CORRESPONDENCE

Kettering and District General Hospital,
Rothwell Road,
Kettering,
Northamptonshire NN16 8UZ

To the Editor:
Dear Sir,

NECK INJURY

We note Mr. Williams' criticism (Correspondence Vol. 16 No. 3 page 194) of our article "Neck Injury with Quadriplegia: an avoidable training hazard", accusing us of "anxious conjecture"; however a 37-year old man with quadriplegia is not conjecture. We gave positive guidance, and showed the medical basis for our views.

Perhaps Mr. Williams can tell us whether the back to back rocking exercise has special value compared with other safer training techniques? We accept all his points about careful management of training, but we would remind him that not all trainers are experts in physical education, such as he.

Yours sincerely,

Ian M. Morris, MRCP
Consultant Rheumatologist

Andrew J. Thompson, FRCR
Consultant Radiologist

CORRESPONDENCE

From the Secretary,
The Society of Chiropodists,
8 Wimpole Street,
London W1M 8BX

To the Editor:
Dear Sir,

re: WRONG DIAGNOSIS IN ATHLETES – MEDICAL REFERRAL

With reference to your Editorial Note to the letter from the Chairman of the Organisation of Chartered Physiotherapists which was published in September 1982, may I point out that, unlike the other professions supplementary to medicine, chiropodists have the right to diagnose and treat patients without medical referral, and that this is recognised by the Chiropodists Board of the Council for Professions Supplementary to Medicine which defines chiropody as follows:—

"Chiropody comprises the maintenance of the feet in healthy condition and the treatment of their disabilities by recognised chiropodial methods in which the practitioner has been trained."

Many members of this profession are now taking an interest in biomechanics and specialising in sports injuries in the feet and how they may be prevented.

My Society, of course, fully supports the need for closure of the professions supplementary to medicine; but does not accept that indicative closure of the profession (i.e. protection of title) is of itself sufficient safeguard for the public and the profession in the future, and considers that a form of functional closure must remain its objective.

This is, perhaps, even more important, because of the right of the chiropodist to treat the patient without medical referral.

Yours sincerely,

G. C. Jenkins, BA, FCIS