



Clive Lathey

In the Spotlight ...

CLIVE LATHEY graduated from The British School of Osteopathy in 1983 and his 29 year career as an osteopath has been peppered with an eclectic mix of exciting if not dazzling experiences.



On tour with *The Spice Girls*, osteopath to the golfer, Colin Montgomerie, and part of the medical team for Liverpool Football Club, Clive is now heading up a large multi-disciplinary physical therapy centre in London's largest GP practice which houses 21 GPs and a private medical hospital.

After qualifying, he initially worked in Australia, New Zealand and Spain before joining a leading private physiotherapy sports injuries clinic in London treating top sportsmen like Montgomerie whom he accompanied to events such as The Ryder Cup and the US Masters in Augusta. He continues to treat professional tennis players and Olympic athletes, particularly distance runners and tri-athletes and more recently

has been working with the Saudi Arabian Olympic team, traveling to their training camp in Finland.

In addition to sports medicine, Clive has also worked on several West End theatre productions looking after the cast and production members and treats many well-known actors and actresses. For the last 18 years he has worked within one private and three NHS doctors' surgeries in London. In 2009 he completed a three year master's degree in Sports Medicine and Sports Science from Roehampton, (University of Surrey). His research was a biomechanics dissertation about the 'effect of ageing on the hip and spine motions in the golf swing'.

Clive. It sounds as if you've had a very interesting time – let's talk first about your new physical therapy centre and how that came about?

I was approached about four years ago when I was working in an NHS GP surgery to see if I would be interested in being involved in a venture to merge the practice with two other GP practices into one large centre in a new building.

It's an interesting model because it's an NHS Primary Care GP centre renting out one floor to me and another floor to a private hospital, known as Parkside, which is in the process of having a diagnostic facility installed with an MRI scanner, other diagnostics and a rheumatology lab.

Our area has six treatment rooms, pilates machinery, a rehabilitation room and studios for yoga and functional exercise. We have four osteopaths, soon to be five (with the new cranial person) and four physiotherapists which I brought in from a physio company known as "Bodies Under Construction" because I wanted experienced people.

We have a sports medicine physician, Dr Courtney Kipps, who is assistant medical director of the London Marathon and medical director to The London Triathlon along with three masseurs, a nutritionist, hypnotherapist, psychotherapist and life-coach as well as podiatry, chiropody and biomechanical analysis so it's a real multi-disciplinary set-up.

How closely do you work with the GPs and private hospital?

I rent the space so have all responsibility for the physical therapy area with the agreement that we inter-refer. I only moved in about a year ago and there are a lot of learning curves but our computer systems are linked in and I brought with me a large number of patients, as they did, so hopefully we will be in a position to grow quite significantly.

The dream, ultimately, is that we have a fully integrated centre where the musculoskeletal medicine is diagnostic, treatment, prescription, and rehabilitation.

One of the challenges is making the doctors aware of musculoskeletal medicine and getting them away from being prescription-orientated.

It's taking a bit of time some are very easy to work with while others need education but we have meetings and CPD together and I asked for the kitchen and lounge area to be put on our floor which encourages everyone to mix.

Does the NHS pay for treatment?

I have had an NHS contract for 12 years which I negotiated when I started working in a GP fund-holding practice where they paid for a certain amount of treatments. I didn't have any formal contract – it was always on a bit of a wing and a prayer and this year three high level people came to see me about it so I was expecting the worst but they agreed to extend the contract.

I've always audited and have always been able to show where the money's been spent and our success rate which I think helped.

The agreement has changed a little – they are going to pay for one x 45 minute treatment followed by two further treatments so essentially only three treatments which is going to be a challenge.

I've also just completed this "Any Qualified Provider" application – which, if all goes well, will mean we will be linked up to 44 GP practices in the Borough of Wandsworth along with a few other osteopathic clinics with the idea that we are able to offer a service within a five to seven day period.

How would you describe your approach as an osteopath?

I have a very structural approach but I try to take a holistic one in that I empower patients to help look after themselves and avoid injury. I think of myself more like a body mechanic but instead of just treatment I try and educate the patients to help themselves so they all get little packages about improving their computer-sitting position and advice about rehab etc.

At the clinic, all the patients are educated into the concept that treatment is a three stage process **1)** pain control and reduction of inflammation **2)** mobilisation and **3)** stabilisation backed up by our different exercise programs.

My pet interest is biomechanics and I think that is where as osteopaths we have a unique selling point – micro segmental and

movement analysis, which in elite sportsmen can make a big difference. At Liverpool Football Club for example I was doing some very interesting work with the lead physio, Rob Price, on the Kinematic chain so making sure there is normal mobility in everything from the sub talar through the entire spinal chain. It's about how movement at one link ensures relative movement with respect to others which is a very osteopathic concept.

You decided to do a three year sports science and sports medicine degree in 2007. Why did you do that when you were already working in high level sport and how much has it helped your career?

I just felt I wanted to have a qualification that gave me a bit more credibility and one that would be internationally recognised. I don't want to discredit our qualification but I can't tell you the difference it makes when you say you have an MSc in Sports Medicine – that you're a sports scientist as well as an osteopath. It just changes the whole playing field. It's a qualification that GPs and consultants understand and I would not have got the job at Liverpool Football Club had I not had it. People just like the fact you've done the academic stuff. I give a lot of lectures now and it has helped me with the process of lecturing and referencing and understanding the importance of evidence to back up every statement which I had no idea about before. It is important because we are operating in a different world now where evidence is key.

What did the degree cover and how hard was it?

I did it over three years part-time while I was working and it nearly killed me! It was so difficult but it was worth it and I would recommend it. It covered biomechanics, physiology, sports injuries, sports psychology, sports nutrition and although it was about sport it applies to everything and gave a more scientific basis to what we do – there are no negatives!

Aligning yourself with the medical world has clearly worked for you - have you found you have had to compromise your osteopathic principles at all?

No I wouldn't say so – I don't think I've compromised the way I work; actually I would say I've learnt a lot. If you can follow the medical pathway of a patient ... find out the final diagnosis ... watch the surgery then it's very educational.

I don't do a lot of upper cervical manipulation but actually the medical profession doesn't have an issue with manipulation if you are following guidelines and have an evidence base. I don't think the two are incompatible.

In your view how important is it that osteopaths align themselves with the medical world in the present climate?

My personal feeling is that we should align ourselves more with the medical community otherwise we are going to find life very difficult in a world that is orientated towards evidence-base and cost effectiveness.

Doing osteopathy in a medical setting like a hospital or GP surgery immediately gives us credibility and I think if we work in isolation and don't communicate there will be an ignorance about what we do and then how is the profession going to progress?

.... and your view about linking with the NHS?

I think having contracts with the NHS is one of the most important developments in our profession at this time and I don't know why people are resistant to it.

The worry is – oh they are going to change how we work – well that's not true! ... or they are going to squeeze us on fees – well

that's happening anyway – look at what the insurance companies like BUPA and AXA are doing.

The fees the NHS are offering are not dissimilar and the benefits are enormous – you're getting awareness with the GPs which can only be a good thing, credibility with the patients and massive learning opportunities. Physiotherapists already have a relationship with doctors and consultants because their training is hospital-based and if the chiropractors get in and get all the musculoskeletal contracts we will be marginalised to our detriment.

You recently wrote to Osteopathy Today calling for the profession to form some sort of task force to present evidence-based talks on osteopathy to the medical profession – can you expand?

I speak to a lot of doctors and I think the sad thing is there is a lot of variability in how they view us – some tell me that they've been told they shouldn't refer to osteopaths and others have no problem with it.

I think there is a lot of work to be done to gain their confidence and I would say the underlying problem is a lack of understanding about what we do and how we are different from physiotherapists and chiropractors.

I attend a lot of musculoskeletal and sports medicine conferences and it is always a physio with a PhD or MSc presenting, never an osteopath – this has to change otherwise I think we are in trouble.

There are some highly qualified academic osteopaths in our profession and I think the BOA need to run some kind of campaign to put them out there giving talks to medical schools, hospitals, PCTS and musculoskeletal conferences showing the evidence- base for what we do. The medical profession is going to be more receptive to the idea of taking on an osteopath or having a relationship with one if they've been informed about us in a proper way.

Our governing bodies can continue to lobby politically and every osteopath can do their bit by forming relationships with local doctors and consultants and we need to make sure we have as much evidence base as we can to justify carrying out our work.

There are a fair number of high quality trials that show manipulation by people like us has a place particularly if it is part of a treatment protocol combined with massage and exercise – that's what the NICE guidelines stipulate and that is how I got the NHS contract by showing I was following the NICE guidelines.

We need to distance ourselves from any idea that we might be encouraging treatment dependence and show how we are dedicated to the rehabilitation and self-education of patients. That's what the NHS is looking for and I believe that's where osteopaths need to play their ace.

If we don't stand up and say what is valid and that what we do has a place in musculoskeletal medicine then we are going to be sidelined.

With thanks to CLIVE LATHEY DO

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Interview by Theresa Devereux DO (non-practising Osteopath)