

# CPD EVENT RECORD

## NEUROINFLAMMATION, PAIN & FATIGUE

with Simon Billings

**Recording:**  
*Learning  
by Oneself*

### Evaluation, Reflection and Impact on Practice:

This discussion covered the role of Vitamin D3 in protecting various structures from inflammation and included its potential effects in mitigating the damage done by COVID-19. Recommended daily dosage was contrasted with evidence-based requirements, and the effects of high-dose supplementation explained, together with the mechanism of action and the potential need for magnesium supplementation. Contraindications to D3 supplementation were covered. At-risk groups were pointed out, and the signs and symptoms of deficiency shown. A number of options for reliable testing of Vitamin D levels were given. Examples of the beneficial effects of supplementation were given using real cases and factors contributing to malabsorption shown.

On reflection, this was a very helpful reminder that many persistent, apparently structural problems in my patients could be attributed to low Vitamin D levels, and that prescription or over-the counter medications they may be taking can have a significant impact on their ability to absorb vitamin D3.

### Chiropractic Code 2016

**A** Put the health interests of patients first

A1 A2 A3 A4 A5 A6 A7

**C** Provide a good standard of clinical care and practice

C1 C2 C3 **C4 C5 C6** C7 **C8** C9

**E** Obtain informed consent for all aspects of patient care

E1 E2 E3 E4 E5 E6 E7

**G** Maintain, develop and work within your professional knowledge and skills

**G1** G2 G3 G4 G5 G6

**B** Act with honesty & integrity. Maintain the highest standards of professional/personal conduct

B1 B2 B3 B4 B5 B6 B7 B8 B9

**D** Establish and maintain a clear professional relationship with patients

D1 D2 D3 D4

**F** Communicate properly and effectively with patients, colleagues and other healthcare professionals

F1 F2 F3 F4 F5 F6

**H** Maintain and protect patient information

H1 H2 H3 H4 H5 H6 H7

### Certification

This certificate confirms that

participated in this CPD event



S L BRUCE, APM Director

Date:

**90 minutes**  
**Learning by Oneself**  
**Recorded**

**Academy**  
of PHYSICAL MEDICINE

### Confirmation

I confirm that the figure shown accurately reflects the time spent by me on this event.

Signed: .....

### Osteopathic Practice Standards 2019

**A** Communication and patient partnership

A1 A2 **A3** A4 **A5** A6 A7

**B** Knowledge, skills and performance

**B1 B2 B3 B4**

**C** Safety and quality in practice

**C1** C2 C3 **C4** C5 C6

**D** Professionalism

D1 D2 D3 D4 D5 D6  
D7 D8 D9 D10 D11 D12

Objective Activity: None  
Communication & Consent: No