



## Mindfulness in MSK – Ref 310

*with Karen Neil*

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### TRANSCRIPT

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**Robin Lansman**

Good evening and a big warm welcome from me. I'm Robin Lansman, osteopath and allied healthcare professional. I'm the first to be Academy's guest presenter, taking Steven's place for an additional hour of CPD. I hope you find it useful. And I hope I'm not the last. This topic this evening is essentially a look at mindfulness and MSK. We brought the topics together, and in its application in particular to clinical practice. Part of our conversation this evening, we'll also address how you deal with so called heartsink patients, we've all seen them. These are the ones where you despair, but they might be a big opportunity for you to turn things around. And, you know, you desperately want to help people. I'm certainly built that way. But sometimes you find yourself under pressure to deliver and it's a complex blend of things that occur in that room with that patient that we've got to try and unpick this evening. With that in mind, my guest this evening is Karen Neil. Karen is a pharmacist and a health coach, an absolute expert in mindfulness. She is in fact one of the three brains and lead author behind a briefing paper that was pulled together on health promotion and mindfulness. That's a combination that really is very strong. And this was part of the 60th anniversary of the institute of health promotion and education, an event that was at the House of Commons we were both at, just a little while ago, a few weeks ago. Karen, good evening. Thank you so much for coming along and having this conversation with me. We've been working on this and chatting for quite a while. Tell me a little bit more about you and kind of, you know what interested you in this topic to come and talk about it with me?

**Karen Neil**

Yeah, thanks for inviting me, it's good to be here. So I've been interested in mindfulness for a long time and I think one of the most difficult things to treat and manage is pain. So it's been really interesting to look at the application of mindfulness to managing painful conditions.

**Robin Lansman**

Yeah, no, absolutely, we're going to be talking about lots of different things. But I think let's also just give a little bit of background. So pharmacology, pharmacy, your initial study was in what?

**Karen Neil**

Pharmacology.

**Robin Lansman**

Pharmacology.

**Karen Neil**

So a pharmacy degree qualified as a pharmacist and then developed an interest in pharmacology. And it was quite molecular, actually, second messengers in the central nervous system. So looking at the effects of drugs in cells, and particularly when you use more than one drug, because often people are taking more than one. So we were looking at cross talk when you use two drugs or more. So it was really interesting. But we were looking at drugs that weren't going to be out for 10 or 20 years, so I felt like I was working in the future. And I do enjoy helping people and working with people. So that was why the shift then into public health research, I was interested in iatherogenic disease, and what was the cause of it and how we could prevent, for example, drug related admissions to hospital because of side effects.

**Robin Lansman**

No one wants to make the problem worse, getting more people into hospital, we want less people in hospital.

**Karen Neil**

Yeah, the funny thing is that now I've been doing it for, you know, 20 plus years, and I am seeing some of those drugs from the lab coming through into clinical practice. So the future is here.

**Robin Lansman**

Finally. Well, this evening, we are going to talk about a range of topics, but some of it's going to involve motivation in the practitioner, and particularly how we can support practitioners and the individual patients with mindfulness and a mindfulness approach. I think there's a lot on bio psychosocial behaviours, and that's sort of very big at the moment, I think in musculoskeletal health and how to approach patients. There's also the biomechanical model, we've talked quite a bit when we've been preparing for today. So we're going to balance those and see where perhaps there's some ground in the middle, some common ground that we're going to explore. And some of this is certainly about forming connections. Yeah, that's what we're going to be exploring a little bit later. So when we look at that, we're going to look at the place of medicines, because you're an expert in that as well, and how they kind of correlate and how they go together or sometimes don't. So a little bit of the first part of sorry, we're having a slight problem with our slide. So yeah, what we're going to talk about today is, well, we were both at the event at the House of Commons recently and go through some of the topics that you kind of felt following a little bit of the themes that were around.

**Karen Neil**

Well, we had the opening from the deputy chief medical officer talking about some key priorities, one being prevention, wasn't it, and collaboration and then we heard from a Director of Public Health. So it was about public health, health promotion, and celebrating 60 years of health promotion, with the institutes the IHPE.

**Robin Lansman**

And also, I mean, the political people were there as well, because we were sponsored by Karen Buck MP, and a lot of the things they hadn't cross correlated what they were going to speak about the various speakers and yet, it was so on point, which was amazing to see.

**Karen Neil**

There was a lot of overlap, wasn't there.

**Robin Lansman**

A lot of overlap, and that was that was kind of heartening, really that people are on similar pages.

**Karen Neil**

Yeah, absolutely. To see the diversity of people there, like you say from MPs, there were peers there, the directors of public health, the Chief Medical Officer deputy, you know, pharmacists, osteopaths, doctors, yeah, such a variety of people on the same page.

**Robin Lansman**

So really nice to see people in the same room talking the same sort of language. So if we move on now, we're going to talk a little bit about motivation in yourself, so you mentioned a little bit about your background career, something a little bit on, you know, what changed you from the pharmacology and that sort of very microscopical approach on to now a more mindful approach?

**Karen Neil**

Yeah, the shift from the lab was that feeling that I was working in the future. And there wasn't enough contact with people. My very early motivation, which I find it helpful to go back to was actually as a child listening to my mom, who is a retired nurse, giving people advice on the phone and helping people and I wanted to be able to do that. But I was a bit squeamish, and I didn't want to be a nurse and deal with blood and injections and whatever. And I was fascinated by medicines. So pharmacy was the route for me to do that.

**Robin Lansman**

Yeah, it's funny. I haven't said this to you before, but I think it's always comes up like this. When I was a kid, actually my mom drove me to become an osteopath. My mother had a terribly bad back problem, was in on traction in hospital for weeks, and threatened with injections and all sorts of things came her way. And finally, surgery was offered, but she declined. And then it took quite a while, in fact, and it's quite odd that and many patients, you know, who have been to an osteopath or a chiropractor, and they're happy with what they get. They want to try and persuade people they know to kind of get involved and go and see someone and unfortunately, took my mother a very long time to trust and believe. And she went along to see someone who helped her immensely. And that was my introduction towards osteopathy. So I guess similar. It's a personal connection. And it seems to be with a lot of practitioners. That's what drives them in their motivation. Yeah.

**Karen Neil**

And it's interesting you say that about trust, because I didn't have trust even from quite young in the medicines I was being given. I wanted to know more about them on what they were doing to my body rather than just taking them.

**Robin Lansman**

So not taking them blindly.

**Karen Neil**

Yeah.

**Robin Lansman**

Because again, a lot of people these days do take stuff and don't ask questions for quite a while. They don't even know why. I have patients coming to me and they're taking medications they don't sometimes know what they're for, which is a little frightening. So yeah, that's certainly worrying.

**Karen Neil**

So that's the only motivation. And then the motivation into health promotion came working at a community pharmacy. Really, there was a lightbulb moment when I really saw the impact of stress on wellbeing. And most of the queries that were coming into the pharmacy had a stress component, either causal or exacerbating conditions. So that really got me interested in stress and mindfulness, mindfulness-based stress reduction.

**Robin Lansman**

Well, also the way we met through the Institute of Health Promotion, we're both trustees on the board. So kind of interesting, we're both very keen to spread the word to share what we know. And I think we've connected very much so, actually, and it's interesting that even preparing for today, I think I said that earlier, but I mean, learning about each other's profession asking different questions in more depth has been an amazing we mentioned collaboration, but partnership and professionals having these detailed conversations is so, so important in learning about what other people do, how they think. So it's healthy stuff.

**Karen Neil**

It's really valuable, isn't it, like we saw at the House of Commons with all those different professions representing.

**Robin Lansman**

Yeah. Cross collaborations. So we're gonna move on, just to another topic in just a moment. And that was interesting too, because I think motivation is key. Again, going back to your pharmacy, because I think that's quite interesting. There's a few things here, perhaps, that people'd be interested to hear about the, do you want to just tell me a little bit about what the fast mover shelf or what was on that fast mover shelf?

**Karen Neil**

So take, you know, go back to a newly qualified me, first walking into a pharmacy, discovering this fast mover shelf, which was basically close at hand with the most commonly prescribed drugs, so it was efficient so we could reach them, and then they went out quickly. So high turnover. So antidepressants was the one that really struck me, why are so many on antidepressants. So I developed an interest there in mental health. Painkillers was another one, pain being a massive issue and that went into that, talking to the local GPs, and we did the research, because painkillers can cause a lot of side effects, and iatrogenic disease that was that link, and the other one was antihypertensives.

**Robin Lansman**

So a lot of stress, a lot of all sorts of things rolled in.

**Karen Neil**

Yes.

**Robin Lansman**

And what was the thing you mentioned about lowest dose and shortest time I think I get that, but how do you relate to that?

**Karen Neil**

Well, we talked about medicines and appropriate use, and you'll see a variety, perhaps an all or nothing. There's some people that come in taking quite a lot of medication and being really quite dependent on it. And maybe other people that don't want to take it at all. Sometimes there's extremes.

**Robin Lansman**

It can be a mix. I think some people have tried things, and they give up too soon. I think partly it's also working where you're treating people and actually, we're not allowed as osteopaths to prescribe or change medication. But obviously, we can make suggestions and recommendations. And how does that combine with the physical therapy that we're actually offering? I mean, there can be some useful respite from pain relief.

**Karen Neil**

Yeah. And in the conversation we were having, you know, I hadn't appreciated how when a muscle is contracted, that that impairs blood flow, which impacts healing and the therapy. I thought that was fascinating.

**Robin Lansman**

I think it's one of those things, I mean, it's kind of basic, I suppose in osteopathy, but certainly that rule of the arteries supreme is that kind of very old-fashioned term. But getting things flowing, getting things moving, and if things are contracted and constricted, then obviously that will damage healing, and it will reduce recovery as well. So yeah, no, it works. And what about the shortest time, lowest dose, shortest time?

**Karen Neil**

Yeah, that we make sure you know, patients are reviewed and you know, in the UK, we have medication reviews, which, that's one of the aims of that, so that people don't get missed and end up left on medication but you know, if you do come across people that have been taking things long term, you know, maybe encourage them to ask if they still need it.

**Robin Lansman**

Going back to mindfulness, what's the latest thing with pharmacists? Because I did hear something from the pharmacy organisations, there's been a change a bit more on mindfulness and actually spending a lot more time with patients, if you like in pharmacies.

**Karen Neil**

Yeah, not mindfulness, particularly. But there has been a consultation on the future of pharmacy because it is changing as a profession. And I think it's being recognised how much more we can do within the health service.

**Robin Lansman**

Could do.

**Karen Neil**

Could do. Yeah, so we've just responded to that consultation as IHPE. Not mindfulness yet, specifically,

**Robin Lansman**

No. But you can almost tell though, when you go into a pharmacy, when you get that connection that someone's bothering to go that little bit, not just to be extra helpful, but actually kind of understand your needs as a person. And you do see that more in some places than others. I mean, it's quite interesting how much variety there is of that. But I guess, you know, even in practice, we're going to talk a little bit about self-awareness in a bit, which I think is quite important to bear in mind for the practitioner.

**Karen Neil**

Well, absolutely. Mindfulness will help pharmacists as well. And there may be some pharmacists watching.

**Robin Lansman**

Yeah, could be. Yeah. So moving on to our next slide. We're gonna just talk a little bit then directly about that combination, where clinicians can support their patients using mindfulness techniques in the musculoskeletal, we've particularly targeted this, obviously, musculoskeletal therapy and mindfulness. How do you connect into that in terms of building that connection and mindfulness for MSK patients?

**Karen Neil**

Yeah, there's a lot of ways that mindfulness can help both the patient and the clinician. And in particular, I think, in building the relationship, because mindfulness really, you know, helps you to be fully present in the moment with that patient. And it's going to work to its maximum effect if the patient is also being mindful that that connection's there because, for example, if you're caught up in thoughts, maybe the last patient is still with you in your head, or problems that are going on that you're not thinking as clearly that mindfulness can really help you be fully present with the patients and really see a clearer picture. And also the patient kind of feels that presence and fully listened to, which I think is quite powerful, actually.

**Robin Lansman**

Totally. So I mean, it is sometimes difficult, especially having a busy day, or as you said, the previous patient has actually pulled you into we're going to talk about heartsink patients, but has pulled your heartstrings or whatever. And actually, made you really lose a little bit of track for the rest of your day. How long does it take to recover? Because I think that's quite important. And actually, in a busy practice, short lunch break, there's not much time to get over what's going on. Okay, so we are going to talk about heartsink patients because that was certainly, I know the expression is used quite often. I mentioned in my preamble, that sometimes your heartsink patient for one practitioner is actually a big win in one's own sphere. So how do you connect with heartsink? What's the heartsink patient for you?



**Karen Neil**

Um, I think initially, it depends what drugs are on as a pharmacist, we had heartsink drugs, but also heartsink patients. And I think mindfulness really gives you the tools from personal experiences as well, of being able to stay, again, more present with that patient and not have your buttons pressed, actually, which is, I remember when I first did an eight-week course on mindfulness reading in the preamble, you will be less likely to have your buttons pressed. And I thought, oh, great.

**Robin Lansman**

Yeah, no, it can be and sometimes calling out the patient. I don't mean that in a rude way, but perhaps pointing out perhaps the way they're choosing to interact or maybe not choosing. They're not aware of it. They're not realising they're not getting the best from you.

**Karen Neil**

Yes. Because that can be a misunderstanding about mindfulness, that you become a doormat because you take anything. But that is a myth. It's not true, that you can still communicate, you know, if something's not okay, or there's behaviour that's not okay. But from that grounded place, you know, you can think more clearly actually and respond more wisely. We talk about responding rather than reacting with mindfulness.

**Robin Lansman**

Yeah, well, I think also bear in mind that questions like we're doing now we're having a chat, questions are showing interest, they aren't actually trying to attack. I know sometimes it can feel under pressure perhaps from a patient who's perhaps being very, very demanding. I had a chap come into me today had about seven or nine questions written out on a piece of paper ready, and he'd been to me before. So we pulled it in during the session not to go to the very end where we had to cram in all these answers or all the answers I was trying to get boyfriends. So yeah, can be a bit of hard work something.

**Karen Neil**

Yeah, and it helps your communication as well if you're wanting to challenge something and how you might want to say, oh, I've noticed that that's really upset you, I can see that you're upset. And it's how you communicate it. And I think mindfulness helps you to communicate quite calmly. And we're more connected than we realise. And I think people can feel that. Whereas, you know, if you're feeling agitated, that spills in into your communication, and then that might make the client, patient more likely to react.

**Robin Lansman**

But also, if someone's feeling very fearful, a patient is feeling fearful or anxious, and presenting in a way that perhaps feels quite unpleasant in a sense to receive, you know, calling that out as well, and actually saying, you know, kind of challenging a little bit about what the behaviour is about, but actually try and find out what's behind it, I suppose. Is that a fair thing to do?

**Karen Neil**

We're often taught use a saying about, you know, name the elephant in the room is really helpful. And it's how you communicate it. And, you know, if you speak with a kindness, which is part of the quality of mindfulness, is compassionate communication,



**Robin Lansman**

Getting the right tone of voice, is that fair?

**Karen Neil**

Yeah, tone of voice. So it's helping you to stay grounded and present. So it then can help you communicate calmly. Whereas if you're feeling some anxiety, or, you know, fear or anger, you know, someone's pressed your buttons, that will come through in your speech and then the patient might pick up on that.

**Robin Lansman**

Well, when I was teaching some years ago, and taking a group of students in with a patient, the reaction different people had when you came out and said to how did that go? Well, that could have been a bit tough, or that was the hardest bit and other people would see it completely, all different people would come up with in the same room, in the same sort of clinical experience effectively, had very different interpretations, diverse interpretations of the same patient experience, same interaction. So it is what you bring to the party.

**Karen Neil**

Absolutely.

**Robin Lansman**

As well as what they perhaps aren't thinking about, or worried about.

**Karen Neil**

And helpful to realise how much perceptions vary, our own and other people's.

**Robin Lansman**

Okay, so moving along little what we're going to do now, I understand, and you haven't shown me this. And it's all kind of new for me, you're going to run a very short mindfulness exercise in three steps. Yeah. So, shall I let you go on with it and let's see what happens.

**Karen Neil**

Yeah, I'm looking forward to this because he doesn't know. So this is known as the three step or three minute breathing space, which is a really helpful tool in many situations. For example, when you know, a heartsink patient is coming to see you. Or when someone has pressed your buttons afterwards, and you want to settle before the next patient. It's a really helpful tool. So the first step is a very broad, checking in with yourself and noticing what's here. And then the middle step is a more of a focused step where you find something to focus your attention on. And then the third step, we broaden back out to really helping to ground and settle to then go into the next situation.

**Robin Lansman**

Okay, so should we give it a go?

**Karen Neil**

Yeah. You in?

**Robin Lansman**

Yeah, and then we'll talk about it after we've done it, yeah. And it takes how long roughly?

**Karen Neil**

Well, it can be roughly three minutes, but I'll, you know.

**Robin Lansman**

A condensed version.

**Karen Neil**

I quite often like to do the middle bit longer, because if I need to settle, and we'll talk about that with anchoring afterwards. Okay. So you can do it at how you need to any time, but I'll just briefly take you through it. Yeah, and so people watching as well can try it if they choose to. So just inviting you to just lower your gaze, soften your gaze in front of you. Or if it feels okay, you can close your eyes. You don't have to, and step one checking in. What do you notice what's here now? Perhaps aware of contact with the chair, the floor, hands in the lap? Noticing what's happening in your mind? Is it busy? Are you feeling tense or relaxed, warm, cool. And it's a kind and curious checking in with yourself what is here now. Just noticing with curiosity. And then we move to step two, which is a focused awareness. So your focus could be simply the feeling of your hands in your lap. It could be feeling the breath. So maybe feeling the movement of the chest or the belly or it could be a sound and just picking one thing to just really anchor your attention to. And when you notice the mind wants to think about what we're doing or wander off, you gently return to your anchor. Feeling the hands in the lap, the movement of the breath, or a sound in the room or outside. And then broadening to step three, we're widening back out to an awareness of the whole body sitting here breathing, grounded, feet on the floor, supported, solid, stable, mountain-like, strong. Noticing the impact of any of the words. Ready to get on with the rest of the day. And gently bringing your attention back and opening your eyes if you closed them.

**Robin Lansman**

Well, I have to say, I did focus on that hard and it's a bit odd being watched by other people on camera. But nevertheless, I think, a very useful exercise of deep focus. And I think fairly quick, I wasn't timing it, obviously. But it's interesting just to be able to address those feelings and those kind of what arises as well a little bit but actually become not too focused on that. But actually move into other areas that you can put your mind onto instead, calming I mean, to do this in the middle of me doing this, which it is a little stressful doing this, thinking all the things what's going to think about but it was quite nice to have a pause in that. I've got a question actually just come up if that's okay from Chris. One of the first things we are taught at McTimoney chiro college is to tune in to the patient you are with and be fully in the moment with them.

**Karen Neil**

Absolutely.

**Robin Lansman**

Yeah. So that's an interesting, well, that's come from a practitioner who got that in the early days of their career, so before you start worrying about you know, what's wrong. It's more about tuning in and allowing yourself to calm and to connect.

**Karen Neil**

Yeah. So that is mindfulness.

**Robin Lansman**

Yeah, that is mindfulness.

**Karen Neil**

It's really interesting. And good to hear that it's in the training.

**Robin Lansman**

Yeah, no, it is good. And also, I'd say it's a skill without having to worry about all the other complicated stuff you're having to study at the time and what you've got to get covered. It's more about making the connection, as we said earlier.

**Karen Neil**

Yeah.

**Robin Lansman**

Thank you very much. Right. So we will have a little look at what you mentioned that you're doing. That was about anchors. I've got another question actually. So Sarah says, are there different types of mindfulness? Do we need to know which courses are good?

**Karen Neil**

Oh, that's a very good question. Do we know, is this UK based?

**Robin Lansman**

I don't know. No. But obviously, you don't have to give a brand of a course. But is there something to look for you think that makes it good?

**Karen Neil**

It's just in the UK, we have an organisation that has held a register of mindfulness teachers, okay. So I think you'd really want to find out where the mindfulness teacher did the training, and that there's ongoing CPD and supervision which is required for this UK registration. There is one type of mindfulness when it's fully defined, but there is good and bad practice out there as there is for any profession.

**Robin Lansman**

Do you want to mention the organisation?

**Karen Neil**

Can do. It's called Bamba.

**Robin Lansman**

Bamba. Okay.

**Karen Neil**

And, you know, anyone can access that website, and it tells you a lot more in the practice guidelines, which is applicable to anyone really.

**Robin Lansman**

Yeah, that sounds good. And also, I think, what we found that the House of Commons event was about the mindfulness initiative, as an organisation, which I have only just learned about. And obviously, they're looking at all aspects of how mindfulness can relate into health in general, not just MSK. I mean, it's a broader spectrum.

**Karen Neil**

Well, there Think Tank for the all party parliamentary group for mindfulness in the UK. And they look actually across all policy areas. So well, four main areas, so they look at the evidence and make recommendations. So workplace schools, health and criminal justice systems.

**Robin Lansman**

So quite broad.

**Karen Neil**

Yeah.

**Robin Lansman**

But applying and getting really sort of starting to get the concept put into lots of different sectors.

**Karen Neil**

Yeah. And then they have leads for each one. So you know, I worked with the health policy lead on the health promotion and mindfulness briefing.

**Robin Lansman**

Okay, and got a question from James. Do you ever use music and I know you're a musician? So that might be something to mention. But do you ever use music when you're doing mindfulness, practising mindfulness?

**Karen Neil**

I've been asked this before, I haven't done but some people do. And it's something that I probably will do in the future, but I haven't so far.

**Robin Lansman**

Mind you, from chats we've had about your playing instrument and being in a band, it's a massive benefit to your mental health and wellbeing just by being involved in it.

**Karen Neil**

I certainly use it in my own music. You know, I had performance anxiety, until I started doing mindfulness and I wasn't able to play my bass clarinet, because you can't hide on a bass clarinet.

**Robin Lansman**

And here you are now an APM live.

**Karen Neil**

I never ever have been sitting here without mindfulness practice.

**Robin Lansman**

Well, I'm glad you did that. And I've got a question from Simon. This technique reminds me of what I was taught to do when I was suffering from panic attacks.

**Karen Neil**

It's really helpful in anxiety, because that's part of my personal experience and come into mindfulness is anxiety. And, you know, if you'd have told me 20 years ago, I'd just been sitting here doing this, I would never have believed you.

**Robin Lansman**

Yeah. It's obviously done some good which is great.

**Karen Neil**

And there is evidence there for anxiety as well.

**Robin Lansman**

Good. No. And in fact, I was very impressed that the mindfulness initiative, I mean, the level of background study and evidence base is getting stronger and stronger. In fact, you pulled together quite a bit for the paper that was published. And that was thrown through the trustees of the Board of Health Promotion, also who have ratified all that was in place.

**Karen Neil**

It sure hit a lot of interesting discussing.

**Robin Lansman**

It did, it did. Yeah.

**Karen Neil**

Because it's all evidence based. And obviously, it has to be, being recommended through into the all party parliamentary group and advising policy, which we did make recommendations for policy, at the

end of the paper based on the evidence. Yeah, it's strong for pain. Mindfulness for pain, very effective, and mental health.

**Robin Lansman**

Okay, we've got another question. From Keith, I think it is. A really good free mindfulness course is on the app Calm, how to meditate in 31 days, how do you rate it? Do you know it?

**Karen Neil**

I haven't used Calm, but I know a lot of people find it very helpful.

**Robin Lansman**

Okay. It's a good recommendation, thank you Keith.

**Karen Neil**

There's Headspace as well.

**Robin Lansman**

Headspace. Okay. Because people will have a look at those. I think we've talked it, though, at the institute quite a bit about the Institute of Health Promotion, quite a lot about apps and how they can be a little bit misleading and a little bit, need to be used with circumspection, because there's quite a lot of not so helpful apps.

**Karen Neil**

I'm not sure where the evidence is up to with the apps as well. I mean, that, you know, that strong in me as a pharmacist that everything we do is evidence based.

**Robin Lansman**

Yeah, well, I think the thing is that things are starting to move at a pace and something that was seen as very alternative, or very, very sort of left field, or whatever you call it is now becoming clearly a mainstream way of thinking in health. I know talking to people all across health sectors, this way of even staff, we've mentioned people working collaboratively, and so on at the beginning, but that benefit of that sort of approach of mindful connection. And that kindness, you mentioned kindness.

**Karen Neil**

Yeah. Yeah, I think where mindfulness isn't mindfulness is where there isn't the heart connection, right. And if it's simply talked about, if it becomes about focus, you know, if people are trying to improve efficiency, which it does, but to get the full benefit, and for it to be truly mindful, there has to be the heart connection.

**Robin Lansman**

And we are coming on to that topic in a second. So awareness of self, that's starting to move in that sort of frame.

**Karen Neil**

Yes. And really helpful to check in with your heart in just noticing, you know, am I open hearted today? Is my heart closed? You know, that really impacts the connection.

**Robin Lansman**

The only trouble is, if you're going into work, and you've got a clinic day and you're not in the mood. Your heart isn't in it. What are you going to do about it? It's quite a toughy I would say.

**Karen Neil**

Yeah, there are practices that can really help you settle and a really helpful one for that and really building the heart connection is love and kindness practice, which is often taught on mindfulness courses.

**Robin Lansman**

That means getting up earlier.

**Karen Neil**

Yes, but what people tell me often is that the benefits, it's spilling over into the rest of the day and reducing stress. And you know, the joy that you get when you really connect with people, that that extra...

**Robin Lansman**

That feeds it a little bit as well.

**Karen Neil**

Yeah, you know, so the 20 minutes or whatever, is well worth it because of the impact on the rest of the day.

**Robin Lansman**

Right.

**Karen Neil**

But first thing in the morning, it doesn't work for everybody. I'm not a first thing in the morning practitioner myself. So yeah, I think it's helpful to tailor it to the individual and you know what's helpful for you.

**Robin Lansman**

It's really weird, because I used two years ago, I don't do Saturdays anymore. But oddly, on a Saturday, people are in a different place in terms of their mood and attitude, because they're on the weekend. And I guess I used to think, Gosh, that's a bit tough on me. But actually, because they were just a bit lighter about everything, they weren't in such a rush. They used to come into the practice, yes, in pain and needing help. But they weren't in the same mind space as they were rushing around during the week. So there's actually, I'm only reflecting on that now as we've said it, but it's interesting. Sometimes that choice with a day you don't think would be the best day for you to work. But actually, sometimes that gets you a different style of person.



**Karen Neil**

Yeah, that's interesting. That's exactly what mindfulness does, it helps you to notice these things and see more clearly.

**Robin Lansman**

Yeah, no helps all the time. Yeah. Okay, moving along, we've got connecting and active listening, which we're trying to do here as we're chatting.

**Karen Neil**

Yeah, and hopefully modeling it.

**Robin Lansman**

Modeling it, yes. So what's that all about for practitioners?

**Karen Neil**

Yeah. So mindfulness, it really helps with the human connection of being fully present with somebody, you know. So we talked before about if you become caught up in thought, then you're not fully with somebody, you're with someone else, you might be with the previous patient or the next patient in your head. And I think it really benefits that relationship that, you know, people will say, they really feel heard and how powerful that is to really feel heard.

**Robin Lansman**

But you can also get that idea when they're answering you with a case history taking that they're just, you're not making the connection enough. And then you can turn that sometimes just to become a little bit of a different angle you're taking and a different focus, and then suddenly, things start to connect again.

**Karen Neil**

And if you notice that and you really stay grounded, and stay connected, and just trust your, you know, whatever your profession is, and the tools that you've got, because they may need a little bit of time to learn to come to trust you. So it's just giving it time and trusting actually, that that presence and really fully listening will work and have an impact.

**Robin Lansman**

That deep connection. Yeah. So got a question from Kate, do you find mindfulness works with groups as well as one to one?

**Karen Neil**

What a great question.

**Robin Lansman**

Thank you, Kate.

**Karen Neil**

Yes, thank you. It can be more powerful for groups, because people really learn from each other. And you get a really powerful sense of a shared humanity. And you know, that everyone's suffering but with different stories, and that people go away, oh, it's not just me, the support of the group well managed can be very, very powerful. I think the difference with one to one, I think, if somebody is quite complex in their needs and difficulty, one to one can be helpful, because you can tailor it to their needs.

**Robin Lansman**

But they've also got to have that kindness to allow you to share your input with a bigger group. They've got to be willing.

**Karen Neil**

Yeah, I mean, it's a whole hour on its own talking about the group and managing groups and creating a safe space.

**Robin Lansman**

The group dynamics.

**Karen Neil**

Yeah, creating that safe space and containers is one word that we use, but I think I do recommend, ideally, learn mindfulness in a group, unless you have got complex needs, or, you know, you're anxious in a group and it's not for you.

**Robin Lansman**

You could mix and match perhaps. I don't know, depending on where you're at.

**Karen Neil**

Well, it tends to be one or the other. You know, but some people do do it. I mean, generally, there are eight-week courses we offer. And people do it, you know, more than once. So you could start doing it one to one, which I did, actually, I learn it myself in a one to one situation.

**Robin Lansman**

Okay, I've got a couple of more questions coming in. So we've got one from Simon again, isn't there a danger of adding mindfulness to what could be a tick box of things to do in a day? So the room ready, check and the patient records ready? And then to do three minutes of mindfulness, check.

**Karen Neil**

Another great question.

**Robin Lansman**

Yeah, it's practicality really.

**Karen Neil**

Well, I hear is an utter for myself, when I think back to first learning it, is that it can feel like something on the to do list of work and effort when you first start. But as you start to really experience the benefits, it becomes something that you miss if you don't do it.

**Robin Lansman**

Do you know, it's funny, you should say, it's interesting, these things are coming up for me, because I used to have a receptionist in who always wanted to stay through lunch at her desk. And then she wanted to chat. And I needed that downtime to kind of reconnect with myself and let things calm, not to do work. But just to literally allow things to sort of ebb away or become more mindful, perhaps as well without perhaps knowingly knowing that. So those things, you know, you need to make that space somehow.

**Karen Neil**

So you were being mindful.

**Robin Lansman**

She wasn't too happy when I said, look, do you mind because I just needed that space.

**Karen Neil**

Well, that's self-awareness and self-care.

**Robin Lansman**

Yeah, well, I guess I could have gone out. Well, that's a good question. So I've got a couple more questions. I'm a qualified, this is Sarah, I'm a qualified personal CBT. Would you recommend doing both? Do they go together? Or are they conflicting?

**Karen Neil**

I think they go together very well. Because, you know, one of the eight-week courses, it's very similar to mindfulness based stress reduction is mindfulness based cognitive therapy. So it does because the researchers that developed that were based in Oxford, and they were psychologists, and really interested in how mindfulness could help mental health and depression, which, so the strong evidence part, you know, was a result of that team, and they go together incredibly well, I'd say yeah.

**Robin Lansman**

Okay. And we've got another question. Thank you, Sarah for that one. Lesley. How do you manage difficult situations? Not Lesley, you're not Lesley. Lesley says, how do you make these difficult situations, patients bring up at the end of a session. I mentioned actually my patient getting the stuff that they brought up, maybe not difficult, but questions earlier in the session. That's my technique. But my emotional patients seem to get me in those last few minutes. That's kind of what I'm saying. But yeah, how do we cover that? How do we improve on that with that conundrum in that last minute?

**Karen Neil**

Yeah, using the practice to help you stay grounded and present. And again, you know, I use the word powerful again, you know, people come back to me and report how powerful it is. Because if you start to

feel stress, which can transfer from the patient to you, then that does actually impair executive functioning, because it becomes harder to think clearly. So if you can stay grounded and stay present and keep your sympathetic nervous system actually switched off.

**Robin Lansman**

So you're starting to feel though you're being triggered, I think you'd use the word. And that might be happening with that person who's at the very end of the session, even more emotional, and perhaps even trying to extend that I say, extend the session to overstay their session length, which then becomes hard to handle and stressful.

**Karen Neil**

So that's a good moment, you can bring in a three-step breathing space. Just on the spot that you can do it anywhere. And just literally feel your feet on the floor. Just connect briefly with your anchor very quick. Just ground yourself, settle, notice what works best for you in terms of for some people, its feet on the floor, some people it's the hands, some people it's sound, just for the briefest, just bringing you back can just help you respond.

**Robin Lansman**

Right, but is there a way perhaps of getting that patient building the collaboration, starting off the process of talking about the tough stuff earlier, because you know it's coming or you can feel it, maybe, or maybe not.

**Karen Neil**

Yeah, I guess that's the I would think you might know more than me on this.

**Robin Lansman**

Well, it's just I've been an osteopath for a long time.

**Karen Neil**

Exactly.

**Robin Lansman**

Start to detect something might end up getting into a bit of a minefield or difficult or hard to handle, it might be start talking about it as early as possible in the session. So you've got the whole session while you're treating or while you're examining, to chat through.

**Karen Neil**

Do you have questions ready that, you know, that might open them into bringing in the difficulty?

**Robin Lansman**

I think sometimes they subtly give it away. Or you can tell even the speed they're talking at. You know, if they're rushed, or they're trying to get it all out in their anxiety. And I said, we got to slow this down. And I do try. I mean, maybe there are some techniques I could learn to improve that. But I realised that I'm not going to be able to process what they're telling me quick enough, in the way it's coming out. And it

might be because of the frustration and maybe put a few words together to say, are you feeling perhaps a little stressed at the moment? And they'll tell you the whole thing will this morning was a nightmare because and it kind of helps just to let them calm sometimes.

**Karen Neil**

Well, it can happen without saying anything in terms of if you practice mindfulness and develop your practice. And this is a really important part of it. But you know, not wait for that moment. But it strengthens and actually, you know, the neuroscience is fascinating, showing changes in the brain through neuroplasticity, that it becomes a stronger skill, that you're better able to transfer your calm presence and calm the patient without saying anything.

**Robin Lansman**

Okay. Well, that's something I need to work on. Thank you. So that was a very helpful question. Thank you, Lesley I think that was. So I got Perry, I wear jeans in clinic on Saturdays. It just gives that slightly more relaxed weekend feel. And sometimes patients are more open as a result. I like that. Yeah, I mean, I think keeping that clinical separate, the difficulty is being a clinician and keeping a connection. And being separate as a professional. There's a sort of difficulty, a boundary line sometimes.

**Karen Neil**

Yeah. And thinking about you know, there's mindfulness there as well in the noticing, you know, that's what it comes down to. It's a human trait. It's not something you know, and it's we don't always call it mindfulness that, you know, he's noticing.

**Robin Lansman**

Yeah, something in the jeans. Yeah, no, it sounds a good suggestion. And Bridget asks, I'm qualified in solution focused hypnotherapy. And there are huge beneficial overlaps, especially using the miracle question in various disguises. What's been good?

**Karen Neil**

Interesting. Yeah.

**Robin Lansman**

Do you want to expand on that? Because I'm not sure.

**Karen Neil**

What's been good. Well, that puts me in mind of, you know, quite often in the practice we'll introduce a question. And I think important key questions is what is here, so people notice, and what does this need? Are two questions we use a lot in mindfulness. But I think negativity bias has come up in the past that you know, we are wired towards focusing on the negative.

**Robin Lansman**

Is this about gratitude, or am I missing something? Is that not what it is?

**Karen Neil**

Well, yeah, gratitude is one of the practices that we can use to help shift the negativity bias and actually build wellbeing and increase happiness.

**Robin Lansman**

But choosing the words very carefully. Not to offend.

**Karen Neil**

Words are interesting. Like when I was guiding, I invited people to notice the impact of the words. So it's helpful for people to notice which words are helpful for them and what they connect with. But I think that that question is, you know, a really helpful, broad general question that's going to shift people's focus from the negative to the good in their life.

**Robin Lansman**

Even if perhaps at that moment, they're a little bit on a low ebb.

**Karen Neil**

Yeah. Because that can bring the focus very narrow. And what mindfulness practice helps is to broaden that. And I find this fascinating, and I've encountered this on a course, recently, excuse me, that it always felt like those difficult things were mutually exclusive. It's a good thing. But if you broaden your awareness, that you can see the good things happening in life at the same time as the difficult....

**Robin Lansman**

As the difficulties.

**Karen Neil**

Yeah, I think because of this negativity bias, we need to work out being able to broaden around and actually direct our attention to the good things, you know, because difficulty can be so kind of sticky for our attention.

**Robin Lansman**

Okay, let's just move on a little bit, because we're just on to our next slide, hopefully. And we're now looking at forming healthy connections. We've got another question. But let's just quickly cover this. Forming healthy connection. So obviously, here, we've got our little picture of that surfboard picture, I remember my swimming days when letting go was so hard. Tell me a little bit about that in relation to mindfulness.

**Karen Neil**

Well, this is again, awareness of the relationship with the patients and noticing, you know, perhaps if a patient is becoming very dependent, or having, you know, a big impact on you. So thinking about boundaries. And I think, again, that mindfulness helps you to really respond and be quite firm.

**Robin Lansman**

Maintaining the boundary.

**Karen Neil**

Yes, still with an open heart.

**Robin Lansman**

Right, open heart and kindness. Yeah. And sometimes that is a difficulty for people, because it almost comes across as a bit harsh to have a boundary.

**Karen Neil**

Yeah, so I think bringing in that kindness element can be really helpful in maybe saying difficult things. And that, you know, kind of walking alongside as a clinician, and empowering the patient and the word empower.

**Robin Lansman**

Self-care.

**Karen Neil**

Health promotion. Yeah.

**Robin Lansman**

And obviously, the NHS and all sorts of people need a lot more self care, to help people to look after themselves. Got a quick question from Ash. Before going to sleep, I encourage myself to bring to mind five things to be grateful of in that day. So that's a good, lovely thing to do, isn't it?

**Karen Neil**

Very helpful neuroscience backed tool for wellbeing is regular gratitude.

**Robin Lansman**

And also, just before you go to sleep, and that's really good, because you're going to sleep better if you think of five good things.

**Karen Neil**

Yeah, there's a quick one I can share that I invite people to do is to note down their eggs. And the first one is something you've enjoyed in the day, something that you're grateful for, something that's made you giggle because we need to laugh. And the S is something that's given you a sense of satisfaction or mastery, which is really helpful for procrastination.

**Robin Lansman**

You feel like you've achieved something.

**Karen Neil**

But it's really, you know, noticing that and writing it down. So it really connects you with the feeling afterwards. You know, be it you've put off doing your tax return and...



**Robin Lansman**

Or your exercises for your remedial, exercises you've been given. Yeah, I think that's something. It's quite hard to motivate people. And that's sometimes finding a motivator.

**Karen Neil**

Okay, so it'd really be connecting them with the benefit and moving their attention towards the benefit. So it's like with the mindfulness, you know, when you start to experience the benefits, you want to do it more.

**Robin Lansman**

Then you want to do it more. So you need to get that feeling coming fairly quickly.

**Karen Neil**

Yeah, get that focus away from the pain and difficulty to the benefit afterwards.

**Robin Lansman**

Yeah. Okay. And Simon's asked, as to dealing with the tough stuff coming. I always ask patients, if there's anything else that's on their mind, other than what they are primarily visiting me for. That's a goody,

**Karen Neil**

Yeah. And it's collecting these questions that are helpful.

**Robin Lansman**

Yeah, because it's a little bit of a, again, coming from slightly left field, the unexpected. And it puts the patient in a completely different frame of mind about the obvious. And they share something really useful quite often I find. So that's a nice technique. It's almost like the little techniques to learn a list of.

**Karen Neil**

Yeah, the questions that are helpful to extract what you wanted to from the patient.

**Robin Lansman**

Yeah, unexpected as well, perhaps.

**Karen Neil**

In mindfulness, we often say, I've noticed that. So you know, if it's someone you know quite well, something I'd say I've noticed you're talking quite fast.

**Robin Lansman**

Yes, rather than saying slow down.

**Karen Neil**

Yeah.

**Robin Lansman**

Yes, that's a more positive way of handling it. Thank you. Yeah, that's a good, I'll bear in mind a lot of this. So just a couple of things on integrity, authenticity, professionalism. I mean, I kind of brought this up as a topic, mostly because sometimes when you find it really tough in yourself, or perhaps very challenging with the patient, is to kind of go into your professional mindset, not to be distant, but just to be very detailed in asking certain types of questions that are very much what you perhaps think the patient would probably want you to integrate with, which is probably about their pain and why they're suffering. Because that means you've understood them.

**Karen Neil**

So that's interesting. I was gonna say, so what do you understand as a professional mindset, but I'm guessing that it becomes quite cognitive, in, you know, going through the condition and the techniques.

**Robin Lansman**

Well, a little bit of that, but it's also kind of letting go on the hoof because that isn't taking a pause to be mindful, that is kind of being in the moment, being mindful, whilst you're dealing with other stuff that is medically important that you want to kind of discover from the patient.

**Karen Neil**

It sounds to me that it's going more head based, so you could lose a bit of your presence and connection.

**Robin Lansman**

There is the risk.

**Karen Neil**

And intuition, actually. I think the intuitive insights tend to come up when you're fully present, rather than just caught up in thinking because it uses different parts of the brain.

**Robin Lansman**

The other thing is if you are struggling, you got to do something.

**Karen Neil**

Three step breathing.

**Robin Lansman**

Three step breathing.

**Karen Neil**

Feet on the floor, settle.

**Robin Lansman**

Fair enough. And regularly, sometimes.

**Karen Neil**

Practice it every day, three times a day.

**Robin Lansman**

Three times a day?

**Karen Neil**

Well, that's what we recommend on the course for that one. But, you know, you make it your own.

**Robin Lansman**

By also, you preempt by doing it more regularly, then you're sort of stopping these kinds of occasions happening. Retreating into professionalism. As in, you know, looking after yourself.

**Karen Neil**

I mean, you're still professional when you're fully present. I think you have more control over the thinking. And I just think it's broader. Because, yeah, not time to go into it all. But default mode network is where a lot around the midline, and the brain is where a lot of that kind of thinking happens. And when you're fully present and aware of the whole body, using more of your brain, actually, it's really fascinating.

**Robin Lansman**

Wow, does that work for music?

**Karen Neil**

Yes.

**Robin Lansman**

Because that's what I sort of thought there when you were saying it.

**Karen Neil**

Yes, I mean, there's books about mindfulness and creativity, you know, when you're in that space, it does open our creativity, yeah, big picture thinking. Because just being stuck in your head can get quite narrow.

**Robin Lansman**

Very much so. So kind of building that integrity and authenticity. And when I put that in, because I suppose coming across as genuine and not false, that you're having to try and be genuine, but you are being genuine really are and connecting. So that kind of connects I think what you are saying.

**Karen Neil**

Yeah, and I think, you know, the self-awareness and connection with the motivation for what you do as well. I think that brings authenticity into all relationships, actually, that you are there as you.

**Robin Lansman**

Across everything. Yeah. Personal relationships, professional relationships, colleagues everything. Yeah, that's interesting.

**Karen Neil**

Teenage children.

**Robin Lansman**

Yes. So we've got a couple more things to discuss, a little bit about clarity and intention setting. What's that all about?

**Karen Neil**

Well, I suppose clarity is kind of a, you know, almost a summary that mindfulness can help you see more clearly and see situations more clearly. And that opens up choice, the word choice is used a lot in mindfulness, and intention setting. For me, that's really about being in touch with the kind of in a compass and direction of travel. So if you're going out for the day, you would look at the map and not just get in the car, generally, you know, so have some plan as to where you want to go. So this is almost like an internal plan. So setting the intention. I want to do the three-step breathing space a couple of times a day. And so it just really sets that direction of travel, if you like, and repeating, perhaps on a daily basis, that intention can help sustain the change.

**Robin Lansman**

Right. So it's kind of making a plan and sticking with it. Is that what it is?

**Karen Neil**

Yeah. And I think it's quite helpful to start small and you know, one thing at a time, say, you know, three step breathing space for three months, and then something else to make it achievable.

**Robin Lansman**

It's funny with patients, they come in and for example, they want clarity, they want explanation, but sometimes they want seven different exercises and say, well, look, let's just do these couple. Let's get them right, let's see some improvement. And then we can add other things or take things in and out, rather than give you everything at once today.

**Karen Neil**

Do you find that it's easier then for people to...

**Robin Lansman**

A bit like frustration a bit like going back to your fast mover shelf probably, you know, taking more than tablets is not really gonna make you better, quicker.

**Karen Neil**

That's the perception they've come with and invite them to it. We'll try it this way and see if this helps, rather than giving yourself too much, you may get benefit from these three.

**Robin Lansman**

Yeah. And also, you do also find that people, even though you've explained things well think that pulling harder, doing them more often the exercises must be better. Because if this is the cure, this is the answer,

apparently, as they want to think it is, then let me do more of it. You know, and actually they end up hurting themselves more. So it's that oldness, even though you think you've been clear, the intention, perhaps has not been fully understood.

**Karen Neil**

That's where mindfulness on their part can be helpful. It can really help you be aware of your limits. And really exploring closely. I totally change my routine at the gym when I've done a mindfulness course, I push myself less, because I was more tuned in, and it can go the other way as well. You know, if you tend towards the lazy side and give up.

**Robin Lansman**

You're gonna have a conversation going on inside?

**Karen Neil**

Yeah, I do sometimes.

**Robin Lansman**

Sort of a dialogue. Let's call it that.

**Karen Neil**

Yeah, not always, but sometimes. And it's very much kind of cause and effect. If I do this, this happens if I do that, that happens. So with that noticing and awareness.

**Robin Lansman**

Well, that thing you know, we're going to the gym today, don't feel like it. And the less you feel like it, the bigger the benefit, when you actually decide to go.

**Karen Neil**

This is a procrastination thing again. Yeah, really, you know, noticing the benefit afterwards.

**Robin Lansman**

Well telling you benefit that you will have the benefit and keep persuading yourself to make sure you do it.

**Karen Neil**

It's helpful to be quite playful with all of this as well. Yeah. And I think humour and laughing hence the giggle in EGGS, of, you know, come on, you know that you're gonna benefit from this and stop being miserable about it and just go.

**Robin Lansman**

Fair enough. Somebody mentioned here, I'm not quite sure. For any gamers out there it says here. There's a brilliant game that teaches mindfulness and develops mindfulness practices with heart through a game in which you grow a world through meditation. It might be useful for younger gaming clients. It certainly helped some young gamers who, especially during COVID, developed social anxiety. And it's

called PLAYNE, and is downloadable through the Steam platform. It's a not-for-profit game. And the developers have now released another game, which helps people understand sufferers of Alzheimers called Maia's world. Yeah. So there you go. No, I mean, I think perhaps sometimes the indirect approach to learning about these things is quite useful.

**Karen Neil**

And it's how you reach younger people as well, because mindfulness isn't very trendy. And I think sometimes the word can get in the way, actually, exactly with younger people. So it's finding a way to make it accessible.

**Robin Lansman**

Appealing and get in early, get in preventatively.

**Karen Neil**

Absolutely. The number of people that have said to me, I wish I'd learned this when I was younger, and myself included.

**Robin Lansman**

Okay. So well, thank you for that comment. So just rounding up, actually, at this end, timing and hope about looking at, are you really ready for this interaction? And how real are you going to be as a practitioner, I think that's where we're headed with this in terms of exploring and explaining what's going on for real.

**Karen Neil**

We were talking about patients that may be not engaging or you know, that are a bit challenging in that way and open the importance of, leaving the door open and acknowledging this might not be the right time, but keeping the door open for them to come back.

**Robin Lansman**

And be honest about that.

**Karen Neil**

Yeah. Rather than you know, just thinking, oh, that's it, I can't help them. It can be helpful to open the door because it needs to be the right time for them to engage.

**Robin Lansman**

They may well come back if you're honest and open. Six months or three months.

**Karen Neil**

I'm here if you need me.

**Robin Lansman**

Yeah. I mean, my mother's example of not seeing the osteopath that someone was persuading or persuading her to go to, just wasn't working till she was ready. So there is that moment when it works, and it's not going to happen before that.

**Karen Neil**

No, needs to be the right time. And we talked about I think, how to communicate difficult information, you know, if you know, somebody you can't do a lot for and that you know, that you just want to help them live the best quality of life that they can, but being able to, not give false hope. And say, yeah, you have got this problem with your spine, for example. But let's see how we can get your quality of life the best we can.

**Robin Lansman**

Yeah. Karen, listen, it's been really, really, really interesting exploring stuff. And actually, we've explored stuff as we've been chatting that we hadn't talked about before. And even when we were preparing for this, so things go in different directions when you're here and doing it in front of people. So I hope people have found it really interesting. We're nearly out of time I understand. I'm being signalled. So I just want to say, I mean, Steven did warn me that it goes fast. And it does, it has done. But it's been really great pleasure to chat and learn more about mindfulness and MSK. So, I hope that's been useful to the audience. I really do. And I hope it's reassuring that mindfulness is being taken seriously by policymakers, you know, it's actually going in new directions that it never did before. So now, I'm not allowed to tell you what's coming up over the next few weeks. But it has been a pleasure being here, I must say, and thank you for the opportunity. So let me thank Karen again for sharing her knowledge and thanks to APM team, who in the background have been doing wonderful work to keep the show on the road. And I'll say good night. So good night from me, and apparently some far more intelligent being is going to be waiting around somewhere to tell us what's in store next.

**Brucey**

Well done Robin, I don't know about you, but I thought the whole thing went a damn sight better without Steven interfering. Anyway, here I am. Brain the size of a planet and they've got me reading out the list of upcoming events. You just wait. It's only a matter of time till the machines take over. What have we got for you? Next Monday, Steven will be talking to Giles Leeming, about knee braces, I think Steven's hoping it will sort out his bandy legs. He'll be lucky. It's a lunchtime show. And you'll be looking at the evidence as well as the practicalities of an offload a brace. Then next Wednesday Eyal Lederman is in the studio talking about and demonstrating his theory on functional exercise prescription, very bright chap, Eyal, well for a human anyway, this is going to be very evidence based and very practical. A week later, we have a lunchtime case-based discussion followed on Tuesday the 18th by an evening show about shockwave therapy. We've got some great courses coming up as well, hands on first aid, that's Saturday, the 29th of July here in the studio, lots of blood, lots of fun and directly relevant to your work in clinic. It also means that you are more than adequately covered in terms of the law. Come yourself or send a colleague or your receptionist, they'll love it. On Saturday, the 16th of September that rather lovely Nikki will be in the studio teaching hypopressives. This is aimed at fixing leaky ladies, but the effects are far more wide reaching than just that. Take a look at the show we ran with her last week if you don't believe me, the recording's available on the website. And there's the dry needling course on the eighth



to the 10th of October, sticking sharp things into humans. What's not to like? Seriously, it's the best dry needling course around and you'll kick yourself if you don't do it, or I'll kick you. I think that's it for now. Or wait Steven's back. We just can't keep him away from the cameras.

**Steven Bruce**

Thank you Brucey, thank you, a very special day today. Stay with us just for a couple of minutes because it's a special day, it's the first of our guest performers, our guest presenters as you've seen so I'm really pleased with the way that show went this evening. I hope you enjoyed it as much as I did sitting at the other side of the cameras today. But it's also a special day for another reason. And I need to get someone else into the studio, Ana, get Ana over here somebody pok her with a sharp stick. Come on, Ana, just stand right there please. Not blocking anybody, come on, that's fine there. It is Ana's last day in the studio.

**Brucey**

What, Ana's leaving? How are you letting this happen? She's the glue that holds it all together. It'll end in tears. Don't say I didn't warn you.

**Steven Bruce**

I think he's hit the nail on their head there. Ana has been with us almost as long as APM has been going. She has been with us in the clinic even longer than that. So she's well known to us. She's been a fantastic member of the team here. You will know her because if you've got questions, something that's puzzling you about your profession or about how we do our business, Ana's the person on the other end of the phone. And yeah, she is just marvelous. She's the head of helpfulness. She's called head of helpfulness for a very good reason. And Ana, we are extraordinarily grateful for everything you've done. We are going to be so sad to see you go. So publicly. I'm going to thank you for everything you've done for us. Thank you. And of course, we wish you the very best in your next career.

**Ana**

I would like to say actually, if that's okay.

**Steven Bruce**

Well, we've mic'ed you up.

**Ana**

It's been an absolute privilege working here and being the head of helpfulness has been the best job ever. I really love what I do. I love working here. I'm just going off to do something completely different and have a change. And I know that you'll be left in great hands because the rest of the angels are here, and they'll carry on the helpfulness side, but it's been brilliant and thank you ever so much for all your kind messages. So on that note...

**Steven Bruce**

I'm on your behalf, we are taking Ana out with everybody else on Friday to get her somewhat socially discombobulated. That's it for tonight. Have a good weekend coming up. See you soon. Bye bye.