

# CPD EVENT RECORD

## TREATING PATIENTS WITH MND AND MS

with Donald Francis DC

**Recording:**  
*Learning  
by Oneself*

### Evaluation, Reflection and Impact on Practice:

This discussion concerned the effect of chiropractic treatment (mainly cranial techniques) on patients with MND and MS. The speaker made it clear that, although he had seen excellent results in many patients, these concerned quality of life and did not indicate any form of cure for the diseases. He postulated that the benefits were gained through increasing the movement of CSF, and that cranial or pelvic injury could have been a factor in the development of the diseases. This injury could have been caused during the birth process or later in life through direct trauma later in life. The constraints on obtaining credible evidence through research were discussed.

On reflection, this was an encouraging demonstration of how physical therapy can be measured at least in part by its effect on quality of life, and that "fixing" a problem is not always possible. It encourages me to offer help to patients who might otherwise be regarded as outside the scope of physical therapy, provided that their expectations are properly managed.

### 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:

**45 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