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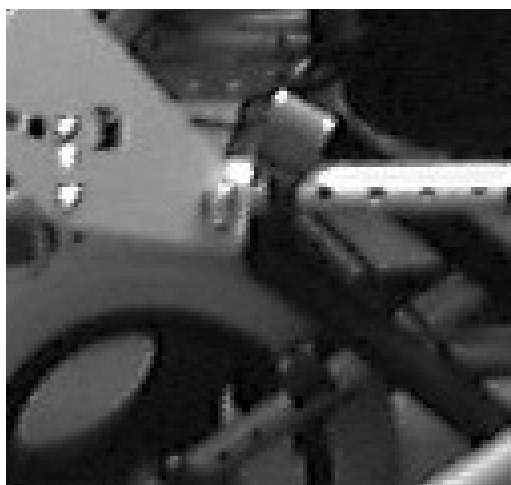
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Front cover: thanks to
**Russ and Caroline
Jewell** for slogging up
Mt Fuji to bring this
spectacular view of
dawn breaking over the
distant peaks.

Mitchells Marvel's

Aoccdrnig to rscheearch at Cmabrigde
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ltteers in a wrod are, the olny iprmoetnt tihng
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huamn mnid deos not raed ervey lteter by istlef,
but the wrod as a wlohe. Amzanig huh?

So why do we wrory aubot sellpnig so mcuh?



Guess the Product

Guess the Product: The product featured on
page 2 of volume 17 was the Harlequines logo.
Tricky one this issue ~ any ideas

email phil@contour886.co.uk.

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| | | |
|----------------|-------|--|
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The next issue of Posture & Mobility will be in **Summer 2004**. The deadline for this issue is the **18th of June**. The aim of Posture & Mobility is to keep members in touch with current events in the world of posture and mobility and to provide the opportunity to share ideas and learn of new initiatives. Articles should be between 500 and 2000 words. Photos and/or cartoons are welcome as are jokes and mindbenders etc. Please send contributions, preferably by email, to **Phil Swann** at phil@contour886.co.uk (send all pictures in their original format, not as part of a word document). Otherwise post a floppy disk, or print in Times New Roman 12pt.

Posture & Mobility is published by the Posture and Mobility Group, **Registered Charity Number 1098297**. The views expressed are those of individuals and do not necessarily reflect those of the Group as a whole.

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Editorial

Hello once again. I'm sorry this issue has taken such a long time to get out. One or two things have happened (started a business and had a second child) since the last issue, making it difficult to find the extra time required for the newsletter. However now its out I hope you enjoy it, and can forgive me the delay.

Have you seen the pmg website www.pmguk.co.uk, a lot of work has gone into its development, all credit to **Dave Calder** for the time and energy he has devoted to getting it up and running. Do feedback to Dave via the virtual form. It's what makes it all worthwhile.

I'm looking forward to the Nottingham conference, no games planned this year I'm afraid. However I'll be on the look out for new ideas and contributors to 'Posture and Mobility'. Do track me down if you have any suggestions for future editions.

Thanks to all who have contributed to this issue and to Ros Ham, who as a new member to the editorial team has done a great job in instigating many of the reports for this issue.

Thanks also to Julia Cunningham for the work she has done in contributing to the last 12 issues of 'Posture and Mobility'. Don't think this means I won't expect future

input!

Have you ever wondered why it is that almost all forwarded jokes via email seem to originate from the States and yet they are supposed to be more productive and us Brits?

Do you sometimes in a cynical moment wonder what drives the big picture....He's an insight into the possible thought process:

'You know if I'm lucky I'll spend all my working life managing changes in policy and never be accountable for making what I manage work more efficiently. The perfect excuse if nothing improves eh!!

Phil Swann *Editor*

Letter from the Chairman



It seems to have been another busy year in the life of the PMG. In this short letter I hope to convey the activities the group has undertaken in the last few months.

Charitable status

You will probably have noticed our registered charity number included at the foot of recent publications. On 2nd July 2003 we finally gained charitable status for the group. What does this mean? There are a number of benefits but fundamentally charitable status will ensure the future survival of the group for the benefit of its members and the public, as an independent organisation, free of government or commercial interests.

It is particularly important for a group of this size to have accountability. One of the roles of the Charity Commission is to audit the activities of charities and from time to time the PMG may be subject to this procedure.

There are of course financial advantages to the group and the membership such as applying to charitable trusts for development monies, tax benefits, and improved opportunities for links with the commercial sector as both sides stand to benefit.

I would like to take this opportunity to formally thank Barend ter Haar who has put in a great deal of time and effort on behalf of the committee in liaising with the Charities Commission over many months.

Group secretary/administrator

At the last AGM the membership requested a formal proposal for the appointment of a secretary/administrator for the group. This was duly

developed and mailed to members in the summer. Of the returns received there was an overwhelming majority in favour of this appointment.

You will have seen the job advert included with the 2003 Conference Report mailed in October. Interviews were held in December and I am delighted to inform you that we were able to appoint Olwen Ellis who has since been co-ordinating conference administration. Some of you may already have made contact with her.

The role of the administrator will develop as the committee become accustomed to having secretarial and administrative support. Olwen will undoubtedly "oil the cogs" of the workings of the group!

Committee retireals

At the end of this year there will be five vacancies on the committee. It is very important that the committee is fully "staffed" as there is always a great deal of work to be done.

Those standing for election to the committee will have the following benefits:

- 1) attendance at committee meetings should count to CPD,
- 2) there is an opportunity to meet other professionals in the field;
- 3) exciting opportunities to take a lead in developing many aspects of the activities of the group.

If you did not stand this year I would encourage you to consider standing as vacancies come up in the future.

Conferences

The programme for the 2004 National Conference with the theme of "Posture vs Function?", which you will already have seen, is looking full and very interesting. I do hope you are able to attend. Keep an eye on the website for updates including abstracts for presenta-

tions: www.pmguk.co.uk

The 2005 International Conference on Posture and Mobility is starting to take shape. The organising committee comprises the Scottish Seating and Wheelchair Group (SSWG), the British Society of Rehabilitation Medicine (BSRM), PMG and other representatives from around this country and abroad. I am sure it will be a particularly exciting conference given the extended programme and international flavour. There is a website up and running where you can register your interest in receiving future correspondence:

www.mobility2005.org

SSWG

The Scottish Seating and Wheelchair Group and PMG continue to work together and have regular representatives on each other's committees. This provides a very useful link for both groups to share information and experiences. Visit the website to find out more:

www.sswg.scot.nhs.uk

Wheelchair Standards

The remit of the guidelines working group has lately become broader. Dave Calder, who chairs this sub-committee, has been very involved with the creation of the National Wheelchair Standards document for which PMG has been nominated the umbrella organisation for the many national organisations involved. The standards have been published at issue 2 and appear on the website: www.pmguk.co.uk Discussions continue with the Department of Health as regards their endorsement of the document.

Finally, I trust you will enjoy the rest of the newsletter and I hope to see you at the conference.

With best regards,

Dave Long
PMG Chair

Alternative Sources of Funding for Private and Voucher Chairs.

Alison Johnston - Bromley Wheelchair Service

As part of the University of Greenwich Wheelchair Prescription and Provision for Professional Practice Core Module, one of the assignments was to compile a resource file that would be useful in your own area of work.

I decided to put together a file of alternative sources of funding for wheelchairs that may be either purchased privately or with the aid of the voucher scheme. This had been an issue locally when it became unlikely that we would be able to supply an EPIOC to a particular user, as they did not fall within the eligibility criteria.

To do this I decided to contact a range of charities and trusts to find out if they would fund items such as wheelchairs, what their criteria were and application procedures, and if they were willing to be included in the file.

My first task, therefore, was to find out the names and addresses of appropriate charities. I visited my local library and took addresses from a number of reference books of charities that appeared to be relevant. The two most helpful publications were **Charity Choice UK 2000** and **A Practical Guide for Disabled People 2000**. Both these publications are also available through websites. (See references)

The biggest hurdle for me was yet to come! Getting to grips with mail merge! I am not very computer literate! This was a steep learning curve, and with assistance from my fifteen year old daughter, I managed to put together the first letter and address list for the charities and trusts names I had acquired.

I received a good percentage of replies, some by phone and many with information about their funding and application procedures. There were quite a few who were unable to offer the funding that I was enquiring about, but they were often helpful in suggesting other charities to contact.

This then entailed a second mail merge. (I was getting the hang of it by now!). Later there was a third mail shot to all those I had not heard from at all.

I also found the Charity Choice website extremely

useful. I could print off lists of relevant categories of charities, e.g. benevolent funds, for inclusion in the file.

The file now consists of ten sections spread over two large files. Sections included are:

1. **General Funding**
2. **Charity Choice**
3. **Search Organisations**
4. **Other help e.g. holidays**
5. **Unable to help with the purchase of wheelchairs**
6. **Children**
7. **Diagnosis Specific**
8. **Armed Forces**
9. **Professional**
10. **Religious Organisations**

In total I received information from over one hundred organisations. This will be added to and updated as I hear about more organisations that are willing to fund wheelchairs.

I am hoping to get published a list of names and addresses of the charities I contacted. When this is available I will let the editor know so the information will be accessible to you and your services as well.

On a final note, the Greenwich course was hard work especially as deadlines for assignments loomed, and it certainly got the "little grey cells" working again. There were six assignments in all. But above all it was fun, with a really great group of people and my computer skills certainly improved!

References

Waterlow, Charity Choice UK 2000, 12th edition, Wilmington Business Information Limited, London.

www.charitychoice.co.uk

Department of Health, A Practical Guide for Disabled People 2000, DoH, London

www.doh.gov.uk/disabledguide.

Integrating Community Equipment Services

Ian Salt



It is becoming widely recognised that effective provision of community equipment needs to sit at the heart of health and social care. It can make the difference between someone staying independent in their own home or having to move into residential care or go into hospital. This equipment ranges from simple mobility and bathing aids to higher technology that can monitor a person's well-being from a distance. Ian Salt, the National Team Leader for the Department of Health's implementation team reviews current progress towards the integration of community equipment services.

Establishing Some Priorities

With eight months to go to the integration target date of April 2004, and so much to do, integration leads and project managers have been asking what the priorities are, and on what they should focus their efforts. There are three principal agendas:

- ☐ long term benefits for community equipment services' clients, from the improvements that will come as duplication and waste are reduced by integration;
- ☐ an increase in the number of people benefiting from equipment, and
- ☐ the need to meet the integration target.

The increase in the number of people benefiting from service improvements should be already happening, even those services which have not been able to access the full amount of additional funding have been able to demonstrate improvements and prepare a realistic programme. It will be important to report in April 2004 a high success rate in progress on integration and it will encourage support for the continuing development that services need.

So what constitutes 'integration', and can all services achieve it in eight months?

I believe so. Simply, it is meeting the four criteria for integration in paragraph 42 of the Guide to Integrating Community Equipment Services:

1. One: Revenue funding from pooled health and social services contributions using the Health Act flexibilities. Points to note are that the Department of Health Joint Unit has to be notified of your section 31 agreement. Some people will be phasing their programme over the first couple of years.
2. A single operational manager for the service: For many services this will potentially be the most difficult criterion to meet owing to human resources considerations and processes, so it needs to be tackled soon. An appointment that is planned to come into effect by 1st April, 2004, can be counted as meeting this criterion.
3. A board to advise the manager (a 'manager's advisory board'): See the Guide and the ICES website for points about the composition. Potentially the easiest criterion to meet, the first meeting should be planned to happen by 31st March, 2004, at the latest. Many people will already have advisory or partnership boards in place.
4. Unified stock: Many organisations are reporting significant progress in breaking down barriers between health, social services (and education) equipment.

These four requirements will be at the heart of your integration programme for the coming months. Also important to consider are the characteristics of all good equipment services such as the IT systems - the web site has a range of topic papers to address these.

Having reached that point there will be an unstoppable momentum towards the larger agenda for improvements for our service users.

Why integration?

In March 2000, the Audit Commission's report '*Fully Equipped*', painted a largely negative picture of the state of equipment services for older or disabled people. It described the organisation of equipment services as a recipe for confusion, inequality and inefficiency. In response, the Government provided new money for three years from 2001/02 for community equipment services and set demanding new service targets together with a route-map for services to follow in order to achieve full integration across health and social care by April 2004. The national Integration of Community Equipment Service (ICES) Team was also established to support the efforts of local services to meet these targets. The team comprises a full-time team leader and eight part-time team

members and has an informative website at www.ices-doh.org.

Two years into the project, what is the current situation, and what are the prospects of providing better community equipment services?

The current situation

Despite the difficulties that many services have had in getting additional funding, much progress has been achieved. On the basis of our most recent communication with local community equipment services integration leads, three-quarters of them report that they will hit the April 2004 integration target, and the ICES Team is working hard to bring the others up to speed.

We are conscious that for many services, successful integration will depend on a successful out-sourcing of the service and much depends on the capacity of the private sector to be able to respond. Moreover, it is clear that some services are simply adopting a 'tick-box' mentality towards integration. This may enable them to say that they have integrated but we are looking for much more than that. We want to see genuinely user-led integrated services because we believe that community equipment services are not just about vans and delivery times, rather they are central to tackling the isolation and social exclusion experienced by many older or disabled people.

We have been asking service leads some basic questions to find out how many services have already taken the key steps towards integration:

- 1) **Action Planning:** Has an action plan been written for the purpose of integration by all relevant partner council and NHS organisations?

- 2) **Single Point of Contact for Users:** Has a single point of contact been established?
- 3) **Unified stock:** Is social services and NHS equipment pooled and managed within a single inventory?
- 4) **Pooled funding:** Is there pooled funding for the community equipment services under Health Act 1999 (Section 31) flexibilities arrangements?
- 5) **Manager's Advisory Board:** Have you established a board or stakeholders (including a high proportion of users) to advise the manager?
- 6) **Single Manager for the service:** Is there a single manager identified for the service?
- 7) **7-day target for equipment provision:** Are you meeting the 7-day target for provision of equipment?

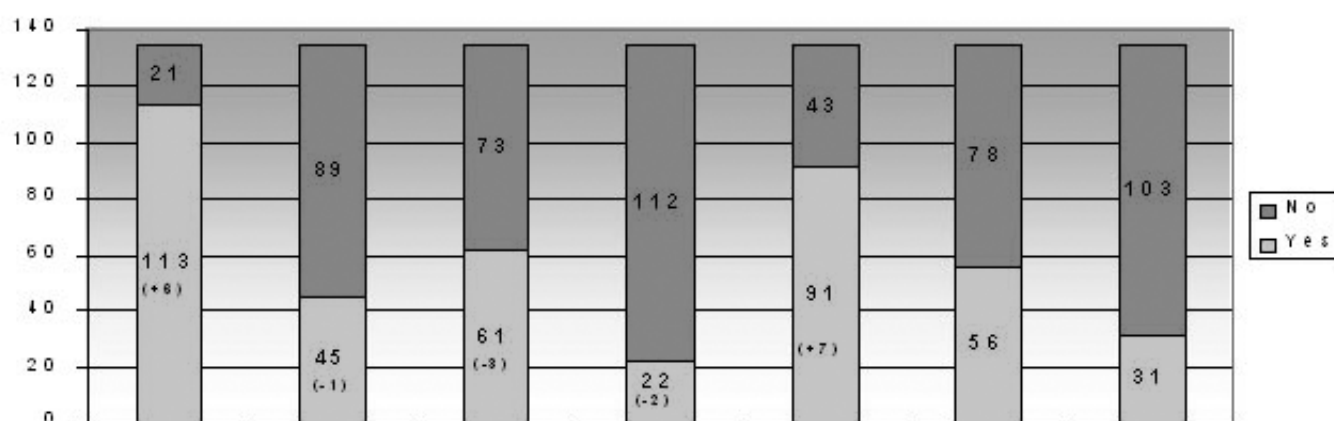
The graph below gives a snapshot of the positions of services answering the survey in June 2003. This is in the process of being updated at the time of going to press.

The general workload on social services and primary care trusts is enormous so, not surprisingly, the planning, commissioning and delivery of community equipment services has not yet been seen as a high priority. As a result, most services are moving only slowly towards using the powers available under the Health Act 1999 to establish lead commissioning arrangements and pooled budgets. But the pace of change is expected to gather during the year owing to the requirements of the ring-fenced funding for councils for community equipment in the Systems and Access Grant to be used in a pooled budget.

Prospects of providing a better community equipment

Exhibit: Number of equipment services that, at June 2003, have taken the key steps towards integration

ICES Survey Data June 2003



service

The ICES team remains optimistic, however. The practical know-how of the team has been underpinned by advice from various sources such as an external reference group and a panel of disabled equipment users. The team is also supported by the Audit Commission and the Social Services Inspectorate (SSI) as they work together to raise awareness of the importance of community equipment. Crucially, expertise within equipment services themselves is growing.

Perhaps most important of all is Government commitment. The previous Health Minister Jacqui Smith, when addressing the ICES conference last November, drew attention to new targets. Current government policy stresses a whole systems approach to maintaining the independence of older people: spending plans for 2003/06 included a public service agreement between HM Treasury and the Department of Health to 'improve the quality of life and independence of older people so that they can live at home wherever possible', by increasing by March 2006 the number of those supported intensively in their own homes to 30% of the total being supported by social services at home or in residential care. The growth in emergency admissions is to be less than 1% annually. Community equipment can contribute to both aims.

The Government's determination to see extra investment in keeping people independent was signalled by the Secretary of State's announcement on delayed discharges in July 2002. By 2006, an additional £1 billion for social services will be provided. The reforms associated with the additional funding have significant implications for equipment services.

The package of reform includes:

- ☐ Faster assessment. By the end of 2004, first contact by social services will be made within 48 hours and the assessment completed within one month. Equipment needed is to be in place within one week.
- ☐ Expanded range of services. Double the number of intensive home care packages by 2005 compared with 1995,

70,000 more rehabilitation packages and a 50% increase in the number of extra care housing places.

- ☐ Easier access to community equipment. Half a million more pieces of free community equipment benefiting an estimated 250,000 people.
- ☐ Increased choices for older people. Following assessment of care needs, all councils will be obliged to offer direct payments allowing people to take more control of their care if they wish.

Three agendas for investment

There are three agendas that should ensure increased investment in the management of equipment services: direct social care payments; reimbursement of hospital trusts for delayed transfers of care, and the national service frameworks (NSFs).

The first provides for increased choices for older people. Following assessment of care needs, all councils will be obliged to offer direct payments to older people allowing them greater autonomy in decisions about how their needs are met. Service commissioners will have to think positively about how local arrangements are to be implemented.

The Community Care (Delayed Discharges etc) Act 2003 sets out local authorities' financial responsibility for the cost of patients' care once they are ready to leave hospital. Clearly, effective community equipment services will be needed to help patients to be discharged promptly.

Third, the implementation of the various NSFs also depends on effective equipment services and the wider use of assistive technology. (See table.)

| Table: Community equipment and the National Service Frameworks | |
|--|--|
| NSF | How equipment assistive technology supports the NSFs |
| Diabetes | Many people with diabetes need equipment to help them to lead independent lives. |
| Older People | Targets to reduce the incidence of falls and helping people with sight loss feature prominently in the NSF. Assistive technology plays a vital role in both these areas. |
| Children | Assistive technology is needed for children with a variety of long-term conditions. |
| Coronary Heart Disease | Tele-monitoring offers significant scope to monitor people with coronary heart disease at home, taking pressure off hospital care. |
| Long term conditions | Many people with progressive degenerative conditions will require assistive technology to alleviate their conditions and to help them to remain independent. |

With vision, networks of commissioners and providers could become a powerful instrument for change in care service provision. Most people active in the field are agreed that these services have never had a better opportunity to take a more prominent role in health and social care provision.

We are at a possible turning point towards better equipment services but service commissioners need an attitudinal sea-change to grasp the opportunities open to them. They can start this process by:

- ☐ Talking to service users, carers and voluntary organisations for disabled people.
- ☐ Talking to the local equipment service integration lead.
- ☐ Talking to local councillors and complaints departments to pick up the issues being raised by the public.
- ☐ Talking to GPs and consultants in orthopaedics, geriatrics and rehabilitation about the impact that improved equipment provision could have on their workloads.
- ☐ Talking to finance colleagues to identify opportunities to shift investment from care services into equipment provision.

What next?

There are several initiatives currently in train to help to raise the profile of equipment services. First, over the coming months, the ICES team will continue to work with local services to help them achieve meaningful integration. We shall be carrying out regular surveys of progress to help target those services that appear to be off-course. Second, the ICES team and the Audit Commission are working with the NHS Purchasing and Supplies Agency to develop a model service specification to help those services that are seeking to out-source their services to private companies. And third, in September the Audit Commission will be publishing a report on the role of the electronic assistive technologies in promoting the independence of older or disabled people. The ICES team will be supporting this project and is working with the Modernisation Agency to help implement its recommendations.

Key Points

- ☐ Community equipment needs to sit at the heart of health and social care
- ☐ The need for integration has been demonstrated

- ☐ Despite the difficulties that many services have had in getting additional funding, much progress has been achieved.
- ☐ The reforms associated with the additional funding have significant implications for equipment services.
- ☐ Agendas for investment and how assistive technology supports the National Service Frameworks

Ian Salt biography

Ian began a social work career in the mid '70s and developed an interest in working with older people and services for disabled people when working for Stockport Metropolitan Borough Council. He managed domiciliary and day care services for Manchester Social Services from 1987. At the time of his secondment to the Department of Health as the Team Leader of the National Implementation Team in 2001, Ian was managing sensory services and community equipment services for Manchester's Equipment and Adaptations Service.

Thanks to Janie Hugall for this picture of her grandmother in a w/c circa 1943 to 1946.



Report from Whizz-Kidz Standards Group Martin Moore.

The PMG were invited by Whizz-Kidz, to attend a meeting in August 2002, to help look at Standards for the Provision of Mobility Equipment for Children and Young People. Other groups attending the meeting included, IPEM, NAPOT, NWMF, RESMaG, BHTA and a private wheelchair dealer.

The meeting had been initiated by Whizz-Kidz following discussions at a Whizz-Kidz/Sunrise Medical study day. The participants, of that study day, felt that Whizz-Kidz were in a good position to bring together representatives of many groups and to work alongside the National Wheelchair Managers' Forum (NWMF), EmPower, and the Department of Health, to help promote the introduction of national standards for provision of mobility equipment for children and young people.

There have been a further two meetings this year in February and May. Draft standards have been written and comments have been fed back to the co-ordinator at Whizz-Kidz.

The draft standard has been forwarded to Dave Calder who has co-ordinated a document for National Wheelchair Service Standards. The standards produced by the Whizz-Kidz group have been incorporated into the new Standards document.

BSI Wheelchair Standards Report- 2003 Nigel Shapcott

I have been putting off writing about activities at BSI in the hope that I will find an interesting angle which minimises the reference to countless alpha numeric references, which although I have been doing this for more than 20 years, are still pretty much indecipherable!

This brings me to what I think is a real problem with the wheelchair and seating support systems standard: they mean little to the vast majority, with the exception of a few of us 'anoraks'.

The standards have the potential of releasing a large amount of clinically useful information, but that potential is seldom realised. In the USA the Paralyzed Veterans of America have in the past published in their magazine a tabular comparison of manual wheelchairs, initially useful but with a relatively short shelf life.

I would like to raise an idea discussed years ago in ISO meetings to obtain funding, perhaps under the auspices of PMG, SSWG, *.gov's, and others, to develop a web site to enable manufacturers' information to be published in a friendly, accessible and clinically useful manner. This information might also be

of benefit to those who purchase wheelchairs on behalf of NHS Trusts.

One can envisage a web based data base which is continually updated as new wheelchairs and seating systems are developed and which can be interrogated in a useful manner. If Curry's can do it!

Looking at PMG's website you will see that the aims of the organisation are to:

- ☐ promote best practice
- ☐ provide a training forum
- ☐ collate information
- offer advice to:
 - ☐ rehabilitation professionals
 - ☐ policy makers
 - ☐ service commissioners
 - ☐ providers.

I believe that many of these aims fit this idea and would like to encourage early debate AND follow up on this.

Oh, and by the way there are a group of hard working people progressing on producing good wheelchair standards. See Web Watch for the address, page 27.

Advancing the partnership between technology and therapy

Jane Seale
Chair of ADVANCE
J.K.Seale@soton.ac.uk

In May this year, the Association of Occupational Therapists and Computer Technology (OTCT) re-launched itself with a new name and constitution. The Association has changed its name to ADVANCE in order to reflect its members' interests in promoting or advancing quality of life through a partnership of therapy and technology.

ADVANCE is still a national association of therapists, clinicians and other related personnel but its remit has broadened out from computer technology to include all forms of Electronic Assistive Technology (EAT), including Environmental Control Systems and Communication Systems. The mission of ADVANCE is to provide information and peer support for members who are using EAT in a wide variety of health and social care settings including neurology, mental health, paediatrics and learning disabilities; and for a variety of assistive and therapeutic purposes.

ADVANCE is particularly pleased to announce that they have a new Environmental Control Sub group and to celebrate this new partnership the theme for their annual Study Day on the 3rd October was Environmental Control Systems and Integration. At this study day delegates discussed the barriers to providing successful integrated systems, and focus inevitably turned to the fragmentation of services across the country and the perceived need for all those working in the field to work closely together to lobby for and work towards change.

It would be interesting to hear what PMG members feel about this and other important issues in the field of Assistive Technology. For more information on ADVANCE check out the web site: www.advance.me.uk

BSRM

The mission of the BSRM is to promote the understanding and multi-disciplinary management of acute and chronic disabling diseases and injuries; their personal interpersonal and social consequences and to advance public education in these matters.

Founded in 1983 as 'The Medical Disability Society', the British Society of Rehabilitation Medicine is the UK professional organisation for practitioners in Rehabilitation Medicine. It has a rapidly growing membership of over 300 and an established regional structure throughout the country. The BSRM is a young and vibrant organisation which is devoted to:

- ♦ Promoting the development and good practice of Rehabilitation Medicine as a medical specialty.
- ♦ Enhancing undergraduate and postgraduate education in

rehabilitation and disability issues.

- ♦ Supporting rehabilitation research.
- ♦ Liaising with related medical, paramedical and voluntary organisations to further these aims.

Membership of the BSRM is open to all registered medical practitioners interested and concerned with its objectives.

The BSRM is affiliated to the European Federation of Physical Medicine and Rehabilitation, and the British League Against Rheumatism.

The Society is the approved national body for endorsement of British doctors' applications for the Diploma of the European Board of Physical Medicine and Rehabilitation and indeed, since 1993, many doctors have gained this diploma with the support of the BSRM.

Two national meetings and two specialist courses are held each year with additional specialist symposia. Ever since a seminal report on the Management of Traumatic Brain Injury was published by the Medical Disability Society in 1988, a series of authoritative and influential reports have been produced by the Society on a number of rehabilitation issues. These can be used to guide both purchasers and providers in the provision of appropriate services.

Membership is open to any registered medical practitioner who has an interest in disability and its management. As well as consultants and trainees in Rehabilitation Medicine, the membership also comprises Geriatricians, Rheumatologists, Spinal Injury doctors and Neurologists.

The benefits of membership include:

- ☐ Subscription to Clinical Rehabilitation (eight issues per year)
- ☐ Reduced registration fees at the society's meetings
- ☐ Complimentary copies of the society's influential publications

- ☐ Twice yearly newsletter
- ☐ Participation in regional groups' events
- ☐ Opportunities to contribute to national debates and influence decisions of statutory bodies on issues related to the specialty.

Summary of Equal Research Network Workshop; 'Integrated approaches to the development, selection and supply of assistive technologies for older and disabled people'

Pam Harper

After a welcome the first presentation was given by **Professor Louise Denvers** of the University of Montreal on '**Outcome Measures in Assistive Technologies.**' She defined outcome as what changes in the life of a user as the result of using an Assistive Technology device. Technology is advancing rapidly and has, and will have, a major impact on the lives of people with disabilities.

There is no time for a trial and error approach with our patients, we need to know that the technology is going to be useful. Users, researchers and politicians are all involved with this issue. Outcome data can inspire but outcome measures in Assistive Technology can be a great challenge. There are a huge number of devices and can they all be measured in the same way? Also how can the effect of AT be isolated? What can be measured and how? There are many other variables such as motivation. How do we measure outcome in the natural environment? How long should an outcome be measured for?

AT can impact on the consumer in many ways according to their needs. A mechanical ventilator prolongs life, a wheelchair or a communication device improves the quality of life. There can be a framework for the conceptual modelling of AT outcomes. In procuring a device the needs of the user must be considered. After the introductory use, is

the use going to be short or long term? How often and for how long will the device be used? Short term outcomes could include efficiency, user's satisfaction and the user's well being.

The co-factors such as co-morbidity, sensory and environmental factors may modify this. The longer term outcome measures have a different emphasis. Does the user then continue to use the device or abandon it?

A classification system is needed with proximal and distal parameters. In seating the proximal factors will be comfort for static seating, ease of propulsion for wheelchairs and safety for 'geriatric chairs'. Distal dimensions include user well-being, cost and user satisfaction.

An example of an Outcome Measure is the **PIADS Psychosocial impact of AD scales. Version 4.2.** This measures the effect of assistive devices on functional independence, well being, quality of life, competence, happiness and adaptability. Each aspect has many subscales. The user either self reports or it is done by phone. It is scored either on paper or by computer. Is it reliable or valid? This is to be studied.

The **QUEST Version 2 Quebec User Evaluation of Satisfaction with Technology** is a clinical and research tool. Older adults and teenagers are the target groups. The

degree of satisfaction and the sources of satisfaction and dissatisfaction are assessed. There is a sub-scale relating to the device and the services. The user can also self report. It can be done on paper, by interview or by computer and takes 10 minutes. There is a 5 point rating scale from not satisfiedto completely satisfied. The validity and reliability of this scale are good.

In answer to a question regarding its use for children, Professor Denvers said that care givers could complete the assessment on behalf of the user. She said that no-one uses the QUEST precisely as designed. It has produced useful results in different languages with different devices. A comment was then made from the floor, that as death is an outcome, those with limited life expectancy could impact on the assessment of outcome. In answer to a question she said that at present the result from the outcome measures are not fed back to the researchers. Another comment was that there can also be a problem combining bits of AT- each bit may work well on its own but not when combined.

Lindsey Etchell from Ricability (www.ricability.org.uk) then spoke on '**Evaluation of Specialist and Mainstream Products used by Consumers with Disabilities.**'

Ricability is an offshoot of the Consumers' Association, and for the last 40 years, has carried out

research on products and obtained information for people with disabilities. It is funded on a project to project basis. It responds to information from consumers as to what needs to be researched and what information is required. They have a long history of testing community alarms from the days when vulnerable people wore radio transmitters round their necks. This did give a sense of security and peace of mind to the users. By the 1980's there were about 15 different alarm systems in a highly competitive but unstable market with varying technology and no standards and no information for the consumer. Research then involved 400 face to face interviews. There was also a postal survey of alarm providers and laboratory tests of the equipment. The results showed that the equipment was electrically potentially dangerous, there was no back-up power supply, there was no warning of power loss; it was set off only with a portable trigger which could get lost. The speech quality was poor, the triggers were bulky and uncomfortable and only had a 5m operating range.

After their critical Report, the British Standards Institute developed *Standards for the operation of the system, the instructions for use* and there was a national specification for signalling protocol.

By the 90's all systems were high tech, and conformed to the British Standard. There was more information available, including academic test data; the market was more stable; the devices were all electrically safe; they all had a back up system warning if power was lost; the triggers were smaller; the speech quality had improved and the range of the trigger had increased.

By 2003 they all conformed to European Standards, the market

remained stable and although there was no Trade Association, a Providers' Association had been formed.

This shows that there was a positive response to a critical report. Now they are looking at usability issues, to provide increased guidance for those with decreased manual dexterity or hearing problems.

A project regarding products for easier living dates from the Community Care Act of 1993. There was concern that all the funding would go to the severely disabled at the expense of the slightly disabled. *The Equipment for Easier Living Report of 1994* showed that people were using special equipment in their homes and liked it. *Adapting your Home Report in 1996* reviewed the impact of lifts and ramps and the *Easier Living Report of 2001* reviewed electronic AT. They found that the market was wide ranging and fluid.

They produce a *What's New Booklet* which gives brief information on a range of products and raises awareness of what is available.

They looked at Childcare products for disabled parents. There were lots of leaflets but no focussed information available. There is a disabled parents' network consisting of health professionals and parents. This is a huge area and priorities had to be determined by the use of postal questionnaires.

Expert panels chose models in each section - baby carriers, stairgates, feeding equipment, high chairs, push chairs and car seats- to look at in detail. The baby carrier had home user trials and the stairgate, push-chair and high-chair, had centre based trials at the test centre in Milton Keynes. As a result product specific design guides have been produced.

Generally manufacturers know little about designing for disabled parents.

The problems from the tests were;

- ☐ Baby carriers - problems loading the baby in, dark colour made fastenings difficult to see, the fastenings were fiddly and the whole thing was too heavy.
- ☐ Bottle warmers were awkward, narrow and unstable.
- ☐ Safety gates had complex fittings, narrow openings, and the opening mechanisms were both adult and child proof!

Maggie Winchcombe from the Disabled Living Centres Council then spoke on '**The Role of Disabled Living Centres Council in Equipment Services at Individual and Policy Level**'

Disabled Living Centres or Independent Living Centres[the old Aids Centres] are places where people can find out about AT.

The Centres for Disabled Living are different and are the source of information regarding Direct Payments.

DLCs are often run by disabled people. There are now 48 in the UK and each one is different. Their **aim is to enable people to make informed decisions about the products they use**. The centres are scattered but there are big gaps; 43% are run by the statutory services, the rest by the independent sector. They vary in size [100-3000sq m] and can be in urban or rural areas. They may be stand alone as a source of information and advice and a site for product demonstration. They may be part of a Community resource Centre which people visit for many reasons. All can use them - disabled people, older people, carers, health and social care professionals, students, schoolchildren doing projects

and architects. They are a source of independent and ethical information and advice on AT products. It is a client led service which provides up-to-date, appropriate and relevant information on the range of equipment available to meet the needs of the client.

The vision of the DLC Council is to work towards the day when AT is no longer special but is part of everyday life. Their mission is to lead a UK wide network of DLCs to provide advice re AT to everyone. They wish to influence Government policy and raise the profile of DLCs. They wish to set national standards, develop collaborative partnerships and campaign for improvements. They wish to promote the role of DLCs as a component of social care. Products in DLCs must be destigmatised and available to all. There is some interest from companies to work with DLCs. Since the Disability Discrimination Act there is a need for an earlier input from disabled people to meet the designers, as is routine practise in the US.

There is also a need to get into the area of Standards. In Denmark the expectation is so different and disabled people get the best. In the UK if it is produced by the State it is as cheap and basic as possible. There is a need to prove to manufacturers that there is an increased need for these products. Disabled people are becoming more demanding as consumers. There is also the potentially larger European market.

The DDA does not cover manufactured goods. There is a great deal of unmet need and each DLC must publicise locally.

After lunch **Julia Cassim** from the Helen Hamlyn Research Centre, Royal College of Art (www.hhrc.rca.ac.uk) spoke on'

'Design Innovation for Inclusion through User Involvement'

The Helen Hamlyn Centre is a Centre for Inclusive Design meaning that it deals with design to encompass the needs of a wide range of people. Students, new graduates and professional designers are all involved but the whole project is centred on the disabled user and their needs. 25% of students at the RCA are dyslexic and one designed a new type face for dyslexics. She asked when did engineering take over in design and aesthetics get lost and showed a beautifully designed artificial arm from 1904 designed for use by a pianist. She also showed a decorative bath chair from the same period.

After the war there was a need for speed in prosthetics because of the number of soldiers requiring limbs and from then on design has receded and the engineers have taken over. Even David Beckham used a pair of standard NHS crutches - hardly suiting his image. It is possible to have bespoke wheels on your wheelchair and you can get bespoke orthopaedic shoes.

The students at Helen Hamlyn are in close touch with users so as to meet their needs. There is a competition called *Design for our Future Selves* and the message then will go out to small businesses.

Recent projects included landscaped tableware glasses and ceramics which could be gripped easily as well as being aesthetically pleasing, and these went into production. A prize winning entry by a student for a palm operated sander, the Sandbug, and a battery screwdriver the Gofer have been manufactured by B&Q.

In collaboration with Whizzkids and the user a special trike was designed for a paralysed boy with hand con-

trols which tilts to go round corners.

The next presentation was given jointly by **Professor Peter Lansley** and **Kate Goodacre** from the University of Reading on **'Introducing Assistive Technology into the Homes of Older People: Occupational Therapy meets Health Economics'**

As life expectancy increases there is an increased proportion of elderly in the population and a high level of disability in the social housing sector with a large amount of unmet need. How far and at what cost houses can be adapted depends on what needs to be done. Just how far can AT and adaptations replace formal care? A full care package with minimal AT can be replaced by a minimal care package and full AT and should produce a significant saving.

In the adaptation of properties the main costs are because of mobility problems - e.g. the need for accommodation all on one level; the need for more space for walking aids, wheelchairs etc. Flats in converted houses and maisonettes are particularly difficult to deal with, as are concrete buildings.

The issues for OTs are acceptability, feasibility and cost of alterations.

The need is for simple realistic equipment and the age of the user is not a factor. Sheltered properties are not always adaptable. Property could be classified by the potential for adaptation rather than the adaptations provided. OTs are in a unique position as they can advise individuals, help housing providers, promote greater use of AT and carry out research.

The last presentation was given by Professor **Julienne Hanson** of University College London and Professor **James Barlow** of

Imperial College London, on 'New Dimensions in Telecare'. Telecare is B2C Business to Consumer, whereas Telemedicine is B2B Business to Business. Telecare is therefore the delivery of health and social care direct to the consumer. The Services are supported by information and communication technology. For home safety and security there can be sensors around the house, e.g. to turn off the gas, lock the door, turn off the bath tap. These can all be monitored remotely. There are also services to do with personal monitoring, eg sensors to monitor pulse or breathing sounds. ADL activities can be monitored, e.g. has a person fallen, has the room been occupied in the last few hours, is the person drinking too much/too little water, have they not opened the fridge, have they not got out of bed. Environmental controls can be included; e.g. opening the door, putting lights on, drawing curtains.

The support given by community alarms is enhanced by Telecare and there is overlap with electronic AT and Smart Housing. There is a distinction between AT to improve the functionality of the home and AT designed to mitigate risk. Going from hospital to home is a case where support from AT can be provided. There can be sensors on the house and on the person and messages can be relayed to a central control if there is a problem.

Sensors are discrete within the house and are therefore not intrusive.

What is driving the interest in Telecare, which should be fully available by 2010? There are a wide range of policy documents about this and current providers of care services and social housing want to diversify into this area. There is a Smart Housing industry emerging

and Telecom companies are searching for new services to provide. McCarthy and Stone have bought Circus, the Community Alarm provider and a residential care provider is looking to buy McCarthy and Stone.

White goods could be controlled remotely and other advances in technology mean that sensors are getting smaller, lighter, with increased range and increased power to process information.

There are currently several demonstration sites for Telecare but only West Lothian is currently mainstream; issuing Telecare to everyone over 65 who needs it. It is a risk management Telecare service.

NHS Direct receives 6 million calls/year and there are half a million hits/day on the web site. They now have 10 million electronic records.

There are major implementation challenges for Telecare. There is an existing complex care system and how do we gain the evidence base that Telecare will work.

The whole system is complex with a large number of stakeholders, an incomplete understanding of the care process by many staff, and there is the need to accommodate differing perceptions of risk and different value systems. There are also evolving policy priorities.

It has proved very complex even to set up an intermediate care scheme which seemed simple. It is very difficult to get robust evidence in this area as RCTs cannot be done. The components of the care need to be disentangled. There are 2 kinds of interface - the built and the human interface and Telecare cannot turn a poor home into a good home. Telecare needs to be an adjunct and it is debatable whether it is a cost saving because it will show the need

for other adaptations. There is no point giving someone Telecare if they do not want it and it is not a substitute for face to face care. There is a danger that we could create technological hermits.

Telecare has the potential to change and we are only just beginning to understand what it can do and what its impact will be on the care delivery system.

In discussion it was pointed out that Telemedicine is much simpler than Telecare. The technology for Telecare has been available for 10 years but the shift of interest has been caused by many factors including the community care agenda, an increased familiarity with technology, the ageing population, more dispersed families and rising costs of care. The technology should free carers to be carers.

Data is being collected about people receiving Telecare at present.

To liven up meetings why not try meeting Bingo!

Make up a bingo card with a list of phrases that are commonly used, e.g: standards

quality

the bottom line

best practice

joined up working

client focused

benchmark

knowledge base

Distribute the cards to other meeting goers.

The first to tick off 5 words and shout

'BINGO' wins that round.

PMG NEWS

Below are details of the current committee, listing position and stand down dates.

| Name | Profession | Sector | Position | Date on | Date Off | Extension |
|------------------|-------------|-------------|----------------------|---------|----------|-----------|
| David Long | REM | NHS | Chairman | 2002 | 2005 | 2008 |
| Barend ter Haar | Director | Private | Treasurer | 2001 | 2004 | 2007 |
| Roy Nelham | CE | Retired NHS | Vice Chair | 1999 | 2002 | 2005 |
| Elizabeth Green | Consultant | NHS | | 2001 | 2004 | |
| Phil Swann | CE/Partner | Private | P&M Editor | 2001 | 2004 | |
| Martin Moore | RE | NHS | | 2002 | 2005 | |
| Henry Lumley | Manager | NHS | | 2001 | 2004 | |
| Gordon McQuilton | Director | Private | | 2001 | 2004 | |
| Russ Jewell | BioEng | Private | | 2002 | 2005 | 2006 |
| Gillian Wigham | OT | Charity | | 2002 | 2005 | |
| Dave Calder | REM | NHS | Web Editor | 2002 | 2005 | |
| Penny Martin | PT/Manager | NHS | | 2002 | 2005 | |
| Natalie Dean | OT | NHS | | 2002 | 2004 | |
| Ros Ham | PT/Director | Charity | P&M Assistant Editor | 2003 | 2006 | |
| Jacqui Romer | PT | NHS | | 2003 | 2006 | |
| Pam Harper | Consultant | NHS | SSWG Representative | co-opt | | |

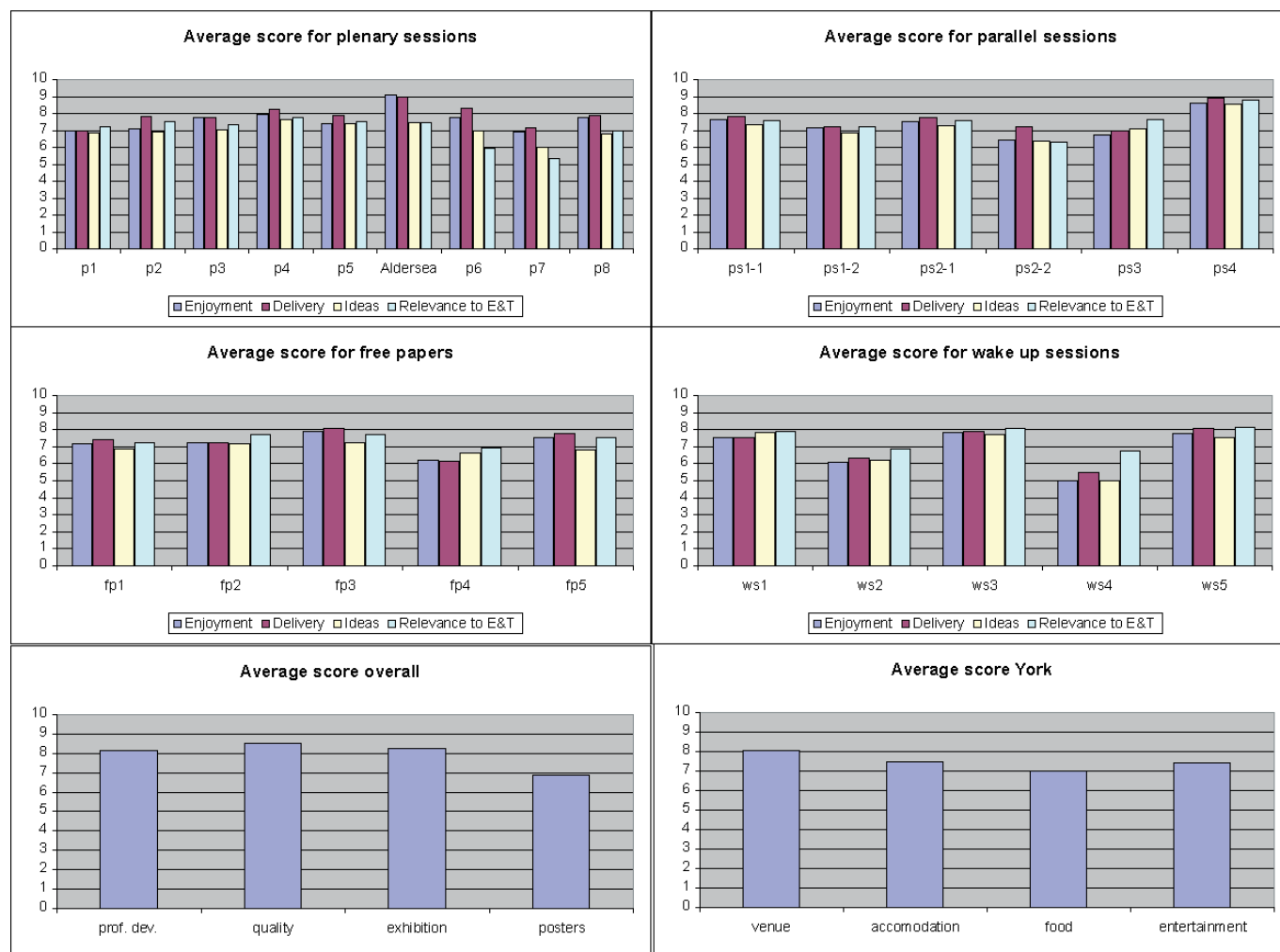
2003 Conference Feedback

compiled by Phil Swann

A total of 143 feedback forms were completed. Thank you. Just in case you've forgotten, the 2003 sessions are listed below:

- P1 Using Outcome tools
- P2 The Wheelchair Services Collaborative...
- P3 Post spinal surgery management - facilitating dynamic Stability.
- P4 Management of Spinal Cord Injury post trauma.
- P5 Causes & alleviation of repetitive strain injuries - Aldersea Lecture.
- P6 Living wills - a matter of choice.
- P7 Service Dogs.
- P8 What outcome.
- FP1 Changing from custom made to modular seating...
- FP2 Biomechanical assessment of the 3-point force system...
- FP3 Reviewing the outcome of an EPIOC service.
- FP4 What can be learned from objective setting...
- FP5 Seating and transportation of seating equipment...
- PS1 part 1: A study of patterns of postural deformity in non...
- PS1 part 2: For children with progressive neuromuscular...
- PS2 part 1: Getting started in research.
- PS2 part 2: What has been learned from the Wheelchair database...
- PS3 Using Modernisation tools and techniques to ...
- PS4 Technical contributions to wheelchairs that improve...
- WS1 Mobility for living - Improving the Outcome.
- WS2 Assessment of the client with severe & complex disability...
- WS3 Customised Support Systems: Improving the Outcome.
- WS4 Experience a research focus group - development of...
- WS5 Postural control of hip and pelvic position in seating.
- WS6 Purchasing & Supplies Agency Wheelchair Database.

The graphs below summarise the average score (0-10 where 10 is excellent) delegates gave for each of the sessions based on enjoyment, delivery, ideas and relevance to E&T. Tables were also produced for more detailed statistical analysis. If you would like a copy of these please email phil@contour886.co.uk.



Thanks to **Eddie McCarthy** of Horsham Wheelchair Service who photographed these at the 'Past Times' Museum in Pickering North Yorkshire whilst on holiday (some people are just workaholics!).

PMG: Terms of Reference for the Executive Committee

A General

The purpose of the PMG committee is to organise, manage and execute the business of the PMG to achieve the PMG aims and objectives and current Strategic Objectives. The following terms of reference should be read in conjunction with the PMG Constitution which should be referred to for further details.

B. Strategic Objectives

- i) Education and dissemination of information
- ii) Production and maintenance of guidelines for the delivery of quality services in posture and mobility
- iii) Establishment of competencies required for the delivery of quality services and the identification of training and education needs to achieve this.
- iv) Organisation and running of National conferences to provide a forum for discussion and promotion of best practice and to share the latest research and evidence for best practice.
- v) Provision of a forum to:
 - a) disseminate the results of relevant research,
 - b) contribute to identifying topics for research and
 - c) assist and support PMG members undertaking research.
- vi) Collaboration with other relevant groups and organisations to promote best practice and quality in the research into and delivery of posture and mobility services and to organise and run an International Conference for the same purposes.

C. Sub-committees & Working Parties

To achieve the aims and objectives working groups and/or sub-committees are formed to progress the various tasks to be accomplished. The role and hence names of these working groups and sub-committees will vary according to the current activities of the PMG. The following are the sub-committees and working groups as at 2003.

- a) Newsletter and Journal sub-committee
- b) Guidelines working party
- c) Competencies working party
- d) Future annual conference sub-committee - planning & education
- e) Research working party
- f) 2005 international conference planning sub-committee

D. Responsibilities

PMG Committee members have responsibilities which are outlined below.

It should be noted that the majority of the business of the PMG is conducted electronically and those standing for election to the committee should ensure that they will have access to e-mail facilities.

Each Committee Member shall take an active part in progressing the business of the PMG via the Executive Committee, one or more of the above sub-committees or working parties and by undertaking agreed tasks in between the meetings.

To make the appropriate, effective contribution each committee member shall;

- 1 Attend committee meetings which are presently held every two months at a location agreed by the committee to be the most convenient for all members. This location will change as committee members change and by agreement to avoid the same members always having to travel the longest distance.
- 2 Attend as appropriate the additional sub-committee or working party meetings. These are usually held in conjunction with the main committee meeting at the convenience of the members and their availability.
- 3 Take an active and constructive part in the committee discussions and decision making and accept a fair share of the responsibilities of conducting the business of the PMG.
- 4 Use e-mail and other communication processes between the committee meetings:-
 - ♦ to continue to discharge the responsibilities you have accepted,
 - ♦ to keep committee members informed of progress in the actions you have taken,
 - ♦ to keep yourself informed of the progress of work undertaken by other committee members.
- 5 Stand for Office Bearer only if you have the time and ability to undertake the increased responsibilities of Office Bearer (with committee members' support) and where appropriate, have the approval of your employer for the extra commitment that may be involved.

- 6 Keep within the agreed limits of expenditure for the tasks you are responsible for and keep personal, reclaimable expenses to a minimum.
- 7 Conduct all PMG business in a professional manner to assist in the promotion of the aims and objectives of the PMG

E. Funding for committee members

Executive Committee members are entitled to the same funding as any other PMG member as follows.

PMG members acting on behalf of the PMG conducting authorised PMG business can claim expenses for doing so. This includes attendance at PMG committee meetings.

Authorised PMG business is that which has received prior approval by the PMG Executive Committee or by an officer of the Executive Committee on behalf of the Committee.

Agreed expenses are;

- ♦ 25p per mile for car use,
- ♦ standard class rail fare,
- ♦ economy and, preferably, discount air fares where time is of the essence and
- ♦ overnight accommodation in B&B or 3 star or less hotels where necessary to conduct the business.

Sundry costs such as postage, telephone charges, meals and refreshments will be at the discretion of the Executive Committee whose decision on the appropriateness of any expenditure in the event of dispute is final.

PMG cannot pay for the cost of the member's time involved in carrying out PMG business.

F. Additional funding for committee members

In addition to the funding outlined

above, all Executive Committee Members are funded in full by PMG to attend the annual PMG Conference at which the AGM is held.

G. Review

This policy will be reviewed as required by the Executive Committee for agreement at the relevant AGM.

Travelling to Committee Meetings – Is this an Opportunity?

Henry Lumley

Coming to the end of my 3 year term on the PMG committee, I have had an opportunity to review what this has actually meant in terms of the time commitment. I have also had a chance to consider what I have gained from being on the committee. This is of course totally different to whether the PMG has actually had any benefit from my contributions to the committee meetings and I leave this for PMG members to make up their own minds.

For my first year on the committee, meetings were held at the Kings College in The Strand on a monthly basis. On balance I would say that this was a model that worked at the time but has now thankfully been superseded. To go to London for a whole day every month amongst all one's other commitments was something of a burden.

After the first year, the meeting room in London was no longer available to the committee. After some discussion, the committee agreed that a more central location, convenient for more people, would be Sellyoak in Birmingham. This was generally a popular choice, apart from anyone who had to come from the South East or from

Cambridge where the journey to Birmingham is apparently particularly trying. Nevertheless we held the meetings in Birmingham for around a year. During this time we developed the habit of working through sub groups which meant that the main committee only needed to meet on alternate months.

For my third year on the committee we have reverted to holding more meetings in London, although no longer at Kings College. The meetings continue to be held every other month with a number of sub committee meetings going on around the main committee. This system works well. The format of the meetings under the current Chairmanship means that we have a relatively long meeting every other month in London but we do at least manage to complete a reasonable amount of business.

On balance I would have to say that I prefer the meetings in London. The train journey that I have to take from Chippenham to Paddington and then the tube takes around 2 and a half hours. However, by holding the meetings in London it does mean that the vast majority of people can get to the meetings in a relatively similar amount of time and we seem to have a relatively good attendance.

So what's so great about the train? Well to start with I used to find it a complete bore. However, the opportunity to have an hour and a half with the morning papers and then to catch up on the copious amounts of reading that I have in my role here at North Bristol NHS Trust means that I actually do look forward to the occasional train journey to London. The return journey can also be helpful in finishing off notes from the meeting and catching up on reading. It is a matter of

using the time that you have to the best advantage and on balance travelling by train makes this easier than going by car.

The message here is that anyone who is considering offering themselves for election to the committee should recognise that there is likely to be a reasonable amount of travelling but that this does not have to always be time wasted.

The final point is what does anyone gain from being part of the committee? Well, the opportunity to contribute to the work of the Posture and Mobility Group, to help shape the direction of the group and to partici-

pate in organising conferences is in itself particularly rewarding. It is also very educational and personally I feel that I have gained significantly from working with everyone else on the committee. I hope that this is a mutual experience and therefore that future members of the committee will similarly benefit from the opportunity to work within this group.

To liven up meetings;
use a large banana or cucumber to point at your presentation slides.

AGM, York, Wednesday 19 March 2003

Chairman's Report

The York Conference will mark the end of my first year as chair of the PMG. It has been a steep learning curve for me, but another year in which the PMG has continued to move forwards at an ever-increasing pace. As a result I apologise for the length of the letter, comfort yourselves in the fact that some of the less relevant items have been left out!

Committee

As the size and ambitions of the PMG have increased, so has the workload and demands on the committee. It was therefore decided that the main tasks that the PMG committee were working on would be devolved to the following sub-committees:

| Sub-committee | Chair |
|---|-----------------|
| Annual conference organisation/Education | Dave Long |
| Research | Liz White |
| Newsletter | Phil Swann |
| International conference 2005 | Barend ter Haar |
| Guidelines/best practice | Dave Calder |

Each sub-committee has its own chair and is able to work independently, with the chairs feeding back to the main committee. These changes have streamlined the operation of the main committee, allowing it to concentrate on moving the PMG forwards.

Any member of the PMG can put themselves forward to any of the sub-committees if they feel they would have something to offer, rather than having to go

through the formal annual election process. I know that there is the temptation for some members to feel that they do not have anything to offer, but I guarantee you are wrong. Anyone working in the field of Posture and Mobility, irrespective of the length of time, can contribute and will get a lot out of being involved with one of the committees.

These changes mean that the main committee now meet about once every two months, allowing time for subcommittees to meet in between. Unfortunately, Rene Parison, as a result of more work being passed his way decided to step down from the main committee. Similarly Julia Cunningham, as a result of an increased workload and Simon Fielden who is at the end of his three year term are to step down. I think it is fair to say that they are all almost part of the furniture and I would like to thank all three for the huge amount of work they have put in over the years.

Chairman

As agreed with the committee, I will be stepping down as chair after the conference as I am due to be working abroad for a year. It has been an honour to represent the PMG as chair and it is frustrating to only be in post for a year. I will however remain on the committee for my time away, communicating via e-mail and phone.

Employee

To cover the ever-increasing administrative demands on the PMG the committee have been exploring the possibility of employing someone as an administrator

for the group. For the last six months and up until the conference, Fran Long has been filling the role. In that short time she has achieved a great deal and has also helped us determine what the job will entail, the equipment required and the level of costs that the PMG will incur. We will be formally advertising the post shortly and encourage anyone interested to apply.

Charity Status

A huge amount of credit must go to Barend for battling on to try to achieve charitable status for the PMG. It has been a long and drawn out process, but it seems that we are very close to achieving our goal. So long as the new wording of the constitution is accepted at this year's AGM, then it appears that the application will go through.

Website

We have a NEW WEBSITE ADDRESS:

www.pmguk.co.uk which should be online any day now. We have several ideas as to how it can be improved and are committed to further develop the site to make it a valuable source of knowledge and a 'first port of call' for anyone working in the field of posture and mobility. Please make sure you have a look, you never know you might be surprised!

Guidelines

There has been a change of emphasis this year with respect to guidelines. It was agreed that we wanted to produce a document that was easily and frequently used by professionals working in the field of posture and mobility. We also decided that the documents should be more user friendly and relate more to best practice. We were keen not to duplicate any other work going on, so we aim to try to pull together any completed or ongoing work.

Newsletter

Phil Swann and the editorial group have continued to maintain a very high standard of publication. It now feels a little inappropriate to be calling such a well-finished publication a newsletter! A new computer has been bought for Phil by the PMG in order to facilitate his arrangement of the newsletter.

Education

As you will be aware a number of workshops have been organised throughout the year to gain feedback on the ISO seating assessment protocols. These have been very well attended and have highlighted the value of specific training days and 'hands-on' work-

shops. With that in mind we hope to increase the number of training days offered in the coming years, as a way of meeting our members education requirements and improving standards. We have received feedback on what you would like to see in terms of training via the education questionnaires sent out towards the end of last year. Can I encourage everyone to complete these in order to give the committee as full a picture as possible of the education and training needs of the group.

Research

Our research subcommittee, led by Liz White, are beginning to pull together some positive ideas and resources in what has been quite a short period of time. I know Liz is presenting at this years conference and it is our aim that the subcommittee will be able to offer advice and guidance to any PMG members looking to start research projects of any type or size.

The PMG have funded two sled runs at Milbrook Proving Ground as part of the ISO16840 Part 4 working party in order to assist verification of crash testing using a surrogate chair. This will greatly assist seating manufacturers and providers in the UK in determining the suitability of seating systems for transportation purposes.

Thank you for all your support and I hope that you will all continue to contribute to the PMG in the future.

Russ Jewell



'My rule was always to do the business of the day in the day.'

Wellington 1835.

'Ten good soldiers wisely led will beat a hundred without a head.'

Euripides

Minutes of Annual General Meeting: University of York

WEDNESDAY 19TH MARCH 2003

03 AGM.1 Apologies for absence

No apologies were received.

03 AGM.2 Minutes of the last AGM (16/04/02)

The minutes of the 2002 AGM were agreed. Acceptance of the minutes was proposed by Dave Long and seconded by Elizabeth Green, approved unanimously.

03 AGM.3 Chairman's report

A copy of the Chairman's report was included in the conference delegate packs. Russ Jewell summarised the report and in particular highlighted the restructuring of the PMG committee with the formation of a number of sub committees.

Russ Jewell thanked Dave Long and the conference planning sub committee for all the hard work in organising this event.

03 AGM.4 Treasurer's Report:

The Treasurer's report was circulated in the conference delegate packs. Barend ter Haar summarised the report.

Acceptance of the Treasurer's report was proposed by Pam Harper and seconded by Roy Nelham, approved unanimously.

The PMG membership has increased to 750 members (approximately).

03 AGM.5 Elections to committee

There were two places on the committee to be filled. Two individuals applied to join the committee and therefore a ballot was not required. The membership present unanimously ratified the election of the following:

Ros Ham Nominated by: Patsy Aldersea
Seconded by: Marja van Dijk

Jacqui Romer Nominated by: Susan Day
Seconded by: Martin Seabrook

03 AGM.6 Changes to the Constitution

Barend ter Haar reported that changes had needed to be made to the constitution as part of the process of gaining charitable status. PMG is applying to register as an educational charity. The wording in section C (Objects) has been changed accordingly.

There were no questions and acceptance of the constitution was proposed by Gordon McQuilton and seconded by Linda Marks, approved unanimously.

03 AGM.7 Increase in Subscription Fees

There was some discussion on the proposal to increase membership fees for those people paying by cheque to £25 from 1st Jan 2004. Nigel Shapcott enquired as to whether there was a credit card facility for overseas members. Barend ter Haar explained that there is additional cost involved in introducing this payment option. As a very small number of members are from abroad and the PMG is officially for those individuals in England and Wales there were no plans at present to change the payment methods available.

The change to subscription fees was proposed by Mike Edwards and seconded by Pam Harper, approved unanimously.

03 AGM.8 Committee Expenses

Russ Jewell explained to the membership the need for discussion on the issue of the level of financial support that should be given to committee members to attend the annual conference.

Opinions from the membership were varied on the subject. Mike Hare was in favour of the entire committee having their conference fees paid for in full as recognition of the hard work put in throughout the year. Ros Ham felt that funding should only be given if not available from any other source. Anne Harris was of the opinion that attendance record at the committee meetings should be taken into consideration. Others suggested that PMG could meet the accommodation costs but that funding for the conference attendance should be found elsewhere. Natalie Dean stressed the importance of all committee members being present at the annual conference. Comment was received from several people about the workload involved with being a committee member.

The membership were asked to vote firstly for those in favour of the whole committee being funded in full to attend the entire conference. Secondly those in favour of committee members being partly funded and lastly to receive no funding at all (no change to the current situation). There was a two to one majority vote in favour of all committee members being funded in full

to attend the entire conference.

03 AGM.9 Appointment of Secretariat

Russ Jewell informed the membership that the role of the proposed secretariat would involve conference organising. Fran Long has been standing in temporarily to help form the role.

Linda Marks asked the anticipated annual cost of taking on a secretariat. Barend ter Haar suggested that this would be in the region of £20,000 - £25,000 per annum (total cost). He was asked to explain where and how the funds would be raised to make this possible. Barend informed the membership that a sub committee would be meeting in the near future to produce a detailed budget and forecast.

Fran Long summarised the work already undertaken to give the membership some indication of the role of the proposed PMG secretariat. She reported that Barend ter Haar had continued as membership secretary as well as organising the exhibition at conference. Fran Long was responsible for conference delegate bookings. She started work part time in December and subsequently the hours involved had escalated dramatically highlighting the need for the appointment of a secretariat.

Geoff Bardsley suggested the possibility of employing a conference organising group to take the load which has been the practice of PMG until this conference.

Russ Jewell indicated that there are a number of ways of increasing PMG's income.

Roy Nelham proposed that the membership consider accepting the proposal for appointing a secretariat with a ceiling of £10,000 initially.

Nigel Shapcott praised the work that has already been done and drew attention to the large personal commitment that has been shown by committee members. He supports the appointment of an administrator.

Andrew Frank was of the opinion that to be effective and a strong national force that PMG has to have permanent administration support. He expressed concern over the issue of funding this post.

The membership were asked to vote firstly for those in favour of taking on an administrator with a budget of £25,000, secondly those favouring a ceiling of £10,000 and thirdly those not in favour of the proposal for the appointment of a secretariat.

The majority voted for a secretariat to be appointed with a ceiling of £10,000. Barend ter Haar highlight-

ed that this will only cover conference organising.

Linda Marks was among those requesting that the committee present a fully costed business case for the next AGM and this was agreed.

03 AGM.10 Any other competent business

Pam Harper proposed the acceptance of Whitmarsh Sterland Chartered Accountants as auditors of the PMG accounts. This was seconded by Roy Nelham and unanimously approved.

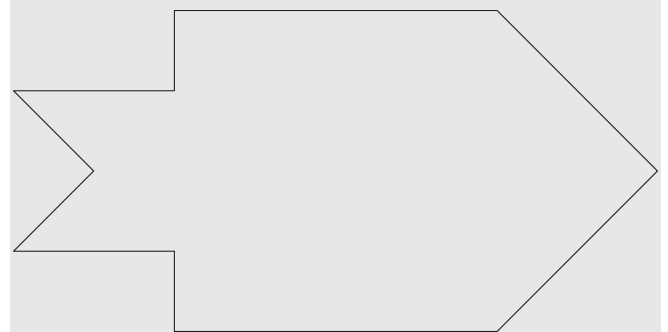
The 2004 PMG Annual Conference will be held in Nottingham on 1st and 2nd April. The date and venue for the International Conference 2005 have yet to be confirmed.

03 AGM.11 Date of next meeting

The next AGM will be held on 2nd April 2004 at the East Midlands Conference Centre, Nottingham.

Following the AGM the committee unanimously agreed that **Dave Long** should take over as chairman following the resignation of Russ Jewell. He accepted.

Puzzle of the day.



Cut the arrow into two pieces such that by moving one piece, you can make the arrow point in the opposite direction.

Notice Board

| Date | Location | Title | Contact |
|-----------------|------------|--|--|
| 2004 | | | |
| April | | | |
| 1 - 2 | Nottingham | PMG 12th Annual Conference | tel. 01223 882105 web:www.pmguk.co.uk |
| 22 | London | A scientists view of clinical management of contractures | paul@peacocks.net |
| June | | | |
| 24 | London | Lycra orthoses. What? When? How? | paul@peacocks.net |
| August | | | |
| 25-27 | Malta | Int. Journal of Therapy & Rehab. | www.mahealthcarevents.co.uk |
| October | | | |
| 29-30 | York | ISPO 2004 | www.ispo.org.uk |
| November | | | |
| 8-9 | Birmingham | RAATE 2004 | core@kcl.ac.uk |
| 2005 | | | |
| April | | | |
| 11-15 | Exeter | International Conference on Posture and Wheeled Mobility | tel. 01223 882105 web:www.pmguk.co.uk |

A.A. A.D.D. ~ Age Activated Attention Deficit Disorder.

This is how it manifests: I decided to wash my car. As I start toward the garage, I notice that there is mail on the hall table. I decide to go through the mail before I wash the car. I lay my car keys down on the table, put the junk mail in the rubbish bin under the table, and notice that it is full. So, I decide to put the bills back on the table and take out the rubbish first.

But then I think, since I'm going to be near the post-box when I take out the rubbish anyway, I may as well pay the bills first. I take my checkbook off the table, and see that I only have one check left. My extra checks are in my desk in the study, so I go to my desk where I find the can of Coke that I had been drinking. I'm going to look for my checks, but first I need to push the Coke aside so that I don't accidentally knock it over.

I see that the Coke is getting warm, and I decide I should put it in the refrigerator to keep it cold. As I head toward the kitchen with the coke a vase of flowers catches my eye - they need to be watered. I set the Coke down and I discover my reading glasses that I've been searching for all morning.

I decide I better put them back on my desk, but first

I'm going to water the flowers. I set the glasses back down, fill a container with water and suddenly I spot the TV remote. Someone left it on the kitchen table.

I realise that tonight when we go to watch TV, we will be looking for the remote, but nobody will remember that it's on the kitchen table, so I decide to put it back in the den where it belongs, but first I'll water the flowers. I splash some water on the flowers, but most of it spills on the floor. So, I set the remote back down on the table, get some towels and wipe up the spill. Then I head down the hall trying to remember what I was planning to do.

At the end of the day: the car isn't washed, the bills aren't paid, there is a warm can of Coke, the flowers aren't watered, there is still only one check in my checkbook, I can't find the remote, I can't find my glasses, and I don't remember what I did with the car keys.

Then when I try to figure out why nothing got done today, I'm really baffled because I know I was busy all day long, and I'm really tired. I realise this is a serious problem, and I'll try to get some help for it, but first I'll check my e-mail...

Don't laugh - if this isn't you yet, your day is coming!

Thanks to **Penny Martin** for this.

Eductaion and Training

The PMG recently put out an Education Questionnaire to its membership. Following analysis of the replies it is apparent that there are gaps in the training opportunities for professionals working in the field of posture and mobility. The PMG Committee has, for some time, felt that it (the PMG) is in a good position to help fill these gaps and provide opportunities for the continuing professional development of its membership.

At the recent meeting of the Conference and Education Sub Committee, the subject of training and education opportunities was discussed at some length. It was decided by the sub committee to put to the main committee the options that were discussed.

There are several options for the committee to consider on the way forward for developing training and education.

1. Set up a variety of courses, decided on by the committee, covering different subject matter, at different levels, and run the courses throughout the year. This option involves the committee setting up the courses and then facilitating them.
2. Ask the membership what their top three of four choices for courses would be. This 'wish list' would take into account current courses available. The committee would then tailor courses to meet the wishes of the membership. 'Experts' would be asked to put together training days, which would be run in co-operation with the PMG.
3. The committee invites the membership to share any ideas for courses or material available, but

not the resource to facilitate courses. Then in conjunction with the PMG the individual/s could develop their material and the PMG could help with the facilitation of the course.

4. PMG collates a list of known courses outlining what the courses offer and how to access them. This data could then be published in the newsletter and on the website for member's benefit and information. This list would then have to be updated as and when required.

The sub committee feels that these issues require discussion at full committee as the implications of running courses for the PMG membership are not to be taken lightly.

When a decision is reached the sub committee can then look to take the issue of education and training forward.

Why Engineers & Technologists Need Registration.

Michael Hare M.A. I.Eng.

Senior rehabilitation engineer.

Since the time when Britain led the industrial revolution, with great engineers like Brunel and others, the title of engineer has been more and more discredited in Britain until now we find dustmen called "Hygiene Engineers" and a young cushion salesman calling himself a "Seating Engineer" after two weeks training, his previous job being a counter assistant in a large super-market deli bar.

This sort of practice, where the term 'Engineer' is tacked onto all sorts of job titles happens a lot in this country, but in most other European

countries like Italy and Germany, Engineers are only entitled to call themselves an engineer and put 'Ing' in front of their name if they are properly qualified and registered. It is done with pride and ranks their status along side architects and lawyers. Their status is respected and rewarded in the way they are consulted in their work place and the salaries they get. As their engineers are recognised, so is that of the status of their technologists, who have to be qualified and registered in the same way.

In Britain the negative perception about engineers and technologists is partly the fault of the profession, we have not done a good job in promoting ourselves to schools, the media and the public. Despite the efforts of what was called the Neighbourhood Engineers Scheme, now the Engineering ambassadors.

Part of the problem is one of language, the term on the continent 'Ingenere' comes from the same route as 'Ingenuity' and 'Invention' where in Britain the term engineer belongs to the same word family as engine, resulting in an image problem as often portrayed in the media, usually as a person, mainly a dodgy male, in a greasy t-shirt and jeans with oily hands doing almost manual work.

An example of this: during an IMECHE tour of schools to encourage interest in engineering as a career, a group of 16 to 17 year olds came up with Eastenders' Phil Mitchel, when asked to name a famous engineer.

We cannot change years of negative thinking overnight, but if we can get the terms 'engineer' and 'technologist' restricted to those who are

qualified and can legally use the term it will be a big start.

The Engineering Council has been asking for legalisation on this for some time, but there seems to be little enthusiasm in any party when in government. However, now the Institute of Physics and Engineering in Medicine appears to be having success, with the registration of clinical scientists and the proposed state registration of clinical technologists scheduled for parliamentary consideration in 2005.

Engineers and Technologists have a real chance of making a difference, not just for our profession, but for all properly qualified Engineers and Technologists, who will want the same status in their industries. What is needed is support from the professionals to bring this about.

Literature Reviews

Useful Booklets/Publications

1. Disability Rights Commission (SP5 January 2002) **'Making access to goods and services easier for disabled customers - a practical guide for small businesses and other small service providers'**. Available from DRC, FREEPOST, MID 02164, Stratford upon Avon, CV37 9BR email enquiry@drc-gb.org
2. DRC '2004 - **what does it mean to you**. A guide for disabled people'. (SP6 February 2002)
3. DRC '2004 - **what it means to you**. A guide for service providers'. (SP7 February 2002)

A series of three booklets that are intended to be a practical guide to help small service providers in all sectors of the economy to find better ways of providing better access to goods and services for disabled

customers.

4. Adair J, **'The Inspirational leader'** Pub. Kogan Page £12.99

New publication by the well known and authority on business leadership, covers leadership theory, empowering workers and appreciating their capabilities, leadership versus management and the importance of self-assessment in becoming a better leader.

5. National Children's Bureau have a wide range of relevant publications and resource. The booklet of their publications is available from (0207 843 6041). E.g. **'9 to 13. The forgotten years?' , 'Child development from birth to eight', 'Growing up from 8 years to young adulthood', 'In our view children, teenagers and parents talk about services for young people'**.

- 6 **Smooth Ride Guide**. This covers wheelchair-accessible sites, buildings, activities and attractions in the UK. Included organisations must meet stringent criteria, including the approach to the building, interior and facilities.

The new edition is available from tel. 0845 608 8050

The Powered Wheelchair Training Guide Written By Peter Axelson, Jean Minkel, Anita Perr And Denise Yamada.

Fiona Henry

*Paediatric Wheelchair therapist,
Leeds W York's*

The second in the series, following the Manual Wheelchair Training Guide.

A good resource book for powered wheelchair users: their families, friends, carers and anyone else who might need a comprehensive guide.

The book is divided into short, easy to read chapters. These chapters are broken up into concise paragraphs with clear bullet points, drawings and amusing cartoons. It also contains boxes highlighting warnings, cautions and helpful hints. It is a very easy to 'dip in' and quickly find the information you need.

The book covers such areas as; choosing a chair, seating positions, controls, transportation, maintenance, drawing skills, environmental considerations, safety. emergencies, assistance and how assistance can help.

Overall this book is clear and informative it covers all general areas regarding powered wheelchairs, with practical solutions to common problems encountered. Definitely worth a read.

Publications that were out during the autumn:

British Society of Rehabilitation Medicine Guidelines: for specialized wheelchair seating. This document has included a wide range of contributors in order to present a multi-disciplinary approach.

NICE Guidelines on Pressure-relieving devices: this document focuses on mattresses and overlays, but recommendations will have impact on the overall approach to pressure management and the equipment supplied.

Specialist equipment services: working together to promote independent living: this report from the Royal College of Physicians and Institute of Physics and Engineering in Medicine focuses on the areas of computer access, environmental control, telecare and voice output communication.

The World of the Web

Dave Calder

Links from Nigel Shapcott

| | |
|--------------------|---|
| Abledata | http://www.abledata.com/Site2/Default.htm |
| PVA | http://www.pva.org/ |
| VA | http://www.vawheelchairinfo.org/ |
| WheelchairNet | http://www.wheelchairnet.org |
| Wheelchair Junkies | http://www.wheelchairjunkie.com |

Links from Pam Harper

| | |
|------------------------|--|
| equal research network | www.equal.ac.uk |
| ricability | www.ricability.org.uk |
| hhrc | www.hhrc.rca.ac.uk |

Link from Jane Seal

| | |
|---------|--|
| advance | www.advance.me.uk |
|---------|--|

Links from Liz White

| | | |
|-------------------|--|-----------------------------------|
| Health Foundation | www.health.org.uk | fellowship opportunities listed |
| College of OT's | www.cot.co.uk | advertising funding opportunities |

Links from the Chairman Dave Long

| | |
|----------------------|--|
| SSWG | www.sswg.scot.nhs.uk |
| 2005 Int. Conference | www.mobility2005.org |



Visit: www.pmguk.co.uk

WELCOME TO THE PMG WEB SITE



Welcome to the Posture & Mobility Group Web site. Our goal is to provide you with useful information about us and others working in the field of rehabilitation medicine and practice.

To all of our membership (700 -) Thanks for your patience. I hope that you will feel that it has been worth it! Your site will continue to be developed bringing you added material such as working group pages and online guidelines

To those of you that have just discovered our site, Welcome. Feel free to browse around. If you have comments or questions about what we are about click on the 'About PMG' button, or simply need more information and want to contact us, click on the contact button on any page within this site.

There is still a lot of construction work to do so keep visiting to check out any updates. You will notice a yellow update indicator in the bottom right-hand corner of this screen. This will change with every site update published.

Registered Charity Number 1098297

Last update 24/02/2004

www.pmguk.co.uk

PMG Conference 2004 - EMCC, Nottingham 'Posture vs Function?: Provisional Programme

Wednesday 31st March 2004

19:45 Registration and Ice Breaker Reception

Thursday 1st April 2004

08:00 Registration

09:00 Opening Address

David Long (PMG chair)

09:10 Comfort Measures

Barbara Crane (Pittsburgh, USA)

09:45 Ergonomics of Seat Design - Lessons Learned

Andrew Paton (Ford Motor Coy)

10:10 Coffee & exhibition

11:10 Free papers / case studies

12:30 Lunch & exhibition

14:00 Parallel sessions:

PS1 Wheelchair Training to
Improve Function

S. Jefkins, N. Clarke (Whizz-Kidz)

A. Knapman (Southall)

PS2 Materials in Seating Supports

M. Kosh (Bodypoint Designs, USA)

PS3 Physiological Benefits of
Recent Technologies

Rosalind Mackintosh (Dundee)

Paul Hewett (Active Design)

PS4 Does Setting Standards
Improve Functional Outcome?

G. Bardsley (Dundee)

L. Marks (Stanmore)

PS5 A New Dynamic Pelvic Support

Allen Siekman (Beneficial Designs)

15:30 Tea & exhibition

16:15 Parallel sessions: (repeat)

17:45 Reception

19:30 Conference dinner & entertainment

Friday 2nd April 2004

08:00 Registration

08:30 Wake-up sessions:

WS1 Flexible Orthotic Materials

Martin Matthews (Tyco Healthcare)

WS2 Car Seating Design

Andrew Paton (Ford Motor Coy)

WS3 The Wheelchair Collaborative - Where do we go from here?

Andrew Frank (NHS Mod. Agency)

WS4 Safety Implications of Adding Devices to Wheelchairs

Dave Rogerson (Hull)

WS5 Postural Management Strategies

Wendy Murphy (Oxford)

WS6 The Changing Shape of the British (and Others) -
Challenges for Enabling Mobility

Linda Hammett, Paul Dryer

Robin Luff (London)

09:30 Sitting Can Damage Your Health -
Physiological Effects of Poor Posture

Mary Bliss (Kent)

09:55 The Development of the Hip

Steve Treadwell (Canada)

10:20 Orthotics and their role in wheelchair seating

Paul Charlton

10:45 Coffee & exhibition

11:45 Annual General Meeting

12:10 Aldersea Lecture: The Proof of the Pudding.
My 29 Year Journey with Assistive Technology

Roy Nelham (Sussex)

13:00 Lunch

14:15 Posture vs Education

Carole Oviatt-Ham

14:40 Powered Mobility from an Early Age

Anne Harris (Whizz-Kidz)

15:05 Knee Blocks - Risks, Benefits and Alternatives

S. Treadwell, R. McDonald, P. Swann

15:50 Prizes & close

16:00 Tea