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Orthopaedic Physical Therapy Practice

Occupational Health SIG Newsletter Enclosed

AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 95-1

TOPIC: THE FOOT AND ANKLE

COURSE LENGTH: 6 SESSIONS JANUARY-JUNE 1995

Proposed Authors and Topics:

- *Damien Howell, MS, PT*
  Treatment Approaches to Foot & Ankle Disorders using Exercise & Orthotic Devices
- *Jeff Kloer, PT*
  Traumatic Disorders of the Foot & Ankle
- *Tom Mayhew, PhD, PT*
  Anatomy of the Foot & Ankle
- *Mike Mueller, PhD, PT*
  Systemic Diseases which Affect the Foot
- *David Tiberio, MS, PT*
  Biomechanics of the Foot & Ankle
- *Michael Wooden, MS, PT*
  Overuse Syndrome of the Foot & Ankle

Contained within this course is information relating to:
• BASIC SCIENCE • PATHOLOGY •
• ISSUES OF CLINICAL DECISION MAKING •
• CASE STUDIES •

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Orthopaedic Physical Therapy Practice

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Editor's Note

Has It Really Come To This?

Not long ago I saw something that really disturbed me. While reviewing charts for a local private practice, the marketing director approached me and asked me to comment on the newspaper ad he was holding. The ad, placed in a major metropolitan daily, promoted the opening of the practices' newest office. Here, in part with the names changed and emphasis added, is what the ad said:

> NEW *VENTURE* IN HEALTH CARE
> ABC REHAB CENTER
> is pleased to announce a Physical Therapy &
> Orthopaedic Physician office *venture* with
>
> XYZ ORTHOPAEDICS
>
> The Area's finest, most highly-qualified Orthopaedic surgeons specializing in joint replacement, sports injuries and other general Orthopaedic conditions
>
> address
> Accepting New Patients at (phone)

I was confused. This particular practice is therapist-owned and takes pride in that fact. I asked the marketing director if he was looking for trouble. He told me that he had not placed the ad. So, I asked him why he would allow the orthopaedic surgeons to place an ad like that. He assured me that they had not placed the ad either. I stared incredulously as he informed me that an unknown person had paid cash to run the ad. Had we been in Hollywood, perhaps that little cartoon light bulb would have appeared over my head at that instant. Ostensibly, this is a normal advertisement. Only a physical therapist or another health care practitioner would object to the venture language—especially in Ohio, where referral for profit has been statutorily prohibited.

Who was this unidentified person willing to spend cash to impugn the reputation of a new physical therapy practice? Logic dictates that it was a competing therapist and hence my questions . . . *has it really come to this?* Are there physical therapists who are that cutthroat? Are readers going to comment on my Ohio naivete? I await your comments, but I think I'd rather tell the story and move on. Certainly, there are bigger professional fish to fry. We are faced with a number of issues that may redefine how we practice within the next five to ten years. The old adage of "United we stand and divided we fall" seems more than appropriate. So if there are other battles left to fight, let's get on with them!

Jonathan M. Cooperman,
MS, PT, JD

PRESIDENT'S REPORT

This anticipated era of health care reform has evolved into more of a time of internal changes rather than national or global changes. That is, as the politicians banter health care reform back and forth across party lines the medical community is creating organizational alliances and clinical efficiencies in anticipation of proposed changes in reimbursement. Consequently, the Section continues to identify activities that will benefit our membership by proactively addressing this evolving environment. The following is a list of some of these activities:

- Presentation of a Clinical/Practice Issues Forum at the CSM Business Meeting and membership meeting at Annual Conference
- Establishment of the Research Issues Forum at CSM to identify efficacy and efficiencies of treatment
- Active participation in the Worker's Compensation Focus Group (Trialliance among Orthopaedic Section, PPS and APTA) to identify, compile, and disseminate of Worker's Compensation Reimbursement information and legislation nationally.
- Provision of high quality, accessible continuing education programs such as seminars at CSM and Annual Conference, Section's course on "Review for Advanced Orthopaedic Competencies and home study programs.
- Communicate in Section publications about changes in the profession and possible actions to be taken to successfully meet the clinical, administrative and fiscal demands of this decade.

You, as an active member, can use the Section to prepare you and your practice to meet the challenges of health care reform and the growth of managed care by:

- offering to present at the Section's Issues and Research Forum
- attending these meetings at CSM
- submitting state and payor information on Worker's Compensation to the Focus Group
- contributing to Section publications on clinical studies
- compiling clinical research to develop scientifically sound practice parameters and submit these findings to the Focus Group
- becoming knowledgeable about the evolving APTA stand on health care reform and becoming an advocate for these issues with your peers in your medical community, and your patients, the consumers of the new health care plan
- assisting the Practice Committee in their lobbying efforts to bring physical therapy issues to "the Hill"
- requesting state worker's compensation information from the Focus Group to assist you in practice billing.

Actively involved physical therapists can be effective facilitators of change, not victims of health care reform. It's your choice, it's your profession.

Z. Annette Iglarsh, PT, PhD, President

FROM THE SECTION OFFICE

Terri A. Pericak, Executive Director

The Finance Committee met at the end of August to review and discuss the Section's investments; finalize the 1995 budget and strategic plan; and hear presentations from the Section's investment brokers, auditor, accountant and staff. The entire Finance Committee as well as the President of the Section, Dr. Annette Iglarsh, were present. All who attended and presented at the meeting helped to make it a great success!

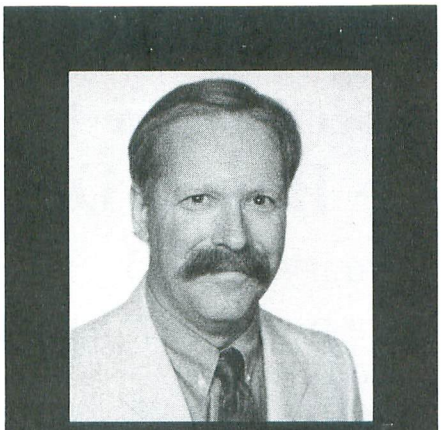
The Board of Directors for the Section met in Scottsdale, Arizona, September 29—October 2 for their annual fall meeting. Some of the issues discussed included; PTON (Physical Therapy Online Network), which the Section is considering making available to the membership for retrieving outcomes data; purchasing a building to house the Section office; choosing a publisher for *JOSPT* for 1996-1998; and approving a balanced budget for 1995. More information on the outcome of these discussions will be highlighted in the January, 1995 issue of *Orthopaedic Physical Therapy Practice.*

Speaking of 1995, the Combined Sections Meeting is just around the corner. It will be held in Reno, Nevada from February 8-12. The final program schedule for Orthopaedic Section programming can be found in this issue of *Orthopaedic Practice.*

As always the Section will be hosting its traditional Black Tie and Roses reception to honor the Rose Excellence in Research Award winner for 1995. Also, the Section will be recognizing another Paris Distinguished Service Award winner. The Paris Award recipient will be presenting his lecture the hour preceding the Black Tie and Roses reception. The award will be presented immediately following the presentation.

All of us from the Section office wish all of you a safe and healthy holiday season and we look forward to working with you to help achieve another prosperous year in 1995. Hope to see you in Reno!

PARIS DISTINGUISHED SERVICE AWARD '95



Joseph P. Farrell, PT, MS

The Orthopaedic Section, APTA proudly recognizes the third recipient of the Paris Distinguished Service Award: Joseph P. Farrell, PT, MS.

Joe was born on May 22, 1952 and was raised in Park Forest, Illinois. He received a B.S. degree in physical education from Illinois State University in 1974 and a certificate in physical therapy from Northwestern University in 1976. He completed a year long manual therapy residency program in Perth, Western Australia in 1979, where he received a post graduate diploma in Manipulative Therapy from the Western Australian Institute of Technology (W.A.I.T.) After research with Dr. Lance Twomey, Joe received a M.S. degree in Health Sciences from W.A.I.T. in 1981. The results of his original clinical research trial pertaining to manual therapy appeared in the Australian Medical Journal in 1982. In 1984 he joined the clinical faculty of the Kaiser Hayward, CA, Physical Therapy Residency Program in Advanced Manual Therapy, where he currently holds the position of senior clinical faculty.

In December, 1987, Joe and his wife Edie founded Redwood Orthopaedic Physical Therapy, Inc. in Castro Valley, CA. His private practice has grown to 6 physical therapists who all have completed advanced manual therapy residency programs.

Joe has been actively involved in the Orthopaedic Section of the APTA since 1987. He served as Chairman of the Orthopaedic Specialty Council's Examination committee that was involved in the development of the blueprinting of the original Orthopaedic Specialty Examination, the organization of item writer workshops throughout the USA and the development of hundred's of test questions for the orthopaedic specialty examination. In his early work with the Orthopaedic Specialty Council, he was a strong advocate of the use of practical examinations to assess clinical competency as an adjunct to written examinations.

Joe's professional memberships include the American Physical Therapy Association, Orthopaedic and Private Practice Sections, California Chapter of the APTA, The Manipulative Physiotherapy Association of Australia and the American Academy of Orthopaedic Manual Physical Therapists. He has also served as a manuscript reviewer for the APTA journal and has 13 publications relating to orthopaedic physical therapy. He co-edited the APTA's journal, *Manual Therapy Special Issue*, in December, 1992.

In August of 1991 Joe was involved as a founding member of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT). Joe was elected the first president of the AAOMPT and recently was re-elected to a second three year term. During his first term as President of the AAOMPT he co-authored the "AAOMPT Standards of Orthopaedic Manual Therapy Residency Training" that was utilized to successfully gain voting membership in the International Federation of Manipulative Therapists (IFOMT). The successful drive to attain membership in IFOMT fulfilled dreams of many manual therapists in the USA and the world. Joe's interests in furthering clinical residency programs where physical therapists can receive extended periods of 1:1 clinical mentoring combined with coursework in the applied sciences and research are part of his lifelong goal to see the profession offer its members advanced clinical training opportunities. Joe's efforts were a major force in the APTA Board of Directors decision in March 1994 to form a task force to study the feasibility of accrediting residency programs.

Joe has presented scores of professional presentations at physical therapy and medical conferences as well as weekend seminars throughout the USA. He stresses that physical therapy is a practically oriented profession that must possess excellent clinical decision making skills to survive in a competitive market place. During his nearly 11 year tenure teaching for the Kaiser Manual Therapy Residency program, Joe has been known for his innovative approach to teaching as well as motivating students to strive for clinical excellence.

Outside of the busy teaching and clinical schedules, Joe strives to spend quality time with his wife Edie and daughters, Jenny (age 11) and Shannon (age 9). He finds time to coach soccer and attend the many softball games that his girls have played. He also enjoys basketball and rock 'n roll, blues and country music. The Farrell's also enjoy sports such as snow skiing, mountain biking, tennis and golf. Most of all, they enjoy being with close friends and family.

In summary, Joe's exceptional ability to bring together individuals with divergent ideas, his creativity, leadership, persistence, dedication to clinical excellence and professionalism are qualities which make Joe a role model for orthopaedic physical therapists. Joe's "never give up attitude" is central to his energetic personality and the root of his commitment to serve the profession. It is with great pleasure that we honor Joseph P. Farrell with the 1995 Paris Distinguished Service Lecture Award.

The Orthopaedic Section, APTA, Inc.

presents

1995 Combined Sections Pre-Conference Course

"Performance Based Documentation"

Wednesday, February 8, 1995 --- Reno, Nevada

Instructors: Donna El-Din, PhD, PT
Gary J. Smith, PhD, PT, OCS

Schedule: 8:00am - 12:00pm
1:00pm - 4:30pm

Tuition: Orthopaedic Section Members: $125.00
APTA Members: $175.00
Non-APTA Members: $200.00

(Tuition fee includes a refreshment break prior to the seminar and two breaks during the seminar)

Educational Credit: 7.5 Contact Hours

For more information, complete the form below, detach and mail to:

Orthopaedic Section, APTA, 505 King Street, Suite 103, La Crosse, WI 54601 *(800)444-3982

(Tuition fee is separate from the Combined Sections Meeting registration fee)

Register quickly! Attendance is limited to 50 participants!

"Performance Based Documentation" Pre Conference Course

Name: _____ Day-Time Phone ( ) _____

Address: _____ City: _____

State: _____ Zip: _____ APTA ID #: _____

Enclosed is my registration fee in the amount of $ _____. Ortho Sec. Mbr ___ APTA Mbr ___ Non-Mbr ___

Make checks payable to the Orthopaedic Section, APTA, Inc.

_____ **Check here if you have special needs that are regulated by the American Disabilities Act**

Cancellations 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.

Course Description: This course will focus on a description of the DEP model of documentation, a model which promoted documentation based on functional outcomes. Basic to the model are performance goals. Practice sessions based on clinical applications will be included. There will be opportunity for open discussion.

Course Objectives: *Review basic concepts of documentation *Determine third party payor requirements for documentation *Define functional outcomes *Select measureable data *State physical deficits in functional terms *Hypothesize causes of dysfunctions *Relate physical therapy interventions to the hypotheses *Develop measureable functional outcomes *Document the plan of client care *Utilize the DEP procedure in the current clincial setting *Transfer the knowledge of the DEP approach to other areas of practice *Review options available for computerized documentation.

ORTHOBICIZE!

A NEW CONCEPT IN REHABILITATION OF CERVICAL AND LUMBAR DYSFUNCTION

By Anita Greenhaus, PT

INTRODUCTION

Current research has shown that improvement in overall level of fitness is a critical part of rehabilitation of patients with spinal dysfunction. Therefore, inclusion of an aerobic exercise regimen into the rehabilitation program is an important aspect of treatment and should not be overlooked.

Aerobic type activity is characterized by rhythmic, large muscle activity of low to moderate intensity level, performed continuously without excessive respiratory distress. It has been proven to (a) increase bone mineral content [1], (b) improve integrity of intervertebral discs [2], (c) increase muscle mass [3] and, (d) improve participant's feelings of well-being and self esteem [4].

Even though patients are able to perform exercises, whether they be strengthening, flexibility, etc., in the controlled treatment environment, they often continue to have difficulty performing their daily activities. This is because they are frequently deconditioned as a result of long term disability, or they may simply have an inability to transfer the exercises taught into a functional activity. Thus, a patient requires strength and endurance training.

HISTORY

Although exercise and a desire for fitness bring many people to fitness centers, jogging trails or aerobic classes, people with back dysfunction are often excluded from participating because these activities frequently exacerbate painful symptoms. Patients were also fearful of exercising without trained supervision. Many times my patients seemed to feel lost upon discharge from physical therapy. They did not know where to proceed. Pain control had, for the most part, been achieved, but they were deconditioned from prolonged lack of activity.

It was obvious that my patients needed to increase their endurance. They had been told, either by me or their physician, that improvement in their cardiovascular status was important. However, many found a walking program too boring, bicycling too uncomfortable and an aquatic program inaccessible. Many of my patients did, however, express a desire to participate in aerobic classes. Unfortunately, they were afraid to join an aerobic class, feeling that either the moves were too dangerous or the instructor not knowledgeable.

When I started taking aerobic classes it became clear to me why people with back problems were afraid to take such classes. Frequently, the movements were biomechanically unsafe and the warm-up was physiologically unsound. Indeed, some of my patients had first injured themselves in an aerobic classroom. Consequently, I searched for programs that would be safe for them. I was disappointed to find that there were neither classes that would be appropriate for my patients nor were there satisfactory videotapes that I could recommend. Aerobic classes performed while sitting were unacceptable as many of my patients were young and, prior to injury, very active. There was an absence of programs designed specifically for people with back problems who were relatively pain free and otherwise functional. Therefore, I determined to remedy this void by starting aerobic/exercise classes for this specific population. And, to better accomplish this goal, I became an American Council on Exercise (ACE) certified aerobic instructor.

To accomplish physical fitness as part of overall physical rehabilitation, I combined the goals of therapeutic exercise with endurance training by placing specially prescribed exercises in the aerobic class setting. As the participants could not move as fast as they would have had to in a "standard" class, I utilized music with a beat and tempo to accommodate their limitations. I coined the term Orthobicize! to describe my program.

CLASS FORMAT

The design of the exercise intensity of the class is that of a bell shaped curve, allowing for a gradual increase and a gradual decrease in aerobic activity which accommodates the participants "sensitive" musculature. The beats per minute, which represent the speed of movement, were decreased from 150 beats/min (standard class) to 90-100 beats/minute. Because the philosophy of the Orthobicize! program is that exercising can be fun, I use lay rather than physical therapy terms.

The hour long class begins with a ten minute floor warm-up and stretching segment, consisting of pelvic tilts, bridging and alternate knee to chest. We then advance to the RI or reciprocal inhibition stretch. With this technique, the agonist muscle contracts, causing its antagonist muscle to reflexively relax. When stretching physiologically, the agonist muscle stimulates its muscle spindle Ia afferent fibers to send excitatory impulses to the antagonist muscle [5]. A study conducted by Wilkonson in 1992 concluded that "reciprocal relaxation is the most effective technique for stretching normal muscles" [6].

Figure 1 demonstrates an RI stretch. Hamstring and gastrocnemius stretching is obtained by supporting the upper leg

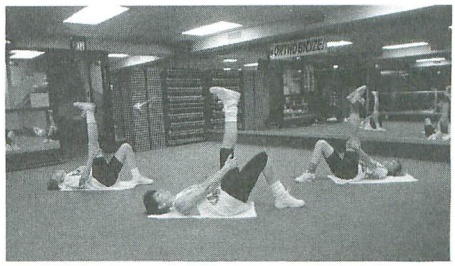


FIG. 1

with the arms and slowly straightening the knee. The foot is lowered halfway and straightened again. On the last of eight repetitions, the knee is kept straight and the foot is flexed to the floor. Contraction of the quadriceps relaxes the hamstrings and contraction of anterior tibialis relaxes and stretches the gastroc/soleus complex. Hip abductors, flexors, rotators, etc., as well as knee muscles are stretched in similar fashion.

The aerobic portion begins with a 10 minute standing warm-up. This way, if participants cannot lower themselves to the floor, or if they need assist to stand, they still get a sufficient warm-up before exercising.

Cervical rotations, flexion, extension to

neutral, lateral flexion and military extension are performed. We then proceed to pelvic tilts, hip elevations, toe taps, heel ups and small knee bends followed by shoulder and arm movements.

Next, we advance to the aerobic portion, starting with the "grapevine." The Orthobicize! class puts a new twist on standard exercises. For example, in physical therapy treatment, this exercise is called braiding (*Figure 2*).

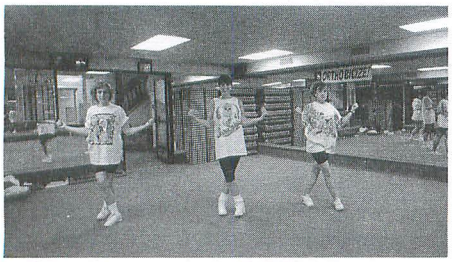


FIG. 2

Thoracic rotation is then achieved with a movement I call the corkscrew (Figure 3). In the Orthobicize! class, movements are specially designed so that each movement has a varying level of ability in the same class. Varying levels of intensity are achieved by arm positioning. Selection of movement is based upon the participant's level of ability. Advanced participants can further increase the intensity level by performing knee lifts while doing the corkscrew exercise.

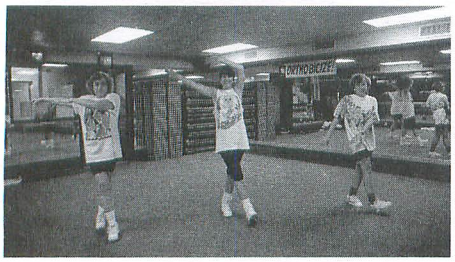


FIG. 3

Depending on whether knee or heel is selected, and in conjunction with arms low or high, or no arms at all, a multitude of intensity levels can be achieved.

Trunk lateral flexion is performed with the "hitchiker" (Figure 4). Varying degrees of trunk lateral flexion are achieved by appropriate arm selection. This is another example of how selection of movements allows participants to vary their intensity level.

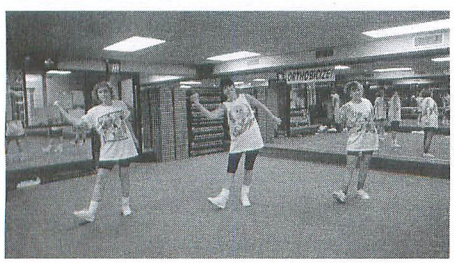


FIG. 4

Coordination exercises are accomplished with "opposite-arm-and-leg" alternated with heel forward and a biceps curl. Participants must immediately return to the opposite arm and leg movements. These quicker changes require the participants to fully concentrate on the movements they must perform. Thus, attention is diverted away from the amount of time spent exercising.

Midway through the aerobic portion, peak intensity is achieved. At this point, movements are meant to achieve aerobic benefit rather than to improve coordination, flexibility, etc. The "star" movement is performed by participants pushing arms forward, out to the side, and back. Speed of movement is at its fastest. If participants are capable, they chant with me "back, side, forward!"

In the aerobic cool down, extension movements are performed after pulses are taken. Participants cross their arms behind their backs coupled with one leg brought behind the other.

Beginners perform one movement at a time. However, as participants advance, one movement is alternated with another, like the opposite arm and leg alternated with heel forward. However, sometimes I will link 3 or more movements together—thereby causing changes to occur more frequently and with less predictability. It's also more fun. Here is a good example.

Karate (Figure 5) (forward opposite arm and leg)—note varying levels of intensity, Pec Dec, followed by Hitchhiker. Participants have to think fast!

A proper back program should include quadriceps strengthening. In Figure 6, we are performing the "kazatska" or "low quads." Participants position their pelvis and trunk in the most pain-free position. Participants stay low as long as possible.

At the standing cool down, pelvic twists and thoracic rotations are performed.

The class then returns to the floor, and the entire stretching segment is performed again, starting with a low back stretch (Figure 7). This movement is named the "dessert," because it's a perfect end to the class. After standing and exercising for 40 minutes, it feels great.

Not all participants perform all movements. If a patient has a movement that exacerbates symptoms, an alternate will be created. The movements shown are examples of the types of movements possible. They are not required of every participant.

ORTHOBICIZE CLASS REQUIREMENTS

Class size depends on the type of participants. A class can be as small as one patient and a therapist, or as many as 3-4 patients. Class size can be expanded by the addition of one to two discharged patients. If your class is a "wellness" class, not more than ten is desirable.

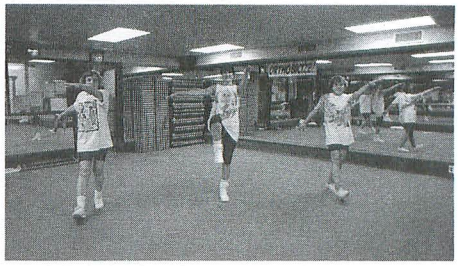


FIG. 5

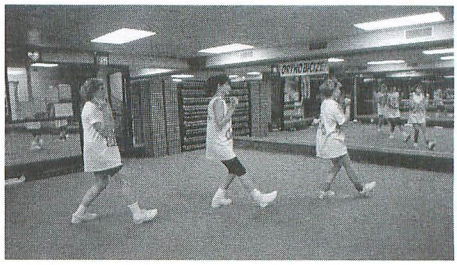


FIG. 6

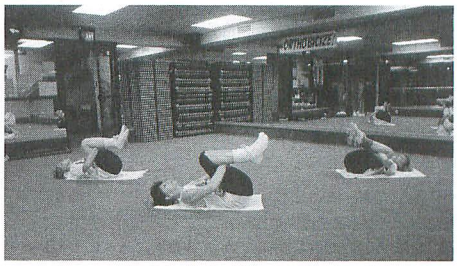


FIG. 7

Through trial and error, I found that there are certain prerequisites to participation in this aerobic/exercise program.

1. Pain management should be achieved before participation. This does not mean that the patient is painfree (as some patients will never be painfree), but that the patient is able to manage their level of pain.
2. The participant must be able to smoothly shift their weight from left leg to right leg.
3. The participant must be able to get up from the floor with maximum of one person assist.
4. The participant must be able to negotiate one flight of steps (determination of endurance).
5. The participant must be able to perform some degree of rotational and extension movements.
6. The participant should be in basic good health.

PRECLASS PREPARATION

Before starting any patient or participant in an aerobic exercise program, be sure that the American College of Sports Medicine (ACSM) guidelines on exercise testing and prescription are followed. According to these guidelines, many of your patients or participants will require an exercise test prior to embarking on an exercise program (This is true even if you are having your patients use a treadmill!). Proper medical clearance will be necessary in some cases. For specifics, please refer to the ACMS Publication, The American College of Sports Medicine Guide to Exercise and Testing [7].

The problem of liability insurance for wellness and preventative exercise programs is also a concern. If you expand your program to include community based ongoing "wellness" programs, your present liability insurance may not cover your wellness programs. Check with your insurance company. Otherwise, liability insurance can be purchased through insurance companies that insure fitness and aerobic instructors.

EXPANDING THE ROLE OF THE PHYSICAL THERAPIST

Since its inception, about one hundred patients/participants have participated in my program. Although I have not conducted formal research regarding the improvement noted by "Orthobicizers," I have observed that participants in the Orthobicize! class enjoy physical and emotional improvement consistent with research indicating positive improvement when people with chronic pain engage in one or another type of aerobic programs [8,9,10]. Because exercises in the Orthobicize! class are performed in the closed chain environment, there is improved carry-over to functional activity. Movements become more fluid. The participant begins to lose her fear of movement. The body becomes a friend from whom pleasure can be derived, rather than a source of pain. Involvement in an Orthobicize! program also provides the participant with a feeling of "mainstreaming"—no longer part of the "sick" world. And, although initial goals may be simply to regain strength and flexibility, I encourage all participants to increase their exercise level and gradually work up to exercising at their target heart rate.

Although I initially restricted the class to patients, I expanded into the nonpatient "wellness" arena where there are vast numbers of people with physical limitations. Eighty (80%) percent [11] of the population has some degree of low back pain, and many of these people also want to exercise. Exercising with a highly trained individual can be an incentive to begin an exercise program.

It is evident that aerobic exercise is a part of good medicine. People that participate in aerobic activity enjoy an improved sense of self esteem, well being and improved body image. The Orthobicize! program is a unique blend of exercise and cardiovascular training. For people with back dysfunction, true recovery can only occur if a return to a normal level of function is achieved. The Orthobicize! program can help to achieve that goal.

Note from the Editor:

Special Features in this *OP*

Hopefully readers will notice that this issue contains a newsletter within a newsletter. We have set aside space each issue for the Occupational Health Special Interest Group. Susan Abeln, PT, ARM will edit their newsletter as part of her duties as SIG Secretary. As other SIGs are formed, we will make every effort to offer the same level of support.

Also with this issue, our clinical research consultants bring you the first of several articles discussing research issues in orthopaedic physical therapy. The Section continually looks for ways to get you the biggest "bang for your buck." I invite you to contribute and/or let us know how we're doing.

Jonathan M. Cooperman, MS, PT, JD

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Anita Greenhaus is the owner of Greenhaus Physical Therapy in Woodbury, New York.

BARRIERS TO CLINICAL RESEARCH

By Paul Beattie, PhD, PT, OCS

As health care reform continues to evolve, physical therapists are increasingly called upon to justify their treatments. The justification of PT practice can only occur through the refinement of decision making generated by clinical research. However, despite the substantial educational background of PTs, few clinicians appear to be actively engaged in clinical research.

In a broad sense, clinical research can be thought of as a series of planned observations on patients with the goal being to determine optimal clinical management. The hallmark of clinical research is the utilization of the *scientific method* to make clinical decisions. Thus, every patient assessment should be a form of clinical research.

Formal clinical research can be performed in many fashions. Designs can range from single subject case studies to randomized, group designs. The common element of each of these designs is that they sound relatively simple until one attempts to perform them. Busy PT clinicians are faced with an extraordinary number of barriers which inhibit clinical research. The purpose of this paper is to identify these barriers and discuss some strategies for overcoming them. While the strategies will hopefully guide and motivate clinicians to perform research, the process is time-consuming and often frustrating. The personal rewards and contribution to our profession, however, make it worthwhile.

Barriers to clinical research

The barriers to clinical research may be divided into two general categories: 1) the fundamental barriers to performing research in a busy clinic and 2) the unique problems of using patients as research subjects.

In addressing the fundamental barriers, Backstrom (1) recently asked the question, "Why isn't there more clinical research?" The results of her survey of Colorado physical therapists was published in the Summer edition of *Orthopaedic Physical Therapy Practice* (*OP*). Not surprisingly, the three most frequently cited barriers were 1) lack of time, followed by 2) lack of knowledge in research process and 3) inadequate funds and personnel.

The lack of time for clinicians to perform research presents a formidable barrier. The demands of patient care, administrative responsibilities, and growing volumes of paper work easily occupy an entire work day and leave little time or energy for research. However, considering the importance of clinical research, clinicians must strive to create quality time for this. An important strategy is to negotiate a consistent amount of time during the week to discuss research, perhaps at a staff meeting or inservice period. Studies can be designed which require minimal additional therapist time. For example, the use of self-report questionnaires to obtain patient information can reduce therapist contact time with the patient and be quite useful in certain circumstances.

Most PTs have had at least one research class in their entry-level program yet few entry-level PTs appear to be confident to design and perform clinical research. It is my belief that PTs should be able to use the scientific method of reasoning and should be able to identify global research questions. However, to optimize the research design and data analysis, consultation is frequently necessary. Many hospitals have research consultants. Clinical PTs may find that their colleagues in educational programs are willing to assist them in their research. Finally, the Research Committee of the Orthopaedic Section has compiled a list of clinical research consultants. These consultants have volunteered to assist fellow PTs in designing clinical research projects. To find this list refer to the Summer 1994 issue of *OP*.

The final barrier, funding a research study can be problematic. Many simple study designs may require little or no funding. However, more sophisticated studies may require expensive equipment as well as funds to reimburse therapists and patients for their time. Numerous agencies have allocated funds for clinical research.

The strategies listed above may help clinicians to overcome the initial barriers to clinical research. The following section discusses *specific barriers* which arise as one attempts to perform research on patients. Just as in patient care, there are numerous factors which can influence the response of a research subject to a given intervention. In an attempt to control for this, one should always consider two primary features of a study: the internal and external validity. (2)

Internal Validity

Internal validity addresses the relationship of the independent variable (treatment) to the dependent variable (outcome measure). A threat to internal validity is any factor other than the independent variable which can influence the dependent variable. The most common threats to the internal validity of a study are as follows:

1. **Inappropriate or inaccurate measurement:** Numerous patient characteristics (dependent variables) may be measured during a clinical research study. These may be broadly classified as either pathologies, impairments, functional limitations or disabilities. (3,4) Whichever measurement the researcher chooses must be reliable and valid. An excellent presentation of the concepts of reliability and validity is presented by Rothstein. (5) He argues that a major problem with PT research is that the reliability and validity of many of our commonly used measurements are unclear. This is particularly true of such phenomena as graded passive motion, end feel and quality of movement. (3) Dan Riddle, in a future installment in this series, will discuss these issues as they relate to outcome assessment.

Measurement error can occur from numerous sources, including lack of standardization of a procedure and faulty instruments. One of the most common yet correctable sources of error is from examiner bias, eg. the examiner subconsciously alters the measurement to "make it fit." To control for this, the person who obtains the measurements should be unaware (blinded) of the patient's treatment. Unfortunately, in a busy clinic it is often difficult to do this, and as a result, many time-consuming studies become seriously flawed due to examiner bias.

2. **The natural history of many diseases:** The symptoms of many disorders often vary greatly over time. For example, in most people the symptoms of low back pain will disappear 6-8 weeks after their onset. Thus the patient who

recovers after 6 weeks of therapy may be demonstrating the natural course of the disorder rather than the effect of the PT treatment. Other disorders, such as rheumatoid arthritis, may have spontaneous exacerbations. This worsening of symptoms may be erroneously attributed to the PT treatment. Thus to truly "cancel out" the effect of the disease process, allowing the study to concentrate on the effect of treatment, one of the most challenging barriers of clinical research must be overcome: the formation of a *control group.*

3. **Difficulty creating control groups:** A control group receives either no treatment, or in some cases, a different treatment. (2) To allow for a valid comparison, the control and treatment groups must be as similar as possible in all important traits. This is best achieved by carefully defining the entry-criteria and by performing random group assignment. The formation of appropriate treatment and control groups in a clinical setting becomes problematic because it is often difficult to find subjects with similar traits even though they have the same diagnosis. Assignment to a control group may mean withholding a useful treatment and/or applying a less effective treatment. This raises the important ethical and medical-legal consideration of informed consent. With informed consent each potential subject is oriented to the study's goals, risks and benefits. Consenting subjects are told that they may potentially be assigned to a control group which receives no treatment or perhaps an inactive (placebo) treatment.

4. **Inconsistent administration of the independent variable (treatment):** Many treatment interventions are difficult to quantify relative to dosage, frequency and nature. An example of this relates to many of the manual therapy techniques. (3) These techniques are typically interactive, i.e. the next treatment is often based upon the patient's response to the previous one. Additionally, it is quite difficult to insure that multiple therapists will perform the techniques in an identical fashion. Thus it is very difficult to insure that within a given treatment group each patient will receive the same treatment. Very clear descriptions of treatment rules and application can be effective in overcoming these barriers.

Other common problems for the consistent application of a treatment include such issues as availability of equipment, availability of staff who are involved in the administration of the treatment and patient compliance and attendance.

5. **Failure to control for other variables:** Numerous other "confounding variables" can influence the patient's response to a treatment. A classic story is the researcher who couldn't understand why the subject's skin temperature on the palm of the hand dropped 10 degrees during the administration of a hot pack to the forearm. Upon closer examination it was revealed that the subject was on lunch break and was holding a cold soft drink can intermittently in his hand during the treatment. Thus one should consider every possible outside influence and attempt to control for it. These include such factors as psychological issues, social influences, the presence of secondary gain by the patient and numerous others. It is important to realize that it is virtually impossible to control for every possible confounding variable. However one should identify those variables of greatest importance.

External Validity

External validity refers to the extent to which the findings can be generalized from the sample (patients included in the study) to the population of interest. In other words, this concept relates to how strongly the conclusions of the study relate to the patients for which it is targeted.

The most common threats to external validity relate to the concept that the sample does not represent the population. An inordinate amount of physical therapy research has utilized "normal subjects." Numerous observations have been made and conclusions drawn toward various populations from these subjects. A classic example is determining the effect of isokinetic training on normal subjects and making conclusions that relate to patients with knee problems. The importance of clinical research is that the observations are made from real patients and can be generalized to patients with similar problems.

Another threat to the external validity of a study is that the sample size may be too small to represent a given population. For example, if a person reports observations on 3 patients with patellofemoral syndrome, are these generalizable to all people with this disorder? A general rule is the larger the N (number subjects in the study), the stronger the conclusion. The basis of statistical analysis is centered around making global statements from a limited number of observations. As one is planning a research study, consulting with a statistician can be useful in determining how many subjects are needed for the study.

Summary

Clinicians are faced with an enormous number of obstacles when performing clinical research. Issues such as time and money have been cited as the fundamental barriers. When these are overcome, clinicians must control for the threats to the internal and external validity that are so numerous when one attempts to perform research on patients. Despite these barriers, clinicians must realize that the future of PT practice relies on clinical research. This manuscript and the remaining manuscripts in this series provide strategies to help fulfill this critical need.

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Paul Beattie is an Assistant Professor at Ithaca College, University of Rochester. He is also a member of the Research Committee for the Orthopaedic Section, APTA.

A complete list of Clinical Research Consultants can be found on page 15 of the Summer issue of OP, Vol. 6;3:94.

AAOMPT ACCEPTS FIRST FELLOWS INTO MEMBERSHIP

By Carol Jo Tichenor, MA, PT, Standards Committee, and Joe Farrell, MS, PT, President, AAOMPT

American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) continues to be very busy with various educational and examination issues. Membership in the organization continues to grow. We now have several hundred members across the United States!

At the upcoming Combined Sections Meeting in Reno, Nevada in February, 1995, the Academy will be hosting its first general meeting where our newest fellows, associate members and other interested manual physical therapists can participate in the discussion relating to AAOMPT activities. Twenty five physical therapists were accepted as Fellows of the Academy at the recent August 1995 executive meeting of AAOMPT. In order to become a Fellow of the Academy, physical therapists must complete an application which has several parts. They must show evidence of successful completion of a manual therapy residency program which meets the published "AAOMPT Standards of Orthopaedic Manual Physical Therapy Residency Training" and evidence of current practice in manual therapy. The application must also submit three letters of recommendation and a resume listing certifications, degrees and relevant coursework.

Associate member status is open to any physical therapists with interest in orthopaedic manual therapy. Application forms for Associate and Fellow membership can be obtained from: Mike Rogers, PT, OCS, AAOMPT Membership Chairperson, Gulf Coast PT, 1500 45th Avenue, Suite B, Gulfport, Mississippi 35901.

Challenge process for experienced physical therapists

The AAOMPT agreed to work toward developing a practical examination challenge process for experienced physical therapists (who had not completed residency training) to become Fellows in the Academy. After a defined time period (projected to be 1998), all Fellows must be graduates of accredited residency programs. The challenge process is not on its proposed timetable. The Academy is working with various consultants in tests and measurement to insure a fair challenge process. This has been a costly and time consuming process. The Academy will keep interested physical therapists informed.

Observing the Political Scene in Canada—Orthopractic Society International

The Academy has been observing the development of the Orthopractic Society International, the brainchild of a Canadian physician. At the August 1994 meeting of AAOMPT, executive committee members voted not to endorse or promote the Orthopractic Society International at this point in time. In light of current health care reform, we feel that to associate with a society of this nature may jeopardize our negotiations with government and local agencies. The Orthopractic Society is directed towards providing the public, government and health care professionals guidelines for safe, scientific mobilization and manipulative therapy. The impact of the Orthopractic Society depends on the individuals who decide to join. These groups may include chiropractors, physical therapists, osteopaths and medical physicians. There are many arguments for and against supporting this group.

Application for new institutional members now available

The Academy is now ready to accept applications for manual therapy residency programs to become institutional members. The application requires the program to send in general descriptions of the program goals, mission, curriculum components (clinical supervision, coursework in manual therapy and the applied sciences, etc.) and resumes of all faculty. The program must also report the degree to which they are currently meeting the objectives, course content, instructional ratios, instructional hours and methods for assessing competency which are listed in the "AAOMPT Standards for Orthopaedic Manual Physical Therapy Residency Training."

The application procedures which are being required of manual therapy residency programs applying for institutional membership are the same as those which were required of the first eight programs which founded the academy. Applications can be received from Carol Jo Tichenor, MA, PT, Standards Committee, AAOMPT, PT Residency Program in Advanced Orthopaedic Manual Therapy, Kaiser Permanente, 27400 Hesperian Blvd, Hayward, CA 94545. Once the program has been approved as an institutional member, graduates of that program are eligible to apply for membership as a Fellow of the Academy. There is an institutional membership fee for review and approval of the application.

Accreditation of residency programs

The Academy has hired consultants to explore options for accreditation of residency programs. The AAOMPT also stimulated interest by the APTA Board of Directors to form a task force to explore the feasibility of accrediting clinical residency programs. That task force is being chaired by Carol Jo Tichenor, MA, PT and is composed of residency program directors and APTA certified specialists representing all of the current advanced clinical specialty areas.

Why didn't the Academy open membership sooner to other manual therapy residency programs? Various individuals and programs across the country have expressed concern that the direction of manual therapy is being governed by only eight programs. These individuals need to be aware that the founding members of the Academy and other committee members have expended hundreds of hours of volunteer time and donated their own financial resources to get the Academy to a point of stability. The Academy is now firm in its financial structure and focused in its mission to be ready to accept other manual therapy programs into its membership. We encourage and challenge new individual members and programs to become actively involved!

REQUEST FOR NOMINATIONS
ORTHOPAEDIC SECTION OFFICES

The Orthopaedic Section of the APTA needs your input for qualified candidates to run for the offices listed below. To serve is exciting and an honor! If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information. Return this completed form to the Chair of the Nominating Committee as soon as possible before January 1, 1995. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

Print full name of recommended nominee _____

Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Office Phone Number (_____) _____

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

CHECK THE APPROPRIATE POSITION:

☐ PRESIDENT (3 yr. term)

☐ VICE PRESIDENT (3 yr. term)
Candidates for President and Vice President should have Association experience on the Section, State or National level.

☐ NOMINATING COMMITTEE MEMBER (3 yr. term; 2 yrs. as member, 1 yr. as Chair)
Should have broad exposure to membership to assist in formation of the slate of officers.

Please return by January 1, 1995 to:
Michael Wooden, PT, MS, OCS
Orthopaedic Section, APTA, Inc.
505 King Street, Suite 103
La Crosse, WI 54601

Nominator: _____

Address: _____

Phone: _____

PRACTICE PROBLEMS??

The Practice Committee of the **Orthopaedic Section** needs to know your problems! Your input will define practice issues of importance to you as physical therapists in the area of orthopaedic physical therapy.

Please write, call or fax the issues you need to have addressed and resolved. Spending a few moments to share your problems may well be one of the better uses of your time today! Your voice will be heard only if you speak up.

Telephone: 800-444-3982
FAX: 608-784-3350

Scott Stephens, MS, PT
Orthopaedic Section, APTA, Inc.
Practice Committee
505 King Street, Suite 103
La Crosse, WI 54601

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Telephone #: (_____) _____

In my practice, I'm having trouble with _____

_____

Please get in touch with me to discuss _____

_____

_____

The Orthopaedic Section offers discounts on registration fees for the Home Study Courses for institutions with multiple registrants.

Please call 1-800-444-3982 for complete details.

SECTION NEWS

EDUCATION PROGRAM COMMITTEE

The Orthopaedic Section has a full program planned for the Combined Sections Meeting to be held in Reno in February. There will be special programming in Manual Therapy, Foot and Ankle, Chronic Pain, Occupational Health, Performing Arts and Head and Neck. There will also be extensive joint programming with other Sections and a record number of research presentations. We encourage everyone to attend our annual Black Tie and Roses, research presentations and reception.

We continue to be pleased with the success of our home study courses. You should have already received notice of the January 1995 course on the Foot and Ankle. Additionally, many of our previous courses are available for purchase upon request. Contact the Section office for details.

The Review for Advanced Orthopaedic Competency courses continue to be popular. The Williamsburg course was well received and evaluations were higher than ever. We are currently planning a second course in Minneapolis, Minnesota in November. We are very thankful to our speakers for consistently providing a high level of clinical teaching at this course.

The program committee is very aware of the changes in delivery of care that are facing most clinicians. We are working with several individuals to develop programs to assist our members in further validating and objectifying our practice. We welcome your input in this and other areas of interest.

Nancy T. White, MS, PT
Chair, Education Program Committee

FINANCE COMMITTEE

The Fall Finance Committee Meeting, held August 26-27, 1994, was "action packed." The Thursday morning prior to the start of the meeting your Treasurer and Don Lloyd, Finance Committee member, met with the *JOSPT* Advisory Council to discuss the request for proposals (RFP's) submitted by prospective publishers. In the afternoon I had the opportunity to spend two hours with Larry Boatman, the Section investment broker who handles our Building Fund, who enlightened me regarding the Section's investments. We also discussed our investment strategy.

The Finance Committee was pleased that your President, Annette Iglarsh, could attend the entire meeting. Her insight was valuable and informative.

The meeting began at 8:00 a.m. Friday morning with reports from our staff, Tara, Sharon and Mary, who gave brief descriptions of their responsibilities. This gave the Committee a good perspective on how the office runs and who is responsible for what.

Both financial advisors (brokers) presented for an hour each on everything we needed to know regarding our investments along with recommendations for the Committee to act on.

The Auditor and Accountant commended the Section. The Auditor feels our Section books are the "cleanest" he had ever encountered. Terri Pericak, Executive Director, gets the credit for this.

The remainder of the two days was spent working on the 1995 budget. Several motions were made to bring forth at the Board of Directors Fall Meeting as well as three pages of "to-do's." Everything went so smooth we finished for the first time ever at 3:00 p.m. on Saturday.

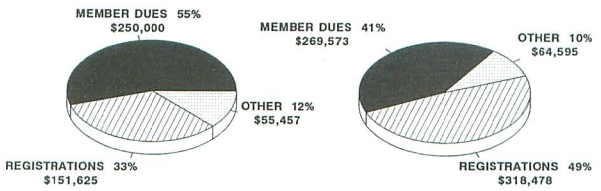
My thanks go to all Committee members for their preparation before the meeting and participation in the meeting, to Terri for all the ground work she did getting us organized and also to Annette for her valuable input.

Thank you for giving me the opportunity to serve the Section as Treasurer.

Dorothy Santi, PT
Treasurer & Finance Committee Chair

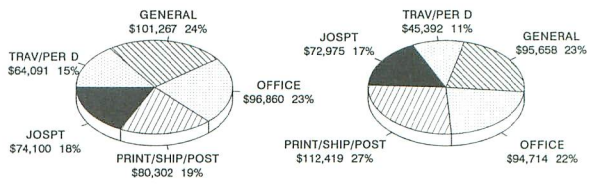
FINANCIAL REPORT

1994 BUDGET TO ACTUAL
INCOME: BREAKDOWN - June 30, 1994
(+42.8% over our expected budget)



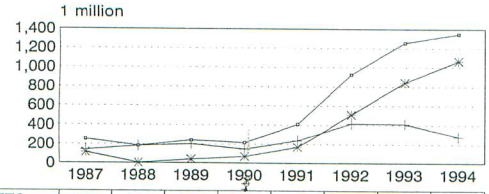
BUDGETED: $457,082.52 **ACTUAL: $652,646.86**

1994 YTD BUDGET TO ACTUAL
EXPENSE: BREAKDOWN - June 30, 1994
(+1.1% over our expected budget)



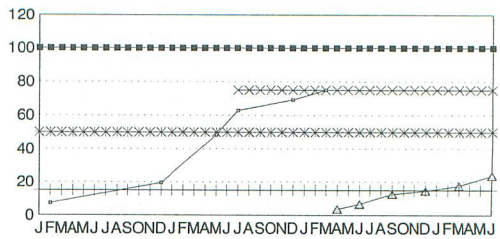
BUDGETED: $416,620.62 **ACTUAL: $421,158.19**

YEAR END FISCAL TRENDS
1987-1994 (1994 data is as of June 30, 1994)



	1987	1988	1989	1990	1991	1992	1993	1994
ASSETS	255	185	243	217	410	925	1,257	1,348
LIABILITIES	141	183	203	148	240	417	413	282
EQUITY	114	2	40	69	170	508	844	1,066

RESERVE FUND
January 1, 1991 to June 30, 1994



Volatile Markets Call for Perseverence from Investors

By Larry Boatman

If you are presently invested in the stock market, you probably have many questions regarding your investments in light of recent events. With the stock market's continuing turbulence, you may have rising concern about your equity investments, especially if you've seen them lose value in the past few months.

While the temptation may exist to sell any investments with falling market values, history suggests that your best course of action during times like these is not to panic. Rather than lock in your losses by selling now, you could later recoup your losses by persevering through short-term fluctuations.

Consider the following example:

The Standard & Poor's 500 stock index has risen an average of 8% in the past 25 years. If you missed the best five days of each year, your return would have dropped to 6.9 percent. If you missed the best 20 days, it would have dropped to 4.3 percent.* Thus, if you were to sell now, you could be selling right before the market takes off.

Volatility Creates Buying Opportunities

In fact, market downswings of the past have taught many investors that volatility can actually be a great bargain-creating tool. If you look at the market downswings as a sale on stocks, you could end up more than compensating for any losses you may incur today.

It is important to remember that the potentially high returns the stock market can offer are a trade-off for a certain level of risk. Although past performance does not guarantee future results, historically, investors who have ridden out the downswings in the stock market have ended up with returns higher than that of other investments, because of their willingness to accept more risk and their willingness to wait out short term fluctuations. The stock market is not a suitable investment option for short term investors.

Steps to Take Now if you are Invested in Stocks

1. Continue to invest regularly. If you continue to invest the same dollar amount regularly, you'll buy more shares when stocks are cheaper and fewer shares when stock prices are high.
2. Re-evaluate your portfolio and your risk tolerance. If you are overly concerned about your present equity investments, perhaps it's time to re-evaluate your risk tolerance. Your investment mix should reflect your risk tolerance and the time frames in which you will have a need for the invested money. For example, if you do have money that you'll soon need to liquidate invested in equities, then it might be time to change your investment mix. However, if you are a long term investor, equities are an appropriate mix of assets for your portfolio.
3. Diversify your assets if you haven't already. Your money should be spread among stocks, bonds and other investment instruments depending on what your investment needs are. Work with a competent investment professional to determine what your needs are and make sure you do not have too much money in any one investment vehicle.

* *Source: The Vanguard Group*

Larry Boatman is an Investment Executive who provides investment advice to the Orthopaedic Section, APTA.

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

CALL FOR NOMINATIONS
APTA SPECIAL AWARDS

Mary McMillan Scholarship: Honors outstanding physical therapy students.

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

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

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

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

Henry O. Kendall and Florence P. Kendall Award for Outstanding Achievement in Clinical Practice: Acknowledges contributions to physical therapy in general (must have engaged in extensive clinical practice at least fifteen years)

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

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

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

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

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

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

Margaret L. Moore Award for Outstanding New Academic Faculty Member: To acknowledge an outstanding new faculty member who is pursuing a career as an academician and has demonstrated excellence in research and teaching

Helen J. Hislop Award for Outstanding Contributions to Professional Literature: To acknowledge individual physical therapists who have made significant contributions to the literature in physical therapy or in other health care disciplines

Jack Walker Award: In honor of the contributions made to physical therapy by Jack Walker, former President of Chattanooga Pharmaceutical Company (now the Chattanooga Corp), this corporation has funded an annual award of $1,000 for the best article on clinical practice published in Physical Therapy.

Golden Pen Award: Gives recognition to members who have made significant contributions to the advancement of Physical Therapy.

Eugene Michels New Investigator Award: This is a $1,000 incentive award to encourage continued research efforts in physical therapy.

Chattanooga Research Award: In order to encourage the publication of outstanding physical therapy clinical research reports, the Chattanooga Corporation has funded an annual award of $1,000 for the best article on clinical research published in Physical Therapy.

Dorothy Briggs Memorial Scientific Inquiry Award: To give public recognition to physical therapist members of the APTA for outstanding reports of research in physical therapy, undertaken while they were students and published in the official journal of the APTA.

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

Send your recommendations/nomination by December 1, 1994 to:

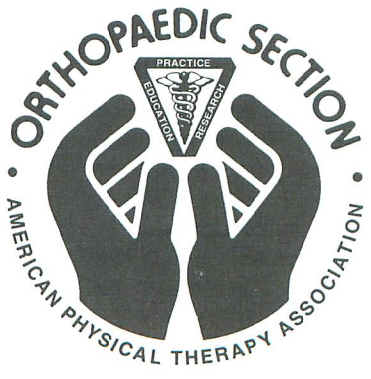
Orthopaedic Section, APTA, Inc.
505 King Street, Suite 103
La Crosse, WI 54601
(800) 444-3982

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:

Jamil Abdallah
Angela Abeyta
Michele, Adelman
Adebo Adeohun
Leo Adewusi
Jude Adjekughele
Keri Adler
Cynthia Ahlhoolm
Richard Albanese
Karen Allen
Tina Allen
Judy Allen
Deborah Allen
Jennifer Allen
Jane Allis
Carlena Altizer
Karen Amis
Alan Amundson
Shannon Anderson
Jan Anderson
Elaine Anderson
Drew Andrews
Cristina Ang
Karen Aron
Ruth Astudillo
Emmanuel Atmosfera
Marilen Augustin
Frank Austin
Todd Austin
Elizabeth Austin
John Aversa
Mark Baker
Richard Baldwin
David Ball
Anita Balshaw
Debra Bangs
Daniel Bankson
Pat Barbier-Nolan
Cindy Barfield
Marjorie Barre
Nathan Barrows
Cristina Batac
Colleen Bates
Tamara Bayles
Hossam Bayoumy
Lori Beck
Gamal Behery
Darren Beilstein
Heather Belaga
Joseph Belanger
Sherri Belcher
Lynn Belew
Sheri Bell
Lisa Bell
Jolene Bennett
Tonya Bentle
Robert Berg
Jon Bergh
Aries Biglang-Awa
Beverly Biondi
Marjorie Black
John Blackburn
Gregory Blakely
Mark Blankespoor
Michelle Boerschinger
Patty Bohr
Piedad Boo
Donna Bossman
Mari Bosworth
Brenda Boucher
James Boullion
Eileen Bourgeois
Linda Bowman
Bryan Brandon
Judith Brandt
Carol Branning
Wendy Britton
Ellen Brodax
Christine Brown
Patrick Brown
Hope Bryan
Jason Buckmeister
Sharon Bullard
Richard Burian
Michael Burns
Rulevia Caballero
Brenda Cain
Laura Call
Purita Cammayo
Charles Campbell
Marco Campello
Kris Carl
Jennifer Carman
Cynthia Carroll
Michael Cash
Denise Catania
Mollie Caudill
Scott Chaffin
Jerry Chambliss
Vickei Chaney
Brenda Chaplin
Gretchen Chappell
Raquel Childs
Juan Chiquito
Laurie Chocklett
John Christenson
Marie Cidel
Cara Cloutier
Kelson Colbo
Esther Colbran
Veronica Coleman
Lori Coleman
Timothy Collie
Laura Conner
Bernadette Connolly
Jamee Constantions
Matthew Cook
Phillip Cook
Brigitte Cook
Amy Cook
Earl Cook
Cindy Cooley
Mary Corich
Debra Cose
Rosemary Costanzo
Kristen Costello
Diane Coultas
Lexie Cox
Philip Cox
Cheryl Crabtree
Diane Cranenoonk
Perry Crawford
Daniel Cresco
Todd Curtis
Denis Dahlgren
Deborah Dalrymple
Sean Daly
Jeffrey Damaschke
Mark Danzer
Stephen Darcy
Uma Das-Munshi
Julie Daughtery
Lynne Davis
Dale Davis
Wenda Davis
Esperanza Day
Leigh De Chaves
Nona Del Valle
Ann DeLarosa
Ellen DeLoach
Dianne Deriso
Annamarie Deschamps
Cristina Diaz
Scott Dickie
David Disselbrett
Joyce Dixon
Yvonne Dolohanty
Carolyn Donnelly
Krista Doucet
Kari Drevecky
Traci Duncan
Annette Dunn
Amy Durbin
Janet Eakman
Cynthia Eastlake
Rosemary Elley
Judy Elsea
Clay English
Teresa English
Tiffany Entrekin
Paul Erickson
Peter Erickson
Beth Ernst
Janice Eruckner
Richard Evans
Clarence Evitt
Michael Eyler
Sherry Fadel
Wendy Faith
Justin Feeser
Andrew Feingold
Ronald Fernandez
Elizabeth Field
Mark Fifield
Kenneth Findley
Donald Fischer
Rebecca Fisher
Yelena Fisher
Judith Florendo
Lori Folkers
Daphne Foltz
Lorena Forman
Loretta Forman
Suzanne Fox
Thomas Fox
Janice Franklin
Maureen Franz
Christine Freisen
Heidi Fritz
Regan Fujino
Betty Gac
Richard Gach
Diane Galvin
Kathleen Gamboa
Brenda Garlick
Clarice Garrett
Amy Gassler
Rebecca Gavinski
Jacqueline Geary
Maria Gerlich
Marilyn Gerstel
Nikki Gifford
Ann Girard
Stephen Glosner
Jeffrey Go
Jane Golden
Katherine Golic
Alejandro Gonzalez
Karen Goodman
Bentley Goodman
Chris Goodwin
Duane Graves
Ruth Greer
Michael Gregg
Peter Grimaldi
Anne Groves
Colette Gunderson
Debbie Habig
Carolyn Habrock
Helen Haddad
Stephen Hahn
James Hall
Kelly Hall
Marc Hall
Bryan Handley
Kristin Hanson
Kevin Harang
Lisa Harrison
Celia Harrison
William Hartley
Michele Harvey
Larry Hawkins
Luke Haynes
John Held
Christine Held
Lisa Hennessey
Denise Henry
Brad Herrington
Rachelle Hesselberg
Lynda Hester
Virginia Highleyman
Margaret Hildreth
Cynthia Hille
Michael Hlywa
Patrick Hoban
Vickie Hobgood
Julianne Hoffman
Scott Holm
Holly Homer
Doreen Honsey
Gregory Hoose
Yuriko Hori
Bradley Howe
Carol Hufnagel
Michele Humphrey
Linda Hung
Laurie Huntington
Carol Ickes
Daniel Imlay
Mark Irwin
Theresa Jackson
Pam Jacobs
Alicia Janiczek
Sophia Janson
Josette Janssen-Leemans
Karen Jedziniak
Mark Jenkins
Jeffrey Jeter
Brent Jividen
Kathleen Jocis
Elizabeth Johnson
Traci Johnson
Susan Johnson
Robin Johnston
Melissa Jones
Stacy Jones
Nataly Jones
Terry Jordan
Jocelyn Juezan
Jerry Juhl
John Kakleas
Carmel Kalunga
Jennifer Keim
Stephn Kelley
Barbara Kelly
Constance Kershner
Michael Kim
John Kimberly
Emer Kinsell
Suzanne Kletch
Bernard Kliska
Rozana Kmelnitski
Donald Knight
Erica Koeller
Kamini Komarraju
Cynthia Kong
Faith Kousoulis
Carol Kramer
Krzysztof Krasowski
Paul Kropis

Kathleen Kuczynski
Lori Kukla
Henry Kurtz
Bryan Lackey
Melissa Lageman
Wendy Landry
Connie Lane
Kevin Lane
Margaret Langely
Kathleen Larsen
James Larsien
Anthony LeBas
Melissa Levesque
John Lightfield
Helen Lindstrom
Robert Lipsinski
Joanne Livermore
Louie Lobaton
Catherine Loe
Kristen Loftus
Rachel Long
Lori Loonry
Loraine Lovejoy-Evans
Kathleen Loyd
Kathryn Lubahn
Noel Luis
Leanne Lundrigan
Dawn Lundy
James Lyons
Ray MaLaluan
Lisa Malloy
Regina Maloney
Melanie Maneval
Michael Maninang
Elizabeth Mansfield
Susan Mantz
Amy Markum
Aileen Martinez
Robert Maschi
Karin Massey
Jennifer Matas
Christine Matkozich
Monica Mauch
Tiffany May
Edward Mayberry
Maire McCanaw
Quinn McArthur
Therese McCann
Jenna McClarey
Mary McDonald
Kelli McElveen
Linda McEntrye
Janie McGee
Jackie McGeorge
Brian McKeever
Janet McKinnon
Claudia Medeiros
Wendie Melton
Carol Mendiola
Gary Mercer
Marian Merritt
Markus Mettler
Lloyd Michell
Lori Mikula
Donald Miller
Jennifer Miller
Kevin Minton
Ann Miraflores
Kelli Mitchell
William Mitchell
Darrel Mittelstaedt
John Mizell
Mary-Jo Mohl
Joseph Molloy
Melissa Monken
Carol Moon
Karen Moran
Jostephine Moreno
Nicole Morris
Roger Morris
Randall Morrow
Joseph Mortati
Larry Morton
Deborah Moseley
Babu Moses
Tomas Mulet
Krista Munsell
Mark Murphy
Jeff Nasman
Linda Nasshan
Steven Nauert
Suzanne Neshat
John Newsome
Allison Nicklin
Carmen Micomedez
Barbara Nissley
John Nixon
Gregory Noel
Karen Northrop
J. O'Brien
Linda O'Brien
Kimberly O'Connor
Ginnie Oliver
Alicia Olivieri
Barbara Olson
Clayton Olson
Roberta Ornstein
Dean Orvis
Jennifer Overman
Gary Patterson
Tammy Payton
Sharik Peck
Denise Peine
Kimberly Pennington
Julie Person
Amanda Pilz
Victoria Pineda
Edmund Pino
Jennifer Poels
Nancy Pomerance
Steve Pompilio
Terri Pope
Jennifer Portnoy
Romel Posada
Andrea Poteat
Heather Preast
Jennifer Price
Staci Protz
Thomas Pumphrey
Christine Puzey
Colleen Quenn
Mark Rader
Richard Rammel
Alicia Randolph
Susan Rasmussen
Nicholas Ratcliff
Frank Rath
Laura Reder
Elizabeth Reid
Kim Renker
Mary Revilles
Hendrik Ricafrente
Charles Richardson
Craig Richter
Shannon Rick
Julie Riekkoff
Carmelita Rifkin
Amy Rivet
Rhetti Robbins
Sharon Roberts
Greg Robinson
Shawna Robinson
Betsy Rodenbush
Anne Rodenrys
Wendy Rogove
Michiel Rooijen
Paul Rosenau
Michael Rosenberger
James Ross
Mark Rozman
Loanne Rube
Sharon Ruiz
Karen Ryan
Daniel Ryba
Bridget Ryszetnyk
Stephanie Salatti
Amy Salem
Alan Sander
Ruth Sarli
Jennifer Schaulus
Elizabeth Schlegel
Lisa Schraut
Beth Shadle
Jyoti Shah
Rana Shami
Lisa Shapiro-Schwarz
Harraden Shaun
Kevin Shenkman
James Shields
Stanley Sierotowicz
Karen Simon
Scott Sitko
Janet Skaggs
Janet Skirlo
Stacy Slemmons
Shaun Smedley
Catherine Smith
Mariann Smith
Debra Sniffen
Marie Snoreck
Paul Spadino
Susan Spencer
Janine Spoto
Jennifer Stephens
Jodi Stiner
Pamela Stone
Stephanie Stovall
Don Stover
Michael Styron
Michael Summers
Carrie Sutherland
Thomas Sutlive
Marie Sutton
Holly Swales
Lynda Swanner
Ann Tauro
Kathleen Teitzel
Melissa Temme
Virginia Tennant
James Teska
Patricia Thomas
Eileen Thornton
Mary Thorstad
Kathleen Timko
William Timmerman
Michelle Tolman
Chris Toomey
Lynda Torel
Marybeth Touchton
Jonathan Trahan
Nancy Tripp
Stewart True
Phillip Trueman
Anessa Underwood
Jane Vedua
Jesus Vela
Philip Verstegen
Lisa Viscuso
Janice Volk
John Voyles
Barbara Walden
Nadine Wallace
Douglas Wallace
Richard Ward
Diane Warner
Susan Wasson
David Weimer
Penny Weimer
Jeanne Weinstein
Darcy Weiss
James Welsh Jr.
Geraldine Wessels
Stephanie Wheeling
Cassandra White
Donna White
Michael Whiting
Kimberly Wilkens
Jill Wilkinson
Stephen Williams
Robert Williams
Monte Wilkom
Deborh Wilson
Vicki Winsor
Stephen Winters
Andrew Wirt
Edward Wojciechowski
Stephen Wolfe
Erin Wonkka
Joyce Wood
Wendy Woodstein
Diane Wormser
Janis Wylie
Sherie Wynn
Stuart Yeh
Teresa Zapotochny
Maryl Zeffren
Judith Zegel
Mark Zielinski
Cheryl Zurlinden
Paul Zwetsloot



PROGRAMS OFFERING ADVANCED ACADEMIC DEGREES IN ORTHOPAEDICS & MUSCULOSKELETAL PHYSICAL THERAPY

Alabama
University of Alabama-Birmingham
Division of Physical Therapy
1714 Ninth Ave S, B-41
Birmingham, AL 35294
205/934-2566

Arizona
Northern Arizona University
Department of Physical Therapy
NAU Box 15105
Flagstaff, AZ 86011
602/523-4092

California
University of South California
Department of Physical Therapy
2025 Zonal Avenue
Los Angeles, CA 90033
213/342-2900

Loma Linda University
Dept. of Physical Therapy
School of Allied Professions
Loma Linda, CA 92350
800/422-4558

Connecticut
Quinnipiac College
Mount Carmel Avenue
Hamden, CT 06518
203/281-8684

Florida
University of Florida
Department of Health Related Professions
Box 100154, HSC
Gainesville, FL 32601
904/395-0085

Florida International University
Department of Physical Therapy
College of Health
Miami, FL 33199
305/348-2266

Institute of Graduate Physical Therapy
201 Health Park Blvd., Ste 215
St. Augustine, FL 32086
800/241-1027

University of Miami
School of Medicine
Division of Physical Therapy
5915 Ponce de Leon Blvd.
5th Floor Plumer Building
Coral Gables, FL 33146
305/284-2535

Georgia
Emory School of Medicine
Division of Physical Therapy
1441 Clifton Road, NE
Atlanta, GA 30322
404/727-6138

Illinois
University of Illinois at Chicago
Department of Physical Therapy
1919 W Taylor Street
Chicago, IL 60612
312/996-1502

Northwestern University
Programs in Physical Therapy
345 E Superior Street
Room 1323
Chicago, IL 60611
312/908-8160

University of Health Sciences
Chicago Medical School
Department of Physical Therapy
3333 Green Bay Road
N Chicago, IL 60064
708/578-3307

Indiana
Indiana University
Department of Physical Therapy
250 N University Blvd
Indianapolis, IN 46202
317/274-3432

University of Indianapolis
Krannert School of Physical Therapy
1400 E Hanna Avenue
Indianapolis, IN 46227
800/232-8634

Iowa
University of Iowa
Physical Therapy Graduate Program
2600 Steindler Bldg
Iowa City, IA 52242
319/335-9791

Kentucky
University of Kentucky
Department of Physical Therapy
Annex 1
Lexington, KY 40536
606/233-5830

Massachusetts
Boston University
635 Commonwealth Ave, Rm 519
Boston, MA 02215
617/353-2720

MGH Institute of Health Professions
101 Merrimac Street
Boston, MA 02114
617/726-8009

Missouri
Washington University
School of Medicine
Program in Physical Therapy
660 S Euclid, Box 8083
St. Louis, MO 63110
314/362-3670

New York
Daemen College
4380 Main Street
Amherst, NY 14226
716/839-8554

Long Island University
Division of Physical Therapy
1 University Plaza
Brooklyn, NY 11201
781/488-1063

Ohio
Ohio State University
School of Allied Medical Professions
1583 Perry Street
Columbus, OH 43201
614/292-5921

Oklahoma
University of Oklahoma
Department of Physical Therapy
Health Sciences Center
PO Box 26901
Oklahoma City, OK 73190
405/271-2131

Pennsylvania
Hahnemann University
Program in Orthopaedic Physical Therapy
MS 502 Broad & Vine Street
Philadelphia, PA 19102
215/762-1758

Philadelphia College of Pharmacy and Science
600 South 43rd Street
Philadelphia, PA 19104
215/596-8849

Temple University
Department of Physical Therapy
3307 N Broad Street
Philadelphia, PA 19140
215/204-7000

University of Pittsburgh
School of Health and Rehabilitation Sciences
104 Pennsylvania Hall
Pittsburgh, PA 15261
412/624-8990

Tennessee
University of Tennessee at Memphis
Program in Physical Therapy
800 Madison Avenue
Memphis, TN 38163
901/528-5888

Texas
Texas Woman's University at Dallas
School of Physical Therapy
8194 Walnut Hill Lane
Dallas, TX 75231
214/706-2300

Texas Woman's University—Houston
School of Physical Therapy
1130 MD Anderson Blvd
Houston, TX 77030
713/794-2070

Virginia
Medical College of Virginia
Virginia Commonwealth University
Department of Physical Therapy
Box 224, MCV Station
Richmond, VA 23298
804/786-0234

Old Dominion University
School of Physical Therapy
Old Dominion University
Norfolk, VA 23529-0288
804/683-4519

The following is a suggested list of questions to ask the program graduate advisor.
1. Is the program full or part time?
2. How many students are in the program?
3. What is the number of full and part time faculty and what are their degrees or specialty certifications?
4. What courses are required for the post-entry level orthopaedic or musculoskeletal degree?
5. What other courses are offered?
6. How many of the required courses were conducted in the past two years?
7. Is the program accredited?

The APTA offers a publication entitled Guide to Post Entry-Level Programs in Physical Therapy. It contains a description of post entry-level master's and doctoral degree programs, their areas of study, admission requirements, degree requirements, tuition, faculty credentials and faculty research, names of those recently awarded degrees, and the number of degrees awarded during the last two years. For ordering information call 800-999-2782, ext 3114. Cost: APTA Members $19.95/Nonmembers $27.95

OPEN FORUM ON CLINICAL RESIDENCIES

Combined Sections—Reno
Watch for upcoming program dates!!

The APTA Task Force on Accreditation of Clinical Residencies will be holding an open forum to provide information and gather feedback from membership on proposed procedures and standards for accreditation of clinical residencies. What is a clinical residency? How can accreditation protect the physical therapist and the public? What accreditation standards are being considered? Are members interested in attending an accredited residency? In order to go forward with further planning, the task force needs to hear your input. Please plan to attend!

OUTSTANDING PT STUDENT AWARD
&
OUTSTANDING PTA STUDENT AWARD

Purpose

1. To identify a student physical therapist (first professional degree) with exceptional scholastic ability and potential for contribution to orthopaedic physical therapy.
2. To provide the means for an exceptional student to attend and participate in a national meeting, with the intention that this exposure will encourage future involvement in Orthopaedic Section activities.

Eligibility

1. The nominee must be currently enrolled in a PT or PTA program.
2. The nominee must be a member of the Orthopaedic Section, APTA, Inc.

Criteria for Selection

1. The student shall excel in academic performance in both the professional and prerequisite phases of their educational program.
2. The student shall demonstrate exceptional nonacademic achievements, representing initiative, leadership, and creativity.
3. The student shall be involved in professional organizations and activities that provide the potential growth and contributions to the profession and orthopaedic physical therapy.

Procedure for Nomination

1. Any member of the Orthopaedic Section may nominate candidates for this award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Executive Director at the Section office by November 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
   a. A support statement from the nominator, highlighting reasons for the nomination and clarifying the relationship between the nominator and nominee.
   b. A support statement from two faculty members in the educational program in which the nominee is enrolled.
   c. Support statements from one faculty member outside of the PT or PTA department.
   d. Support statements from at least two student colleagues.
   e. A resume and cover letter from the nominee detailing previous health care experiences, honors and awards, evidence of service activities, and participation in professional activities.
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 Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for their review.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The award will be presented only if there are qualified candidates, and one is selected.
4. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
5. Nomination materials will be not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in a subsequent year. New nomination materials must be submitted in subsequent years.

Notification of Award

1. The Section President will notify the recipient by December 1st and obtain written confirmation of acceptance by December 15.
2. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.
3. The confidentiality of the Outstanding Student Award will be maintained until the recipient has been notified.

The Award and Its Presentation

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the United States or Canada to the APTA Combined Sections Meeting, four days per diem, and conference registration.
2. The student will receive a certificate suitable for mounting.

AWARD FOR EXCELLENCE IN TEACHING OF ORTHOPAEDIC PHYSICAL THERAPY

PURPOSE

To recognize and support excellence in instructing OPT principles and techniques through the acknowledgment of an individual with exemplary teaching skills.

ELIGIBILITY

1. The nominee must be a member in good standing of the Orthopaedic Section of the APTA. The nominee must have taught or presently be teaching either physical therapy or physical therapy assistant students the principles and clinical applications of Orthopaedic Physical Therapy for five years or more.
2. The nominee may be either a faculty member (full-time or adjunct) or a clinical instructor of an accredited physical therapy or physical therapy assistant program.
3. Members of the Section Awards Committee are excluded from eligibility during their term of office.

CRITERIA FOR SELECTION

The Awards Committee will consider the following as guidelines in the selection process:

1. The instructor devotes the majority of his professional career to student education.
2. The instructor teaches from a sound, comprehensive, and current knowledge base, integrating basic science with the principles of orthopaedic physical therapy.
3. The instructor demonstrates excellence in instructional methods, presentation techniques, planning and organizational skills, and the ability to motivate students.
4. The instructor serves as a mentor and role model with evidence of strong student rapport.
5. Teaching materials are innovative and well-designed.
6. Instructional techniques are intellectually challenging and promote retention or necessary knowledge and skills.
7. The instructor demonstrates an ability to relate academic knowledge to clinical practice.
8. The instructor displays objectivity in the evaluation and presentation of ideas, hypotheses, and concepts.
9. The instructor is receptive to student and peer feedback.

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original typewritten 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 to be completed and submitted for each nomination shall include the following:
   a. A support statement from the nominator, highlighting reasons for the nomination and clarifying the relationship between the nominator and nominee.
   b. A support statement from at least one faculty member from all physical therapy or physical therapy assistant educational programs with which the nominee is affiliated.
   c. Support statements from at least two professional colleagues.
   d. Support statements from at least two current and/or former students. If the nominee is a clinical instructor, the clinical education experience must be full-time for a minimum of six weeks.
   e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURES FOR REVIEW AND SELECTION

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

NOTIFICATION OF AWARD

1. The recipient of the award will be notified by the Section president.
2. Those nominees not selected will be so informed in writing.
3. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.
4. The confidentiality of the Excellence in OPT Teaching Award will be maintained until the recipient has been notified.

THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the round trip coach airfare from any site in the United States or Canada to the APTA Annual Conference Meeting site, two days per diem, consistent with the Section's current reimbursement rates and one day's conference registration.
2. The award will consist of an appropriate plaque and a $250.00 honorarium.
3. The award will be presented at the APTA Annual Meeting (CSM) by the Chair of the Awards Committee.

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. Obtained professional recognition and respect for the Section's achievements.
   c. Advanced public awareness of orthopaedic physical therapy.
   d. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
   e. 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 Executive 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 two professional colleagues.
   c. Support statement from two former or current Orthopaedic Section officers or committee chairs.
   d. 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 Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
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. The Section office will retain nomination materials for two years.

LECTURE

1. The recipient will present their 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, *JOSPT*.

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA Annual Conference.
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, 1994.

Occupational Health Physical Therapists
Special Interest Group
Orthopaedic Section, APTA, Inc.

Newsletter

FALL 1994 VOLUME 2, NUMBER 2

OHPTSIG PRESIDENT'S MESSAGE

Summer is over, and it's time to focus our thoughts and attention on all of the personal and professional activities that fall and winter bring. It is almost certain that the issues that have been facing occupational health physical therapy will continue but with much more intensity. Congress has not made much headway this summer in overall health care reform, which can be viewed as a blessing of sorts for those of us in health care. However, the changes in workers' compensation at the state level continues to occur. These changes are having major impact on health care providers, especially those of us providing rehabilitation services. The trends that we are seeing in workers' compensation may very well be the trends for future health care reform.

One of these trends is that state legislatures and payor sources are repeatedly reporting that there is an over utilization of rehabilitation services in workers' compensation. Even though it pains me to think that this could be true, I have come to agree that rehabilitation services have been over utilized in many cases. I have heard the excuses that we give to justify this problem. They include: the physician owned physical therapy practices are the ones that are causing the problem, the problem occurs because nonphysical therapists are billing under physical therapy codes, etc. Even though these excuses are indeed part of the problem, we must also face the fact that the practice of some physical therapists is also part of the problem.

Too often I have reviewed cases where the attending therapist's treatment plan for a client with a musculoskeletal problem consisted of only passive modalities (hotpacks, cold packs, massage, ultrasound, etc.) The duration of this treatment plan is often weeks and, in many cases, months. The goals that have been established for the treatment plan have little functional relationship to essential physical requirements of the job. The determination for return to work is often based on the clients pain rather than functional ability.

Aggressive physical therapy programs that focus on the restoration of the clients functional ability in comparison to the physical requirements of the job have proven beneficial to all parties concerned. We need to demonstrate through functional outcomes the effectiveness of the services that we offer. We need to conduct more clinical research that is focused on scientifically justifying procedures that we use that have proven effective and to create new, effective methods and procedures. We need to listen to business/industry and insurance companies to learn how to effectively communicate with them rather than assume that we know what they need.

The health care reform of the future is occurring in workers compensation today. We, as physical therapists, have the knowledge and ability to be part of the solution of workers compensation rather than a part of the problem. The Special Interest Group has been instrumental this past year in fostering the development of an APTA Workers' Compensation Focus Group. This group is jointly sponsored by the APTA Board of Directors, Orthopaedic Section, Private Practice Section and the SIG. Its purpose is to identify the key issues in workers' compensation that are effecting the practice of physical therapy and develop appropriate strategies to respond to these issues. This group is still in its developing stages but appears that it will become a very strong force in the not so distant future. For a report on the first meeting of this group, see a related story in this newsletter.

The SIG has received approval to organize a round table discussion at the World Confederation for Physical Therapy Congress to be held in Washington, DC, June 25-30, 1995. This activity will provide an opportunity for physical therapists from around the world to interface and share concerns and ideas. More details on this will be forthcoming.

The elected officers of the SIG are in need of your input. Please contact one of the officers to discuss the issues you feel need to be addressed by the SIG.

Dennis Isernhagen, PT

CONTENTS

FROM THE OHPTSIG SECRETARY

The Occupational Health PT Special Interest Group is pleased to join the Orthopaedic Section's quarterly publication, *Orthopaedic Physical Therapy Practice*, as a regular and, we hope, featured section. As you notice, *OP* has highlighted this SIG's newsletter by using clipped and shaded pages. This should allow you to quickly flip to these pages if that is your intent.

The OHPTSIG welcomes any comments and ideas for submissions in the newsletter. Inquiries can be directed to:

Susan H. Abeln, PT, ARM
OHPTSIG Newsletter Editor
870 Calle Vallarta
San Clemente, CA 92673-3524
714/361-1306

PHYSICAL THERAPY PROFESSION NOW HAS A WORKERS' COMPENSATION VOICE

According to the National Council on Compensation Insurance, physical therapy charges are filed in 35% of all workers' compensation cases compared to only 4% of nonworkers' compensation cases. Furthermore, the average per case cost of physical therapy in workers' compensation cases is $1,777.00 compared to $597.00 for nonworkers' compensation cases.

THE CONFERENCE

In recognition of the significant role that physical therapy plays within the workers' compensation system, a focus group has been formed and jointly funded by the APTA, the Private Practice Section (PPS) and the Orthopaedic Section (OS). An inaugural conference held in Arlington, Virginia on April 16 and 17, 1994 was planned by focus group members Jan Richardson, Helene Fearon, Larry Fronheiser, Dennis Isernhagen, Rick Shutes, Jim Nugent and David Clifton.

In addition to speakers on physical therapy, the docket included Susan Griffith, Corporate Director of Rehabilitation for Reliance Insurance Company, and Carolyn Long, PT, of Liberty Mutual Insurance Company. These two payor representatives provided a candid portrayal of the pros and cons of the role that physical therapy plays in the workers' compensation system.

Conference Goals

To bring together physical therapists and experts in workers' compensation in order to:

- Identify critical issues that impact on the profession of physical therapy,
- Develop proactive strategies that will assure a role for physical therapy in the ever evolving workers' compensation arena,
- Develop a mechanism for the collection and dissemination of information on workers' compensation,
- Form a coalition among the APTA, OS and PPS in order to share resources and combine efforts toward common goals.

Conference Outcomes

Attendance at the conference was phenomenal, despite short notice. Physical therapists from approximately 35 states participated, forming a highly interactive group that collectively identified a preliminary list of four priority issues requiring immediate attention.

Priority List of Issues in Workers' Compensation	
1st	A greater degree of coordination needs to take place regarding the management of information among the APTA, its components, members at large, and those external to our profession.
2nd	True peer review for physical therapy services needs to be promoted to third party payors who conduct utilization review.
3rd	Profession-wide practice standards and outcome measures (including functional scales) are a critical need for the profession in general and for PTs providing services to workers' compensation claimants in particular.
4th	On-going education needs to be provided for PTs regarding the impact that trends in managed care have on the profession.

The second issue is especially important in light of escalating utilization review by third party payors, many of whom appear to consider physical therapy to be a generic term. Recent data indicates that third party payors are confused regarding the importance of distinguishing between "true" physical therapy services provided by PTs and PTAs and "generic" physical therapy services provided by nonlicensed persons. As a result, nonphysical therapists are frequently used inappropriately to review cases in which the payor was billed for physical therapy services.

Central to the conference participants' discussion was the need for some form of central intelligence and a system by which information can be disseminated to APTA members. Jim Nugent of the Reimbursement Department of APTA discussed current initiatives including bibliographic references contained on APTA-Net.

WHERE DO WE GO FROM HERE?

The Workers' Compensation Focus Group continues to pursue strategies for addressing the aforementioned priority issues. A focus group meeting held in Toronto at the APTA Annual Conference developed a plan to implement the following mechanisms for improving the coordination and management of information:

- Electronic Information Center enhancement through APTA-Net bibliographic references pertinent to workers' compensation,
- Development of a "Fax Tree" to support APTA-Net entries,
- Additional staff/resources requested in the 1995 budget,
- Development of a "Strike Force" of knowledgeable workers' compensation experts to aid state chapters in peril.

Budgetary requests will be made to the APTA, OS, and PPS to continue to sponsor a Workers' Compensation Conference jointly on an annual basis.

Members of the Occupational Health Physical Therapy Special Interest Group will continue to play an active role in the Workers' Compensation Focus Group.

WE NEED YOUR HELP!!

In order to preserve the role of physical therapy within the workers' compensation system, we need the help of APTA members. The ways in which you can help include:

- Contribute to the development of the APTA-Net database,
- Inform APTA of the workers' compensation trends that are emerging in your state,
- Inform APTA of any appointments of PTs to positions related to worker's compensation (e.g. Industrial Accident Boards, Workers' Compensation Boards, business coalitions, Governor's Councils, etc.),
- Attend next year's Workers' Compensation Conference

If you wish to contribute to the efforts of the Workers' Compensation Focus Group, please contact:

Jim Nugent
Reimbursement Department, APTA
1-800-999-APTA ext. 3175

SIG EDUCATION COMMITTEE UPDATE

We are currently making final arrangements for our Hot Topics Forum which will be held in Reno, NV at the Combined Sections Meeting in February 1995. The title of the presentation is "Are You Caught in the Workers Comp/ADA Trap?" We are planning a panel presentation with case studies. Our panelists include Susan Isernhagen, PT; Glenda Key, PT and an attorney from Carson City, Nevada. Many therapists are facing legal and ethical issues which may involve the employee/patient, the employer, medical providers, an attorney or all of the above. Hear how the experts are dealing with this important connection between workers compensation and the ADA. The meeting is on Saturday Feb. 11th from 1:30—2:30 p.m. This session will follow the SIG business meeting, on Saturday, Feb. 11th from 11:00—12:30. See you in Reno!

CALL FOR INTERESTED PARTIES

If you have an interest in research and a willingness to serve the profession, the Occupational Health Physical Therapy Special Interest Group invites you to consider participating in the development of a new research committee. Three members and a qualified chairperson are needed to begin the work of this critical committee. Any and all interested parties please contact Dennis Isernhagen at Isernhagen Clinics, c/o Isernhagen Works, 2202 Water Street, Duluth, MN 55812; phone 218/722-1399 or fax 218/722-1395.

HOTEL CHAIN FINDS HIGH QUALITY MEDICAL CARE CUTS INDEMNITY COSTS

Workers' Comp Managed Care, a publication of Business Information Services, made this report in their August 1994 edition. At a recent Washington D.C. conference sponsored by the National Association of Manufactors, a representative of Holiday Inn Worldwide reported that steering their injured workers to 'high quality' specialized care—for example skilled orthopaedists and physical therapists—has reduced their workers' compensation indemnity (lost time) costs and helped their bottom line. Although the article failed to specify the exact way Holiday Inn determines quality in its providers, they report that Holiday Inn is not as concerned with the cost of medical care as it is concerned with "Is it going in the right direction? Are people getting better?"

RESOURCES

Did you know that the Workers' Compensation Research Institute (WCRI) in Cambridge—a nonpartisan, not for profit public policy research organization funded by employers and insurers—routinely provides high quality information about public policy issues involving workers' compensation systems through its periodical "Research Briefs?" Did you know you do NOT have to be a supporting member of the WCRI in order to obtain these excellent briefs?

These "Briefs" report on significant ideas, issues, research studies and data of interest for anyone who must better understand workers' compensation systems. Some of their recent publications include:

- Cost Savings of Utilization Review
- Medical Cost Containment in Workers' Compensation
- The Americans with Disabilities Act and Workers' Compensation
- Containing Workers' Compensation Costs: Corporate Culture, Communication and Job Satisfaction
- Cost Drivers in New Jersey
- Return to Work Patterns and programs for injured workers covered by Texas' Workers' Compensation Insurance
- Medicolegal Fees in California
- Administrative Inventories discussing the Workers' Compensation systems in
  - Virginia
  - New Jersey
  - New Hampshire
  - California

For further information about the Institute, its work, membership or the Briefs, contact the Institute.

WCRI
101 Main Street
Cambridge, MA 02142
617/494-1240

ANNUAL SURVEY OUTLINES RISK MANAGEMENT ATTITUDES

An annual survey conducted the Alexander Consulting Group reports that risk managers surveyed felt that corporate America's biggest challenges are health care costs, workers' compensation and the civil justice system. Among the most critical issues to these key members of senior management were repetitive motion injuries and the potential liabilities these types of illnesses incur. Interestingly, approximately 68% of those surveyed felt that the need for an integrated approach to health care and workers' compensation was of 'above average importance.'

WORLD CONFEDERATION OF PHYSICAL THERAPY

In less than seven months, physical therapists from around the world will be arriving in the United States and flocking to Washington D.C. for the World Confederation of Physical Therapy Conference. The Conference is scheduled in D.C. from June 25 to June 30, 1995. The OHPTSIG has already begun work with the WCPT Conference Committee to have one or more roundtables with all international, industrial and occupational health physical therapists. More details on the roundtables and any occupational health/industrial programming will be upcoming in a future edition.

MANUAL FOR REVISED NIOSH LIFTING EQUATION AVAILABLE

A guide to the application of the new (revised 1993) lifting equation developed by the National Institute for Occupational Safety and Health (NIOSH) is available from the National Technical Information Service (NTIS). The guide, *Applications Manual for the Revised NIOSH Lifting Equation*, costs $12 plus $4 for shipping and handling. To order the Manual, contact NTIS at (703) 487-4650 and provide stock number PB94-176930LJM.

"SIG TIDBITS"

According to the Work Injury Management, the Americans with Disability Act was the key factor in boosting the EEOC's workload by nearly 22% in 1993, bringing in a record of nearly 88,000 charges filed. The story further reported that the commission's growing inventory has topped 80,000 pending cases with the average time to process a charge rising from 262 to 321 days.

According to a national study conducted by the Fraud Advisory Commission of the National Council on Compensation Insurance (NCCI), workers' compensation fraud accounts for 25% of all workers' comp claims. The two most common fraud types are:

- a worker who presents an injury as more serious than it actually is
- a worker who actually holds another job while collecting lost time benefits from the original employer

The commission outlined suggestions for reducing fraud which included: support of anti-fraud legislation; educational programs for healthcare providers, regulators, administrative law judges, employers and workers; establishment of state fraud units and development of a database for use by regulators and insurers.

Business Insurance, a weekly insurance publication, recently reported that the 10 most common ADA claims were:

10 most common ADA claims

based on 26,302 claims to EEOC between 7/26/92 and 4/30/94

	% of Total
Back injuries	20
Neurological	13
Emotional/psychiatric	11
Extremities	6
Heart	5
Substance Abuse	4
Diabetes	4
Hearing Impairment	3
Vision Impairment	3
Cancer	3

CALL FOR NOMINATIONS

The Nominating Committee of the Orthopaedic Section's Occupational Health Physical Therapists SIG is soliciting candidates for the offices of President, Treasurer and Member of the Nominating Committee. The election will be held at the Combined Sections Meeting scheduled for Reno, Nevada, February 8 - 12, 1995.

If you wish to be more involved and contribute to the growth and development of Occupational Health Physical Therapy, please contact members of the Nominating Committee as listed or contact Tara Fredrickson at the Orthopaedic Section office, 1-800-444-3982.

Dennis Driscoll, PT
Chair, Nominating Committee
2555 E. Adams Street
Tucson, AZ 85716

Helene Fearon, PT
7310 N. 16th Street
Suite 100
Phoenix, AZ 85020

Barbara Merrill, PT
12128 Marilla Drive
Saratoga, CA 95070

Special thanks to the following individuals for their submission of articles:
David Clifton
Joanette Alpert
Susan Abeln
Dennis Isernhagen

The SIG Executive Board encourages input from all of the members. If you have any questions or concerns relating to the SIG, please feel free to contact any of the officers:

President	Dennis Isernhagen, Duluth, MN
Vice-President	Karen Piegorsch, Columbia, SC
Secretary	Susan Abeln, San Clemente, CA
Treasurer	Dottie Nelson, Shohomish, WA

If you would like to become a member of the SIG, you must first be a member of the Orthopaedic Section. Call Tara Fredrickson, Administrative Assistant to the Orthopaedic Section, at 1-800-444-3982 for inclusion on the SIG mailing list. Also, if you need to update your mailing address, please contact the Orthopaedic Section office.

1995 CSM PROGRAM

WEDNESDAY, FEBRUARY 8
8:00 AM—4:30 PM
Pre-Instructional Course
"Performance Based Documentation"
Speakers: Gary Smith, EdD, PT, OCS
Donna El Din, PhD, PT

THURSDAY, FEBRUARY 9
7:30 AM—4:30 PM
Council of Executive Personnel Meeting

8:00 AM—Noon
=JOINT PROGRAM=
"Emerging Trends in the Delivery of Care"
Speakers: Connie Burgess, MS, RN
Michael Burcham, MBA, PT
Patricia Montgomery, PhD, PT
Stuart Norris, PT
Kathy Sullivan, PT

1:00—3:00 PM
=JOINT PROGRAM WITH ONCOLOGY=
"Oncology and the Orthopaedic Patient"
Speakers: Lola Rosenbaum, PT, OCS
Charles McGarvey, MS, PT
Donald Rosenbaum, DO

1:00—3:00 PM
=CHRONIC PAIN ROUNDTABLE=
"Reflex Sympathetic Dystrophy"
Speaker: Kenneth Oswalt, MD

2:30—4:30 PM
=MANUAL THERAPY ROUNDTABLE

2:30—3:30 PM
"Specific Tissue Regeneration by Virtue of Biomechanical and Nutritional Energy"
Speaker: Ola Grimsby, PT, MNFF, MNSMT

3:30—4:30 PM
"Manual Therapy Research in the Clinical Setting"
Speaker: Richard Erhard, PT, DC

FRIDAY, FEBRUARY 10
8:00 AM—Noon
"Pharmacology for Physical Therapists"
Speaker: Richard Brown, PhD

8:00 AM—Noon
Research Platform Presentations A

8:00 AM—Noon
Research Platform Presentations B

8:00—10:00 AM
=JOINT PROGRAM=
Catherine Worthingham Fellows Forum
"Education for Physical Therapy: What Represents Responsible Development of New Educational Programs?

8:00 AM—5:00 PM
Orthopaedic Section Board of Directors Meeting

12:30—2:00 PM
JOSPT Advisory Council Meeting

12:30—2:30 PM
=JOINT PROGRAM=
Research Issues Forum: Occupational Health
"Physical Measures in Occupational Health Physical Therapy"
Speaker: Michelle Crites Battie, PhD, PT

"Psychosocial Measures in Occupational Health Physical Therapy"
Speaker: Micheal Fruerstein, PhD

1:00—2:30 PM
3:30—5:00 PM
"Exercise and Taping for Muscle Imbalances and Pain Syndromes of the Hip: An Integrated Approach"
Speaker: Carrie Hall, MHS, PT

1:30—2:30 PM
Head and Neck Business Meeting

1:30—2:30 PM
Performing Arts Physical Therapy Business Meeting

3:30—5:30 PM
Performing Arts Physical Therapy

3:30—4:00 PM
"Common Injuries in Sitting Musician"
Speaker: Sean Gallagher, PT

4:00—4:30 PM
"Lifting Injuries in the Dancer"
Speaker: Lori Coleman, PT

4:30—5:00 PM
"Treatment and Care of the Broadway Show Performer"
Speaker: Mindy Boehnert, PT

5:00—5:30 PM
Panel

3:30—5:30 PM
"Case Studies in Craniofacial Treatment"
Speaker: Lauri Lazarus, PT

SATURDAY, FEBRUARY 11
8:00—10:00 AM
Orthopaedic Section Business Meeting/Forum

11:00 AM—Noon
"The Mentorship Program in the Orthopaedic Section"
Speakers: Leza Hatch, MA, PT
William H. O'Grady, MA, PT, OCS, MTC
Rick Ritter, MA, PT

11:00 AM—Noon
Chronic Pain Business Meeting

11:00 AM—12:30 PM
Occupational Health SIG Business Meeting

12:30—1:30 PM
Foot and Ankle Business Meeting

1:00—2:00 PM
Manual Therapy Business Meeting

1:00—2:30 PM
Occupational Health SIG Hot Topics Forum
"Are You Caught in the Workers Comp/ADA Trap?"
Speakers: Susan Isernhagen, PT
Glenda Key, PT
John DeGraff, Attorney-at-Law
DeGraff, Salerno, McCarty & Ryan
Carson City and Las Vegas, NV

1:30—2:30 PM
Foot and Ankle SIG
"Orthopaedic Trauma to the Foot and Ankle: Selected Case Studies
Speaker: Joe Tomaro, MS, PT, ATC

1:30—5:30 PM
Research Platform Presentations A

1:30—5:30 PM
Research Platform Presentations B

3:30—5:30 PM
=JOINT PROGRAM=
"Health Benefits of Exercise for Women'
Moderator:
Ellen Hillegass MMSc, PT, CCS
Speakers: Judy Mahle Lutter, MA
Fredric Pashkow, MD
Barbara Drinkwater, PhD
Kathy Berra, RN, BSN

3:30—5:30 PM
Foot and Ankle SIG

3:30—4:10 PM "Review of Foot and Ankle Clinical Research Conducted at the University of Indianapolis"
Speaker: Ted Warrell, EdD, PT, ATC

4:10—4:50 PM
"Stories Bones Tell—Subtalar Joint Variations"
Speaker: Jan Bruckner, PhD, PT

4:50—5:30 PM
"Issues Related to the Management of the Insensitive Foot"
Speaker: David Sims, MS, PT

6:00—7:00 PM
Paris Distinguished Service Award Lecture
Speaker: Joe Farrell, MS, PT

7:00—10:00 PM
Black Tie and Roses Reception

SUNDAY, FEBRUARY 12
8:00 AM—Noon
=JOINT PROGRAM=
"Special Topics in Pediatric Orthopaedics'
Speaker: George Thabit, MD

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

The Orthopaedic Section of APTA presents

1995 REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES

ALBUQUERQUE, NEW MEXICO
Albuquerque Hilton
July 16-22, 1995

The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide the 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**.)

Watch for further details.

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