Act received Royal Assent, the Internet was not in common use. It is now commonly used to sell the products and services of persons who are falsely described as osteopaths. In order to prove a case, it is necessary to prove a nexus between the alleged offender and the website, which is not always possible. But even when a nexus is proven, it is still open to the defendant to blame the website maintenance personnel. The proposed amendment would place the onus on the alleged offender to show that s/he had done all that is reasonable to prevent the false description.

34.9 Proposal 34c: More than one such organisation is purporting to register and represent osteopaths. The use of “osteo” and “osteopathic”, etc. misleads the public into believing that the organisations are legitimate representative organisations and that their members/registrants are osteopaths.

34.10 Proposal 34d: Trading Standards Department are reluctant to prosecute under section 32(1). The suggested listing may encourage them to do so.

34.11 Proposal 34e: Entry of the GOsC to Schedule II of the Regulation of the Investigatory Powers Act 2000, for the purpose of section 28 “Authorisation of direct surveillance” may facilitate the use of private detectives.

34.12 Proposal 34f: Unfortunately, the GOsC sometimes finds out about breaches of section 32(1) some time after their alleged commission, and has difficulty laying an information within six months of the alleged commission of the offence. Exemption from section 17 of the Magistrates' Court Act would allow the GOsC more than six months from the alleged commission of the offence, possibly 6 months from discovery of the offence, to lay an information.

Benefit of change

34.13 Adoption of the proposals would promote more effective prosecution of breach of section 32(1). It would prevent:

1. semantics from providing an effective defence;
2. defendants from being able to shift blame to others as a defence, unless they can demonstrate that they had made reasonable attempts to prevent the false description;
3. the continuation of sham organisations.

34.14 It would also:

1. encourage Trading Standard Departments to prosecute breaches of section 32(1);
2. facilitate the use of private detectives;
3. allow more than six months from the commission of the offence for GOsC to issue a summons.

Would you be happy if these proposals were passed into law?

All members are invited to the next DOC meeting

Saturday 3 December, 10am – 4 pm

All Saints Pastoral Centre

Shenley Lane

London Colney

St Albans

Phone: 01727 822010

*Nearest train station is Radlett on the Thameslink line
Approx. 3 miles away (where taxis are available)*

