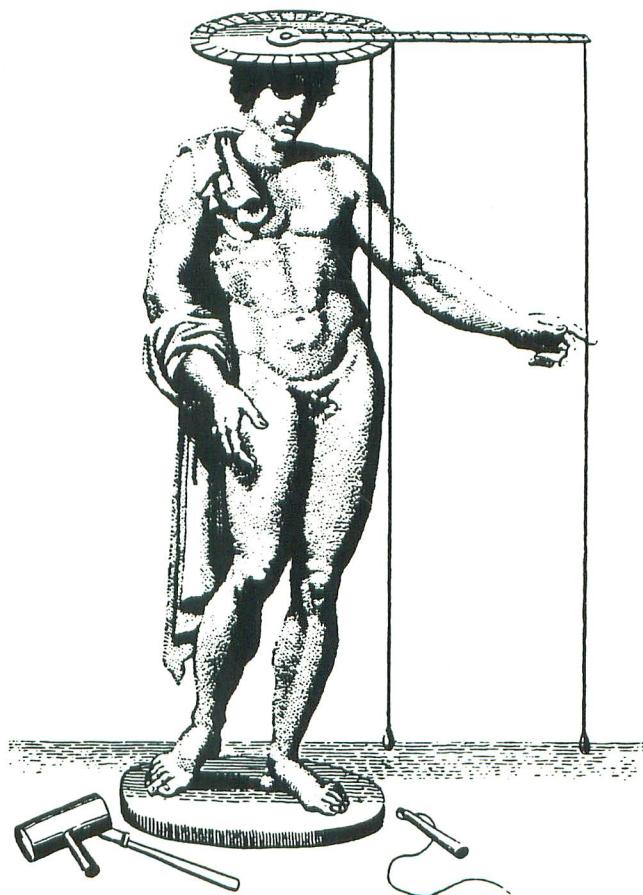


Vol. 3, No. 1

Winter 1991

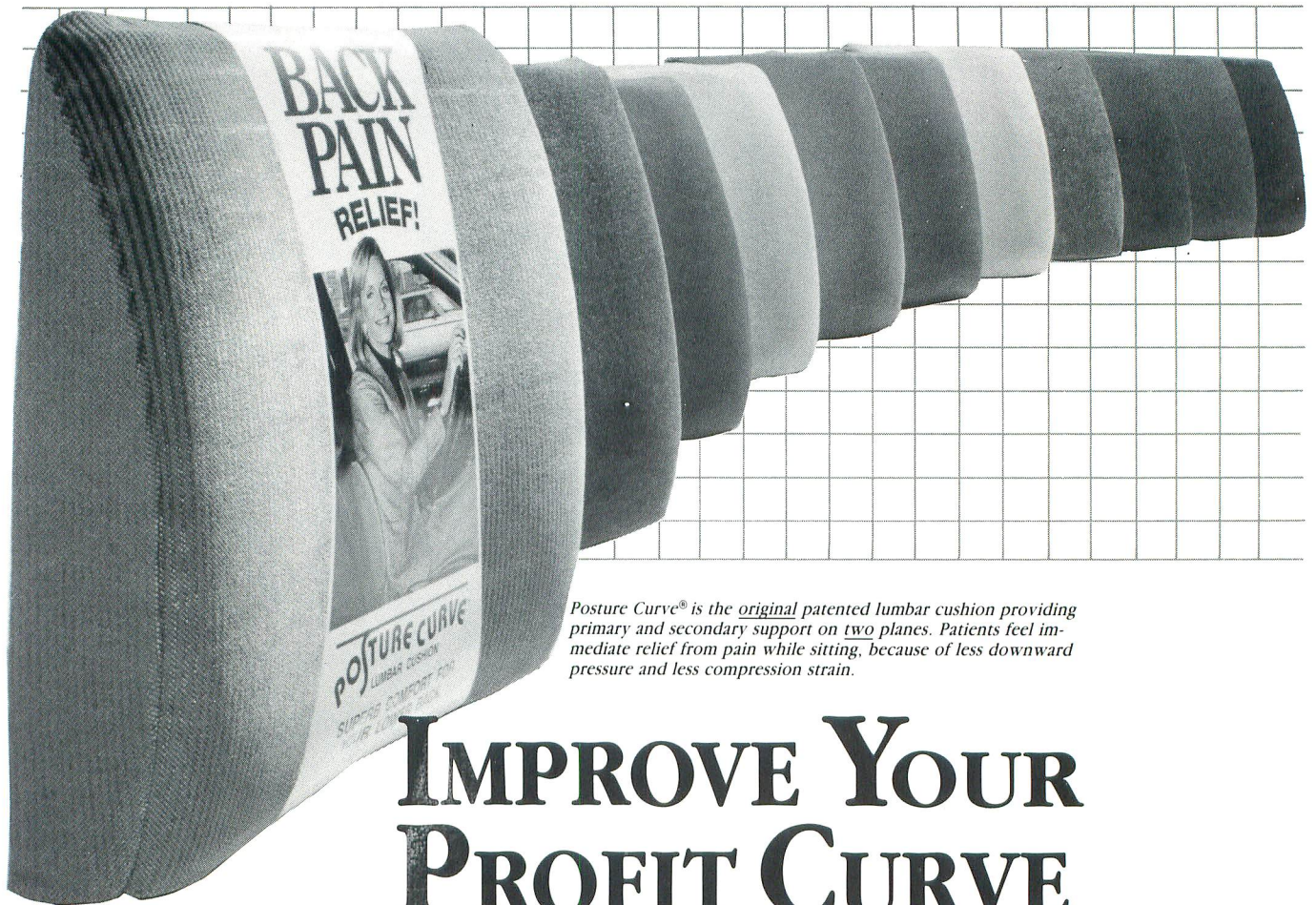
Orthopaedic Physical Therapy Practice



AN OFFICIAL PUBLICATION OF THE
ORTHOPAEDIC SECTION



AMERICAN PHYSICAL THERAPY ASSOCIATION



Posture Curve® is the original patented lumbar cushion providing primary and secondary support on two planes. Patients feel immediate relief from pain while sitting, because of less downward pressure and less compression strain.

IMPROVE YOUR PROFIT CURVE

PRESCRIBE POSTURE CURVE!®

Instant relief from lower back pain for your patients. Welcome additional revenue for your practice. Many health care professionals add thousands of dollars to their annual income by distributing Posture Curve® lumbar support cushions to their patients. And right now, Body Care is offering you a most lucrative purchase plan. Please call or write for a current price list. You will be especially delighted with Posture Curve's lower per-unit cost as quantities increase. Also, your generous profit margin based on our suggested retail price. For an immediate price quote and how to order, please call: 1-800-858-9888.

Body Care, Inc.

"We help ease the pain in everyday living"

315 GILMER FERRY Rd.
BALL GROUND, GA. 30107-1219
1-800-858-9888 • 404-735-4897 • FAX-404-735-4820

VISA & MASTERCARD
ACCEPTED

© 1990 Body Care



ORTHOPAEDIC

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

PRACTICE

1•9•9•1

PUBLICATION STAFF

MANAGING EDITOR

Sharon L. Klinski

PUBLICATIONS COMMITTEE CHAIR

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

ART DIRECTOR

Sharon L. Klinski

PHOTOGRAPHY

Roger Grant, Ph.D.

ADVERTISING

Classified and Short Term Courses
Display Advertising
Elizabeth Mosko
Williams and Wilkins
428 E. Preston, Baltimore, MD 21202
301-528-4000

ABOUT THE COVER

In the 1440s a Florentine sculptor, Leon Battista Alberti published a treatise titled *De Statua*. In this illustration, Alberti shows how he used a modified surveyor's disk (Alberti's definer) to locate points on the body surface in three dimensional coordinates. Using the principals set forth by Alberti, physical therapists today are using computers and related technologies to measure form, deformity, function and disability in the clinical setting.

TABLE OF CONTENTS

FEATURES

Guidelines for Special Interest	
Groups under President's Message	pg. 5
From the Section Office	pg. 7
Criteria for Care for Outpatient	
Physical Therapy Services	pg. 8
Short Term Courses	17

HIGHLIGHTS

Publications Committee Chair	
Commentary	pg. 4
1992 Specialist Certification	
Exam	pg. 17
Registration for 1991 Advanced	
Orthopaedic Competencies	pg. 18

UPDATES

Orthopaedic Section Directory	pg. 3
Master Calendar	pg. 12
Section News	pg. 13

Copyright 1989 by the Orthopaedic Section/APTA. Nonmember subscriptions are available for \$30 per year (4 issues). Opinions expressed by the authors are their own and do not necessarily reflect the views of the Orthopaedic Section. The editor reserves the right to edit manuscripts as necessary for publication. All requests for change of address should be directed to the La Crosse office.

All advertisements which appear in or accompany Orthopaedic Physical Therapy Practice are accepted on the basis of conformation to ethical physical therapy standards, but acceptance does not imply endorsement by Orthopaedic Physical Therapy Practice.

ORTHOPAEDIC • SECTION

DIRECTORY

ADMINISTRATIVE DIRECTOR

Terri A. Pericak
505 King Street, Suite 103
La Crosse, WI 54601
(800) 326-9056 (Office) or
(608) 784-0910
(608) 784-3350 (FAX)

OFFICERS

President:

Jan K. Richardson, P.T., Ph.D., OCS
Suite 100, North Road
Slippery Rock University
Slippery Rock, PA 16057-9989
(412) 738-2758 (Office)
(412) 738-2113 (FAX)

Vice-President:

Duane Williams, P.T., M.A.
708 West Locust
Johnson City, TN 37604
(615) 282-4874 (Office)
(615) 282-4111 (FAX)

Treasurer:

John B. Wadsworth, P.T., M.A.
3515 Lochwood Drive NE
Cedar Rapids, IA 52402
(319) 369-7278 (Office)
(319) 369-8036 FAX

Member-at-Large:

Rick Reuss, P.T.
King's Daughters' Hospital
Madison, IN 47250
(812) 265-5211 (Office)
(812) 265-0666 (FAX)

EDUCATION PROGRAM

Chair:

Z. Annette Iglash, P.T., Ph.D. (1992)
Burch, Rhodes, & Loomis
Suite 203
6305 York Road
Baltimore, MD 21212
(301) 435-7565 (Office)
(301) 435-2765 (FAX)

Members:

Cynthia Driskell, 1991
Patricia M. King, 1991
Tracy G. Kirschner, 1991
Carolyn Wadsworth, 1991

FINANCE

Chair:

John B. Wadsworth, P.T., M.A.
(See Section Treasurer)

Members:

Robert Burles, 1991
Jeff Taeger, 1992
Dorothy Santi, 1993

RESEARCH

Chair:

Dan Riddle, M.S., P.T.
Medical College of Virginia
Box 224, MCV Station
Richmond, VA 23298
(804) 786-0234 (Office)
(804) 786-1507 (FAX)

Members:

Kent Timm, 1992
Paul Beattie, 1992
Phil McClure, 1992
Mark Wiegard, 1992



PRACTICE AFFAIRS

Chair:

Garvice Nicholson, P.T., OCS
Department of Physical Therapy
University of Alabama Hospital
619 South 19th Street
Birmingham, AL 35233
(205) 934-3566 (Office)
(205) 934-7843 (Clinic)

Members:

Anne H. Campbell, 1990
Chauncey Farrell, 1991
Lt. Col. James L. Keller, 1992
Donald L. Hiltz, 1992
William G. Boissonnault, 1992
Jack Briley, 1992

PUBLIC RELATIONS

Chair:

Jonathan Cooperman, P.T., M.S.
Health Services
Kent State University
Kent, OH 44242-0001
(216) 672-2098 (Office)
(216) 672-7904 (FAX)

Members:

Karen Piegorsch, 1992

PUBLICATIONS

Chair:

John Medeiros, P.T., Ph.D.
Rt. 2, Box 187
Banks, OR 97106
(503) 357-6151 (Office)

Orthopaedic Physical Therapy Practice

Sharon L. Kliniski
Managing Editor
505 King Street, Suite 103
La Crosse, WI 54601
(608) 784-0910 (Office)
(608) 784-3350 (FAX)

Members:

William S. Quillen, 1990
David Farmer, 1991
David Sims, 1992

NOMINATIONS

Chair:

Scott M. Hasson, Ed.D., P.T.
415 Desert Willow Drive
League City, TX 77583
(409) 761-3068 (Office)

Members:

Helen Price-Greve, 1989-92
William G. Boissonnault, 1990-1993

AWARDS

Chair:

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

ORTHOPAEDIC SPECIALTY COUNCIL

Chair:

Joseph McCulloch, P.T., Ph.D. (1991)
Department of Physical Therapy
LSU Medical Center
School of Allied Health
P.O. Box 33932
Shreveport, LA 71130-3932
(318) 674-6820 (Office)

Members:

Susan Stralka, 1992
Richard Ritter, 1994

SECTION DELEGATE

Jan K. Richardson, P.T., Ph.D., OCS
(See Section President)

COMPONENT RELATIONS, APTA

Sharon A. Meehan, Director
American Physical Therapy
Association
1111 N. Fairfax Street
Alexandria, VA 22314
(800) 999-APTA

PAST ORTHOPAEDIC SECTION PRESIDENTS:

Stanley V. Paris, P.T., Ph.D.	1975-1977
Sandy Burkart, P.T., Ph.D.	1977-1979
Dan Jones, P.T.	1979-1981
H. Duane Saunders, P.T., M.S.	1981-1983
Carolyn Wadsworth, P.T., M.S.	1983-1985
Robert H. Deusinger, P.T., Ph.D.	1985-1987

Publications Committee Chair Commentary

REFERRAL PAD INDICTMENT

Are physical therapists practicing an elaborate game of avoidance by refusing to select the treatment intervention most appropriate for the patient? A glance at your current referral pad will reveal if you are ready to accept full accountability for your practice. Historically, the selection of physical therapy services was based primarily on the prescription of treatment by the referring medical practitioner. This has led to the widespread use of the check off type of referral pad so frequently seen in physical therapy clinics (Fig. 1).

The check off type of referral pad implies that either the physical therapist does not know what the most effective plan of treatment should be or is not willing to take responsibility for clinical decision making. Consequently, the check off type of referral pad reinforces the widespread ignorance that many referring medical practitioners have of our capabilities. The use of the check off referral pad contradicts our public relations campaign for autonomy and is a striking indictment of our complacency.

Our system of education and training in physical therapy equips us to determine the nature and duration of the treatment program for the patient. Consequently, we need to adopt a referral pad style that reflects our unique knowledge of appropriate, effective and efficient patient care management (Fig. 2).

By ascertaining referral information (Fig. 2) as opposed to asking the referring medical practitioner to determine the nature, frequency and duration of treatment (fig. 1) physical therapists are accepting full responsibility for their decisions and behaviors. We must not turn our backs on our commitment to uphold our profession.

Of course, the referring medical practitioner has been happy to indulge us by filling out the check off referral pad. However, we are in this together—patient, referring medical practitioner and physical therapist—and we must assume the responsibility that comes with the title Physical Therapist.

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

Patient Name _____

Diagnosis or Impression _____

<input type="checkbox"/> Evaluate & Treat	<input type="checkbox"/> Traction
<input type="checkbox"/> Exercise	<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Massage
<input type="checkbox"/> Phonophoresis	<input type="checkbox"/> Cryotherapy
<input type="checkbox"/> High Voltage Galvanic Stimulation	<input type="checkbox"/> Low Back Rehabilitation
<input type="checkbox"/> Electrical Muscle Stimulation	<input type="checkbox"/> Back School
<input type="checkbox"/> Iontophoresis	<input type="checkbox"/> Mobilization
<input type="checkbox"/> T.E.N.S.	<input type="checkbox"/> Ambulation Training
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Postural Training
<input type="checkbox"/> Hydrocollator Hot Pack	<input type="checkbox"/> Home Instruction (Specify)

Treatment Objectives/Goals _____

Frequency/Duration _____

Physician Signature

Date

Figure 1. Check off type of referral pad.

REFERRAL INFORMATION

Patient's name: _____ Date: _____

Diagnosis/Chief Complaint: _____

Lab/X-Ray Findings: _____

Precautions/Comments: _____

Date of Return Appointment With Physician: _____

Physician Signature: _____

Figure 2. Referral information format.

PRESIDENT'S MESSAGE

Jan K. Richardson, President



At the Fall Meeting in Pittsburgh, the Executive Committee approved guidelines for Special Interest Groups. These guidelines are printed below.

Fall Executive Meeting, 1990

Proposed Guidelines for Special Interest Groups

Purpose: Special interest groups may be organized to provide a means by which members having a common interest in sub-specialty areas of orthopaedic physical therapy may meet, confer, and promote their specific interests.

Formation: A Special Interest Group is created as an ad hoc committee as deemed necessary by the Section membership or Board of Directors with final approval of the Executive Committee. Special Interest Group members and chairpersons shall be current section members in good standing.

Structure/Organization:

1. Each Special Interest Group shall establish bylaws of its own not in conflict with the bylaws of the Section.

2. Each Special Interest Group shall consist of at least a minimum of 20 members.

3. Each Special Interest Group is directly responsible to the President and Executive Committee of the Orthopaedic Section.

4. Each Special Interest Group is overseen by the Vice-President of the Orthopaedic Section.

5. Chairpersons of each special interest group will be appointed by their Special Interest Group.

6. Each Special Interest Group chair will serve on the Section Board of Directors.

7. The chair shall serve a term of three years, or until a successor is appointed.

Obligations:

Each Special Interest Group shall do the following:

1. Further the object and the function of the Section.

2. Conduct affairs in accordance with Section Bylaws.

3. Submit annual strategic plan that includes purpose/ object, specific objectives, and detailed program descriptions with line item revenues/expenses by specified deadlines listed in the Section calendar.

4. Any educational programming will be coordinated through the Section Education Program Chair.

5. Submit strategic plan to the Finance

Committee for consideration of annual funding.

6. Send copies of all Section related correspondence to the Section office.

7. Maintain complete and accurate financial records.

8. Abide by the Policy and Procedures of the Section.

9. Orientation of new Special Interest Group chairpersons will be done by the Vice-President. Members of each Special Interest Group will be oriented by the respective Chairperson.

Section Obligations:

1. Provide meeting space and time at CSM for special interest group and business meeting.

2. Provide publication column in *Orthopaedic Physical Therapy Practice* quarterly.

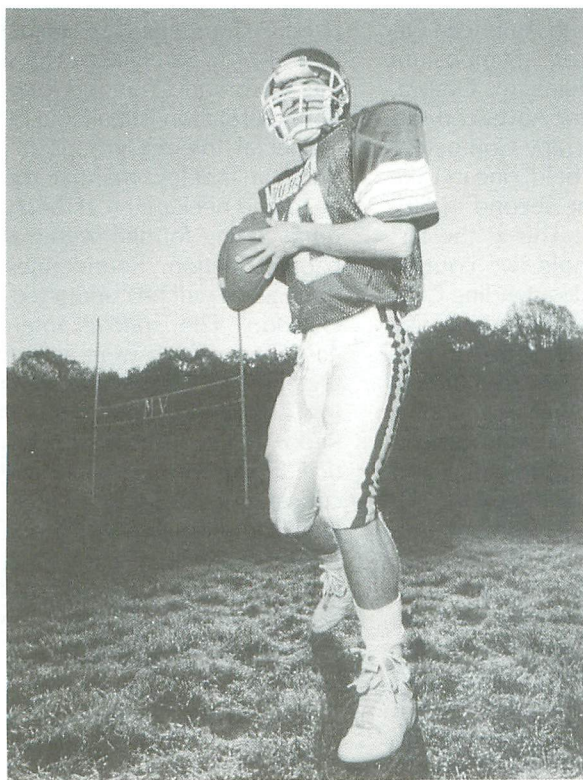
3. Provide administrative services as approved.

If you should have questions regarding these guidelines or would like more information, please contact the Section office.

Jan K. Richardson, P.T., Ph.D., OCS
President

Please mark your calendars and plan to attend the
Orthopaedic Section Business Meeting Luncheon and Programming
Friday, July 26th & Saturday, July 27th
to be held in conjunction with the
Review for Advanced Orthopaedic Competencies Course.
See page 18 for more information and registration.

The best ankle brace is now even better!



Swede-O-Universal introduces an all-new concept in athletic ankle braces — the “knit-tongue”

As the leader in athletic ankle braces, Swede-O-Universal announces availability of its new “knit-tongue” brace.

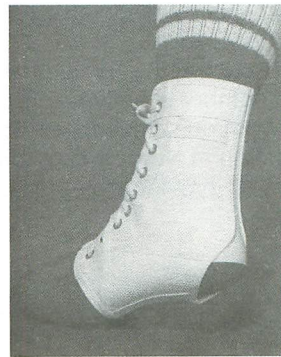
This unique product actually has three improvements:

- the knit-tongue in front
- longer elastic in back
- a reconfigured stabilizer

Benefits of these features include:

- snug fit while lacing
- less bulk, fits even better inside the shoe
- greater comfort for the achille's tendon
- easier to insert stabilizers, greater comfort for calcaneus

These features are exclusive on the Swede-O- Universal ankle brace. No other ankle brace has them!



For more information

Contact your athletic products dealer
or call Swede-O-Universal at the new
toll free number

1-800-525-9339

© 1988 Swede-O-Universal. All rights reserved



SWEDE-O-UNIVERSAL®

North Branch, MN 55056 • 612-674-8301

FROM THE SECTION OFFICE

Terri A. Pericak, Administrative Director



Its hard to believe that my first year as Administrative Director is already behind me. It has been a year of learning about the Section and APTA, meeting new people, and working as part of a team with the Executive Committee and Committee Chairs. All in all it was an exciting year. A big THANK YOU goes out to all of you who helped make this first year a successful one!

Not only has my first year been a great learning experience for me, it has also been a learning experience for the other administrative staff members. Our newest addition to the office team is Nancy Yeske. She was hired as the new membership secretary in October. Nancy has a strong background in word processing and excellent oral and written communication skills. She has proven to be a great asset to the Section. Please don't hesitate to contact Nancy regarding your membership needs.

Over the last year the Section has been active in a number of activities. The year started off with our 15th anniversary dinner celebration in New Orleans with the entertainment provided by jazz singer

Nancy Wilson. In May, the Section participated in the First North American Orthopaedic Physiotherapy Symposium hosted by the Canadians in Ottawa, Canada. Two 'Review for Advanced Orthopaedic Physical Therapy Competencies' courses were also held, one in Lake Tahoe in March and the second in Stuart, Florida, in August. This is the last time the Section will hold two courses in one year. In addition to attending CSM and Annual Conference, the Section also participated in the Leadership Training Seminar in Washington and the Professional Issues Workshop in Minneapolis.

At the Fall Executive Committee meeting in Pittsburgh last fall, some new and exciting activities were planned for 1991. The Position Statement on Manipulation which Garvice Nicholson, P.T., and his Practice Affairs Committee has been working on was adopted by the Section.

The Section also laid plans for a home study course on the lower extremity to begin in June of 1991. This course will be published out of the Section office. Watch for further information in the upcoming issues of *Orthopaedic Practice*.

The 1991 'Review for Advanced Orthopaedic Competencies' course will be July 21-27 in San Diego. The site will be the Town and Country Hotel. Registration information is available in this issue.

Special interest groups in industrial physical therapy, manual therapy, and head and neck physical therapy are currently being formed within the Orthopaedic Section. Roundtables in these three areas will be conducted at CSM in Orlando. The special interest group guidelines which were approved at the October Fall Executive Committee meeting are printed under the President's Report in this issue of *Orthopaedic Practice*. If you would like more information concerning these special interest groups, please contact the Section office.

We are all very excited about the new activities planned for 1991 and look forward to seeing and working with all of you in the year ahead.

Terri A. Pericak

Schools may now purchase a single membership at the student rate so they will receive all Orthopaedic Section publications.

CRITERIA FOR CARE FOR OUTPATIENT PHYSICAL THERAPY SERVICES

By The Oregon Physical Therapy Assoc., Reimbursement Committee, Bob Burles, P.T., Chairman

The following document, Criteria for Care for Outpatient Physical Therapy Services was taken from a project done for the Multnomah County Professional Standards Review Organization (PSRO) by the Oregon Physical Therapy Association in 1978. The document was used quite successfully to do concurrent hospital review and was also used to do retrospective review. It is now being used as a sample document for the Oregon Worker's Compensation Department to use for Utilization Review and Standards of Care guidelines. The Criteria for Care are intended to focus on outcomes and if used properly, will not only control overutilization but will also control underutilization. The following is the text used as a preface to the insurance companies it will be sent to.

This document was developed by the Oregon Physical Therapy Association to help insurers in the state of Oregon evaluate physical therapy provided only by licensed physical therapists. The document submitted is not a complete list of all medical conditions seen by physical therapists. More medical conditions will be added later, but some conditions are too specific and the circumstances dictate the treatment and thus would be too cumbersome to include with this document.

Each region of the body is divided up into five categories. Each category is defined as follows:

A. TITLE: Treated area or part of the body being assessed.

B. JUSTIFICATION FOR Service: Why a person might require the services of a physical therapist.

C. NUMBER OR LENGTH OF Service: The numbers given are upper limits. The actual length of service should be determined by the outcomes desired.

D. EXCEPTIONS: Reasons why treatment may take longer or length of service might be extended.

E. CRITICAL ASPECTS OF CARE: Chart notes from physical therapy must indicate that some of these items are being done.

F. OUTCOMES AT COMPLETION OF

SERVICE: Expected results of physical therapy treatment.

TITLE: TMJ Dysfunction and Associated Symptoms (i.e. headache, neck pain, tinnitus, dizziness)

I. JUSTIFICATION FOR SERVICE Physical therapy is indicated for one of the following reasons:

- A. Traumatic onset
- B. Loss of opening/closing range of motion
- C. Headache associated with TMJ dysfunction
- D. Muscle guarding/spasm
- E. Improper posture or body mechanics
- F. Clenching, grinding or bruxing
- G. Post surgery

II. NUMBER OR LENGTH OF Service (Frequency)

- A. Up to twice daily while hospitalized
- B. Out patient treatment:
 - a. Daily up to 3 weeks
 - b. 3 times/week up to 15 weeks
 - c. Care beyond 15 weeks depends upon outcomes

III. EXCEPTIONS: complications which would alter expected outcome, length of service or specific treatment.

- A. Re-injury
- B. Impaired ability to retain information or follow instructions
- C. Additional undiagnosed pathology
- D. Degenerative condition

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes

B. Treatment program should include at least one of the following:

- a. Modalities and manual techniques to decreased pain, muscle tension and muscle guarding
- b. Manual techniques and exercise to improve ROM on opening/closing and to improve symmetry & sequence of motion

c. Exercise to improve ROM, strength, posture and body mechanics as related to head, neck and jaw function

d. Biofeedback techniques to increase awareness of clench, brux and proper posture

e. Training in proper body mechanics, posture and movement for prevention of re-injury or aggravation

V. STATUS AT COMPLETION OF SERVICE EPISODE (Outcome)

- A. Improved symmetry & range of motion of open/close
- B. Demonstration of understanding of self care as relates to body mechanics, posture and position of tongue/jaw
- C. Diminished headache, jaw and facial pain, tension and guarding
- D. Demonstrates independence in home exercises

TITLE: SHOULDER/ELBOW PAIN AND SYMPTOMS (includes surgical and non-surgical conditions)

I. JUSTIFICATION FOR Service Physical therapy is indicated for one of the following reasons:

- A. Traumatic onset
- B. Loss of range of motion
- C. Pain
- D. Decreased strength & function

II. NUMBER OR LENGTH OF SERVICE (Frequency)

- A. Up to twice daily while hospitalized
- B. Outpatient treatment:
 - a. Daily post surgical for up to 3 weeks
 - b. 3 times/week up to 15 weeks
 - c. Care beyond 15 weeks depends upon work requirements

III. EXCEPTIONS: complications which would alter expected outcome, length of service or specific treatment.

- A. Re-injury
- B. Impaired ability to retain information or follow instructions
- C. Degenerative condition
- D. Extent of surgery required

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes.

B. Treatment program should include at least one of the following:

a. Modalities and manual techniques to decrease pain, muscle tension and muscle guarding

b. Manual techniques and exercise to improve ROM, or maintain ROM if post surgery

c. Exercise to improve ROM, strength & function

d. Training in proper mechanics of joint protection and self exercises

V. STATUS AT COMPLETION OF SERVICE EPISODE (Outcome)

A. Functional ROM and strength for return to work

B. Demonstration of proper joint function and protection

TITLE: WRIST/HAND PAIN AND SYMPTOMS (e.g.: fractures of hand/wrist; crush injuries of hand, dislocations wrist/hand, neuropathies of hand/wrist; joint replacements; Dupuytren's contracture.

I. JUSTIFICATION FOR SERVICE

A. Traumatic onset
B. Loss of range of motion, strength and/or function

C. Edema
D. Pain
E. Atrophy
F. Sensory disturbance (hypo/hyper-sensitivity)

G. Muscle cramping
H. Decreased self-care

II. NUMBER OR LENGTH OF SERVICE (Frequency)

A. Up to twice daily while hospitalized

B. Outpatient treatment:
a. Daily post surgical for up to 4 weeks

b. 3 times/week up to 15 weeks

c. Care beyond 15 weeks depends upon work requirements and surgical considerations

III. EXCEPTIONS: complications which would alter expected outcome, length of

service or specific treatment.

A. Infections, adhesions, neomas, hematoma, edema

B. Dominant hand and/or bilateral



involvement

C. Severe pain/hypersthesias
D. Impaired ability to retain information or follow instructions
E. Age related factors (degenerative conditions)

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes.

B. Treatment program should include at least one of the following:

a. Modalities and manual techniques to decrease pain, muscle guarding

b. Techniques for edema control/management

c. Techniques to improve joint range

of motion of the hand and wrist

d. Exercise to improve function (strength, dexterity and endurance)

e. Training in proper mechanics of joint protection and self exercises

V. STATUS AT COMPLETION OF SERVICE EPISODE (Outcome)

A. Reduced edema, muscle guarding and pain

B. Functional range of motion has been restored .

C. Functional strength and/or endurance improved

D. Patient demonstrates proper joint protection techniques to minimize re-injury or aggravation

E. Patient demonstrates proper posture, movement and/or self-care techniques

TITLE: NECK & UPPER BACK PAIN & SYMPTOMS (examples: neck sprain or strain, degenerative disc disease, arthritis, disk herniation with or without nerve root involvement, spondylosis, nerve root symptoms, facet syndrome, congenital pathology.)

I. JUSTIFICATION FOR SERVICE Physical Therapy is indicated for one or more of the following reasons:

A. Traumatic onset
B. Loss of range of motion
C. Muscle guarding or weakness
D. Improper posture and body mechanics
E. Nerve root symptoms
F. Pain, headache

G. Post surgical status

II. NUMBER OF LENGTH OF SERVICE (Frequency)

A. Up to three times a day while hospitalized

B. Outpatient treatment
a. Daily for up to three weeks

b. 3 times/week for up to 15 weeks

c. Care beyond 15 weeks depends upon outcomes, work or daily activity demands

III. EXCEPTIONS:

A. Re-injury
B. Status of neck prohibits further improvement

C. Impaired ability to retain information and/or follow instructions

- D. Additional undiagnosed pathology
- E. Excessive daily activity demands

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes.

B. Treatment program should include at least one of the following:

- a. Modalities and techniques to decrease pain and/or muscle guarding
- b. Manual techniques to increase ROM or decrease pain
- c. Exercise programs to do one or more of the following:
 - 1. Increase ROM and/or strength
 - 2. Improve posture
- d. Instructions in posture, sleeping positions, and body mechanics

V. STATUS AT COMPLETION OF SERVICE (OUTCOME)

- A. Muscle guarding and/or pain has been reduced
- B. Low neck motion and/or protection improved
- C. Patient demonstrates appropriate exercise program
- D. Patient demonstrates proper posture and movement
- E. Headaches have been reduced/relieved
- F. Nerve root symptoms have been reduced

TITLE: THORACIC—DORSAL STRAIN/SPRAIN AND SYMPTOMS, without rib injury

I. JUSTIFICATION FOR SERVICE Physical therapy is indicated for one of the following reasons:

- A. Traumatic onset
- B. Loss of range of motion
- C. Muscle guarding
- D. Nerve root symptoms
- E. Decreased strength and/or function (posture)
- F. Pain
- G. Improper body mechanics

II. NUMBER OR LENGTH OF SERVICE (Frequency)

- A. Up to twice daily while hospitalized
- B. Outpatient treatment:
 - a. Daily for up to 3 weeks
 - b. 3 times/week up to 15 weeks
 - c. Care beyond 15 weeks depends upon work requirements and physician demands

III. EXCEPTIONS: complications which would alter expected outcome, length of service or specific treatment.

- A. Non-compliance
- B. Re-injury
- C. Status of thoracic complex prohibits further improvement
- D. Impaired ability to retain information or follow instructions

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to establish (determine) present status and services necessary to achieve expected outcomes.

B. Plan of Care (Treatment program) should include at least one of the following:

- a. Modalities and (manual) techniques to decrease:
 - 1. pain, and muscle guarding
 - 2. nerve root symptoms
- b. Techniques to improve and maintain joint range of motion
- c. Exercise to improve function (strength, flexibility and endurance)
- d. Training (instruction) in proper mechanics of joint protection and self exercises

V. STATUS AT COMPLETION OF SERVICE EPISODE (Outcome)

- A. Reduced level of muscle guarding and pain
- B. Functional range of motion has been restored
- C. Functional strength and/or endurance improved
- D. Patient demonstrates proper joint protection techniques to minimize re-injury or aggravation
- E. Patient demonstrates proper posture, movement and/or self-care techniques

TITLE: LOW BACK PAIN AND SYMPTOMS (Examples: Low back sprain, low back strain, sciatica, scoliosis with low back pain, disc disease, spondylolisthesis, nerve root symptoms, facet syndrome.)

I. JUSTIFICATION FOR SERVICE Physical Therapy is indicated for one or more of the following reasons:

- A. Traumatic onset
- B. Loss of range of motion
- C. Muscle guarding
- D. Improper posture and body mechanics
- E. Nerve root symptoms
- F. Pain
- G. Muscle weakness

II. NUMBER OR LENGTH OF SERVICE (Frequency)

- A. Up to three times a day while hospitalized
- B. Outpatient treatment



- a. Daily for up to three weeks
- b. 3 times/week for up to 15 weeks

III. EXCEPTIONS:

- A. Continuing physical therapy has been arranged
- B. Status of low back complex prohibits further improvement
- C. Patient has impaired ability to retain information and/or follow instructions consistently

IV. CRITICAL ASPECTS OF CARE

A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes

B. Treatment program should include at least one of the following:

- a. Modalities and techniques to decrease pain and/or muscle guarding
- b. Techniques to improve low back motion and/or protection
- c. Exercise to low back musculature and surrounding muscle groups
- d. Instructions in posture, movement, gait and/or ADL techniques to reduce likelihood of further low back pain and symptoms

V. STATUS AT COMPLETION OF SERVICE

- A. Muscle guarding and/or pain has been reduced
- B. Low back motion and/or protection improved
- C. Patient demonstrates appropriate exercise program
- D. Patient demonstrates proper posture, movement and/or ADL techniques

TITLE: SPINE PAIN AND ASSOCIATED SYMPTOMS (chronic spine pain)

I. JUSTIFICATION FOR SERVICE Physical Therapy is indicated for one or more of the following reasons:

- A. Decreased range of motion and strength
- B. Inability to perform regular or modified job tasks
- C. Impaired lifestyle secondary to pain and/or disability
- D. History of recurrent spine dysfunction
- E. Pre or post spinal surgery

II. NUMBER OR LENGTH OF SERVICE (FREQUENCY)

- A. Treatment—3 times/week, 2 to 8 weeks
- B. Education

III. EXCEPTIONS:

- A. Re-injury
- B. Additional pathology
- C. Non-compliance
- D. Status of spine complex prohibits further improvement

IV. CRITICAL ASPECTS OF CARE

- A. Upon referral, in a timely manner, by attending physician, insurance company, or vocational counselor
- B. Evaluation—by multidisciplinary team to determine rehabilitation potential and need
- C. Treatment includes:
 - a. Spine School—anatomy, posture, body mechanics, exercise physiology and nutrition
 - b. Flexibility training—to increase range of motion in a non-destructive range
 - c. Progressive strengthening—to increase spine stability and muscle balance
 - d. Cardiovascular endurance training—to facilitate oxygen transport and promote healing
 - e. Individualized independent maintenance program to maintain strength, range of motion and fitness gains
 - f. Re-evaluations—occurring at 4 week intervals during rehabilitation and as determined by physician
 - g. Physical capacity evaluation—to establish physical capacity at the conclusion of rehabilitation

V. STATUS AT COMPLETION OF SERVICE

- A. Increased spine range of motion and strength
- B. Increased cardiovascular capacity & fitness
- C. Demonstrates adequate understand-

ing of principles of spine and mechanics

D. Ready for transition to independent maintenance program

E. Established guidelines for return to work or vocational retraining

TITLE: LOWER EXTREMITY PAIN AND SYMPTOMS (includes surgical and non surgical conditions)

I. JUSTIFICATION FOR SERVICE Physical therapy is indicated for one of the following reasons:

- A. Traumatic onset
- B. Loss of range of motion
- C. Degeneration
- D. Pain
- E. Decreased strength and/or function
- F. Atrophy
- F. Muscle cramping
- H. Post surgery

II. NUMBER OR LENGTH OF SERVICE (FREQUENCY)

- A. Up to twice daily while hospitalized
- B. Outpatient treatment:
 - a. Daily post surgical for up to 4 weeks
 - b. 3 times/week up to 15 weeks
 - c. Care beyond 15 weeks depends upon work requirements and surgical considerations

III. CRITICAL ASPECTS OF CARE

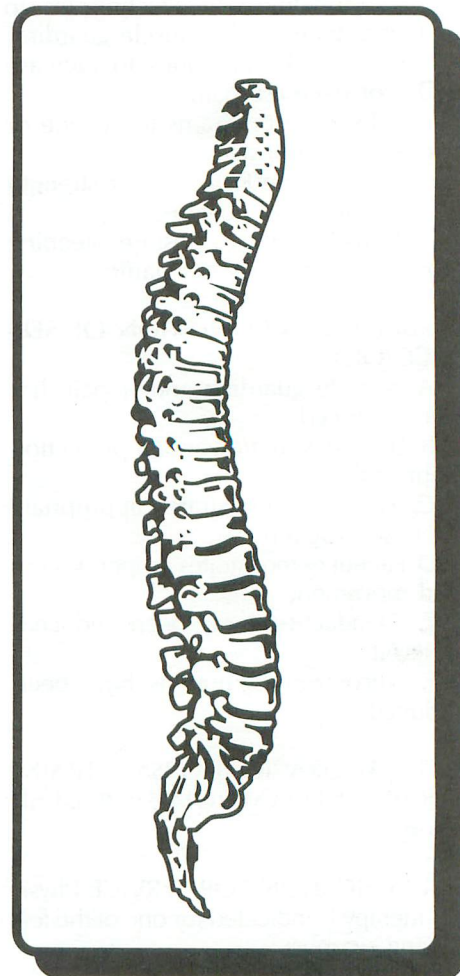
- A. Upon physician referral, evaluation by physical therapist to determine present status and services necessary to achieve expected outcomes
- B. Treatment program should include at least one of the following:
 - a. Modalities and manual techniques to decrease pain, muscle tension and muscle guarding
 - b. Manual techniques and exercise to improve ROM or maintain ROM if post surgery
 - c. Exercise to improve function (strength, dexterity, endurance)
 - d. Training in proper mechanics of joint protection and self exercise
 - e. Gait training with assistive device

IV. STATUS AT COMPLETION OF SERVICE EPISODE (OUTCOME)

- A. Reduced edema, muscle guarding and pain
- B. Functional range of motion has been restored
- C. Functional strength and/or endurance improved
- D. Patient demonstrates proper joint protection techniques to minimize re-injury or aggravation
- E. Return to prior level of activity

V. EXCEPTIONS: Complications which would alter expected outcome, length of service or specific treatment.

- A. Re-injury
- B. Impaired ability to retain information or follow instructions
- C. Degenerative condition
- D. Extent of surgery required
- E. Weight bearing limitations



1991 MASTER CALENDAR

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

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

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

JANUARY

-
- 1 HOLIDAY—New Years Day
 - 4 Mailing of *Orthopaedic Practice*—Jan. 1991 Issue
 - 7 DEADLINE—Nominations for Minority Scholarship due to APTA
 - 18 JOSPT Mailing Date—February Issue
 - 30 Orthopaedic Specialty Exam given
 - 31 Combined Sections Meeting, Orlando, Florida
Multisection Programming on Documentations 8-Noon
Executive Committee Meeting 8-Noon
Roundtables—Industrial Physical Therapy & Foot and Ankle 1-4 PM
Orthopaedic/Sports Section's Joint Meeting 4-5 PM

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

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

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

FEBRUARY

-
- 1 Eugene Michaels' Forum 8-11 AM
Eugene Michael's Forum Continued 1:30-4:30 PM
 - 2 New Wave-Electrotherapy for PTA's 8-9 AM
Business Meeting 9-11 AM
Roundtable—Head and Neck 1:30-3:30 PM
Research Presentations 3:30-5:30 PM
 - 3 Roundtable—Manual Therapy 8-10 AM
Research Presentations continued Noon-2 PM
 - 18 JOSPT Mailing Date—March Issue

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

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

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

MARCH

-
- 18 JOSPT Mailing Date—April Issue

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

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

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

SECTION NEWS

Fall Executive Committee Meeting Highlights

October 19-21, 1990
Pittsburgh, Pennsylvania

PRESIDENT'S REPORT

Jan Richardson, P.T., Ph.D., OCS, will be the new Chair of the Committee on Sections (COS) effective June 1, 1991.

EXECUTIVE COMMITTEE REPORTS

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

Results of Clinical Management Survey published in *Orthopaedic Physical Therapy Practice*

-Out of 10,000 members only 16 responses were received. Due to the lack of response and the large number of courses already available, it was decided not to pursue a clinical management course at this time.

Member-at-Large—Rick Reuss, P.T.

Bylaw changes/recommendations to be sent to the Administrative Director by November 1, 1990.

PROGRAM REPORTS

Membership—Terri Pericak

It was suggested that the Section advertise in *Orthopaedic Physical Therapy Practice* the need for members to serve as volunteers for inquiries from other members.

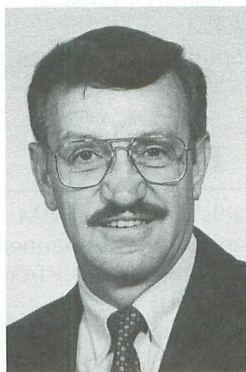
Research—Dan Riddle, P.T., M.S.

Rose Excellence in Research Award
==MOTION==The paper published by Diveta, Walker and Skibinski entitled "Relationship Between Performance of Selected Scapular Muscles and Scapular Abduction in Standing Subjects" published in *Physical Therapy* in August, 1990, be awarded the Rose Excellence in Research Award.==PASSED==

JOURNAL

The office for The Journal of Orthopaedic and Sports Physical Therapy has relocated to The University of Iowa medical campus in Iowa City, Iowa. Previously, the journal was based in La Crosse, Wisconsin at the Orthopaedic Section headquarters.

Dr. Gary L. Smidt is the new editor of the journal, and Debra A. Durham has been named managing editor. Efforts of the new editorial staff will be reflected in the January 1991 issue. Comments and suggestions regarding the journal can be directed to the new office address at S-114 Westlawn, The University of Iowa, Iowa City, IA 52242, phone 319-335-8406.



Gary L. Smidt



Debra A. Durham

RESEARCH

Poster Presentations for the 1991 Combined Sections Meeting Orthopaedic Section. APTA

The Relationship of the Quadriceps Angle and Isokinetic Measures. Durward Huculak BA, The University of South Dakota, Vermillion, South Dakota.

Influence of Knee Flexion Angles on Iliotibial Band Tension Measured Indirectly with a Gravity Goniometer. Wadsworth CT, Altman VA, Holscher JD, Ragsdale RL, Nielsen DII, Physical Therapy Graduate Program, 2600 SB, The University of Iowa, Iowa City, IA 52242.

The Relationship of Postural Changes and Muscle Balance in Swimmers and Non-Swimmers. Greenfield B, Catlin P, Smith L, Fischer L, Wright L, Physical Therapy Associates, 6909 Tara Blvd., Jonesboro, GA 30269.

Prevalence of Work Related Low Back Pain Among Physical Therapists and Physical Therapy Assistants. Tracy JE, Tracy CM, Clark LM, Chenier T, Department of Physical Therapy, East Carolina University, Greenville, NC 27858-4353. (Supported by a research grant from the North Carolina Physical Therapy Association)

Relationship of Lumbar Spine Positional and Motion Restrictions. Friberg R, Adcock G, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284-7781.

Effects of Mobilization of Lumbar Segmental Mobility. Friberg R, Adcock G, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78284-7781.

Postural Stability Related to Ankle Dorsiflexion. Billek-Sawhney B, Whitney SL, Sawhney R, The Eye and Ear Institute, 644 Hastings Street, University of Pittsburgh Medical Center, Pittsburgh, PA 15206.

RESEARCH cont'd

Assessment of Static Balance, Billek-Sawhney B, Whitney SL, Sawhney R, The Eye and Ear Institute, 644 Hastings Street, University of Pittsburgh Medical Center, Pittsburgh, PA 15206.

Functional and Isokinetic Testing of Normal and ACL Deficient Knees. Gillette JH, Northern Illinois University, Physical Therapy Program, DeKalb, IL 60015.

Patterns of CPM use Following Total Knee Replacement at 10 Leading Hospitals: Results of a Telephone Survey. Fischer J, Holden M, Riley J, Rivera R, Elbaum L, Department of Physical Therapy, Florida International University, Miami, FL 33199.

Awareness of Osteoporosis Risk Factors in Female College Students. Caones D, Nelson G, Phillips R, Elbaum L. Florida International University, Miami, FL 33199.

Platform Presentations for the 1991 Combined Sections Meeting Orthopaedic Section, APTA

Saturday, February 2, 1991 (3:30 to 5:30 pm)

3:30 to 3:50 pm
EFFECTS OF ISOKINETIC AND ACCOMMODATIVE ISOTONIC RESISTANCE TRAINING ON THROWING VELOCITY AND SHOULDER ROTATOR MUSCLE STRENGTH IN TEENAGE BASEBALL PLAYERS. Wooden MJ, Greenfield B, Mundrane M, Johanson M, Donatelli RA, Litzelman L. PT Associates, 6909 Tara Blvd, Jonesboro, GA 30236 (Funded in part by a grant from Universal Equipment Co Inc, Cedar Rapids, IA)

3:50 to 4:10 pm
INTER-RATER RELIABILITY OF THE CYBEX EDI AND FLUID GONIOMETER IN NORMALS AND LOW BACK PAIN PATIENTS. Chiarello CM, Savidge R, Methodist Hospital, Brooklyn NY and Columbia University, NY. (Supported by a grant from the Methodist Hospital Research Fund)

4:10 to 4:30 pm
COMPARISON OF TWO TEST PROTOCOLS FOR ISOKINETIC DETERMINATION OF QUADRICEPS AND HAMSTRING PEAK TORQUE IN INJURED INDIVIDUALS: SIMULTANEOUS VERSUS INDIVIDUAL TESTING. Hall P. Walt Disney World Physical Therapy, 7508 Summer Lakes Court, Orlando, FL 32811

4:30 to 4:50 pm
PREDICTION OF ISOKINETIC QUADRICEPS PEAK TORQUE, AVERAGE WORK AND AVERAGE POWER IN NORMAL ADULTS AT 180 DEGREES PER SECOND. Hall P. Walt Disney World Physical Therapy, 7508 Summer Lakes Court, Orlando, FL 32811

4:50 to 5:10 pm
EFFECT OF ANGULAR VELOCITY OF EMG ACTIVITY AND TORQUE PRODUCTION. Hasson S, Bluhm R, Buzek M, Mitchell M, Perez A, Ricafrente J, Dept of Physical Therapy, Univ of Texas Med Branch, Galveston, TX and Texas Women's Univ, School of Physical Therapy, Houston, TX 77030

5:10 to 5:30 pm
ULTRASOUND TRANSMISSION BY PHONOPHORESIS MEDIA. Cameron MH, Monroe LG. John Muir Medical Center, 6131 Thornhill Drive, Oakland, CA 94611

Sunday, February 3, 1991 (12:00 to 3:40 pm)

12:00 to 12:20 pm
AN ANATOMICAL STUDY OF THE RELATIONSHIP OF THE PERONEUS LONGUS TO THE CUBOID. Jackson R, Paris JE, Lentell G. CSU Fresno and UC San Francisco Anatomy Department, 31985 Lodge Road, Auberry, CA 93602 (Funded in part by Ferrante and Jackson Physical Therapy Research Fund)

12:20 to 12:40 pm
EMG ANALYSIS OF THE ABDUCTOR POLLICUS LONGUS MUSCLE. Williams MB, Tracy JE, Stavrakas P, Chenier T. East Carolina University, Department of Physical Therapy, Greenville, NC 27858-4353

12:40 to 1:00 pm
RECTUS FEMORIS AND ERECTOR SPINAE ACTIVITY DURING SIMULATED "KNEES-BENT" AND "KNEES-STRAIGHT" LIFTING. Higgins M, Fisher T, Elbaum L. Department of Physical Therapy, Florida International University, Miami, FL 33199 (Supported in part by an equipment grant from Physical Health Devices, Inc, Pompano Beach, FL 33064)

1:00 to 1:20 pm
EMG ACTIVITY OF SELECTED TRUNK AND HIP MUSCLES DURING A SQUAT LIFT: EFFECT OF VARYING THE LUMBAR POSTURE. Vakos J, Nitz A, Shapiro R, Threlkeld J. University of Kentucky, Lexington, KY (PO Box #4126, Norton AFB, CA 92409-0126)

1:20 to 1:40 pm
THE INFLUENCE OF VISUAL FACTORS ON POSTURAL SWAY PARAMETERS IN THE ELDERLY. Simoneau GG, Cavanagh PR, Ulbrecht JS, Leibowitz HW, Tyrrell RA. Penn State Univ, CELOS, Room 10 IM Building, Penn State, University Park, PA 16802. (Supported in part by a grant from the Andrus Foundation of the AARP)

1:40 to 2:00 pm
EFFECT OF TWO REHABILITATION PROTOCOLS ON PATIENT OUTCOME FOLLOWING ARTHROSCOPIC PARTIAL MENISCECTOMY. Cruver RW, Nitz A, Dobner JJ. University of Kentucky, Lexington, KY, Rm. 4, Annex I, UK Med Center, Lexington, KY 40536

2:00 to 2:20 pm
EFFECT OF CONCURRENT VISUAL FEEDBACK AND KNOWLEDGE OF PREVIOUS RESULTS ON ISOMETRIC LUMBAR EXTENSION STRENGTH. Graves JE, Leggett SH, Fix CK, Cauraugh JH, Carpenter DM, Pollock ML. University of Florida, Dept of Medicine, Box J-277 JHMHC, Gainesville, FL 32610 (Supported in part by a grant from the MedX Corporation, Ocala, FL)

2:20 to 2:40 pm
MECHANICAL POWER AND MUSCLE ACTIVITY ABOUT THE KNEE IN FORWARD AND REARWARD RUNNING. Flynn TW, Soutas-Little RW, Department of Biomechanics, Michigan State University, East Lansing, MI and Physical Therapy Service, Department of Surgery, William Beaumont Army Medical Center, El Paso, TX 79920-5001. (Partial funding was provided by Brooks Shoe Co, a division of Wolverine Worldwide)

RESEARCH cont'd

2:40 to 3:00 pm

EFFECTS OF HIP FLEXOR STRETCHING AND ABDOMINAL EXERCISES ON FLEXIBILITY, STRENGTH, POSTURE AND GAIT ECONOMY. Godges JJ, Engelke KA, Faehling CJ, Powers CL, Tinberg CT, MacRae PG. Pepperdine University, Malibu, California and Kaiser Permanente Los Angeles, Orthopedic Physical Therapy Residency Program, 6041 Cadillac Ave, Los Angeles, CA 90034 (Supported in part by the California Physical Therapy Fund Inc)

3:00 to 3:20 pm

IDENTIFICATION AND AMELIORATION OF MUSCULOSKELETAL AT-RISK BEHAVIORS IN TOW TRUCK OPERATION: RESULTS OF A JOBSITE ANALYSIS. Ranalli S, Tierman D, Elbaum L. Department of Physical Therapy, Florida International University, Miami, FL 33199

3:20 to 3:40 pm

RELATIONSHIP BETWEEN PERFORMANCE OF SELECTED SCAPULAR MUSCLES AND SCAPULAR ABDUCTION IN STANDING SUBJECTS. DiVeta J, Walker ML, Skibinski B. Program in Physical Therapy, Old Dominion University, Norfolk, VA 23508

Dan L. Riddle, M.S., PT.
Chair, Research Committee

PROGRAM CHAIR

The Fall Executive Meeting is always an important planning and development session for the Educational Program Committee. The CSM program for the following year is budgeted at this meeting. The working budget is based on the evolving strategic plan. The budget for The Review for Advanced Orthopaedic Competencies and other educational projects for the membership for the coming year are also established. At the conclusion of this meeting the Executive Committee, after reviewing the Education Program Committee's past years performance and future educational plans, finalizes the Committee's Strategic Plan. Once finalized, the budget is refined and prepared for membership approval.

The process may sound complicated but it *actually* gets easier each year as we can build on our experience. We are fortunate to be able to work with our administrative staff who adeptly prepares needed background reports, compiles

and revises working drafts of strategic plans and budgets, and keeps us all on schedule. I want to extend my thanks to our entire administrative staff for the invaluable assistance they have given me in 1990. I look forward to working with them all in 1991.

1991 should prove to be exciting and professionally beneficial to our membership:

CSM 1991 Orlando. Four days of comprehensive programming which will include four Orthopaedic Roundtables, Documentation-Multisection Program, Soft Tissue Research and Clinical Implications, Ice Cream Social, Extensive Orthopaedic Research Presentations, and a SATURDAY BUSINESS MEETING.

Annual Conference, 1991 Boston. See you at our Business Meeting.

Summer 1991. Orthopaedic Section Lower Extremity Home Study Course.

July 21-27, 1991 San Diego. Review for Orthopaedic Competencies and a Business Meeting.

The Education Program Committee activities are a major portion of your section benefits. If these activities are to continue to meet your professional/clinical needs, I urge you to express these needs to me and the other members of the Executive Committee. I welcome your comments at our business meetings and throughout the year by phone or mail.

See you in Orlando!

Your attendance at all CSM Orthopaedic Section functions is strongly encouraged. These events are planned to maximize your clinical performance. I personally invite you to attend the **Business Meeting** on Saturday to participate actively in the operation of the Section and more specifically, to give the Education Program Committee feedback on its efforts to meet your needs and interests. A continental breakfast is planned to thank you for your support of the Section.

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

Mark your calendars for the following events for CSM in Orlando:

THURSDAY, JANUARY 31, 1991

8:00 AM - Noon

"Documentation: Requirements for Professional Accountability"
C. Magistro, P. Williams, B. Miller
Multisection Program

1:00 - 4:00 PM

"Orthopaedic Roundtables"
Industrial Physical Therapy
Topic to be announced
S. Isernhagen, J. Floberg Moderators
Joint Program with Private Practice
Foot and Ankle Physical Therapy
topic to be announced
G. Hunt, Moderator

FRIDAY, FEBRUARY 1, 1991

8:00 - 11:00 AM

"Eugene Michaels Forum: Tissue Mechanics"

1:30 - 5:00 PM

"Soft Tissue Injuries and Treatment"
A. Grodin, 1:30 - 3:00 PM
T. Malone, 3:30 - 5:00 PM
Joint Program with Research and Sports Sections

SATURDAY, FEBRUARY 2, 1991

8:00 - 9:00 AM

"A New Wave: Update on Electrotherapy for Physical Therapist Assistants"
Joint Program with Private practice and clinical
Electrophysiology Sections

9:00 - 11:00 AM

Business Meeting

1:30 - 3:30 PM

"Roundtable: Head and Neck Therapy"
Update on Head and Neck Physical Therapy
Organization of Roundtable
D. Langton, Moderator

3:30 - 5:30 PM

"Orthopaedic Research Presentations

7:00 - 11:00 PM

"Ice Cream Extravaganza to benefit The Foundation for Physical Therapy"
Joint Social Event with Research Section

SUNDAY, FEBRUARY 3, 1991

8:00 - 10:00 AM

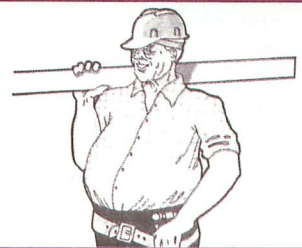
"Roundtable: Manual Therapy"
Update on Manual Therapy Techniques
Organization of the Roundtable
S. Paris, Moderator

10:00 AM - Noon

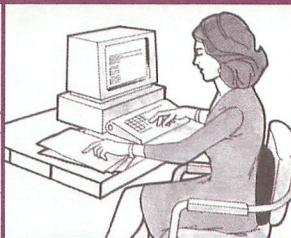
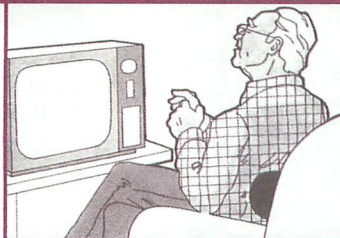
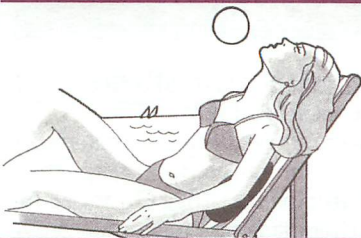
"Orthopaedic Research Presentations Continued"

Inflatable *Aeropedic* Back Support System provides long and short-term relief, anywhere...anytime.

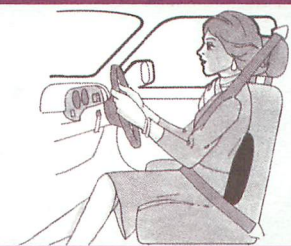
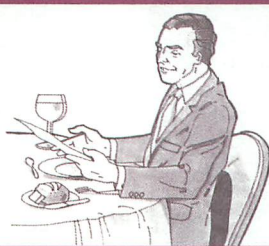
Fits any back.



Conforms to any seat.



Goes anywhere.



The Medic-Air Back Support System is an innovative patented combination of our versatile **Lumbar Röll** for short-term support and our unique **Back Support Pillö** for long-term support. Recommended by Doctors and Physical Therapists, the portable Medic-Air Back Support Pillö is "aeropedically" designed to

- mold air around the back so it can give needed individually customized support to every back shape (rigid pillows don't fit most backs) and
- conform to any seat whether at home, in a plane or car, at sporting events

or theatre. Developed by the Chief of Rehabilitation Medicine at a major New York Medical Center, the Medic-Air Back Support Pillö is easily deflated to pocket-size for carrying.

For short-term support of the lower back, our Lumbar Röll is ideal for use on back, neck or knees. It, too, can be carried in your pocket or bag, used anywhere and, by varying the amount of air used to inflate it, can achieve any degree of firmness.

For more information about our take-it-anywhere, fits-any-back, conforms-to-any-seat Back Support System, please write or call: 1-800-AIR-PILLO



MEDICAIR®

16 North Chatsworth Avenue, Larchmont, N.Y. 10538

Back Pillö and Lumbar Röll are registered trademarks of Medic-Air Corp. of America • Patented

© Medic-Air 1990

1992 SPECIALIST CERTIFICATION EXAMS SET AUGUST 15 DEADLINE

The next round of specialist certification examinations will be offered by the American Board of Physical Therapy Specialties on February 19, 1992 at the Civic Plaza in Phoenix, Arizona, the site of the APTA Combined Sections Meeting. Exams will be administered in the following seven specialty areas of physical therapy: 1) Cardiopulmonary, 2) Clinical Electrophysiologic, 3) Geriatric, 4) Neurologic, 5) Orthopaedic, 6) Pediatric, and 7) Sports.


The deadline for receipt of all applications is August 15. Revised application

packets for the exams will be available January 15 from the APTA Specialist Certification Office at a pre-paid cost of \$15.00. Payment may be made by check (payable to APTA) or by credit card (VISA or MasterCard). (Allow two weeks after receipt of payment at APTA for delivery of materials.) It is recommended that applicants allow at least six to eight weeks to prepare application materials for submission.

To assist in completion of the application and in preparation for the examination, applicants are advised to purchase

a copy of the Physical Therapy Advanced Specialty Competencies (Competencies), which outline the advanced knowledge and clinical skills required for certification in a particular specialty area.

To purchase a copy of the application packet, obtain free copies of the Minimal Criteria to sit for the certification exams, and to receive information on ordering copies of the Competencies, contact Patti Cox, Program Director, Specialist Certification Office, APTA, 1111 N. Fairfax Street, Alexandria, VA 22314 (1-800-999-APTA, ext. 3151).



ATTENTION!

The 1991 "Review for Advanced Orthopaedic Competencies Course" date has been changed from September to **JULY 21-27, 1991.**

The location remains the same at The Town and Country Hotel in San Diego, California.

SHORT TERM COURSES

INSTRUCTIONS FOR SHORT-TERM COURSE ADVERTISEMENTS

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

APPROACHES TO MUSCULOSKELETAL PAIN: APPLICATION OF THE CRANIAL CONCEPT, March 22-24, 1991, Cincinnati, OH. Barrett Dorko. For more information: Education Resources, Inc., 16 Park St., Suite 2, Medfield, MA 02052 (508) 359-6533.

FASCIAL MOBILIZATION: INTEGRATING MYOFASCIAL RELEASE AND CRANIOSACRAL THERAPY, April 27-28, 1991 Lebanon, NH and May 18-19, 1991 Albany, NY. Cynthia Rowe, PT. For more information: Education Resources, Inc. 16 Park St., Suite 2, Medfield, MA 02052 (508) 359-6533.

The Orthopaedic Section of A.P.T.A.
presents
**1991 REVIEW FOR
ADVANCED ORTHOPAEDIC COMPETENCIES**

**JULY 21-27
SAN DIEGO, CALIFORNIA
Town and Country Hotel**

**MEETING A:
July 21-23**

TUITION: \$250 - Orthopaedic Section Members \$300 - APTA Members \$400 - non-APTA members
THE CERVICAL SPINE THE SHOULDER
Walt Personius, P.T., Ph.D. Sandy Burkart, P.T., Ph.D.
THE ELBOW, WRIST AND HAND
Carol Waggy, P.T.

**MEETING B:
July 24-27**

TUITION: \$300 - Orthopaedic Section Members \$350 - APTA Members \$450 - non-APTA members
THE KNEE THE FOOT/ANKLE
Mae Yahara, P.T., A.T.C. Tom McPoil, P.T., Ph.D.
THE LOW BACK-SI JOINT/HIP
James Gould, P.T., M.S.

TUITION FOR MEETINGS A and B:

Tuition: \$500 - Orthopaedic Section Members \$600 - APTA Members \$750 - non-APTA Members

**ORTHOPAEDIC SECTION 2 DAY PROGRAM
July 26-27**

Tuition: \$185 - Orthopaedic Section Members \$295 - non-Members

Includes: The Low Back/S.I. Joint/Hip with James Gould, P.T., M.S.
and the business meeting luncheon after the programming on Friday.

For More Information, complete the form below, detach and mail to:

Orthopaedic Section, APTA 505 King Street, Suite 103 • La Crosse, WI 54601 • (608) 784-0910 • (800) 444-3982

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

REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES

Name _____ Day-Time Phone No. () _____

Address _____

City _____ State _____ Zip _____

Check: Please register me for the following course(s): **July 21-27, 1991:** Mtg A Only Mtg B Only Mtgs A and B OS 2 Day Prog

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

Yes, I want to take advantage of the member rate immediately. (Please add \$30 to your member rate fee.) I would like more information.

Make checks payable to the Orthopaedic Section



Orthopaedic Section Public Relations Materials available for sale through the Section office. See page 20 for information.

Orthopaedic Physical Therapy of the Lower Extremity Home Study Course

*This will be a six (6) month course beginning in Mid 1991.
Please watch for further details!*

The Orthopaedic Section is requesting members to be volunteers to serve as a resource in particular areas of physical therapy for inquiries that we receive at the Section office. If you are interested, please contact the Section office.

ORTHOPAEDIC SECTION, APTA, INC.

Public Relations and Audiovisual Materials

ORDER FORM

The items listed below are available for sale/rent through the Orthopaedic Section office:

- _____ Orthopaedic Physical Therapy logo pins. (Section Members \$10.00, non-Section members \$20.00)
- _____ Coffee mugs. \$5.50 each or \$20 per set of four (mugs can be sold in two of each style). Two styles: (indicate which style, "X")
 - _____ 1) Orthopaedic Physical Therapy definition, or
 - _____ 2) . . . the touch of class.(non-Section members \$8.00 each or \$30 for a set of four)
- _____ Brass paper weight of Section logo. (Section members \$25 each, non-Section members \$40).
- _____ Tape measure with the Section logo (six foot cloth tape), (Section members \$4, non-Section members \$6) (\$3.75 each in quantities of ten (10) or more, for Section members only)
- _____ Orthopaedic Physical Therapy brochures (Section members \$20 per 100 brochures, non-Section members \$35 per 100 brochures)
- _____ Orthopaedic Physical Therapy Terminology booklets (Section members \$2 each, non-Section members \$4) (\$1.75 each for orders of 20 or more, for Section members only)
- _____ Orthopaedic Physical Therapy competencies. (\$45 Section members, \$65 Educational Institutions, \$95 non-Section members)
- _____ Orthopaedic Section, APTA, Inc. membership certificate. This attractive, personalized certificate is now available. The cost is \$10 for the certificate. Subsequent yearly update stickers will be available at a cost of \$2 each. (Not available to non-Section members.) Please **print** below exactly how you would like your name and degree to appear.
- _____ Prints of *Bulletin* covers (9 $\frac{3}{4}$ " x 10") Section members \$15 each or \$100 for the set of nine. (non-Section members \$25 each or \$150 for the set of nine)
- _____ Display booths (\$50.00 per use plus return shipping). The Section has recently purchased two new, easy to use, table-top model booths.
- _____ Orthopaedic Physical Therapy Slide/Tape Program (Section members \$25.00 per use plus return shipping, purchase price \$120.00). Also available in 1/2" VHS video format. (non-Section members \$50 per use plus return shipping, not available for sale to non-Section members)
- _____ 10-Year Cumulative Index of *The Journal of Orthopaedic and Sports Physical Therapy*. (Section Members \$2.50, non-Section Members \$5.00)
- _____ Body Stamps set of three (1 front, 1 back, 1 right and left profile). (Section Members \$25.00, non-Section members \$30.00)
- _____ Musculo-Skeletal Examination and Recording Guide by Geoffrey D. Maitland (Section Members \$8.00, non-Section members \$12.00)

Name _____
(PLEASE INCLUDE ORTHOPAEDIC SECTION MEMBER'S NAME)

Address _____

City _____ State _____ Zip _____

Please add \$2.50 per order for postage and handling

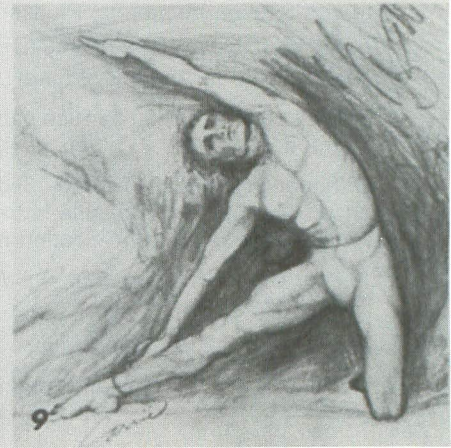
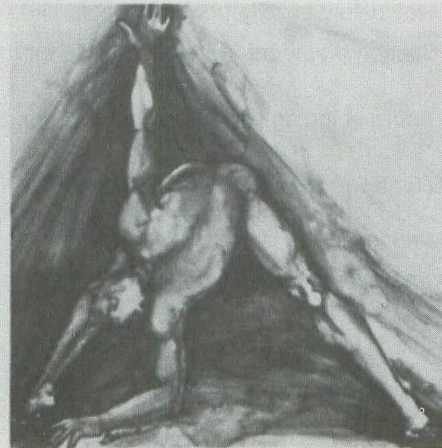
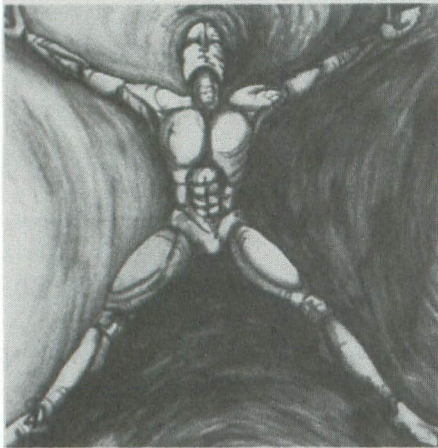
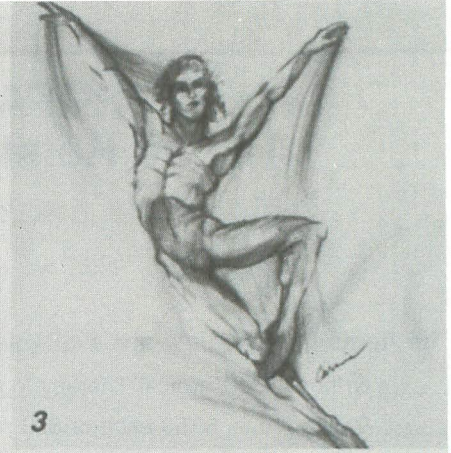
Please make your check payable to the: **Orthopaedic Section, APTA, Inc.**
505 King Street, Suite 103
La Crosse, WI 54601
608/784-0910, FAX 608/784-3350, 800-444-3982

Signature _____

VISA/MasterCard (circle one) # _____ Exp. Date _____

(note: minimum charge order \$20) APTA # _____

(Contact the Section office for further details) (9/89)



Bulletin of the Orthopaedic Section cover offer. . . \$15.00 each or \$100.00 for set of nine for members, and \$25.00 each or \$150.00 for set of nine for non-members.

We'll send you a 9¾" x 10" print of a Bulletin cover or the set of nine, maroon ink on cream stock. Just add \$2.50 to cover postage and handling. (Please allow 3 weeks for delivery.)

Write to Orthopaedic Section, 505 King Suite 103, La Crosse, WI 54601.

PLEASE INCLUDE ORTHOPAEDIC SECTION MEMBER'S NAME.

Name _____

Address _____

City _____

State _____ Zip _____

Check Amount _____ (Pre-paid only)

Visa/MasterCard # _____

Expiration Date _____

Print number _____ Set of nine

Signature _____

IEM Orthopaedic Systems Inc.

INTRODUCES TWO INNOVATIVE SUPPORT SYSTEMS

THE "S-I" SUPPORT

- Supports the base of the spine.
- Allows for **LUMBAR MOBILITY** while providing **PELVIC STABILITY**.

The "S-I" Support utilizes an anatomically compatible padding and tightening system that creates an **extension** force on the sacrum and a **compressive** force on the soft tissues and joint surfaces of the sacroiliac region. These combined forces from the back, coupled with the posterior iliac rotation force from the front converge to create **SACROILIAC STABILIZATION**.

- Also available for the **PREGNANT** and obese.

THE LUMBAR STABILIZER

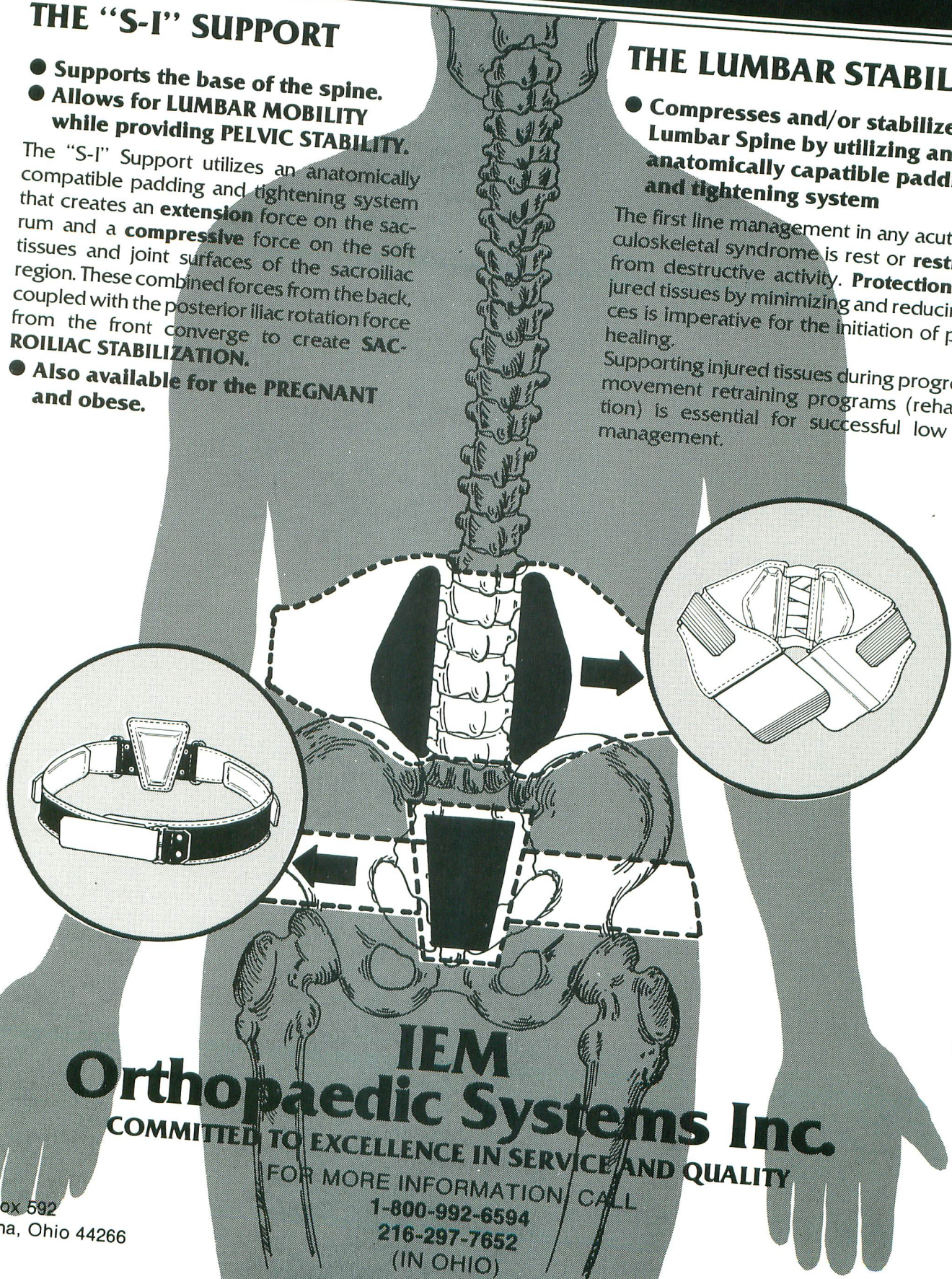
- Compresses and/or stabilizes the Lumbar Spine by utilizing an anatomically compatible padding and tightening system

The first line management in any acute musculoskeletal syndrome is rest or **restriction** from destructive activity. **Protection** of injured tissues by minimizing and reducing forces is imperative for the initiation of proper healing.

Supporting injured tissues during progressive movement retraining programs (rehabilitation) is essential for successful low back management.

Keep Inventory Costs Low.

We Ship The Same Day.



IEM Orthopaedic Systems Inc.

COMMITTED TO EXCELLENCE IN SERVICE AND QUALITY

FOR MORE INFORMATION, CALL

1-800-992-6594

216-297-7652

(IN OHIO)

P.O. Box 592
Ravenna, Ohio 44266

Patent No. 4,794,916



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

Non-Profit Org.
U.S. Postage
PAID
Permit No. 101
La Crosse, WI

The Orthopaedic Section of A.P.T.A.
presents
**1991 REVIEW FOR
ADVANCED ORTHOPAEDIC
COMPETENCIES**

**JULY 21-27
SAN DIEGO, CALIFORNIA
Town and Country Hotel**

PLEASE NOTE DATE CHANGE!!

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

*See page 18 for registration
and hotel information.*