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# *Orthopaedic Physical Therapy Practice*



AN OFFICIAL PUBLICATION OF THE  
ORTHOPAEDIC SECTION



AMERICAN PHYSICAL THERAPY ASSOCIATION

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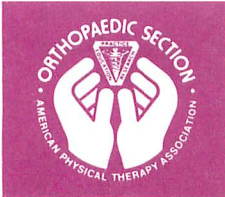
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# ORTHOPAEDIC

## P.H.Y.S.I.C.A.L T.H.E.R.A.P.Y

# PRACTICE

### 1•9•9•1

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This issue's cover illustrates the artist's visualization of Oliver Wendell Holmes (1809-1894) reading his celebrated essay *The Contagiousness of Puerperal Fever* before the Boston Society for Medical Improvement in 1843. Puerperal fever, which once killed many women, resulted from unsanitary conditions during childbirth. After graduating from Harvard Medical School (1836) Holmes pursued a career in medicine. He was Dean of the Harvard Medical School (1847-1853) and professor of anatomy and physiology until 1882. Holmes was also known as an American writer who won fame for his essays, fiction and poems.

#### TABLE OF CONTENTS

##### FEATURES

Core Journals of  
Orthopaedic Physical Therapy . . . . . pg. 5  
Attaining Specialist Status:  
Impact on Clinical Practice . . . . . pg. 7

##### HIGHLIGHTS

Publications Committee  
Chair Commentary . . . . . pg. 4  
Welcome New Members . . . . . pg. 12

##### UPDATES

Orthopaedic Section Directory . . . . . pg. 3  
Master Calendar . . . . . pg. 14  
Section News . . . . . pg. 16  
Industrial Specialist Interest Group . . . . . pg. 18  
Meeting Minutes . . . . . pg. 19

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## *Chair Commentary*

### **A LEVEL PLAYING FIELD**

At the 1991 American Physical Therapy Association (APTA) Annual Conference, the House of Delegates passed the resolution, RC 23-91, Physical Therapy Professional Relations. RC 23-91 specifically states that the APTA is opposed to any situations in which a physical therapist or a physical therapist assistant is employed by a referring physician and/or works for a business or corporation owned in whole or in part by a referring physician.

RC 23-91 clearly addresses APTA's opposition to the proliferation of joint ventures between physicians and physical therapists which have taken place in the last five years. Such self-referral systems, which come in all shapes and sizes, provide legalized kickbacks to the referral source. By dismantling self-referral systems a level playing field will develop among physical therapists. A level playing field exists whenever individual talent and effort are the only hallmarks of a successful physical therapy practice.

The action of some physical therapists and physical therapy assistants may lead Congress to pass legislation making all self-referral arrangements illegal. Obviously, we would be better served as a profession if we policed ourselves. Actions which can be taken immediately are:

- The APTA and its components should not knowingly accept advertising from individuals or organizations that engage in self-referral.

- The APTA and its components should not knowingly supply booth space at conferences or meetings to such individuals or organizations.
- Physical therapy and physical therapy assistant schools should not knowingly affiliate with physical therapy clinics where self-referral practice patterns exists.
- APTA sponsored fund raising organizations should not knowingly accept money or award grants or contracts to such individuals or groups.
- All candidates running for national, state, district or section office should be questioned regarding their stance on referral for profit.
- All new graduates of physical therapy and physical therapy assistant programs should be informed of the APTA's stand against employment in situations where referral for profit exists.
- Discussion among physical therapists and physical therapy assistants about the APTA's position against referral for profit should be ongoing.

The real opportunity for physical therapists to obtain autonomous practice will come when all referral for profit situations are eliminated. By speaking out strongly, the 1991 APTA House of Delegates pursues a policy of leveling the pitch of the playing field.

John M. Medeiros, P.T., Ph.D.

# CORE JOURNALS OF ORTHOPAEDIC PHYSICAL THERAPY

By Richard W. Bohannon, PT, EdD, NCS  
 School of Allied Health, U-101, University of Connecticut, Storrs, CT 06269 &  
 Dept. of Rehabilitation, Hartford Hospital, Hartford, CT

The identification of journals that may be important sources of information relevant to physical therapy has been the purpose of several publications.<sup>1,2,3,4</sup> The focus of most of the publications has been on the results of a specific method of document analysis, that is, citation analysis.<sup>5</sup> The basic premise of citation analysis is that the literature relevant to a field can be identified through the examination of the citation (reference) lists of articles in selected journals. To the best of my knowledge, no citation analysis has been performed to identify core journals of orthopaedic physical therapy. The purpose of this study was to do just that. With over 50,000 scientific and technical journals published worldwide,<sup>6</sup> the listing of a limited number of core journals that often publish information relevant to orthopaedic physical therapy may help clinicians to more effectively focus their search for information.

## METHOD

Four physical therapy journals were used in this study—*The Journal of Orthopaedic and Sports Physical Therapy*,

*Physical Therapy*, *Physiotherapy Canada*, and *Physiotherapy Practice*. All 1990 issues of each journal were searched for original research articles relevant to orthopaedic physical therapy. The references cited in each relevant article were tallied by journal title and summarized. A cited journal was considered to be a core journal if cited three or more times in a journal with less than 10 relevant articles, if cited five or more times in a journal with 10 to 20 relevant articles, and if cited seven or more times in a journal with more than 20 relevant articles.

## RESULTS

The number of issues, relevant original research articles, journals cited and core journals identified for each of the four physical therapy journals are listed in Table 1. Table 2 lists two core journals identified by the citation analysis of the four physical therapy journals. Core journals found among the lists of all four of the physical therapy citing journals were *Physical Therapy*, *Journal of Orthopaedic and Sports Physical Therapy*, and *Archives of Physical Medicine and*

*Rehabilitation*. Another three journal titles (*Journal of Bone and Joint Surgery—American*, *Medicine and Science in Sports and Exercise*, and *Scandinavian Journal of Rehabilitation Medicine*) were among the lists of at least three of the four physical therapy citing journals.

## DISCUSSION

Like previous citation analyses focused on the identification of core journals of physical therapy,<sup>1,3,4</sup> this citation analysis revealed that information relevant to orthopaedic physical therapy can be found in a large number of different source journals. Nevertheless, specific journals seem to be the consistent source of information relevant to orthopaedic physical therapy. Those specific journals, as a rule, are among the core journals of physical therapy identified in previous studies.<sup>1,3,4</sup> Although the clinician or researcher who wishes to stay current with orthopaedic physical therapy does not necessarily have to subscribe to or read all the core journals identified in this study, he or she may benefit from a knowledge of journals contributing to the

Table 1

Summary of Information Relevant to the Citation Analysis of Four Physical Therapy Journals

Journal	Issues (n)	Relevant Research Articles (n)	Journals Cited (n)	Core Journals (n)
J. Ortho Sport Phys Ther	12	35	104	18
Phys Ther	12	31	168	15
Physiother Can	6	8	52	11
Physiother Pract	4	7	70	11

Table 2

Core Journals of Orthopaedic Physical Therapy Identified by Citation Analysis of Four Physical Therapy Journals\*

Ortho Sport Phys Ther	Phys Ther	Physiother Can	Physiother Pract
Phys Ther*	61	Phys Ther*	96
J Ortho Sport Phys Ther*	53	Arch Phys Med Rehabil*	28
J Bone Joint Surg [Am]*	42	J Bone Joint Surg [Am]*	26
Spine	33	Spine	22
Am J Sport Med	31	J Ortho Sport Phys Ther*	19
Clin Orthop	26	Med Sci Sport Exerc*	13
Arch Phys Med Rehabil*	17	Scand J Rehabil Med*	13
Med Sci Sport Exerc*	16	J Appl Physiol	12
Athl Train	15	Am J Sport Med	11
Acta Orthop Scand	10	Clin Orthop	10
J Biomech	9	Acta Physiol Scand	8
J Bone Joint Surg [Br]	9	J Biomech	8
Pain	9	J Physiol	8
Phys Sport Med	9	Am J Phys Med	7
Res Quart	8	Ergonomics	7
Clin Sports Med	7		
Physiother Can	7		
Scand J Rehabil Med*	7		
		Phys Ther*	29
		Arch Phys Med Rehabil*	14
		Physiother Can	12
		J Ortho Sport Phys Ther*	10
		Physiotherapy	5
		Scand J Rehabil Med*	4
		Acta Physiol Scand	3
		Eur J Appl Physiol	3
		J Bone Joint Surg [Am]*	3
		J Rheumatol	3
		Med Sci Sport Exerc*	3
		Phys Ther*	11
		Pain	9
		Arch Phys Med Rehabil*	8
		J Appl Physiol	5
		J Ortho Sport Phys Ther*	5
		J Physiol	5
		Niger Med J	5
		Physiotherapy	5
		Munchener Med Wochschrift	4
		Physiother Pract	4
		Ergonomics	3

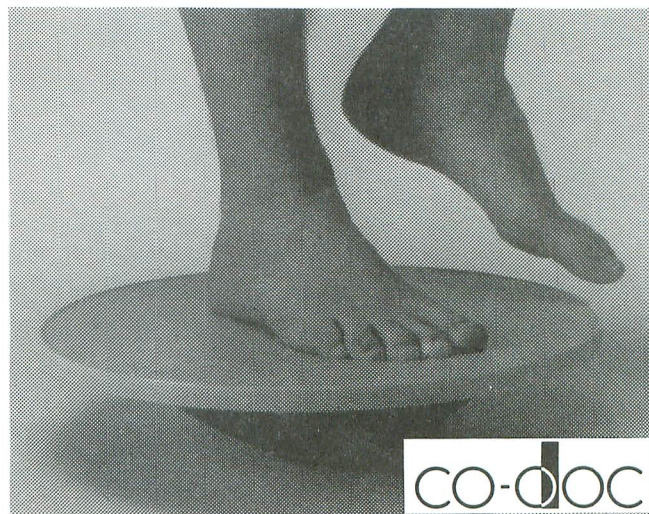
\* Journals identified by three or more of the citing journals

core. Such a knowledge is important because many of the core journal sources identified in this study (eg. *Journal of Orthopaedic and Sports Physical Therapy*, *Physiotherapy Canada*, and *Physiotherapy*) are not indexed in Index Medicus.<sup>4</sup> Thus when clinicians rely on bibliographic indexes such as Index Medicus to identify relevant literature, they may miss important information that is published in sources not included in the data base of the bibliographic index they are using.

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# ATTAINING SPECIALIST STATUS: Impact on Clinical Practice

## An Interview With Several Certified Specialists

by: Public Relations Committee,  
Orthopaedic Section, APTA  
Jonathan M. Cooperman, M.S., P.T.,  
Chair  
Karen Piegorsch, P.T., OCS

A visit to the Orthopaedic Section Booth at Annual Conference or CSM can be very informative. Officers, program chairs and administrative staff are available to provide information relating to membership, publications, and special projects. Sometimes we just want to chat and find out what your needs and concerns are. Still, the most frequent questions encountered at the Section Booth relate to the certification process—a process that the Section is only *indirectly* involved with.

The American Board of Physical Therapy Specialties (ABPTS) was established in 1979, and in 1981 the Orthopaedic Section petitioned the APTA House of Delegates to develop the Orthopaedic Specialty Council (OCS). Although the Section continues to finance the council, the OCS functions *independently* of the Section.

It has been two years since the first competency exam was offered—at this writing there are 106 physical therapists who have earned the title of Orthopaedic Certified Specialist (OCS).

We thought that you would be interested in hearing from a group of certified specialists regarding how they prepared for the competency exam, and perhaps more importantly, how their new status has impacted on their clinical practice.

The individuals interviewed here represent a fairly wide cross section of our membership. We have attempted to "mix" the choices by year of certification, gender, geography, and type of practice. We also interviewed one Section officer, Duane Williams, who was certified this past spring.

### THE INTERVIEWEES

#### Paul Beattie, M.S., P.T., OCS



- Physical Therapist, University Hospital, Albuquerque, New Mexico
- Consultant, Athletic Department Sports Medicine, University of New Mexico
- Lecturer, Department of Anatomy, College of Medicine, University of New Mexico

#### Philip McClure, M.S., P.T., OCS



- Assistant Professor, Department of Orthopaedic Surgery and Rehabilitation, Hahnemann University, Philadelphia, Pennsylvania
- Chairman, Philadelphia Orthopaedic

#### Study Group

- Member, Research Committee, Orthopaedic Section, APTA

#### John Johnston, P.T., OCS



- Owner of Norwell Physical Therapy and Sports Rehab, Inc., Norwell, Massachusetts

#### Mary K. Milidonis, MMSc, OCS, P.T.



- Provides orthopaedic physical therapy services to hospital out patient departments
- Physical Therapist to the Ohio Ballet
- Newly appointed member of Orthopaedic Specialty Council

#### Elizabeth Scarpelli, P.T., OCS



- Co-owner of Scarpelli and Kakehashi Physical Therapy, an orthopaedic manual therapy practice in San Francisco, California
- Senior Faculty Member, Kaiser Hayward

Physical Therapy Residency Program in Advanced Orthopaedic Manual Therapy

- Instructor of short courses for the Golden Gate District of the APTA

#### Mary Ann Sweeny, Lt. Col., US Air Force, BSC, OCS



- Associate Chief, Biomedical Sciences Corps for Physical Therapy

#### Duane Williams, M.A., P.T., OCS



- Director of Back and Limb Clinic
- Adjunct Clinical Associate Professor at East Carolina University in Greenville, NC
- Vice President of the Orthopaedic Section, APTA, Inc.

### 1. Why did you choose to become board certified in Orthopaedic Physical Therapy?

**Paul**—For the past several years I have been involved in clinical practice, research and teaching in the area of orthopaedic PT. When the orthopaedic certification exam became available I saw this as a challenge to determine the level of my knowledge and skills. In addition, I saw this as a mechanism to enhance my credibility with my colleagues.

**Phil**—I chose to become board certified for two reasons. First as a faculty member



my primary teaching responsibility is in the area of orthopaedics and therefore I felt that "certification" might become an important credential to possess. Secondly, my personal and professional pride stimulate me to pursue what seems to be the accepted mechanism for actually demonstrating expertise in a clinical area.

**John**—The certification exam is a way of measuring your own ability to practice orthopaedic physical therapy according to the APTA's standards. I was curious to see if I could meet those standards.

Taking the exam is also a way of elevating the standards of our profession because all of the respectable medical fields have a board certification process.

**Mary**—Being an expert problem solver has always been my passion in physical therapy. I love being a clinician and take pride in the fact that I can make a difference in someone's life. However, I also recognize that there are many limitations imposed on physical therapy. Professional autonomy of physical therapy depends on the public view. Only when the public views physical therapists as experts in movement sciences, will we begin to achieve autonomy as a profession. To that end we need to nurture the concept of expert clinicians and promote ourselves to the public as such.

**Elizabeth**—I had successfully completed a year-long residency program in 1982, and had done a significant amount of teaching for the Golden Gate District APTA and the Kaiser program as a senior faculty member since that time. I decided that professionally, the certification was the next logical step.

**Mary Ann**—Certification as an Orthopaedic Physical Therapist provides a credential which attests to your professional expertise. As an Air Force physical therapist for 20 years, I experienced exceptional Orthopaedic practice opportunities. During this time, a professional metamorphosis of the physical therapist from technician to professional medical provider and consultant also occurred. As providers in a medical system which recognizes "Board Certification" as one means of assuring a high standard of practice in an area of specialization, therapists must also seek these credentials as further proof of our expertise as practitioners. As a "senior" therapist, I wanted to encourage others to obtain specialty certification as a means of building a stronger more respected profession.

**Duane**—Becoming board certified in orthopaedic physical therapy was a natural progression in my ongoing pursuit of

being the best clinician I can be. The certification process was a means to obtain some feedback on my knowledge base and gain some recognition as a specialist in orthopaedic physical therapy.

## **2. How has your certification affected your clinical practice?**

**Paul**—It is difficult to tell how certification has influenced my practice. In the past year, I have received many more requests for patient consultation from physicians and other PT's. In addition, I have very frequently been asked to present at symposia for physician groups as well as PT groups. I have also been recently asked to teach the unit on spine to the medical students at the University of New Mexico. How much of this is due to my certification compared to other factors is unclear.

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*"Certification as an orthopaedic physical therapist provides a credential which attests to your professional expertise."*

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**Phil**—My clinical practice is rather narrow since becoming full-time faculty. Therefore I don't think it has been affected significantly at this point.

**John**—It does not change the way I practice orthopaedics. However, it does allow me to further promote my profession to the general public when I am asked what the OCS stands for. Also, I feel it is important to mention that PT's who are not certified are still well qualified to perform orthopaedics. I would not want to undermine the good work of other physical therapists.

**Mary**—Certification in clinical practice is a honor that comes with both benefits and responsibilities. Many of the benefits include community wide recognition of expertise and increased opportunities to practice as an expert. In a very competitive health care market, people will always seek to find the expertise best suited to handle their problems. Being certified as an orthopaedic physical therapist was the decisive factor that assisted me in becoming the physical therapist for the Ohio Ballet. On the other hand, the responsibilities of being a certified specialist include education of the community that physical therapy is a skilled

profession and most importantly, mentoring the newer therapists in our profession.

**Elizabeth**—The orthopaedic specialty certification has given me primarily personal satisfaction attaining a level of clinical competence that I have worked for over many years. Professionally, I hope that it will represent a level of practice which I try to inspire in PT residents I teach and in therapists I teach within the community.

**Mary Ann**—Certification did not change my physical therapy practice. The test review process, however, was an excellent opportunity to further study areas that I felt needed improvement. There was a change noted in other professional's opinion of my practice. Board certification increases professional credibility. I received congratulations from many sources in particular several levels of bosses as well as other physical therapy and physician colleagues. On a personal note, the certification helped me confirm that I have kept up with a very rapidly advancing profession—a challenge we must all take.

**Duane**—The certification has not affected my clinical practice. However, it gives me the option of being compensated as a clinical expert at the same level as a department head, whereas it has traditionally been necessary to take on more administrative duties to enhance one's compensation.

## **3. What strategy do you recommend for PT's who are preparing to sit for the exam?**

**Paul**—The role of the orthopaedic clinical specialist is to be a problem solver in a clinical situation. This requires an understanding of the basic science of the neuro-musculo-skeletal system, the causes and manifestations of its dysfunctions and the rationale of physical therapy interventions. My recommendations for preparing are: 1) Obtain the competencies from the ABPTS, 2) Be familiar with the terminology used in the competencies, 3) Carefully review neuro-musculo-skeletal anatomy, 4) Study the clinical manifestation of common fractures and ligament injuries, as well as other commonly seen orthopaedic problems, and 5) Review the principles of various commonly used PT treatments such as stretching, joint mobilization, thermo- and electrotherapy, as well as different types of resistive exercises. When this is completed, look at several of your current and previous patients using a case study model. Ask yourself: what predisposed them to dysfunction? How was their diagnosis made and

confirmed? What were the differential diagnoses for this clinical picture? What factors influenced you when planning their treatment? What things occurred that caused you to change their treatment? How did you assess the outcome of your treatment?

**Phil**—Become very familiar with the popular evaluation and treatment approaches in orthopaedic physical therapy. I believe this can be accomplished through graduate school courses, reading classic texts and through continuing education courses. A specified strategy I used was to identify clinical areas where I felt weak (e.g. TMJ problems) and focus on reviewing classic texts in these areas.

**John**—The candidate should realize that all aspects of orthopaedic pathology and treatment should be reviewed. They need more than just a good knowledge of manual techniques.

**Mary**—The most important tool I used to study for the exam was the Orthopaedic Competencies. The guide presents the format of the exam as well as topic areas to focus on in reviewing for the exam. In addition orthopaedic study groups are also a beneficial tool to review for the exam. The groups allow for a broader base of expertise to help review for the exam. Finally, preparing in depth clinical case studies on current patients also provides needed practice that is valuable to the exam.

**Elizabeth**—Take a residency program in advanced orthopaedic manual therapy that provides a foundation in clinical decision making and in the medical sciences. It is through ongoing, consistent clinical supervision that one can learn fine-tuned examinations and assessment skills and the ability to relate symptoms and signs to pathology.

**Mary Ann**—First, don't let the application process discourage you. It is lengthy and can be time consuming, but prepares you for future demands! Next, obtain the competencies and outline a time specific review process that covers all outlined topics. I allowed six months of intense review, averaging 8 hours a week of study. Learn the textbook/scientific answers. Do not get distracted by unproven theories or opinions on treatment. Focus on the specific test areas as is outlined in the competencies.

**Duane**—Do not rush the process. Take time to develop your background knowledge, your evaluation and treatment skills and your clinical decision making skills. Once you feel comfortable that you could teach others, feel you can give an explanation for your evaluation

and treatment methods backed up by some scientific foundation, you're probably ready to sit for the exam.

#### **4. Do you believe that there should be a practical portion to the exam?**

**Paul**—I feel that a practical portion of the exam would enhance the validity of the test results. This would require that applicants demonstrate skills in communications as well as palpation and special tests. In addition, it would require that applicants "think of their feet" i.e. mimicking a real clinical situation. These parameters can not be assessed using only a written test. The administration of a practical exam would, however, be problematic. Real patients would be required. It would be difficult to find an adequate number for testing. Issues relating liability and licensure would need to be addressed. Finally the grading of an applicant's performance would be difficult.

**Phil**—Conceptually, I believe a practical exam could be an important part of the exam. However, I believe that much work needs to be done before there are accepted standards on which to base such an exam. As our standards of practice exist currently, I think a practical exam would be fraught with bias and inconsistencies because of the varied approaches particularly in the area of manual therapy.

**John**—A wide range of subject matter was covered in the current exam. Adding a practical portion could be very time consuming and only one particular item would probably be addressed. It would be unfair for too much emphasis to be placed on only one item.

**Mary**—A method to assess psychomotor skills will need to be developed in the future.

**Elizabeth**—I think a practical portion would be very difficult but would give the best assessment of one's clinical expertise. Specific criteria would need to be established for the patients selected. For example, if therapists were going to examine a back patient, I would be sure all the back patients had a current history of radicular signs so that the students would all have to perform a neurological exam. Evaluation criteria for the therapist would also need to be carefully developed. Trained testers would need to be able to set aside their own preferred treatment philosophies in order to objectively evaluate the therapist. I would want the therapists to demonstrate that they could perform a good subjective and objective examination, regardless of approach, be it Maitland, McKenzie, Cyriax, Paris, Osteopathic, etc.

**Mary Ann**—Evaluation of clinical expertise by only a written test is not sufficient, nor does the successful outcome assure a successful clinical practice. In addition, to the current written exam, another test that allows an examiner the means to interact with the tester in order to further evaluate a practitioner's judgement, diagnostic capabilities, and program planning. However an oral exam, rather than a practical exam, may be more appropriate.

**Duane**—I realize it is very difficult to efficiently administer a practical exam that is reliable and valid. However, I feel that some type of residency program should be available with a practical skills competency component to assist with monitoring the skill level of those identified to the health care system and the public as being experts in orthopaedic physical therapy.

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*Once you feel comfortable that you could teach others, feel you can give an explanation for your evaluation and treatment methods backed up by some scientific foundation, you're probably ready to sit for the exam.*

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#### **5. Did you take any continuing education courses with the specific intent of helping you to prepare for the exam?**

**Paul**—I did not take any continuing education courses with the intent of preparing for the exam. However, at the time that I was preparing for this exam, I was teaching gross anatomy and orthopaedic PT in an entry-level curriculum. This provided reasonably current review of a variety of pertinent concepts. Were this not the case, I would have strongly considered taking a competency review course.

**Phil**—No.

**John**—I don't believe that any one seminar would be very helpful in preparing for the exam since a wide

range of orthopaedics was addressed. I also find it odd that some seminars are promoted as being preparations for the exam even though the instructors are apparently not board certified themselves. My undergraduate instruction along with good clinical experiences and a broad range of continuing education was most helpful.

**Mary**—I did take courses in contact areas which I felt weak in.

**Elizabeth**—I studied on my own using the criteria handbook for competencies.

**Mary Ann**—I did not take any specific continuing education courses as part of preparation for the exam. However, I have a broad background of manual therapy, biomechanical courses which provided a foundation which was most helpful. Included would be, McKenzie, Cyriax, TMJ, Foot Biomechanics, Upper and Lower Quarter exam courses.

**Duane**—I was fortunate to have taken numerous courses over the past several years, resulting in an eclectic approach to orthopaedic physical therapy. I did not take any courses specifically to prepare for the exam.

#### **6. How would you modify the written exam and why?**

**Paul**—In general thought the written exam was pertinent, fair and clearly expressed. The exam sampled a wide variety of concepts which should be known by orthopaedic PT's. I feel that more content relating issues of outcome assessment and measurement would be useful.

**Phil**—I believe that exam represented an admirable attempt to test clinical problem solving via multiple choice questions. However, I felt the overwhelming majority of questions were based on some authority's opinion rather than on concepts derived, either directly or indirectly, from research. This may simply reflect the state of the art. I was trained in graduate school to carefully scrutinize new ideas and to recognize when a concept had little or no scientific support. While I'm grateful for that training, I believe it may have worked against me while taking the exam. Therefore, I would modify the test by adding more questions drawn directly from relevant research which must ultimately form the basis for clinical practice.

**John**—I would not change the overall format of the exam.

**Mary**—The clarity of test questions needs to be improved.

**Elizabeth**—Relate questions on the TMJ to the upper cervical spine.

Don't ask questions for pure memorization; make the therapist analyze and interpret more case study information.

Review case studies in the exam, as some of the sequencing in the questions appeared incorrect. In general, wording of questions was often confusing.

Ask questions relating to how one would compare and contrast the examination of a patient who was quite severe and irritable, versus a non-irritable/chronic patient.

**Mary Ann**—Now that state practice acts allow physical therapists direct access, more questions on differential diagnosis, ordering and interpreting tests and appropriate referral of patients should be included.

**Duane**—The written exam should not mention any particular names of individuals relative to some "school of thought." You shouldn't have to attend the particular CEU course to know the answer of a question.

#### **7. Did you prepare with another individual?**

**Paul**—No.

**Phil**—I did not specifically prepare for the exam with another person. Yet in the process of teaching both entry-level as well as practicing therapists, I found myself constantly being challenged and learning from my colleagues. This process was of extreme benefit in preparing for the exam.

**John**—No, I personally don't study well with a partner.

**Elizabeth**—No, I studied on my own.

**Mary Ann**—I studied with another Air Force therapist who was also taking the exam. This proved most beneficial because we kept each other on a study schedule, dividing and conquering the outlined material. Furthermore, we kept each other challenged with questions, shared clinical experiences and literature reviews. It provided a very meaningful and successful learning situation.

**Duane**—I did the exam preparation individually. However, in reality, I had the assistance of several teachers and patients over the years to prepare me for the exam.

#### **8. Any additional comments?**

**Paul**—Our profession is undergoing a profound metamorphosis. Today's clinician is called upon to take responsibilities and to make decisions that many of us were not trained to do in our entry-level programs. Time, as well as geographic and financial constraints, prevent most PT's from seeking advanced degrees. The efficiency of our continuing education programs is inconsistent. Course participants typically are not required to demonstrate any competencies when they attend and complete these programs.

I feel that the process of certification can benefit our clinical practice by 1) providing motivation for clinicians to engage in independent study and small group learning to achieve certification, and 2) once certified, the clinical specialist can act as a consultant or "sounding board" for fellow clinicians as well as hopefully being a community leader in clinical research and education.

**John**—I am concerned that the exam, along with related expenses (travel, etc.) may be cost prohibitive for some physical therapists.

**Mary Ann**—Therapists must continue to accept the challenges of medical science in order to improve our patient care capabilities. I am impressed with today's physical therapy students. They are graduating with better scientific and clinical capabilities. These young professionals must accept the challenge of critical thinking, and their professional goals must include continuation of reliable research. Future credible research must be the basis for our clinical practice. Only then can we assure reliable care for our patients, and gain the respect of our medical colleagues.



# PARIS FOUNDER'S AWARD

## PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

## ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc. who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

## CRITERIA FOR SELECTION

1. The nominee shall have made substantial contributions to the Section in one or more of the following areas:
  - a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
  - b. Utilized exceptional ability and influence to promote the science, education, and practice of orthopaedic physical therapy.
  - c. Obtained professional recognition and respect for the Section's achievements.
  - d. Advanced public awareness of orthopaedic physical therapy.
  - e. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
  - f. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
  - a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
  - b. Background and knowledge sufficient.

## PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Administrative Director at the Section office by December 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
  - a. A support statement from the nomina-

- tor, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
  - b. Support statements from a minimum of 5 professional colleagues.
  - c. Support statements from a minimum of 5 individuals who are not physical therapists, but have been involved with the Section through association with the nominee.
  - d. Support statement from a minimum of 5 Orthopaedic Section former or current officers or committee chairs.
  - e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

## PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Awards Committee Chairman and members by the Section office. The Section office will retain the original set of materials.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The Executive Committee will select the recipient.
4. Any member of the Awards or Executive Committee, who is closely associated with the nominee, will abstain from participating in the review and selection process.
5. The award will be presented only if there are qualified candidates, and one is selected.
6. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
7. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in a subsequent years.

## LECTURE

1. The recipient will present his lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient will be invited to submit a written copy of the lecture for publication in the Section's official publication Orthopaedic Physical Therapy Practice.

## NOTIFICATION OF THE AWARD

1. The President of the Section will notify the

- recipient by April 1st and obtain written confirmation of acceptance from him, by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA annual meeting following the selection, approximately 8 months before he is to present the lecture.
3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

## THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the U.S. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of \$250.
3. The recipient's name and date of award will also be inscribed on a Paris Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1991.

As of August 1, 1991, yearly update stickers for the Orthopaedic Section's membership certificate will be available free of charge to all Orthopaedic Section members. Anyone interested in the 1991 update, please notify Nancy Yeske at the Section office:

505 King St.  
Suite 103  
La Crosse, WI 54601  
1-800-444-3982

# WELCOME NEW MEMBERS

The Orthopaedic Section, APTA, Inc., would like to welcome all of our new members who have joined the Section for the first time within the last three months:

Acker, Luann	Eccles, Penny	Jackson, Thomas	Meverhoff, Debbie	Schnoes, Cynthia
Ackerman, Stephanie	Elder, Karen	Jacobson, Kristin	Meyer, Edward	Schubert, Edward
Adams, Keith	Eldridge, Jay	Janssen, Elizabeth	Mizak-Schwein, Sharon	Shaffer, Kelly
Adams, Melinda	Elterman, Deborah	Jarin, Molly	Mizell, Angelia	Shipp, Lisa
Allan, John	Erickson, Teresa	Jass, Darrin	Moore, Barbara	Short, Carvin
Allen, John	Eveningred, Mark	Jeck, Dave	Morely, Susan	Shun-Mei Lim, Su
Allen, Patricia	Fairchild, Vickie	Johnson, Barbara	Morris, Ronald	Sipes, Susan
Andres, Kelly	Farmer, Julie	Jones, Linda	Murray, Lispeth	Skylor, Sharon
Armes, Sally	Fegan, Mary	Jones, Raymond	Myer, Russ	Smith, Barbara
Ault, Jennifer	Ferreira, Patricia	Julian, Eileen		Smith, Charles
	Ferretti, Martha			Smith, Gina
Bailey, Mary	Fisk, Harold	Kagan, Lynn	Newton, Paul	Smith, Helen
Baker, Lori	Flaming, Nikki	Kamenic, Robert	Nickerson, Edward	Souza, Gary
Barron, Gina	Flaxman, Judith	Katayama, Bonnie	Noel, Kelly	Spahn, Valerie
Bartoletti, Karen	Fletcher, Margaret	Katsaros, Paul	Nordstrom, Terrence	Squire, DeCourcy
Bautista, Roselyn	Folkerth, Betsy	Kava, Kristie	Norkiewicz, Daniel	Stewart, Alison
Bell, Linda	Freels, Karen	Kelley, Laura		Stoops, Dennis
Beres, Mary	Freer, Marjorie	Kelly, Mark	O'Leary, Maureen	Synowiec, Rosemarie
Bestoyong, Arminda	Frimml, Steven	Kersteen, Marla	Oconnor, Patrick	
Blachly, Kay	Frost, Sherry	Kingsbury, Susan	Oliver, Breena	Thomas, Monica
Bohlman, Mary	Fusco, Stacey	Knebelkamp, Barbara	Onyewuch, Lawrence	Thomsa, Denise
Bohusch, Therese	Gay, Ellen	Kokich, Leslie	Oostendorp, Kim	Turner, Kathleen
Bonham, Elizabeth	Geddes, Rita	Koole, Henny	Ozturk, Amy	Tidwell, Joseph
Boris, Jennifer	Gillooly, Brian	Kuzma, Joan		Treml, Linda
Bouchard, Anne	Glasmoe, Ward		Pacatte, Randy	Tyson, Mary Mckinney
Bowen, Jeffrey	Glisson, Fredric	La Stayo, Paul	Perkins, Steven	
Broman, Barry	Gormley, James	Lancaster, Dee Anna	Peshek, Christo	Valenta, Douglas
Bronner, David	Green, Leslie	Larrimer, Brenda	Pezzullo, David	Valentine, Angela
Brown, Suzanne	Green, Susan	Lasao, Ramon	Pisapia, Carolann	Valentine, Lisa
Brueckmann, Bradley	Greimann, Mary	Ledgerwood, Donna	Poirier, William	Velordi, Nancy
Bruno, Angela	Grossman, Linda	Legacy, Craig	Pollock, Katherine	Venne, Stephen
Bryniarski, Richard	Guinchoma, Liza	Leveridge, Marcia	Potts, Jeffrey	Vetter, Jannell
Bucheit, Carol	Gulick, Douglas	Levine, Carol	Pritchard, Perry	Vitali, Teresa
Buedding, Teri		Lewton, Kent	Pruit, Sharon	Vories, Mindi
Burnett, Carol		Linden, Kalyann		
	Haberman, Paula	Lipori, Dawn	Qualter, Richard	Wainwright, Mary
Calabria, Mark	Hamburg, Ruth	Lippers, Willem		Waldoch, Jane
Calivas, Arileen	Hamer, Michael	Little, Roberta	Rafael, Eileen	Waltz, Daniel
Camp, Patricia	Hazelwood, Beatrice	Lopez, Jean	Randall, Richard	Waltz, Daniel
Card, Kimberly	Hazlett, Caroline	Lubitz, Judy	Redmond, Leslie	WeWest, Pamela
Carroll, Carole	Hearn, Susan	Ludden, Marilyn	Reid, Catherine	Whitlock, Laura
Casella, Janet	Helle, Joan		Renard, Ronald	Williams, Linda
Clemens, Carol	Hendryx, Jody	Macphee, Dianne	Richardson, Glenis	Willingham, Lance
Co, Christian	Henicke, Lisa	Madden, Gina	Rivera, Frank	Wilson, Leslie
Cox, Brian	Henry, Keith	Maeda, Diane	Robertson, Marcia	Wise, Dean
Crouch, Warren	Herrity, Mary	Maixner, Shannon	Roser, Wendy	Wolter, Andrea
Crowell, Stephen	Hill, Debra Showalter	Mannherz, Joseph	Rossillo, Patrick	Wong, Melinda
Curry, Michael	Hodges, Marlene	Martin, Karen	Rost, Linda	Wood, Michael
	Hoehn, Ronald	Martin, Mary	Ruinen, M Louise	Woodward, Donna
Daley, Lori	Hoffman, Stephanie	Martinovich, Margaret		
Davis, Kimberly	Hooper, Kristen	Mashburn, Mark	Sadauskas, Kimberlie	Young, Steven
De Jesus, Joserol	Hopson, Margaret	Mathre, Marilyn	Salzman, Laurie	
Deluccio, Justine	Horn, Thomas	Mayberry, Leslie	Sanderson, Michael	Zimmerman, Cindy
Delvecchio, Donna	Hoskins, Rebecca	Mazurek, Carol	Sandmann, Michael	
Dieckman, Mari	Hutchinson, Brian	McCormack, Kathleen	Santis, Susan	
Donner, Jennifer	Jachimowicz, Robert	McKeag, Jolene	Saqui, Rodolfo	
Dressler, Stephen	Jackson, Charles	McLaughlin, Sherry	Sarnoski, Renae	
Dunlap, Emily		Meincke, Deborah	Schaap, Catherine	
Durkin, Kathryn		Melnick, Helen	Schaeffer, Edward	
Dyser, Rebecca		Merrill, Lauri	Schmitz, Thomas	
			Schneider, Robert	

# **CALL FOR NOMINATIONS FOR THE ROSE EXCELLENCE IN RESEARCH AWARD**

## **The Best Research Article of 1991 Dealing with Orthopaedic Physical Therapy**

The Research Committee of the Orthopaedic Section of the American Physical Therapy Association is soliciting nominations in order to recognize and reward a physical therapist who has made a significant contribution to the literature dealing with the science, theory, or practice of orthopaedic physical therapy.

### **I) ELIGIBILITY FOR THE AWARD**

The recipient must:

- 1) be a physical therapist licensed or eligible for licensure in the United States of America;
- 2) be a member of the American Physical Therapy Association;
- 3) be the primary (first) author of the published manuscript.

The article must be published in a reputable, refereed scientific journal between September 1, 1990 and August 31, 1991 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1991 issue, the article must be available to the general public no later than September 15, 1991 to be considered.

### **II) SELECTION CRITERIA**

The article must have a significant impact (immediate or potential) upon the clinical practice of orthopaedic physical therapy. The article must be a report of research but may deal with basic sciences, applied science, or clinical research. Reports of single clinical case studies or reviews of the literature will not be considered.

### **III) THE AWARD**

The award will consist of a plaque and \$500.00 to be presented at the 1992 Combined Sections Meeting.

### **IV) NOMINATIONS**

Written nominations should include the complete title, names of authors, and the citation (title of journal, year, volume number, page numbers) of the research article. The name, address, and telephone number of the person nominating the research article should also be included.

Nominations (including self-nominations) will be accepted until close of business October 1, 1991 and should be mailed to:

Dan Riddle, M.S., P.T.  
Research Committee Chairman  
Orthopaedic Section, APTA  
c/o Department of Physical Therapy  
Virginia Commonwealth University  
McGuire Hall  
1112 East Clay Street, Room 209  
Box 224, MCV Station  
Richmond, VA 23298

# 1991 MASTER CALENDAR

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

AUGUST	
1-3	WCPT Meeting - London, England
15	DEADLINE—Applications to sit for 1992 Specialist Exam due to APTA
16	OP Mailing Date
19	JOSPT Mailing Date - September Issue
22-23	COMMITTEE ON SECTIONS Meeting, APTA Headquarters

SEPTEMBER	
2	HOLIDAY—Labor Day
5-8	Finance Committee Meeting—La Crosse, WI
19	JOSPT Mailing Date
27-29	Component Membership Recruitment & Retention Wkshp

OCTOBER	
3-6	Fall Meeting
6	ABPTS Meeting
7	National PT Week
18	JOSPT Mailing Date
18-20	APTA Professional Issues Workshop—Austin, TX
27	Daylight Savings—Fall back 1 hour

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## A Unique Program For Select Professionals.



### Kaiser Permanente Los Angeles, Orthopaedic Physical Therapy Residency Program

Kaiser Permanente, one of the nation's leading health care providers, is proud to offer a **Residency Program** designed to provide highly trained orthopaedic physical therapists with advanced knowledge and skills in a concentrated clinical environment.

This one year residency program utilizes a broad-based, eclectic curriculum. The small group classroom and lab training sessions, which are a hallmark of this program, allow the clinical facility to focus their instructions toward the individual needs of each resident. The curriculum of this residency program is also designed to assist Physical Therapists in preparing for the Orthopedic Physical Therapy Specialty Examination.

The core of this Residency Program is the extensive one-on-one mentoring provided for the residents by the clinical faculty. This will take place in the Physical Therapy clinics of the

Kaiser Permanente Los Angeles and West Los Angeles facilities. Selected residents will become employees of Kaiser Permanente, and will be paid for the hours they provide unsupervised patient care at the Clinical Specialist I rate.

#### Clinical Faculty

Joe Godges, PT., O.C.S., Program Coordinator  
 Denis Dempsey, PT., G.D.A.M.T.  
 Katie Gillis, M.S., PT.  
 Richard Jackson, PT., O.C.S.  
 Alan Lee, M.S., PT., O.C.S.  
 Joy Yakura, M.S., PT.

For further information on this unique opportunity, contact **Julie Patterson, M.P.H., P.T., Kaiser Permanente Los Angeles, Orthopaedic Physical Therapy Residency Program, Dept. JOU-124-08/01/91, 6041 Cadillac Avenue, Los Angeles, CA 90034, (213)857-2458.**

We are an Equal Opportunity/Affirmative Action Employer.

**ORTHOPAEDIC SECTION, APTA, INC.**

**\* BALANCE SHEETS  
DECEMBER 31, 1990 AND 1989**

<b>ASSETS</b>	<u><b>1990</b></u>	<u><b>1989</b></u>
<b>CURRENT ASSETS</b>		
Cash	\$ 60,473	\$ 13,646
Investments	86,904	105,893
Accounts receivable, less allowance for doubtful accounts 1990 \$3,036; 1989 \$6,518	115,422	117,058
Prepaid expenses	<u>8,084</u>	<u>6,063</u>
Total Current Assets	\$270,883	\$242,660
<b>PROPERTY AND EQUIPMENT</b>		
Office furniture and equipment	\$ 86,501	\$ 72,249
Leasehold improvements	<u>1,474</u>	<u>-</u>
	\$ 87,975	\$ 72,249
Less accumulated depreciation	<u>36,698</u>	<u>24,586</u>
	<u>\$ 51,277</u>	<u>\$ 47,663</u>
	<u><u>\$322,160</u></u>	<u><u>\$290,323</u></u>
<b>LIABILITIES AND FUND BALANCE</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable, trade	\$ 31,139	\$ 35,052
Accounts payable, affiliate	9,193	-
Accrued payroll taxes	2,080	2,558
Accrued property taxes	1,730	-
Accrued royalties	-	9,989
Pledges payable	-	10,000
Unexpired dues	175,688	144,937
Other	<u>18,264</u>	<u>1,350</u>
Total current liabilities	\$238,094	\$203,886
<b>COMMITMENT</b>		
<b>FUND BALANCE</b>	<u>84,066</u>	<u>86,437</u>
	<u><u>\$322,160</u></u>	<u><u>\$290,323</u></u>

**\*Audit by McGladrey & Pullen  
Independent Certified Public Accountants & Consultants**



# SECTION NEWS

## EDUCATION PROGRAM

The Education Program Committee is pleased to update the membership on the following educational activities:

The Orthopaedic Home Study Course edited by Kent Timm, has over 200 registrants to date. The manuscripts are in the process of being finalized and we anticipate enrolling many more participants. This course will be the first in a series of home study courses offered by the section.

The "Review for Advanced Orthopaedic Competencies" course to be held July 21—27, 1991 in San Diego, boasts over 130 registrants. This course will be offering a business luncheon on Friday, July 26, where members of the Executive Committee will present current section activities and issues and encourage feedback from the membership. The business meeting is a new addition to the course to offer those participants who do not attend the Combined Sections Meeting or Annual Conference the opportunity to actively participate in section activities.

Next years review course is scheduled for February 29—March 5, 1992 in Baltimore, Maryland. Although Baltimore is my home town, the suggestion for this eastern site actually came from Terri Pericak and Kathy Johnson (our meeting consultant). March is a little early for crabs but the harbor will be welcoming spring at course time and we will have sound academic and social programs planned.

Attempts to plan an Annual Section Business/Education Meeting continues. Bids from several meeting planner groups have been requested and a decision will be made prior to the November issue of *Orthopaedic Physical Therapy Practice*.

As per their request, the Industrial Physical Therapy Special Interest Group and Round Tables in Head and Neck Physical Therapy and Manual Therapy business meetings at Annual Conference were scheduled. However, due to the conflicts in scheduling with the House of Delegate candidate interview sessions and state or regional caucuses, attendance was poor. It was difficult to advertise these meetings since Annual Conference ads do not include section programming and section activities could only be scheduled prior to the opening ceremonies of conference. We

will continue to try and schedule time for these groups to meet at Annual Conference and make every effort to announce these sessions in our section publications.

Tentative programming for CSM 1992 was presented to the Executive Committee and those in attendance at the Business Meeting at Annual Conference. A copy of the tentative schedule is listed in this issue of *Orthopaedic Physical Therapy Practice*. The Education Program Committee is very pleased with the comprehensive educational approach to CSM 1992. There is truly something for everyone! Mark your calendars carefully since the meeting will run from **Friday**, February 7 to **Monday**, February 10, 1992.

The Executive Committee is pleased to announce a return to Black Tie and Roses at CSM 1992. Saturday, February 8, the Section will present a Black Tie and Roses reception to honor the Rose Excellence in Research Award and Paris Distinguished Service Award recipients. We look forward to celebrating this special evening with section members and friends. We hope you will join us.

Z. Annette Iglarsh, P.T., Ph.D.  
Chair, Education Program Committee

## SPECIALIZATION

The Orthopaedic Specialty Council offered the Specialist Certification Examination for the third time this past January. Forty five people passed this examination. All exam takers were notified of their performance in April of this year.

Rick Ritter and I attended the American Board of Physical Therapy Specialties meeting April 7-8, 1991 in Washington, D.C. One major issue addressed with the Specialty Board concerned the discontinuation of up front documentation for persons applying for the examination. The board has taken this under advisement and it is likely that prior documentation will not be necessary after the 1992 examination. We feel that this move is warranted since a large number of persons have taken the examination and demonstrated it to be reliable and valid.

Six people were nominated for a position on the Orthopaedic Specialty Council. Mary Milidonis was selected to fill

the position. Mary will become the first Certified Specialist to serve on the Orthopaedic Specialty Council and will replace me when I rotate off of the Council this June, 1991. Rick Ritter will serve as Chairperson of the council for the next year and will be assisted by Mary and Susan Stralka.

The Orthopaedic Specialty Council has plans to develop three new additions of the Specialists Examination. Tentatively the test development dates are set for the second week of July. The test construction and Angoff Studies are to be conducted at ASI in Philadelphia. This process will involve Rick Ritter, Susan Stralka, Mary Milidonis, myself, and two additional Orthopaedic Therapists.

Joseph McCulloch, Ph.D., P.T.  
Chair, Orthopaedic Specialty Council

## PRACTICE AFFAIRS

### Practice Forum

The APTA House of Delegates convened June 22—24, 1991 in Boston. The following are summaries of some of the actions taken relative to physical therapy practice.

RC 20 Physical Therapy Practitioners with Communicable Diseases or Conditions (passed)

Essentially this position statement states that practitioners with known communicable diseases have a right to continue practicing in a manner that does not pose an identifiable risk to patients or to disclose their condition to the patient. Practitioners have an ethical obligation to abstain from those practices that do pose an identifiable risk to patients or to disclose their conditions to patients. Practitioners who are at risk for acquiring communicable diseases or conditions should take appropriate measures to determine their health status.

RC 21 Assessing Continued Competency (passed)

Charged the Board of Directors to gather data on methods of assessing continued competency of health care professionals. This motion would provide information and allow for investigation concerning the effectiveness of continuing education and other methods used by practitioners for stay current in their practice.

RC 22 Conflict of Interest by Physical

Therapists (passed)

Charged the Board of Directors to study conflicts of interest between physical therapists and other practitioners or in any type of business arrangement. The motion also includes investments of various types and seeks to inform physical therapists about situations that should be avoided. With physical therapists themselves serving as referral sources or entrepreneurs, this action shows that the Association is making efforts toward ensuring ethical behavior of its members.

RC 23-91 Physical Therapy Professional Relations (passed)

The American Physical Therapy Association is opposed to situations in which physical therapists or physical therapist assistants are employed by or under agreement with referring practitioners or organizations owned by referring practitioners and in which the referring practitioner receives compensation either directly or indirectly as a result of referring for, prescribing, or recommending physical therapy. No referring practitioner should bill or be paid for a service which he does not perform; mere referral does not constitute a professional service for which a professional charge should be made or for which a fee may be ethically paid or received. The APTA is specifically opposed to any situation in which a physical therapist or physical therapist assistant is employed by a referring physician and/or works for a business or corporation owned in whole or part by a referring physician. The Association believes that these arrangements offer a serious potential for abuse in the provision of physical therapy. The Association believes that the effective provision of physical therapy will be enhanced if such arrangements are avoided.

- Such arrangements have a high potential for abuse;
- The situation described are demeaning to the profession and inhibit professional development including the development of professional autonomy;
- Such arrangements are misleading to the consumer;
- The situations described have a significant adverse economic impact on consumers, 3rd party payers physical therapists;
- The situations described limit access to health care and eliminate free market values (i.e. competition for quality, cost or access); and
- Such arrangements are not required by law nor are they required for professional communication or high quality of care.

The action strengthens the existing policy regarding referral for profit and clarifies some specific situations of which the APTA would oppose.

RC 24-91 Direct Referral to Physical Therapy (passed)

That the Association adopt the position that it opposes situations in which a practitioner, who is responsible for a patient's care and has legal authority to refer directly to a physical therapist, is required to refer to another practitioner merely to initiate physical therapy services.

This policy should not be interpreted to affect some forms of managed care in which medical consultants, who do not assume responsibility for the patient, must refer back to the primary practitioner before physical therapy can be initiated.

Garvice G. Nicholson, M.S., P.T., OCS Chair, Practice Affairs Committee

## PUBLIC RELATIONS

The Chairman and committee member, Karen Piegorsch, attended APTA's Annual Conference in Boston. The Section display booth was set up in the Registration area next to the Sport Section's booth, with a display by the *Journal of Orthopaedic and Sports Physical Therapy* between them.

The Committee is preparing an article for *Orthopaedic Practice* about certification. This will be an interview format; we will be interviewing seven therapists certified in orthopaedics. The chosen therapists are located throughout the country and represent a variety of practice settings.

This year the Section raffled a Sony "Walkman" which was won by Dan Corey from APTA. We also had a surprise "giveaway"—the complete set of bulletin prints won by Sue Smith of Dallas, Texas. Congratulations Dan and Sue!

Duane Williams has generated a membership survey which was available at the Section booth. We will consider reprinting this survey in OP with the possibility of allowing members to phone and/or FAX in their answers.

Jonathan Cooperman, M.S., P.T. Chair, Public Relations Committee

## AWARDS

The Awards Committee recommended Jim Gould for the 1992 Paris Distinguished Service Award. This recommendation was approved by the Executive Committee, and the recipient was notified. He accepted the award and it was

formally announced at Annual Conference.

The Section office obtained plaques for recognition of out-going Member-at-Large, Rick Reuss; Orthopaedic Specialty Council Chair, Joe McCulloch; and Nominating Committee Chair, Scott Hasson. These were presented at Annual Conference.

Carolyn T. Wadsworth, P.T., M.S. Chair, Awards Committee

## NOMINATIONS

### 1991 ELECTION REPORT

Ballots returned as valid in 1991—738  
Ballots returned as invalid in 1991—45  
Ballots returned as valid in 1990—947  
Ballots returned as invalid in 1990—93

### RESULTS FOR MEMBER-AT-LARGE

Nancy Nies Byl—200  
Michael Cibulka—186  
Stanley Paris—352

### RESULTS FOR NOMINATING COMMITTEE

Courtney Bryan—153  
Gary Smith—334  
Susan Stralka—233

### RESULTS FOR BYLAW CHANGES

Amendment #	VOTES	
	Yes	No
1	670	28
2	692	8
3	666	31
4	676	18
5	674	17
6	679	13
7	650	42
8	671	20
9	682	10
10	665	25
11	605	84
12	644	43
13	669	13
14	659	26
15	669	21
16	672	13
17	663	22
18	671	15
19	647	40
20	681	9
21	645	39
22	534	153

Scott Hasson, Ed.D., P.T. Chair, Nominating Committee

# INDUSTRIAL SPECIAL INTEREST GROUP (SIG)

1992 CSM  
SAN FRANCISCO, CALIFORNIA  
TENTATIVE SCHEDULE

A small meeting was held at the National APTA conference in Boston, June 1991. Due to the timing very few members attended. The meeting was chaired by Dennis Isernhagen standing in for Susan Isernhagen. The first formal organizational meeting is scheduled for February, 1992 (See Item 5). The SIG is a specialty portion of the Orthopaedic Section, not a Section in itself. The Orthopaedic Section is making provisions for meeting time and space without additional cost.

Discussed at the meeting were:

1. Any physical therapists interested in joining the Special Interest Group can get their names to Susan Isernhagen (address at the bottom of this article).
2. Any input to the Program Committee for Combined Sections program should be made to Bob King, telephone number (303) 980-0505.
3. Any volunteers for leadership positions in the Special Interest Group need to be in to the Nominating Committee of Dennis Driscoll, Helene Fearon, Bob King, and Chair Glenda Key. Glenda can be reached at (612) 333-1191.
4. Bylaws have been submitted by Roberta Kaiser and Susan Godson and will be reviewed with Orthopaedic Section Bylaws for inclusion in Combined Section Meeting agenda.
5. Combined Section meeting schedule will include both a program and a formal meeting with direction for leadership positions and committees for the upcoming year. This will take place at the Combined Section meeting in San Francisco, February 1992. Watch for details.
6. Further comments or questions can be made to interim chairperson: Susan J. Isernhagen, P.T. Isernhagen and Associates, Inc. 2202 Water Street Duluth, MN 55812 (218) 728-8455

## THURSDAY, FEBRUARY 6

8:00 AM—5:00 PM Council of Section Presidents Meeting  
Council of Chapter Presidents Meeting  
Program Chair Meeting  
4:00—6:30 PM

## FRIDAY, FEBRUARY 7

8:00 AM—NOON Multi-Section/Multi-Cultural Program, MaryAnn Wharton, Coordinator  
1:00—3:00 PM Head and Neck Roundtable—Speaker TBA  
3:00—4:00 PM Head and Neck Roundtable—Business Meeting  
1:00—4:00 PM Foot and Ankle Roundtable—Insensitive Foot Combined Program with VA Speaker TBA  
1:00—4:00 PM Hot Topics in Industrial Rehab, Speaker TBA  
4:30 PM EXHIBIT HALL OPENS

## SATURDAY, FEBRUARY 8

7:00—8:00 AM Industrial PT Special Interest Group Business Meeting  
8:00—10:00 AM Peripheral Neuropathy—Combined Program with Orthopaedics/Private Practice/Clinical Electrophysiology/Neurology, Speaker TBA  
EXHIBIT HALL, UNOPPOSED SESSION  
10:00—11:00 AM Industrial PT Special Interest Group Combined Program with Orthopaedics/Hand/Private Practice/Clinical Electrophysiology/Neurology "Repetitive Strain Injury"; Speaker TBA  
11:00 AM—NOON Repetitive Strain Injury (cont.)  
12:30—1:30 PM PTA Massage Soft Tissue—Combined Program with OB/GYN and Pediatrics, Speaker TBA  
1:00—2:30 PM "RSD"—Combined Program with Orthopaedics/Hand/Private Practice/Clinical Electrophysiology/Neurology Susan Stralka, P.T.  
1:30—2:30 PM EXHIBIT HALL, UNOPPOSED SESSION  
2:30—3:30 PM "RSD" Continued—Combined Program with Orthopaedics/Hand/Private Practice/Clinical Electrophysiology/Neurology Susan Stralka, P.T.  
3:30—5:30 PM BLACK TIE AND ROSES  
7:00 PM Paris Distinguished Service Award  
Rose Excellence in Research Award

## SUNDAY, FEBRUARY 9

8:00—10:00 AM Orthopaedic Section Business Meeting  
10:00—11:00 AM EXHIBIT HALL, UNOPPOSED SESSION  
10:00 AM—4:30 PM Equipment Purchase Program—Combined Program  
Clinical Electrophysiology/Private Practice  
A unique format consisting of a lecture, case study, panel discussion and practical experience (this portion to be conducted in the exhibit hall).  
11:00 AM—1:00 PM Hand Fractures and Analogies with the Foot Combined Program with Orthopaedics/Hand Dr. Glen Pfeffor  
Research Presentations  
11:00 AM—2:30 PM Manual Therapy Roundtable—Speaker TBA  
2:30—4:30 PM Manual Therapy Roundtable Business Meeting, Patricia King, P.T., Peggy Hiller, P.T.  
4:30—5:30 PM

## MONDAY, FEBRUARY 10

7:00—8:00 AM Program Chair Meeting  
8:00—10:00 AM Presentation on Reimbursement Issues—Charlie Harker, Coordinator

## COMMITTEE COVERAGE OF MEETINGS

### FRIDAY

\*1:00—3:00 PM Head and Neck Roundtable  
3:00—4:00 PM Head and Neck Business Meeting  
\*\* 1:00—4:00 PM Foot and Ankle Roundtable

### SATURDAY

\*\*8:00—10:00 AM Peripheral Neuropathy  
\*\*1:00—2:30 PM PTA Massage Soft Tissue  
\*\*11:00 AM—1:30 PM Industrial PT SIG  
\*1:30—2:30 PM Industrial PT SIG Business Meeting  
\*3:30—5:30 PM RSD

### SUNDAY

\*\*11:00 AM—2:30 Research Presentations  
\*10:00 AM—4:30 PM Equipment Purchase Program  
\*\*3:30—5:30 PM Manual Therapy Roundtable Business Meeting

### MONDAY

\*\*8:00—10:00 AM Presentation on Reimbursement Issues

\* Present entire session

\*\* Present to check on meeting Present for introduction

# MEETING MINUTES

## BUSINESS MEETING, JUNE 23, 1991 ANNUAL CONFERENCE, BOSTON, MASSACHUSETTS AGENDA

### CALL TO ORDER AND WELCOME

Jan Richardson, President, called the Business meeting to order.

Thirty-six were in attendance including the Section Officers and Committee Chairs.

### PRESIDENT'S REPORT

A. Approve Membership Meeting Minutes (February 2, 1991, Orlando, FL)  
==MOTION== To approve the membership meeting minutes from CSM, 1991, as printed.==PASSED==

B. Review and Accept Agenda.

==MOTION== To approve and accept the agenda as printed.  
==PASSED==

C. Review of Meeting Procedures

- Format of the Meeting
- Motion Forms

D. Awards

Honorary plaques were presented to the following three members in recognition of their dedicated service to the Section: Scott Hasson, Ed.D., P.T., FACSM, serving as Nominating Committee Chair this past year and Nominating Committee Member two years previous. Joseph McCulloch, P.T., Ph.D., serving the past three years as Chair of the Orthopaedic Specialty Council. Rick Reuss, P.T., serving as Member-At-Large this past year.

### Vice-President—Duane Williams, M.A., P.T., OCS

\*\*A summary of the Membership Survey was published in the spring, 1991 issue of OP. \*\*Guidelines for SIG's were published in the winter issue of OP. An Industrial P.T. Special Interest Group was formed at CSM, 1991.

### Treasurer—John Wadsworth, M.A., P.T.

\*\*The 1990 tax return and audit has been completed by McGladrey & Pullen; the results will be published in the August issue of OP. \*\*Our investments were initially \$49,000 as of January 1, 1991. To

date \$11,872 has been added. After adding in the profit made on our investments, the total as of May 31 is \$63,712. \*\*The Finance Committee will meet today at 1:30 PM to discuss Fiscal Policies and Procedures, The Employee Manual and 1992 Budget.

### Member-at-Large—Rick Reuss, P.T.

\*\*The first phase of updating the By-laws has been done. The second phase will consist of restructuring the Section into a Board of Directors, Executive Committee, and Advisory Council. \*\*Work continues on updating the Policies & Procedures Manual to ensure consistency with the bylaws.

### Education Program Chair— Annette Iglarsh, P.T., Ph.D.

\*\*Programming at CSM was a success due to the large attendance. \*\*Roundtables—The Foot and Ankle group will remain a roundtable. The Manual Therapy and Head & Neck groups plan to file for SIG status next year. \*\*The Ice Cream Extravaganza co-sponsored with the Research Section raised a donation to the Foundation just under \$2,000. \*\*A Home Study Course scheduled to start September, 1991, will be offered in six month intervals. This will be an ongoing program. \*\*The "Review for Advanced Orthopaedic Competencies" course, being held July 21—27 in San Diego, presently has over 110 registrants.

### Research Chair—Dan Riddle, M.S., P.T.

\*\*A call for participants for Research Presentations at CSM and a call for nominations for the Rose Excellence in Research Award has been published in both JOSPT and OP. The deadline for submissions is October 1, 1991.

### JOSPT Editor—Gary Smidt, Ph.D., P.T., FAPTA

\*\*The Journal office is now located at the University of Iowa. The Section booth is displaying the cover of JOSPT, which will first appear on the July, 1991 issue. \*\*A goal for 1992 is to have JOSPT appear in Index Medicus.

### Administrative Director—Terri Pericak

The staff has been busy working on a number of projects: \*\*Sharon Klinski handled the candidate profiles and statements for the ballots. Her knowledge of Pagemaker, our desktop publishing program, will hopefully enable her to produce *Orthopaedic Practice* and *Geriatrics* totally in house by next year. Sharon will also be handling the home study course entitled, "The Lower Extremity," which will begin in September. \*\*Nancy Yeske tallied the returned ballots, and then submitted the results to the Nominating Committee Chair. She has also spent a great deal of time updating the Section Policies and Procedures Manual. \*\*Sandy LaValley is handling registrations and correspondence for the "Review for Advanced Orthopaedic Competencies" course being held July 21—27 in San Diego. To date there are 113 registrants with one exhibitor secured.

### PROGRAM REPORTS

#### Membership—Terri Pericak

\*\*A bulk mailing to all APTA members, excluding Orthopaedic Section members, resulted in 199 new student memberships and 71 full memberships for an increase in revenue of \$6,535. Because of low inventory, an additional 500 copies of Orthopaedic Physical Therapy Competencies were ordered. This supply should now last through 1993. \*\*The new Smith Abbott computer system, which was installed in April, is the identical membership program APTA uses. This system contains much more information than we previously had access to. \*\*A membership development program has been adopted, which includes personalizing new member and reinstate letters, adding a "welcome" section to OP listing all new members who joined within the previous three months, and including a rolodex card in new member packets with the Section's address and telephone number.

#### Publications—John Medeiros, P.T., Ph.D.

Scott Hasson, Ed.D., P.T., FACSM, was introduced as the newly appointed member of the Publications Committee.

**Specialization—Joe McCulloch, P.T., Ph.D.**

\*\*Rick Ritter, P.T., M.A. will succeed as Chair beginning July 1, with Susan Stralka, P.T., M.S.; and Mary Milidonis, MMSc, P.T., OCS; serving as committee members. \*\*The Orthopaedic Specialty Council will meet in Philadelphia in July to develop new test items for the 1992 exam being given February 6, 1992.

**Practice Affairs—Garvice Nicholson, P.T., OCS**

\*\*The Position Statement by Orthopaedic Surgeons on Direct Access was printed in the Spring, 1991 issue of *Orthopaedic Physical Therapy Practice*.

**Public Relations—Jonathan Cooperman, M.S., P.T.**

\*\*Members were encouraged to stop at the Section Booth to purchase tickets for the Annual Raffle. A Sony Walkman and a promotional item will be raffled off during Conference. \*\*Karen Piegorsch, P.T., OCS, and Jonathan will submit an article in an upcoming issue of OP on Orthopaedic Certified Specialists.

**Awards—Carolyn Wadsworth, M.S., P.T.**

\*\*The 1991 recipient for "The Paris Distinguished Service Award" is James A. Gould, P.T., M.S. Jim will be recognized for this award at CSM, 1992. The deadline to submit nominations for the 1992 award is December 1, 1991.

**Nominating Committee—Scott Hasson, Ed.D., P.T., FACSM**

\*\*Election results of the 1991 ballot were announced:  
Member-At-Large: Stanley V. Paris, Ph.D., P.T.  
Nominating Committee Member: Gary J. Smith, Ed.D., P.T.  
All amendments to the Bylaws passed.  
\*\*A call for nominations for National and Section offices will appear in the August issue of OP. 1992 Section offices open are President, Vice-President, and Nominating Committee member.  
\*\*Helen Price Greve, M.S., P.T., will be the new Chair of the Nominating Committee.

**UNFINISHED BUSINESS**

**Orthopaedic Meeting 1992—Annette Iglarsh, P.T., Ph.D.**

\*\*Plans to have an independent, educational/business meeting in late September or October, 1992, is in the process. The Section is presently seeking bids from outside agencies to initiate this meeting. More information will appear in the November issue of OP.

**NEW BUSINESS**

**CSM 1992 Program—Annette Iglarsh, P.T., Ph.D.**

\*\*A tentative schedule was given of the multi-section programming being offered at CSM, 1992. Roundtables for Head and Neck, Foot and Ankle, and Manual Therapy are planned as well as programming with the Industrial Physical Therapy SIG. This schedule will appear in the August issue of *Orthopaedic Physical Therapy Practice*.

**CSM 1992 Dates and Location—Jan Richardson, P.T., Ph.D., OCS**

\*\*The meeting has been moved from Phoenix to San Francisco and will be held February 6—10, 1992.

**1992 Competencies Review Course—Annette Iglarsh, P.T., Ph.D.**

\*\*The course will be held February 29—March 5, 1992 in Baltimore, Maryland at the Sheraton on the Harbor.

**APTA Honorary Life Membership for Geoffrey Maitland—Jan Richardson, P.T., Ph.D., OCS**

\*\*Due to APTA policy, Sections cannot submit nominations for honorary memberships. Chapters were therefore asked to submit nominations on behalf of Geoffrey Maitland. Members should send their letters of support to their individual chapter.

**ABPTS Update**

\*\*David Greathouse, incoming chair of the ABPTS, gave the membership a brief update on the guidelines developed by the ABPTS Board, which the councils must meet in order to prepare oral and practical examinations. It is the responsibility of the councils to prepare these exams and fund them.

**CARF Update—Bob Richardson, M.S., P.T.**

\*\*The Task Force submitted a report to the APTA Board of Directors recommending the adoption of definitions and criteria of work conditioning and work hardening.

**Adjournment—10:00 AM**

**AMERICAN PHYSICAL THERAPY ASSOCIATION HONORS AND AWARDS JUNE 23-27, 1991, BOSTON, MASSACHUSETTS**

The Orthopaedic Section, APTA, Inc. would like to congratulate all of those Orthopaedic Section members you received honors and awards at this years Annual Conference in Boston, Massachusetts!

**AWARDS**

**Pamela A. Catlin**, Recipient of the Dorothy Baethke-Eleanor J. Carlin Award for Excellence in Academic Teaching.

**Guy Simoneau, Doctoral Student; Leslie N. Russek and Paul A. Ullucci, Jr., Entry-Level Students;** Recipients of the Mary McMillan Scholarship Awards.

**Kelly Ryujin**, Recipient of the Minority Scholarship for Academic Excellence.

**Claudette Finley and John Wadsworth**, Recipients of the Lucy Blair Service Award.

**Michael Cibulka**, Recipient of the Jack Walker Award.

**Josette A. Bettany**, Recipient of the Dorothy Briggs Memorial Scientific Inquiry Award.

**HONORS**

**Marilyn Gossman**, Recipient of the Catherine Worthingham Fellows of the APTA

# Request for Recommendations for Orthopaedic Section Offices

The Orthopaedic Section of the APTA needs your input for qualified candidates to run for the offices listed below. To serve is exciting and an honor! If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information. Return this completed form to the Chair of the Nominating Committee as soon as possible before January 1, 1991. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

(print full name of recommended nominee)

\_\_\_\_\_

\_\_\_\_\_

address                                  city                                  state                                  zip

\_\_\_\_\_

area code                                  phone number (home)

\_\_\_\_\_

area code                                  phone number (office)

is recommended as a nominee for election to the position of:

CHECK THE APPROPRIATE POSITION:

- PRESIDENT (3 years):  
Should have strong organizational and leadership skills with some fiscal understanding.
- VICE-PRESIDENT (3 years):  
Should be able to assume presidential responsibilities if needed.
- Nominating Committee Member (3 years):  
Should have broad exposure to membership to assist in formation of the slate of officers.

Also, the positions of Secretary, Vice Speaker and Board of Directors are available for National Offices. If you would like to nominate someone for these positions, please contact the Chair of the Nominating Committee.

★ ☆ ★ ☆ ★ ☆ ★ ☆ ★ ☆ ★ ☆ ★ ☆ ★ ☆ ★ ☆ ★

PLEASE RETURN BY JANUARY 1, 1992 TO:  
Helen Price Greve, P.T.  
Chair, Nominating Committee  
2451 Gawain Drive  
Birmingham, AL 35226

Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# TELL A FRIEND

The Orthopaedic Section will award a 10/10 discount coupon to any member recruiting into membership an eligible "new member" physical therapist or physical therapist assistant. This 10/10 discount coupon may be applied to 10% off any promotional item available for sale through the Section office or \$10 off any Section sponsored educational course registration of your choice.

A person qualified to be a new member is a physical therapist or physical therapist assistant who is a member of the APTA, but has not been an Orthopaedic Section member for the past 6 months.

Take advantage of this opportunity to introduce a peer to the many benefits of Section membership. Go ahead . . . TELL A FRIEND!

New Member Prospect

\_\_\_\_\_

Address

\_\_\_\_\_

Sponsor

\_\_\_\_\_

Address

\_\_\_\_\_

Orthopaedic Section, APTA, Inc.  
505 King St.  
Suite 103  
La Crosse, WI 54601

# CALL FOR NOMINATIONS APTA SPECIAL AWARDS

**Mary McMillan Scholarship:** Honors outstanding physical therapy students

**Dorothy E. Baethke - Eleanor J. Carlin Award for Teaching Excellence:** Acknowledges dedication and excellence in teaching in physical therapy

**Signe Brummstrom:** Acknowledges individuals who have made significant contributions to physical therapy

**Award for Excellence in Clinical Teaching:** Acknowledges individuals who have made significant contributions to physical therapy clinical education through excellence in clinical teaching

**Catherine Worthingham Fellows of the APTA:** Recognizes those persons whose work has resulted in lasting and significant advances in the science, education, and practice of the profession of physical therapy

**Henry O. Kendall and Florence P. Kendall Award for Outstanding Achievement in Clinical Practice:** Acknowledges contributions to physical therapy in general (must have engaged

in extensive clinical practice at least fifteen years)

**Marion Williams Award for Research in Physical Therapy:** Given for sustained and outstanding basic, clinical, or educational research

**Lucy Blair Service Award:** Acknowledges members whose contributions to the Association have been of exceptional value

**Mary McMillan Lecture Award:** Honors a member of the Association who has made a distinguished contribution to the profession; through a lecture presented at the Annual Conference

**Minority Achievement Award:** Recognizes continuous achievement by an entry-level accredited physical therapy program in the recruitment, admission, retention, and graduation of minority students

**Minority Initiatives Award:** Recognizes the efforts of a physical therapy program in the initiation and/or improvement of recruitment, admission, retention and graduation of minority students

**Chapter Award for Minority Enhancement:** Acknowledges exceptionally valuable contributions of an APTA chapter to the profession relative to minority representation and participation

Space limitations do not permit a complete description of awards and scholarships, or the complete criteria. If you desire additional information please contact me through the Section office.

Send your recommendations/nominations to:

Carolyn Wadsworth, P.T., M.S.  
The University of Iowa  
Physical Therapy Dept.  
2600 Steindler Bldg.  
Iowa City, IA 52242  
(319) 335-9798

or

Orthopaedic Section, APTA, Inc.  
505 King Street, Suite 103  
La Crosse, WI 54601  
(608) 784-0910

## HAVE YOU HEARD!

*The Orthopaedic Section is the largest section of the American Physical Therapy Association . . . and it is all because of you!*

### TOTAL MEMBERSHIP

10,844

### 1991 ADDITIONS

903

## ORTHOPAEDIC RESIDENCY PROGRAM DIRECTORY (including Manual Therapy)

The Section is interested in providing its members with a directory of Orthopaedic Residency Programs. To enable us to do this, we need the assistance of our members. Please contact the Section office if you can supply any information as to where such a program has been established.

**1-800-444-3982**



**Orthopaedic Physical Therapy Practice**  
American Physical Therapy Association  
505 King, Suite 103  
La Crosse, WI 54601

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The Orthopaedic Section of A.P.T.A.  
presents  
**1992 REVIEW FOR  
ADVANCED ORTHOPAEDIC  
COMPETENCIES**

**BALTIMORE, MARYLAND**  
**Sheraton at the Harbor**

The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide Orthopaedic Section members and non-members with a process for review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Specialty Competency examination, but to serve as a **review process only.**)