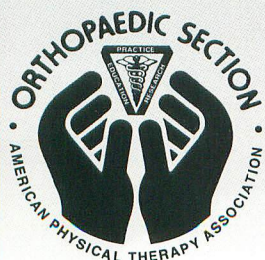


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Orthopaedic Physical Therapy Practice



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AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

**The Orthopaedic Section, A.P.T.A.
presents
1993 REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES**

**November 3 - 7, 1993
St. Louis, Missouri**

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The Shoulder & the Elbow
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The Foot
The Knee
The Low Back/SI Joint/Hip**

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The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide Orthopaedic Section Members and non-members with a process of review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Competency examination, but to serve as a **review process only**.) Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely **no** refunds will be given after the start of the course.

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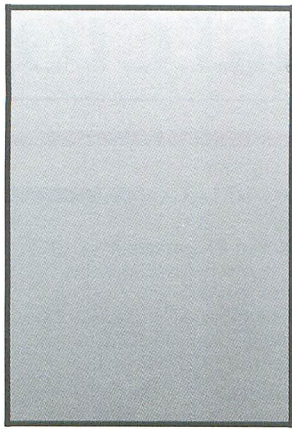
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Orthopaedic Physical Therapy Practice

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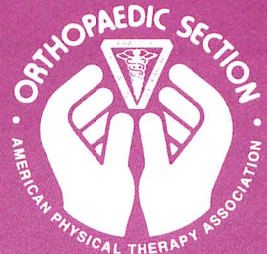
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Editor's Note

The great thing in this world is not so much where we stand as in what direction we are moving.

—Oliver Wendall Holmes, Sr.

I am not by nature a political therapist. Although I have my opinions about certain issues, I am more likely to discuss them quietly among my colleagues than to use this forum to expound upon them.

In that regard I am much different from my predecessor at *OP*.

However,—and you must have seen that word coming—a recent incident made me think twice about bearing the flag of professional responsibility instead of quietly rallying around it.

My father hurt his back and, surprisingly, called for advice. Being almost 400 miles away, I considered his history and suggested rest and a physician consult. After several days he saw an Orthopaedic Surgeon, and when his condition failed to improve with medication Physical Therapy was suggested.

Dad called to tell me all about it and to provide me with the name of the physical therapy practice and his therapist. I think I actually surprised myself when the only questions I had were “who owns the practice,” and “were you offered a choice as to where to be treated?”

We are moving in a definite direction in this country, and I feel certain that it is the right one. Referral for profit is **wrong** and all the justifications about how particular situations are non-abusive do not, and will not, make it right. The *PT Bulletin* and its tireless parade of letters to the editor about POPTS shows us that the issue is still hot, and I don't foresee it cooling down in the near future. I am amazed that some therapists still try and defend a referral for profit agreement given the studies that demonstrate the overutilization of services and increased costs. These individuals prattle on self-righteously about their own ethical standards yet fail to honor the ethics of the profession as a whole.

For those of you who feel the need to rationalize their particular situation, consider this: The fact that John Doe has the knowledge and practical sense to safely maintain a handgun in his house is **not** the reason there is an attempt to legislate handgun control in this country. The unalterable fact is that well over 10,000 people die from handguns every year in this country. It is the potential for abuse that will eventually be controlled in both situations.



Jonathan M.
Cooperman
MS, PT

PRESIDENT'S REPORT

The Annual Conference of the APTA in Cincinnati flew by in a blur of activity, as anticipated. It was a meeting in which the section was altered structurally as new bylaw amendments passed, moved forward on seeking accreditation for residency programs, actively participated in the politics of the House of Delegates, shined upon receipt of three Partners in Excellence Awards, continued to actively shape Workers Compensation policy, enabled the Section's Committee on Practice to coordinate more effectively with other sections and welcomed new officers.

The bylaw changes will be discussed in greater detail in this issue but as a point of general information the administration of your section has structurally changed with the passing of the bylaw amendments. The Executive Committee will become a Board of Directors and the Member at Large office becomes a Director. The Section will add a second Director to the administration of the Section; thus the Board of Directors will now consist of five officers. This structure is more consistent with other sections and the association in general. The additional position of Director is needed because of the ever increasing administrative responsibilities of the Section. In addition, the official Annual Business Meeting of the Section will be held at CSM instead of Annual Conference, since Section meeting attendance is consistently greater at the Combined Sections Meeting.

After polling chief delegates, chairs of specialty counsels, academic directors of post professional programs and the President of the Federation the Section wrote a motion for the House of Delegates requesting implementation of a process to accredit residency programs. It was not discussed during the House due to time constraints but it was discussed at the Post-House Board of Directors Meeting of the APTA. The Department of Accreditation of the APTA was charged to study this potential action and report back to the BOD's at their November meeting with a feasibility and financial impact study. I will continue to keep you informed as I will request to attend that portion of the Board Meeting.

The Section was consulted by several delegations to discuss issues concerning orthopaedic practice. In keeping with the

Section's goal to be politically active, we sent flowers to all candidates on the morning of the first interview session to give them a smile and our thanks for agreeing to participate in the election process, a grueling task.

The Section was rewarded with association recognition as it received THREE Partners in Excellence Awards, the most of any one component. More about this accomplishment in Terri's administrative report in this issue. My thanks goes to all those individuals who performed their section tasks with such a high level of quality and to those who submitted the extensive application that showcased our group. Be forewarned, the competition next year will be fierce. Many other components are already sharpening their pencils to prepare their projects for award consideration. I have no concerns that the Orthopaedic Section will be able to stay off these efforts.

The Worker's Compensation Focus Group continues to evolve to attempt to meet the pending changes in the national health care delivery reform program, whatever those changes will be. Two meetings are planned for this summer.

The Council of Section Presidents (COSP) will be creating a COSP Committee on Practice. Scott Stephens, the Orthopaedic Section Practice Committee Chair, will be spearheading this vital component activity. This group will enable sections to coordinate their activities and resources among the Sections and the APTA. In addition, Scott continues to try to stay abreast of the ever-changing health care delivery reform going on in Washington, not an easy task!

I would also like to thank our retiring officers, John Wadsworth, Treasurer, and Bill Boissonnault, Nominating Committee Chair. They have been an asset to our Section and their efforts have left a positive impact on the Section that will continue beyond their terms. In the same venue, I also welcome Dorothy Santi to the new Board of Directors and Carol Jo Tichenor to the Nominating Committee. I thank you for your willingness to serve and I look forward to working with you both.

As I reflect back on my first year as President of the Orthopaedic Section I am proud of what the entire Board of Directors and staff in La Crosse has been able to accomplish. We have been able

to build on the strong fiscal and organizational structure of the Section. Therefore, in addition to the activities discussed above, the Board of Directors will also:

- investigate increasing orthopaedic physical therapy participation in the World Confederation of physical therapy
- promote the development of Head and Neck, Foot and Ankle, and Performing Arts Physical Therapy Special Interest Groups
- investigate a regional structure for section representation

I thank you for your continued support and I sincerely appreciate the growing number of members who have come forward to actively participate in the section. Your efforts are making a difference!



Z. Annette Iglarsh,
PT., Ph.D.
President

RESOURCE MANUAL ON DEVELOPING AND IMPLEMENTING SPECIAL INTEREST GROUPS AND ORTHOPAEDIC STUDY GROUPS

A new Resource Manual has been written by the Orthopaedic Section to facilitate and promote the development of a network among orthopaedic physical therapists throughout national, chapter and local levels of organization. This manual, available through the Section office at no charge to members, can serve as a guide for use by therapists interested in forming local Orthopaedic Study Groups and Chapter Orthopaedic Special Interest Groups. Together with the Orthopaedic Section, these groups can form a network within which ideas, information, and resources are shared. A network such as this will allow organizations at all levels to be more responsive to the needs of their membership.

FROM THE SECTION OFFICE

Terri A. Pericak, Executive Director

Results of the election for Section office were announced at the Annual Conference Business Meeting in June. Congratulations to Dorothy Santi, P.T., who is our new Section Treasurer and to Carol Jo Tichenor, P.T., who is our new Nominating Committee Member. We wish them all the best in their new roles with the Section.

Our outgoing Section officers were John Wadsworth, P.T., who served as Treasurer and Bill Boissonnault, P.T., who served as Nominating Committee Chair. We at the Section office would like to thank both John and Bill for all the time and effort they gave during their terms of office and wish them well

in their future endeavors.

I am very pleased to announce that three APTA Partners in Excellence Awards were won by the Orthopaedic Section this year. Congratulations to the editorial personnel of *Orthopaedic Physical Therapy Practice*, for taking third place in the Newsletters and Journals division. Congratulations also to the editorial staff of *JOSPT* for receiving the first place award in this category. The third award won by the Section was for financial management. Congratulations goes out to the Finance Committee, both past and present members as well as the Section office staff, who all contributed to winning the first place

award this year.

The Section office is preparing for the arrival of the Finance Committee to La Crosse for their Fall Meeting, August 27-29. At the same time we are also making preparations for the Executive Committee Fall Meeting scheduled for September 30—October 3 in San Diego.

The 'Review for Advanced Orthopaedic Competencies' seven day course was held in July in Seattle. A second five day course will be held in November in St. Louis. More information on this course can be found on the inside front cover or by contacting Tara at the Section office.



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In manual therapy, our fingers and hands are the tools we use to explore, diagnose and treat. This new series of videos, featuring renowned Dutch physiotherapist Dos Winkel and the faculty of the International Academy of Orthopedic Medicine, demonstrates unique and practical techniques using anatomical mapping and joint pathology for manual therapy and conservative orthopedics.

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Dos Winkel's approach to orthopedic medicine evolved from the works of Cyriax, under whom he studied, and other noted manual therapy experts.

The video programs include: 1) The Knee; 2) The Shoulder; 3) The Hip; 4) The Wrist and Hand; 5) The Ankle and Foot; and 6) The Elbow. Available exclusively in North America only through OPTP. Call toll-free in the U.S. or Canada **1-800-367-7393** or write for complete information.

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CHILDHOOD SEXUAL ABUSE: A POSSIBLE FACTOR WHEN TREATING PATIENTS WITH CHRONIC PAIN

By Shannon Fogarty, MA, MS, SPT

INTRODUCTION

Chronic pain patients are often difficult to treat. When a patient has had pain for many years, and/or has pain practically from head to toe, they are often labeled "crazy" and their subjective complaints are discounted. If however, we believe that they are telling us the truth, we must face our own inadequacies and the fact that we (and the entire health care system) may not have yet discovered the correct source or treatment for this person's pain.

Pain is not merely a physical phenomenon. It is a combination of sensory, emotional and cognitive factors, all interacting with the personality of the patient. Chronic pain patients often have symptoms which seem inconsistent with the degree of objective physical findings, so we assume it is a psychological problem and the pain is devalued or somehow considered less "real" (9).

Most people will agree that pain is the result of some type of insult to the body. Child sexual abuse is a source of both physical and psychological insult to the body. Not only may the physical act of the abuse itself cause pain, but the emotional pain suffered during the abuse has been compared to that suffered by veterans of war and survivors of the Holocaust (3,13). In a sample of 135 chronic pain patients, 28% reported childhood sexual abuse upon initial interview (12). In another study, 67% of sexual abuse survivors in psychotherapy reported somatic problems including chronic muscle tension (13). Thus, childhood sexual abuse must be considered as a possible element when dealing with chronic pain patients. The purpose of this paper is to examine the symptoms of sexual abuse survivors and discuss possible treatment strategies for such patients.

"...the body screams
what the heart can't speak
the mind won't accept..."
by M. Bryant, *Ancient Child*, Poetry
about Incest

One in three young women and one in seven young men will be sexually abused before their eighteenth birthday. This translates into millions of individuals who will reach adulthood having experienced this enormous betrayal of trust. The long term affects of sexual abuse are well documented and include:

Low Self-esteem and Poor Self-image: This includes feelings of helplessness and worthlessness that stem from a sense of shame about the abuse. Since children cannot comprehend this type of betrayal by a trusted adult, they take on the shame of the abuser and believe that the abuse is their fault. This shame may be intensified if the child felt any physical pleasure during the abusive acts. They blame themselves for everything that goes wrong, even things beyond their control (e.g., the weather). They may also have a tendency to be victimized by others (e.g., abusive spouses).

Relationship problems: Most survivors have difficulty trusting others, and when they do trust, they often trust the wrong people, thus setting themselves up to be let down again and reinforce their reluctance to trust. They may have a sense of isolation and feel like there is no place that they "belong". They may have difficulty allowing themselves to be touched (this includes being touched for examination or therapy). They may be confused about what constitutes consensual touch. They often have difficulty relating to authority figures and difficulty accepting compliments or gifts.

Sexual Problems: This includes a lack of sexual desire, the inability to have an orgasm and/or pain during intercourse. It may also include the use of pornography and an attraction to illicit sexual activities. They may be promiscuous or sexually addicted and they might sexualize all of their relationships.

Emotional Problems: This includes intense anger or rage which may burst out unexpectedly, or a relatively flat affect with the appearance that the person does not care about anything. Mood swings,

chronic depression, extreme fears or phobias may also be present. Dissociation, which is an emotional leaving of one's body, is extremely common. This is often used by the child as a coping mechanism while the actual abuse is going on. Often victims may report having the sensation of watching the abuse from the ceiling or across the room. The adult survivor may experience periods of dissociation which can worsen with increased stress. They may lose entire blocks of time. Taken to its most extreme, dissociation can lead to multiple personality disorder (MPD), where separate personalities split off of the core personality to deal with severe trauma. MPD is most common when the abuse began at a very young age. Sleep disturbances, such as insomnia and nightmares are common. Addictions to alcohol, drugs, religion, gambling, compulsive spending, shoplifting or compulsive cleaning may also be present. Survivors commonly have eating disorders like anorexia, bulimia, overeating, or a combination. They may experience flashbacks which can be auditory, visual or tactile. They may engage in abusive behavior (emotional, physical and/or sexual) with their children, spouse, or others. Self-destructive behaviors can vary from unnecessary risk taking to self-mutilation (such as cutting themselves with a knife or ignoring overt physical symptoms which require medical attention).

Physical Problems: This includes a tendency to be accident prone as well as various somatic symptoms which can include pain anywhere in the body, chronic muscle tension, headaches, TMJ, chronic fatigue, increased susceptibility to colds or the flu, asthma and arthritis (1,2,3,4,7,8,14).

In addition, many survivors of child sexual abuse may cope with the trauma by blocking it out of their conscious mind and repressing the memories. This does not mean that the survivor is not affected by the abuse; rather, they may experience any combination of the

above-mentioned symptoms but be completely unaware that they were ever sexually abused. They may remember very little of their childhood, or they may profess to have had a happy childhood until something triggers the memories to return. The memories may or may not return at any point in time, but usually it will occur when the conscious senses that it is safe enough to let the memories out. The precipitating factor may be the birth of a child, or a child reaching the age at which the victim was initially abused; a smell, a sound, a color, or a touch (3).

While intellectually examining the various sequelae of childhood sexual abuse, let us not forget the terror and physical pain that is surely present when, for example, a six year old is raped by an adult man.

"I tolerated the physical pain because I went up into my head. . . I've had physical symptoms all my life, only I wasn't aware of it. . . I'm in physical pain all the time. . . my mind and body never felt connected. . . maybe the only way I can live is to be in pain. . ."(13)

Many psychotherapists feel that it is essential for the survivor to acknowledge the physical pain in order to emotionally heal from the abuse (13).

Because they are so out of touch with their body, the sexual abuse survivor may fail to have the normal sensations of pain. Thus they might ignore a physical problem until it becomes very severe, and become a pain patient.

"It wasn't until years later that I realized I believed my body had betrayed me by having pleasurable feelings when my brothers were abusing me. Therefore I hated my body and if it did anything I didn't want it to do. . . I would simply ignore it. And I did that to the point of nerve damage in my legs and a ruptured disc" (3).

CLINICAL SCENARIO

Cheryl B. was a 30 year old professional photographer. She was a perfectionist, type A personality and had worked her way to hospitalization and near death by ignoring physical conditions that needed medical attention. She began doing some relaxation work which included re-

birthing and the Alexander Technique. Cheryl had a difficult time relaxing. As a matter of fact, the lay practitioner that Cheryl went to pointed out just how restricted Cheryl's range of motion in her neck was, and found many painful trigger points as well. The practitioner began using deeper techniques to try to release the trigger points. One day Cheryl decided to bring in a tape of music from the movie, "Out of Africa". For some reason she was drawn to the music, and although she didn't know why, she thought it might help. Her instincts were correct. While listening to the music and having the trigger points released, Cheryl was overcome by a memory of being a young child and witnessing her great grandfather murder a woman. She remembered the event in vivid detail and the feelings were so strong that it was almost as if she was back in time. This was to be the first of many memories that Cheryl would have come back into her conscious awareness (including memories of being sexually abused as a child). The more releases Cheryl had in this manner, the more the tension eased and full motion was regained in her neck (6).

CLINICAL IMPLICATIONS

Indeed her story is not unique. Some physical therapists report having patients that experience "unwinding" while undergoing craniosacral therapy (9). This consists of being emotionally pulled back to re-experience a past physical trauma. Many of these patients remember incidents of childhood sexual abuse during such treatments. Apparently the combination of physical and emotional release can free the body of its pain in these cases (9). More research needs to be done to determine the effectiveness of these mind/body techniques as compared to the traditional modalities and exercise.

If one only looks at the number of sexual abuse survivors, it is apparent that every physical therapist will treat a certain percentage of patients that have this history. Most often this is an element of the patient's history about which the physical therapist will not know; but it is still our responsibility to educate ourselves to the possible implications this might have on patient treatment. Here are some suggestions:

1) First and foremost, be ready and willing to believe and accept anything the patient may tell you in this regard. If a patient begins to cry or report flashbacks during a treatment, believe them! Assure them that similar things happen to many patients and

they are not crazy. You must remain non-judgmental, because regardless of the words you use, a patient will be able to sense if you are shocked or disgusted. It is a tribute to the amount of trust a patient has in you that they let these feelings out in your presence. You may suggest they consult a psychotherapist in addition to, but not instead of, your treatments.

- 2) Make the environment safe for the patient so that if these memories do exist, they will be more likely to surface. The room should be free of any strong smells and dim lighting often helps. The room should be warm in temperature and in atmosphere. Encourage a patient to be a proactive part of their treatment plan by bringing music or a particular blanket or even a stuffed animal that they may find special to have in the room during treatments.
- 3) If you suspect a patient is a survivor, you do not have to ask them outright if this is the case (although you might do so if it seems appropriate—trust your instincts). Craniosacral (8,9) and myofascial techniques (9), rolfing (2,8), acupuncture, acupressure, Feldenkrais and visualization/relaxation techniques (8) are just some of the body work techniques that have been used to help survivors. Often times the work is done by lay healers who have picked up the technique and make this the sole scope of their practice. It seems that even with extensive psychotherapy many survivors do not feel whole again until they engage in some type of body work to reconnect the mind and the body (2).
- 4) If you feel certain that the patient is a survivor and you find that he or she is resistant to the type of techniques mentioned to help bring forth the memories, you must respect the patient in this regard. We must be careful not to impose our values on our patients. No matter how sure we may be that if the patient just relaxed and trusted our treatments they would experience the unwinding and be free of pain, we cannot know the reasons they might have for being resistant at this point in time. Respect the right of every individual to know ultimately what is best for them no matter how frustrating it might be.
- 5) Deal with any feelings of your own that might come up through doing this kind of work by discussing these feelings with colleagues in ways that preserve the patient's confidentiality. It is normal for someone doing this

type of work to at times become angry and despair at the evils that mankind is capable of inflicting. However, if you get stuck in those feelings, it is not good for you personally, and it will interfere with your work.

- 6) Sometimes survivors of sexual abuse can be extremely needy people. You might be the first person that has ever listened to them and they may try your patience by needing more and more, causing you to retreat. It is very important to set firm appropriate boundaries with these (and indeed all) patients. Once these are established do not change them. This can be difficult, but if you initially go the extra mile for these patients and then decide to stop as they ask for more and more, not only will it endanger your working relationship, but it will also prove to them once again that people are not trustworthy; people promise things but never deliver.

CONCLUSION

Obviously, this is not a cookbook for how to treat pain patients who might be survivors of childhood sexual abuse, but rather some considerations for opening our minds to the types of emotional trauma

that could contribute to chronic pain. When the insult is to both the mind and the body, then both must be considered when treating the pain.

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Shannon Fogarty is a senior physical therapist student at Texas Women's University.

ABSTRACT

Michael Jaworski, MBA, MHS, PT

Lumbar Strengthening in Chronic Low Back Pain Patients: Physiologic and Psychological Benefits. Risch SV, Norvell NK, Pollock ML, et al (University of Florida, Gainesville, Florida; University of South Florida, Tampa, Florida; St. Johns Medical Plaza, Palatka, Florida), Spine. 1993;18:232-238.

This study was performed to assess whether effective lumbar extension exercises performed by a diverse group of patients with chronic low back pain would result in increased lumbar extensor strength, a decrease in pain, reduction in symptoms of low back pain, and a decrease in psychological distress.

Fifty four patients with low back pain were tested isometrically for back strength using a Medx™ (Ocala, FL) lumbar extension machine and com-

pleted a battery of psychological tests. These patients were then randomly assigned to a 10 week treatment group (N=31) and a wait-list control group (N=23). Subjects in the treatment group performed variable resistance dynamic exercises twice a week for 4 weeks and once per week for 6 weeks. At the conclusion of 10 weeks all the subjects were given the psychological questionnaires and were retested isometrically for back extensor strength. Results of the study indicate that the treatment group increased strength significantly at all angles measured. The control group exhibited an increase in reported pain, and physical and psychosocial dysfunction while the treatment group showed decreases in all these areas. There were however, no changes in reported daily activity levels between the two groups.

There were also no differences following treatment between groups for psychological well being or psychologic distress. The study concludes that lumbar extension exercises are effective in increasing back strength, improving perceptions of physical and psychosocial functioning and decreasing pain. These changes, however, were not reflected in improvements in activities or psychological distress.

Michael Jaworski is a committee member of OP.

MR. BACKBONE'S BACK IN ACTION— BASICS FOR BACK CARE®

By Celyn Holt, PT

An ounce of prevention is worth a pound of cure. Unfortunately, the idea is one many physical therapists too seldom have opportunities to put into action. MR. BACKBONE, a mere skeleton of a man, is changing this in North Carolina. MR. BACKBONE'S BACK IN ACTION—BASICS FOR BACK CARE® is a program developed by the North Carolina Physical Therapy Association (NCPTA) to increase public awareness of physical therapy and to teach children (the target audience) proper body mechanics and lifting techniques. Included in the MR. BACKBONE program is everything therapists need for their presentation: an introductory letter, a mnemonic handout sheet and souvenir skeleton for the participants, instructions for the presentation, a press release, and a skeleton T-shirt, socks, and gloves if the therapists want to dress up as MR. BACKBONE.

The objectives of the MR. BACKBONE program are not only to teach body mechanics and proper lifting but also to make the information fun and memorable. Three pilot runs were conducted to evaluate the program before it was distributed across the state. Therapists used the mnemonic handout sheet, seven-inch toy skeletons, and the instruction sheet.

The groups participating in the program were enthusiastic and enjoyed the presentations. One pilot run employed an informal pre- and post-test to assess prior knowledge of the topic as well as recall of the material. During the pre-test, the children (13 boys, ages 8-12) were given a blank sheet of paper and asked to list components of proper lifting. There were 1.3 correct answers per child. The MR. BACKBONE presentation was completed. Four days later, the therapist returned without prior notice to the children. The same pre-test question was asked with the children providing an average of 5.3 correct answers, which reflected a four-fold increase in knowledge. To test recall of the mnemonic, the children were given a copy of the mnemonic sheet with only the letters BACKBONE. They were then asked to fill in the lifting principles represented by each letter. The average correct response was 6.2 of a possible 8 principles, or a recall of 77.5%. Post-presentation interviews with the therapists participating in the pilot runs, the children, and the teachers or supervisors were all very positive regarding the MR. BACKBONE program.

Minor modifications of the program

were completed before MR. BACKBONE made his debut across North Carolina. Over 150 therapists participated in the program, teaching proper lifting techniques to over 23,000 children: in schools, in churches, scouts, etc. Therapists are hopeful that this dose of prevention will prevent some future back injuries and problems. With the interest of the children, their families, teachers, administrators, and local media, MR. BACKBONE has become the most successful physical therapy public relations project in North Carolina to date.

MR. BACKBONE'S BACK IN ACTION—BASICS FOR BACK CARE® received national recognition, winning the Public Relations category, Partners in Excellence Award in the American Physical Therapy Association's Component Awards Program for 1993. For more information about the MR. BACKBONE program, call (919) 854-0717.

Celyn Holt is Public Relations Committee Chair of the North Carolina Physical Therapy Association.

+

Orthopaedic Section's 20th Anniversary Celebration

Saturday, February 5, 1994 - New Orleans Hilton - 7:00 pm - Midnight

The Orthopaedic Section is celebrating its 20th anniversary in 1994. We are starting off the evening with our traditional Black Tie and Roses reception where the Rose Excellence in Research Award winner will be honored. A New Orleans jazz band will provide the background music for the reception. Hors d'oeuvres, beer, wine and soda will be provided.

After the awards ceremony, the jazz band will lead a Mardi Gras parade to another part of the hotel where members will feast on crawfish and shrimp, Cajun style. Don't worry, bibs will be provided!

Once the feasting has ended the dance floor will be cleared and the band will play change its repertoire so members and guests can dance on into the night. Weather permitting, the celebration will take place under the stars in the Mark Twain Courtyard.

We hope you will all be able to come join us in celebrating the Section's 20th Anniversary, New Orleans Mardi Gras style!

JOSPT ACCEPTED FOR INDEX MEDICUS AND MEDLINE

Physical Therapy Communication Enhanced Worldwide

The National Library of Medicine (NLM) has announced that *The Journal of Orthopaedic and Sports Physical Therapy (JOSPT)*, the official publication of the Orthopaedic and Sports Physical Therapy Sections of the American Physical Therapy Association, will now be included in *Index Medicus* and its on-line counterpart, MEDLINE. Through these indexing services, health professionals worldwide are enabled instant, fingertip access to the world's preeminent biomedical literature.

Orthopaedic Section members receive the *JOSPT* as a membership benefit. The journal currently has a monthly international circulation of nearly 18,000, including readers in 50 countries. Articles in the *JOSPT* report major advances in physical therapy, such as hands-on treatments for musculoskeletal disorders and clinical techniques in sports medicine, biomechanics, basic science, geriatrics, and ergonomics. To be published, papers must pass a rigorous review by subject content experts, editors, and statisticians.

"Indexing of the *JOSPT* by the National Library of Medicine will enhance communication of the clinical science of physical therapy worldwide," says Dr. Gary L. Smidt, PhD, PT, editor-in-chief of the 14-year-old journal, which has been based on the University of Iowa campus since 1990. "Physical therapy research will be eminently more visible to investigators, clinicians, educators, and health care administrators. The intended outcome is a more complete understanding of the neuromusculoskeletal system and application of this understanding to prevention, evaluation, and treatment of neuromusculoskeletal disorders."

Each year, scores of publications like the *JOSPT* are reviewed for indexing by an elite National Institutes of Health (NIH) chartered committee composed of distinguished biomedical researchers, physicians, educators, editors, historians, and health science librarians. Based on the judged scientific value of a publications' content for worldwide NLM users—namely researchers, health care practitioners, educators, and administrators—a

small handful of publications are selected for inclusion in *Index Medicus* and MEDLINE. Currently, 3,055 international journals are indexed by the NLM, the world's largest research library devoted to a single scientific or professional field.

At least three million times a year, health professionals in big cities and small towns throughout the world access MEDLINE's immediate, inexpensive services to help them make vital medical decisions. The *JOSPT*'s impact on health care is expected to be greatest in the areas of aging, physical impairment and disability, spine dysfunction and pain, occupational health, industrial injury, sports-specific injury, and "garden-variety aches and pains," according to Smidt.



Gary L. Smidt, Ph.D.,
P.T., FAPTA, Editor-in-
Chief, *JOSPT*

VOLUNTEERS NEEDED

Volunteers are needed to staff a two-day hotline on cumulative trauma disorders during the 1994 Combined Sections Meeting in New Orleans. Those interested in signing up should call Karen Brown at APTA Public Relations at (800) 999-2782, ext. 3217.

Volunteers' duties will include answering the telephones and responding to callers' questions on the treatment and prevention of cumulative trauma disorders. Volunteers will be scheduled to work in shifts of two hours or more.

At least 40 volunteers will be needed to cover the four lines which will be operated from 9 a.m. to 5 p.m. on both Thursday, February 3rd and Friday, February 4th.

The Orthopaedic Section and the APTA are co-sponsoring this public service event. The hotline, which will be promoted in magazines and newspapers and on radio and television broadcasts nationwide, has a potential of reaching 20 million people through the media.



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Samuel Merritt College
370 Hawthorne Avenue
Oakland, California 94609
(510) 420-6076

For Your Information

THE ARTHRITIS HEALTH PROFESSIONS ASSOCIATION

Physical Therapy practitioners are uniquely qualified to work with arthritis patients as we have the skills to address many of the physical, psychological and adaptive needs of this population. Although the APTA offers some related programming at annual conferences, the association does not provide broad, in-depth clinical and research information for therapists working with this specific population. No section for "arthritic disease" exist in the APTA. As a physical therapist working in arthritis research, I have personally found membership in the Arthritis Health Professions Association (AHPA)—in addition to APTA and the Orthopaedic Section—to be very helpful for sharing my work and learning about arthritis from leaders in PT, OT, Nursing and Medicine.

The AHPA represents a unique coalition of concerned professionals working

within today's changing health care environment. While representing a wide range of health professionals including social workers and psychologists, the AHPA is primarily composed of PTs, OTs and nurses. You should consider joining the AHPA if you work with individuals who have rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, scleroderma, systemic lupus erythematosus or fibrositis. Membership enhances your access to new developments in arthritis treatment, innovative health education concepts and relevant research findings.

The AHPA functions as a section of the Arthritis Foundation and holds annual meetings in conjunction with the American College of Rheumatology (ACR), an organization composed primarily of physicians. AHPA members receive the quarterly journal *Arthritis Care and Research*, the Primer on the Rheumatic

Diseases, the "Bulletin on the Rheumatic Diseases," quarterly AHPA newsletter, Membership Directory of AHPA and ACR individuals, as well as Patient Education and Arthritis information brochures published by the Arthritis Foundation. Regional continuing education courses are held annually.

This year the national meeting is in San Antonio, Texas November 7-11. If you are interested in attending the conference, becoming a member, or for more information, contact the Arthritis Health Professions Association, 1314 Spring St., N.W., Atlanta, GA 30309; (404) 872-7100.

Prepared by Scott Hasson, EdD, PT, a committee member of OP.

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PROFILE - ORTHOPAEDIC SECTION SPONSORED MILITARY PERSONNEL

DIAMOND JUBILEE - APTA ANNUAL CONFERENCE Cincinnati, Ohio 1993

★



Name: Manuel A. Domenech, Major, USAF, BSC
Age: 39 yrs.
Military Branch: United States Air Force
Rank: Major
Current Assignment:
Army-Baylor University Graduate Program in Physical Therapy
Prior Assignments:
USAF Hospital, Tinker AFB, OK
2790th Medical Service Training Wing, Sheppard AFB, TX
Education:
B.S. PT, University of KS, May 1976
M.S. PT (Ortho), Med College of VA, Richmond, VA, May 1982
Ed.D. Occupational and Adult Learner, OK State U, Stillwater, OK, June 1985
Area of Clinical Specialty: Orthopaedics
Certified: 1991
Quote: "Physical therapy in the Air Force has evolved from a rehabilitative posture to one of acute patient care. But physical therapists have and will continue to provide an important war readiness resource. Primarily involved in the care of Air Force physical therapists' specific skills, training, education, and daily work experiences complement other medical professionals."



Name: Eugene S. Montano
Age: 36 yrs.
Military Branch: United States Air Force
Rank: Captain
Current Assignment:
652nd Medical Group Hospital, Sacramento, CA
Education:
B.S. California State University Sacramento (1979)
M.S. University of Arizona (1980)
M.S. University of Indianapolis (1983)—physical therapy
Area of Clinical Specialty: general orthopaedics
Certified: National Athletic Trainers Association (1980)
Awards/Honors:
Certificate of Appreciation—USAF Recruiting Service
Comments about Section:
Excellent organization—strives for growth of orthopaedic knowledge for its members.
Quote: "I encourage all association members to strive for academic and clinical excellence. We must remain proactive as we face the challenges that lie ahead for us as a profession. United together, the future indeed looks bright."

1993 MASTER CALENDAR

| July | | | | | | |
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AUGUST

27-29 Section Finance Committee Mtg - La Crosse, WI

SEPTEMBER

- 6 HOLIDAY - Labor Day
- 10 DEADLINE - materials for November issue *OP*
- 20 *JOSPT* Mailing Date
- 30 Fall Executive Committee Meeting - San Diego, CA

OCTOBER

- 1-3 Fall Executive Committee Mtg - San Diego, CA
- 18 *JOSPT* Mailing Date

NOVEMBER

- 3-5 Review for Advanced Orthopaedic Competencies—
St. Louis, MO
- 5 *OP* Mailing Date
- 6-7 Review for Advanced Orthopaedic Competencies—
St. Louis, MO
- 12 DEADLINE - materials for January issue *OP*
- 19 *JOSPT* Mailing Date
- 25 HOLIDAY - Thanksgiving Day

| October | | | | | | |
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ANNOUNCING A NEW PUBLIC RELATIONS PROGRAM: THE STUDENT GUEST AT COMBINED SECTIONS MEETING PROGRAM

A senior entry-level physical therapy student will attend the 1994 Combined Sections Meeting in New Orleans as the guest of the Orthopaedic Section. This public relations program is designed to foster the professional development of physical therapy students in orthopaedics.

All accredited entry-level physical therapy schools will be invited to submit the name of one student for inclusion in a random drawing to be held at the Section office this Fall. The winner of the drawing will attend CSM '94, including the Section Business Meeting, and will be responsible for making an oral presentation to his or her class upon return from the meeting.

The student guest will be identified by a name-badge ribbon during CSM; please join the Section in welcoming our student guest!

SHORT TERM COURSES

INSTRUCTIONS FOR SHORT-TERM COURSE ADVERTISEMENTS

Advertisers are requested to include all necessary information for prospective course participants. The *Orthopaedic Physical Therapy Practice* is published 4 times per year—January, May, August, November. Ad deadlines are the first day of the preceding month. Rates are \$5.00 per line. Lines may be estimated on a 45 character per line basis (this includes letters, punctuation marks and spaces). The right to reject an ad or change wording is retained by the editor. Ads must be accompanied with payment. Send copy to: Orthopaedic Physical Therapy Practice, 505 King Street, Suite 103, La Crosse, WI 54601.

SURFACE EMG BIOFEEDBACK in PHYSICAL and BEHAVIORAL MEDICINE: APPLICATIONS IN PAIN MANAGEMENT. Oakland, CA September 18-21, 1993.

4-day advanced EMG Biofeedback course for chiropractors. OTs and PTs taught by Will Taylor, M.D. Includes foundations of SEMG biofeedback, instrumentation, specific assessment and training protocols in pain management and neuromuscular re-education. Reimbursement issues discussed. \$795.00
The Stens Corporation, 1-800-257-8367.

CALL FOR NOMINATIONS FOR THE 6TH ANNUAL ROSE EXCELLENCE IN RESEARCH AWARD

The Best Research Article of 1993 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, 1992 and August 31, 1993 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1993 issue, the article must be available to the general public no later than September 15, 1993 to be considered.

II) SELECTION CRITERIA

The article must have a significant impact (immediate or potential) upon the 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 1994 Combined Sections Meeting.

IV) NOMINATIONS

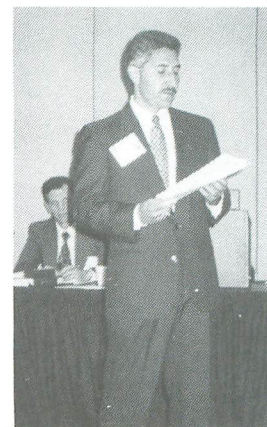
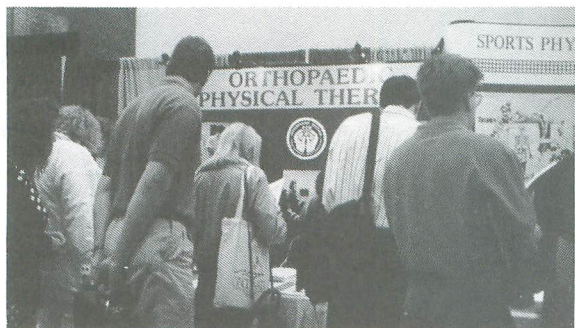
Written nominations should include the complete title, names of authors, and the citation (title of journal, year, volume number, page numbers) of the research article. The name, address, and telephone number of the person nominating the research article should also be included.

Nominations (including self-nominations) will be accepted until close of business September 1, 1993 and should be mailed to:

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

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PARIS DISTINGUISHED SERVICE 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. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
 - b. Support statements from four professional colleagues.

- c. Support statements from two individuals who are not physical therapists, but have been involved with the Section through association with the nominee.
 - d. Support statement from four 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 Committees, 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 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 Conference 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 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, 1993.



The Orthopaedic Section, APTA, Inc. would like to congratulate all of the following individuals who have recently become Orthopaedic Certified Specialists:

Tracy Adler, PT, OCS
David Aiken, PT, OCS
Kathleen Alexander, PT, OCS
Rande Allen, PT, OCS
Kurt Alt, PT, OCS
Carlynn Alt, PT, OCS
Susan Appling, PT, OCS
Michael Arnall, PT, OCS
Rita Ator, PT, OCS
Cindy Bailey, PT, OCS
Vincent Basile, PT, OCS
John Battinelli, PT, OCS
Barbara Bell, PT, OCS
Gregory Blaske, PT, OCS
Andrea Bloch, PT, OCS
John Bodine, PT, OCS
Stephanie Bolling, PT, OCS
Thomas Brady, PT, OCS
Cheryl Bronner, PT, OCS
Wendy Burke, PT, OCS
Christine Caesar, PT, OCS
Zoe Cain, PT, OCS
Leslie Campbell, PT, OCS
Barbara Karls-Carrington, PT, OCS
Barbara Casey, PT, OCS
Timothy Coleman, PT, OCS
Carmen Cordes, PT, OCS
Deborah Couture, PT, OCS
Celeste Cox, PT, OCS
Sue Dalrymple, PT, OCS
Mary Davenport, PT, OCS
Michele Deering, PT, OCS
Ann Dennison, PT, OCS
Joseph DiGiovanna, PT, OCS
Susan DiRocco, PT, OCS
Wayne Diamond, PT, OCS
Alexa Dobbs, PT, OCS
Pamela Menkes Dorner, PT, OCS
Patricia Downey, PT, OCS
James Doyle, PT, OCS
Sharon Duffey, PT, OCS
Alison Duncombe, PT, OCS
Kim Dunleavy, PT, OCS
John Egbert, PT, OCS
Andrea St. Lawrence Eigel, PT, OCS
Rebecca Eisman, PT, OCS
Mary Engles, PT, OCS
Timothy Flynn, PT, OCS

Thomas Galleher, PT, OCS
Nancy Gann, PT, OCS
Vincent Gatto, PT, OCS
Adam Geril, PT, OCS
Joseph Gianoni, PT, OCS
Terrence Gillette, PT, OCS
Daniel Goldstein, PT, OCS
Cathy Goodwine, PT, OCS
Steven Gough, PT, OCS
Ann Greenan-Naumann, PT, OCS
Bruce Greenfield, PT, OCS
William Gutierrez, PT, OCS
Ellen Rogers Hamilton, PT, OCS
Carol Hamilton, PT, OCS
Mary Harrell, PT, OCS
Keith Hauret, PT, OCS
Joel Henry, PT, OCS
Gary Hunt, PT, OCS
Yvonne Kane, PT, OCS
Marie Kardys-Kelly, PT, OCS
Frank Kava, PT, OCS
Kathleen McDermott Keegan, PT, OCS
Simone Meyberg Kelman, PT, OCS
Mary Hass Kimberling, PT, OCS
Pierre Kroon, PT, OCS
Joyce Lockert, PT, OCS
Linda Lopez, PT, OCS
Malcolm Macaulay, PT, OCS
Brian Macks, PT, OCS
Robin Marcus, PT, OCS
Frederick Markland, PT, OCS
Andrew McCole, PT, OCS
Catherine McCredie, PT, OCS
Peter Mcmenamin, PT, OCS
Margaret Meadows, PT, OCS
Gregory Monson, PT, OCS
David Moss, PT, OCS
Karen Glasoe Mott, PT, OCS
Mona Nazzaro, PT, OCS
Brenda Nicolai, PT, OCS
Arthur Nitz, PT, ECS, OCS
William O'Grady, PT, OCS
John Olson, PT, OCS
Johannes Otter, PT, OCS
David Pakozdi, PT, OCS
Michael Phillips, PT, OCS
Dianna Pugliese, PT, OCS
David Rakita, PT, OCS

Billie Randolph, PT, OCS
Robert Reif, PT, OCS
Kathryn Elliott Reitman, PT, OCS
Donald Reordan, PT, OCS
Paul Rockar, PT, OCS
Thomas Romanowski, PT, OCS
Richard Romash, PT, OCS
Anita Santasier, PT, OCS
Rajiv Sawhney, PT, OCS
Ronald Schenk, PT, OCS
Rose Schmidt, PT, OCS
Christiaan Schmidt, PT, OCS
Sydney Schoensee, PT, OCS
Alice Schoos, PT, OCS
Edward Scott, PT, OCS
Stephen Shupe, PT, OCS
Christine Siegel, PT, OCS
James Sieveke, PT, OCS
A. Russell Smith, PT, OCS
Dale Smith, PT, OCS
Vince Smolczynski, PT, OCS
Deborah Stetts, PT, OCS
Lisa Dru Stilwell, PT, OCS
Lucille Stokes, PT, OCS
Lawrence Styles, PT, OCS
Ralph Sweithelm, PT, OCS
James Thomas, PT, OCS
Angela Thomas, PT, OCS
Michele Thompson, PT, OCS
Elaine Thompson, PT, OCS
Chris Throneberry, PT, OCS
Cheryl Wozniak Timmer, PT, OCS
Mark Trimble, PT, OCS
Jerome Truxillo, PT, OCS
James Vakos, PT, OCS
Megan Vaught, PT, OCS
Jean Pierre Viel, PT, OCS
Raymond Vigil, PT, OCS
Scott Voshell, PT, OCS
John Walter, PT, OCS
Michael Weber, PT, OCS
Robert Zimmerman, PT, OCS
John Zipple, PT, OCS
Antonio Zuloaga, PT, OCS

BEYOND THE PIGGY BANK: TEACHING CHILDREN TO INVEST

By Tom Berkedal, an Investment Executive who provides investment advice
to the Orthopaedic Section, APTA

Once upon a time there was a passbook savings account in which the little boy or girl would deposit birthday gifts from grandparents, and the money would grow until it was time for college. That was called investing in the future.

Not anymore. Little boys and girls are going to need more for their future than a passbook savings account promises. Yet the concept of bank savings was tangible and simple — both helpful qualities for teaching children financial discipline. So how can parents and grandparents improve on the passbook savings account to lead children beyond the piggy bank?

It's worth finding the answer to that question, because our high schools and colleges don't teach children to develop personal financial plans, and we know how important finances can be to achieving the dreams our children have — or the dreams we have for them.

Now, you could place your 5 year old on your knee and explain the differences between stocks and bonds. A better idea is to find an investment that might appeal to the child — say stock in McDonald's or Disney, or the manufacturer of the child's favorite cereal. For the older child, consider stock in a company engaged in environmental clean up, or perhaps an auto company for the child who loves cars. Maybe a retailer for the child who loves to "shop 'til I drop." There are ice cream manufacturers, sporting good companies, all kinds of companies whose products are interesting to children and whose profits pique the interest of adults.

With very young children, a parent might simply take all the money from birthday and holiday gifts the child has received since birth and purchase stock, a zero coupon bond or mutual fund shares in the child's name. It may be several years before the child understands the investment, but in the meantime the child's money is likely to be growing at a much higher rate than it would if left in a passbook account or CD. Later, when the child can understand more, the parent can show the child how the investment has grown.

Parents may want to involve children who are at least five years old in selecting which stocks to buy. Children can look at charts in annual reports. They can sample products (especially if

they are edible products). They can understand the significance of "going up" and "going down" trends. And once the stock selection is made, many children may enjoy the daily ritual of checking their investment in the stock market listings.

It's also important to have a goal involved when teaching children about investing. Some parents encourage children to save for a new bike or a special trip. Many also start talking about a "college fund" when the children are still young. In that way, they grow up with an expectation of saving for college.

Grandparents can play an important role here, too. They, like parents, can gain tax advantages by giving their grandchildren gifts of cash or investments. Because children usually pay taxes in a lower bracket than the grandparents, this can be a wise financial move. It can also be an opportunity for grandparents to pass on some of their hard earned financial wisdom. After all, few grandparents would like to see their money used to buy a Ferrari instead of an education. So they may as well make their wishes known.

Helping a child learn about investing in the future can be a meaningful legacy that a parent or grandparent may live to see in action. And if successful, the results will have a happier ending than the old passbook savings story.



If you would like additional information please contact Tom through the Orthopaedic Section office.

CSM 1994 — Preliminary Program Schedule

New Orleans, LA — February 2-6

WEDNESDAY, FEBRUARY 2

8:00 AM—5:00 PM

Pre-Conference Course on Manual Therapy

Manual Therapy Round Table—AAOMPT

Orthopaedic Certified Specialist Exam

3:00—5:30 PM

Section Officers Forum

7:00 PM

Specialist Certification Awards Ceremony

THURSDAY, FEBRUARY 3

9:00 AM—Noon

Health Care Reform Update

Joint Program with Health Policy and Private Practice Sections

1:00—2:30 PM

Orthopaedic Certified Specialist Exam:

Presentation of Practice Summary by the Orthopaedic Specialty Council

2:30—4:30 PM

Manual Therapy Round Table

4:30

Exhibit Hall Open

FRIDAY, FEBRUARY 4

8:00—10:00 AM

Conditioning the Injured Worker

Joint Program with Cardiopulmonary Section

Research Platform Presentations Concurrent Sessions

10:00—11:00 AM

Exhibit Hall Open

11:00 AM—Noon

Conditioning the Injured Worker—Continued

Research Platform Presentations—Continued

12:30—2:30 PM

Research Issues Forum on Low Back Pain Classification

Joint Program with Research Section

1:30—2:30 PM

Head and Neck Business Meeting
Performing Arts Business Meeting

2:30—3:30 PM

Exhibit Hall Open

3:30—5:30 PM

Head and Neck Round Table
Performing Arts Round Table

4:00—6:00 PM

Michael's Forum on Low Back Pain Classification

Joint Program with Research Section

SATURDAY, FEBRUARY 5

8:00—10:00 AM

Orthopaedic Section Business Meeting and Practice Issues Forum

10:00—11:00 AM

Exhibit Hall Open

11:00 AM—12:30 PM

Occupational Health SIG Business Meeting

1:00—2:00 PM

Manual Therapy Business Meeting—Joint with AAOMPT

1:00—2:30 PM

Research Platform Presentations Concurrent Sessions

Occupational Health SIG—Hot Topics
Reimbursement/Worker's Compensation

1:30—2:30 PM

Foot and Ankle Business Meeting

2:30—3:30 PM

Exhibit Hall Open

3:30—5:30 PM

Research Platform Presentations Concurrent Sessions

Foot and Ankle Round Table

7:00—8:00 PM

Black Tie and Roses Reception

8:00 PM—Midnight

Orthopaedic Section's 20th Anniversary Celebration

SUNDAY, FEBRUARY 6

7:00—8:00 AM

Section Program Chairs Meeting

8:00 AM—Noon

Ilisarov Procedure and Juvenile Rheumatoid Arthritis

Joint Program with Pediatric Section

WELCOME NEW MEMBERS

The Orthopaedic Section, APTA, Inc., would like to welcome all of our new students, affiliate and active members who have joined the Section within the last three months:

Mary Ellen Abraham
Becky Admire
Yael Agbaria
Richard Alcera
Jeanne Alcorn
Debra Allan
Rachel Allen
Steven Allen
Virginia Althoff
Tara Amato
Liana Anders
Michael Ansell
Mark Armstrong
Ramir Arriola
Amikam Assaf
Ronald Babcock
Sherry Bales
Ashwini Baralay
Sara Barbella
Rhonda Barkow
William Barnett
David Barraza
Anne Barry
Ann Bartheld
Mary Baty
Richard Baudry
Richard Baxter
Cindy Bayer
Patricia Becker
Carrie Behringer
Paul Beijl
Carlo Bell
Jodie Beneke
Leah Bernfield
Edith Bernhardt
Robert Berrett
William Besselink
Christine Beuthin
Mark Bevan
Phillip Bevins
Debra Beyer
Vaani Bhatia
Amjad Bhatti
Anand Bishnoi
Michael Bishop
Patricia Blaes
Amy Blalack
Thomas Bledsoe
Christina Bletzinger
Brenda Blood
Mary Bomboy
Sally Bonner
Perry Bonomo
Yvette Booker
Alysia Boswinkel
Barbara Bour
Steven Bourque
Maree Bowers
Brad Bowman
Constance Boyle
Edward Braddock
Tamra Brandt
Christine Bratton
Lillian Bray
Frankie Brewer
Nathan Bricken
Jean Brismee
Debora Brockington
Carol Brooks
Allison Broome
Sandra Brougher
Christine Brown
Cynthia Brown
David Brown
Karin Brown
Dhaval Buch
Kent Buchanan

Lisa Buck
Pamela Buckner
Marie Budness
Randy Bugayong
Lynn Burch
Bonnie Burke
Tom Burke
Sandra Burns
Sharon Burreson
Alice Burton
Cynthia Burton
Brent Butler
Todd Cadby
Catherine Caisse
Lisa Calafiore
Jovita Calderon
Bernadette Campbell
Christopher Campbell
Kimberly Campbell
Corrine Capiteli
Eliza Cappelle
Debi Capshaw
Janet Caputo
Bret Carroll
Terry Cartell
Nelson Carvalho
Jacqueline Caulfield
Joan Cerrina
Elizabeth Chanin
Penny Chase
Rajesh Chatkara
Lian-Huey Chen
Jessica Chestnutt
Asit Chopra
Carla Christensen
E. Kaiwiui Chung-Hoon
Ann Ciesla
Philip Clark
Janet Clifford
Claire Coale
John Coburn
Claire Colley
Rocco Coluccio
Parry Comeua
Karen Coning
Karen Connelley
Paul Conner
Karyn Coppola
Jorge Cornejo
Kimberly Cornett
Miriam Cortez
Colleen Cosgrove
Cary Coulman
Dean Coulter
Monica Craft
Lori Crawford
Patricia Creator
Adam Cribelli
Heidi Critchell
Kenneth Crivelli
Charlotte Crosby
Debra Cuellar
James Cummings
Cheryl Cynamon
Kimberly Dabrowski
Linda Daley
Linda Daniel
Carlyn Dasinger
Bethany Davenport
Joseph David
Anita Davidson
Charles Davis
Yvonne Davis
Deborah Dawson
Barry Day
Ruby De Guzman
Jeffrey Deets

Therese Degnan
Robert Dennis
Jamie Dexter
Mark Deysher
Tina DiCenso
Bethany Dietz
Linda Diluco
Lynn Distasio
Ginny Dobbins
Marlyn Donagan
Kathleen Donohue
Ella Doran
Maria Dorando
Maria Dubiel
Kurt Dudley
Nathan Duewel
Nancy Dwiggins
Christine Dwyer
Gerard Dybel
Sally Dye
Lori Eacret
Martha Eastlack
Larry Eaton
David Ebel
Lisa Eddy
Daniel Egger
Gary Ehler
Charles Eisele
Shonna Eisenhart
Yalcin Ekren
Mark Ellinson
Julie Ellis
Vivian Ellis
Deborah Ellison
ALongkot Emasithi
Kristene Emmons
Deborah Emrick
Maria Endaya
Shelley Epstein
Barbara Ertzberger
Veronica Esparragoza
Denise Falk
Edward Farrell
Catherine Fassell
Jeffrey Faust
JoEtta Fauver
Carol Fawcett
Julie Feuerbach
Patrick Fianza
Martha Fiddes
Andrea Files
Laura Findlay
Natalie Firszt
Kenneth Fisher
Martha Fisher
Patricia Fitzgerald
Ronald Fleck
Ella Flowers
Kerry Flowers
Deena Fogarty
Kathryn Foster
Linda Foster
Virginia Fox
Erin Fraher
Robert Frampton
Darlene Fransman
Jody Franz
Andrea Frees
Pamela Frinkman
Mary Anne Fugosich
Holly Fulsher
Pamela Gaddis
Angela Gallegos
Cynthia Ganem
Thomas Gangemi
Juan Garcia
Philip Garofalo

Paul Gaspar
Sharon Gaynor
Karen Geiger
Edward Getts
John Gibson
Michele Gill
Katie Gillis
Emmanuel Glavaris
Denise Gobert
Robin Goddard
Kelli Goedde
Susan Goldmeier
Eric Goldstein
Angela Golic
Teresa Gott
Mary Grassel
Christine Grasso
Susan Greenberg
Christopher Greetham
Russell Griffith
Doff Griffith
Barbara Gross
Daniel Gross
Denise Gross
Timothy Gruebel
William Grussi
Michelle Guarrera
Vicki Gushikuma
Richard Haglen
Maria Hague
Susan Haid
Melissa Hajdu
Kenneth Halcomb
Jennifer Haley
Evelyn Hallas
Mary Hallberg
Peggy Halwachs
Thomas Hand
Rashida Handy
Deanna Haney
George Harb
Emilie Haring
Linda Harmon
Maureen Harnishfeeger
Gabriele Harris
Elizabeth Hartman
Keith Hartnett
Nancy Hartung
Kimi Hasegawa
Laura Haughe
Shirley Head
Lee Heath
Michael Hebbeler
Lynn Hemmelgam
Timothy Hemmer
Patricia Henrix
Karen Hendry
Jennifer Hennigan
Lisbeth Henson
Charlotte Herbranson
Sergio Herrera
Troy Herrold
Julie Herzog
Laurie Hiatt
Douglas Hibbs
Mary Hickey
Pamela Hilbers
Wanda Hill
Karen Hillman
Raymond Hilton
Judith Hobbs
Louis Hochstrasser
John Hoesch
Anna Holan
Linda Holland
Marcia Hollander
Linda Holly

Edwina Honderick
Sundi Hondl
Sharon Hopkins
Mark Horacek
Karen Horne
Gwyn Hotchkin
John Houston
Jan Hoving
Steven Howell
Mary Howley
Monica Huff
Lawrence Humphrey
Amy Hunsaker
Edwin Hunter
Jennifer Imrie
Catherine Irby
Deborah Irons
Vicky Jacobs
Caroline Jansen
Jeffrey Jaramillo
Kimberly Jayne
Bill Jenkins
John Jericiau
Stephen Jernigan
Dan Jobe
Beverly Johnson
Connie Johnson
Debbie Johnson
Evan Johnson
Kathryn Johnson
Kathryn Jordan
Jonelle Jozwiak
Evelyn Kabler
Michael Kane
Keri Kaneko
Stephen Kaschke
Lorin Kaufman
Gregory Keith
Allison Kellish
Michael Kempke
Michelle Kenderdine
Carol Kennedy
Darryl Kent
Colleen Kessler
Martha Keyser
Mary Beth Kiefer
Daniel Kiely
Diane Killeen
Ann Kime
Dave Kipp
Kenton Kirby
Peter Kitto
Maria Klatt
Neal Klein
Ryan Klement
Kirk Knaggs
Paula Knight
Martien Knijn
Sandra Knox-Crine
Kimberly Kogon
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Denise Koval
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Kara Lee
Brenda Leonard
Catherine Leonard
John Leonard
Cassandra Lessie
Janet Mayeda Letourneau
David Leudeka
James Levee
Howard Levine
Amy Liberty
Carolyn Lidiak
Mary Light
Erwin Lim
Robert Limone
Greg Lindley
Carolyn Little
Ruth Lizardo
Melissa Lloyd
Peter Lock
Joanne Lombardo
Diana Long
Larry Loomis
Diane Lorenc
Mike Lorenzini
Annare Loubser
Michael Lucero
Kerri Lynch
Juliann Lyons
Susan Madel
Timothy Madson
Evangeline Magpantay
Christina Mahaffey
Kent Malcomson
Mary Mancuso
Colleen Mangieri
Robert Mann
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Pamela Markey
Amy Marks
Rommel Marquez
Christopher Martin
Todd Martin
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Robert Mason
Rebecca Massey
Adam Mast
Paula Mastriani
Michele Matthews
John McAllister
Rachel McArthur
Jane McBride
Melanie McConnell
Laura McCullagh
June McDonald
Alan McGill
Daniel McGirk
Thomas McGrath
James McHugh
Seri McIntyre
Lindsay McKay
Mary McNabb
Barrey McQuithy
Cherly McShea
Anne Meske-Karns
Kimberly Meyers
Sandara Michaelian
Joanne Micheletti
Tommy Miles
David Millard
Jaime Miller
Michael Miller
Theresa Minnick
Kathy Mitchell
Yvonne Mitchell
Andrew Montemayor
Miquel Monzon
Lisa Moses
Michael Moses
Mark Motrice

Lori Mowbray
Nancy Muerer
Julie Muertz
Jennifer Muir
Colleen Mulkerin
Robert Murphy
Eileen Murray
Glen Myatt
Courtney Nale
Kevin Naugle
Raquel Navarro
Dawn Neff
Derek Neill
Karia Neiman
Linda Nelson
Kendall Neu
Lori Newman
Mark Nix
Jeffrey Noitz
Jean Nolte
Andrew Nowak
Christopher Nugent
Anne O'Brien
Theresa O'Neil
Nancy Olear
Michael Olipas
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Janel Olson
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Amy Ostrin
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Deborah Rauf
Sophia Rawlings
Laurie Ray
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Gregory Reis
Lori Reith
Laurie Rellihan
Margaret Remp
Lauri Renzo
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Elizabeth Ring

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Glen Rowe
Kathrina Rowe
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Julie Runnings
Nancy Ryan
Stefanie Ryan
Susan Ryan
Dawn Sagert
Malinda Sailors
Matthew Sailors
Serge Saitsoothane
Christopher Salomomi
Jay Salzman
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Todd Sander
Pamela Sanders
Edna Santiago
Myrna Santiago
Dawn Saracino
Crystal Savage
Catherine Schaap
Jodi Schaefer
Kelly Schiller
Juli Schluckebier
Jannelle Schmitt
Lorie Schneider
Remco Schreuders
Deborah Schroeder
Kommun Schultz
Marissa Schwartz
Yvonne Searls
Lori Sedgwick
Steven Sedlacek
Deborah Seidel
Amy Sellman
Robert Sembler
Arthur Senning
Judy Sera-Windell
James Sharp
Julie Sheley
Lisa Shoaf
Michelle Shoupe
Matthey Shurtz
Aleia Sieger
Braden Silva
Claire Simminger
Carla Simmons
Chaya Simon
Dennis Sims
Deborah Skakal
Trudy Skinner
Kristina Slagle
Kathleen Slawsky
Tammie Sloan
Clare Small
Edward Smith
Stephanie Smith
Regina Sobojinski
Silvia Sorenson
Ferinand Sorongon
William Sorrels
Elizabeth Spears
Alicia Spence
Benjamin Spooner
Steve Springborn
Lisa Springer-Bradford
Mark Stack
Richard Stebbins
Andria Stolli
Tanya Stout

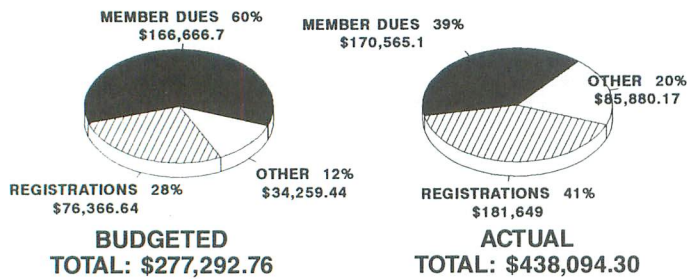
William Strawniak
Denise Studnick
Gale Stuebs
Jo Ann Swanson-Robichaux
Philip Sweet
Marva Tahan
Elizabeth Tang
Valarie Taylor
Thomas Teagle
Joseph Teixeira
Brian Tetrault
Jamie Thacker
Scott Thorp
Elizabeth Tice
Anitta Tilly
Denice Traina
Yuen Tse
Dimitrios Tsitsiropoulos
Laura Turner
Gayle Uriu
Sallie Usher
Yuri Usherenko
David Valentine
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Conrad Vandenbroeck
Laura Vannucci
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Katherine Venverlooh
Anissa Verrette-Walker
Edna Vijil
Linda Visnov
Cornelia Visscher
Bari Vitolo
Deborah Vogel
Michael Van Pohle
Catherine Voss
Sandra Waddy
Charles Wagner
Steven Wagner
Diane Waldman
Betsy Wallace
Marty Wallace
Martha Ware
Laura Warren
Anthony Warrens
John Waters
Roy Weidner
Michael Weiss
Peter Well
Cathy Wellman
Michael Wendahl
Michael Westrope
Kathleen Wetmore
Stephani Wetmore
Gilbert Wette
Karen White
Sue White
Tracy Whitworth
Carrie Wigginton
Laura Wiley
Brent Willard
Laura Wilson
Sharlene Wing
Lynn Woelfel
Eric Wolfe
Jeff Wolfe
Cheryl Wolfley
Fred Wood
Stacey Wood
Donna Woods
Michael Woody
Karla Wooley
Sheila Wright
Margaret Wurdeman
Gengham Yan
Peter Yap
Gloria Young
Vanessa Young
Sandra Zanni
Amy Zimmerman
Kay Zinkula
Carole Zurvitz

FINANCIAL REPORT

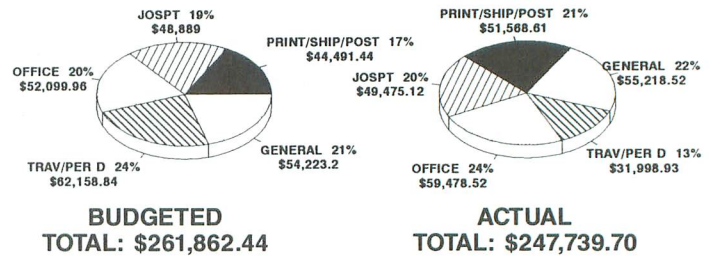
Orthopaedic Section, APTA, Inc.
 April 30th Update - June 1993
 Cincinnati, Ohio

ORTHOPAEDIC SECTION APTA INC.

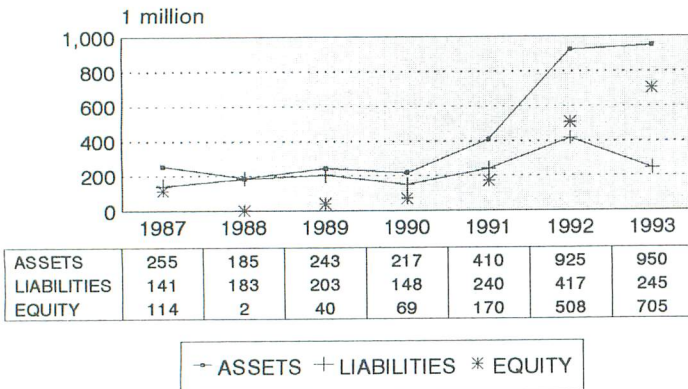
1993 YTD BUDGET TO ACTUAL SUMMARY INCOME - April 30, 1993 (+57.9% over our expected budget YTD)



1993 YTD BUDGET TO ACTUAL SUMMARY EXPENSES - April 30, 1993 (-5.4% under our expected budget YTD)

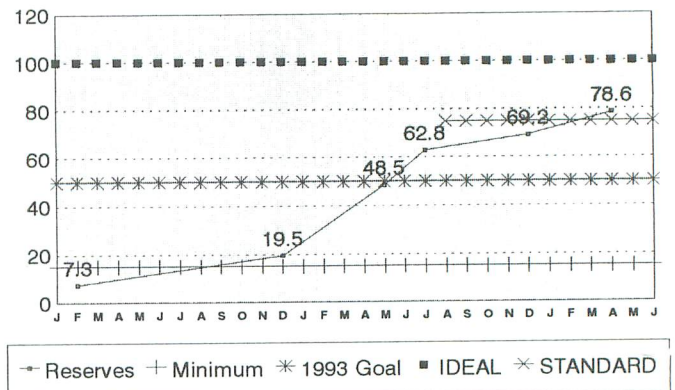


YEAR END FISCAL TRENDS 1987-1992 (1993 data is YTD as of 4-30-93)



To nearest thousand

RESERVE FUND January 1, 1991 to April 30, 1993



Orthopaedic Section, APTA, Inc.
Balance Sheet
December 31, 1992

| | Unrestricted Funds | | Restricted Funds | | TOTAL OF ALL FUNDS |
|---|-------------------------|------------------------|-------------------------|-------------------------|---------------------------|
| | OPERATIONS | EDITORIAL JOURNAL | EQUIPMENT | W&W | |
| ASSETS | | | | | |
| Current Assets: | | | | | |
| Cash & Cash Equivalents | \$174,094 | \$ 4,711 | | \$ 38,633 | \$ 217,438 |
| Investments | 612,916 | | | | 612,916 |
| Accounts Receivable: | | | | | |
| Programs \$11,958 less doubtful accounts (\$3,036) | 8,922 | | | | 8,922 |
| APTA | 56,095 | | | | 56,095 |
| Sports Section | | | | | |
| Ortho Section | | | | 24,481 | 24,481 |
| Journal | 4,830 | | \$ 1,017 | | 5,847 |
| Equipment | 12,018 | | | | 12,018 |
| Inventory | 16,677 | | | | 16,677 |
| Prepaid Expenses | 7,485 | 360 | | | 7,845 |
| Total Current Assets | <u>\$893,037</u> | <u>\$ 5,071</u> | <u>\$ 1,017</u> | <u>\$ 63,114</u> | <u>\$ 962,239</u> |
| Property and Equipment: | | | | | |
| Office Furniture & Fixtures | \$107,707 | | 42,804 | | 150,511 |
| Leasehold Equipment | | | | | |
| Less: Accumulated Depreciation | (59,652) | | (10,988) | | (70,640) |
| Net Property and Equipment | <u>\$ 48,055</u> | | <u>\$ 31,816</u> | | <u>\$ 79,871</u> |
| | | | | | |
| TOTAL ASSETS | \$941,092 | \$ 5,071 | \$ 32,833 | \$ 63,114 | \$1,042,110 |
| | | | | | |
| | Unrestricted Funds | | Restricted Funds | | TOTAL OF ALL FUNDS |
| | OPERATIONS | EDITORIAL JOURNAL | EQUIPMENT | W&W | |
| LIABILITIES AND FUND BALANCE | | | | | |
| Accounts Payable: | | | | | |
| Program | \$ 5,812 | \$ 9,337 | | \$ 61,842 | \$ 76,991 |
| Williams & Wilkins Note | 24,481 | | | | 24,481 |
| Orthopaedic Section | | 4,830 | \$ 12,018 | | 16,848 |
| Equipment | | 2,416 | 4,072 | | 6,488 |
| Sports Section | | 1,017 | | | 1,017 |
| Accrued Payroll & Sales Tax | 2,180 | | | | 2,180 |
| Pension Plan Payable | 3,887 | | | | 3,887 |
| Income Taxes | 923 | | | | 923 |
| Deferred Income: | | | | | |
| Unexpired Dues | 252,132 | | | | 252,132 |
| Services Paid in Advance | 131,850 | | | | 131,850 |
| Total Current Liabilities | <u>\$ 421,265</u> | <u>\$ 17,600</u> | <u>\$ 16,090</u> | <u>\$ 61,842</u> | <u>\$ 516,797</u> |
| | | | | | |
| Fund Balance | <u>\$ 519,827</u> | <u>\$ (12,529)</u> | <u>\$ 16,743</u> | <u>\$ 1,272</u> | <u>\$ 525,313</u> |
| | <u><u>\$941,092</u></u> | <u><u>\$ 5,071</u></u> | <u><u>\$ 32,833</u></u> | <u><u>\$ 63,114</u></u> | <u><u>\$1,042,110</u></u> |

**RESEARCH COMMITTEE OF THE ORTHOPAEDIC SECTION, APTA, INC.
CALL FOR PARTICIPANTS
RESEARCH PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS MEETING
NEW ORLEANS, LOUISIANA, FEBRUARY 2 - 6, 1994**

Persons wishing to make platform or poster presentations of research dealing with topics related to Orthopaedics (basic science, applied sciences and clinical sciences) are invited to submit abstracts for consideration.

LIMITATIONS:

Presenter must be a current member in good standing of the Orthopaedic Section of the APTA, Inc. or must be sponsored by a current member in good standing of the Orthopaedic Section.

Each Prospective presenter may submit no more than two abstracts. These abstracts must contain original material and may not have been presented at any national meeting or published prior to the 1994 CSM.

SUBMISSION REQUIREMENTS:

Deadline for Receipt of Abstract: Abstracts must be received at the address below by September 1, 1993.

Address abstracts to:

Daniel L. Riddle, M.S., P.T.
Research Committee Chairman
Orthopaedic Section, APTA, Inc.
c/o Department of Physical Therapy
Virginia Commonwealth University
Box 224, MCV Station
Richmond, VA 23298

Format for Abstracts: The abstract must be typed double-spaced on one side of a single 8 1/2" x 11" sheet of paper. The type must be 10 point or larger and produced on an electric typewriter, letter quality printer (impact or laser) or a high quality dot matrix printer with near-letter-quality type. The abstract must use standard abbreviations and should not contain subheadings, figures, tables of data or information that would identify the authors or the institution. Margins for the BODY of the text must be 1" on all sides.

The identifying information must be single spaced in the 1" top margin and include 1) the title in capitalized letters; 2) the full name(s) of the author(s) with the presenter's name underlined; 3) the place where the work was done; 4) the address of the presenter enclosed in parentheses; 5) acknowledgement of any financial support for the work being presented.

In the lower left margin, type single-spaced 1) the APTA membership number of the presenter (or name and membership number of APTA member/sponsor if the presenter is not an Orthopaedic Section member); 2) the telephone number and area code of the presenter.

In the lower right margin, be sure to indicate the preferred mode of presentation (Platform or Poster).

Copies: Include one original and one copy of the complete abstract with all the identifying information as outlined above.

Include 5 copies of the abstract with only the title and the body of the text (eliminate all identifying information except the title).

CONTENT:

All abstracts must be reports of RESEARCH and must include in order 1) purpose of study; 2) hypothesis if appropriate; 3) number and type of subjects; 4) materials and methods; 5) type(s) of data analysis used; 6) numerical results of statistical test(s) where appropriate; 7) conclusion; 8) clinical relevance.

EVALUATION AND SELECTION:

All abstracts are reviewed by members of the research committee without knowledge of the identity of the authors. Abstracts are selected on the basis of compliance with the content requirements, logical arrangement, intelligibility and the degree to which the information would be of benefit to the members of the Orthopaedic Section. All selections are final.

MEETING MINUTES

ORTHOPAEDIC SECTION, APTA, INC.

BUSINESS MEETING,
JUNE 13, 1993
ANNUAL CONFERENCE,
CINCINNATI, OHIO

CALL TO ORDER AND WELCOME—

Z. Annette Iglarsh, P.T., Ph.D.

PRESIDENT'S REPORT—Z. Annette Iglarsh, P.T., Ph.D.

A. Approve Membership Meeting Minutes (February 6, 1993, San Antonio, TX)

=MOTION= To approve the minutes of the Business Meeting on February 6, 1993 in San Antonio, Texas, as printed in Orthopaedic Practice.=PASSED=

B. Review and Accept Agenda.

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

C. Review of Meeting Procedures

- Format of the Meeting

- Motion Forms

D. Council of Section Presidents Meeting

1. The following motion proposed by the Orthopaedic Section has been approved by the Council of Section Presidents:

RC 54-93 ACCREDITATION OF RESIDENCY/FELLOWSHIP

That accreditation of residency/fellowship programs for advanced clinical competency be studied with a report to the 1994 House of Delegates.

2. All candidates running for APTA office were sent a flower arrangement at the start of Annual Conference with a note from the Section thanking them for putting forth the time and effort to run for office.

E. WCPT (World Confederation of Physical Therapists)

Annette Iglarsh will begin discussion with the WCPT to attempt to establish an orthopaedic section within the WCPT by 1995 to coincide with the WCPT meeting in Washington D.C. WCPT currently has two sub-sections; IFOMPT and Private Practice. Updates on the feasibility of establishing this specialty section within the WCPT will be announced in Orthopaedic Practice.

F. PTON (Physical Therapy Online Network)

The Section has still not been able to obtain the information needed from

APTA for APTA NET in order to determine which network would best serve the needs of the Section. APTA would charge a storage fee for storing information on APTA NET. The Section would need to store a large amount of information such as abstracts and legislative papers dealing with orthopaedic issues, therefore, we need to know what this fee would be. The Executive Committee is still negotiating with PTON also, and hopes to make a decision at the Fall Executive Committee Meeting in October.

G. Membership Voice Mail System
Efforts to produce a membership directory were tabled due to the size of our membership. In place of this we are going to investigate telecommunications and the potential for using a voice mail system.

H. Forum Medicum
The principles of Forum Medicum have declared personal bankruptcy. Since there is still an outstanding balance owed the Section from Forum Medicum, the Section filed suit against them. A hearing was held in Wisconsin, June 7, and the judge decided in favor of the Section for \$16,000+ plus legal fees. A judgement will be filed against Forum Medicum in the states of Wisconsin and Virginia.

I. Foundation Split Raffle/Foundation Auction

1. The Section participated in the Foundation's split raffle this year by contributing \$1,000.

2. The Section donated one free registration to the 'Review for Advanced Orthopaedic Competencies' course held each year plus a complimentary copy of the Orthopaedic Competencies booklet for the Foundation Auction.

J. APTA Partners in Excellence Awards
The Section received first place for the Financial Management award; first place for the Journals and Newsletters category for JOSPT, and; third place for the Journals and Newsletters category for Orthopaedic Practice. All officers, committee members and staff were recognized for their efforts in putting the awards together.

EXECUTIVE COMMITTEE REPORTS

A. Vice-President—John Medeiros, P.T., Ph.D.

1. John Medeiros chaired a task force to review a draft document by the APTA

on the resource center for research and learning. All comments were submitted to APTA by the April deadline. The House of Delegates is now debating the implementation of this resource center.

2. John Medeiros was charged by the Executive Committee to obtain a copy for review of a program put out by the American Red Cross and the American Chiropractic Association called 'Protect Your Own Back'. Bill Boissonnault, Nominating Committee Chair, was asked to also review this program as well as Marilyn Moffat, APTA President. A recommendation on how to respond back to the American Red Cross will be brought before the Executive Committee at the Fall Meeting in October.

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

1. The Section's audit firm, Gillette and Thompson, has completed the 1992 audit of the Section.

2. As of April 30, 1993, the Section is doing well on the income side and on keeping down expenses. The reserve fund goals have also been attained.

3. Building Fund

The reserve fund goal, as established by the Finance Committee, is 75% of the Section's annual operating expense budget. This goal was reached in March of 1993. The Finance Committee recommended that once the Section reached that goal of 75% it needed to start looking into setting up a building fund.

The Executive Committee passed a motion at this meeting that a building fund be started. This fund has been created by converting the contingency fund over to the building fund and taking the excess amount in the reserve fund, over the 75% cap, and moving this into the building fund. This creates a beginning balance of approximately \$62,000.

4. 1993 Benevolent Giving Donation

The Finance Committee will be meeting during Annual Conference to come up with recommendations on where the Section may want to donate its 1993 benevolent giving funds.

C. Member-at-Large—Stanley Paris, Ph.D., P.T.

Proposed Bylaw Amendments were presented as printed in the spring issue, 1993, of Orthopaedic Practice. Following is a summary of the major changes:

1. Moving the Annual Business Meeting to the Combined Sections Meeting

from Annual Conference.

2. Changing the Executive Committee to the Board of Directors and adding an additional member. This additional member would be called a director. Also, the Member-at-Large position would be changed to a director position. The total on the Board of Directors would then be five (5) from the present four(4).

3. Editorial changes brought forth from the floor:

a. ARTICLE VII. EXECUTIVE COMMITTEE AND OFFICERS, SECTION 6: CONDUCT OF BUSINESS, A. FREQUENCY OF MEETINGS: Insert 'whenever possible' at the end of the following sentence: 'Two informational meetings with the Section membership will be held each year whenever possible.'

b. ARTICLE X. ELECTIONS, SECTION 1. NOMINATIONS AND OFFICES, D.: Instead of 'Annual Section Business Meeting' it should read 'Annual Conference Business Meeting'.

c. ARTICLE X. ELECTIONS, SECTION 2. ELECTION BALLOT, A.: Instead of 'Annual Business meeting' it should read 'Annual Conference Business meeting'.

d. ARTICLE X. ELECTIONS, SECTION 2. ELECTION BALLOT, B.: Insert 'whenever possible' after candidates in the following sentence; 'Election of an officer shall be made between two (2) candidates, whenever possible, when a candidate receives a majority of the ballots cast.'

4. =MOTION= To accept the new bylaws as written in Orthopaedic Physical Therapy Practice, Spring issue 1993, and presented today by the Member-at-Large. =PASSED=

D. Education Program Chair—Nancy White, M.S., PT.

Co-Chair—Lola Rosenbaum, P.T., OCS

1. CSM 1994

a. A 20th Anniversary celebration is being planned for Saturday night, February 5.

b. A one day pre-conference course is being planned with the AAOMPT on manual therapy, Wednesday, February 2. There will be eight different speakers, all of whom are founding members and on the board of AAOMPT.

c. The current special interest group and round tables will provide programming again in addition to the regular programming. Also, a new round table group which is forming on Motion Analysis has asked for time and meeting space for clinical programming.

2. The Section will hold a course in conjunction with NIH on oral facial treatment. This will be a day and a half clinical

course held at NIH in Washington, D.C. The date being looked at is the Saturday and Sunday prior to the start of the APTA Component Leadership Seminar in Alexandria, VA, in April, 1994.

3. The 'Review for Advanced Orthopaedic Competencies' course scheduled for July 11-17, 1993 in Seattle looks like it will be a strong course. A second course is being planned in St. Louis, Missouri for November, 1993. This will be a five day course as opposed to the seven day course being held in Seattle. More information on the St. Louis course will be published in Orthopaedic Practice.

4. Home Study Courses (HSC)

a. The 1993 HSC on the upper extremity has been completed. The last manuscript was sent out the beginning of June. The final test has also been mailed. There were almost 1,000 participants in this course.

b. Work is continuing on the 1994 HSC on the lumbar spine. Kent Timm, Editor for the Section HSC's, is looking for authors. Please call either Kent Timm or the Section office if you or someone you know would like to write a manuscript for this course.

5. Adopt-A-Doc Program

The Committee is reviewing the proposal made by the Neurology Section on Adopt-A-Doc and is looking at providing some funding for doctoral students to improve the faculty shortage and encourage doctoral education.

6. Post Professional Educational Programs in Orthopaedics

The Committee will be providing some type of manual for those people interested in graduate programs in orthopaedic physical therapy. The manual will contain what the individual schools have to offer including what their curriculum is, what their focus is, and a general description of the program. This information would be available through the Section office.

7. The Committee is pursuing a joint venture with the Acute Care Section to look at the possibility of developing some patient education videos on various aspects of orthopaedics as well as developing some patient education brochures.

8. Mentorship program

The Committee is looking at establishing ways to connect members up with orthopaedic clinical specialists in their area who are willing to share their time and expertise with other members throughout the country.

9. Work has begun on planning programming and coordinating efforts for next year's Annual Conference in Toron-

to, Canada with the Canadian Physiotherapists.

10. The Committee is looking for volunteers to help take on some of the specific tasks the Committee is working on. Please contact either the Education Committee or the Section office if you are interested.

11. The Committee is also looking for people who will be attending CSM 1994 and are willing to volunteer to help out at the various programming sessions to run audio visual equipment and introduce speakers. Please contact either the Education Committee or the Section office if you are able to donate an hour or two of your time.

E. Research Chair—Dan Riddle, M.S., PT.

1. The poster and platform call for papers has been published in *Orthopaedic Practice* and *JOSPT*. If you have some research you would like to present at CSM 1994, please submit your work to the Research Committee.

2. The Rose Excellence in Research Award is an annual event which recognizes a contributor who the Committee feels has written the best research article in orthopaedics. The call for nominations has been published. Please feel free to submit nominations for any author you would like to nominate for this award. To submit please send a letter to the Research Chair stating the name of the author and the publication where the article appeared.

3. The Committee is initiating a research consultant list that will be published each issue in *Orthopaedic Practice*. These are people with recognized research expertise in various areas who have agreed to act as consultants to Orthopaedic Section members.

4. The first Research Issues Forum will be held at CSM 1994. Three speakers will speak in a round table format on research needs in the area of classification and low back pain.

The Forum for CSM 1995 will hopefully be on research needs in the occupational health physical therapy area.

F. Executive Director—Terri Pericak
Sharon Klinski, Managing Editor of *Orthopaedic Practice*, was formally recognized for all her hard work and effort in receiving the third place award for *Orthopaedic Physical Therapy Practice* in the APTA Partners in Excellence Awards for journals and newsletters.

PROGRAM REPORTS

A. Editor, *Orthopaedic Practice*—Jonathan Cooperman, M.S., PT.

1. The Spring issue was devoted to

Occupational Health Physical Therapy. The Fall issue will hopefully focus on performing arts.

2. The Section has partially funded two Orthopaedic Section members from the armed forces to Annual Conference in honor of the 75th anniversary of physical therapists in the military and health services. Those individuals are Major Manual Domenech from San Antonio, Texas and Captain Eugene Montano from Sacramento, California.

3. Articles for *Orthopaedic Practice* are solicited since it is not a refereed journal. All members are encouraged to submit articles for publication to the Section office.

B. Specialization—Col. Mary Ann Sweeney, M.S., P.T., OCS

1. The Council is pleased to announce that 140 people were board certified in orthopaedics in February. The pass rate of that exam was 73%.

2. The Orthopaedic Specialty Council is conducting a survey on orthopaedic clinical practice. This survey can be completed by any licensed physical therapist who is practicing in orthopaedics. The deadline for returning surveys is July 30, 1993. Survey information received from orthopaedic physical therapists will be used to re-validate the competencies and develop a more valid test for the future.

3. The specialty exams for 1994 will be, for the first time, offered electronically throughout the United States at approved testing sites as well as at the site of CSM. The electronic test will be able to be taken any time during the month of February, 1994. There is an additional fee for taking the test electronically.

C. Practice—J. Scott Stephens, M.S., P.T., FFSBPT

1. There is a perceived need by the members to establish a data bank for members of the Orthopaedic Section. Some of the items within this data bank might be a bibliography of legal incidents, a listing of consultants on specific areas of practice issues, a file of legal briefs, and a file of state legislation and legal decisions.

An outline will be compiled for the Fall Executive Committee meeting of the resources that are available. Anyone having recommendations for a well informed consultant, please provide the Practice Chair with their name.

2. The Orthopaedic Section requested the Council of Section Presidents establish a group practice committee with representatives from each Section to address areas of commonality. A meeting of the Council of Section Presidents Com-

mittee is planned for February, 1994 at CSM and Scott has offered to coordinate this effort.

3. The Section Executive Committee moved to appoint a task force to identify five objectives germane to orthopaedics addressed by the Practice Committee. Members of this task force are John Medeiros, Dorothy Santi and Scott Stephens. The task force will have a report which will be presented at the Executive Committee meeting in September/October, 1993.

4. The Orthopaedic Section asked Marilyn Moffat, informally, to consider having a representative from the Sections Practice Committee participate on the APTA's Advisory Council on Practice. At this time that will not occur. We hope to move more in that direction in the future.

5. The Executive Committee approved funding for a Worker's Comp Focus Group with the Private Practice Section and the APTA. The Section will fund \$7,000 per year for the next three years to be used to address issues affecting worker's compensation coverage.

6. LEGISLATIVE ALERT: The \$750 limit on physical therapists in independent practice as imposed by Medicare has been elevated to \$900 by action of the United States House of Representatives and is currently being considered in the Senate. The legislative alert is to ask each member to please contact your Senator and request that your Senator support Senator Chafey's amendment that instead of lifting the cap to \$900 remove the cap altogether. The telephone number to call is 202-224-3121.

C. Public Relations—Z. Annette Iglarsh, P.T., Ph.D.

1. The Resource Manual on the formation of study groups will be available for dissemination sometime this summer through the Section office.

2. The Orthopaedic Section will be sponsoring a student to CSM in 1994. Academic programs will be sent the guidelines on the program and how to nominate a student. Guidelines will also be published in *Orthopaedic Practice*.

3. A Cumulative Trauma Hotline will be conducted during CSM 1994. Section officers will be donating their time to help man the hotline and we are requesting that our members do the same. Two (2) hour time blocks are being assigned. Please call the Section office to volunteer for your time block.

D. Awards—Z. Annette Iglarsh, P.T., Ph.D.

The Awards Committee put forth several nominees for APTA awards. Several Orthopaedic Section members are

receiving awards and will be recognized at the Recognition Luncheon. One of the more notable awards, the Kendall Award, has been given to Susan Isernhagen who was strongly supported by the Orthopaedic Section.

E. Nominating Committee—Bill Boissonnault, M.S., P.T.

1. The offices up for election in 1993 were Treasurer and Nominating Committee Member. Congratulations to Dorothy Santi who was elected Treasurer and Carol Jo Tichenor who was elected Nominating Committee Member. There were 564 valid votes submitted. On behalf of the Nominating Committee all those who submitted names of potential candidates were thanked as well as those who agreed to run for office. Nominating Committee members, Gary Smith and Michael Wooden were also thanked, as well as the Section office staff, for helping out in the election process.

2. Nominations were solicited from the floor for APTA offices. Anita Lovelace Chandler and Mark Lane were nominated for Board of Directors.

F. Outgoing officers: John Wadsworth, Treasurer; Bill Boissonnault, Nominating Committee member; and Jan Richardson, Immediate Past President, were recognized for all of their time and effort during their terms of office.

G. Installation of New Officers

Carol Jo Tichenor, the newly elected Nominating Committee Member, was sworn in by reading the oath of office.

H. Occupational Health Special Interest Group (SIG)—Dottie Nelson, P.T.

1. Membership packets will be developed for members of the SIG. Packets will include standards for work hardening and work conditioning and a questionnaire on membership profile.

2. Developing a membership directory for the Occupational Health SIG is being investigated.

3. Dennis Isernhagen has been working hard to get funding for a focus group that would look at worker's compensation issues. Funds would be pooled from the APTA, Private Practice Section and Orthopaedic Section.

PRACTICE ISSUES FORUM—J. Scott Stephens, M.S., P.T., FFSBPT

Approximately 30 members were in attendance to discuss the following issues: Health Care Reform, Reimbursement Issues and, Encroachment. The forum was opened up for discussion of other practice issues before adjourning the meeting.

Adjournment—9:30 AM

ORTHOPAEDIC STUDY GROUPS

In an attempt to identify for section members study groups which are functioning in their area, the following list of persons concerned with study groups is published. It is our hope to develop a network of study groups to facilitate acquisition of the vast amount of knowledge encompassed in the area of orthopaedics.

ALABAMA

Tuscaloosa Area Orthopaedic Study Group

James A. Korte, Coordinator
c/o Department of Rehabilitation
DCH Regional Medical Center
809 University Boulevard E
Tuscaloosa, AL 35403
(205) 759-7157

ARIZONA

The Phoenix Manual Therapy Study Group

c/o Arizona Physical Therapy Professionals
Timothy O. Fearon
6135 North Seventh Street
Phoenix, AZ 85014
(602) 230-9871

Southern District Orthopaedic Physical Therapy Study Group

Christina Kiefer
1701 W. St. Mary's Rd, Ste. C101
Tucson, AZ 85745
(602) 791-2748

CALIFORNIA

Los Angeles Orthopaedic Study Group

Lyman Kennedy, Chairman
4144 North Gayle Street
Orange, CA 92665
(714) 638-9309 (Home)
(714) 847-1367 (Work)

Manual Therapy Study Group

Alice L. McCleary
1321 Cary Way
San Diego, CA 92109
(619) 488-6130

Northern California Orthopaedic Study Group

Richard Fike, MS, PT
4737 El Camino Avenue
Carmichael, CA 95608
(916) 487-3473

San Luis Obispo Orthopaedic Study Group

Ross Dover
6854 Morro Avenue
Morro Bay, CA 93442

Southern California TMJ Study Group

Joan Schmidt, PT.
10921 Wilshire, Suite 704
Los Angeles, CA 90024
(213) 208-3316

Bay Area Orthopaedic Study Group

Daniel L. James, PT
1716 Ocean Avenue, #196
San Francisco, CA 94112-1792

CONNECTICUT

Regional Physical Therapy

Sharon Weiselfish, MA, PT
Crossroads Plaza
740 North Main Street, Suite 2-G
West Hartford, CT 06117
(203) 523-5487

FLORIDA

East Central Florida Orthopaedic Study Group

John C. Trittschuh
119 West Plymouth Avenue
Deland, FL 32720
(904) 738-3456

Manual Therapy Interest Group

Adam Geril, MS, PT, Chairman
Shands Hospital at the University of Florida
P. O. Box J-341
Gainesville, FL 32611
(904) 395-0295

Jacksonville Area Orthopaedic Physical Therapy Study Group

Don J. Hunter, MS, PT
4171 Roosevelt Blvd.
Jacksonville, FL 32210
(904) 384-8798

Southeastern District Orthopaedic Study Group

Bruce R. Wilk, PT, OCS
8780 SW 92 St. #206
Miami, FL 33176
(305) 595-9425

ILLINOIS

Chicagoland Orthopaedic Physical Therapy

Elena Kurth, Vice-President
P.O. Box 4861
Oak Brook, IL 60522
(312) 525-7868

IOWA

Southeast Iowa Orthopaedic Study Group

Kim DeVine Johnson, Chairman
Terri Sannes, Secretary/Treasurer
Iowa Medical Center
411 10th Street SE
Cedar Rapids, IA 52403
(319) 398-1569

Mid Iowa Orthopaedic Study Group

Jim Nespor, PT, ATC
Sports Medicine & Physical Therapy Center
132 Recreation/Athletic Facility
Ames, IA 50011
(515) 294-2626

KENTUCKY

Louisville Sports-Orthopaedic Study Group

Larry Benz, PT, Chairman
134 Heartland Drive
Elizabethtown, KY 42701
1-800-248-8262

LOUISIANA

New Orleans Orthopaedic Study Group

Rebecca Devoe
136 Rosewood
Metairie, LA 70005
(504) 831-4285

Bayou Orthopaedic Study Group

John Schmidt
1329 Englewood Drive
Slidell, LA 70458
(504) 649-5311

MARYLAND

Orthopaedic Study Group of Southern Maryland

Bob Grossman, Chairman
2415 Musgrove Rd.
Silver Spring, MD 20904
(301) 989-9040

MASSACHUSETTS

Southeastern Massachusetts Orthopaedic Study Group

Nanci Machnik, PT, Chairman
Box 12-A, 3 Village Way
Brockton, MA 02401
(617) 587-5367

MICHIGAN

Grand Rapids Area Orthopaedic Study Group

Joe Witte
355 Carlton, S.E.
Grand Rapids, MI 49506
(616) 458-6198

Southeastern Michigan Orthopedic Study Group

Frank Kava, PT
Oakland Physical Therapy, P.C.
39555 West Ten Mile Road, Suite 301
Novi, MI 48375
(313) 478-6140 FAX (313) 478-6167

MINNESOTA

Minnesota Orthopaedic Study Group

Dennis Cramblit
The Orthopaedic and Fracture Clinic
Physical Therapy-Sports Medicine Center
309 Holly Lane
Mankato, MN 56001
(507) 387-3444

Minnesota Orthopaedic Study Group

Jane Tadsen
501 South Maple Street
Waconia, MN 55387
(612) 442-2191 ext. 632

Central Minnesota Orthopaedic Study Group

K.C. Bennink
Abbott Northwestern Hospital
Physical Therapy Department
800 E. 28th Street
Minneapolis, MN 55407
(612) 863-4446

MISSOURI

St. Louis Orthopaedic Study Group

Janet Tenhula, M.H.S., P.T.
509 S. Euclid Avenue
St. Louis, MO 63110
(314) 362-2381

NEW JERSEY

North Jersey Orthopaedic Study Group

Brian Miller, Chairman
524 Westfield Avenue
Westfield, NJ 07090
(201) 233-1222

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CALL FOR PARTICIPANTS to serve as Clinical Research Consultants

The Research Committee of the Orthopaedic Section is developing a resource list of clinical research experts who would be willing to serve as consultants to section members interested in developing or completing research projects in orthopedic physical therapy. The role of the consultant may range from suggestions via the telephone to collaboration in a research project. The extent of involvement of the consultation is strictly up to the consultant and the member. Clinical research experts should have a demonstrated record of refereed publication in a specific area of orthopedic physical therapy research or practice. If you are interested in serving the Section as a Clinical Research Consultant, please send the information requested below (with an updated resume or curriculum vitae, if possible) to the Orthopedic Section office.

Orthopedic Section, APTA, Inc.
Research Consultant Program
505 King Street, Suite 103
La Crosse, WI 54601

The Section will make this information available to all members by publishing a list of consultants and their areas of expertise in *Orthopaedic Practice*.

If you would like more information, call the Section office at 1-800-444-3982.

Clinical Research Consultant Program

Name _____ Daytime phone _____

Address _____

Specialty area(s) _____

In what content area(s) are you interested in serving as a consultant? _____

Publications (attach separate sheet, if necessary) _____

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 94-1
TOPIC: LUMBAR SPINE
COURSE LENGTH: 6 SESSIONS JANUARY THROUGH JUNE 1994

Proposed Authors and Topics:

- Carl DeRosa, PT, PhD, and James Porterfield, PT, MA, ATC
Lumbopelvic Anatomy & Mechanics and their Relationship to Low Back Pain
- James McGavin, MSc, PT, DipMDT
McKenzie Approach to the Lumbar Spine
- Anne Putnam, MHS, PT, et al
Thoracolumbar Spine: Postsurgical Rehabilitation of the Orthopaedic Patient
- James Swain, MPT
Radiology of the Lumbar Spine
- Raymond Vigil, PT
Industrial Medicine and the Lumbar Spine
- Russell Woodman, MA, PT
Cyriax Approach to the Lumbar Spine

Each manuscript will include:
ANATOMY • BIOMECHANICS • PATHOMECHANICS • EVALUATION • TREATMENT

THE EDITOR: Kent Timm, Ph.D., PT., ATC, SCS, OCS, FACSM
 St. Luke's OSF
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 (517) 771-6355

| | | |
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| REGISTRATION FEES: | Before December 3 | After December 3 |
| | \$150.00 Orthopaedic Section Members | \$200.00 |
| | \$225.00 APTA Members | \$275.00 |
| | \$300.00 Non-APTA Members | \$350.00 |

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.
 *If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refunds will be given after the start of the course.

EDUCATIONAL CREDIT: 30 contact hours
 A certificate of completion will be awarded to participants after successfully completing the final test.
 Only the registrant named will obtain the CEUs.
 No exceptions will be made.

REGISTRATION FORM
ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 94-1

Name _____
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FOR MORE COURSE INFORMATION, CONTACT:
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presents
**1993 REVIEW FOR
ADVANCED ORTHOPAEDIC
COMPETENCIES**

**ST. LOUIS, MISSOURI
St. Louis Airport Hilton
November 3-7, 1993**

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**.)

*See inside front cover for registration
and hotel information.*