

# ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN EXERCISE THERAPY



## **Bone Health and Exercise: Prevention and Management of Osteoporosis**

### ***'Exercise, at the Heart of Physiotherapy'***

***Venue: St Thomas's NHS Hospital London***

***Date: Saturday 29<sup>th</sup> October, 2011***

#### **Aim**

To provide evidence based overview of the role of exercise in prevention and management of osteoporosis

#### **Learning outcomes**

**By the end of the course, participants will...**

1. Gain an understanding of the epidemiology, pathophysiology of osteoporosis
2. Appreciate the evidence base for exercise in preventing and managing osteoporosis
3. Have theoretical and practical of a range of outcome measures and management skills

#### **Proposed outline**

**9.00 - 9.15** Registration and Welcome

**9.15 - 10.15** Overview: Epidemiology, pathophysiology of osteoporosis (Jane Simmonds)

**10.15 - 10.35** Break

**10.35 - 12.00**

- Assessment theory – outcome measures (Jane Simmonds)
- Practical Assessment – outcome measures (Jane Simmonds and ACPET team)

**12.00 - 12.40** Lunch

**12.40 - 14.10** Pilates, bone health and osteoporosis (Glenn Withers)

**14.10 - 14.30** Break

**14.30 - 16.15** Prescribing weight bearing exercise and fundamental principles of prescribing strength training (short theory and practical) – Circuit (Paul Stern and ACPET Team)

**16.15 - 16.30** Close and feedback

## Course Booking & ACPET registration form

**I enclose a cheque for the following amount made out to 'ACPET'**

- £100 Non-ACPET. Course fee includes ACPET membership of £20
- £80 ACPET members (past & present)
- £60 Student & physiotherapy assistant ACPET members

**Tick one:**

- I have been a member of ACPET
- I would like to become a new ACPET member (included in course fee of £100)
- I do not wish to join ACPET

Send registration form and payment to: Jan Walsh, ACPET Secretary, 57 Woodbank Drive, Nottingham, NG8 2QW.

**Delegate Information (Print clearly and circle where appropriate)**

Name: Mr / Miss / Mrs / Ms \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preferred phone: work / home / mobile \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Clinical Interest: \_\_\_\_\_  
(eg. cardiac rehab / musculoskeletal / neurology / public health etc...)

Professional Status: Student / Assistant / TI / Band 5 / Band 6 / Band 7

Band 8 / Lecturer / Other \_\_\_\_\_

CSP No: \_\_\_\_\_ (If student, please enclose uni letter confirming status)

How did you first hear about ACPET? Website / iCSP / Frontline / Colleagues / advertised course / University

Confirmation of place will be given by email on receipt of payment. Please note that refunds cannot be given after 14<sup>th</sup> October. Cancellation before that date must be in writing to the above address and will incur a £20 administration fee which can be used towards ACPET membership if you wish to join.