

NCAHA NEWS

Your monthly communication from the
North Coast Allied Health Association



Message from the Board



Linday Swain, NCAHA Board

Welcome to the first edition of NCAHA News for 2017. We have some exciting things to look forward to over the next few months - Speed Networking events, the Lismore Women's Festival, and a COPD workshop in Ballina in March. See the NCPHN events calendar for details on all upcoming North Coast events:

<http://ncphn.org.au/events/>

We ran a workshop in Port Macquarie last year on telehealth. Discussion included: how and why telehealth is more than just a video consultation, disruptive innovation for telehealth service delivery, consumer electronic solutions, and hands-on practice.

We'd like to know if you would be interested in a similar telehealth workshop in your area. Please email your responses to rfitzroy@ncphn.org.au.

We will continue to connect allies in health with the upcoming Speed Networking events across the North Coast. Partnering with NCPHN, we aim to bring you a free, fun and interactive evening to:

- Meet local health care colleagues - GPs and Allied Health Professionals
- Share your experiences of multi-disciplinary practice
- Promote your services
- Enrich your knowledge of shared patient care

The next Speed Networking events will be held on:

- 16 March at South Tweed Sports Club, Tweed Heads
- 30 March at Rydges, Port Macquarie

We welcome any suggestions and feedback from you as we strive to advocate on your behalf for equitable access to the best health services.





**Ben Happ,
Physiotherapist, Feros Care**

Ben Happ first came across Physiotherapy during high school as a result of a few sporting injuries from rugby league and surf boat rowing. He'd thought of it as an interesting career path but hadn't given it much serious thought as he understood it was harder to get into than medicine.

"It was only after working through an initial degree in Commerce that I had the realisation that I wasn't really interested in becoming an accountant or working in IT. I spoke to the head of the Physiotherapy School at Griffith Uni and he had some good news for me."

"He said that despite my lack of high school level science, and with some dedication to studies in an Exercise Science Degree, I could then apply for the combined five-year degree with Physiotherapy. I found the health sciences subjects invigorating and after knuckling down and studying hard the rest is history."

Ben found studying both Physiotherapy and Exercise Science was a big step up in time commitment but with only about 50 students in each year's cohort, one benefit of the heavy load was that he formed some close friendships.

"After working through the initial heavy science load in Exercise Science, the final two years became more Physiotherapy skills and knowledge focussed and I loved the combinations of lectures, practical labs, and student placements in various roles and locations. I was very fortunate to be offered one of only three new graduate positions at the nearby Gold Coast Hospital and spent this first year absorbing as much experience as I could during rotations through orthopaedics, rehabilitation, musculoskeletal outpatients, and transition care. It was in this last rotation that I started to feel like I had found my calling," he told NCAHA newsletter.

Following his initial new graduate rotation year, Ben requested to continue in Transition Care on the Gold Coast where he remained for a further two years. Working as part of a multidisciplinary team with a diverse group of clients proved stimulating and a gold mine of learning.

"Coupled with my role as a Case Manager, I quickly understood the importance of holistic health care. During my time with Transition Care I worked with countless community-based health stakeholders and was interested to follow clients further into

their community life beyond their post-acute hospital services."

Ben then joined a not-for-profit NGO on the Gold Coast working with a young and dynamic multidisciplinary team providing community based aged care services. He said this role strengthened his desire to work within community aged care and he focussed his professional development in this area.

It was a move to the Tweed Valley for family reasons that saw Ben take up an opportunity with aged care provider Feros Care.

"I became the first clinician within their brand new Health and Wellness division. Nearly four years later we have become a multidisciplinary team of more than 10 clinicians with a service footprint across the east coast of Australia."

"After helping establish the Health and Wellness services on the Far North Coast of NSW, I was given an opportunity to move with Feros Care back to my home town of Coffs Harbour where I have been establishing both home and community based services here for nearly three years now".

Ben cites a challenging aspect of his current role with Feros Care as a prime example of how rewarding his work as a physiotherapist can be.

"I've been involved in developing and rolling out a suite of exercise classes designed specifically for our 65+ client population. I have now worked with hundreds of locals helping them to develop essential functional fitness involving endurance, strength, balance, and flexibility elements.

"The classes are so much fun that I never feel like I am working and seeing the ongoing fitness improvements and hearing about the impact it is having within our clients' daily lives fuels my enthusiasm for this role," he said.

Ben values the opportunity he has in his job to make a significant difference in people's every day lives.

"Helping older people remain living in their own homes and continuing to engage with life on their own terms is an absolute privilege. The wisdom and grace shown by many in the face of hardships is truly inspiring and the gratitude you receive is very humbling."

"I wish more clinicians would step beyond the dogmas and stereotypes often held about working in community aged care so they too could experience a more satisfying working role in Physiotherapy without the burn out often associated with working in other areas of our profession."

To learn more, here's a link to a video showing a day in the life of a Feros Care Physiotherapist: <https://youtu.be/7PNIBFTQRw>

by Kirily Thomson, Physiotherapist

Positional Plagiocephaly is a term applied to cranial asymmetry occurring after birth. It is distinct from the deformation of a newborn's skull associated with childbirth, which usually resolves in the early post-natal period.

Positional Plagiocephaly occurs when one part of the skull is subjected to a persistent external force or pressure. The potential causes are multiple and include positional head turning preference (eg. torticollis), neurodevelopmental delay (eg. low or high tone, poor/delayed head control) and psychosocial/cultural factors related to parenting (eg. avoidance of tummy time).

The incidence of Positional Plagiocephaly has risen significantly since the SIDS & Kids "Back to Sleep" Campaign, which, in Australia, has significantly reduced infant mortality attributable to SUDI (1). Sleeping an infant on his or her back is advised by most health professionals in Australia, however this results in limited exposure to alternate body positions.

Positional Plagiocephaly (PP) is actually an umbrella term for three types of infant cranial asymmetries commonly seen by physiotherapists:

- Plagiocephaly, referring to a flattening on one side of the posterior cranium with/without ear asymmetry and asymmetrical facial features (seen as a parallelogram when looked down on from above).
- Brachycephaly, referring to a flattening at the back of the cranium, often resulting in a wider head shape transversely.
- Scaphocephaly, referring to an elongated head shape which is flattened on the lateral sides of the cranium (often seen in premature babies).

Cranial asymmetry resulting from craniosynostosis is not considered to be positional.

Research has shown that PP most frequently presents in infants between six weeks and four months of age, after which the prevalence declines (2). The infant's skull at this time is flexible and vulnerable to external pressures (3). Early identification, parental education and repositioning strategies are consistently recommended as best practice management (4) (5) (6).

Timely referral to a Paediatric Physiotherapist has been shown to have a positive impact on resolving or reducing cranial asymmetries (7). It has been my clinical experience that, if identified before four months of age - six to eight weeks ideally - parental education and positioning strategies can greatly alter the presentation of PP. Cranial flatness, ear asymmetry and facial asymmetry can all show significant improvement. After four to six months of age the effectiveness of positioning strategies is reduced and asymmetry becomes more fixed.

When a baby presents with PP it is not uncommon for parents to express distress and anxiety about their baby's head shape. Parents can feel incredibly guilty that they have somehow caused their child to be 'less than perfect' and frequently express concerns that their child's headshape will cause teasing in later life. Some are highly distressed that they were not informed earlier that something could be done to help.

"Although deformational plagiocephaly is not a life-threatening problem, it is a source of disfigurement for children that may be detrimental to their well-being." - Robinson S, 2009 (4).

The long-term effects and persistence of cranial asymmetry are still topics of debate. Many parents report that when they enquired about their child's head shape, they were advised by a health professional that intervention was unnecessary and that the condition would correct itself with time. Research is divided on whether or not the skull regains symmetry independently with long-term growth. A recent study in the Netherlands concludes that whilst physiotherapy intervention is effective for early skull reshaping, most cranial deformity recovers to acceptable levels by five and a half years of age without intervention (8).

Conversely, another recent longitudinal study concludes that cranial asymmetry measures were not significantly changed in children with a history of untreated PP at five years (9).

Opinion is also divided on whether PP can have longer-term effects on a child's development. In a study done on three-year-old children with a history of Deformational Plagiocephaly (DP) researchers concluded that: "Preschool-aged children with a history of DP continue to receive lower developmental scores than unaffected controls. These findings do not imply that DP causes developmental problems, but DP may nonetheless serve as a marker of developmental risk. We encourage clinicians to screen children with DP for developmental concerns to facilitate early identification and intervention." - Collett BR, 2013 (10).

Early identification of PP and referral to physiotherapy may help in the recognition of underlying factors causing the asymmetry and set the child and family on an appropriate health pathway.

Babies who present with PP may have underlying torticollis. If untreated, even mild torticollis can lead to a true neck contracture and have significant impact on skeletal and cranial structures. Uneven muscle development and movement patterns can progress to biomechanical dysfunction and scoliosis (11). It is therefore imperative that all children presenting with PP be assessed for the presence of torticollis.

A paediatric physiotherapist will do a full musculoskeletal and neurodevelopmental assessment of the child and incorporate any appropriate treatment strategies into the child's care. As this intervention is occurring at a time of high neuroplasticity and growth it can be highly significant to the long-term outcomes for that child (12).

Despite contrasting opinions on treatment for PP, there is general consensus that early identification and parental education are key steps in the care pathway. Positional Plagiocephaly should be an acknowledged condition amongst health care providers that requires considered management. Early referral to a paediatric physiotherapist may greatly improve outcomes for both the child and his/her family.

***See page six for references.**

New to HealthPathways

The following HealthPathways have recently been published on the Mid and North Coast HealthPathways website.

[Advance Care Planning \(ACP\)](#)
[Juvenile Idiopathic Arthritis \(JIA\)](#)
[Sore, Tender, and Damaged Nipples](#)
[Mastitis and Breast Abscess](#)
[Tongue Tie \(Ankyloglossia\)](#)
[Fracture Prevention Assessment](#)
[Inpatient Parenting and Breastfeeding Support](#)
[Domperidone and other Galactagogues](#)
[Angioedema](#)

Access to HealthPathways via CIAP

NSW HealthPathways was recently launched on the [Clinical Information Access Portal \(CIAP\)](#). You can now access Mid and North Coast HealthPathways via this new feature. Remember that LHD Clinicians can also access HealthPathways via an icon which is located on all LHD desktops, simply click on the Blue and Green “H” icon to access. Access is also available via the Work Support section on the Intranet.

Localised vs Non Localised Pathways

To view localised pathways for our region only, go to the menu bar on the left of the home page and select ‘Mid and North Coast Localised Pathways’. This will give you an ‘at a glance’ view of what is localised and you can actually print this listing. Just select the ‘print’ button at the top right of the page.

Another quick tip: if the pathway name in the menu is coloured blue, this means it is localised; the ones coloured black are not localised. Any page that has silver ferns in the background are also non-localised pathways.

Tell us what you think!

If you have any feedback regarding any of our published HealthPathways or our website, please let us know! Submit your feedback via the ‘send feedback’ button located at the top right of the pathway page.

<https://manc.healthpathways.org.au/index.htm>

Username: manchealth

Password: conn3ct3d

For further information about HealthPathways please contact:

Fiona Ryan
(02) 6583 3600
fryan@ncphn.org.au
(Mid North Coast)

Kerrie Keyte
(07) 5523 5507
kkeyte@ncphn.org.au
(Northern NSW)

Free Professional Development Courses

North Coast Allied Health Professionals can access free online professional development training thanks to a partnership between NCPHN and NCAHA.

The short courses, which will be delivered through the TAFE Now website, take around an hour to complete and are worth one CPD (Continuing Professional Development) point per hour.

North Coast health professionals will have free access to:

- Allied Health course topics for Allied Health Professionals
- Healnet course topics for nurses and other similar medical professionals
- Generic short course topics for small businesses and self interest

All topics are peer-reviewed by industry professionals and endorsed by industry associations. Regular topic reviews are also conducted to ensure they incorporate current policies, legislation and Australia-wide guidelines.

North Coast health professionals can access the NCPHN enrolment key and full course instructions at:

www.healthynorthcoast.org.au/cpd

Innovators + Change Makers

Inspiring Women in Health

In Conversation

Emma Walke
Kylie Everman
Susan Nancarrow

Hosted by

Alex Grantham

A Lismore Women's
Festival Event 2017

Thursday 9th March
5.30pm - 8pm

An evening of

wine + dinner
aspiring workshop
inspiring conversations
networking with local women

Donation \$10

Bunjum Aboriginal Corp.
'Changing Ways Program'

Supporting Aboriginal women
fleeing domestic violence

UCRH Lecture Theatre + Deck
61 Uralba Street, Lismore

RSVP by 6th March

innovatorsandchangemakers.eventbrite.com.au



UNIVERSITY CENTRE FOR RURAL HEALTH
NORTH COAST
education research workforce

WWW.ASPIREPOST.COM
#makechange happen



North Coast
Allied Health Association

Social Connections Breakfasts

The launch of the Social Connections Breakfasts on 16 February saw an enthusiastic and connected collection of professionals and students at the University Centre for Rural Health (UCRH) in Lismore. The breakfasts aim to support and connect professionals and students to help build networks and improve knowledge of local services and providers. These breakfasts will be held every third Thursday of each month at UCRH to mentor students and ultimately improve knowledge and health outcomes.

The inaugural speaker was Christine Vannucci from Alzheimer's Australia discussing 'Thinking about your own brain health and the five simple steps to maximise it'. Other guests included Rosalie Kennedy from the Social Work Department at Lismore Base Hospital and Hannah Bartrim, a Social Work graduate from the Family Support Network.

All attendees were treated to a wholesome breakfast on the deck, giving them the chance to catch up with new and old colleagues before the presentations.

The demographic of those working in community is diverse and variable, so it is expected that interest in these breakfasts will grow. Numbers are limited each month but all are welcome to attend (registration is essential though).

For more information, or to be put on a mailing list, please contact Gus Hamilton on 6624 0356 or Robyn Fitzroy 6620 7238.



Lismore Women's Festival

A week-long festival celebrating women is planned for Lismore. The Lismore Women's Festival will take place 5-12 March at venues across the Lismore region.

Showcasing the amazing, resourceful women from the Lismore region, the festival will feature more than 30 activities including:

- Women's Expo featuring health, wellbeing and business streams
- Regional High Tea featuring Academy Award winner Geena Davis live streamed from the Sydney Opera House plus a fabulous Panel of Guest Speakers from the region
- Forum for young women celebrating women's achievements in the workplace
- Cracking Conversations about women, including what we can do to change violence against women in our society and understanding and connecting with Muslim women
- Series of workshops on financial literacy, small business

development, self-care, hair and makeup and clothes styling sessions, know how your car works, healthy heart, knitting and crocheting tea cosies, quit smoking

- creative endeavors including: art exhibition, photography exhibition, creative writing, bellydancing and musical instrument workshops

Former Queensland premier Anna Bligh, now chief executive of YWCA NSW, will be the guest speaker at an International Women's Day luncheon on 8 March at the Lismore Workers Club.

For more information, visit:

www.lismorewomensfestival.org

www.facebook.com/lismorewomensfestival

Position Vacant

Psychologist - Kyogle

McKid Medical has an opportunity for a Clinical/Registered Psychologist to join their experienced and dedicated team.

This position would initially be for 1-2 days per week with immediate start.

Working with children would be desirable.

For further enquires, please contact the Practice Manager, Kerrie Winkler, by emailing Kerrie.winkler@mckidmedical.com.au or phoning 0423 901 389.

Upcoming Events

Click the event titles to learn more.

23 February

[Mental Health Professionals' Network Coffs Harbour Collaborative Network Meeting](#)

23 February

[Antenatal Shared Care Forum – Tweed Heads](#)

28 February

[Webinar: Weight Management – Mindset for Transformation](#)

1 March

[Workshop with *beyondblue* to design local services – Ballina](#)

9 March

[Innovators + Change Makers: Inspiring Women in Health – Lismore](#)

10 March

[Applying CBT and coping theory to psycho-oncology and other chronic illnesses – Brisbane](#)

16 March

[Ageing with a Spinal Cord Injury – Grafton](#)

16 March

[Ballina–Byron Clinical Society Dinner – Ballina](#)

16 March

[GP & Allied Health Speed Networking – Tweed Heads](#)

23 March

[Cultural Awareness Training – Goonellabah](#)

24 March

[Supporting people with dementia through advance care planning – Gold Coast](#)

25-26 March

[Introductory Vestibular Course – Port Macquarie](#)

29-30 March

[National Aboriginal Wellbeing Conference 2017 – Ballina](#)

30 March

[Speed Networking for GPs and Allied Health – Port Macquarie](#)

More Events

Visit www.ncphn.org.au/events to view the North Coast Primary Health Network Events Calendar.

References

1. Australian Bureau of Statistics. SIDS in Australia 1981-2000: A statistical overview. Canberra : Australian Bureau of Statistics, 2003.
2. Prevalance, risk factors, and natural history of positional plagiocephaly: a systematic review. Bialocerkowski AE, Vladusic SL and Wei Ng, C. 2008, Developmental Medicine & Child Neurology, pp. 50: 577-586.
3. Skull morphology affected by different sleep positions in infancy. Huang C-S, Cheng H-C, Lin W-Y, Liou J-W, Chen Y-R. 1995, Cleft Palate Craniofac J, pp. 32: 413-19.
4. Diagnosis and management of deformational plagiocephaly. Robinson S, Proctor M. 2009, J Neurosurg Pediatr, pp. 3:284-295.
5. Preventing deformational plagiocephaly through parent guidance: a randomised controlled trial. Aarnivala H, Vuollo V, Harila V, et al. 2015, Eur J Pediatr, p. 174: 1197.
6. Management of positional plagiocephaly. Saeed NR, Wall SA, Dhariwal DK. 2008, Arch Dis Child, pp. 93: 82-84.
7. Effect of Pediatric Physical Therapy on Deformational Plagiocephaly in Children With Positional Preference A Randomized Controlled Trial. van Vlimmeren LA, van der Graaf Y, Boere-Boonekamp MM, L'Hoir MP, Helden PJM, Englebert RHH. 2008, Arch Pediatr Adolesc Med, pp. 162(8): 712-718.
8. The course of skull deformation from birth to 5 years of age: a prospective cohort study. van Vlimmeren, L.A., Engelbert, R.H., Pelsma, M. et al. 2017, Eur J Pediatr, p. 176: 11.
9. Treated Versus Untreated Positional Head Deformity. Wilbrand J, Lautenbacher N, Pons-Kuhnemann J, Streckbein P, Kahling C, Reinges M, Howaldt H, Wilbrand M. 2016, Journal of Craniofacial Surgery, pp. 27(1):13-18.
10. Development at Age 36 Months in Children With Deformational Plagiocephaly. Collett BR, Gray KE, Starr JR, Heike CL, Cunningham ML, Speltz ML. 2013, Pediatrics, pp. 131(1):e109-e115.
11. Torticollis associated with Positional Plagiocephaly: A Growing Epidemic. de Chalain, Tristan M, et al. 2005, The Journal of Craniofacial Surgery, pp. 16(3): 411-418.
12. Neuroplasticity in Children. Mundkur, N. 2005, Indian J Pediatr, pp. 72 (10): 855-857.

Contact NCAHA

106-108 Tamar Street, BALLINA NSW AUSTRALIA 2478

Postal: PO BOX 957, BALLINA NSW AUSTRALIA 2478

Phone: 02 6618 5400

Fax: 02 6618 5499

Email: enquiries@ncaha.org.au

NCAHA is proudly supported by

