

Haemophilia Chartered Physiotherapists Association

The HCPA consists of chartered physiotherapists with a specialist interest in the physiotherapy management of people with Haemophilia and other bleeding disorders. This group was initially established to provide support and networking opportunities for individuals in the field and to help others new to the specialty. Over the years it has developed to become an exciting forum for new ideas and ways of working, enabling research and promotion of physiotherapy as a key component in the MDT management of Haemophilia.

HCPA Education/ Continuing Professional Development

The annual Physiotherapy educational meeting and AGM, funded by an educational grant from Bayer Healthcare, were held in Birmingham in February 2011. Now in its fifth year, it continues to be full and productive meeting with attendee numbers growing each year.

The themes covered in this year's meeting were topical and generated a lot of interest. They were:

- An overview and clinical application of the various outcome measures currently in use for both paediatric and adult patients with Haemophilia
- Obesity in Haemophilia, initial results from a pilot dietician clinic, and the effects of childhood obesity on the paediatric foot and ankle

The next annual meeting is planned for February 2012 with sessions to be confirmed. Due to the success of these annual meetings and the increasing numbers of physiotherapists attending, it was agreed that there would be another meeting 6 months later, one to cover the north of the country and one to cover the south. It was felt by members that this would help foster more support between peers, accommodate specific training needs that are too timely for a one day meeting and allow shared discussion of more complex clinical cases. The outcomes of these meetings will be presented at the 2012 AGM in Birmingham.

The HCPA has worked for the past year on producing an Induction Pack, specifically aimed at Physiotherapists new to Haemophilia care and those who treat Haemophilia patients in more local settings without direct support from a Haemophilia Centre or specialist Physio. It is anticipated that the pack would be sent with the referral to the patient's local hospital as an information resource and to facilitate more seamless physiotherapy care for the individuals involved. It includes a broad overview of musculoskeletal aspects of Haemophilia, as well as current evidence and best practice in managing such patients' with Haemophilia. Further reading and a lengthy resource list are included to encourage professional development. It is hoped that this will also facilitate improved Physiotherapy access for all patients with Haemophilia.

The next project to be undertaken by the group will be to review (and update if necessary) the current professional standards for Physiotherapists in Haemophilia care. This will be concurrent with the Chartered Society of Physiotherapy review of specialist interest groups within the Physiotherapy profession.

It is encouraging that Haemophilia Physiotherapists are represented on a national level in the UKHCDO Clinical Outcome Group and Musculoskeletal Working Party, as well as the Haemophilia Alliance meetings, and advising on patient education information programmes by Industry providers.

Paul McLaughlin
Chairman, Haemophilia Chartered Physiotherapist's Association
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