



ISPO UK MS WINTER BULLETIN 2013

CHAIRMAN'S REPORT DECEMBER 2013



The year 2013 marks the 41st anniversary of the International Society of Prosthetics and Orthotics UK Member Society (ISPO UK MS). It has been a year in which the organisation has continued to make good progress in line with our aims and values. As your newly elected Chairman, I am honoured to serve the society and privileged to have the opportunity to work with a multi disciplinary team who share the same vision.

The highlight for 2013 was the ISPO UK autumn conference held on the 4th and 5th of October in Blackpool. The conference was well attended with many nationally and internationally renowned guest speakers. The presentations by Dr Joseph Czerniecki, Professor David Howard, Mr James Fernandes, Dr Stefania Fatone and Mr Stephen Mannion on the advances and latest practices in specialties such as prosthetics, orthotics and orthopaedic surgery were very informative and well received. The conference was also an opportunity for society members to make presentations on research findings, learning and experience in their various fields of expertise. We thank all those who presented their work and congratulate the following prize winners for their outstanding contributions:

Agnes Sturma – winner of the Limbless Association prize for her presentation entitled: *EMG-guided testing and training in TechNeuroRehabilitation after Targeted Muscle Reinnervation*

David Ball – winner of the BLESMA Prize (British Limbless Ex-Service Men's Association) for his presentation entitled:

The role of amputative surgery in patients with severe chronic lower limb pain refractory to other therapies and the limited exposure of orthopaedic trainees to amputative surgery

Elaine Owen – winner of the BLESMA Prize for her presentation entitled:

A proposed clinical algorithm for dorsiflexion free AFOFCS based on calf muscle length, strength, stiffness and skeletal alignment

Please note that the 2014 annual ISPO UK scientific conference will be held on the 3rd and 4th of October 2014 at the Royal College of Surgeons in London. The Disablement Services Centre, Roehampton will take the lead role in organising the conference and will send further details as soon as the speakers are confirmed.

Over the next few years, it is clear that our organisation will need to adapt and evolve in order to meet the many challenges that we face today. We will need to explore new ways of working, develop new skills and make best use of limited resources. A key challenge that we face today is the decline in membership of the organisation due to retirement of senior members. In order to address this decline, it is imperative that we actively encourage young professionals to join ISPO UK and take a keen interest in the future development of prosthetic and orthotic services.

Recent changes in the provision of prosthetic services have also led to new challenges. The nomination of Murrison Centres and the influx of veteran amputees being discharged from Headley Court to NHS facilities have increased the demand on prosthetic services. In addition, many of these amputees have complex needs, including mental health issues, and will therefore require a well-coordinated multi disciplinary approach to optimise rehabilitation.

The introduction of high cost advanced prosthetic components whilst benefiting those with greater prosthetic and service needs, has led to severe cost pressures in rehabilitation service budgets. This has led to a postcode lottery with a wide geographic variation in limb provision across the NHS. It is therefore important that further evaluation studies on these high tech components are carried out, in order to ensure that limited NHS resources are efficiently utilised. I am currently working with NHS England to establish the National Tariffs to be introduced as part of central commissioning process.

Finally, on behalf of ISPO UK, I would like to extend my congratulations to Professor Rajiv Hanspal on his appointment as President Elect of the ISPO International Committee and Laura Burgess on her appointment as Executive member of the ISPO International Committee and wish them both well in their new roles. I also wish to convey my appreciation to Laura (former Chair, ISPO UK) for her hard work, dedication and contribution to the society over the past three years.

I look forward to working alongside the ISPO UK executive committee and interacting with members and stakeholder organisations in the new year. Congratulations to Saeed Zahedi on his appointment as Vice Chair and welcome to Laura Brady to the committee.

For ISPO UK MS to have continuous success we depend on generous contributions and sponsorship from commercial organisations, Trusts and conference exhibitors. On behalf of ISPO UK members, I thank them all for their continued support.

I wish you all a merry Christmas and a happy and prosperous New Year.

Dr Lal Landham

Chairman
ISPO UK MS

Immediate Past Chair's Report ~ Christmas 2013



Seasons greetings to you all! As we all prepare for the festive season and hopefully an opportunity to spend time with family and friends, the time has also come around for our 2013 ISPO UK MS Christmas bulletin and my final farewell Chair's report!

It has been a busy third and final year of my term as Chair... mainly involved in organising the 41st annual scientific meeting and representing ISPO at a number of different meetings, including the International Committee Meeting in Hyderabad, February 2013.

I attended the interim meeting of the international committee which was held in Hyderabad in February 2013 where I represented all of the UK national member society members. My presentation to the international committee mainly focused on our current membership (which remains fairly static), annual scientific meetings, the new George Murdoch medals, TIPS 2012 and our 40th anniversary collaborative meeting.

ISPO now has just over 3,300 members, a 14% increase compared to the end of 2009. I hope that the members are now enjoying the increased number of issues of Prosthetics and Orthotics International to 6 per year. There is a great deal of work going on including developing an industry partners council. The first meeting was held in November, organising a consensus conference on amputee rehabilitation and setting up ISPO e-clinics online. Only recently in September members of the ISPO board, collaborated with the World Health Organisation and the Cambodia Trust to organise a side event at the UN high level meeting and to contribute to the meeting where the new UN article 32 was discussed- "The Way Forward, a disability inclusive development agenda towards 2015 and beyond". This is a very exciting time as finally the profile of assistive technology, including prosthetics, orthotics and wheelchairs is being raised and is on the UN agenda.

A final reminder from me that you have the dates of the 2015 World Congress in your diary which will be held in Lyons, France on the 20th-25th June 2015.

Over the last year, ISPO UK has continued to have representation at the All Party Parliamentary limb Loss Group, the Prosthetics and Orthotics Workforce Development working party and the Clinical Reference Group for Complex Disability Equipment and is one of 4 affiliated organisations to be represented on the Clinical Reference Group.

Our 2013 annual scientific meeting was held on the 4th and 5th October 2013 in Blackpool. It was very well attended and once again a successful meeting. With no specific topic focus this year we tried to include a varied range of subjects, some like an update on current wheelchair technology not often covered in our programme but vital for many of the people we work with on a daily basis, as well as the Blatchford Lecture on optimizing the function of the dysvascular amputee and the importance of amputation level decision making; a session on energy efficiency in lower limb prostheses with a bioengineering focus; an update on specialised commissioning by the Chair of the Clinical Reference Group for Complex Disability Equipment and the OETT lecture the use of orthoses in stroke rehabilitation an overview of the current research.

Many thanks to the members of the committee who worked hard to organise the meeting, particularly to Dr. Fergus Jepson in the role as Chair of the Scientific Meeting Sub-Committee, Irene Cameron (our secretariat), our sponsors – this year our Sponsors were North Sea Plastics, Ottobock and Algeos and our exhibitors.

There have been some changes to the executive committee structure and I am delighted to report that Saeed Zahedi has joined the committee and is already proving to be a valued member with his many years of experience working in the prosthetics and orthotics field.

Definite dates for your diary for 2014 are 3rd and 4th October 2014 when the annual scientific meeting will be held at the Royal College of Physicians in London. Dr. Soori and the Roehampton team will be taking a lead on the organisation of the programme for this meeting.

The Chairmanship of ISPO UK has now passed to Dr. Lal Landham and I know that he will work hard to further develop and maintain the ISPO UK member society. I will continue to support him during his term and will initially take on the role of treasurer, as well as updating the committee on the work of the International Board. I have really enjoyed my time as ISPO UK Chair and have learned a great deal. It would have been more challenging if it were not for the continued hard work and dedication of the executive committee who I wish to thank a great deal in this my final bulletin.

I would like to end by passing on enormous thanks on a very personal note to Irene Cameron, our secretariat, who has offered a great deal of support, help and advice during my three year term.

May I wish you and your families a very Merry Christmas and a happy, healthy and prosperous New Year in 2014!

Laura Burgess
Chair ISPO UK NMS

ISPO Conference – 3 & 4 October 2014, London

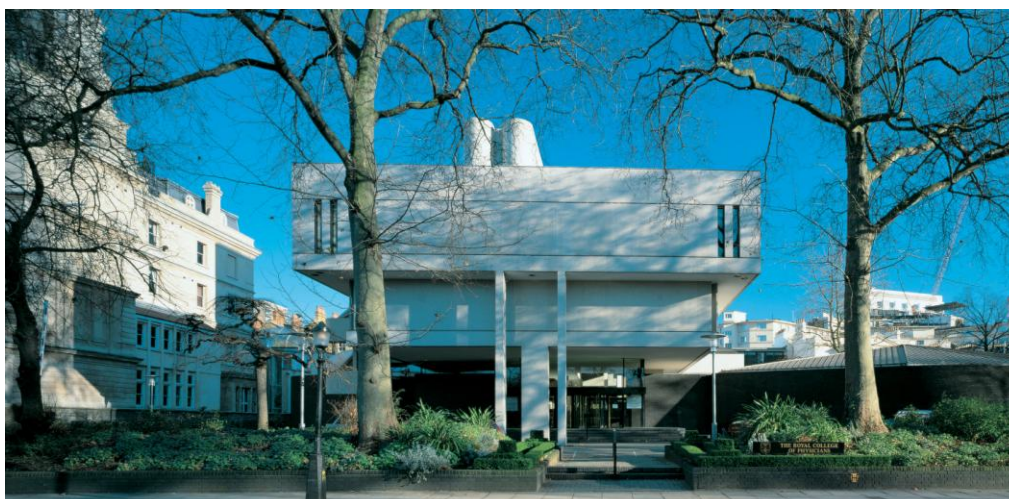
The team at Roehampton Rehabilitation Centre, feel honoured organising the scientific program for the ISPO 2014 conference, which is to be held on 3 & 4 October 2014. The venue will be the prestigious & centrally located Royal College of Physicians, in London. The adjoining Amelia hotel will be a convenient hotel for delegates to stay.

Amputation surgery will be the theme for 3 October morning and the Blatchford lecture will be delivered by an American orthopaedic surgeon with experience on amputation surgery in war veterans. This will be complimented by a lecture from a plastic & reconstructive surgeon with expertise on revision surgery. The focus for the afternoon will be multidisciplinary and holistic management of multi-limb amputees. The 4 October morning is dedicated for advances in socket technology, incorporating a debate on a chosen topic. The afternoon program will provide an up to date on cutting edge technology such as microprocessor and power assisted prosthetic joints.

On 4 October a dedicated whole day orthotic program will run parallel to the prosthetic program. The OETT lecture, lecture on selective dorsal rhizotomy in CP, hands-on fabrication technique of KAFO, presentations on research and guidelines of good practice will all cover the various aspects of orthotic management of neurological impairment. This combination of research, guidelines and practical issues in orthotic practice should encourage an enthusiastic participation.

This advance notice, a stimulating scientific program and attractive venue should encourage a high attendance & submission of free papers relevant to these themes.

S.Sooriakumaran FRCP FRCS
Chair, Scientific Sub-Committee, ISPO UK MS



Royal College of Physicians London

ISPO UK MS ANNUAL SCIENTIFIC MEETING 2103
FREE PAPER PRIZEWINNERS' ABSTRACTS

Limbless Association Prize

Title: EMG-guided testing and training in TechNeuroRehabilitation after Targeted Muscle Reinnervation

Presenter: **Agnes Sturma**, BSc, Physiotherapist, MSc-student

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Other Authors: Dr Malvina Herceg, Medical University of Vienna, Department of Physical and Rehabilitation Medicine, Austria.

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Dr. Oskar Aszmann, Professor of Plastic and Reconstructive Surgery, Medical University of Vienna, Department of Plastic and Reconstructive Surgery, Austria.

In patients with high amputations of the upper extremity, Targeted Muscle Reinnervation (TMR) provides an opportunity to improve prosthesis control. In surgery, the nerves of the arm are rerouted to muscles of the stump region which yields additional myo-signals that can be used to control the prosthesis intuitively. The so-called "TechNeuroRehabilitation" procedure starts postoperatively and takes about 1.5 to 2 years. Within this time, the patient has to learn how to control the new neuro-muscular interface. Thus, the rehabilitation process can be divided into 4 stages: i) re-innervation, i.e. the surgery followed by wound healing; ii) patterning, in which the patient starts to imagine hand/arm movements; iii) first virtual fitting, in which the patient has to learn control and separation of signals; and iv) the prosthetic fitting and training. Herein process stages iii) and iv) require maximum therapeutic effort and are highly cognitive.

Here, we show the application of EMG biofeedback in order to improve the training results of the patient. Additionally, a new assessment score is provided, that makes the judgement of the patient's ability for controlling prosthesis more objective.

Our testing software deploys an interactive EMG biofeedback workstation, with an extra computer screen for the patient. Specific motor tasks are presented to the patient, who needs to activate and control myo-signals according to a set of predesigned specific geometric profiles. In the beginning of the training, the control over the muscle appears crude and imprecise, but improves with practice. Such improvement can be quantified by calculating an ability-score, using the root-mean-square deviation from each of the applied profiles. This allows comparing patient abilities of generating myo-signals at different time points, thus, helping to select the kind of training most appropriate for the individual amputee.

The delineated concept of TechNeuroRehabilitation has been implemented since the start of the 'Christian Doppler Laboratory for Restoration of Extremity Function' in

January 2012. Several outcome measures are being applied to evaluate this procedure. Our new software provides a measure to evaluate the EMG-biofeedback training.

Initial data on able-bodied and amputees show that the tool is able to detect improvements in neuromuscular control. Nevertheless, more data is needed and will be collected in the near future.

References:

1. Aszmann OC, Dietl H, Frey M: Selective Nerve Transfers to Improve the Control of Myoelectric Arm Protheses. *Handchir Mikrochir Plast Chir* 2008;40:60–65.
2. Stubblefield KA, Miller LA, Lipschutz RD, Kuiken TA. Occupational therapy protocol for amputees with targeted muscle reinnervation. *J Rehabil Res Dev* 2009;46:481-8.

BLESMA Prize

Title: The role of amputative surgery in patients with severe chronic lower limb pain refractory to other therapies; and the limited exposure of orthopaedic trainees to amputative surgery.

Presenter: Mr. David Ball, Trauma & Orthopaedic Surgery Trainee, Blackpool Victoria Hospital

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Other Authors: Mr. Steve Mannion, Consultant Trauma & Orthopaedic Surgery, Blackpool Victoria Hospital

Title

The role of amputative surgery in patients with severe chronic lower limb pain refractory to other therapies; and the limited exposure of orthopaedic trainees to amputative surgery.

Authors

David Ball, Department of Trauma & Orthopaedic Surgery, Blackpool Victoria Hospital, United Kingdom

Steve Mannion, Department of Trauma & Orthopaedic Surgery, Blackpool Victoria Hospital, United Kingdom

Aim

To raise awareness amongst health professionals of the positive role of amputation as a treatment option in a cohort of healthy patients with severe debilitating lower limb pain of non-vascular aetiology; and to investigate the perceived limited exposure of orthopaedic trainees to amputation in the United Kingdom.¹

Methods

Between December 2012 and May 2013 six patients underwent amputation based on the following criteria: severe, debilitating chronic lower limb pain of non-vascular origin, exhaustion of alternative therapies (including pharmacological analgesics and adjuncts, orthotics, other surgery), and a detailed psychological evaluation.

Five patients underwent trans-tibial and one trans-femoral amputation. All were performed by the same surgeon.

Pre-operatively & post-operatively patients completed an SF-36 Health Survey, which were subsequently compared.

A questionnaire was distributed to all orthopaedic trainees (level ST3-ST8) in the North West region of the United Kingdom, enquiring about their exposure to amputative surgery, with reference to their surgical logbook.

Results

The mean age at the time of surgery was 39 years (range 24 – 51 years). The mean time between onset of constant pain and amputation was 52 months (range 6 – 108 months). Two patients experienced complications: one trans-tibial amputee had a wound infection and the trans-femoral amputee experienced phantom limb pain. Review of the pre and post-operative SF-36 surveys revealed five patients (83%) to have improved health scores, with a significant decrease in the level of pain and a better quality of life.

Eleven orthopaedic trainees responded, with at least one from each specialty training level. Seven (63%) had been involved with digital amputation, six (54%) with trans-tibial, five (45%) with trans-femoral, and one (9%) had assisted with a trans-metatarsal amputation. All trainees reported exposure to only a small number of cases. One ST7 trainee had not been involved in any amputative surgery. When asked if they thought that by completion of their training they would be able to perform these procedures independently, only two trainees answered 'yes' (for digital and trans-tibial amputation only).

Conclusion

There exists a cohort of patients with severe chronic lower limb pain of non-vascular origin, refractory to other therapies. Their level of pain, mobility and quality of life can be improved by amputative surgery; as evidenced by the improved scores on post-operative SF-36 surveys. However, amputation is a skill being lost to the orthopaedic profession, evident by the small number of amputations within trainee logbooks. As such it is likely that these patients will find it increasingly difficult to gain access to amputative surgery in the future.

References

1. Eardley WGP. Amputation and the assessment of limb viability: perceptions of two hundred and thirty two orthopaedic trainees. *Ann R Coll Surg* 416 Engl 2010;92: 411–416.

BLESMA Prize

A PROPOSED CLINICAL ALGORITHM FOR DORSIFLEXION FREE AFOFCS BASED ON CALF MUSCLE LENGTH, STRENGTH, STIFFNESS AND SKELETAL ALIGNMENT

ELAINE OWEN MBE MSc SRP MCSP CLINICAL SPECIALIST PHYSIOTHERAPIST

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AIMS AND OBJECTIVES : To create an algorithm to determine suitability for dorsiflexion free AFOs for use in both clinical practice and future study design.

REVIEW OF THE LITERATURE: An Ankle-Foot Orthosis Footwear Combination (AFOFC) with a dorsiflexion free function, often combined with a 90 degree plantarflexion stop function, is a commonly investigated orthosis. However, the research to date has a number of problems, particularly when related to gait.

1. Research often seeks to determine whether a fixed ankle or hinged/dorsiflexion free AFO design is optimum for diagnostic groups or categories, which is inappropriate.
2. Dorsiflexion free AFOs have been investigated with study subjects who have contraindications to their use.
3. AFOFCs with dorsiflexion free functions have been coupled with fixed metatarsal phalangeal joints (MTPJs) which may adversely affect ankle joint kinematics.
4. Some literature states that movement at the ankle joint is essential for gait which is incorrect.

CONCLUSION AND RECOMMENDATION

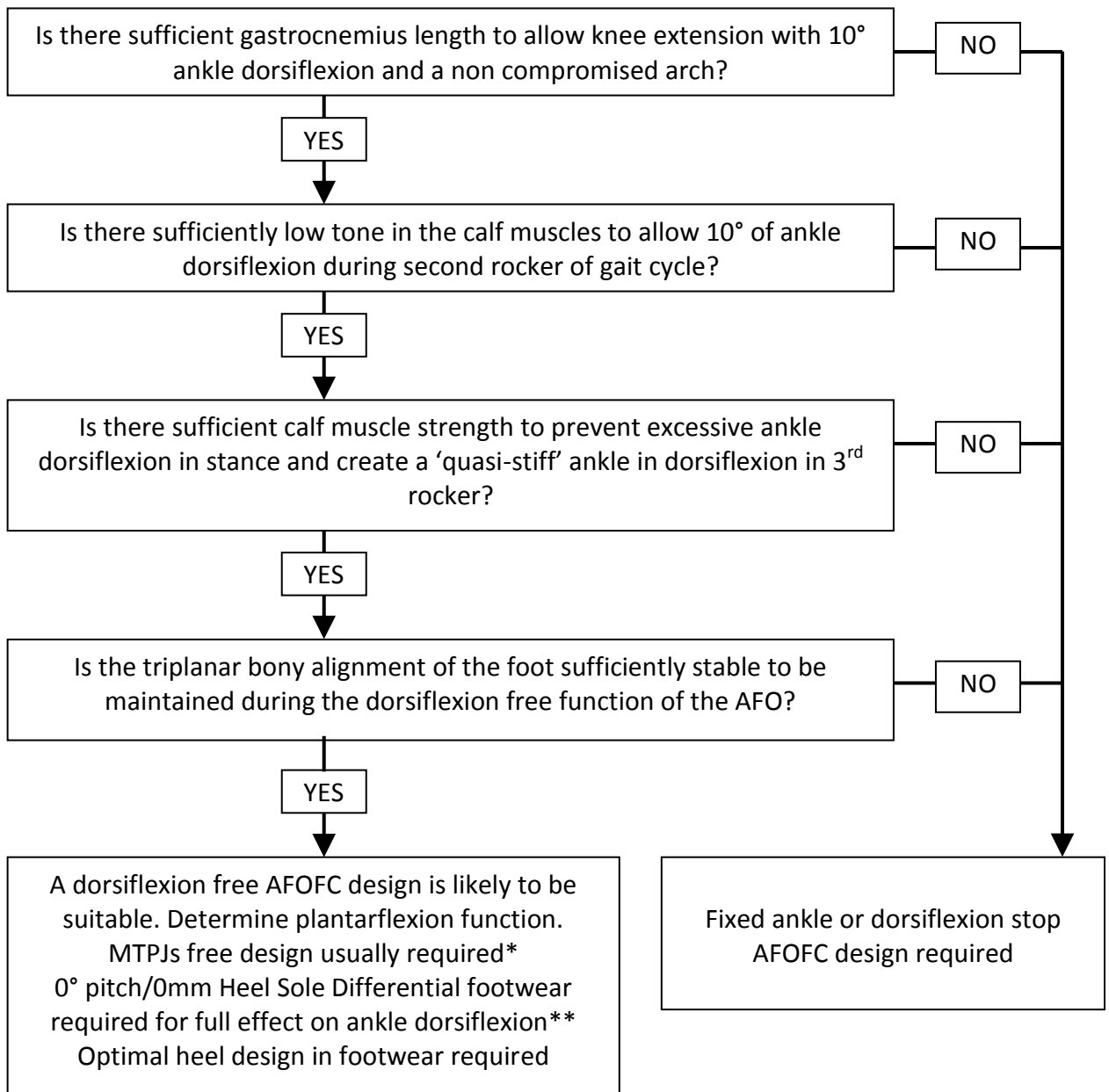
A simple algorithm, to determine whether an AFOFC with a dorsiflexion free function is likely to be the optimal prescription for gait, can be created if a few key requirements for normal barefoot gait are considered.

1. At 40% gait cycle maximum stance phase knee extension occurs and at this time the ankle is dorsiflexed 10 -12°. There must be sufficient gastrocnemius length available to allow both these kinematics.
2. The ankle dorsiflexes to 10-12° during mid-stance. There must be sufficient length and sufficiently low tone in soleus and gastrocnemius to allow this movement.
3. The ankle is prevented from excessively dorsiflexing in mid-stance and is maintained in a quasi-stiff position of dorsiflexion in terminal stance by the actions of the calf muscles. There must be sufficient strength of the calf muscles to achieve this.
4. Ankle dorsiflexion in gait is coupled with stable bony alignment of the foot.

References

1. Perry J. Gait analysis. Normal and Pathological Function. 1992. McGraw Hill. New York.
2. Owen E. The importance of being earnest about shank and thigh kinematics especially when using ankle-foot orthoses. Prosthetics and Orthotics International 2010;34:254-269

PROPOSED CLINICAL ALGORITHM



* An AFOFC with MTPJ free design is usually required, to allow MTPJ extension during third rocker, and patients who meet the criteria for a dorsiflexion free AFO usually meet the criteria for an MTPJ free design. If they do not a rocker sole profile is required on the footwear as restriction in MTPJ extension may produce excessive ankle dorsiflexion, a compensatory response required to enable normal shank kinematics if MTPJs are fixed and not compensated for by a rocker sole profile.

** To obtain 10-12° of ankle joint dorsiflexion in gait the dorsiflexion free AFO needs to be combined with footwear that has a 0mm Heel Sole Differential (HSD) or 0 degree pitch. For each degree of pitch in the footwear there will be a reduction of one degree of ankle dorsiflexion. This is because gait requires normal shank kinematics and ankle joint kinematics adjust to the pitch of the footwear to achieve this. In normal gait the shank is 10-12° inclined at the end of mid-stance. A 10-12° pitch in the footwear negates the need for ankle dorsiflexion to achieve this.

UNIVERSITY OF SALFORD NEWS RELEASE - 20 December 2013

Salford free-to-attend conference in February 2014 will kick off European footwear and orthotics research network



The University of Salford is leading the UK role in the EU-wide **SOHEALTHY** project which aims to bring clinicians, researchers, industry and patient groups together to forge an exciting research and innovation agenda for future footwear and orthotics. The SOHEALTHY project will enhance cooperation between all stakeholders across Europe in the footwear and footcare sector, with a particular focus on feet affected by ageing, diabetes and obesity.

Working with National Footwear Technology Centres in Spain, Italy, Tunisia and Morocco, Professor Chris Nester and his research colleague Carina Price will host a free to attend one day event on 26th February 2014.

Professor Nester from the School of Health Sciences explains: “Current and future footwear research has a crucial role in preventing and treating important foot problems, but we need to explore potential solutions in new ways.

“Drawing the right people together to enhance cooperation and encourage collaboration through future research projects is what we hope to achieve. It’s an open shop approach for clinicians, service managers, researchers and industry to bring them together in a way that is mutually beneficial.”

With special focus on the needs of people with diabetes, obesity and older people, the agenda of the one day event is to:

- share knowledge of the foot and lower limb problems that can be addressed with footwear and orthotics
- hear the what clinicians and industrialists consider to be future priorities
- explore what is “state of the art” in terms of foot problems, solutions and services.
- Develop a shared vision for the future priorities for the footwear and orthotics sector.

The SOHEALTHY project is establishing a free expert community which is open to health care professionals, researchers, patient associations and industrialists. The community will facilitate the transfer of knowledge. The long-term ambition is to translate improved cooperation into new projects which will ultimately enhance the services and products for people with foot problems.

Dr Victoria Barrantes is from the project lead organisation in Spain and is encouraging all those with an interest to join: “Health care and industrial professionals will be able to get access to the results generated in the project; they will also be able to participate in workshops, conferences and events and gain access to the presentations.”

The first free network event at the University of Salford on 26 February 2014 is expected to attract 150-200 delegates. Confirmed speakers include Professor Chris Nester, Professor Wesley Vernon, Professor Jim Woodburn, Dr Anita Williams, Dr Stewart Morrison, Dr Farina Hashmi, Simon Dickinson (Chair of the NHS Orthotic Managers Group), Dr Jane McAdam (Chair of the Footwear Specialist Interest Group) and Colin Hurley (Chair of Orthotics Section, BHTA).

For further details and to register for the event simply email:

sohealthy@salford.ac.uk

-Ends-

Notes to editors:

- To get all the latest news from Salford subscribe to our **RSS feed**:
www.salford.ac.uk/home-page/news/rss-feeds
- Our **Twitter** profile also has quick updates of news and events:
www.twitter.com/SalfordUni
- Our latest events listings are at:
www.salford.ac.uk/home-page/events



Project Partners at the SOHEALTHY Kick off meeting in Elda, Spain.



Professor Chris Nester who is will speak at the free to attend event in February.



New Year's Letter from the ISPO President

Dear Colleagues,

On behalf of the ISPO Executive Board and the staff at the ISPO Head Office in Brussels I would like to thank you for the good cooperation throughout the year 2013 and convey my best wishes to all of you for a good, happy and successful new year 2014 !

I realize that many of you are extremely busy between work and private life, and therefore truly appreciate and admire that you devote your precious time to ISPO. I am sure that everyone who benefits from our joint efforts can achieve a normal and better life and look forward to a prosperous 2014 as well.

ISPO has ambitious plans for 2014, with a number of new tasks to be approached, besides the on-going important work of supporting ISPO's members and Member Societies, and the collaboration with our partner organizations. To mention a few, ISPO intends to:

- actively participate in the WHO initiative "[Global Cooperation on Assistive Technology](#)"
- further develop the [ISPO Council of Industry Partners](#) and the collaboration with partner organizations
- increase the involvement of users in the organization
- organise a Consensus Course on amputation, rehabilitation and prosthetics, aimed at the vascular group of patients
- organise an [ISPO Global Educators Meeting](#) that is to gather P&O educators from all over the world
- launch a new blog-type online publication called *ISPO Clinics*
- assist WHO in the development of P&O Service Guidelines

The list of tasks is of course much, much longer and I invite you to visit the ISPO website www.ispoint.org regularly for information and updates, and to read the ISPO e-updates and contributions in ISPO social media.

Happy New Year 2014 and the best wishes to everyone!

Together we can do more in a better and faster way.

Bengt Söderberg


ISPO President

Membership Renewal of ISPO through UK National Member Society 2014

Membership subscriptions for the year 2014 are now due for renewal. All current members will shortly receive a renewal letter and form by post requesting payment before 31 January 2014. If you are not currently a member of ISPO or if your membership has lapsed, please complete the membership application form below or download a copy from our website at http://www.ispo.org.uk/pdf/ISPO_Membership_Application_Form_2012.pdf and forward, together with your payment, to ISPO UK MS Secretariat, PO Box 2781, Glasgow, G61 3YL.

Membership of ISPO will entitle you to a range of benefits including:-

- Six issues of ISPO's journal *Prosthetics and Orthotics International (POI)*
- Exclusive access to online keynote lectures from top-level speakers and additional educational resources
- Educational materials available from the ISPO International website www.ispoint.org
- A new on-line publication with scientific content and a focus on clinical practice
- Reduced registration rates at ISPO international and national conferences
- Quarterly e-bulletins from ISPO UK



APPLICATION FORM

INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS

Personal Information

Organization/Institution/Company

Title Last Name First Name

Address

City Postal Code

County Country

Phone1 Phone2

Email Fax

Nationality Date of Birth Gender

Professional Information

Present Position

Qualification1

Qualification2

Professional Category Subcategory

if other, please specify:

Language Information

Mother tongue

Language1 Level

Language2 Level

Language3 Level

Other Information

Type of Membership requested

Willingness to work for ISPO Time available

Current Activities

please provide a brief summary here

ISPO Contact Information

Please return the completed application form, together with your payment (£95 full membership £27 student membership) to:-
 ISPO UK NMS Secretariat, PO Box 2781, Glasgow, G61 3YL Email: info@ispo.org.uk Tel/Fax: +44(0)141 560 4092

Cheques should be made payable to ISPO UK NMS. BACS transfers to *Royal Bank of Scotland* Sort Code: 83-28-39 Account No: 00146801



ISPO UK MS would like to wish you and your families a merry Christmas and a happy, healthy and prosperous new year.

