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Orthopaedic Physical Therapy Practice

AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

THE ORTHOPAEDIC SECTION, APTA, INC.
presents

"CURRENT CONCEPTS: A REVIEW OF ADVANCED ORTHOPAEDIC CLINICAL PRACTICE"

Upper Extremity: July 13-17, 1996

Royal Sonesta Hotel
5 Cambridge Parkway
Cambridge, Massachusetts
617-491-3600
Room Rates: $118 single/double

Schedule:

Cervical Spine, TMJ, Upper Thoracic:
Saturday, July 13
8:30 am-11:30 am; 12:30 pm-3:30 pm

Sunday, July 14
8:30 am-11:30 am

Shoulder & Elbow:
Monday, July 15
8:30 am-11:30 am; 12:30 pm-3:30 pm

Tuesday, July 16
8:30 am-11:30 am

Wrist & Hand:
Tuesday, July 16
12:30 pm-3:30 pm

Wednesday, July 17
8:30 am-11:30 am; 12:30 pm-3:30 pm

Course Fees: Upper Extremity

*Before June 7, 1996:
Orthopaedic Section Member: $550
APTA Member: $600
Non-APTA Member: $650

Lower Extremity: November 2-6, 1996

Sheraton Plaza at the Florida Mall
1500 Sand Lake Road
Orlando, Florida
407-859-1500
Room Rates: $89 single/double

Schedule:

Knee:
Saturday, November 2
8:30-11:30 am; 12:30 pm-3:30 pm

Foot & Ankle:
Sunday, November 3
8:30 am-11:30 am; 12:30 pm-3:30 pm

Monday, November 4
8:30 am-11:30 am

Low Back/SIJ/Hip:
Tuesday, November 5
8:30 am-11:30 am; 12:30 pm-3:30 pm

Wednesday, November 6
8:30 am-11:30 am; 12:30 pm-3:30 pm

Course Fees: Lower Extremity

*Before October 1, 1996:
Orthopaedic Section Member: $550
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- Educational Credit: 24.75 contact hours offered for each course.
- After early-bird deadline date, add $50 to registration fee.
- The purpose of "Current Concepts: A Review of Advanced Orthopaedic Clinical Practice" is to provide participants with a process of review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Competency Examination.) Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely no refunds will be given after the start of the course.
- Join the Section and take advantage of the discounted registration rate immediately!
- For more information, or to register, complete form below, detach and mail to: Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601, 800-444-3982

NAME: _____ DAYTIME PHONE _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ APTA ID #: _____

Please register me for the following course(s): ☐ July 13-17, 1996 ☐ November 2-6, 1996
☐ Yes, I want to take advantage of the member rate immediately. *(Please add $50 to your member rate fee.)

Enclosed is my registration fee in the amount of $_____.
☐ Ortho Section Member ☐ APTA Member ☐ Non-member

MC/VISA #: _____ Exp. _____
Make checks payable to the Orthopaedic Section
_____ Check here if you have special needs that are regulated by the Americans with Disabilities Act.

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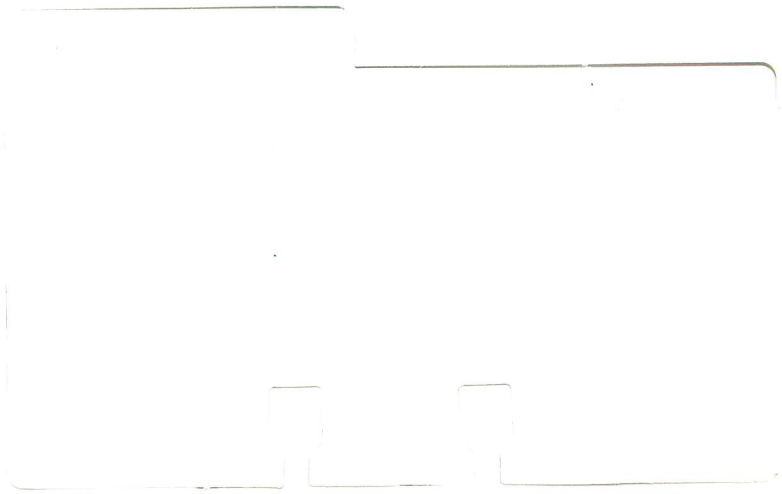

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EDITOR'S NOTE

Which Direction Growth?

I have written before about how our conferences can charge one's professional batteries. This past CSM was no exception. The Section is strong and continues to serve its members well through (among other things) its support of clinical research, donations to the Foundation for Physical Therapy, Orthopaedic Review Courses and Home Study Courses. In addition, poster and platform presentations continue to grow in number at CSM. It is especially gratifying to see the Section complete its move into our new building (to be named East River Professional Park). **Special kudos to Annette Iglarsh, PhD, PT,** our immediate past president, who is most responsible for bringing this project to fruition.

Though we continue to grow and evolve as a profession, there are those who want to deny us our forward efforts. Certain factions within our profession want the APTA to limit what techniques can be performed by the Physical Therapist Assistant—specifically, they are attempting to restrain PTAs from performing (or being taught) joint mobilization and soft tissue mobilization. A resolution to that effect will be brought before the House in June. This is perhaps the most shortsighted idea that I have heard of in some time. To those who support this idea, I simply say. . .''you can't put the toothpaste back in the tube.'' With our guidance and blessings, the physical therapist assistant has come of age—we cannot now deny them their existence.

Everywhere around me, therapists are struggling. I've heard stories about PTs being laid off—something that used to be unheard of. At a time when managed care is forcing all of us to delegate more efficiently, we need to have appropriately trained individuals to whom we can safely, legally, and ethically delegate patients. The American Medical Association is actively courting the physical therapist assistant to become part of their association. We should be welcoming assistants with open arms and finding new ways to help them grow as a subset of our profession, not pushing them away!

Physical therapists are already legally bound by the laws of their state to appropriately supervise physical therapist assistants. Professional negligence laws are in effect to provide the patient with recourse for malpractice. Members of the APTA (the only persons to whom a House motion would apply) are already bound by the Association's Code of Ethics. Principle 3.2 specifically states ''physical therapists *shall not* delegate to a less qualified person *any* activity which requires the unique skill, knowledge and judgment of the physical therapist.''

Soft tissue mobilization has yet to be so narrowly defined as to limit it to the purview of the physical therapist. It borders on the ridiculous to state that physical therapist assistants should not perform massage techniques. Do we really want our professional association to state that the assistant ''shall not'' perform soft tissue mobilization while massotherapists continue to expand their practice to include myofascial release, craniosacral techniques and body work?

Whether or not to allow joint mobilization to be taught in physical therapist assistant educational programs is a multifaceted argument that will have to wait for another editorial day. Compelling arguments can be made regarding the ongoing evaluative nature of some of these techniques, especially joint mobilization. I would never speak in favor of PTAs using manipulative techniques, however, I would like any PTA in my practice to understand the theory behind joint mobilization. And although I must admit that I would not delegate spinal mobilization, I *would* allow a qualified assistant to perform a superior glide of the patella—is that so difficult a task? While it is true that many continuing education seminars that teach the techniques in question allow physical therapist assistants to enroll, that does not condone the delegation to, or performance of, those techniques by assistants. The supervising therapist is still ultimately responsible and must be relied on to appropriately delegate.

Instead of dictating what the physical therapist assistant *cannot do,* it would be better to state what techniques they *are* qualified to perform. However, that toothpaste analogy still applies. This particular motion is negative and divisive, and does not serve the profession. Recent editorials have spoken about ''survival.'' If we are to survive as a profession, we won't go far by making practice more difficult or by alienating our own members.

Jonathan M. Cooperman,
MS, PT, JD

President's Report

CSM 1996
Overview

For those of you who attended CSM in Atlanta you had the opportunity to indulge in excellent educational programming, ongoing informal informational exchanges, intense professional debates and lively socialization. All of the above made for an exciting but potentially exhausting few days. We had excellent attendance at our educational programs and Section Business Meeting. The number of members becoming involved in Section business is encouraging. Numerous members participated in the lively debate held at the business meeting, a multitude of members volunteered to serve on task forces and the number of letters I have received expressing opinions regarding accreditation of clinical residencies has reached 84. I often hear that the Orthopaedic Section is a strong section because we have over 12,000 members, but our strength can only be measured by the number of active and involved members.

Foundation for Physical Therapy

I am very pleased to announce that the Orthopaedic Section has reached an agreement with the Foundation for Physical Therapy regarding provision of funding the Clinical Research Center (CRC): Work Related—Low Back Injuries. We have pledged $280,000, to be paid over a three year period, and an additional $30,000 of matching funds. At CSM a match was pending from another Section of APTA. These contributions have allowed the CRC funding level to reach the target of $480,000 which is 80 percent of the $600,000 needed to fund the CRC for three years. Reaching the 80 percent mark was necessary for the Request For Application process to begin which will lead to the selection of the CRC site. The Foundation hopes to have the CRC site selected by the Fall of 1996. The Foundation for Physical Therapy should be congratulated for their efforts in developing such a vehicle for investigating a patient group that makes up a significant percentage of our out-patient population. The Orthopaedic Section membership should be proud that they have helped fund such an endeavor.

Accreditation of Clinical Residencies

Work towards accreditation of clinical residencies continues. The task force headed by Carol Jo Tichenor, established to develop models for the accreditation process, completed their work this past Fall. They submitted three accreditation models for consideration to the APTA Board of Directors. Numerous issues and some legitimate concerns were raised during the Board's discussion of the three models. The APTA Board of Directors then formulated a task force to consider exactly what role the APTA should play in all aspects of post-professional education including accreditation of clinical residencies.

The Orthopaedic Section and other sections continue to communicate to the APTA Board of Directors a strong desire for continued support of the accreditation process. The March APTA Board of Directors meeting will be a key meeting regarding the direction the APTA will take. At that point we will have a better idea of the course of action we should take.

I appreciate all of the letters I have received regarding this issue. My plans were to acknowledge each individual correspondence, but after letter number 40 I threw in the towel. To all of you who wrote; thank you for taking the time to express your opinion. A number of your letters were distributed to the entire Orthopaedic Section Executive Committee for review.

Thank You

A heartfelt thank you goes to the following: 1) Section office staff for their support and hard work prior to and during CSM, 2) Education Committee for their tireless efforts to insure smooth sailing of the education programs, 3) George Davies, President of the Sports Section, APTA for a wonderful slide show tour of La Crosse, WI and of our new building and for the touching tribute to the late Jim Gould, 4) Mary Lou Stephens, parliamentarian, who unbeknownst to her, now has a permanent spot on my holiday letter mailing list and, 5) Orthopaedic Section members who participated in the professional activities at CSM.

William Boissonnault, MS, PT
President

WANTED

ORTHOPAEDIC SECTION MEMBERS INTERESTED IN SERVING AS MEDIA SPOKESPERSONS FOR THE ORTHOPAEDIC SECTION AND THE APTA. PLEASE CONTACT THE SECTION OFFICE (800-444-3982) OR MARI BOSWORTH, PT, CHAIR, PUBLIC RELATIONS COMMITTEE, IF YOU ARE INTERESTED (601-846-7719).

From the Section Office

Terri A. Pericak, Executive Director

The Board of Directors met during the Combined Sections Meeting in Atlanta, Georgia last February. Following are the highlights from that meeting:

1) The Board decided not to pursue joint ventures regarding video taping of continuing education courses at this time.

2) A policy was made by the Board which states that the Orthopaedic Section will only pay fees for CEU's to the state in which the review course is presented.

3) The Board passed a motion which will not allow the Section to solicit outside sponsors for the Black Tie and Roses reception held at the APTA Combined Sections Meeting each February.

4) The Board agreed that the Section will contribute up to $3,000 to the 1996 Student Conclave which will be held in Birmingham, Alabama in October.

You should have received your election ballot in the mail by this time. If you haven't already done so, please take a minute to vote. The ballots were mailed the middle of April. The deadline for receipt of your bright yellow, postage paid, ballot postcard at the Section office is May 15. We had an exceptionally good return for last year's election. We hope to have an even better return this year. We have an excellent slate of candidates for Treasurer, Director and Nominating Committee Member. Your vote can and does make a difference. PLEASE VOTE!

Election results will be announced at the Section's business meeting on Saturday, June 15 at the 1996 Scientific Meeting/Exhibition in Minneapolis, Minnesota. Election results will also be published in the August issue of *Orthopaedic Physical Therapy Practice.*

Call for Finance Committee Members

The Orthopaedic Section, APTA needs your input for qualified candidates to serve on the Finance Committee. Qualifications would include: a good working knowledge of accrual accounting, annual and long range budgeting, reserve funds and investment strategies. If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information.

Full Name (please print) _____

Address _____

_____

City, State, Zip _____

Home Phone (_____) _____

Work Phone (_____)_____

We also require a CV. Please FAX this information to 608/788-3965 or e-mail to orthostaff@centuryinter.net by June 1, 1996.

Orthopaedic Section Executive Personnel

Terri Pericak, Executive Director
Tara Fredrickson, Meeting/Projects Coord.
Sharon Klinski, Publications Coord.
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OFFICE HOURS
8:00 am—4:30 pm CST
800/444-3982

Please leave a message on the answering machine if you cannot call during these hours. We will gladly return the call!

The Orthopaedic Section Clinical Research Grant Program

By Daniel L. Riddle, MS, PT and G. Kelley Fitzgerald, MS, PT, OCS

The Orthopaedic Section is very pleased and proud to announce the development of a new service for the membership. The Research Committee of the Section has developed a clinical research grant program. This grant program has been designed to address a need that the Section believes is not currently being met for the members. Sources for clinical research funding are dwindling and most fund sources don't offer what would be considered as start-up funds for researchers interested in conducting clinical studies. This new clinical research grant program should offer our members an additional opportunity for obtaining funding for well designed studies.

This new program began following a discussion by Section members at a recent business meeting. Clinicians interested in conducting clinical research suggested they were unable to obtain funding for projects they hoped to conduct. The funding sources available, such as federal agencies and the Foundation for Physical Therapy are possible sources, but there appeared to be a need for funding for those interested in conducting studies that were not large enough in scope to warrant submission to one of these national funding sources. Clinicians expressed a need for obtaining smaller amounts of funding to conduct clinical research. Based on this need, the Section has developed the Clinical Research Grant Program.

A task force was formed to develop a proposal for consideration by the executive committee of the section. Members of the task force included Dan Riddle, Chair of the Research Committee; Research Committee members, Kelley Fitzgerald and Paul Beattie; and past ABPTS member, Mary Milidonis. The task force prepared a proposal that detailed the purpose and procedures for the program. The task force also proposed a budget for the program. The executive committee unanimously voted to fund the project.

Purpose of the Grant Program

The general purpose of the grant program is to address the need for clinical research designed to study various issues in orthopaedic physical therapy practice. Research studies that examine various aspects of practice are urgently needed to provide research-based evidence for the effectiveness of orthopaedic physical therapy interventions. The Section must support its members by funding studies designed to systematically examine orthopaedic practice issues.

> Clinicians expressed a need for obtaining smaller amounts of funding to conduct clinical research.

The four types of studies that are urgently needed and that require funding are:

1. Studies that examine the effectiveness of a treatment approach on a well defined sample of patients with orthopaedic problems.
2. Studies that examine classification processes for patients. These studies should assess the usefulness of identifying subgroups of patients for purposes of determining an appropriate treatment.
3. Studies that examine the meaningfulness of an examination procedure or a series of examination procedures used by orthopaedic physical therapists.
4. Studies that examine the role of the orthopaedic physical therapist in the health care environment.

The grant program is designed to provide funding for those Section members who have the clinical resources to examine a well defined practice issue but who need some external funding to facilitate the completion of a clinical research project. All Orthopaedic Section members will qualify as potential recipients of a grant.

Categories of Funding

Funding will be divided into two categories:

Type I Grant Funding: $1000.00 maximum

This type of funding is designed for therapists who require only a small amount of funding for a project or are in the process of developing a project. The funds in this program will be used for pilot data collection, equipment and consultation. The Section has allocated $5,000 per year for type I grant funding. Therefore, a total of up to five type I projects will be funded per year.

Type II Grant Funding: $5000.00 maximum

This program is designed for therapists who are ready to begin a project but need additional resources. The funds may be used to purchase equipment, pay consultation fees, recruit patients, or clinicians. Clinicians receiving type II grant funding will be expected to present their results at a Combined Sections meeting within 2 years of receiving funding. The Section has allocated $25,000 per year for Type II grant funding. Therefore, a total of up to five type II projects will be funded per year.

General Criteria for Funding: (Type I Grant)

The following is a summary of the general criteria that will be used as criteria for making decisions about who will be funded. The criteria may be modified prior to the initiation of the program but the lists below will provide some general guidelines for funding.

a. Specific and well defined purpose that is judged to be consistent with the four types of studies described above.
b. Sample to be studied must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of

care.

c. Priority given to projects designed to include multiple clinical sites.
d. Priority given to studies examining treatment effectiveness.
e. Principal Investigator (PI) or coPI must be an Orthopaedic Section member.
f. Priority given to projects that are currently not receiving funding.
g. Funding period of one year.

General Criteria for Funding: (Type II Grant)

a. Specific and well defined purpose that is judged to be consistent with the four types of studies described above.
b. Sample studies must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of care.
c. Priority given to projects designed to include multiple clinical sites.
d. Priority given to studies examining treatment effectiveness.
e. Institutional Review Board approval from participating site(s).
f. Evidence of some pilot work.
g. Principal Investigator or coPI must be an Orthopaedic Section member.
h. Priority given to projects that are currently not receiving funding.
i. Funding period of one year, renewable for up to three years, if judged to be appropriate.

The Review Process:

Calls for grant proposals will be made one time per year. The calls for grant proposals will be published in Section publications. The review process will involve a two step procedure. Step one will require the members of the research committee to review the grant applications for appropriateness and completeness using a standardized format. This step is designed to identify those grants that do not meet the established criteria for format and style or do not fit one or more of the four types of studies that qualify for funding.

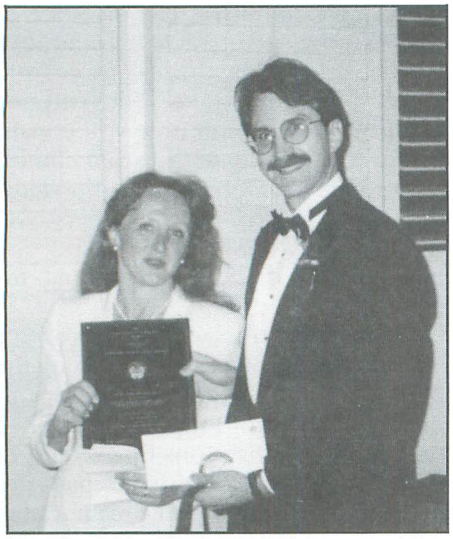
Step two will require an external grant review committee to make the final decisions on funding. All members of the grant review committee will review all grants judged to meet the minimal criteria for funding by the Research Committee. The members of the external grant review committee will be selected by the task force from a list of nominations. The External Grant Review Committee will consist of three members with varied clinical and research interests in orthopaedic physical therapy. All members will have strong publication record and have received external funding for research.

The clinical research grant task force is still in the process of developing the guidelines for the grants. We hope to have a Request for Proposals published in Section publications by the end of the year. We are very excited about this new program and hope the membership takes full advantage of the opportunity.

Rose Excellence in Research Award Recipient

Acceptance Speech — February 17, 1996

By Lynn Snyder Mackler, ScD, PT



Lynn Snyder Mackler receiving the Rose Award from Research Chair, Dan Riddle.

Mentors and Angels

I would like to thank the Orthopedic Section on behalf of my co-authors, Tony Delitto, Sherri Bailey and Susan Stralka for recognizing this work with the Rose Award. This research was funded by the Foundation for Physical Therapy and I want to thank the Foundation for its leadership in research. When Dan Riddle called to tell me that this paper had won the Rose award, he asked me to say a few words. Actually, he told me that Karen Hayes had given a terrific speech last year and that I had a tough act to follow. This award from our peers means so much, but it means even more because it honors Steve Rose, so I will talk for a few minutes about mentors, and angels.

In research and professionally, we look to those who inspired us, who led. We all have professional forebears. Steve Rose was our mentor—a word that is used far too casually these days. Mentor, counselor, guide, teacher. To mentor. To lead, to navigate, to guide—a powerful word, a powerful construct. He mentored us as young professionals, encouraging our participation in Association activities, particularly the Research Section and our content sections like Orthopaedics. He encouraged our attendance at meetings and when more than encouragement was needed, he pushed. He imbued us with the zeal of a revival preacher as he re-embraced clinical practice in the last decade of his life and then turned his wonderful mind and considerable skill to clinical research. He inspired and continues to inspire us. I regret every day that he died with so much left to do, and selfishly, I wish he had been here longer, to guide us and protect us as we grew into leadership roles. The mantle passed to us in April of 1989: Steve's "young Turks" had to keep moving the ball toward the goal without the quarterback. Steve was young when he died, only 49, but we were younger. His mentorship worked, and continued. We weren't the leaderless pack for long, but we didn't annoint a new leader. Not one of us was professionally mature enough to assume that entire role. Rather, we each played that role for one another at different times and in different ways. Sometimes it was Tony, sometimes me, sometimes one of the others. But, regardless, the ball kept moving toward the goal, whichever one of us took the lead. And Steve's thoughts, admonitions and guidance, continued; sometimes his presence was palpable. We've had a remarkable ride in the years since his death. Between us, Tony and I have published more than 40 articles in peer-reviewed journals, the currency of research. This study, a randomized controlled trial of a clinical intervention represents exactly what Steve Rose aspired to in his late-life re-incarnation as a clinician and clinical researcher. He would be proud of us tonight.

Tonight, I look around, and, rather suddenly it seems, we're not the "young Turks" anymore. We have become the mentors, and not just for each other, but for a cadre of young clinician researchers. This is a serious job, one that is infused with the future of our profession—mentoring in research and professionally. Endowing those we mentor with a purpose and a sense of responsibility to the profession is a formidable task. When I told Kelley Fitzgerald, who is doing his doctoral work with me, that I was going to talk about mentorship, I said intergenerational mentorship. He said, "What about intragenerational?," as Steve was not a generation older than I and Kelley, my chronological contemporary. He was speaking of age, and I was speaking of coming of age. We have a responsibility to mentor those who are professionally younger: to model what it means to be an academic in physical therapy. As an academic in a professional discipline, service has a larger meaning—service to the profession. Steve resonates in our deeds. When I see Tony struggling to lead a clinical and academic department, keep one foot in the clinic and continue his programmatic research, I see Steve's shadow. When Jules eloquently takes us professionally to task in one of his Editor's Notes, Steve's footsteps are apparent. When I watch Becky Craik nurturing her young faculty, her actions reflect Steve's. And every time I say to one of my graduate students—"This is very nice, but, where's the paper?," I hear echoes of Steve. We've all added our own layers. We are not him; he is not us. But, his mentorship (guidance, inspiration)

> We have a responsibility to mentor those who are professionally younger: to model what it means to be an academic in physical therapy.

lives on in all of us and on to the next generation. Choose your battles carefully, fight them well and thoroughly—persevere, get it done, know when to cut your losses, how to compromise, when to be tenacious and when to graciously give it up.

You reap what you sow. Leadership

takes many forms. The leadership of the Foundation for Physical Therapy, via its doctoral awards program, which Tony and I both benefited from, and the research awards program, a tangible product of which is this study, cannot be underestimated. The Foundation is entering a new phase, in order for it to continue its leadership role, it needs the support of all of us. The Orthopaedic Section is leading in its tremendous financial support for the Clinical Research Center in work-related low back injury. Only 15% of us donate to the Foundation. We would like to challenge all of you to help the Foundation continue to nurture the careers of young researchers, like we were. To that end, we are donating the Rose Award dollars to the Foundation, to in some small way sow seeds for the next generation of "young Turks."

I was recently quoted as saying that Steve was the angel on my one shoulder and the devil on the other; a slight misquote. What I said was, "I'm not sure I believe in angels, but even now, almost 7 years after his death, usually when I'm about to throw my computer out the window in frustration or when I'm wrangling with a student over a mind-numbing question, I'll remember something Steve said, or did, buckle down and get it done." If that's not an angel, what is?

Section Members in the News

Congratulations to Michael Cibulka, PT, OCS for being elected President of the Missouri State chapter. Michael is currently a member of the Board of Directors for the Orthopaedic Section.

❖

Congratulations to Doug White, PT, OCS for being elected President of the Massachusetts State Chapter. Doug is a member of the Practice Committee for the Orthopaedic Section.

❖

Congratulations to Lola Rosenbaum, PT, OCS for receiving an award from the Oncology Section, APTA for her research on tumors and ultrasound use. Lola is Education Program Chair for the Orthopaedic Section, APTA.

❖

Jan Richardson, PhD, PT, OCS is running for the state senate in Pennsylvania. Jan is past president of the Orthopaedic Section and currently serves on the APTA Board of Directors.

❖

Z. Annette Iglarsh, PhD, PT is running for Board of Directors for APTA. Annette is immediate past president of the Orthopaedic Section.

If you know of a Section Member in the News, please contact Sharon Klinski at the Section office. 800/444-3982 or FAX 608/788-3965 or e-mail orthostaff@centuryinter.net.

On-Site Physical Therapy: A Challenging Practice Environment

By Roberta L. Kayser, PT

This article was submitted by the Occupational Health Special Interest Group.

Costs of musculoskeletal injuries in the workplace are great in terms of dollars and human suffering. Human resources, unlike capital expenditures for materials and equipment, are not expendable. It is people who make products and provide services, not machines and things. When a company loses its most important asset, a well-trained and dedicated employee, the earning capacity of a business is adversely affected. As an example, statistics reveal that upper extremity CTDs in the workplace costs U.S. business and industry more than $2.1 billion annually in workers' compensation while low back pain from material handling results in over $5.2 billion each year. For indirect costs, such as hiring, and training new employees, overtime, and administrative costs, add at least 3% to these totals.

In response to these rising costs, companies, both large and small, have generally become more knowledgeable and involved regarding the care and management of injured workers and about preventing injuries and illnesses before they result in medical costs and/or lost work days. However, unfortunate accidents do occur, affecting livelihood and productivity, and jettisoning injured workers into a workers' compensation system that often discourages their return to employment. Proactive risk management intervention strategies must be developed and implemented to limit the loss for both employee and employer. The goal: a safer, healthier, more profitable workplace.

Business and Industry's Motivation For Change

1. Idealism = the healthiest motivation
2. Regulation = fear (OSHA may eventually promulgate a standard)
3. Economics = Indemnity benefits growing 6% per year
4. Legal Trends = More liberalized benefit policies with increased reliance on litigating a solution

Strategies for Change

1. Ergonomics
2. Training
3. Employee selection and fitness
4. Disability management/occupational health

Corporate Occupational Health Program Goals

1. Delivery of quality health care services to employees with aggressive management of employee injuries and illnesses
2. Early medical intervention
3. Top management commitment to health and safety
4. Injury Prevention
5. Education and training in injury prevention principals and safe work techniques
6. Medical (disability) management with containment of healthcare and associated costs through minimizing duration of time lost with occupational injuries and illnesses
7. Reduction of company liability by reducing the incidence and severity of workplace injury

The PT as a Corporate On-site Service Provider

Comprehensive, on-site physical therapy services in industry are becoming the accepted norm in corporate health service planning. The creative clinician can discover an interesting, exciting, and challenging alternative practice environment within each industry. Physical therapists, by education and training, add a very important and cost-effective dimension to corporate health promotion, injury prevention, work rehabilitation, and disability management. Therapists with additional training and expertise in the occupational health arena possess unique skills in identifying essential job functions and critical physical demands, quantifying job tasks, and objectively assessing safe functional levels through knowledge of human performance, musculoskeletal dysfunction, biomechanics, and human factors ergonomics.

Why Therapists Should Seek On-site Contracts

- Prevention of human suffering/injury reduction
- Reduction of staggering worker's compensation costs
- Save dollars for industry and payors which will likely generate increased referrals for your off-site facility
- Freedom to use skills of a therapist in a direct access environment and the autonomy to practice and design programs to meet specific employee needs
- Facilitate development and management of an accident and injury prevention management program as well as overall wellness
- Professional career security can be high. Industrial clients tend to perceive the value in physical therapy injury control services and will often pay more than adequate consulting fees
- Active control of volume/type of services provided
- Control costs and assure viability/profitability for your practice
- Determine and control level and quality of services
- Provide worker relevant services with earlier intervention after "trust" is earned
- Problem solving the challenge of job analysis
- Expand knowledge base relative to human factors ergonomics
- Unlimited business opportunities in industry
- Financial stability of consulting fees vs insurance billing
- Reimbursement is relatively immediate and 100%

Components of an Effective On-site Rehabilitation Program

- Identifies problems and presents viable solutions
- Outlines cost and effect of services on the company's bottom line
- Providers are current in legislative and regulatory issues
- Provides flexibility in service delivery
- Engages key business, industry, and other referral sources in long-range planning
- Program goal—To objectively evaluate and restore an employee's ability to safely perform productive work on-site in industry to avoid disability that is related to emotional and physical is-

sues which often onset from prolonged time off work and/or imposed post-injury rest.
- Program objectives-Health promotion/injury prevention
- Early recognition and reporting CTDs
- Systematic physical assessment and referral
- Conservative acute/subacute medical treatment
- Specialized injury treatment programs
- At work "work hardening" for safer return to the job
- Individualized fitness programs
- Work techniques, pacing, rotation
- Systematic program monitoring
- Injury/illness recordkeeping
- Ergonomic worker/machine interface

On-site Rehabilitation Program Development Steps

1. Provide services of a qualified, licensed therapist
2. Meet & plan with the designated industry representative
3. Review OSHA 200 logs and interview both management and hourly employees to determine injury trends and high risk jobs or workspaces in the industrial facility
4. Determine (strategic location) location of rehabilitation area and plan space
5. Select and purchase furniture, equipment, and supplies
6. Develop protocols/critical pathway algorithms
7. Assist in choosing or meet with the physician
8. Meet with occupational health nurse, medical facilities, insurance representatives
9. Develop referral mechanism to assure continuity of care
10. Meet with CEO, management team, and union
11. Plan the "roll out" carefully to reach all management and employees 1 week prior to opening the facility
12. Learn the complexities of manufacturing through site visits and performing actual jobs
13. Periodic workplace walk-throughs documentation and follow-up
14. Annual symptoms survey
15. List of alternative duty options with periodic review and update
16. Health surveillance:
    a) Post offer/transferred employees
    b) 4-6 week physical break in period with follow-up
    c) Periodic surveillance on all workers every 2-3 years
    d) Confidential document filing
    e) Maintain contact with employee during disability
17. Employee training and education
18. Early symptom report system
19. Develop forms, record systems, and educational materials appropriate to that audience
    - Progress/discharge report form
    - Return to work modified duty plan
    - Job analysis/work technique analysis format
    - Invoice form
    - Feedback mechanism
20. Musculoskeletal Evaluation
21. Identify Work Behaviors
22. Evaluate Symptom Behaviors
23. Match Physical Status Against Functional Requirements
24. Define causative factor(s) for impairment
25. Treatment plan to remove physical limitations and increase safe functional performance, work tolerance
26. Discharge and follow-up assessments
27. Appropriate job assignment
28. Ergonomic analysis:
    - Worksite appraisal quantifying physical demands
    - Study company's history of injuries and illnesses
    - Postures
    - Physical stressors
    - Motions/positions
    - Application of ergonomics principles to make adaptations and develop effective training/education
    - Promote alternative work environments within industry constraints
29. Plan a schedule of education/training as part of the safety programming
30. Assist in development of an ergonomics committee
31. Develop outcome collection and reporting mechanisms
32. Monitor trends to identify potential problem areas

Excerpted from *On-Site Physical Therapy and Ergonomics*, APTA 1996 Combined Sections Meeting, Atlanta, Georgia, February, 1996.

Donation will be Largest ever for UW-L

Reprinted (with permission) from the January 26, 1996 edition of the La Crosse Tribune.

A $1 million donation to the University of Wisconsin-La Crosse Foundation Inc.—the largest gift ever to the school—will be announced at a 4 p.m. press conference today in the UW-L Cleary Alumni and Friends Center.

The money, which is expected to be endowed, will provide numerous scholarships for students in the University's physical therapy program.

The name of the donor, who is deceased, was not released Thursday. Steve Stach, director of university relations, said details about the donation are being withheld until today to "honor the donor's wishes."

However, another source close to the foundation said the donations would be made in the names of Cindi Stoller-Polek, as well as the donor and Jim Gould, a former physical therapy professor at UW-L who died in 1995.

Stoller-Polek, a graduate of UW-L's physical therapy program, knew the donor when both lived in the same northern Illinois town. Richard Polek, Cindi's husband, will speak at the news conference today.

A scholarship program in the Polek name already exists at UW-L. Interest from the gift may provide scholarships for tuition, internships and possibly thesis writing. A portion of the program will honor Gould, a longtime member of the UW-L faculty and the La Crosse community.

Ann Ladd
Of the Tribune Staff

Book Reviews and Abstracts

Coordinated by Michael Wooden, MS, PT, OCS

BOOK REVIEWS

Shacklock MO: Moving in on Pain. Heinemann, Australia. 216 pp.

Moving in on Pain is a compendium of presentations given at the Moving in on Pain conference held in Adelaide, South Australia in April, 1995. Sponsored by the Physiotherapy Research Foundation, this was the first international conference of physical therapists which had pain as its primary focus. Although acute pain is recognized, the emphasis was on chronic pain when the subjective complaints do not coexist with some obvious peripheral nociception. The author challenges the idea that pain should be consistent with tissue injury and in fact, states that paradigm is over simplified and out-dated. The book is divided into sections, each with its own emphasis, but they collectively relate back to, and build upon, one another, to give the reader an excellent multifaceted understanding of chronic pain.

The first section of the book consists of nine discussion papers. These were excellent, up-to-date literature reviews and commentary explaining the "Pain Revolution." This refers to expanding our thoughts of pain beyond a rigid system where it results from stimulated nocicipters because of tissue damage. The "Pain Revolution" recognized the concept of plasticity within the nervous system and the inter relatedness of the autonomic and sensory motor nervous systems. By way of axonal tracing and other methods, it is clear that previous models underestimated the complexity of neural processing at the spinal cord level and the division between sensory and motor. The authors were able to explain the complicated material clearly and gave examples relevant to a variety of clinical diagnoses.

The second section consists of three papers on the psychological aspects of chronic pain. Factors such as personality, childhood experiences, and sociocultural variables can predispose people to chronic pain. Body narcissism was also listed since, "these patients are particularly vulnerable to unexpected traumatic illness or injury. This vulnerability predisposes the person to the chronic pain syndrome, with damage to self-esteem and an almost child-like expectation that the doctor will quickly restore a pain free and pleasurable existence. The patient's unfulfilled fantasy readily turns to anger toward the practitioner, with perpetuation of the pain complaint as an acceptable expression of this anger." Also among the topics discussed were helplessness and self efficacy. One study suggests that self efficacy is a predictor of a person's perceived level of functional status. The author suggests that with an understanding of self efficacy, even the most recalcitrant patient can become a manageable case.

The third section discussed clinical aspects and began with a call for critical and creative thinking not just allegiance to any one approach. Following this were two chapters on peripheral neuropathy. These discussed normal mechanics of neural tissue with movement and of pathological processes such as neurogenic inflammation. This is followed by two diagnosis related papers. The first covers Thoracic Outlet Syndrome. The author provides information to help understand the pathomechanics and gives a treatment program that can be adapted to the findings. The second covers perianal and perineal pain syndromes. Explaining the role physical therapy can play with these patients in helping to develop normal strength and coordination of pelvic floor muscles. The next two articles connected some of the previous section's psychological aspects with clinical treatment in discussing appropriateness of "hands on" versus "hands off" and the placebo response.

The final section involved research to explain effects of various mobilization/manipulation type techniques commonly used in the clinic. This section closed with a study measuring improved function by way of multidisciplinary pain management. Some of the variables discussed are very relevant in daily practice. The therapist who thinks that this book is just for those employed in academic or chronic pain centers will miss out on information that can be immediately applicable to his or her practice.

Dan Swinscoe, PT

Macnicol, MF: The Problem Knee (2nd Ed.). Butterworth Heinemann, 1995.

The purpose of this book is to present an overview of the various pathological conditions associated with the "problem knee." The book is divided into 10 chapters which are organized to provide the reader with easy access to specific information.

Chapters 1 and 2 cover the general anatomy of the knee, typical clinical presentation of knee injury, and clinical examination procedures utilized in the assessment of the knee. Chapter 3 deals with the various tests utilizing in arriving at a definitive diagnosis. These included blood tests, synovial fluid analysis, biopsy, and the various imaging techniques commonly utilized. In addition, isokinetic testing and exercise testing were also discussed.

The remainder of the book deals with specific pathological conditions and their medical management. Chapters covering the management of pediatric injuries, ligamentous injuries, meniscal lesions, patellofemoral dysfunction, fractures, nontraumatic and soft tissue injuries are introduced. In addition, appen- dices describing stages of recovery following injury and general outlines of various knee rating scales (Tegner, Lysholm, Cincinnati) are presented.

Although the book is well organized and contains excellent illustrations and full color templates of clinical examination techniques and pathological conditions, I found the book to lack the substance of other texts currently available. Specifically, rehabilitation management of the problem knee was addressed only in the chapter dealing with soft tissue injury and was very broad in its scope and lacked the specificity of pathology/rehabilitation found in similar texts.

For the physical therapist looking for a comprehensive text on the "problem knee" with a rehabilitation emphasis, I would not recommend this particular book. However, for the physical therapist looking for an easy to read, quick reference source for various knee pathologies, this book makes a nice addition to any library.

Malton A. Schexneider, MMSc, PT, OCS

ABSTRACTS

Long-Term Results of Arthroscopic Meniscal Repair—An Analysis of Isolated Tears. Eggli S, Wegmuller H, Kosina J, et. al. University of Bern, Switzerland. *Am J Sports Med* 1995; 23(6): 715-720.

Fifty-four consecutive arthroscopic repairs of isolated meniscal tears in eight women and forty-six men were performed between 1982 and 1986. Initial results after follow-up period of an average of twenty-five months demonstrated a 77% success rate. A second study was performed in 1988 to re-evaluate the failure rate.

Results of the second study were based on the follow-up of 52 patients after an average period of 7.5 years (+0.8). A failure rate of 27% (14 of 52) was present at follow-up. 64% of failed repairs occurred in the first six months after repair. 86% occurred before eighteen months. No repair failures occurred within the 44 to 90 month period. Results also showed a greater number of failures occurring in the age group over 30 years (33%) versus under 30 years (12%). Patients with older tears (repaired after 8 weeks) failed at a rate of 29% versus acute tears at 20%. Lateral meniscal repairs did not fail as much as medial meniscal repairs; 11% and 26% respectively. 42% of failures occurred with only resorbable sutures whereas none occurred in mixed suture materials and only one occurred in the non-resorbable suture group. Longer tears failed more frequently than shorter tears. The width of the meniscal rim played a role in healing. A higher rate of failure (40%) occurred with the rim measuring more than 3 mm versus 13% in the rim measuring less than 3 mm. It should be noted that statistical assessment only found a significant difference ($p < 0.05$) with factors of meniscal rim width and suture material which influenced healing.

The study concluded that an arthroscopic repair is a valuable method to treat isolated tears even with a failure rate of 27%. Normal knee function was present in 90% of healed menisci with clinical and radiographic evaluation. MRI scans are useful to evaluate shape and position of the meniscus but are not reliable in evaluating meniscal healing in grade 3 and 4 lesions.

Sylvia Horton Mehl, MS, PT, OCS

Long-term Follow-up of Bankart Reconstruction: Incidence of Late Degenerative Glenohumeral Arthrosis. Rosenberg BN, Richmond JC, Levine WN, Department of Orthopaedics, Tufts/New England Medical Center, Boston, Massachusetts, *The American Journal of Sports Medicine.* 1995; 23(5): 538-544.

This retrospective study was performed to determine the frequency of late degenerative glenohumeral joint arthrosis following Bankart reconstruction for persistent anterior glenohumeral joint instability, as well as to identify variables that relate with radiographic evidence of the degenerative process.

Thirty-one patients (33 shoulders) who underwent Bankart reconstruction at the New England Medical Center between 1970 and 1983 underwent evaluation, consisting of subjective and functional evaluation utilizing a scale developed by Rowe et al, physical examination, and radiographic testing. Those individuals having had extracapsular reconstructions, capsular stapling, or capsular shift procedures were excluded from the study. Results indicated an average Bankart score of 84 (range, 50 to 100). Average external rotation restriction of the involved glenohumeral joint was 18 degrees (range, 0 to 50 degrees) in neutral abduction and 15 degrees (range, 0 to 70 degrees) in the 90 degree abducted position. Radiographic evaluation illustrated moderate to severe degenerative changes in only 4 shoulders. This study concludes that the Bankart procedure will normally result in a small restriction in glenohumeral joint range of motion, but that this motion restriction should not be enough to elicit late degenerative arthrosis. Nonetheless, secondary to the prevalence of some radiographic evidence of late degenerative arthrosis, further long-term follow-up may be warranted to determine a Bankart procedure-degeneration correlation.

David Schulz, PT, CSCS

Philip W. McClure Honored at CSM

Award for Excellence in Teaching
Orthopaedic Physical Therapy
Awarded to Philip W. McClure, MS, PT, OCS

This year's recipient, Philip W. McClure, MS, PT, OCS received his BS in Physical Therapy from Temple University and his MS in Orthopaedic Physical Therapy from the Medical College of Virginia. He is currently a Doctoral Candidate at Drexel University in Biomedical Engineering and Science. He is a Board Certified Orthopaedic Clinical Specialist.

Phil is highly regarded by his peers and students as an outstanding teacher, clinician, and researcher. He is known for mentoring future academicians and encouraging new researchers. The success rate of published research by his students attests to Phil's guidance, his attention to detail, and his love for teaching.

The Orthopaedic Section is proud to present this year's award to Phil McClure.

The criteria for this award requires that the recipient be an Orthopaedic Section member who has been primarily involved with teaching PT or PTA students for more than five years. The recipient is nominated by a Section member with support statements from colleagues and students. The awardee receives an engraved plaque, a $250 honorarium, and expenses to CSM.

Phil McClure accepting his award from Nancy White.

Outstanding Physical Therapy Student
Margaret Barnett

This year's recipient, Margaret Barnett, is a student at the University of Central Florida. She is Vice President of the APTA Student Assembly and President of the Student Physical Therapy Association at her school. She is the founder of her school's SPTA and a co-founder of the Florida Chapter Student Special Interest Group. She is on the President's List at her school and is a competitive in-line speed skater.

Margaret was awarded a plaque and will receive an expense paid trip to the APTA Component Leadership Symposium in April. The Orthopaedic Section looks forward to her involvement in Section activities in the future.

The recipient of this award must be enrolled in a physical therapy program and be an Orthopaedic Section member. Students are nominated by faculty with support letters from student peers and other colleagues. The nominees are judged on academic excellence, exceptional non-academic achievement, and leadership and professional organizations.

Margaret Barnett

Outstanding
Physical Therapist Assistant Student
Cindy Hinkel

Cindy A. Hinkel

This year's recipient, Cindy Hinkel, is a student at Morton College in Cicero, Illinois. Cindy is president of the PTA Club at her school. She is involved with tutoring PTA students, neighborhood children in the public schools, and disabled students. She is recognized by her faculty and fellow students as being outstanding both academically and clinically. Cindy is Vice President of the Phi Theta Kappa International Honors Society and is involved in many outreach activities.

Cindy received an engraved plaque from the Section along with expenses for Combined Sections Meeting.

The recipient of the Outstanding PTA Student Award must be a Section member and be currently enrolled in a Physical Therapist Assistant Program. The students are nominated by a faculty member with support statements from colleagues and student peers. The award is made with consideration to academic excellence, leadership abilities, and involvement in professional organizations.

Student Guest Winner '96 Melissa Higgins

Melissa Higgins, our Student Guest Winner with Mari Bosworth, Public Relations Chair.

Melissa Higgins, the winner of the Sections 1996 Student Guest Program made quite an impression on everyone she met, and I imagine she'll have the same effect after she graduates from physical therapy school. I spoke with Melissa at the Black Tie and Roses reception. To say she is gregarious might be the greatest understatement of the year. Here is a brief profile of our guest. *(Written by the Editor of OP.)*

PROFILE

Educational Background:
Associate Degree in Applied Science—Victoria College
Currently enrolled at Southwest Texas University

Home:
Ft. Worth, Texas

Hobbies:
Drawing, painting, reading, mountain biking

Why PT?:
Influenced by family members working in health care, and volunteer work

Anticipated Professional Setting:
Still undecided—looking for a position that may involve rotating through different services

Most Recent Affiliation:
Union Memorial Hospital, Baltimore, Maryland

Liked Best About CSM:
Educational programming and being made aware of how her faculty are staying current in research

Liked Least About CSM:
Concurrent scheduling *(ed. note: join the crowd Melissa)*

Advice For Other Students Attending Conference:
"The benefits of attending far outweigh the expense. It's one of the best and quickest ways to keep up to date on new ideologies and concepts, and to meet new people."

Letter to the Editor

I must respond to Paul Shekelle's letter regarding my analysis of the AHCPR Low Back Problems Guideline.

I will discuss a few of his challenges using analysis of the panel's discussion of traction, which he alluded to, as justification for my concerns.

He says I disparaged "the research studies upon which the conclusions of the guideline panel were drawn." The panel themselves disparaged it. Of 31 articles reviewed on traction only 7 met the criteria for review. The panel said, "there were no excellent studies, one good study, three fair studies. . .and one poor study."

They said, "the most common type used for low back pain is pelvic traction in which a snug girdle around the pelvis is attached to weights hung at the foot of the bed." That's just plain not true! Bed traction is not the most common type of traction used for low back pain. It is rarely used at all.

They made no differentiation in their recommendations regarding types of traction. They listed potential harms as, "debilitation due to prolonged bed rest including loss of muscle tone, bone demineralization and the risk of thrombophlebitis," and, "increased intra ocular pressure and blood pressure with inverted hanging traction." These potential harms are not cause for concern with intermittent or manual traction.

Based on six questionable studies, a misunderstanding of traction and concern for nonexistent potential harms, they determined that, "evidence does not demonstrate traction to be effective in the treatment of patients with acute low back problems," and traction was, "recommended against."

That's a classic error in logic! It's called IGNORATIO ELENCHI (irrelevent conclusion). The example usually given is, "The murder was a horrible crime, therefore you must convict the defendant." AHCPR concluded, "The research is bad, therefore condemn the treatment." Irrelevant!

What should have been stated is that bed traction and inverted hanging traction are obsolete; there is currently insufficient research to make recommendations for or against other types of traction; and, that better studies should be done before recommendations are made.

AHCPR's handling of traction is not an isolated faux pas. It is indicative of the handling of the entire task. As they demonstrated little knowledge and no understanding of the mechanics, application and objectives of traction, they demonstrated no knowledge or understanding of the biomechanics and pathomechanics of the spine as they relate to low back problems. They never address the diagnosis or treatment of specific movement disorders or the long term effects of lack of early treatment.

Shekelle takes me to task for suggesting that better research tools need to be developed before clinical practice guidelines can be advanced. His panel wants us to accept that their guideline is better than the current state of care. They foisted this guideline on the American public knowing full well that third party payors and bureaucrats would adopt it, untested, and use it to deny, not guide, treatment.

He challenges me and my colleagues to do or support research that tests the guideline. I cannot, in good conscience participate in research that will test this particular guideline. I cannot subject patients to a course of treatment that I know has more potential to do harm than good.

I, therefore, must reverse the challenge to Dr. Shekelle and his cohorts. Instead of chastising practicing clinicians who raise legitimate questions about this work, do the responsible thing. Rescind this guideline until you have tested it and proven it beneficial in randomized clinical trials. The trials should take at least five years to fully measure the effects of the interventions on the natural course of acute low back pain over a several year period. Make sure to measure not only the short term costs of care and immediate relief of pain and dysfunction, but also the long term outcomes. Consider all medical costs over the years following injury. Consider temporary disability payments and permanent disability awards. Consider work days lost and recurrent episodes. Don't forget to study social factors like broken marriages, drug and alcohol addiction, and suicides.

In picking treatment protocols to compare your guideline with, make sure at least one includes early intervention to determine and correct movement disorders. Make sure it includes pain modulation techniques, movement disorder specific mobilization techniques, movement disorder specific exercises and patient education.

If after such a detailed trial your guideline passes muster—advance it. If another protocol proves better—advance that. If after five years of study you find that you know no more than you know now—admit it and go back to the drawing board. What you have now should not have been considered a practice guideline. It is no more than a clinical hypothesis.

Philip Paul Tygiel, PT, MTC

ATTENTION
ALL MEMBERS:

A new task force related to chiropractic issues has been set up. We are interested in knowing if any states are having problems with restriction of practice by eliminating manipulation or mobilization from their practice act. If any state is currently having a problem or has succeeded in dealing with these issues, please let us know. We are hoping to accumulate as much information as possible to catalogue for use by our membership.

Please forward all information to:

Chiropractic Task Force
Orthopaedic Section, APTA
2920 East Avenue South
La Crosse, WI 54601

What's So Important About An Annual Report?

By Tom Berkedal

Investors tell me that some company annual reports overwhelm them. So many words and numbers! So much fine print!

My own in-basket is bulging with annual reports, so I sympathize with these people. Ever year, it seems, a growing number of these reports look more like colorful magazines and less like the dry collection of numbers they used to be. It's tempting to dwell on the beautiful photography—tempting, but not very useful.

So what should you be looking for in an annual report? Quite simply, a progress report on your investment. What has the company done with your money? What changes have taken place at the company or in its business in the past year? Is the company still a good investment for you?

Often I read the annual report of a company whose stock I'm considering buying. Then, I'm educating myself about the company's markets and opportunities for growth. Also, I'm assessing the company's track record. How well has it performed for its shareholders in the past? What are the trends? Do those trends indicate that an investment in the company will grow over the next several years? Or do they warn me that earnings will be flat?

The following are the key parts of an annual report that give me—and you—important information to monitor existing investments and assess potential ones. These parts don't necessarily appear in the same order in every annual report:

Auditor's Report. Every annual report has a report from independent auditors certifying that all the company's financial statements presented in the report meet generally accepted accounting standards. If the auditor finds any deviation from generally accepted accounting practices, the auditor will insert a qualification or disclaimer. Though rare, such a disclaimer is a red flag that trouble may be brewing.

Balance Sheet. This is a financial snapshot of the company on a given date compared to the same period of the previous year. It includes all the company's assets balanced against its liabilities. The excess over liabilities is the shareholders' equity, or the net worth of the company. As an investor, of course, you want net worth to grow each year.

Income Statement. The income statement lists the sources of company income, less cost of doing business and dividends paid to shareholders during an accounting period, and it compares net income to that of preceding years.

Statement of Changes in Financial Position. This table, also called the Statement of Cash Flow, reviews operations, financing and investing activities during the accounting year. All important changes to a company's financial position must be reflected here.

Management Letter to Shareholders. In most reports, one or more of the company's top officers writes a letter to shareholders summarizing the year's accomplishments or explaining disappointing results from management's point of view. If you find candor in one of these letters, consider it a real plus.

Management Discussion and Analysis of Financial Condition. Here's where the people who are running the company explain in detail what factors affected the business during the year.

Notes to Consolidated Financial Statements. The section of footnotes to the financial tables explains in nitty-gritty detail information about the company's income, debt, benefit commitments, lawsuits pending and other matters that could affect the health of the company.

Companies generally try to discuss their business positively in annual reports. As investors, we must evaluate these reports carefully. We need to look beyond the glossy pictures and focus on the facts, where the real story is found.

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

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

THE SPECIALTY SECTIONS
of the
AMERICAN PHYSICAL THERAPY ASSOCIATION
Hereby Offer This

NOTE! Deadline Date of August 1, 1996

CALL FOR PARTICIPANTS

MULTISECTION PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS METING
Dallas, Texas
FEBRUARY 12-16, 1997

Persons wishing to make platform or poster presentations of RESEARCH, SPECIAL INTEREST, CASE STUDIES, OR THEORY are invited to submit abstracts for consideration.

NOTICE!!!
Beginning this year, the Orthopaedic Section is participating with all Sections of the APTA in standardizing the format for platform and poster abstracts for the Combined Sections Meeting. We hope these changes will aid all who read these abstracts. We also want to thank those who submit abstracts for their efforts with this new system. We think that the standardized format will continue to enhance the quality of material presented at CSM.

CONTENT:
- RESEARCH reports must include in order 1) purpose or hypothesis of the study; 2) number and kind of subjects; 3) materials and methods; 4) type(s) of data analysis used; 5) summary data; 6) numerical results of statistical test(s) where appropriate; 7) conclusion; 8) clinical relevance. This category would also include single subject research designs.
- SPECIAL INTEREST reports must present a unique program, idea or device and must include 1) purpose of the presentation; 2) description; 3) summary of experience or use; and 4) the importance to members of the Section to which the abstract is submitted.
- CASE STUDIES must 1) present the treatment of a patient or a series of patients; 2) provide unique insight into the treatment or natural history of conditions seen by physical therapists; and 3) must include accurate descriptions of the patients, treatments, and outcomes.
- THEORY presentations must 1) state the phenomenon that the theory proposes to explain or predict; 2) explicitly state the theoretical proposition or model; 3) give the evidence on which the theory is based; 4) suggest ways that the theory could be tested; and 5) describe the importance and utility of the theory to the section members to which the abstract is submitted.

LIMITATIONS:
- Each prospective presenter may submit no more than two abstracts to any individual Section.
- The same abstract may not be submitted to more than one Section.
- The primary (first) author of the abstract must be a current member in good standing of the Section of the APTA, Inc. to which the abstract is submitted OR must be sponsored by a current member in good standing of the Section of the APTA to which the abstract is submitted.
- Each abstract must indicate if the material has been/will be presented at any other national or international meeting or appear in publication prior to the 1997 Combined Sections Meeting. If the material has been/will be presented or published prior to the 1997 Combined Sections Meeting, the specific meeting/journal and date of prior presentation/publication must be indicated. Some sections will only consider original material for presentation or may restrict presentations to those that have not yet been available to the Section members.
- Some Sections may have other limitations on submitted material. Details are available from individual Section Contacts.

EVALUATION AND SELECTION: All abstracts are reviewed by the Section declared on the Abstract Cover Sheet, without knowledge of the identity of the authors by selected member(s) of the Section to which the abstract is submitted. Abstracts are selected on the basis of compliance with the content requirements, logical arrangement, intelligibility, and the degree to which the information would be of benefit to the members of the Section. All selections are final.

SUBMISSION
- All **Abstracts are to be completed following directions on the Abstract Cover Sheet** on the following page. The **Abstract Cover Sheet** page is to be photocopied for your use, and submitted as directed with each Abstract.
- Deadline for receipt of all Abstracts is **on or before August 1, 1996.**
- **All** Abstracts are to be submitted to: Scott D. Minor, Ph.D., P.T. The address is listed on the Abstract Cover Sheet.

COMBINED SECTIONS MEETING
ABSTRACT COVER SHEET

NAME: (First) _____ (MI) _____ (Last) _____

MAILING ADDRESS: _____

_____

(City) _____ (State) _____ (Zip) _____

TELEPHONE: (Work) _____ (Home) _____

(E-mail) _____ (Fax) _____

SUBMITTED TO SECTION: Section Name: _____

SECTION MEMBER: (Yes) _____ (No) _____ (Membership Number) _____

IF NOT APTA MEMBER: (APTA Sponsor Name) _____

(Membership Number) _____

TYPE OF PRESENTATION: (Poster) _____ (Original Material) _____

(Platform) _____ (Previously Presented) _____

IF NOT ORIGINAL MATERIAL: (Where presented) _____

(When presented) _____

IF NOT CHOSEN AS A POSTER, WOULD YOU PRESENT AS A PLATFORM? (Yes) _____ (No) _____

IF NOT CHOSEN AS A PLATFORM, WOULD YOU PRESENT AS A POSTER? (Yes) _____ (No) _____

SUBMISSION REQUIREMENTS:

Deadline for Receipt of Abstracts: - All abstracts must be received on or before *August 1, 1996.*

Format for Abstracts: All abstracts ***must be submitted in the approved Abstract format*** outlined below.

- The required Abstract format is a drawn box with one (1″) inch margins at the top, right side, and left side, and three (3″) inch margin at the bottom. The box must be drawn. No printing may exceed the limits of the drawn box. No other printing is to appear on the Abstract page.
- The print must be clear, dark, elite or pica size (10 or 12 point type) and produced on an electric typewriter, letter quality printer (impact or laser) or a high quality dot matrix printer with near-letter-quality type. The abstract must use standard abbreviations and should not contain subheadings, figures, tables of data or information that would identify the authors or the institution.
- The identifying information must be single spaced at the top margin of the abstract box, and include 1) the title in all capitalized letters; 2) the name(s) of the author(s) with the presenter's name underlined; 3) the institution/facility where the work was done; 4) the city and state of the institution/facility where the work was done; 5) acknowledgment of any financial support for the work being presented.
- **All** information requested on the Abstract Cover Sheet must be completed in printed format.

Copies:

- Include one original and one copy of the completed Abstract Cover Sheet.
- Include one original and one copy of the complete abstract with all the identifying information as outlined above.
- Include 5 copies of the abstract with ONLY the title and the body of the text (eliminate all identifying information except the title).
- Do ***not*** staple or tape any of the pages to be submitted. Do ***not*** fold. Mail flat.

INSTRUCTIONS:

1. **Abstract must be completed in accordance with all instructions issued with this Call for Participants.**
2. **Photocopy this entire Abstract Cover Sheet page. Complete *all* information requested above in printed format.**
3. **Submit required number of copies of Abstract Cover Sheet and Abstract as directed above.**
4. ***No* fax submissions.**
5. **Mail all submissions to:** **Scott D. Minor, Ph.D., P.T.**
   SOR, Program Chair
   Washington University School of Medicine
   Campus Box 8502, 4444 Forest Park Blvd.
   St. Louis, MO 63108

For Express Mail, Federal Express, etc. use the same address *without* the Campus Box number.

Meeting Minutes

COMBINED SECTIONS MEETING
ATLANTA, GEORGIA
FEBRUARY 17, 1996

CALL TO ORDER AND WELCOME
President, Bill Boissonnault, MS, PT

BOARD OF DIRECTOR REPORTS

A. President—Bill Boissonnault, MS, PT

1. =MOTION= Approve the minutes from the business meeting at CSM in Reno, NV on February 11, 1995 as printed in the Spring 1995 issue of *Orthopaedic Physical Therapy Practice.* =PASSED=

2. A National Grand Opening for the Section's new office building is being planned for October 5, 1996 in conjunction with the Fall Board of Directors meeting in La Crosse.

3. =MOTION= Move to amend Bylaws, Article XI. Elections, Section 2A by: Replacing the word "April" with "November" in the first sentence. =PASSED=

SS: Amendment will be consistent with the change in the Section election schedule approved by the Board at the Fall Board Meeting, 1994.

Amendments #2 and #3 were not addressed due to recommendations from the parliamentarian. These were tabled so that minor changes could be made to the language. These will be presented to the membership in *Orthopaedic Physical Therapy Practice* at a later date.

4. The following outgoing officers and committee chairs were recognized for their contributions to the Section during their term of office: Annette Iglarsh, President; John Medeiros, Vice President; Michael Wooden, Nominating Committee Chair; Nancy White, Education Program Chair; Mary Milidonis, Orthopaedic Specialty Council Member; and, Karen Piegorsch, Public Relations Committee Chair.

B. Vice President—Nancy White, MS, PT

(See report under Section News)

C. Treasurer—Dorothy Santi, PT

(See financial graphs under Section News)

D. Director—Michael Cibulka, MS, PT, OCS

Plans are underway to get the Section office connected to the Internet. We are looking into the possibility of creating our own home page and maintaining it at the Section office.

E. Director—Elaine Rosen, MS, PT, OCS

1. Have been working with the Board to develop a liaison system which will formally allow each of the elected Board members to work with a particular committee to facilitate better communication between the committees and the Board.

2. Developed a survey along with the Education Committee requesting ideas on educational activities. The survey was published in the Spring issue of *Orthopaedic Physical Therapy Practice.* Since there was a limited response, all members were encouraged to contact the committee or the Section office with their input.

3. Was charged by the Board to chair a task force on chiropractory. Members of the task force include Scott Stephens, Lola Rosenbaum, Mari Bosworth, Annette Iglarsh and Steve McDavitt. The task force will be accumulating information over the next year related to chiropractic practice acts throughout the United States, specifically information related to manipulation. This information will be used as a resource in the Section office for members. We hope to put together a catalog of information and send out its table of contents to each state legislative committee or chapter.

COMMITTEE REPORTS

(See Section News)

A. Nominations—Carol Jo Tichenor, MA, PT

=MOTION= To accept nominations for Section office as presented: Treasurer, Dorothy Santi; Director, Elaine Rosen from New York, Robert Burles from Oregon, Alan Lee from Hawaii; Nominating Committee Member, Kim Dunleavy from Michigan, Nathaniel Grubbs from Arkansas, Debra Stetts from Texas. =PASSED=

NEW BUSINESS

A. =MOTION= The Orthopaedic Section refer the following policy that joint mobilization, manipulation and soft tissue mobilization should not be taught to, delegated to or performed by physical therapist assistants to a task force with a report back to the Executive Committee prior to May 1, 1996 so that the Executive Committee can then make a decision as to the fiscal and professional implications for the Section delegate to present to the June, 1996 House of Delegates. =PASSED=

B. =MOTION= That the Orthopaedic Section request the APTA to complete the work hardening/work conditioning outcome studies and have the results presented to the Worker's Compensation Focus Group meeting May 1, 1996. =PASSED=

C. Recommendation brought forth to have the Section consider increasing the amount of time for the business meeting from one to two hours and follow that with a one hour practice issues forum.

D. Recommendation brought forth to have the Section coordinate the business meeting schedule with the Private Practice Section so as not to conflict with their business meeting.

Adjournment—10:00 AM

NOTE: *Due to the length of time of the actual business meeting, we were not able to conduct the practice issues forum as scheduled.*

POSITION: Editor Orthopaedic Section Home Study Course

REQUEST FOR PROPOSAL

The Orthopaedic Section, APTA, Inc., has offered the Home Study Course series since 1991. Our goal is to provide high quality, convenient, low cost continuing education materials for Physical Therapists. We plan to continue to produce two Home Study Courses per year consisting of 6 manuscripts each. Topics encompass a wide range of interests from assessment issues to orthopaedic dysfunction.

Responsibilities of the Editor include:

Planning for future courses
Recruitment of potential authors and subject matter experts
Review of manuscripts
Accessibility to registrants, authors and Publications Coordinator

This position averages 5-10 hours of work per week. A proposal outlining your ideas for editorial responsibilities and a curriculum vitae is required.
DEADLINE: June 1, 1996.

Search Committee Chairs: Lola Rosenbaum, PT, OCS
Paul Beattie, PhD, PT, OCS

For more information: Sharon Klinski
Publications Coordinator
Orthopaedic Section, APTA, Inc.
2920 East Avenue South
La Crosse, WI 54601-7202
800-444-3982

Section News

Vice President Report

Activities related to Awards Committee have been carried out. (See Awards Committee Report)

Have communicated with and consulted with assigned Liaison Committee, particularly the Education Committee.

Will be attending the APTA Board of Directors meeting in March.

Nancy T. White, MS, PT
Vice President

Membership Services Report

The membership breakdown within the Section as of December 31, 1995 are:

Physical Therapists	10,690
Physical Therapist Assistants	568
Life Members	264
Physical Therapy Students	917
PTA Students	106
Graduate Students	86
TOTAL	12,631
Minorities	829
Foreign	57

Education Program Report

Combined Sections Meeting: Orthopaedic programming for the Atlanta CSM was excellent and extremely well attended this year. I would like to thank SIG Education Chairs: Brent Anderson, Steve Reischl, Gwen Parrott, Gaetano Scotece, Laurie Kenny, and Patty McCord for their assistance in this effort.

A special thanks is given to the Section office personnel and to Committee members: Susan Appling, Ellen Hamilton, Donavon Reimche and Kim Schoensee. Their enthusiastic and untiring efforts contributed to the success of the program.

Review Course: The review course format and name has been changed. We will present the course in two parts this year and re-evaluate based on members and attendees comments.

The Review Course is scheduled for: July 13-17, 1996 in Cambridge, Massachusetts and November 2-6, 1996 in Orlando, Florida.

Home Study Courses: Courses scheduled are: 96-2 Topics in Orthopaedic Physical Therapy Assessment, 97-1 The Hip and Sacroiliac, 97-2 The Wrist and Elbow, and 98-1 Neurological Aspects of Orthopaedic Rehabilitation

The Affiliate Assembly has asked the Section to assist in sponsoring a home study course for PTAs. The Section is willing to assist them in this endeavor and a proposal has been submitted.

Audiovisual: Donavon Reimche has been investigating the use of computers as a means of continuing education for the Orthopaedic Section. There is an interest in offering the home study course via computer in the future.

CEU Policy: The Orthopaedic Section sponsors approximately six continuing education programs per year. Participants of these programs come from many areas of the United States. It is not possible for the Section to pay the CEU costs required by every state for each of our courses. Therefore, a new policy has been written stating, that the Section will only pay fees for CEU's in the state where a course is presented.

APTA Approved Providers: We are in the process of completing the paperwork required to become an approved provider. Kim Schoensee, Tara Fredrickson and Sharon Klinski are compiling the documentation necessary for submission.

PTA Section Participation: Ellen Hamilton developed a survey for PTA's to determine if the Section is meeting their needs, and how we can improve our service to them.

A PTA is needed to serve on the Education Committee. Please submit names to the Section office.

Lola Rosenbaum, PT, OCS
Chair, Education Committee

Research Committee Report

The Research Committee completed their review of the 10 articles nominated for the Rose Excellence in Research Award for 1995. Dr. Lynn Snyder-Mackler is the Rose Excellence Research award winner this year. The title of Dr. Snyder-Mackler's work is, *Strength of the quadriceps femoris muscle and functional recovery after reconstruction of the anterior cruciate ligament a prospective randomized clinical trial of electrical stimulation*. This paper was published in the *Journal of Bone and Joint Surgery* in August of 1995. The co-authors of this paper are Dr. Anthony Delitto and Ms. Susan W. Stralka. Dr. Snyder-Mackler presented her research at CSM, Saturday, February 17, 1996. The award to her was presented at our Black Tie and Roses reception held Saturday evening.

The Research Committee accepted a total of 24 poster abstracts and 48 platform abstracts for this past CSM. These numbers are approximately 50% higher than the number of poster and platform presentations at the 1995 CSM meeting. Interest in presenting orthopaedic research at CSM is clearly on the increase.

The committee is continuing work on the Clinical Research Grant Program. Three research grant committee members have accepted positions. They are Dr. Anthony Delitto, Dr. Rick DiFabio and Dr. Karen Hayes. We will continue work in developing this project. Specifically, the guidelines for submission are currently being developed.

Daniel L. Riddle, MS, PT
Chair, Research Committee

Orthopaedic Specialty Council Report

1. **Examination:** The 1996 Orthopaedic Specialty Exam will be conducted during March at Expro sites across the United States. There were 337 candidates approved to sit for the examination.

2. **Test Development:** The 1997 test will be finalized over the next three months. This year long test development process will be completed with the final review and cut score study scheduled at Assessment Systems Incorporated (ASI) Headquarters in Philadelphia, Pennsylvania from 28-30 June, 1996. At that time, Specialty Council members will meet with other Orthopaedic Certified Specialists to complete the Angof procedure for the 1997 test.

3. **Recertification:** Over the past

year, representatives from each of the six specialty councils developed a draft of a generic recertification plan. The proposed plan offers certified specialists who desire recertification, an alternative to taking the examination. The plan focuses on accumulating points for professional development and practice. The Orthopaedic Specialty Council completed a final draft of the Orthopaedic Recertification plan and will survey the proposed plan to a sample of certified specialists this spring.

4. **Exam Item Writing:** The Committee of Content Experts (Alan Lee, Ann Porter Hoke, and Brenda Green) met with Specialty Council member Joe Godges at the Combined Sections Meeting. They reviewed and edited items submitted over the past year. They were joined by five volunteer items writers (Susan Appling, Anne Campbell, Hillary Greenber, Ronna Semonian and Mark Trimble). All of these individuals are now recognized members of the American Board of Physical Therapy Specialties (ABPTS) Specialization Academy of Content Experts. They participated in a one day seminar on item writing sponsored by the ABPTS.

5. **Council Vacancy:** There will be a vacancy on the Orthopaedic Specialty Council in June, 1996. A call for candidates is still open, and nominations can be submitted through the Orthopaedic Section until April. We encourage anyone interested in the process to apply for this position. The appointment will be made in late April or early May.

Mary Ann Sweeney, PT, OCS
Chair, Orthopaedic Specialty Council

Practice Committee

The Practice Committee has received many telephone calls as a by-product of the "Documentation Software" article published in the Fall, 1995 *OP.* The calls were generally appreciative of the article's content. Several vendors expressed displeasure over being excluded from the article. Their products were placed on the market more recently or were previously absent from advertising in physical therapy professional publications and therefore unknown to me. A number of additional products have entered the market since the original publication. The article suggested follow-up would be on an as available basis. There are several products worthy of your consideration which were not listed in the previously published article. Each is a documentation assistance software which work in a windows environment. The products each offer promotional literature. For additional information, please contact:

Therassist Software, Inc.
545 San Servando Avenue
Coral Gables, FL 33143
305/668-0827

Careside PT
Crown Software Company
3112 Ekonomou Court
Tampa, FL 33629
813/835-5424

PT Session
Professional Computer Services
113 NW 251
Clinton, MO 64735
816/885-8715

Information provided on user experience with documentation software(s), favorable or unfavorable, would be appreciated.

The Practice Committee cooperated with the Orthopaedic Section PR Committee to establish a media response team covering major media markets. This information has been forwarded to APTA for utilization by APTA for public relations and information dissemination needs.

The Practice Committee renews its request for feedback from Orthopaedic Section members relative to radiologists accepting referrals directly from physical therapists. The Committee's efforts have a goal of formalizing acceptance of the practice. The American College of Radiology (ACR) has suggested a grass roots support from ACR's members would be useful in promoting a formal recognition. Please share information on your experiences in this area as well as the identities of radiologists who will support the concept.

The Orthopaedic Section now has a copy of each state's licensure act for physical therapy. Should you need information from these documents, please call the Section office.

Please continue to share your questions and concerns with me. They may be communicated via mail, telephone or e-mail as follows:

J. Scott Stephens, MS, PT
1316 S. Jefferson St.
Roanoke, VA 24016
540/982-3689
F 540/342-3506
e-mail SSTEPHENS@APTA.ORG or (at PRODIGY) FRHA91A.

Scott Stephens, MS, PT
Chair, Practice Committee

Public Relations Committee

1. **Resource Manual.** At the Section Office for final editing and printing.

2. **Student Guest Program—CSM '96.** This year's winner is Melissa Higgins. Melissa is from Southwest Texas State University in San Marcos, Texas.

3. **APTA Student Conclave.** Plans are for both Tara Fredrickson, Meetings/Project Coordinator for the Section, and I to attend the 1996 National Student Conclave to be held in Birmingham, Alabama, October 18-20. The Section will be sponsoring an event in whole or partially.

4. **Student Recruitment Project.** This project is in the preliminary stages at this point. The goal of this project is to generate increased student membership while also educating the student about the benefits of belonging to both the APTA and the Orthopaedic Section.

5. **Media Spokesperson Network (formerly "Media Strike Force").** At the 1995 Combined Sections Meeting held in Reno, Nevada, the Orthopaedic Section was charged by the membership to organize a "media strike force." The goal was to develop a group of spokespersons to allow for a quick, organized public relations response when needed. We have been attempting to generate a list of two or three Section members for each of the top 50 (eventually 100) media centers (cities) in the United States. 109 requests for the network have been sent out, and we have 51 confirmed spokespersons as of March 1. The process of developing training materials and working out the mechanics of how the network will be utilized is ongoing. Developing a positive and effective network is one of our top priorities. Our goal is to have everything in place by Physical Therapy '96: APTA Scientific Meeting & Exposition in Minneapolis, MN, in June.

Mari Bosworth, PT
Chair, Public Relations Committee

Awards Committee Report

Committee members for 1995-1996 are Anne Porter Hoke, Michael Tollan and Ted Kern.

Committee members met by conference call in December to select the recipients of Outstanding Physical Therapist Student, Outstanding Physical Therapist Assistant Student, and the Award for Excellence in Teaching Orthopaedic Physical Therapy. The recipients are Margaret Barnett, Cindy Hinkel, and Phil McClure respectively.

Committee members will be meeting to review the nominations for the Paris Award and to review the current criteria for the Paris Award.

Nancy T. White, MS, PT
Chair, Awards Committee

Nominating Committee Report

The following positions are up for election in the spring election: Director, Treasurer and Nominating Committee. The Nominating Committee sought applicants from various parts of the country who also represented various practice settings, diverse cultural backgrounds, and International orthopaedic interests. The following candidates were selected:

Treasurer:
Dorothy Santi (unopposed—CO)
Director:
Elaine Rosen (incumbent—NY)
Robert Burles (OR)
Alan Lee (HI)
Nominating Committee:
Kim Dunleavy (MI)
Nathaniel Grubbs (AR)
Debra Stetts (TX)

The election process established in 1995 which involved mail back postcards was very successful and will be used again. Ballots were mailed to membership in mid-April.

The Bylaws of the Orthopaedic Section specify that the nominees for Treasurer must have served on the Finance Committee for no less than one year from the time they would assume the office of Treasurer. Members to the Finance Committee are nominated, not elected. In the past, the Treasurer has frequently run unopposed. The Executive Director acknowledged that the position of Treasurer has become an increasingly complex post which requires significant training for the Treasurer to be effective. Methods for increasing the available nominee pool were discussed with the Executive Committee at CSM. The Executive Committee voted to increase the size of the Finance Committee to five members, including the incumbent Treasurer. This change does not require a revision of the Bylaws.

Carol Jo Tichenor, PT
Chair, Nominating Committee

JOSPT Report

Dr. Gary Smidt, editor-in-chief of *The Journal of Orthopaedic and Sports Physical Therapy (JOSPT)*, reports that in the upcoming years, journal issues will get *thicker*, and he is pleased that the quality of manuscript submissions continues to improve. The journal has just begun a new contract period with publisher Williams and Wilkins. Text pages will rise to 900 in 1998 compared to 600 in 1990.

The acceptance rate for submissions in 1995 was 44% (Figure 1). Approximately 25% of the submissions in 1995 were received from countries outside the United States. Over the past 8 years, manuscript submissions have been received from 25 different foreign countries.

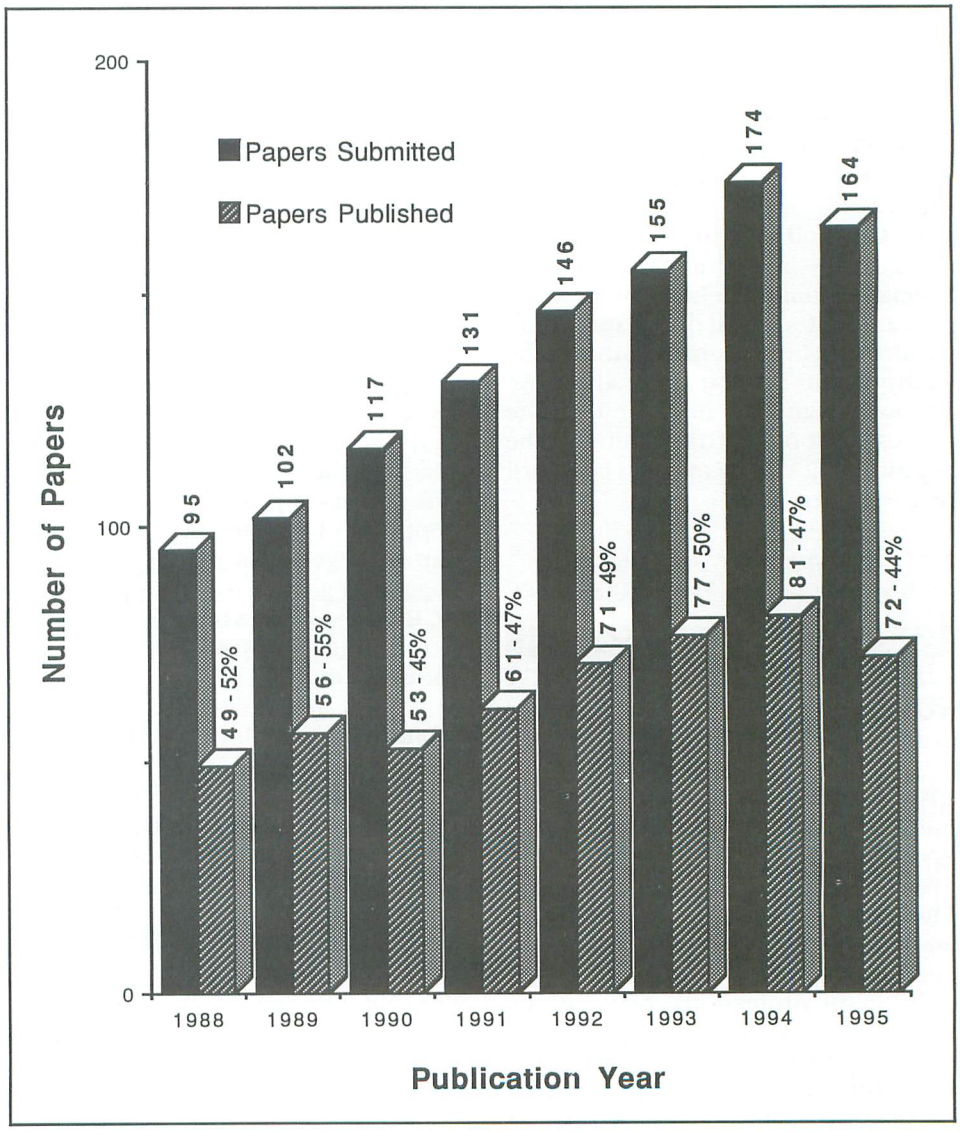
The cost of receiving *JOSPT* for each Orthopaedic or Sports Physical Therapy Section member is currently an all-time low of $8.33 per year or $.69 per monthly issue.

Gary Smidt, Editor-in-Chief
JOSPT

Foot and Ankle Special Interest Group

I. FASIG Budget Request for 1996—The FASIG would like to request the same level of funding for 1996, that was approved for the 1995 budget year.

II. Since our initial business meeting at the 1995 Combined Sections Meeting in Reno, the following FASIG



JOSPT Papers Submitted/Published 1988-1995

activities have occurred:

1. Letters were sent to the presidents of the American Orthopaedic Foot and Ankle Society, American Podiatric Medical Association, Pedorthic Footwear Association, and the American College of Foot and Ankle Orthopaedics and Medicine, to publicize the formation and objectives of the FASIG.

2. Steve Rieschl, Vice-Chair, and the members of the FASIG Programming Committee have worked with Lola Rosenbaum, Orthopaedic Section Education Program Chair, to:

a. develop the program for this past year's Combined Sections Meeting in Atlanta;

b. plan a pre-conference workshop prior to the 1997 Combined Sections Meeting in Dallas entitled, "The Use of Foot Orthoses in the Treatment of Patellofemoral Problems."

3. The FASIG will co-host with the Department of Kinesiology-University of Minnesota and Novel Electronics, a one-day workshop entitled, "Plantar Pressure Assessment in Physical Therapy." This workshop will take place on Friday, June 15, 1996 prior to the start of the APTA National Meeting in Minneapolis.

4. The Research Committee, chaired by Irene McClay, surveyed the section membership in order to establish a database of those section members interested in mentoring or conducting foot and ankle research. To date, the Committee has received approximately 30 responses.

5. The Practice Committee, chaired by Joe Tomaro, reviewed a Terminology Standards document which was developed by the Terminology and Measurement Committee of the American Orthopaedic Foot and Ankle Society as well as the Pediatric Orthopaedic Society of North America. The Committee's response to the document, written by Joe, was published in the Fall 1995 issue of *Orthopaedic Practice*. I proposed to the Practice Committee during the Business Meeting that they undertake the mission of developing a physical therapy terminology document for the foot and ankle during 1996, with the hope of presenting that document for adoption to ALL SECTION members as well as other APTA SECTIONS.

6. Mark Cornwall, Secretary/Treasurer, has developed a FASIG home page on the world wide web, to provide information regarding FASIG activities to those members who subscribe to Internet or have e-mail.

7. The FASIG has addressed approximately 75 inquires from APTA members regarding the management of various foot and ankle disorders. In many cases these practitioners were referred to the FASIG by the Orthopaedic Section office. As such, it would appear that the FASIG is functioning as a resource for questions from APTA and Section members regarding foot and ankle problems. Mark Cornwall, is also attempting to establish a Foot and Ankle disorder server list on the Internet, which would permit APTA or Section members to ask questions regarding various foot and ankle problems and receive feedback from several clinicians.

8. The FASIG held elections for Vice-Chair and two nominating committee members at CSM in Atlanta.

9. The FASIG recognizes the outstanding service provided by Steve Reischl, Vice-Chair, and Nominating Committee members Jim Birke and Michael Mueller during both the formation of the FASIG as well as during its first year of operation. The FASIG thanks these individuals as well as all of our Committee members for their time and commitment to the FASIG.

Tom McPoil, PhD, PT, ATC
Chair, Foot and Ankle SIG

Pain Management Special Interest Group

ORGANIZATIONAL OVERVIEW: The Pain Management SIG was initially formed 3 years ago to provide a forum where physical therapists and physical therapist assistants, having a common interest in pain management, could meet, confer, and promote pain management techniques in patient care through education, clinical practice and research. To date it has sponsored speakers on pain management at the last two CSM's and has an approved set of standing rules and budget by the Orthopaedic Section.

1995 ACTIVITIES:

- SIG standing rules submitted and approved
- Budget submitted and approved
- Provided expert advisors to the APTA Dept of Practice Issues for AHCPR meetings
- Co-sponsored a speaker at the 1995 CSM
- Provided liaison for APTA with the American Academy of Pain Management (See Liaison's report)

1996 GOALS:

- Sponsor or co-sponsor two speakers at the 1997 CSM.
- Elect new slate of officers at business meeting (1996 CSM).
- Establish certification criteria and exam section for all specialties in pain management that could be added on to present exams.
- Try to establish formal discussions with all APTA sections to allow for sharing of costs with joint speakers, specialty exam certification, membership and SIG updates.
- Help facilitate central liaison for APTA and Orthopaedic Section with National/International Pain Management Organizations. (See liaison's report)
- Develop a study course for the Orthopaedic Section on pain management.
- Function as ready resource on Pain Management for the APTA and its members.

Any APTA member wanting to join the Pain Management SIG, wanting to run for office, or volunteer for a committee please contact the Orthoapedic Section at 800/444-3982 and submit your name, address, and phone number.

APTA Liaison Report

EXTERNAL ORGANIZATION: American Academy of Pain Management

LIAISON REPRESENTATIVE: Gaetano G. Scotese, MPT, PT

ORGANIZATIONAL OVERVIEW: The American Academy of Pain Management is a non-profit, interdisciplinary organization of pain management professionals who provide board certification for individuals who treat people that suffer from pain. The advisory board is an interdisciplinary group of experts in pain management. The board is national in scope and blends both academicians and practitioners for the purpose of establishing rigorous standards which have a basis in real work practice. The 6,000 plus organization involves geographic representation nationally and internationally.

LIAISON ACTIVITIES:

1. Representative present at advisory board meeting on August 14, 1994. Highlights were as follows:

a) Provided overview of APTA and Orthopaedic Section.

b) Provided information on scheduled Combined Sections Meeting in Atlanta for February, 1996.

2. Facilitated communications between APTA and AAPM in the following areas:

a) Administration of AAPM certification exam at an APTA conference

b) Utilizing AAPM National Pain Data Bank/Outcome Measurement

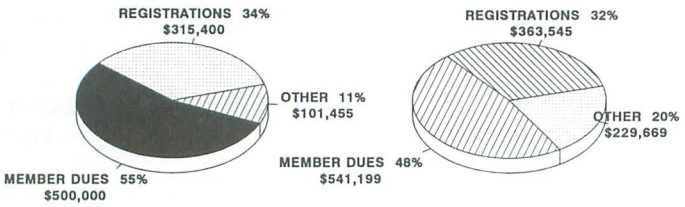
c) Request for AAPM to become a continued education provider with APTA

3. The next AAPM conference is scheduled for September 14-17, 1996 in Washington, DC.

Gaetano G. Scotese, PT
Chairperson, Pain Management SIG

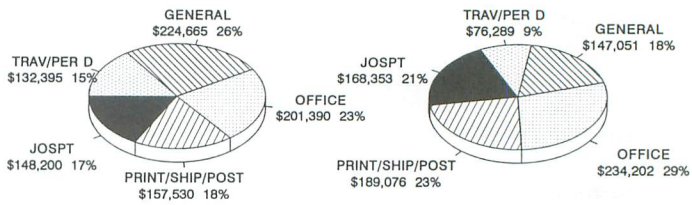
FINANCIAL REPORT

1995 BUDGET TO ACTUAL
INCOME: BREAKDOWN - Dec. 31, 1995
(+23.7% over our expected budget)



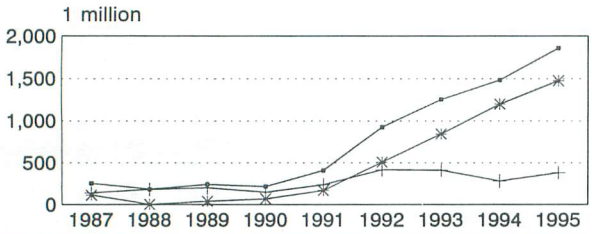
BUDGETED: $916,855.00 **ACTUAL: $1,134,412.86**

1995 YTD BUDGET TO ACTUAL
EXPENSE: BREAKDOWN - Dec. 31, 1995
(–5.7% under our exi ected budget)



BUDGETED: $864,180.00 **ACTUAL: $814,971.49**

YEAR END FISCAL TRENDS
1987-1995 (1995 data is as of Dec. 31, 1995)

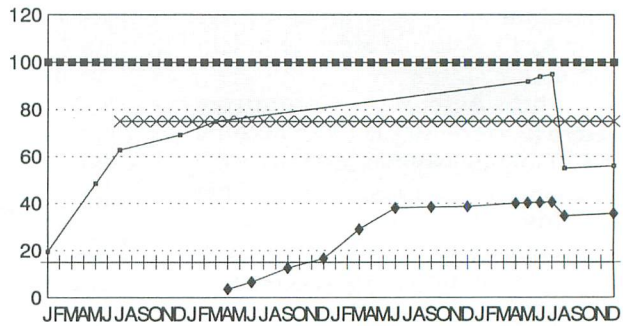


ASSETS	255	185	243	217	410	925	1,257	1,484	1,858
LIABILITIES	141	183	203	148	240	417	413	283	382
EQUITY	114	2	40	69	170	508	844	1,201	1,477

ASSETS + LIABILITIES * EQUITY

To nearest thousand

RESERVE FUND
January 1, 1992 to Dec. 31, 1995



Reserves + Minimum - IDEAL * STANDARD + BLDG. FUND

ORTHOPAEDIC
PHYSICAL THERAPY

TOPICS IN ORTHOPAEDIC PHYSICAL THERAPY ASSESSMENT

HOME
STUDY
COURSE 96-2

Course Length: 6 Sessions

July-December 1996

Proposed Authors and Topics

Jill Binkley, MS, PT
Measurement concepts in orthopaedic physical therapy assessment
Terry Randall, MS, PT
Medical screening and differential diagnosis
Paul Howard, PhD, PT
Manual examination of neural tissues
Thomas Zastowny, PhD
Psychological screening for patients with orthopaedic disorders
Diane Jette, PT
Outcome assessment: general principles
Anthony Delitto, PhD, PT
Outcome assessment: spine

The Editor

Jonathan M. Cooperman, MS, PT, JD
Rehabilitation & Health Center, Inc.
3975 Embassy Parkway
Akron, OH 44333
(216) 668-4080 Fax (216) 665-1830

Objective

The objective of the Orthopaedic Section Home Study Course is to provide the physical therapist with a distance learning experience on issues relating to assessment, treatment and research as these topics apply to the patient with musculoskeletal problems.

Registration Fees

Register by June 7, 1996.
Limited supply available after this date.

$150 Orthopaedic Section Members
$225 APTA Members
$300 Non-APTA Members

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

*If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refunds will be given after the start of the course.

Educational Credit

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

Questions

Orthopaedic Section, APTA,
1-800-444-3982

Registration Form

Name _____

Mailing Address _____

City/State/Zip _____

Daytime Phone _____ APTA # _____

For clarity, please enclose business card.

Please make check payable to: Orthopaedic Section, APTA.

Please check:
☐ Orthopaedic Section Member
☐ APTA Member
☐ Non-APTA Member

☐ I wish to become an Orthopaedic Section Member ($50) and take advantage of the member rate.

Please add Wisconsin, Stadium, and County tax where applicable. County _____.

Mail check and registration to: Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601 or Fax registration & Visa or MasterCard number to 608-788-3965

Visa/MC (circle one) # _____ Expiration Date _____

Signature _____

The Orthopaedic Section, APTA, Inc.
has recently pledged $280,000
to the Foundation for Physical Therapy
for Research on Work Related-Low Back Injuries.

The Foundation Annual Dinner Dance will be held June 15, 1996 in Minneapolis, Minnesota. Annual raffle tickets were mailed the beginning of March.
Please show your support to the Foundation by purchasing a raffle ticket ($5 each). The prizes awarded are fabulous, and include a trip for two to Cancun, Mexico; a trip for two to Australia; a multimedia computer system; a plain paper fax machine; and a laptop computer!

Raffle tickets can be obtained by contacting the Foundation for Physical Therapy at 703/684-3218 or writing 1055 North Fairfax Street, Ste 350, Alexandria, VA 22314.

Orthopaedic Section, APTA, Inc. 1996 APTA Scientific Meeting and Exhibition June 14-18, 1996

FINAL MEETING SCHEDULE

Wednesday, June 12

8:00am-5:00pm	Council of Section Presidents Meeting

Thursday, June 13

8:00am-5:00pm	Council of Executive Personnel Meeting

Friday, June 14

8:00am-1:30pm	Orthopaedic Section Board of Directors Meeting
2:00pm-6:00pm	House of Delegates
7:30pm	Opening Ceremonies

Saturday, June 15

10:00am-12:00pm	Orthopaedic Section Business Meeting
12:00pm-2:00pm	Orthopaedic Section Board of Directors Meeting (cont'd)
2:00pm-6:00pm	House of Delegates

Sunday, June 16

8:00am-12:30pm	House of Delegates
1:00pm-5:00pm	Orthopaedic Section Finance Committee Meeting

Request for Recommendations for Orthopaedic Section Offices

The Orthopaedic Section of the APTA needs your input for qualified candidates to run for the offices listed below. 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 Section office by September 1, 1996. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

_____
(print full name of recommended nominee)

_____
Address

_____
City, State, Zip

_____
(Area code) Home Phone Number

_____
(Area Code) Office Phone Number

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

CHECK THE APPROPRIATE POSITION:

☐ DIRECTOR (3 years)
Takes on responsibilites and duties and acts as liaison to various committees as designated by the President.

☐ NOMINATING COMMITTEE MEMBER (3 years):
Should have broad exposure to membership to assist in formation of the slate of officers.

Nominator: _____

Address: _____

_____

Phone: _____

PLEASE RETURN BY SEPTEMBER 1, 1996 TO:
Tara Fredrickson, Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601

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 Administrative Director at the Section office by December 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
   a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
   b. Support statements from 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 is invited to submit a a paper based on the lecture for consideration for publication (pending review) in the *Journal of Orthopaedic and Sports Physical Therapy* or submit the paper for publication in *Orthopaedic Physical Therapy Practice.*

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance 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 Section s Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators or individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

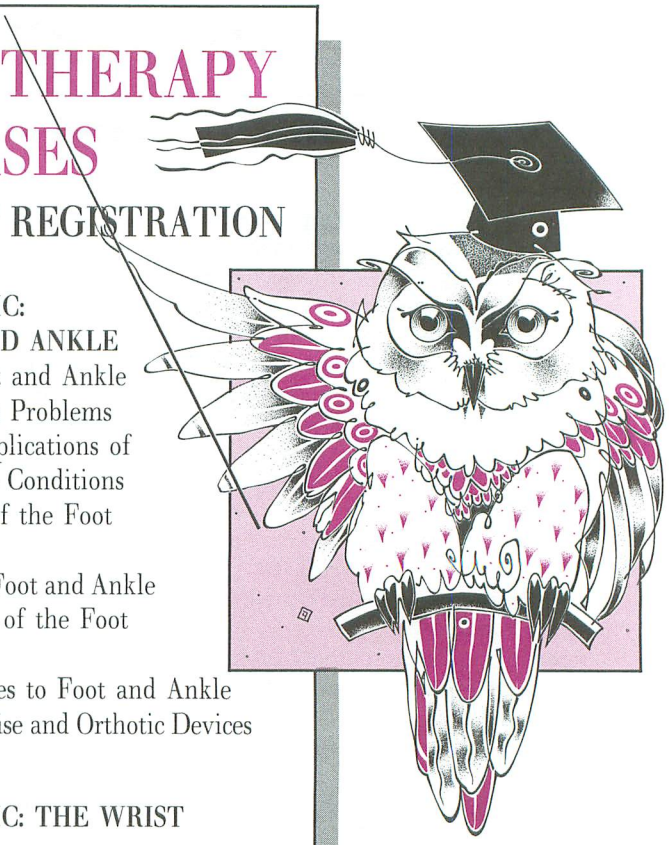
THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the US. 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, 1996.

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSES

COURSE LENGTH: 90 DAYS FROM DATE OF REGISTRATION



#1 HSC 94-1 TOPIC: LUMBAR SPINE

- Lumbopelvic Anatomy & Mechanics and their Relationship to Low Back Pain
- McKenzie Approach to the Lumbar Spine
- Thoracolumbar Spine: Postsurgical Rehabilitation of the Orthopaedic Patient
- Radiology of the Lumbar Spine
- Industrial Medicine and the Lumbar Spine
- Cyriax Approach to the Lumbar Spine

#2 HSC 94-2 TOPIC: LUMBAR SPINE

- Anatomy of the Lumbar Spine
- The Aging Lumbar Spine
- Lumbar Traction
- Evaluation and Treatment of the Lumbar Spine and Pelvis in the OB/GYN Population
- Differential Diagnosis for the Patient with Low Back Pain
- Evaluation and Treatment of the Lumbar Spine: An Overview of the Maitland Concept

#3 HSC 95-1 TOPIC: THE FOOT AND ANKLE

- Anatomy of the Foot and Ankle
- Management of Foot Problems Resulting from Complications of Diabetes or Arthritic Conditions
- Overuse Symptoms of the Foot and Ankle
- Biomechanics of the Foot and Ankle
- Traumatic Disorders of the Foot and Ankle
- Treatment Approaches to Foot and Ankle Disorders using Exercise and Orthotic Devices

#4 HSC 95-2 TOPIC: THE WRIST AND HAND

- Anatomy and Mechanics of the Wrist and Hand
- Burns and Open Wounds of the Hand
- Cumulative Trauma Disorders of the Wrist and Hand
- Degenerative and Inflammatory Conditions of the Wrist and Hand
- Fractures and Ligament Injuries of the Wrist and Hand
- Tendon and Nerve Injuries of the Wrist and Hand

Each manuscript includes:

- Basic Science
- Pathology
- Issues of Clinical Decision Making
- Case Studies

Registration Fees Per Course:

$150.00 Orthopaedic Section Members
$225.00 APTA Members
$300.00 Non-APTA Members

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

*Absolutely no refunds will be given after the start of the course!

REGISTRATION FORM

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE #_____

Name _____

Mailing Address _____

City _____

State _____ Zip _____

Daytime Telephone Number (_____) _____ APTA # _____

(Please add Wisconsin, Stadium, County Tax where applicable _____ County)

Please check:

☐ Orthopaedic Section Member
☐ APTA Member
☐ Non-APTA Member

JOIN THE SECTION AND TAKE ADVANTAGE OF THE DISCOUNTED REGISTRATION RATE IMMEDIATELY!

☐ I wish to become an Orthopaedic Section Member ($50) and take advantage of the member rate.

Please make check payable to:
Orthopaedic Section, APTA

Mail check and registration to:
Orthopaedic Section, APTA
2920 East Avenue South
La Crosse, WI 54601
1-800-444-3982 or
608-788-3982
FAX 608-788-3965

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

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

Newsletter

SPRING 1996 VOLUME 3, NUMBER 2

COMPREHENSIVE REHABILITATION OF AN INJURED WORKER

Ronald W. Adams, PT and James M. Herzog, MS, OTR

Musculoskeletal injuries and illnesses comprise the greatest share of all workplace injuries in this country. Approximately 11 million people between the ages of 18 and 64 years of age are either totally or partially occupationally disabled. Low back injuries alone comprise up to 33% of all work related injuries, with estimated direct costs of $16 billion. In addition, recent research indicates that the numbers and costs of these injuries are on the rise. Compounding these economic and physical problems, the psychosocial impact of disability on individuals includes a loss of self-esteem and well-being.

When an injured worker exhibits a fear of reactivation, due to a loss or interruption of their vocational role, often they are deconditioned or have never participated in an exercise program. He or she may be confused regarding the diagnosis, or have secondary gain issues that need to be addressed at the very beginning of the rehabilitation process. Occasionally, there are real or perceived interpersonal problems between the injured worker and management, supervisors or co-workers. These underlying issues relative to the rehabilitation of the injured worker may be most effectively addressed through a multidisciplinary team approach. Team members may include the rehabilitation counselor, physician, client, therapists, psychologist, insurance carriers, and employer. The following case study describes an injured worker's successful progression through a comprehensive return-to-work rehabilitation program:

Mr. E. is a 38 year old male client employed as housekeeper in a local urban hospital. This job is defined by the U.S. Department of Labor as a MEDIUM physical demand level job. The on the job injury occurred on 8/28/93 while lifting a bag of trash, after which the client experienced significant low back pain. His last day of work was 8/28/93. He underwent surgery for a two-level lumbar microdiscectomy on 11/17/93, and participated in physical therapy from 12/6/93 until 1/18/94. At that time he was seen for a Functional Capacity Evaluation, (FCE), at WIRC.

The FCE revealed significant self-limiting behaviors with subjective reports of fear and anxiety and refusal to perform much of the evaluation in anticipation of increased low back pain and re-injury. In addition, Mr. E demonstrated inappropriate illness behaviors which limited successful completion of the ERGOS Work Simulator portion of the FCE. At the completion of the evaluation, it was recommended by the therapists that Mr. E. attend a Physical/Occupational Therapy program, and undergo a psychological assessment. He returned to WIRC on 6/2/94, having followed the above recommendations. A second FCE revealed significant functional improvement yet activity tolerance remained at a SEDENTARY physical demand level. Improvement was observed in cooperation, and he verbalized a desire to return to his previous job with his employer. Continuation of physical therapy treatment was recommended, with a transition to a Work Hardening program after 4 weeks.

Mr. E began his Work Hardening program on 7/2/94, attending one session prior to program suspension as a result of the illness and subsequent death of his father. The program was re-initiated on 7/12/94, beginning with flexibility, strength and conditioning exercises, an education program for proper body mechanics and injury prevention, and work simulation activities. Simulated tasks included lifting and carrying objects weighing 24 to 32 pounds, cleaning/dusting equipment, operating a floor scrubber, mopping, and trash removal from the facility. Reported pain level decreased as the client progressively increased physical and functional levels. Throughout the program, the employer and rehabilitation counselor were kept updated as to progress and input was elicited regarding the actual tasks associated with his job for simulation and adaptation purposes. The rehabilitation counselor acted as liaison between the facility and the employer. Mr. E continued his participation in his counseling services during the Work Hardening program.

A discharge evaluation was performed on 8/12/94, almost 1 year from the date of injury. The evaluation revealed he had improved from a SEDENTARY to a

(Continued on page 34)

CONTENTS

ERGONOMICS

By Mark A. Anderson, MA, PT, CPE

Ergonomics!. . . Ergonomics. . . Ergonomics! Everywhere you turn these days you seem to hear the word. You specially know this is true when you see the concept of "ergonomically designed" used as a marketing mechanism to sell products as diverse as truck seats, scissors and even toothbrushes!

The use of ergonomics concepts to promote a safer work environment in conjunction with one where productivity and quality are also enhanced is an important part of the practice of the physical therapist actively involved in occupational health. To better address the issues of ergonomics and occupational health the OHPTSIG Board of Directors created a workgroup on ergonomics in the winter of 1995. As part of the OHPTSIG Board of Directors' strategic planning process, a number of specific objectives were identified. They include:

1. Identify existing/emerging mechanisms for certification of practitioners of ergonomics.
2. Provide the point of contact information to the membership regarding the certification agencies.
3. Assess the need for APTA involvement in the credentialing process for practitioners of ergonomics and provide recommendations to the OHPTSIG Board of Directors.
4. Assess new Federal and State OSHA standards related to ergonomics and associated issues, draft responses as appropriate and work to secure OHPTSIG approval.
5. Identify the need as well as opportunities for OHPTSIG to provide input to other organizations related to ergonomics and where appropriate request the APTA appoint a liaison.

Mark Anderson, MA, PT, CPE was appointed the chairperson of the group. Membership is open to members of the OHPTSIG. To address the objectives as outlined above a meeting of interested OHPTSIG members took place over dinner this past February during the Combined Sections Meeting in Atlanta. Those in attendance were: Joanette Alpert, MS, PT; Barbara Merrill, MA, PT, CIE, CPE; Sue Patenaude, MA, PT; Glenda Key, PT; Robert Wiersma, PT, CPE and Mark Anderson, MA, PT, CPE.

As you might imagine the discussion proved to be quite lively! The group then reported their comments and recommendations at the OHPTSIG Business Meeting. Here is a summary of the report.

At this point we have identified two mechanisms for the certification of ergonomics practitioners. Here is the contact information, both groups will send you detailed information.

Board of Certification of
Professional Ergonomics
PO Box 2811
Bellingham, WA 98227-2811
360/671-7601
FAX 360/671-7681
bcpehq@aol.com

William Banks
Acting Director of Certification
Programs
Oxford Research Institute
3511 Stacey Court
Pleasanton, CA 94588
or PO Box 119
Pleasanton, CA 94566
510/846-9734

Should the APTA work toward a certification process for practitioners of ergonomics? As you might imagine, this topic stimulated a spirited discussion. The recommendation from the workgroup was not to promulgate this. If a physical therapist practicing in the area of occupational health chooses to pursue certification in ergonomics, other credible certification organizations exist.

However, as an important distinction, the workgroup separated ergonomics certification from a possible certification process for a physical therapist as a specialist in occupational health. For example, this route could follow the same as the Certified Hand Therapist certification. As a critical first step, a succinct definition statement of Occupational Health Physical Therapy is being developed. The workgroup will provide assistance in this endeavor.

As you are probably aware the Ergonomics Standard promulgated by Federal OSHA is essentially going no where. However, the State of California continues to push toward some kind of standard. The groups will bring information to the foreground as it becomes available.

The Ergonomics Workgroup encourages input from interested parties. We want to understand the membership needs pertinent to ergonomics issues. Please contact the chairperson or any of the workgroup members with your thoughts.

Mark A. Anderson
Director, Industrial Consulting
The Saunders Group, Inc.
4250 Norex Drive
Chaska, MN 55318
612/368-9214
FAX 612/368-9249
76524.1134@COMPUSERVE.COM

LEGAL BEAGLE

PRACTITIONERS: DO YOU KNOW HOW TO EXERCISE YOUR RIGHTS?

By Kathy Lewis, PT, JD

Many of your concerns have legitimate foundation but if you do not know how to process those concerns through the maze, your rights may have been waived (lost due to your actions or failure to act). This is particularly true with administrative law. Administrative law surrounds our practice. Worker's Compensation, Physical Therapy Examining Committees, Medicare and Medicaid, Internal Revenue Service, are only a few examples of administrative law.

You will be headed down the road of "danger" if you think that a trial court will resolve your administrative law concerns. Each area of administrative law has different procedures to follow. Although each administrative law is different, there are common elements. First, your concern must be brought on a timely basis, to the appropriate body (committee, officer, or department), and in the required format, eg, written. Second, if the outcome is unfavorable, all subsequent appeals procedures (timeliness, hearings, submission of required evidence, etc.) within the structure must be followed. After completing each level of internal review, and the outcome continues to be unfavorable, you may proceed to the trial court level. However, trial courts cannot substitute their judgment for an administrative hearing panel. Generally a trial court review is limited to review of such issues as abuse of discretion by the hearing panel, failure to provide due process, and lack of substantial evidence for the hearing panel's decision.

When you sign a contract for clinical services, similar principles (timeliness, hearing panel members, evidence allowed, and whether you may be represented by

(Continued on page 33)

SECRETARY'S CORNER

By Roberta Kayser, PT

February and CSM came much too quickly for all of us, particularly those who attended this very exciting and educational meeting. The weather in Atlanta during our short 4 day stay went from sunshine and 70 degrees to snow. Although beautiful, the city was in a relative state of upheaval as a result of preparations for the upcoming 1996 Summer Olympic Games. It was good to see familiar as well as new faces at our Occupational Health Physical Therapy Special Interest Group meeting on Saturday, February 17, 1996. The meeting was well attended and interactive with much discussion relative to key occupational health physical therapy issues. It is only through active participation and input as OHPTSIG members that a great impact can be made in integrating the physical therapy profession with business and industry.

We as physical therapists are relative newcomers to the industrial arena and have yet to define our scope of practice. Our OHPTSIG has proactively begun to do so by drafting a definition of occupational health physical therapy. A great deal of work was done initially on this project by members of the Practice and Reimbursement Committee. The draft document was then submitted to the membership for field review and many comments were received from OHPTSIG members. The results of this review are currently being compiled and the document revised to reflect this membership input. The OHPTSIG Executive Board will review the revised document and submit it to the Orthopaedic Section Board for consideration. With the Section's approval, the final definition document may then be submitted to the APTA for final acceptance by the end of 1996.

As our SIG moves ahead in addressing the many issues that affect physical therapists practicing in both occupational health and ergonomic settings, we ask each of you for input, information, and assistance. The following are ways you can participate in our OHPTSIG:

1. Contact any Executive Board member directly to voice opinions and make suggestions (see listing of Board members).
2. Submit articles, news updates, interviews, practice profiles, etc. that relate to some aspect of occupational health physical therapy for this quarterly OHPTSIG newsletter publication.
3. Say "YES" when the Nominating Committee members contact you to run for office.
4. Volunteer to chair or be a member of a committee. If you have volunteered and haven't been contacted, call Dennis Isernhagan at (218)722-1399.
5. Participate and reply promptly in each field review process for draft documents. If you are not receiving documents for review, contact the Orthopaedic Section Office to update our mailing list.

CSM OHPTSIG Business Meeting Brief

The OHPTSIG meeting was held at 11:00 a.m. Saturday, February 17, 1996 at the 1996 Combined Sections Meeting in Atlanta, Georgia. The meeting was conducted by Dennis Isernhagan, President. The following briefly outlines the meeting content:

- Discussed definition of occupational health physical therapy draft document and solicited volunteers for a task force to compile field review results with a document revision by April 15, 1996. Further review will be completed by the OHPTSIG Executive Board and expert panel review before the final draft May 10, 1996. If any member wishes to be an expert panel reviewer, contact Scott Minor at (314) 286-1432.
- $15,000 has been allocated to the OHPTSIG by the Orthopaedic Section with financial goals and plans for expenditures linked to the 1996 strategic plan (a copy of the strategic plan is available to OHPTSIG members through the Orthopaedic Section Office).
- The mail ballot worked very well in the last election. This method will be continued in the upcoming elections. Positions available for the next election are: President, Treasurer, and Nominating Committee Member.
- Hot topics presentations at CSM were a success with more information on on-site physical therapy programming and ergonomics requested by participants. The Education Committee will seek topics and speakers on occupational health related topics for APTA National Conference, will explore PT and PTA curriculums in occupational health, and assess the feasibility of an occupational health PT home study course.
- The Work Group on Ergonomics met while in Atlanta to begin discussions on topics related to ergonomics and the physical therapist.
- OHPTSIG members in attendance discussed the value of developing a specific certification for a physical therapist practicing in occupational health and/or ergonomics. It was determined by consensus that we must first define our role in a non-exclusionary way. Then, we may explore endorsement of authentic, appropriate certification methods already in place and rely on continued education to prepare PT clinicians for practice in the corporate environment. This topic will be discussed further at upcoming Executive Board, committee, and membership meetings.
- The Executive Board requested to review a recent document drafted by Allen Wicken, MS, PT, APTA Department of Practice entitled, *Guidelines for Physical Therapy Management of the Acutely Injured Worker.*
- The results of the work conditioning/work hardening outcome study begun 2 years ago have not yet been compiled and distributed by the APTA. A final report is to be made available May 1, 1996.

Respectfully Submitted by
Secretary Roberta L. Kayser, PT

LEGAL BEAGLE CONTINUED

an attorney) may apply. Frequently, contracts include dispute resolution clauses or refer to external documents regarding disputes. If you have agreed to specific procedures, eg. alternative dispute resolution methods of mediation or arbitration, the details of those procedures must be followed according to the contract. Although alternative dispute resolution methods may be more expeditious and less costly than the court system, your best position of strength is negotiating a fair and equitable process before signing your contract. Also, you should review any external document that is referenced in your contract before signing.

PHYSICAL DEMAND LEVEL AND RETURN TO WORK STATISTICS FROM AN OUTPATIENT WORK CONDITIONING PROGRAM

By Mark A. Kerestan, PT, PA-C

Kerestan M; Orthopedic and Sports Physical Therapy Associates, Inc. Belle Vernon, PA 15012, USA.

Purpose: In 1992, the APTA Industrial Rehabilitation Advisory Committee developed guidelines for work conditioning, and defined it as a separate entity from work hardening appropriate for end stage rehabilitation of select industrial injured populations. The purpose of this study was to determine the effectiveness of an outpatient work conditioning program in improving a participant's physical demand level (a rating of functional capabilities) and returning participants to work. Relevance: This research report addresses the effectiveness of work conditioning in achieving its intended objectives, with potential implications for physical therapists and the insurance industry on its cost effectiveness as a treatment strategy for injured workers. Subjects: All fifteen participants (mean age of 38 years; range 24-52 years) discharged from the work conditioning program in the first quarter of 1994 with all the statistics in their files to be reviewed were included. Methods and Materials: Information on initial and final participants physical demand level rating and return to work status was obtained through retrospective chart review. Analyses: Percentages were calculated for change in physical demand level and return to work status following program completion. The mean number of weeks since participant injury at program entry and mean number of work conditioning visits were also determined. Results: 67% of participants completing the program improved at least one physical demand level. 80% of completed participants returned to work (47% regular duty, 33% modified duty). Average number of weeks since injury at program entry was 20 weeks. The average number of work conditioning sessions at discharge was 21. Conclusions: This statistical review suggests that work conditioning is an effective treatment strategy for improving an injured worker's functional status and facilitating a return to work.

NEWS BRIEF

By Mark A. Kerestan, PT, PA-C

According to an article in the January 26, 1996 issue of the *PT Bulletin*, OSHA has come under fire for allegedly distorting the findings of research to justify its proposed ergonomic regulations.

This accusation was made following a peer reviewed analysis performed by Howard Sandler, MD and Richard Blume, MD. The analysis was commissioned by the National Coalition on Ergonomics.

Following their analysis, Dr. Blume concluded that there were inconsistencies between OSHA's claims regarding study findings and what the findings actually showed. He also accused OSHA of not fully considering non-occupational factors, such as a worker's level of fitness, medical and social factors.

These claims were echoed in a recent editorial in *The Journal of Hand Surgery*. Following a literature review led by Morton Kasdan, MD and Michael Vender, MD for the American Society For Surgery of the Hand, Dr. Kasden stated that no causal relationship was found between specific work activities and repetitive stress injuries. The journal editorial stated that additional studies were needed to assess the relationship between all activities and their effects on upper extremity health.

The *PT Bulletin* reported that John Dear, Head of OSHA, responded to the various accusations by suggesting that the science be debated through the regulatory process where all interested parties could participate fully and openly.

COMPREHENSIVE REHAB CONT'D

MEDIUM physical demand level. Lift capacity increased from 10 pounds to 90 pounds, carry capacity from 20 pounds to 100 pounds. Non-materials handling levels increased to within the essential physical demand requirement for his position. Mr. E reported being symptom free during the re-evaluation, and work tolerance and functional level exceeded the essential functional demands of his job. Mr. E returned to work at full duty following 4 weeks of treatment.

REFERENCES:

Darphin, LE et al: Work Hardening and Work Conditioning in *Orthopedic Physical Therapy Clinics*, vol. 1, no. 1 7/92.

Lechner, DE: Work Hardening and Work Conditioning Interventions: Do They Affect Disability? in *Physical Therapy*, Vol. 74, No. 5, 5/94

Membership in the Occupational Health SIG is open to any member of the Orthopaedic Section. To join, simply contact Tara Fredrickson at the Section office, 1-800-444-3982.

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Performing Arts Special Interest Group

Orthopaedic Section, APTA

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Do You Treat Peforming Artists? Are You Interested in the Performing Arts Patient Population? Then, **Join the PASIG** Now and Stay Up to Date with the Current Trends in Peforming Arts Physical Therapy.

We also request that **all current PASIG members** fill out the registration card so that we have accurate information about your place of work. Our national directory will be available to performing artists, groups, & companies, and will include your professional affilitation.

Registration Card

Name: _____ APTA #: _____

Work Address: _____ Tel: _____

_____ Fax: _____

_____ E-mail: _____

Home Address: _____ Tel: _____

_____ Fax: _____

_____ E-mail: _____

Performing Arts Affiliation/Area of Specialty? _____

Orthopaedic Section Member ☐ Yes ☐ No

Okay to Put *Work Address* in a PASIG Directory? ☐ Yes ☐ No

Please Send Registration Cards to: PASIG, Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601

Performing Arts Special Interest Group Call For Abstracts

for the 1997 Combined Sections Meeting to be held in Dallas, TX. Feb.12-16.

Two formats will be allowed. The first type is more descriptive and focuses on clinical application and functional rehear.. It may involve demonstrations and be interactive. This presentation usually lasts approximately 1 hour. The second type is for presentations based on original research. These presentations are called platform presentations and last approximately 20 minutes.

1. If your presentation is about a *new clinical perspective* or *technique* or an effective method you utilize treating performing artists you should submit your abstract to the following address:

Marshall Hagins MA, PT
Division of Physical Therapy
Long Island University-Brooklyn Campus
One University Plaza
Brooklyn, NY 11201
phone: 718/488-1489
fax: 718/780-4524

Please include the following information in your abstract:

Title:
Purpose:
Method: (lecture/demo/handout/participatory/video/etc.)
Time required:
Clinical relevance to physical therapy:

Deadline: May 21st, 1996

2. If your presentation is about original research you should follow the abstract guidelines as described by the Orthopedic Section in this issue of *OP* on page 18. When submitting original research abstracts to the Orthopaedic Section make it clear that you wish to be part of the platform presentations for the Performing Arts SIG.

Deadline: August 1, 1996

Don't let these deadlines prevent you from submitting. Your presentation need not be complete at this point. If you are thinking about a presentation and are simply not sure about the mechanics of preparation please call Marshall Hagins at the above number to discuss it. There are individuals within the Performing Arts SIG with specialized expertise to help guide your research or the format of your clinical presentation.

PERFORMING ARTS SPECIAL INTEREST GROUP

Orthopaedic Section, APTA
CSM, Atlanta, Georgia

2/17/96 Business Meeting Minute Highlights

19 members present
Sean Gallagher, Chair, opened the meeting.

Sean announced the formalized status of the PA Roundtable to PASIG. Achievement of this status included 200 SIG members and election of officers.

Goals for next year include membership approval of PASIG Bylaws, further development of our membership list, and, in the future, a national referral list for the performing arts community. All physical therapists with APTA membership can be PASIG members, but must also be in the Orthopaedic Section to have voting privileges. Bill Boissonnault, President of the Orthopaedic Section, informed the SIG that a bylaws template has been written by the Governing Board and will be provided to the PASIG Executive Committee.

A motion was made and carried nominating Enid Woodward to head a Bylaws Committee with the purpose of revising the PASIG mission, objectives, and bylaws. The PASIG will aim for publication of the revised bylaws in the fall edition of *Orthopaedic Practice*, and membership approval at the next CSM.

Past Programming

Brent Anderson, Vice Chair, reported on the success and excellent turnout for the PASIG workshop presentations and platform presentations. Brent stressed the continued need for a diverse representation in our programming and solicited suggestions for future topics and ways to allot time. He also highlighted the valuable exposure that papers submitted for platform presentation give the PASIG and urged members to continue to do so. Suggestions have been made to work jointly with other SIGs with common interests to develop joint programs.

Nominations and Elections

Jennifer Gamboa reviewed the nomination and election process and results. Nominations and the nominees' consent to serve were received by November. 171 Ballots were mailed to Orthopaedic and PASIG members, 10 were requested at the CSM. There was a return of 53, for better than a 25% return rate. Bill Boissonnault congratulated us on this return, confiding it took the Orthopaedic Section 20 years to get a 25% return. Jennifer reminded members that the terms for President and Treasurer are only one year, the nomination/election process will need to begin again quite soon.

A motion was made and carried, nominating Marika Molnar as Chair of the Nominating Committee, for a term of 3 years.

Future Programming

Marshall Hagins, as new Vice President, is in charge of programming. A discussion ensued how best to dialogue with other sections and SIGs. The floor suggested that the new VP head a Task Force with PASIG members who are also members of other groups. These include: Brent Anderson in Foot and Ankle; Nancy Byl in Hand, Education, Health Policy; Sean Gallgher in Private Practice, Sports; Jennifer Gamboa in Neurology; Marshall Hagins in Clinical Electrophysiology; Marika Molnar in Women's Health; and Mary Staley in Administration, Acute Care.

Bill Boissonnault suggested Tom McPoil, head of the Foot and Ankle SIG, is an excellent resource regarding international group networking. The floor suggested Pediatrics is another section to contact.

Membership Development

Shaw Bronner suggested that in addition to *Orthopaedic Practice*, a press release regarding our mission and invitation to join, be placed in a more widely disseminated publication such as *PT Today*.

An E-mail page through the APTA, Orthopaedic Section, University, or other venue was suggested for the dissemination of information. Referral lists and data bases for research might also occur through this mechanism.

Shaw Bronner
PASIG Secretary

CALL FOR NOMINATIONS

FOR

THE 9TH ANNUAL ROSE EXCELLENCE IN RESEARCH AWARD

The Best Research Article of 1996

in

Orthopaedic Physical Therapy

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

I. ELIGIBILITY FOR THE AWARD

The recipient must:

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

The article must be published in a reputable, refereed scientific journal between September 1, 1995 and August 31, 1996 to be considered for the award. Should the journal containing an otherwise eligible article experience a delay in releasing its August, 1996 issue, the article must be available to the general public no later than September 1, 1996 to be considered.

II. SELECTION CRITERIA

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

III. THE AWARD

The award will consist of a plaque and $500.00 to be presented at the Combined Sections Meeting in Dallas, TX, February 12–16, 1997.

IV. NOMINATIONS

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

Nominations (including self-nominations) will be accepted until close of business September 1, 1996 and should be mailed to:

Daniel L. Riddle, MS, PT
Research Committee Chair
Orthopaedic Section, APTA
c/o Department of Physical Therapy
Virginia Commonwealth University
McGuire Hall, 1112 East Clay Street, Room 209
Box 980224, MCV Station
Richmond, VA 23298-0224

Orthopaedic Physical Therapy Practice
American Physical Therapy Association
2920 East Avenue South
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